NHS Gloucestershire Care Services NHS Trust

Gloucestershire Care Services Trust Board

Thursday, 31 January 2019 - 13:00 – 16:00
Cirencester Football Club

AGENDA

General Business			Presenter	Purpose
13:00 (guide time)	**1/0119**	**Apologies for Absence and Confirmation the Meeting is Quorate (**4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair) Susan Field - Director of Nursing Sue Mead – Non-Executive Director - Leave of Absence	Chair	To note
13:05	**2/0119**	**Declarations of Interest** To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations are attached as appendix 1.	Chair	To note
	3/0119	**Service User Story - Learning Disability Service User Focus**	Deputy Director of Nursing	To note
13:35	**4/0119**	**Minutes of the previous Board Meeting –** held on 28 November 2018	Chair	For Approval
13:40	**5/0119**	**Matters Arising Action Log** - matters arising not covered by other items on the agenda	Chair	To note
13:45	**6/0119**	**Questions from the Public**		To note
Leadership and Strategy				
14:00	**7/0119**	**Board Assurance Framework**	Chief Executive	To note
14:15	**8/0119**	**Chair's Report**	Chair	To note and approve
14:30	**9/0119**	**Chief Executive and Executive Team Report**	Chief Executive	To note
14:45	**10/0119**	**One Gloucestershire – Integrated Care System (ICS) Update** - **Includes summary of NHS Long Term Plan**	Chief Executive	To note
Quality and Operational Performance				
15:00	**11/0119**	**Quality and Performance Committee Report**	Committee Chair	To note
	12/0119	**Quality and Performance Report – Month 9**	Deputy Director of Nursing Chief Operating Officer	To note

Resources				
15:25	**13/0119**	**Resources Committee Report**	Committee Chair	To note
	14/0119	**Finance Report – Month 9**	Director of Finance	To note
Assurance For Information				
15:45	**15/0119**	**Forward Planner Review**	Trust Secretary	To note
Other Items				
15:55	**16/0119**	**Any Other Business**		
Date of Next Meeting – 28 March 2019				

The Trust Board will hold a private session during the morning of the day of the Board meeting, in keeping with (section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960), press and other members of the public are excluded from this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Appendix 1

Standing Declarations of Interest

Ingrid Barker	• Board Members and Trustee NHS Providers • Governor Hartpury College • Husband Vice Chancellor Nottingham Trent University • Joint Chair 2g
Paul Roberts	• Joint CEO 2gether
Sandra Betney	• Director FTN Ltd (Subsidiary of NHS Providers- Trading Arm) • Co-opted member NHS Providers Finance and General Purposes Committee •
Graham Russell	• Chair Second Steps Bristol • Chair Governors Cirencester Deer Park Academy • Chair – Second Step, Bristol (Mental Health and Complex needs) • Wife works at Longfield Hospice
Jan Marriott	• Director Jan Marriott Associates • Independent Co-Chair Gloucestershire Learning Partnership Board • Independent Chair Gloucestershire Mental Health Wellbeing Partnership Board • Independent Co- Chair Gloucestershire Physical Disability and Sensory Impairment Board • Community Hospitals Association member Trustee Prime Foundation
Nicola Strother Smith	• Mentor Health & Justice Commissioner NHSE SW
Richard Cryer	• Trustee Action for Children, Action for Children Pension Fund
Candace Plouffe	• Trustee Active Gloucestershire
Mike Roberts	• GP Partner Rosebank Surgery Gloucester • Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDoc)
Neil Savage	• Joint Director HR & OD

- ***Please note that a nil declaration will not be shown above.***

Trust Board Minutes

Gloucestershire Care Services NHS Trust

Meeting on 28th November 2018
Tewkesbury Borough Council, Severn Room, Gloucester Road, Tewkesbury, Gloucestershire, GL20 5TT
13:00 Hours – 16:00 Hours

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Roberts	Joint Chief Executive Officer (Voting Member)
Nick Relph	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Sandra Betney	Director of Finance/Deputy Chief Executive (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer (Voting Member)
David Smith	Executive Director for Transition
Neil Savage	Interim Joint Director of Human Resources &Organisational Development
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Sarah Scott	Director of Public Health, Gloucestershire County Council (left meeting at 13.45 hours)
Member of the public	
-	

Ref	Minute
1/1118	**Apologies and Quoracy** The following apologies were noted: Sue Mead, Non-Executive Director – on Leave of Absence, Mike Roberts – Medical Director. Sarah Scott – Director of Public Health, was welcomed to the meeting. It was confirmed that the meeting was quorate.
2/1118	**Declarations of Interest**

	Declarations of Interest previously declared were noted. The Chair highlighted her ongoing declaration as Joint Chair of ²gether NHS Foundation Trust and GCS. The Chief Executive highlighted his ongoing declaration as Joint Chief Executive of ²gether NHS Foundation Trust and GCS. The Interim Joint Director of Human Resources & Organisational Development his declaration as Director of both GCS and the ²gether NHS Foundation Trust.
3/1118 **Graham Russell, Non-Executive Director**	**Public Health Annual Report 17/18** The Director of Public Health gave a presentation which highlighted the key messages from the Public Health Annual Report and planned developments for the future. The focus on mental well-being and the role employers could play in supporting staff to consider health and well-being – Mental Wealth was discussed. The need to join-up services to make best use of limited resources was emphasised. The Director of Public Health advised that the Health and Wellbeing Strategy was being rewritten. This included: Five Ways to Wellbeing – an evidence-based approach with the focus on nurturing individuals from an early age and building resilience; Creating and Sustaining the Conditions for Good Mental Wellbeing – working with Local Enterprise Partnership, and Health and Wellbeing Board Working in Partnership to Prevent Self-Harm and suicide – it was noted that GCS was facilitating work at the Minor Injury and Illness Units. There had been good feedback that better pathways were being developed. Building Mental Wealth Friendly Communities and workforce – training to support this was available and had been used very effectively with rail and car park staff. The Chair thanked the Director of Public Health for her informative presentation and her leadership role within health and well-being. Richard Cryer, Non-Executive Director, commented on the scale of the challenge with growing demand and limited resources. The Director of Public Health stressed the benefits of working collaboratively and advised that services were being mapped to help individuals navigate and make best use of services that were available. The importance of early prevention was highlighted. Graham Russell, Non-Executive Director, expressed concern that from his experience in the school sector support was being reduced when demand was rising. The Chief Operating Officer commented on the support from school nurses, and there was discussion of place based around schools rather than GPs recognising these needs. The Director of Public Health commented on the challenges involved in engaging with schools. Graham Russell offered to put in place an introduction with an Education Trust to facilitate this. The Joint Chief Executive Officer commented on the Strategic Intent of GCS and ²gether NHS Foundation Trust which would take forward greater integrated care. The Director of Public Health commented on the importance of the Prevention Agenda and welcomed the greater focus on this within the Integrated Care System (ICS). She advised that there was a session planned in January to take forward Health and Wellbeing planning, and reflected on ways to involve the two trust Boards in the shaping of the Health and Well-being Strategy. The Interim Joint Director of Human Resources & Organisational Development welcomed the inclusion of workforce within the strategy and flagged the opportunity within the ICS to bring together the organisations as employers and develop a joined-up approach. He noted the recent positive developments of Musculoskeletal (MSK) and Let's Talk services for

Int. Dir HR&OD Dir. Transition	employees. He agreed to talk further with the Director of Public Health on opportunities. The Executive Director of Transition also flagged the potential input that the Director of Public Health, or her team could make to the development of the ICS Health and Well-being Strategy and agreed to take this forward outside the meeting. The Chair commented on the recent ACES (Adverse Childhood Events) Conference which had powerfully communicated the challenges and the potential impact for individuals which responding to these challenges collectively could achieve. The Director of Public Health suggested that the presentations from the ACES Conference could be shared more widely with Senior Leaders and Boards. She agreed to arrange the appropriate contacts. It was confirmed GCS would welcome the opportunity for wider involvement of colleagues. Jan Marriott, Non-Executive Director, stressed the importance of working together to reduce Health Inequalities. The Director of Public Health was thanked for her contribution to the meeting.
4/1118	**Minutes of the Meetings Held on 27th September 2018.** The Minutes were **APPROVED** as a true record.
5/1118	**Matters Arising (Action Log)** The Action log was noted, it was confirmed that issues detailed were completed or on track.
6/1118	**Questions from the public** There were no questions from the public.
7/1118	**Board Assurance Framework** It was noted that the Board Assurance Framework (BAF) provides an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives. It was confirmed that the BAF had been updated to reflect latest activities. Risks which are currently at target score have been moved to the end of the report to allow the Board to focus on Risks where attention is being focused by the Executive. It was highlighted that, as had been previously agreed by the Board, the Audit and Risk Assurance Committee had reviewed the BAF on 19th November. The Committee confirmed that it considered that the Risks set out against the current Strategic Objectives and the ongoing mitigation actions remained appropriate, and that there were no concerns relating to progress or actions which required flagging at this point. The Committee did, however, propose the addition of an objective to reflect the Strategic Intent with 2gether NHS Foundation Trust: "GCS will jointly with 2gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent." and the related risks from the Risk Register monitored by the Programme Management Executive and the Strategic Intent Leadership Group. The Board endorsed the proposal from the Audit and Risk Assurance Committee and agreed the BAF should be updated to reflect this approach.

	It was recognised that the issues highlighted around Workforce reflected national issues and welcomed the ongoing work with other organisations, particularly ²gether NHS Foundation Trust, to develop integrated solutions and avoid duplication. The Board: 1) **RECEIVED** the BAF and agreed it should be amended as detailed above. 2) **CONFIRMED** the current risk position and actions being progressed.
8/1118	**Chair's Report** It was noted that recognising the Strategic Intent work and the Chair's role as both Chair of Gloucestershire Care Services and ²gether the update reflects the breadth of activities across both Trusts. The report updated on work to progress the Strategic Intent, Board Development, Work with Partners, Work with Communities and the People that we serve and Engagement with Trust Colleagues. The Chair highlighted particularly: • the recent ACES conference, referenced within the Director of Public Health's item above which had been very inspiring; • the November NHS Providers Conference – which had contained informative and thought-provoking sessions • a meeting of 8 community services providers with the Chair of NHSI – a very helpful session – a further session to take place in 6 months • the contribution of the Leagues of Friends who she and the Joint Chief Executive Officer (JCEO) had met with that week – and their wish to be involved within developing models of care. The Chair commented on the benefits of working actively with our communities. It was noted the Report also provided an overview of Gloucestershire Care Services Non-Executive Director (NED) activity. Graham Russell, Non-Executive Director, commented positively on the recent visit undertaken jointly with NEDs Nicola Strother-Smith and Nick Relph to the ²gether NHS Foundation Trust Charlton Lane services. The Report was **NOTED**.
9/1118	**Chief Executive and Executive Team Report** It was noted that recognising the Strategic Intent work and his role as both Chief Executive of Gloucestershire Care Services and ²gether this report reflected the breadth of his activity across both Trusts. The JCEO also formally notified the Board that Mike Roberts – Medical Director had advised his intention to retire from his role from 31st January 2019. The JCEO and Chair commented on the strength of his contribution to Gloucestershire Care Services and the wider Gloucestershire health leadership over the years and noted there would be an opportunity to provide formal thanks at the January Board. The JCEO highlighted the following matters from his report: **Progress of the Merger –** **i)** recent positive interviews with NHSI. It was noted formal feedback would be provided by NHSI on 21st December, but that indications to date were encouraging of their support for the proposal.

	ii) Shadow Board appointments were being progressed – Non-Executive Appointment Process to take place in early December and Executive Appointment Process to take place in January iii) Values – development work was ongoing to take the Values work from October using co-creation and co-production iv) Name for the new organisation would be taken forward through a formal process which would involve stakeholders and the Council of Governors **System Involvement** He advised of his new leadership roles on Diagnostics, Urgent Treatment Centres and Quality Improvement across the ICS and welcomed the opportunities these would provide to further support joined up working and consideration of innovative solutions. **Radiology** The system challenges relating to radiology, highlighted in the paper which had been presented to the Health and Social Care Oversight Committee were considered. It was recognised that there were national issues relating to the recruitment of radiology staff. Nicola Strother Smith, Non-Executive Director, queried the outcome of the recent visit from the Director of Workforce Race Equality Standard at NHSE. The JCEO advised it had been an informative session, with a further session with wider GCS and 2gether colleagues which had been helpful. A joint network had been highlighted for future development. Values based recruitment would also be key to help take forward work in this area. It was confirmed an update would be provided to the Resources Committee in April. It was noted the Report also provided an overview of GCS operational service activity. The Board noted that Bed occupancy levels were good. The Board welcomed the positive feedback on the Gloucestershire Urgent and Emergency Care Sustainability Plan 2018/19, and the role GCS was playing. It was confirmed it was a whole system report which was submitted to NHSE and was used by the A&E Delivery Board as a living document and to consider allocation of funding to support the plan. The Board queried areas of persistent under-performance. The Chief Operating Officer confirmed action plans, with improvement trajectories over the next three months were now in place. It was noted that the impact in Therapies performance was already visible. It was noted that the work on Cashes Green, Stroud was scheduled to be complete, and the ward back in use, in December. The JCEO commented he had recently visited Cashes Green and Southgate Moorings and the facilities were looking good. Nicola Strother Smith flagged a concern relating to the Independent Living Centre Facilities and current improvements. The Chief Operating Officer confirmed that staff morale had improved. The Director of Finance advised she had recently undertaken a “Meet the Execs” at the centre and they had highlighted issues which were being taken forward. The Board noted performance to date against the flu vaccine target and ongoing work to achieve the targeted level. The Board noted ongoing discussions regarding Integration and Reablement with commissioners and planned future discussions. The need for the ICS to ensure full engagement from all partners to ensure an integrated response was recognised. The Report was **NOTED**.
10/1118	**One Gloucestershire – Integrated Care System**

	The Board had been provided with a formal update from the Gloucestershire's Integrated Care System. It was noted this had previously been provided to the Health and Social Care Oversight Committee. The Board noted progress on Delivery Programmes: the Clinical Programme Approach; the focus on the Mental Health Clinical Programme; reducing Clinical Variation work; One Place, One Budget, One System; Enabling Programmes and Integrated Care System Development. The Board commented that the report was a helpful first stage but that more reporting on strategic priorities, milestones and KPIs would be a useful further development. It was noted that the ICS was being taken forward through a number of workshops which would support this process. It was noted that Helen Goodey, Director of Locality Development and Primary Care would be attending a future Board development session to update on the Integrated Locality Boards. It was recognised that these were currently at pilot stage, but agreed that as they progressed it would be helpful for their terms of reference to be shared. It was agreed it would be important to understand their accountability, relationship to the wider system, stakeholders and provider Boards. It was confirmed as this work was progressed that it would be considered by the provider boards. The ICS Update was **NOTED.**
11/1118 JCEO	**Quality and Performance Committee Report** The report provided assurance to the Trust Board that the Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board. The report also confirmed decisions made by the Committee at its meeting on 1st November 2018, which were in line with the Trust's Scheme of Delegation and; highlighted a number of key discussion points that required attention of the Board. Of particular note: •The review and its outcomes undertaken against the Trust's Clinical Strategy (2016-19) achievements. •The gap analysis that has been undertaken by Trust colleagues against the recently published National recommendations for preventing and treating pressure ulcers. •Completing a nationally led request for Trusts to self-assess themselves against Learning Disability Standards. •The Trust's overall Quality and Performance activities remain good. •The draft Surge and Escalation Plan 2018. The Board was pleased to note that the quality dashboards were being rolled out. It was confirmed they would be reviewed post-merger. It was noted that the Mortality Report had been discussed in draft with a more detailed report to be considered in January 2019. The Board was pleased to note the improvement in reducing pressure ulcers. The increasing demands in relation to safeguarding concerns, and the impact on resources, particularly of school nursing, was recognised. The Board requested that this continued to be kept under review and alternative models considered. The pressures on social care, and the high levels of agency social workers were noted. The need for a strategic response to these issues across the system, recognising their potential long-term impact, was stressed by the Chair. The JCEO advised he would raise these issues with the ICS and Health and Well Being Board. The Director of Nursing provided assurance that safeguarding concerns were being appropriately managed and progressed, but the impact was causing pressure on the system.

	The Trust Board: i) NOTED the contents of the Quality and Performance Committee Report. ii) RECEIVED the approved minutes of the Quality and Performance Committee that took place on 29th August 2018.
12/1118 **Q&P Comm.**	**Quality and Performance Report – October** The report provided an overview of the Trust's Quality and Performance activities as at October 2018. It highlighted achievements made and outlined how the Trust is responding to those areas where improvements are either continuing or need to improve further. It was noted that a refreshed Personal Development Review (PDR) and Mandatory Training Improvement Implementation Plan was being developed and that there would be a Workshop of Executive and Non-Executive members on 13th December to review progress before it was provided to the Resources Committee for consideration in January. It was confirmed that the Trust was not seeing a significant number of medication errors; a revised medication chart was now in place. It was confirmed that where performance was below target there was ongoing work to improve performance. Issues relating to accessing Nutrition and Hydration data were flagged – evidence of actions was being recorded, however it could not be retrieved to provide the KPI data. It was confirmed the national guidance was being met. It was agreed the Quality and Performance Committee would be kept updated on this issue. The Board **NOTED** and **RECEIVED** the exception report.
13/1118	**Resources Committee Report** The report provided assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including on behalf of the Board. It confirmed: •Decisions made by the Committee in line with the Trust's Scheme of Delegation. •Progress made against the Trust's operating plan (including finance, workforce, estates and business development). •The key risks and issues identified by the Committee and the actions taken to mitigate these risks. It was noted that this had been the first meeting of the Resources Committee which had replaced the Finance and Workforce and Organisational Development Committee, with the aim of supporting greater triangulation of data. Graham Russell, the Committee Chair, updated on the Strategic Review of Recruitment and Retention and further actions planned. He highlighted that further guidance was awaited from NHSI on the operating plan requirements, but that the Trust had started its processes in readiness for this. He updated the Board on the Reference Cost position, noting that the Trust, based on the prior year data was below 100, which indicated it was operating efficiently. He confirmed that areas where the Trust was an outlier against other Trusts or where one service was an outlier against another area were the subject of management review. The Terms of Reference for the Committee were reviewed.

	The Board **NOTED** the update from the Committee and APPROVED the Committee Terms of Reference.
14/1118 **COO**	**Finance Report - October** The report provided an overview of the Trust's financial position for Month 7 of 2018/19. The Board noted the current position: • Year to date surplus, including Provider Sustainability Fund, is ahead of plan by £0.03m at £1.66m. • Capital spend to date is £0.47m. • Cash at the end of Month 7 is £16.5m compared to plan of £10.6m. • Year to Date agency spend is £0.97m compared to a plan figure of £1.30m • Single Operating Framework indicators are green. It was noted that the Control Total had been updated as agreed. It was confirmed all Quality Innovation Productivity and Prevention milestones had been achieved for quarters1 and 2. It was confirmed that Better Payment Practice was being improved and was being monitored by the Audit and Risk Assurance Committee. It was noted that the level of risks for 18/19 were reducing but that the Trust was also starting to recognise risks for 19/20. Jan Marriott raised a query on the approval process for agency spend – it was agreed this should be discussed separately with the Chief Operating Officer. The Board considered the Cost Improvement Plan (CIP) achieved to date and noted the current shortfall in recurrent funding. The Director of Finance advised that the target was to reduce this to under £1m by the end of the year. It was noted that, based on this, it was expected that the Trust would have a CIP target of £5.6m for 2019/20. The Director of Finance advised that currently the impact of the Agenda for Change pay rise for 2019 was being modelled to confirm how this would be impacted. It was confirmed that some of the schemes on going this year would be carried forward into 2019. The challenges of ongoing high levels of CIP were recognised. It was noted that the level of recurrent CIP being carried forward each year remained at the same level and was not increasing. It was confirmed that the Resources Committee continued to monitor the CIP progress. The Board **NOTED** the content of the report and the risks highlighted.
15/1118	**Audit and Risk Assurance Committee Report** The report provided assurance to the Trust Board that the Audit and Risk Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS. It confirmed: •Decisions made by the Committee in line with the Trust's Scheme of Delegation. •Progress made against the Trust's audit and risk assurance activities •The key risks and issues identified by the Committee and the actions taken to mitigate these risks. It was noted that two Audit Committee Reports had been considered and there were no significant issues to raise. An Advisory Report on Place Based Reporting had indicated

	further strategic work required to support this going forward. The Audit processes, including the approach to due diligence, to support the merger were noted. The feedback from the Committee relating to the Board Assurance Framework had been considered earlier in the meeting. The Board: (i) **NOTED** the contents of the Audit and Risk Assurance Committee report. (ii) A**PPROVED** the amended Audit and Risk Assurance Committee's Terms of Reference.
16/1118	**Forward Planner Review** It was confirmed the planner would be updated to reflect the creation of the Resources Committee and regular reporting by the Freedom to Speak Up Guardian.
17/1118	**Any Other Business** None.
18/1118	**Date of Next Meeting in Public** It was agreed that the next meeting of the Board be held on 31st January 2019 at Cirencester Football Club, Cirencester.

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log – as at the 28 November 2018

Key to RAG rating:

- Action completed (items will be reported once as complete and then removed from the log).
- Action deferred once, but there is evidence that work is now progressing towards completion.
- Action on track for delivery within agreed original timeframe.
- Action deferred more than once.

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
10/0718	Medical Revalidation process	Propose similar framework be considered for dentists	Medical Director	March 2019	Continues to be under consideration	
11/0918	Kirkup Report	To be discussed further by the Executive and updated to Board	Executive	March 2019	Scheduled to be discussed Workforce Committee in 2019	
12/0918	Review of Workforce Metrics	Review to be undertaken	IJD HR&OD	Dec 2018	Discussed at Executive. Workshop planned, to include NEDs and Exec 13/12/18	
13/0918	E&D	Board Session to be arranged for shadow board	Chair	April 2018	Awaiting Board appointments	
3/1118	Public Health Annual Report 17/18	The Director of Public Health commented on the challenges involved in engaging with schools. Graham Russell, non-executive director, offered to put in place an introduction with an education Trust.	Graham Russell, Non-Executive Director	January 2019	Introductory meeting to be taken forward	
3/1118	Public Health Annual Report 17/18	Further discuss opportunities of joined up approach within ICS	Int. Dir HR&OD	January 2019	Being taken forward	

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
11/1118	Quality and Performance Committee Report	Increasing demand in relation to safeguarding concerns and impact on resources to be taken forward within ICS and Health and Well Being Board	JCEO	January 2019	Referencing as appropriate	
14/1118	Finance Report	Approval process for agency spend to be discussed outside of meeting	COO	January 2019	Completed	

Agenda Item 6

Questions from the Public

2 questions have been received from:

Mr Bren McInerney, member of the public

1. “Does NHS Gloucestershire Care Services Trust have a clear narrative of diversity and inclusion that is agreed by the Board and effectively communicated to staff, and which staff at every level can have confidence in?”

2. "What joined up plan does Gloucestershire Care Services NHS Trust have to address health inequalities within the Trust. What joined up plan does Gloucestershire Care Services NHS Trust have for addressing health inequalities with their partner organisations?"

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Trust Board

Date of Meeting: 31st January 2019

Report Title: Board Assurance Framework

Agenda reference Number:	07/0119
Accountable Executive Director: (AED)	Chief Executive
Presenter: (if not AED)	
Author(s):	Gillian Steels – Trust Secretary
Board action required:	To Receive, Review and note
Previously considered by:	Executive Team
Appendices:	Board Assurance Framework

Executive Summary

The Board Assurance Framework (BAF) provides an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.

The BAF has been updated to reflect latest activities. Risks which are currently at target score have been moved to the end of the report to allow the Board to focus on Risks where attention is being focused by the Executive. (All risks continue to be included in the Summary of Risks).

As agreed at the November meeting an additional Strategic Objective and related Risks have now been added to the Board Assurance Framework:

Strategic Objective	We will, **jointly** with 2gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**
SR 16	There is a risk that **capacity** to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits
SR 17	There is a risk that **competing agendas and demands from** primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire

Understanding you

	and other partners lead to delays and hamper progress and delivery of benefits.
SR18	There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace
SR 19	There is a risk that **changes at a national level** relating to health and/or social care impact on the planned transformation

These risks are drawn from the Risks within the Risk Register for the Merger which is overseen by the Programme Management Executive and Strategic Intent Leadership Group. The detail of the risks will be considered by the Audit and Risk Assurance Committee when it meets in March. Any feedback from the Board on these risks will be used to inform the Committees deliberations. Board members are requested to provide feedback to the Trust Secretary to support this process outside the meeting.

The highest current score risk on the Board Assurance Framework remains Strategic Risk 5 – recruitment and retention of colleagues. This is also one of 2gether NHS Foundation Trust's highest scoring risks, recognising the importance of this risk and the challenging national backdrop. There is ongoing work across the Integrated Care System to improve recruitment and retention within the system.

The Audit and Risk Assurance Committee will further review the Board Assurance Framework at its next routine meeting in March.

Recommendations:
The Board is asked:

1) **NOTE** the BAF including the current risk position and actions being progressed

Related Trust Objectives	**1,2,3,4, 5**
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	Implications are clearly referenced in the report
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

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Board Assurance Framework

January 2019

Contents

1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*	SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services		CEO	Board	16	8 **On Target**	8
	SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision	⇔	CEO	Board	16	16	12
	SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		Dir. HR/ D of N	WF&OD	16	8 **On Target**	8
	SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence (including demand) and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.	⇔	D of N/ Med. Dir.	Q&P	16	9	6
	SR5	**There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.**	⇔	**Dir of HR**	**WF&OD**	**20**	**16**	**12**

Trust strategic objectives	Ref	Strategic risks: Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers.	⇔	COO	Board	16	12	8
	SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.		COO	Board	12	6 **On Target**	6
*We will provide services in **partnership** with other providers so that people experience **seamless care** and support.*	SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.	⇔	CEO	Board	16	12	8
	SR9	There is a risk that lack of mutual understanding of the services and assets provided by ourselves and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.	⇔	CEO	Board	16	12	8
*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*	SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness.	⇔	Dir HR	WF&OD	20	**12**	**6**
	SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.	⇔	Dir HR	WF&OD	20	**12**	**8**

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	SR12	**There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated**	⇔	I Dir HR	WF&OD	16	12	8
*We will manage **public resources** effectively so that the services we provide are **sustainable.***	SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.	⇔	D of F	Finance	16	8	8
	SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.	⇔	D of F	Finance	20	15 **On Target**	15
	SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.	⇔	D of F/TS	Audit & Assurance	20	9	6
We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**.	SR 16	There is a risk that **capacity** to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits		JCEO	Strategic Intent Leadership Group	20	12	6
	SR 17	There is a risk that **competing agendas and demands from** primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.		JCEO	Strategic Intent Leadership Group	20	12	6
	SR18	There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace		JCEO	Strategic Intent Leadership Group	20	12	6

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	SR 19	There is a risk that **changes at a national level** relating to health and/or social care impact on the planned transformation		JCEO	Strategic Intent Leadership Group	20	12	8

1.2 Detail of strategic risks

Links to Primary Regulatory Framework CQC, NHSI, Well Led Framework, Single Oversight Framework			
Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		
Type	Reputation	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Meeting Risk Score	4 x 4 = 16	**Date of Review**	January 2019
Current Risk Score	4 x 4 = 16	**Date Next Review**	March 2019
Tolerable (Target) Score	3 x 4 = 12	**Date to Achieve Target**	1st April 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Documented service vision for community services aligned to place base model tol be progressed as part of the Transformation work to develop an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.	**I**ncrease system investment in community based services
Achieved business development plan	Delivery of QIPP priorities, CQUIN priorities and quality priorities and business plan milestones
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19	Benefits realisation framework

Rationale For Current Score (Identifying progress made in previous period)
The development of the Joint Strategic Intent has provided an opportunity to develop a new vision for integrated physical and mental health services and move to a new look organisation better able to champion the role of community based services. It is, however, clear that the ability to influence patterns of investment in the shorter term remains challenging, particularly in light of ongoing financial issues with the main acute service provider in Gloucestershire. The progression of the shadow integrated care system (wave 2) will be an opportunity for these issues to be further reviewed.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Production of annual operational plan	NHSI Confirmation	Board oversight Regulator Oversight
Agreement of quality priorities	Regular reports on performance	Board Oversight
Contractual agreements	Regular contract monitoring meetings	Executive

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Development of clearly documented service vision for our community services. This will now reflect the developing integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust	Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer. This will be a key element of the transformation strand of this work and included within the Strategic Case to be submitted to NHSI autumn 2018 Strategic Case submitted, d overarching vision set	CEO/COO	Autumn 2018 **Complete**
2	Business plan to be delivered	Business Plan agreed and in place. To be monitored through Executive and Board Executive monitoring ongoing. Confirmed on track by Executive Nov 2018. Development 19/20 Business Plan ongoing	DoF	March 2019
3	Development of benefits realisation methodology across the STP	This will now be a key element of the Integrated Care System work.5 year plan for ICS to be submitted Summer 2019. Benefits realisation element of plan.	DoF/CEO	July 2019
4	Place based model processes embedded – One Place One Budget	To be developed through ICS development and work with 2gether. Place-based working reflected in the Strategic Case. Development of ICS Integrateted Locality Partnerships in progress as key enabler. Update on this considered Joint Board Development Dat Dec 2018 and further update to Board planned March 2019.	CEO	July 2019
5.	Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Programme Delivery Structure reviewed and revised following appointment of Strategic Intent Programme Director. Workstream leads identified for Transition, Transaction and Transformation. Programme being implemented and monitored by PME.	CEO/Chair	Stage 1 **complete** **July 2018**
6.	Integrated Care System	Governance processes to be clearly defined, supported through planned development with the Kings Fund Two sessions held to date, further session to take place 6 Dec. Proposal for NEDs network being developed. Governance leads meeting regularly to consider governance processes going forward.	CEO/Chair with system partners	Spring 2019
Links to Primary Regulatory Framework Single Oversight Framework Well Led Framework				

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*			
Risk SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.			
Type	Quality	**Executive Lead**	Director of Nursing	Med Director
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Quality & Performance Committee	
Inherent (without controls being applied) Risk Score	4 x 4 =16	**Date Identified**	April 2017	
Previous Meeting Risk Score	3 x 3 = 9	**Date of Review**	January 2019	
Current Risk Score	3 x 3 = 9	**Date Next Review**	March 2019	
Tolerable (Target) Score	3 x 2 = 6	**Date to Achieve Target**	April 2019	

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation – further work to deliver ongoing	Safety Thermometer (Fall and Pressure ulcer levels)
Increased use of technology to support clinical practice, eg smartphones for clinical support – continuing to be investigated and implemented – in discussion with service users	Quality Priorities performance (incorporating research and evidence based development)
Achievement Quality Priorities.	Progress to Quality Priorities

Rationale For Current Score (Identifying progress made in previous period)

There has been good progress in investing and developing clinical innovation, for example systm one, use of smart phones, developing use of virtual consultations, rapid response diagnostic testing, e-prescribing, internal R&D Group, End of Life, Complex Leg Wound Service. These are now to be further embedded and work undertaken with service users to ensure benefits are recognised and understood.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Clinical Reference Group Monitoring	Quality Visits	Board Oversight
Internal R & D Group	Benchmarking Review	Board & Management
PACE Team Workplan, including Clinical Audits	Quality & Performance Report	Board & Management
Quality Improvement Monitoring (Quality Priorities)	Clinical Reference Group and Quality & Performance Committee	Management & Board
Staff Development Investment – supported through – Essential	Quality and Improvement Networks	Management

to Role and Statutory and mandatory training matrices		
CQC Compliance Processes	Quality & Performance Committee	Board
Investment in specialist practitioners	Workforce & OD Committee	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	More in depth Benchmarking Review to identify areas of significant variation and any aresponsive action identified	Further work to ensure benchmark information easily accessible on BIRT implemented – part of phase 2 development	DoF	July 2019
2	Development BIRTIE reporting on this area to inform CIPS and Service Development.	Discussions with DoN ongoing to ensure BIRTIE used to inform quality and performance priorities and the quality dashboard. Incorporated in phase 2. Reference costs are used as element of cost improvement process.	DoF	July 2019
3	R&D Strategy	To be developed and reviewed in conjuction with ^{2}gether NHS Foundation Trust Research and Development work continuing collaboratively	DoN	March 2019
4	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma implemented and feedback reviewed for learning	Executive	Complete
5	CPD Offer and Personal Development to be linked to quality priorities	CPD and Personal Development Budget focused for 2018/19. And monitored for impact. Updated PDR document issued. Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee 11/1/19	IIDHR&OD&OD	March 2019

Links to Primary Regulatory Framework

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	April 2017
Previous Meeting Risk Score	4 x 4 = 16	**Date of Review**	January 2019
Current Risk Score	4 x 4 = 16	**Date Next Review**	March 2019
Tolerable (Target) Score	3 x 4 = 12	**Date to Achieve Target**	March 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)	Vacancy levels – less than 10% - to monitor for all areas
Reduce turnover rates in line with Community Trust average;	Turnover rates – below 16/17 baseline
Reduction in agency spend	Agency spend – in line with cap set
Jointly support the delivery of educational programmes (pre and post registration) – increased emphasis on post registration support	
Local plans to respond to issues raised in staff survey	

Rationale For Current Score (Identifying progress made in previous period)

Turnover rate has remained consistent (not worsened), demonstrating Trust is still able to attract to the organisation. There is uncertainty about the impact of National bursary scheme ceasing for pre-reg learning. Variances remain in rate of applications received. There is a hot spot in Band 5 hospital nurses which is not reducing. The Staff Survey 2017 indicates on going challenges to staffing resilience.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Recruitment drives / fayres to attract new staff	Workforce data which is reported through the Workforce & OD Committee and thereafter to Board	Board Oversight
Revised establishment control process for community hospitals	Safer Staffing data which is included within the Quality and Performance Report which goes to Board	Management & Board Oversight
E-rostering across the Trust	Top-level workforce plan submitted to Workforce & OD Committee	Board Oversight

Centralised bank and agency function	Agency working group chaired by the Chief Operating Officer	Management
Gloucestershire Nursing Degree programme in place	Recruitment and Retention Steering Group chaired by Head of HR	Management
Monitor impact & effectiveness of Gloucestershire Trainee Nursing Associate programme	Strategic Workforce Group (system-wide)	Management (Educational)

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Real time workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response	**I**nformation now in place for HR and Service Leads and Managers. Business planning process and monitoring to confirm effectiveness.	Head of Performance and Information	Complete
2	Clear progression pathways for clinical colleagues	Talent management programme to be developed to be undertaken jointly with ^{2}gether NHS Foundation Trust. This will be incorporated within the Transition work for the merger. .	Head of OD	April 2019
3	Process to learn from exit interviews	Triangulated against latest staff survey information March/April 2018 and discussed at June Workforce Committee. Issue also highlighted within presentation from Freedom to Speak Up Guardian at June Board. Freedom To Speak Up Guardian now part of the process to ensure learning from exit interviews.	Head of HR	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Monitoring is ongoing, monitored by the Quality and Performance Committee and also the Executive. Detailed discussion at Resources Committee, Weekly monitoring by Exec. Workshops with NEDs & Exec. Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee 11/1/19	Exec	Ongoing

Links to Primary Regulatory Framework
CQC.

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***		
Risk SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers (Service Transformation Focus).		
Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	20 April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31 March 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Mechanism for initial impact on projects developed – to be further developed in conjunction with 2gether NHS Foundation Trust. Transformation centred on co design with service users.	FFT Response Rate
Negative assurance, eg complaints etc, being fed into the business planning process **–** to be monitored to ensure happening across GCS and also that learning are across both Trusts**.**	FFT % recommend service – likely , extremely likely
Examplars of co-design – examples of Transformation Centred co design	Number compliments, complaints, concerns
Policy on Policy updated to include co-design and patient centred care focus. – Policy now being reviewed against 2gether Policy as element of Strategic Intent work	Feedback from service users at engagement events

Rationale For Current Score (Identifying progress made in previous period)

While strong progress is being made in a number of areas through place based working to develop local solutions to meet local needs, we have recognised that there is further work to progress in the context of the Transformation strand of the Trust's work with 2gether NHS Foundation Trust.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Use of the Friends and Family Test (FFT) across all Trust settings	Operational Meetings	Management
Direct feedback to teams from FFT comments	Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Complaints Policy	6-monthly Understanding You Report	Board Oversight
The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments	Service user stories at Board	Board Oversignt

The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities	The Your Care, Your Opinion Group	Board Oversight
Annual Report and Quality Account	Board	Board
Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion	Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight
On-going review of all feedback so as to ascertain themes	Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
QEIAs will be completed and signed off for all appropriate CIP schemes before they are implemented	Reports to Q and P Committee	Board Oversight
Learning Assurance Framework	Reports to Q and P Committee	

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Control – ensuring opinions we collect feed into service design and development	Mechanism to ensure feedback captured through Transformation strand of work with 2gether NHS Trust. GCS review of FFT service user detailed feedback to be considered by Executive.	COO/DoN	March 2019
2	Your Care Your opinion , Understanding You report to be reviewed against planned wider stakeholder engagement to identify any areas where GCS specific areas required	Review of your care your opinion against planned wider service user engagement to be undertaken. Merger engagement activity within the Transformation strand will be a key element of this. Recognised within planned values work – stage 2	COO/DoN	July 2019
3**.**	Skills for Co-production require further development	Co production development of teams to be undertaken. In conjuction with work with 2gether to learn from good practice. Values sessions with service users took place Nov 2018 Recognised within planned values work – stage 2	COO	July 2019
4	Service audits to be reinstated.	Service audits reinstated and monitored for impact	COO	Ongoing
		Increase use of “You said We did” feedback processes. This is an element within the merger processes.	COO	Ongoing
5	Business Planning Process incorporates feedback.	Business Planning monitoring to include consideration feedback Strand of co-production is an element in business planning	DOF	Complete

Links to Primary Regulatory Framework
CQC
Constitution Right and Pledges

Strategic Objective	*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*		
Risk SR8	There is a risk that we are too internally focused and do not support Integrated Care system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.		
Type	Quality	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 =20	**Date Identified**	1st April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
1. Locality provider boards embedded with Executives now linked to localities	1. Completion of realignment of GCS services to locality working
2. GCS effective in discussions to progress system working with establishment of shadow Integrated Care System	2. Reablement KPIs agreed and achieved
3. Reset of GCC relationship	3.

Rationale For Current Score (Identifying progress made in previous period)

The STP has provided a stimulus for imporved partnership working, particularly the opportunities offered through place based working. The development of the joint strategic intent has also demonstrated our commitment to system transformation. The risk remains unchanged however given the potential increase in risk associated with service continuity in the short term. The approval of Gloucestershire as a shadow Integrated System provides further opportunities to further develop system working.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Quality and performance reporting	Q&P Committee oversight	Board
Place Based Pilot board reports	Executive oversight	Management
Regular STP reports to the Board	Regular reports to Board	Board
System QIPP priorities	Q&P	Board
Active membership of HWBB, GSF and attendance at HOSC	Board reports	Board
Director of the “Better Care Together” transformation programmein place.	Regular reporting through the Strategic Intent Management processes	Management and Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Lack of whole system performance framework	Work with GSF to develop whole system performance using the drivers within the Integrated Care System ICS development sessions with Kings Fund to set key framework mechanisms which will lead to development of performance framework.	CEO	July 2019
2	Move Strategic Intent into Action, with focus on service users	Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Governance processes in place Executive Workstream processes in development. Engagement activities. Transformation strand work to be further developed.	CEO DoN/Director of the "Better Care Together" transformation programme	Sept 2018 Ongoing
3	Director of the "Better Care Together" transformation programme is developing relationship and framework for work with the Integrated Care System	Regular meetings with key ICS leads. Development of framework for transformation processes and benefits realisation mapping to engage with ICS leads	Director Better Care Together	Ongoing
Links to the Primary Regulatory Framework: **CQC**				

Strategic Objective	*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*		
Risk SR9	There is a risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		
Type	Quality	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Effective Provider Locality Boards creating advocates for the Trust	Friends and Family test, complaints, compliments
Establishment of cluster MDT working with full participation by GCS	Regular Integrated Locality Board Meetings

Rationale For Current Score (Identifying progress made in previous period)

While good progress has been made to develop new ways of working with primary care, including MDT working and redesign of ICTs, progressing public health nursing services transformation and the development of the joint strategic intent to improve the interface between physical and mental health, we have seen significant pressures impacting across the wider system, in particular: pressures in relation to domiciliary care which are impacting on service user experience; the additional pressures to mitigate the issues associated with the GHFT implementation of TrakCare and the responsiveness of Arriva.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Partnership working through STP - **Key development work undertaken**	MDT KPI Messures	Management
Leadership of place based model and meetings - **Key development work undertaken**	Reports to Board on STP	Board
Regular Exec to Exec networks and LMC – **in place**		

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Lack of formal and relevant frameworks for joint working with key partners	Develop formal frameworks for joint working with 2G and GCCC **Actions to date** Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Joint Working Framework strand of agreed activity	CEO/COO	Complete
2	System quality indicators	Develop Business Plan incorporating Estates	COO	Complete
3	Relationship building with provider partners to resolve issues swiftly.	Trakcare escalation processes in place. Monitoring on going. Proposals for Joint action groups being progressed, for example re SIRIs and Mortality. Reablement support for Domiciliary Care. Development of Intergrated Care System Director of the "Better Care Together" programme building relationships with ICS leads and attending relevant ICS programme meetings	COO DoN COO CEO Dir Bettercare Together	Complete Nov 2017 Complete Complete **Above all complete indicating developing relationship building** Ongoing Ongoing
4	Development of Seamless Care key element of Strategic Case and Full Business Case.	Strategic Case submitted Full Business Case to be developed		Complete April 2019

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*
Risk SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness

Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	March 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Manager toolkit in place to be reviewed with 2gether NHS Trust to monitor impact	• Staff engagement levels (from annual staff survey)
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work	• Staff friends and family test results
Continuing increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised –	• Staff Survey Question on feeling supported to raise concerns.
Local Plans to spread good practice and target issues identified by the staff survey	

Rationale For Current Score (Identifying progress made in previous period)

Staff Friends and Family score is consistently below community trust average as place of work . Overall Staff Engagement outcome in NHS survey whilst improving remains below average for a community trust.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Fourth year of listening into action	Improvement in staff engagement levels (from survey results)	Independent
Investors in People standards/ accreditation	Improvement in the number of colleagues recommending the Trust as a place to work	Independent
Further embedding of the CORE values behavioural framework	Number of informal and formal grievances and concerns raised (awaiting benchmark data)	Management/Board
Review of Freedom to Speak Up (Raising Concerns at Work) Policy.	Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Investment in Freedom to Speak Up Guardian – active in national network and regional Chair	Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Monthly Core Colleague Network Meetings	Review & Feedback of CORE	Management
Annual celebration events (AHP, Nursing, Admin & Clerical etc)	Review of Events for levels of engagement & impact internally	Management

		and externally		
Range of Mechanisms to encourage raising of concerns - Katie's Open Door, Meet the Execs, Chair and CEO meetings		Feedback at Execs and Board		Management/Board
Workforce and OD Plan		Workforce and OD Committee		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Low completion rate of staff friends and family test	Q1 Staff FFT results are as follows: • Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. • Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. We also had a higher response rate than in previous FFTs at 22.1% **In Qtr. 2 of 2018/19, 58.5%** of staff would recommend the Trust as a place to work (target is 61%) and **88.5%** would recommend the Trust as a place to receive treatment (target is 67%). – reduction from Qtr 1 discussed at Board and work on going at Execs to demonstrate responding to feedback	Head of OD	March 2019
2	Management Toolkit	Launched Jan 2018 with funding from SW Leadership Academy Funding CORE Leadership Session discussed Jan 2018 To review as part of transition work	Head of OD	Complete
3	Staff Engagement Framework	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a "quality Academy" Being taken forward within the Engagement processes relating to the merger. Values Programme engaged significant proportion of staff Oct 2018 Stage 2 Values Programme in launch process.	Director of HR	July 2019
Links to Primary Regulatory Framework. CQC				

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*
Risk SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.

Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Not applicable

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Reduction in overall sickness absence rate	Rolling 12 month sickness absence rate
Reduction in absences relating to stress	Reasons for sickness absence
Reduction in absences relating to muscoskeletal conditions	

Rationale For Current Score (Identifying progress made in previous period)

While a significant amount of work has been progress to support colleague health and wellbeing, we are seeing an increase in sickness absence rates in a number of areas with increasing pressure on colleagues to meet competing demands. This suggests that this risk is increasing and further focus is needed. Related CQUIN not achieved. Following consideration of the Staff Survey outcomes at Board local plans are being developed which should help to reduce the risk. The need for work on supporting the mental well being of colleagues was also flagged.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Working Well services including in house fast track physiotherapy	Contract review meetings with working well	Management
Employee Assistance programme	Contract review meeting with Care First	Management
Employee health and wellbeing plan including health and hustle initiative	Employee health and wellbeing plan monitored through Workforce and OD committee	Board
Healthy eating initiative	CQUIN	Independent
Mental health first aid training	CQUIN	Independent
Stress management workshop, including mindfulness and resilience.	CQUIN	Independent
Stress management policy	Annual staff survey results regarding the organisation taking positive action on H&W.	Independent
Employee Health and Wellbeing Charter achieved	Employee Health and Wellbeing Charter achieved	Independent

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Line manager capability and capacity to undertake stress risk assessment audits	To further develop managers toolkit and guidance. Further guidance and support issued to managers.	Head of OD	July 2018 Complete
2	Review of Application of Sickness Policy to ensure follow up	Regular workshop on Absence Management in place, attendance to be reviewed. Executive monitoring of application to be implemented**.** Monitoring and Review ongoing	IDHR&OD	Complete
3	Local Staff Survey response plans with focus on well being to be developed	Development session at CORE to provide support for development. Plans now being monitored.	IDHR&OD Heads	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Being montored by the Quality and Performance Committee and the Executive.	DON	Ongoing
5	Ensure CQC Must do's in relation to training (in particular End of Life) are in place	CQC Improvement Plan achieved with timeliness. Being montored by the Quality and Performance Committee and the Executive. End of Life Group working to take this forward. Being monitored by Q&P Committee	DON	Ongoing
Links to Primary Regulatory Framework				

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*		
Risk SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 20	**Date Identified**	April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	March 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Refresh of leadership development plan including talent management – combining with review of 2gether processes	Level of support provided by manager (measured through staff survey)
	PDR compliance rates
Managers induction implemented and monitored	Number and percentage of managers participating in leadership development programmes

Rationale For Current Score (Identifying progress made in previous period)

While continuing to support a number of leadership development activities, Professional Development Review and Mandatory Training levels remain below target with limited resources to support required investment in system and transformational leadership. This is becoming an increased risk in light of the level of change and transformation required at a time of signficiant service pressure. Identified for action within Transition and Transformation workstreams

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Range of leadership programmes in place	Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee	Board
Annual leadership conference	Leadership plan approved and monitored through Workforce & OD Committee	Management
Monthly leadership Core Colleague Network meetings	Exec Planning and Review	Management Oversight
CORE values behaviour framework	Reports to Workforce and OD Committee	Board Oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)	**Mitigating Actions (what more should we do)**		
	Action	**Owner**	**Deadline**

1	Talent Management Strategy	Strategy to be developed and approved through Resources. Also to be supported by the merger transition work. Currently on hold – part of transition work	Head of OD	
2	The assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	360 Programme in development to increase self-awareness and personal impact. Also to be supported by the merger transition work. Currently on hold – part of transition work	Head of OD	
3	Managers induction	Managers toolkit and induction delivered. Review whilst planned manager development within transition workstream being considered. To be rolled out 2019/20	Head of OD	July 2019
4	Leadership Development Programme – regional	Colleagues attending SW leadership development programme	Head of OD	Complete
5	Leadership Development Programme - local	ICS 5 elements of leadership programme – 16 leaders from GCS band 7 and above. – piloting managers toolkit	Head of OD	Complete

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1st April 2017
Previous Meeting Risk Score	3 x 3 = 9	**Date of Review**	January 2019
Current Risk Score	3 x 3 = 9	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Review of SFI Compliance	No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)
Timely compliance with Internal and External Audit recommendations	At least 50% of Internal Audits give Substantial assurance

Rationale For Current Score (Identifying progress made in previous period)

While good progress made to strengthen internal controls, current significant pressure on capacity could distract from maintaining control if not effectively managed, recognising that cumulative gaps can lead to a significant impact.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Clinical and corporate governance arrangements enable controls to be effectively managed	The sub-Board Committee structure, and in particular, the Audit and Assurance Committee, the Quality and Performance Committee, the Finance Committee, and the Workforce and OD Committee, provide assurance on all corresponding controls to the Trust Board	Board
Committee / reporting structures enable controls to be monitored and reviewed	Internal Audit of Governance December 2016, Reported to the Audit and Assurance Committee February 2017, classified Corporate Governance – Governance Framework as low risk and advised;	Independent

The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas	"Our review of corporate polices and documentation, including committee structure, terms of reference,minutes,board papers and other ad-hoc document sidentified that, overall, the Trust has appropriate structures in place to support good governance.". – Internal Audit	Independent
The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlled	IA and EA feedback	Independent
Line management structures provide clarity in terms of responsibilities and accountabilities	Management Review	Management
Internal and external audit and plans provides additional scrutiny	Degree that Internal Audit is risk based.	Board
Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation	Internal Audit Review	Independent
IT Investment to maintain Cyber Security Protection	Reports to Audit & Assurance Committee through IM&T Group	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Confirmation of Compliance with SFIs	Review of Compliance SFIs	DOF	March 2019
2	Well led framework needs further consideration by Board following consultation changes	To be further reviewed as part of the work with 2gether NHS Foundation Trust. Development work with 2gether will take this forward.	TS/Board/SILG	July 2019
3	Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented. Development process ongoing.	Chair	Ongoing
4	Confirmation governance TOR and Effectiveness processes for use end of year 2017/18	Complete ToR and Review of Effectiveness for all Board Sub-committees and mechanism for management committees to update. Incorporated within Annual Report. No significant issues highlighted, but proposal to combine Workforce and Finance Committees currently ongoing. .	TS	Complete
5	Preparation for Use of Resources	Use of Resources implications considered at Execs Sept 2017. To be considered by Board. Financial Report	DoF	Sept 2018 Complete

		revised to include metrics from Use of Resources. Initial actions complete, further information awaited from NHSI on implementation date for Community Trusts. Actions to date shared with 2gether.		
		Timely Actioning of EA and IA – follow up process embedded. Confirmation at end of year Audit Committee that this is being achieved.	DoF	Complete
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	April 2018 Complete
6	Merger Governance processes in place to ensure merger process is managed effectively	Merger governance processes – PME, SILG, Risk Register , Budget monitoring etc in place.	CEO/Chair/DoF	Ongoing
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Strategic Objective	We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**
Risk SR16	There is a risk that **capacity** to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits

Type	Strategic	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	**Relevant Key Performance Indicators**
Shadow Board in place	Transaction remains on track
Revised Structures developed	
Post Transaction Integration Plan	

Rationale For Current Score (Identifying progress made in previous period)

.This risk is monitored at the Programme Management Executive and Strategic Intent Leadership Group on a regular basis. The monitoring includes review of the transaction, transition and transformation workstreams and feedback from colleagues through the regular pulse check updates.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Dedicated Joint Strategic Intent Programme Management Team and Programme Management Office in place	Feedback to Strategic Intent Leadership Group and both boards	Board
Ring fenced Business as usual and Joint Strategic Intent posts	Feedback to Strategic Intent Leadership Group and both boards	Board
Programme plan for transaction mapped with aligned resources.	Feedback to Strategic Intent Leadership Group and both boards	Board
Better Care Transformation Programme dedicated lead in place from 10 9 18.	Feedback to Strategic Intent Leadership Group and both boards	Board

Development of engaging values programme		Feedback to Strategic Intent Leadership Group and both boards		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Board level Capacity	Capacity at Board level to be kept under review at Remuneration Committee	Chair	Ongoing
2	Values Programme at pilot stage	Values Programme to be further developed, ensuring involvement colleagues, third sector, stakeholders and service users**.**	JCEO	April 2019
3	Clearly defined relationship with the Integrated Care System	Ongoing work with ICS Partners	JCEO	Ongoing
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Strategic Objective	We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**.		
Risk SR17	There is a risk that **competing agendas and demands from** primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.		
Type	Strategic	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	**Relevant Key Performance Indicators**
Integrated Locality Partnerships further developed	-
Integrated Care System Board further developed	-

Rationale For Current Score (Identifying progress made in previous period)

Progress in partnership working

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Both Trusts have clear business plans for 2018/19 to support delivery of core business with clarity on priorities agreed by Boards and aligned to resources	Feedback to Strategic Intent Leadership Group and both boards	Board
Maintain strong engagement as partner in ICS and development of robust ICS engagement plan.	Feedback to Strategic Intent Leadership Group and both boards	Board
Stage 1 engagement undertaken	Feedback to Strategic Intent Leadership Group and both boards	Board
Strategic Intent work monitored for implications to place based working to ensure inter-dependencies recognised –	Feedback to Strategic Intent Leadership Group and both boards	Board

interdependencies routine part of meeting review.				
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Two way engagement process with stakeholders to be finalised for next stage of engagement	Communication and Engagement Plan to be implemented	JCEO	April 2019
2	Key Relationships identified but specific activitions required to be defined	Key Relationship Managers for key stakeholders to be put in place	JCEO	April 2019
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Strategic Objective	We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**.		
Risk SR18	There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace		
Type	Strategic	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	**Relevant Key Performance Indicators**
Structures in place to deliver transformation	-

Rationale For Current Score (Identifying progress made in previous period)

Progress in partnership working

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Distinct transformation workstream and lead in place	Feedback to Strategic Intent Leadership Group and both boards	Board
Board Commitment to transformation	Feedback to Strategic Intent Leadership Group and both boards	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Detailed benefits programme	Detailed benefits programme to be developed	JCEO	31st March 2020

Links to Primary Regulatory Framework
SOF, Well Led, CQC.

Strategic Objective	We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**.		
Risk SR19	There is a risk that **changes at a national level** relating to health and/or social care impact on the planned transformation		
Type	Strategic	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	January 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	**Relevant Key Performance Indicators**
Community Engagement Plan	-

Rationale For Current Score (Identifying progress made in previous period)

Progress in partnership working

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Monitoring and keeping under review policy announcements.	Feedback to Strategic Intent Leadership Group and both boards	Board
Lobbying local and national stakeholders and policymakers.	Feedback to Strategic Intent Leadership Group and both boards	Board
Ensuring our plans contain future proofing and contingency options	Feedback to Strategic Intent Leadership Group and both boards	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Knowledge and awareness levels of communities and service users of the impact of national changes.	Engaging across community groups to build knowledge and awareness of the interconnections of national and local policy implications for Trust operational services	JCEO	Ongoing

Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Risks On Target

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services –		
Type	Reputation	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Meeting Risk Score	3 x 4 = 8	**Date of Review**	November 2018
Current Risk Score	2 x 4 = 8 – **ON TARGET**	**Date Next Review**	January 2019
Target Score	2 x 4 =8	**Date to Achieve Target**	1st April 2019
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - **work to continue in 2018/19 and extended to reflect Strategic Intent with 2gether.**		360 feedback from partners and stakeholders – **postponed during Strategic Intent development process, to be reviewed in relation to Strategic Intent workstream plans**	
Readiness for CQC with aim for good or outstanding overall rating. – **Grading of Good Assessment confirmed April 2018**		Visability of our leaders and staff in local events and programmes Reports to Workforce Committee confirms this has been maintained in 17/18	
Development of Joint Strategic Intent with 2gether NHS Trust – **Strategic Intent Formalised and now being progressed through joint processes**			
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – **continues to be a focus for 2018/19**			
Key 2018/19 Deliverables		**Relevant Key Performance Indicators**	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - work to continue in 2018/19 and extended to reflect work towards developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.		Updates to GSF on GCS business as usual and Integrated Physical and Mental Health Care developments.	
CQC Outcome Rating of Good formally celebrated and recognised across Healthcare System and action plan work to further improve and spread good practice implemented		CQC Rating CQC Action Plan implementation Progress (completion of must dos with timeliness)	
Strategic Case Submitted to NHSI autumn 2018		Strategic Case approved by Board and NHSI	
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – continues to be a focus for 2018/19 (extended to reflect work towards developing an integrated		Joint induction/seminar in place for autumn 2018	

Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.	

Rationale For Current Score (Identifying progress made in previous period)

The joint work with 2gether has raised the profile of community based physical and mental health services, and increased understanding of the benefit of integrating this offer. This work will continue through a range of stakeholder events and activities to ensure that stakeholders are the best advocates for our services and champion greater equity of resources for community and mental health services. The current score reflects that the wider stakeholder engagement activities are commencing 29th May and will be part of a wide programme of events.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Development of programme to integrate community based physical and mental health services.	Monitoring by Strategic Intent Leadership Group and Board	Board Oversight
Communications and External engagement strategy	Workforce and OD Committee	Board Oversight
Regular reports to Health and Care Oversight and Scrutiny Committee (HOSC)	Regular Chair and Chief Executive reports	Board Oversight
Chair and Chief Executive Membership of Gloucestershire Strategic Forum (GSF)	Regular Chair and Chief Executive reports	Board Oversight
Member of Emergency Planning Preparation and Resilience Forum	Regular Chief Executive reports	Board Oversight
Chair membership of Health and Well Being Board	Regular Chair Reports	Board Oversight
Active member of NHS Providers and Community First Network	Regular Chair and Chief Executive reports	Board Oversight
Stakeholder Transformation events	Updates on Transformation at Board	Board Oversight
Quality Account	Review of Quality Account	Board oversight

Gaps in Controls and Assurance (additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Stakeholder Engagement informing integration with 2gether plans)	Stakeholder engagement processes launched and feedback mechanisms in place.	Chief Executive	Stage 1 complete June 2018
2	Clarity on GSF Decision Making (controls), particularly following announcement that One Gloucestershire has been granted status as a shadow Integrated Care System.	Memorandum of Understanding to be developed for Integrated Care System which reflects roles of GCS and 2hether and the planned integration.	Chief Executive	August 2018
3	Develop Relationship new HOSC members (assurance)	Joint induction session planned autumn 2018 and HOSC members to be fully integrated in Stakeholder events	Chief Executive	September 2018
4	Must dos identified by CQC	CQC Quality Improvement Plan actioned with timeliness	DoN	Ongoing

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4x 4 = 16	**Date Identified**	April 2017
Previous Meeting Risk Score	2 x 4 = 8	**Date of Review**	November 2018
Current Risk Score	2 x 4 = 8 – TARGET SCORE	**Date Next Review**	January 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Increase the Trust's profile on social media and that this focusses on quality	Number of national, regional and local awards
Increase the number of entries to national, regional and local awards	Number of positive media stories
Raise profile of range and breadth of services with primary care	
Review methodology of the friends and family test to increase completion rates	Friends and family Test - **increased completion**

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Increase the Trust's profile (and that of the work with 2gether) on social media and that this focusses on quality	Number of national, regional and local awards
Increase the number of entries to national, regional and local awards	Number of positive media stories
Raise profile of range and breadth of services with primary care	Integrated Locality Board meetings well attended and positive feedback on role from primary care
Maintain and further increase number of FFT responses and increase use of information provided.	Friends and family Test - increased completion and impact on services

Rationale For Current Score (Identifying progress made in previous period)

The Trust has improved its national, regional and local profile each year with good news stories outweighing negative stories. This has included the development of the 60 second service video's and the increased use of social media including Twitter by a range of Trust colleagues. The Trust's performance was recognised by CQC and a range of stakeholders in relation to winter pressures etc.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Communciations and engagement strategy and plan in place	Monitored through Workforce and OD Committee	Board
Calendar of entry dates for national, regional and local awards used to support entrants	Montiored through the Executive Team	Management
Investment in Annual Understanding You Awards	Trust Understanding You awards	Managemt & Board

Regular attendace at LMC meetings, Locality Meetings and Integrated Locality Boards	Feedback at Board from Executive and partners	Executive

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Monitoring and targets for media presence (positive, negative etc)	Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2018
2	Clear targets to improve response rates for the friends and family test (FFT) and to demonstrate use of information to drive engagement activities including the merger.	Significant engagement activity has been ongoing and also the importance of FFT completion reiterated to colleagues. Feedback recently received is indicating an improved position. Q1 Staff FFT and the results are as follows: • Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. • Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. We also had a higher response rate than in previous FFTs at 22.1% Engagement remains a key strand within the merger processes. Response rates for service user FFT are also increasing and being monitored by the Quality and Performance Committee.	DoHR/Director of Transition Director of Nursing	Ongoing Ongoing
3	Mechanism to improve Service User Feedback systematically shared through organisatiion	Key element of Stakeholder Engagement programme which is at the Core of the work to develop an integrated Physical and Mental Health Care offer	Exec	September 2018
Links to Primary Regulatory Framework				

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***
Risk SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.

Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	**Date Identified**	1st April 2017
Previous Meeting Risk Score	2 x 3 = 6	**Date of Review**	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	**Date Next Review**	January 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Revised Policy on Policies to reference co-design and person centred care –	FFT Response Rate
Core Values reinforced to incorporate valuing contribution service user.	FFT % recommend service – likely , extremely likely
Patient stories and evidence of impact.- **Regular item at Board**	Number compliments, complaints, concerns
Delivery 17/18 CQUIN on Increased use of Personal Care Plans.	
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Revised Policy on Policies to reference co-design and person centred care – now being reviewed with 2g policy as part of Strategic Intent work	FFT Response Rate
Core Values reinforced to incorporate valuing contribution service user.	FFT % recommend service – likely , extremely likely
Patient stories and evidence of impact.- Regular item at Board	Number compliments, complaints, concerns
Transformation with co-design at the heart of work with 2gether.	Stakeholder events and feedback

Rationale For Current Score (Identifying progress made in previous period)

There continues to be a clear focus on patient experience, including regular patient stories at Trust Board, regular training and development events, and through the Understanding You Group. To move forward to achieve target risk we recognise the need to progress training and development as part of essential to role training frameworks. To be further reviewed against Transfor

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Person focused initiatives eg End of Life	Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives	Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking	6-monthly Understanding You Report	Board Oversight

Policies to support colleagues to make patient focused decisions	Service user stories at Board	Board Oversignt	
Specification increasing personalisation requirements	Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. **Actions to date** trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Sept 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	July 2018

Links to Primary Regulatory Framework
CQC – Well led, Responsive
Constitution – Rights & Pledge

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***
Risk SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.

Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	**Date Identified**	1st April 2017
Previous Risk Score	2 x 3 = 6	**Date of Review**	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	**Date Next Review**	January 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Revised Policy on Policies to reference co-design and person centred care –	FFT Response Rate
Core Values reinforced to incorporate valuing contribution service user.	FFT % recommend service – likely , extremely likely
Patient stories and evidence of impact.- **Regular item at Board**	Number compliments, complaints, concerns
Delivery 17/18 CQUIN on Increased use of Personal Care Plans.	
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Revised Policy on Policies to reference co-design and person centred care – now being reviewed with 2g policy as part of Strategic Intent work	FFT Response Rate
Core Values reinforced to incorporate valuing contribution service user.	FFT % recommend service – likely , extremely likely
Patient stories and evidence of impact.- Regular item at Board	Number compliments, complaints, concerns
Transformation with co-design at the heart of work with 2gether.	Stakeholder events and feedback

Rationale For Current Score (Identifying progress made in previous period)

There continues to be a clear focus on patient experience, including regular patient stories at Trust Board, regular training and development events, and through the Understanding You Group. To move forward to achieve target risk we recognise the need to progress training and development as part of essential to role training frameworks. To be further reviewed against Transfor

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Person focused initiatives eg End of Life	Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives	Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking	6-monthly Understanding You Report	Board Oversight

Policies to support colleagues to make patient focused decisions	Service user stories at Board	Board Oversignt	
Specification increasing personalisation requirements	Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. **Actions to date** trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Sept 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	July 2018

Links to Primary Regulatory Framework
CQC – Well led, Responsive
Constitution – Rights & Pledge

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Finance Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 16	**Date Identified**	20 April 2017
Previous Risk Score	2 x 4 = 8	**Date of Review**	November 2018
Current Risk Score	2 x 4 = 8 On Target	**Date Next Review**	January 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Mar 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Estates Strategy – **Agreed**	1. Capital Servicing capacity
2. Financial Strategy – **Business Plan Process Resilience element support**	2. Income and Expenditure Margin
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Business Plan delivered	1. Capital Servicing capacity
Operational Plan delivered	2. Income and Expenditure Margin
Capital Plan delivered	3. Reference Cost Index

Rationale For Current Score (Identifying progress made in previous period)

Development of clear service led estates strategy and IMT is progressing with a number of priority areas now moving forward e.g. Forest of Dean. JUYI

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Information and Management Technology (IM&T) Strategy	IM&T Steering Group	Management oversight
Capital Programme	Capital Expenditure Steering Group Group	Management oversight
Health and Safety and Security Policy	Health & Safety Steering Group – reporting to Audit and Assurance Committee	Management /Board oversight
	Board and Committee approval of IM&T , Estates and Financial Strategy and overall operating plan	Board oversight
	Finance Committee ERIC (Estates Return Information Collection) and PLACE (Patient Led Assessment Care Environment) monitoring	Board oversight
	Finance Committee Monitoring of Capital Programme	Board oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Assessment of what required for future delivery of services needs to be undertaken	To be undertaken in tandem with work with integration with 2gether NHS Foundation Trust	Executive	Sept 2018
2	Business Plan implemented	Business Plan Monitoring	DoF	Nov 2017 Ongoing
Links to Primary Regulatory Framework **NHSI Single Oversight Framework** **CQC – Well led**				

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	20 April 2017
Previous Risk Score	3 x 5 = 15	**Date of Review**	November 2018
Current Risk Score	3 x 5 = 15 – TARGET SCORE	**Date Next Review**	January 2019
Tolerable (Target) Score	3 x 5 =15	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Updated Financial Strategy - **Business Plan Process Resilience element supports**	Forecast Trend for Return on Capital
Business Development Strategy – **Agreed focus on Business Planning Process**	Service User Outcome data –(Mortality, Readmission, MSKat, reablement)
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Updated Operating Plan	Forecast Trend for Return on Capital
Business	Service User Outcome data –(Mortality, Readmission, MSKat, reablement)

Rationale For Current Score (Identifying progress made in previous period)

While good processes are in place, the operating environment is increasingly challenging and requires a longer term response which reflects the challenges within the operating plan, Cost Improvement Plan Targets and Control Totals. The work with 2gether NHS Foundation Trust will target the building of resilience

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Monthly Financial Reporting	Finance Committee monitoring	Management
CIP Steering Group	Progress against CIP targets is monitored at the CIP Steering Group which reports to the Finance Committee – Good historical delivery against QIPP and CQUIN. Trend on proportion of CIP delivered	Management/Board Oversight
QEIAs will be completed and signed off for all CIP schemes before they are implemented	QEIA Review at Clinical Reference Group and Executive or Board and Committees if necessary.	Management/Board
CIP Development Plan	NHS Benchmarking Group Report	Independent

		CIP Steering Group monitoring and Finance Committee		Management/Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Updated Financial Strategy linking to STP	Review Financial Strategy and update	DOF	July 2018
3	CIP Plan 2018/19 delivery	CIP Plan 2018/19 in Place and monitoring processes on going	DOF	March 2019
4	Work Force Plan 2018/19	Work Force Plan 2018/19 to be reviewed by Resources Committee and Board	IDHR&OD	Ongoing
		Benchmark against Carter Metrics (once issued) Workshop held with Execs of both Trusts, outcomes to be followed up.	DOF	Ongoing
Links to Primary Regulatory Framework CQC – Well led		**NHSI Single Oversight Framework**		

Definitions

The overall risk ratings below are calculated as the product of the Probability and the Severity

Score. **I M P A C T S C O R E**

LEVEL	INJURY / HARM	SERVICE DELIVERY	FINANCIAL / LITIGATION	REPUTATION / PUBLICITY
5 CATASTROPHIC	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	National adverse publicity/reputation irreparably damaged.
4 Major (HIGH)	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
3 Moderate (MEDIUM)	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
2 Minor (LOW)	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
1 (Insignificant)	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	

LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

RISK RATING MATRIX

Likelihood	IMPACT				
	1	**2**	**3**	**4**	**5**
5	**5** (LOW)	**10** (MEDIUM)	**15** (HIGH)	**20** (CATASTROPHIC)	**25** (CATASTROPHIC)
4	**4** (LOW)	**8** (MEDIUM)	**12** (MEDIUM)	**16** (HIGH)	**20** (CATASTROPHIC)
3	**3** (LOW)	**6** (MEDIUM)	**9** (MEDIUM)	**12** (MEDIUM)	**15** (HIGH)
2	**2** (LOW)	**4** (LOW)	**6** (MEDIUM)	**8** (MEDIUM)	**10** (MEDIUM)
1	**1** (LOW)	**2** (LOW)	**3** (LOW)	**4** (LOW)	**5** (LOW)

Impact Score x Likelihood Score = Risk Rating:

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board	
Date of Meeting:	**31st January 2019**
Report Title:	**Joint Chair's Report**

Agenda reference Number	08
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker - Chair
Author(s)	Ingrid Barker - Chair
Board action required	Note
Previously considered by	Not Applicable
Appendices	

Executive Summary

Recognising the Strategic Intent work and my role as both Chair of Gloucestershire Care Services and ²gether,this report format reflects the breadth of my activities across both Trusts. The production of a joint report does not impact on my existing accountability as the appointed Chair of each Trust.

The Report also provides an overview of Gloucestershire Care Services Non-Executive Director (NED) activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

Related Trust Objectives	1,2,3,4,5
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/Implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Joint Chair's Report

1. Introduction and Purpose

This report seeks to provide an update to both Boards on Chair and Non-Executive Director activities in the following areas:

- Strategic Intent
- Board Development
- Working with our partners
- Working with our colleagues
- National and Regional Meetings attended and any issues highlighted

1.1 Strategic Intent Update – Moving Towards Developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust

The work in the two Trusts to move forward the Strategic Intent continues, with progress and overall monitoring being maintained through the agreed governance processes.

Following the submission of the Strategic Case to NHS Improvement on 30th September 2018 the Board has now received formal confirmation to proceed to the next stage, and work continues to take this forward.

Shadow Board

The appointment process for the shadow Board Non-Executive Directors was taken forward in December and for Executive Directors in January 2019. Formal announcements have been issued regarding NED appointments and will be for Executive appointments once these processes are complete. I would like to thank stakeholders who took part in these processes. There has been a substantial time commitment for all those taking part in the process – whether as interviewer or interviewee.

I am very grateful to all our Non-Executive Directors and Executive Director colleagues who put themselves forward for this thorough and searching process. I recognise that all Directors make, and will continue to make, a significant contribution to both Trusts as we balance business as usual and the work of the merger. At the point when we agreed to set off down the path to merger, members of both Boards showed great courage in agreeing to put themselves at some risk in order to create a new future. I would like to pay warm tribute to everyone who has gone into the process, eyes wide open.

1.2 Board Development

A Joint Board Development session took place on 13th December considering aspects of joint working with partners which was an interesting and informative session. We focussed particularly on developments in Place Based working.

In future sessions we look forward to considering recent publications such as:

- The NHS Long term plan
- GP Partnership Review

1.3 Medical Director – Dr Mike Roberts

I would like to record our thanks to Dr Mike Roberts who is stepping down as the GCS Medical Director on 31st January 2019. Mike joined the Trust in July 2014, initially deputising during the secondment of the previous Medical Director. He was appointed Medical Director in May 2015. Mike has made a significant contribution, both to GCS and the wider health system during his time with us and also during the previous era of the Primary Care Trust. Mike has played a key role in reminding us that patients need to be at the centre of all we do – and that we need to ensure that the system facilitates this. I am pleased that he plans to maintain his role as a GP and am sure we will continue to benefit from his experience to help build ever closer relationships with primary care.

1.4 Working with our Partners

Maintaining **business as usual** remains a priority across both organisations. As part of this I have continued my regular meetings with key stakeholders and partners including:

As members of the **Gloucestershire Integrated Care System**, the Joint Chief Executive and I have attended a number of Gloucestershire Strategic Forum sessions to help develop its strategy and approach and we look forward to this work continuing in 2019. I have been particularly active in chairing the process of recruitment for a new independent chair for the ICS since the current chair, Chris Creswick, is to step down at the end of January. I am grateful for the support given to the ICS chairs group in this task by Trust executives.

I attended the annual strategy review session *and* ***NHS*** **Providers' Board** meeting in January. The main business of the session was to review the next three year strategy for NHS Providers, prior to taking it out for consultation with the wider NHS Providers' membership. The Board also considered the NHS long term plan, the financial envelope, and risks and opportunities to improve care. It was, as always, an informative session which considered the very real challenges faced by Trusts working to improve the health of their communities. In addition, Board members received a fascinating presentation from Andy Wilkins and Richard gold called 'Healthcare Beyond the Fog', an inspiring and provocative proposition regarding a radical future for health provision. This report has been shared with our own board colleagues.

Regular meetings with the **Gloucestershire ICS Partner Chairs** and the **Hereford and Worcestershire STP Chairs** continue to take place. I attended the Gloucestershire meeting on 15th January and was represented at the

Hereford and Worcestershire meeting by Duncan Sutherland on 8th January. These meetings help support understanding of system issues and ensure partners are working together as effectively as possible to resolve them.

A regular meeting of the **Gloucestershire Health and Care Overview and Scrutiny Committee** (HCOSC) took place on 15th January. I attended the meeting with the Joint Chief Executive. The meeting considered the important public health agenda, a petition from North Cotswolds relating to x-ray services –GCS is working closely with Gloucestershire Hospitals NHS Foundation Trust to respond to concerns highlighted, a regular update from the Integrated Care System, which is also provided for this meeting's consideration and an excellent briefing on Mental Health Crisis Response in the County. My thanks to 2gether Executive colleagues and our CCG Commissioner for their very clear and well received presentation.

At the Gloucestershire Health and Wellbeing Board development session on 22nd January I was represented by Graham Russell, GCS Non-Executive Director and Marcia Gallagher, 2gether Non-Executive Director. This will be a development meeting considering current strategy and the forward plans.

1.4 Working with the Communities and People We Serve

In December I visited the **Gloucestershire Domestic Abuse Support Service**, which is designed to reduce the level of domestic abuse and improve the safety of victims and their families. This highlighted the work that is being done to eliminate the myths that surround domestic abuse and encourage individuals to seek the support that is available. My report on the visit, in support of the national campaign, has been published in GCS's 'Insider' magazine.

I also visited the **Gloucestershire Action for Refugees and Asylum Seekers** (GARAS). Both Trusts have close links with this important charity as people supported by its services have significant mental and physical health needs.

In January I spent an afternoon with **King Fisher Treasure Seekers**, visiting the shop, the Cavern, the Lighthouse and seeing other emerging services, all of which are providing vital support for people with challenges in their lives, often associated with mental health and learning disabilities. Treasure Seekers works to help people achieve their potential and become the best version of themselves they can be. Again, both Trusts have close and developing links to this fast developing organisation.

I was pleased to attend the **Age UK** Christmas Carol Service at Gloucester Cathedral and the Joint Chief Executive joined me at the **Police and Fire and Rescue Services**' Carol Service – two festive events which brought together the communities we serve with those who serve them in an enjoyable and heart-warming way.

1.6 Engaging with our Trust Colleagues

I continue to meet regularly with Trust colleagues at GCS and 2gether and visit services at both Trusts to inform my triangulation of information.

I was impressed by my visit to the **Perinatal Mental Health Team** in December. The team allowed me to sit in on one of their team meetings when I learned just how complex is this team's case load and how much they are engaged in multi agency partnerships to support mothers and babies, including with GCS's health visitors.

I chaired the **Council of Governors** meeting on 15th January, as always a helpful meeting focusing on matters of key concern for our community, which included an update on the Strategic Intent. I would like to thank the lead governor and other governors who have supported the shadow board appointment process. Their care and diligence is a key factor in providing assurance to our community.

I attended the **Mental Health Managers Forum** at Charlton Lane Hospital on 12th December. It was good to be able to meet the Mental Health Act Managers who are a very dedicated and thoughtful group, taking very seriously their responsibilities under the Act. We benefitted from a training session on ECT.

Also on the 12th December, I attended the **Cirencester Hospital Volunteers** Christmas Party – a great opportunity to thank these individuals who give their time unstintingly and make a real difference to colleagues and service users and their families.

On 17th January I was pleased to have the opportunity to visit **Southgate Moorings**, along with two GCS NEDs, and see our new facilities housing a number of GCS services. The service users and colleagues I spoke to seem to be settling in and it's great to have a facility in the heart of Gloucester.

I continue to have a range of 1:1 sessions with Executive and Non-Executive colleagues as part of my regular activities.

2. NED activity

A schedule of NED meetings has been arranged going forward.

Other activities undertaken by the Gloucestershire Care Services NEDs - key meetings and events have included:

- Attendance at Trust Board, Committees, Board Development and Board Seminars (both GCS and Joint with 2gether)
- Strategic Intent Leadership Group (SILG) meetings (Graham Russell, Jan Marriott)
- Mortality Review Group (GCS and 2g) – 7th December 2018 – Jan Marriott
- Audit Committee Chairs Meeting – 10th December 2018 – Richard Cryer

- Lydney/Dilke Volunteers Christmas Party – 11th December 2018 – Richard Cryer
- Workforce Metrics Workshop – 13th December 2018 - Nicola Strother Smith and Graham Russell
- Mortality Review Meeting – 14th December 2018 – Jan Marriott
- Clinical Reference Group – 18th December 2018 – Jan Marriott
- Meeting with Transformation Lead – 20th December 2018- Jan Marriott
- Attendance Retirement Event (Mandy Hampton) 21st December 2018- Jan Marriott
- Allied Health Professionals Conference – 27th December 2018 – Nicola Strother Smith
- Southgate Moorings Visit – 17th January 2019 – Graham Russell

The Quality Visit Reports are reported within the Quality and Performance Committee.

7. Conclusion and Recommendations

The Board is asked to **NOTE** the Report.

Trust Board	
Date of Meeting:	31st January 2019
Report Title:	Chief Executive and Executive Team's Report

Agenda reference Number:	09/0119
Accountable Executive Director: (AED)	Not Applicable
Presenter: (if not AED)	Paul Roberts – Joint Chief Executive
Author(s):	Paul Roberts – Joint Chief Executive
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	

Executive Summary

Recognising the Strategic Intent work and my role as both Chief Executive of Gloucestershire Care Services and [2]gether this report reflects the breadth of my activity across both Trusts. I remain accountable separately for the performance in each of these roles.

The Report also provides an overview of Gloucestershire Care Services operational service activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

Related Trust Objectives	1,2,3,4,5
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/Implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Chief Executive's Report

1 Chief Executive Engagement

I remain committed to spending a significant proportion of my time visiting front-line services in both organisations and continue to be impressed and heartened by the professionalism and commitment of colleagues across the organisations and in the pride that they take in the delivery of, in many cases, outstanding services.

Services I have visited in recent weeks include:

Gloucestershire Care Services:

Community Dental Services Annual Study Day – it was great to meet the team and get an understanding of the challenges they are considering and planned improvements to better meet the needs of service users.

I visited South Gate Moorings to visit the Community Dental facility and to see how colleagues were settling in to the office base on the upper floor.

Sexual Health (including the SARC service) – I was able to have a walk round as well as a discussion with staff – I was impressed by their warmth and professionalism as they support individuals using the service.

2gether Services:

South Locality Community Services Team Away Day – their enthusiasm for looking at how we can work differently was inspiring.

Eating Disorders Team – the team gave me a real insight on their approach to this important, and sadly growing concern.

Joint interaction

As the strategic intent progresses it becomes increasingly difficult to separate into the services of each Trust – with colleagues from both trusts now regularly engaging together. A recent example of this was the Research into Action Workshop which I was able to open – I am keen that as Trusts we are engaged with looking at how we can be part of leading edge developments and I was delighted to see that other colleagues are as committed to this as ambition as I am.

I have continued a range of meetings with other colleagues including:

Team Talk – Charlton Lane – it is great to find that increasingly Team Talks contain a mix of colleagues from the two Trusts – an ongoing opportunity to build relationships to start improving what we do now.

Freedom to Speak Up Guardian – a regular session to help take the temperature of the Trusts, whilst maintaining the confidentiality as necessary.

Medical Staffing Committee - these sessions enable me to understand the concerns and aspirations of this group, and to consider, jointly, future plans.

Better Care together Programme Board – a key part of our transformation work.

I have also enjoyed taking part in a number of leadership/development events. I continue to be impressed by the strength of leadership at both Trusts and their clear passion for quality improvement with service users central to all we do. The Senior Leadership Network – a monthly two way session which updates Senior Leaders on key issues and gains their input on how to move forward is an important element of this. The December session helped to decide a way forward for the next stage of our values development work and also heard from Deborah Lee, Chief Executive, Gloucestershire Hospitals NHS Foundation Trust – hearing first hand from system partners helps to ensure we work effectively as a system.

I also welcomed the opportunity to take part in some seasonal festivities such as the Tewkesbury Carol Service at the Abbey

2 Progress on the strategic intent to merge Gloucestershire Care Services NHS Trust (GCS) with 2gether NHS Foundation Trust

I am pleased to advise that following their review of our Strategic Case NHSI Improvement have formal advised their support for the planned merger and work is now ongoing to further develop the Strategic Case into a Full Business case. Plans for further engagement with our stakeholders are being developed, ensuring that engagement and co-production are key building blocks to the new organisation we are developing.

The appointment processes for the shadow Board have been taken forward with the Non-Executive and Executive and a formal communication will be put in place once this process is finalised. I am delighted that we have had such a talented team to draw on, and look forward to continue to work with the existing teams as we work to blend the best of both organisations. These processes have been a significant time commitment to all involved, and I would like to formally recognise this, and the professionalism of all involved.

Trust Name

An update on this was provided to 2gether's Council of Governors, at its meeting on 15th January, highlighting work with colleagues, members and stakeholders and planned next steps, we are planning to formally discuss this again with the Council of Governors in March.

3 Partnership Working

3.1 "One Gloucestershire" Integrated Care System (ICS)

An update from on the work of the ICS is a separate item on the agenda.

I continue to be engaged with both the development work in this area and the ongoing activity.

3.2 Herefordshire Integrated Working Developments

With Colin Merker, Deputy Chief Executive, [2]gether I am engaged in working with colleagues in Herefordshire and Worcestershire to develop partnership working.

3.3 Children's Services

I was pleased to have an introductory meeting with Chris Spencer the Director of Children's Services at Gloucestershire County Council. We both share a commitment to services that embed the needs of children and ensuring the appropriate processes to safeguard are in place and working effectively.

3.4 Local Medical Council

These are a regular, valuable meeting which help to bring together key concerns across the county. At the January meeting we had a really helpful discussion led by Dawn Allen on the new access system for community nurses and gave positive consideration to a paper by Colin Merker on dementia services.

4. South West Chief Executive Officer (CEO) Forum and HHSE CEO Briefing Session

I attended useful update sessions which outlined issues which will be key to future planning, along with the Ten Year Plan and preparation for a "no deal Brexit". Getting and giving feedback provided valuable thoughts to consider further. It is clear that there are challenging times ahead.

5. A clear commitment to research and innovation

We hosted a joint GCS/[2]getherNHSFT Research and Innovation Workshop at the National Star College on Thursday 24 January 2019 to shape the vision and strategy for research and development going forward in the newly merged Trust.

We are offering the opportunity for patients, public and staff to take part in health research studies more so than ever, which will ultimately contribute to improving healthcare services for local people.

The Trusts have Research and Innovation Forums consisting of key clinical colleagues, leaders and managers with support and attendance from the Gloucestershire Research Support Service and colleagues from the Clinical Research Network. There is considerable enthusiasm from colleagues who are leading on or are involved in these studies. The forum has also become an effective way to overview activity while also seeking new research opportunities. Research

meetings are planned to be joint with [2]gether NHS Foundation Trust from December 2018, with the intention of having a joint research strategy by 2019.

6. Location for a new Community Hospital in the Forest of Dean

Following both the Trust Board and Gloucestershire Clinical Commissioning Group's decision to site the new community hospital in the Cinderford location, work is progressing in developing the Outline Business Case (OBC) for the Trust Board to consider in due course.

The Trust is reviewing the identified sites in the location, and an options appraisal will be undertaken which will include the site selection criteria identified in the Strategic Case for Change, as well as those criteria recommended by the Citizens' Jury.

To support the full business case development, the Trust is working with commissioners and system partners on designing further engagement sessions in the Forest for early 2019, with a focus on services that will be offered in the new Community hospital.

7. Cashes Green Ward reopens at Stroud General Hospital, following major renovation project

Stroud General Hospital's Cashes Green Ward has reopened having undergone four months of major refurbishment. The ambitious renovation programme has seen the ward undergo a major upgrade including the introduction of additional en-suite bedrooms and bays, a day room and state-of-the-art facilities. This enhanced environment will support us in delivering the excellent patient care our teams are so proud of.

We would like to thank the Cashes Green Ward staff for their positive approach to continuing to deliver care while relocated some distance away in Cirencester, the Cirencester staff for how welcoming they have been to colleagues, the Stroud housekeeping team for all their hard work to get the ward spick and span in time to reopen the ward, and estates colleagues for leading the delivery of this significant project. The Trust is very grateful to The Stroud League of Friends, which has been hugely supportive in our investment in the hospital, and instrumental in bringing this major renovation project to fruition.

8. Awards success for Macmillan

The Trust's Macmillan Next Steps Cancer Rehabilitation (MNSCR) Team is celebrating again after picking up yet another prestigious award. The team scooped

the Clinical Services – Rehabilitation prize at this year's LaingBuisson Awards, which took place at the Park Plaza hotel in Westminster, London, in November.

The latest in a raft of awards scooped by the team this year, it recognises MNSCR's excellent work in helping those living with and beyond cancer to rebuild their lives.

Launched in 2016, the multidisciplinary team of cancer and healthy lifestyle specialists delivers a broad range of community clinics and programmes, before and after cancer treatment, to improve the overall health and wellbeing of those affected by breast, prostate and colorectal cancer living in Gloucestershire.

The MNSCR Team also reached the finals of this year's Patient Safety Congress and Awards in Manchester. The team was nominated for its work to ensure people with cancer are supported to be more physically active in a way that's safe, scientifically backed and minimises risk.

9. Tree planting celebrates Cirencester Hospital's 30th anniversary and 70 years of the NHS

In November, staff, volunteers and guests gathered at Cirencester Hospital to celebrate its 30th anniversary and the 70th birthday of the NHS with a ceremonial tree planting.

Matron Linda Edwards opened proceedings by thanking the Cirencester community as a whole for its continued support in helping the hospital not only to survive, but to thrive over the past 30 years. She also thanked the Cirencester Hospital League of Friends for its ongoing generosity and support, which has seen the community hospital benefit from vital equipment and funding, instrumental in its continued provision of first-class healthcare and outstanding service to the community of Cirencester.

10. Operational Service Overview

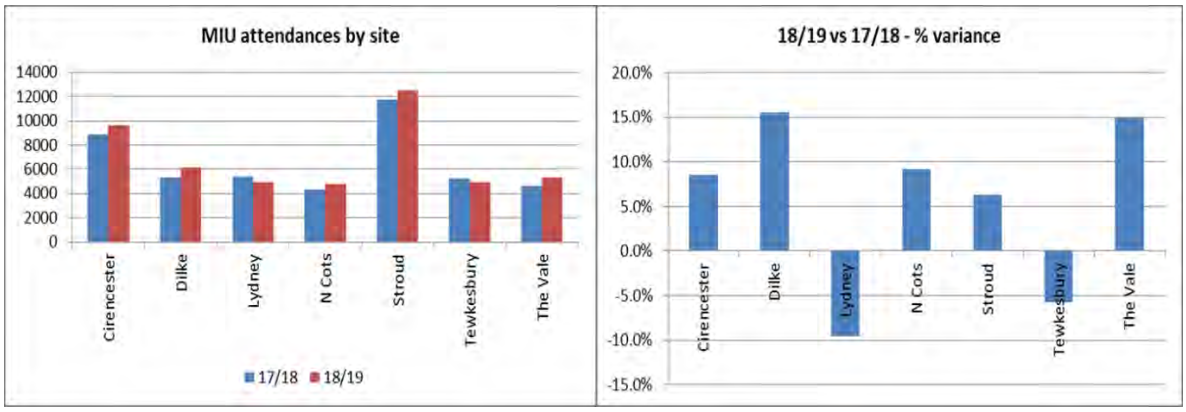
10.1 System flow and Resilience

For December, Emergency department attendances have remained consistent with November, with average daily attendances at 408. Attendances were 3.91% above contract for December-18, equating to 14 additional attendances a day across both ED departments.

In December, the Accident and Emergency department performance of 87.5% in Gloucestershire was the second best performing provider in the South West North region second only to Salisbury at 93.3%.

For Quarter 3 the 4 hour performance hit the agreed trajectory of 90% with an achievement of 90.02%., continuing the successful delivery seen in quarter 1 and 2, resulting in this target being met for the whole of 2018. The YTD average against the 4 hour target remains above the STF target at 90.8%.

Minor Injury and Illness attendances have increased by 5.7% year to date when compared to the same period last year, equating to 2,577 attendances. The biggest % increases have been at The Vale (14.9%) and Dilke (15.5%) units.



There were 6 closures of MIIUs in November amounting to 13 hours and 45 minutes and 7 closures in December amounting to 14 hours and 15 minutes.

As anticipated, the Gloucestershire urgent care system has been in a challenged position in this post-Christmas holiday period, however system partners are working collaboratively on maximising the community offer to avoid admissions into and support patient discharges from the district hospitals. 10 additional beds have been opened above our commissioned bedstock to support the system while allowing for the Trust to deploy the new Community stroke rehabilitation unit at the Vale Hospital for early February.

The winter system pressure is reflected in the current Delayed transfer of care position across Gloucestershire. The November DTOC rate for Gloucestershire Hospitals Foundation NHS Trust was 3.98% and although the unvalidated December position has reduced slightly to 3.85% but still above the national standard of 3.5%. 2gether Foundation NHS trust is also reporting high DTOC rates of 4.5% in November, while Gloucestershire Care Services NHS trust rate for November was 0.2% which has risen to 1.0% in December.

For the Trust, the community hospital bed occupancy for December was 92.7% which was a reduction from November, and brings our year to date position at 93.1% against the 92% target.

11.0 Operational Service Development and Challenges

11.1 Timely Access to Services:

December performance has seen modest improvements in providing services in a timely way. As previously noted, detailed action plans are in place and are monitored regularly with further scrutiny occurs in the Quality and Performance board subcommittee.

Adult speech and language therapy service has a robust remedial action plan, and has improved again this month, however still is only achieving 57.4% against a 95% local 8 week access target. However significant improvements have been made with those waiting beyond 8 weeks with an improved target against the 18 week constitutional target.

The Musculoskeletal Advanced Practitioner service (MSKAPS) has not been able to meet the 2 week target for urgent referrals following implementing the e-referral system at per the contract. The e-referral system replaces the previous service known as "Choose and book" and unfortunately does not allow the Trust to discount those patients who chose to book an appointment outside of the commissioned timeframe. Work continues with the Commissioners and with the systems team on how to make this happen, so that a true reflection of performance can be understood.

As reported at the Quality and Performance board subcommittee in January, an additional review of service performance for Adult Physiotherapy and Occupational therapy in the Integrated Community teams was undertaken to include the service provided into the Locality referral centre. This previously was not transparent, as the team members function in a much more generic manner.

The table below notes performance levels for each therapy area when both sets of activity are combined, which shows an improved positon against the referral to treat target, albeit still not meeting the 95% target. This analysis also confirmed that work in the Locality referral centre is prioritised to ensure early intervention is the focus to prevent and delay need for more specialist input.

	April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	YTD
Core Physio Activity	83.9%	84.8%	81.2%	79.5%	87.0%	80.9%	82.2%	89.5%	88.1%	77.0%			83.4%
Core OT Activity	77.7%	69.9%	76.4%	73.0%	69.5%	63.3%	69.3%	75.8%	83.6%	76.4%			73.5%
Locality Referral Centre													

& Core Physio Activity	85.9%	87.0%	84.7%	82.2%	89.6%	84.4%	85.5%	91.9%	91.0%	81.7%			86.4%
Locality Referral Centre & Core OT Activity	85.8%	79.5%	83.8%	83.8%	83.0%	78.7%	81.6%	85.5%	90.3%	87.5%			84.0%

12.0 Service Updates and Key County / Locality Developments

12.1 Temporary Changes to Radiology Services in all Community Hospitals

An update was provided to Gloucestershire Health and Social Care Health and Overview scrutiny committee on the 15th January, and this can be found in Appendix 1.

The Trust has engaged an independent contractor, Kathy Slack, who has a wealth of radiology experience to undertake a review of our current service model and develop an alternative model for the future that is more resilient and meets both the community and primary care needs.

12.2 Stroud and Berkeley Vale Locality

The Board will be aware of ongoing staffing issues impacting on the delivery of day surgery at Stroud Hospital. Successful recruitment into the Team leader role, along with the return of other colleagues will mean that this provision can be reinstated from the beginning of February. What has become apparent is that the current workforce model, which is dependent on the level of activity provided by Gloucestershire Hospitals foundation NHS Trust is not viable and a review of how all our community day surgery units are commissioned will be undertaken with a strategic recommendation made on what approach will be best for the Trust in delivering a resilient service.

Refurbishment works is underway at the Vale Hospital in readiness for the start of Community Stroke rehabilitation unit at the Vale Hospital. Recruitment is now complete for key roles, and following minor capital works as previously noted, the operational deployment plan to convert this ward to the new service is underway and should be completed early February.

12.3 Cheltenham Locality

The Adult community clinical and administrative hub at the Independent Living centre is due to undergo refurbishment this quarter, following replacement of the roof. This proposal will address accommodation issues for not only the Integrated Community

team but also for the Stroke community services provided at the soon to be closed Prestbury centre.

To support this change a clinical and administrative hub has been created for children and young people' services at Springbank community centre, which now accommodates the local health visiting, school nursing, and therapy services for the west side of the town, and a countywide base for the children's community nursing service.

13. EU Exit (BREXIT)

GCS has identified Susan Field, Director of Nursing, as its Executive Lead for preparedness for the EU Exit, with Michael Richardson, Deputy Director of Nursing as the Operational Lead. They will be working with the Gloucestershire Business Continuity teams to ensure appropriate preparations are in place across the county. The Trust is putting in place a number of working groups to support this process.

14. NHS Long Term Plan

The Board formally acknowledges the publication of the NHS Long Term Plan (a summary of which is within the One Gloucestershire update). The Board will be considering the implications of the plan in a development session in the near future.

Gloucestershire NHS
Health Community

January 2019 Update

BRIEFING PAPER
Temporary Change to the
Radiology Service in Gloucestershire

1. Introduction

The purpose of this Update Briefing Paper is to provide information to the Health and Care Overview and Scrutiny Committee (HCOSC) about the first six weeks post implementation of the temporary changes to the provision of radiographic services in the county previously reported to HCOSC in November 2018.

For consistency the original briefing paper is included here for information and has been updated with a new **Section 7 - Implementation Update**

The key driver for this temporary change was an unsustainable level of staff vacancies within the service which was jeopardising the safe provision of specialist interventional radiology services delivered from the acute hospital sites.

2. Summary

Gloucestershire Hospitals NHS Foundation Trust provides routine and specialist radiology services throughout the county including provision at both acute hospital sites and seven community hospitals. Whilst local services are recognised as being of high quality, recruitment into the service has not kept pace with staff turnover and the Trust is now facing an unsustainable position whereby it cannot provide the full range of services whilst guaranteeing their safety. This shortage of radiographic staff reflects a national picture but is now more acute in Gloucestershire than elsewhere in the South West Region with a vacancy rate of 24% compared to the regional average of 17%.

In order to ensure the safety of all services, and particularly the high risk interventional radiology service, temporary changes to provision are now required. The changes planned have been carefully considered and have been developed on the basis of the impact on patient safety, patient experience and workforce impact. The proposal will result in the reduction of service hours in the community hospital settings from 252 hours per week to 177 hours (30%). Importantly, to support patients with limited access to transport, services will be provided at each location every week as a minimum. Additional capacity will also be created, through service redesign initiatives, to ensure there is no overall loss of service capacity across the nine sites in order to ensure that overall waiting times do not increase.

These changes will ensure that the Trust is able to respond to the Care Quality Commission's (CQC) 'must do' recommendation in respect of interventional radiology services and also meet the Royal College Of Radiologists national service standards which require the provision of formal 24/7 staffing rotas for IR services.

3. Context

NHS services across England can be subject to temporary closures, In Gloucestershire the requirement to make a temporary closure, affecting Gloucestershire residents, has not occurred previously. It has recently become clear that a temporary change affecting the general radiology service in Gloucestershire is required to ensure the safe provision of more specialist services at the acute hospital sites. This will require the reallocation of staff across the county resulting in reduced access to some community provision.

Changes can be made temporarily under regulation 23(2) of the s.244 Regulations (National Health Service Act 2006[1]) because of a risk to safety or welfare of patients or staff. In these circumstances it may not be possible to undertake any public involvement or consultation with the Local Authority. The local NHS should try to undertake as much engagement as possible in the time available and discuss with NHS England and NHS Improvement how this can be assured.

A Joint Working Protocol (2017)[2] has been developed by NHS England and its partners to give guidance to organisations when a hospital, service or facility closes unavoidably at short notice.

When an NHS or independent hospital service or facility closes at short notice, it is important that all parties take action in a timely way. Organisations should work together to prevent the closure of services. The Joint Working Protocol clarifies the roles of partner organisations (Partner organisation roles are set out in Appendix 1) and is intended as guidance with which organisations can work together and in accordance with the four principles:

- The needs of people using services must be at the heart of everything we do
- Prevention is better than closure
- Where closure is unavoidable and/or in the best interests of residents, all partners need to know what to do and to work effectively together
- Communication must be maintained throughout with patients and their families and carers and with partner agencies and the media

4. Drivers For Change

The key driver for this temporary change is an unsustainable level of staff vacancies within the service which is jeopardising the safe provision of specialist interventional radiology services delivered from the acute hospital sites.

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[1] National Health Service Act 2006
https://www.legislation.gov.uk/ukpga/2006/41/section/244

[2] The Joint Working Protocol 2017
https://www.england.nhs.uk/publication/joint-working-protocol-when-a-hospital-services-or-facility-closes-at-short-notice/

4.1 What is Interventional Radiology?

An Interventional Radiology (IR) service comprises a team of interventional radiologists (IR), radiographers and nurses, using a range of techniques which rely on radiological image guidance to precisely target therapy, performing a number of different life and limb saving procedures including:

- Stopping Haemorrhage (e.g. Trauma, GI bleeding, post-partum haemorrhage
- Thoracic Aortic Aneurysm
- Acute Peripheral and Visceral ischaemia
- Managing Sepsis
- Draining complex intra-abdominal & intra-thoracic abscess
- Colonic stenting
- Nephrostomy to drain infected Pelvicaliceal system

Images are used to guide catheters and instruments to the exact area where the procedure or treatment is to be performed. The benefits of Interventional Radiology include:

- Reduced need for open and keyhole surgery
- Reduced length of stay, risk, morbidity and mortality.

4.2 Why we need to reconfigure radiology now

IR is at the forefront of modern medical practice. Evidence indicates that minimally invasive techniques reduce risk, morbidity and mortality in emergency care and reduce length of stay and complications in elective care. In January 2017, the Royal College of Radiologists published standards for the provision of 24/7 interventional radiology services which GHNHSFT cannot currently meet due to staffing constraints. The July 2017 CQC inspection report included a ‘must do’ action to ensure the development of a plan to deliver a 24/7 sustainable IR service which these changes will address.

GHNHSFT has operated a limited IR service between 8am and 6pm Monday to Friday for a number of years. Out of hours, there are no established rotas for doctors, nurses or radiographers and cases during these hours rely upon the availability and goodwill of staff and on the occasions when this is not possible, the transfer of patients to other specialist centres or more invasive (open) surgery at GHNHSFT. Recently there has been evidence of increasing delays to IR emergency treatment due to the current unsustainable manner in which staffing is arranged jeopardising the safety of patients. In addition, as new interventional radiologists have joined the Trust it is increasingly clear that the complexity of work now being undertaken at the Trust cannot be sustained safely through ad hoc rota provision. Positively, the development of these services in the county means that patients who would otherwise require care outside of Gloucestershire, or be exposed to more invasive, higher risk surgery can now be managed locally providing the staffing model is addressed.

4.3 Impact on other Radiology services

In order to ensure safe staffing of the IR provision within the county, there is an immediate need to increase staffing resource allocated to the 'out of hours' IR service. Increasing IR provision will result in fewer radiographers being available to support other general radiology services (plain x-ray) as a consequence of the work force challenges already facing the service which means there is no 'spare' capacity in the service to absorb this change. This will require the move of three radiographers out of community provision to the IR rota which in turn will result in a reduction in hours from 252 hours per week (across seven community locations) to 177 hours per week (still across seven locations).

The proposal to establish a formalised 'out of hours' rota for IR, necessitates that IR trained radiographers will need to be pulled from their 'other duties'. This creates gaps in CT and MRI provision, which in turn requires radiographers to be moved from community plain film service, to backfill acute rotas. An adequately staffed interventional rota requires a minimum of 12 trained radiographers (ideally 20). The Trust currently has eight with training for a further four underway.

4.4 Radiographer workforce position

There are recognised national and regional shortages in the training and supply of radiographers and radiologists.

SW regional Radiographers Group has confirmed the following information regarding the general radiographer workforce (includes all hospitals within the SW with the exception of two major Devon hospitals):

- 766.05 WTE posts
- 133.39 WTE vacant
- Vacancies = 17% of workforce

There are also multiple gaps within the private sector which increase the total number of vacancies significantly,

The latest information from educational institutions serving the South west indicate that 112 students are likely to qualify in summer 2019 as below

- University of West of England (UWE) – 49
- Exeter University – 63
- Normal intake for UWE and Exeter is 128 per year. However, there is an attrition rate with students dropping out.

Having tracked the regional picture on workforce for some time, GHNHSFT now has a significantly higher vacancy rate compared to the South West; this reflects both a rising turnover rate and difficulty in recruiting to lower banded vacancies. This year, the department has been operating with 34 vacancies against a full establishment of 143 – a vacancy rate of 24%.

A proactive approach to recruitment in 2017 resulted in a large number of radiographic graduates being recruited. However, in 2018 the department has not been successful in recruiting sufficient newly qualified staff to reach establishment and just 49 students graduating this summer will be sought after by Trusts in Weston, Bristol, Bath and Swindon.

The table below sets out the local position compared to the national picture, for radiographers and radiologists.

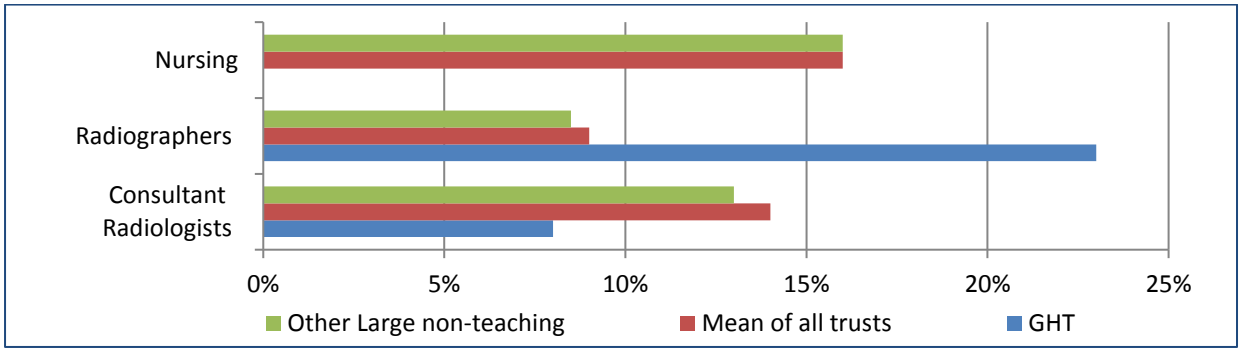


Chart 1 Staffing Vacancies NHS Benchmarking Report 2018

The table below sets out the ad hoc service reductions which have been experienced this year due to staff shortages.

Month	Site	Hours lost
January 2018	Tewkesbury	8
February 2018	Vale	4
March 2018	North Cotswolds	8
April 2018	Tewkesbury	4
	North Cotswolds	4
	Vale	4
May 2018	Tewkesbury	4
June 2018	Tewkesbury	4
	Vale	11
	North Cotswolds	12
July 2018	Tewkesbury	12
August 2018	North Cotswolds	4
September 2018	North Cotswolds	4
October 2018	Tewkesbury	48
	Vale	12
	North Cotswolds	4

Table 1 Ad hoc Cancellations of Radiology Service Hours

5. Proposal: Temporary service change

Organisational partners have now concluded that the current arrangements cannot be sustained. The immediate priority is to establish safe IR services out of hours which meet national standards, while safeguarding community activity as much as possible within the existing constraints. The following steps have now been agreed and will be implemented from 19th November 2018:

- To relocate 3 radiographers onto our acute sites
- 24/7 radiographic IR rota established
- GP Direct access to be maintained across all sites but with service reduction at some community sites will lead to increased activity at remaining community and acute sites.
- Clear pathways in place to manage patients requiring x-ray at sites were provision is affected; these have been designed to limit impact on patients. It is estimated that approximately 130 patients per week from the Vale, North Cotswold and Tewksbury will be required to travel to a neighbouring community site, or acute site of their choice.

These realignments are set out in Tables 1 and 2 below. Working in close partnership with Gloucestershire Care Services NHS Trust and NHS Gloucestershire CCG, the following principles to community service change have been agreed:

- Consistent opening hours to ensure a clear public message
- Longer days to support shift planning and efficient use of scarce workforce
- Every community hospital has some provision – and the schedule is based on ensuring that there is radiology availability for appropriate outpatient clinics already scheduled to ensure continuity of provision in the local communities

Current opening	*Stroud	Vale (X-ray only)	Lydney (X-ray only)	*Dilke	Tewk (X-ray only)	N.Cots (X-ray only)	*Ciren
Mon	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Tue	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Wed	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Thu	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Fri	9am-5pm	9am-5pm		9am-5pm	9am-5pm	9am-1pm	9am-6pm
Sat	11am - 2pm						10am - 5pm
Sun/bank holidays	11am - 2pm						10am - 4pm
Total Hours per Week	46	24	32	24	40	28	58

Table 2 Current provision Plain film (x-ray) services

Revised opening	*Stroud	Vale (X-ray only)	Lydney (X-ray only)	*Dilke	Tewk (X-ray only)	N.Cots (X-ray only)	*Ciren
Mon	9am-5pm		9am-5pm	9am-5pm	9am-5pm		9am-6pm
Tue	9am-5pm	9am-5pm		9am-5pm			9am-6pm
Wed	9am-5pm		9am-5pm			9am-5pm	9am-6pm
Thu	9am-5pm			9am-5pm			9am-6pm
Fri	9am-5pm	9am-5pm	9am-5pm				9am-6pm
Sat							10am - 4pm
Sun / bank holidays							10am - 4pm
Total Hours per Week	40	16	24	24	8	8	57

Table 3 Revised provision of Plain film (x-ray) services

* Ultra-sound also provided but provision unaffected by these changes

6. Next steps

Staff have been engaged and to ensure a smooth transition a Standard Operating Procedure (SOP) is in development which will be shared and briefed into clinical colleagues in advance of the temporary change go-live date. The new service arrangements are effective from Monday 19 November 2018. This is a temporary measure while further work is done on exploring a longer term solution to the issues outlined above.

Unfortunately, due to the factors which are largely outside the Trust's control i.e. national shortage of radiographic staff, it is not possible to say at what point services will be restored to former levels. It is proposed the HCSOC is further briefed in three months' time with an update on progress to address the constraints.

6.1 Communicating the temporary changes

Key Stakeholders and Community Partners within Gloucestershire such as: GP Locality Executive, Hospital League of Friends, County and District Council Leaders, Health & Wellbeing Board, Healthwatch Gloucestershire and out of county commissioners and providers have been advised of the temporary change.

A detailed Communications Plan has been drawn up to ensure members of the public have clear information available to them in order to make informed choices about where to access services during this temporary change. This will include information on websites, social media, posters in healthcare settings and articles in the local press & media.

6.2 Actions we are taking to resume service

Organisational partners are developing plans to design a new service model for Community provision as part of wider Diagnostic Work Programme, establishing a safe and sustainable radiology service post the temporary change. We are continuing to attempt to recruit into radiographer vacancies but are also looking at a new model of service which will enable a different skill mix within the IR workforce which is less reliant on qualified radiographers.

Recruitment and retention initiatives already underway include

Recruitment

- Recruitment open days where we invite students and members of the public to visit the department. We organise talks and tour of department with input from radiographers and radiologists.
- Placements for students training in local universities to engage prospective radiographers at an early stage in their careers.
- Continual review of approach to recruitment to ensure adverts, roles and remuneration are attractive and competitive (incorporating feedback from students in 2017 and again this year)
- Return to practice programme in place for radiographers who have been out of the workplace for some time (1 recruited and 2 more in the pipeline)

Retention

- Flexible rotas tailored to individual needs
- We offer access to training across all modalities
- Training opportunities to develop advanced skills e.g. Radiographic reporting, Ultrasound, CT Colon and Cardiac
- For this year we have developed training rotas to stop staff being pulled to cover service gaps
- Career structure which allows staff to progress from band 2, radiographic care assistant to qualified radiographer and on to advanced roles.

Conclusion

Finally, as set out above, it is recognised by the Trust, local strategic partners and other clinical stakeholders that resolving workforce issues in radiology services to enable the delivery of a safe and sustainable service is important and we will continue to discuss and involve stakeholders as part of that journey.

Mark Walkingshaw, Deputy Accountable Officer/Director of Commissioning, NHS Gloucestershire Clinical Commissioning Group

Simon Lanceley, Director of Strategy & Transformation, Gloucestershire Hospitals NHS Foundation Trust

Candace Plouffe, Chief Operating Officer, Gloucestershire Care Service NHS Trust

UPDATE January 2019

7. Implementation Update

A report detailing the temporary revision of X-ray services across the county was presented to HCOSC in November 2018. The changes outlined in the report were implemented almost two months ago (19 November 2018). The purpose of this update is to provide a high level progress update against these changes.

Background

While the revision of X-ray services in the county was regrettable it was unavoidable in order to ensure all diagnostic services run by Gloucestershire Hospitals Foundation NHS Trust (GHNHSFT) were safe. Despite a proactive and vigorous approach to recruitment, bringing in suitably qualified staff has continued to prove challenging. The service, which is provided by GHNHSFT into community hospitals (x7) managed by Gloucestershire Care Services NHS Trust (GCSNHST), has an establishment of 143 but currently employs only 109 staff and has a 24% vacancy rate.

The proposal

The temporary revision of radiographic services in the county and a reduction in the service hours of routine plain X-ray in some community settings was made in order to:

- ensure all diagnostic services run by GHNHSFT are safe (in light of recruitment challenges); and
- enable the provision of life-saving interventional radiology (IR) services around the clock seven days a week at Cheltenham General and Gloucestershire Royal Hospitals - avoiding the need for patients to travel to regional centres, or be subjected to more invasive surgical treatment.

Importantly, every community hospital retains access to X-ray provision (every week) and measures to improve the number of patients seen ensure that overall waiting times do not increase.

Implementation

Services have transitioned into the new arrangements, new staff rotas have been implemented to support the changes and the provision of Interventional Radiography (IR) services (around the clock, seven days a week) at Cheltenham General (CGH) and Gloucestershire Royal (GRH) Hospitals are now in place.

The Trust has worked hard with partners to minimise the impact of the temporary change, which includes consistent opening hours to support the public understanding of availability and scheduling X-ray provision on days that are needed to support outpatient clinics. During the hours affected patients are being advised to access X-ray services at their nearest community hospital, where car parking is free and waiting times are relatively short. Should a patient be required to go to another hospital, a standard operating procedure is in place to transfer care and avoid a wait to access an X-ray.

Following the changes made in November 2018, additional short-term resource (additional 16 hours per week) has been allocated to Tewkesbury and the Vale Community Hospitals,

which has meant that the total number of hours (X-ray provision) being delivered to all community hospitals in the county has now increased to193 compared to 252 hours delivered before the revision.

Activity

Interventional Radiology emergency cases

Between 19 November 2018 and 31 December 2018 there have been 7x out of hours emergency interventions. The majority of cases were embolisations (performing image guided surgery) for life threatening bleeds. The provision of a more robust IR service reduces risk, morbidity and mortality for this group of patients. The provision of the latest clinical techniques in Gloucestershire has also limited the need for these patients to be transferred out of county for treatment.

Community Hospital walk in patients and GP Referrals

Table 1 shows the number of patients who have walked into community hospitals requiring an X-ray and where they access their X-ray.

For example, Table 1 shows that during the 6 week period, 87 patients attended the North Cotswolds Community Hospital Minor Injury and Illness Unit requiring an X-ray, of those 76 (87.4%) patients accessed their X-ray at the North Cotswolds Community Hospital, 10 (11.5%) patients accessed their X-ray at Cheltenham General Hospital and 1 (1.1%) patient accessed their X-ray at Cirencester Hospital.

Table 1 also shows the number of patients referred by their GP for an X-ray through the GP booking system managed by GHNHSFT. Wherever possible, patients are booked to have their X-ray at the most convenient hospital site for them; this may be close to home or close to a place of work.

Table 1: X-ray activity Community Hospitals and GP Referrals 19 November – 31 December 2018 (actual numbers of patients above, % below)

X-ray activity Community MIIU and Direct access GP Referrals 19 November – 31 December 2018 (9am to 5pm)

Referring location	Site x-ray performed								
	CGH	GRH	Cirencester	Stroud	Dilke	Lydney	Vale	North Cotswolds	Tewkwsbury
Cirencester MIIU	-	-	326	-	-	-	1	-	-
STROUD MIIU	-	4	14	281	-	-	-	-	-
DILKE MIIU	-	2	-	-	142	15	-	-	-
LYDNEY MIIU	-	6	-	-	9	114	-	-	-
VALE MIIU	-	3	-	10	-	-	77	-	-
NORTH COTSWOLDS MIIU	10	-	1	-	-	-	-	76	-
TEWKESBURY MIIU	14	3	-	-	-	-	-	-	54
GP REFERRALS	1535	2189	621	1091	427	525	307	345	294

% of x-ray performed by site - referral source Community MIIU and Direct access GP Referrals 19 November – 31 December 2018 (9am to 5pm

Referring location	Site x-ray performed								
	CGH	GRH	Cirencester	Stroud	Dilke	Lydney	Vale	North Cotswolds	Tewkwsbury
Cirencester MIIU			99.7%				0.3%		
STROUD MIIU		1.3%	4.7%	94.0%					
DILKE MIIU		1.3%			89.3%	9.4%			
LYDNEY MIIU		4.7%			7.0%	88.4%			
VALE MIIU		3.3%		11.1%			85.6%		
NORTH COTSWOLDS MIIU	11.5%		1.1%					87.4%	
TEWKESBURY MIIU	19.7%	4.2%							76.1%
GP REFERRALS	20.9%	29.8%	8.5%	14.9%	5.8%	7.2%	4.2%	4.7%	4.0%

A larger version of this table can be found at Appendix 2.

Recruitment and retention
The Trust continues to explore options to improve recruitment while ensuring retention of the best and most talented staff. Initiatives include:

- recruitment open days;
- working with the University of the West of England on improving conversion rates of students (radiography) to full-time professionals;
- improving and enhancing the roles on offer making them more attractive to potential recruits;
- establishing a career ladder and structure to enable individuals to progress;
- developing opportunities for training and professional development; and

having flexible rotas in place to meet individual needs.

- Revised pay incentives to increase uptake of additional sessions in the short term

Community response to the temporary changes
Under the temporary changes four community hospitals have been affected: The Vale, North Cotswolds, Tewkesbury and Stroud. In the North Cotswolds more than 7,000 residents have signed a petition which seeks to maintain/revert back to the previous provision of X-ray services. A number of local town councils have registered their opposition to the temporary changes. In addition a small number of letters have been received in which residents raise concerns over the temporary changes.

Themes that emerge focus , although not entirely, on transportation and time to travel to neighbouring services and the associated hardship this will cause. The system accepts and acknowledges that as part of the new arrangements some patients may have to travel for an X-ray and notes that for GP referrals for an X-ray, patients may be eligible to access NHS funded Non-Emergency Patient Transport (NEPTS).

Next steps
In terms of next steps, the Trust's goal remains the recruitment of additional radiographers while retaining the excellent staff in post so that the Trust can restore services in the community as soon as possible. A specific work stream, with Executive Director oversight, has been established to look at more sustainable solutions to the workforce challenges.

The Trusts (GHNHSFT and GCSNHST) continue to make progress on developing a new model of care, which would involve re-skilling, retraining and recruiting the best possible staff.

Mark Walkingshaw, Deputy Accountable Officer/Director of Commissioning, NHS Gloucestershire Clinical Commissioning Group
Simon Lanceley, Director of Strategy & Transformation, Gloucestershire Hospitals NHS Foundation Trust
Candace Plouffe, Chief Operating Officer, Gloucestershire Care Service NHS Trust
January 2019

Appendix 1: Partner organisation roles as set out in The Joint Working Protocol 2017

https://www.england.nhs.uk/publication/joint-working-protocol-when-a-hospital-services-or-facility-closes-at-short-notice/

Commissioning body:

The commissioning body (Clinical Commissioning Group) will take the lead in the following actions:

- Ensure appropriate interim measures are put in place to keep people safe after the identification of concerns or issues.
- Decide on a single commissioning body to lead the process (when multiple commissioning bodies are involved)
- Establish a team with the specialist skills to oversee the closure, including assessment
- and communications staff, and lead on arranging meetings/consultations with all system partners
- Undertake assessments of the people using the service to ascertain their needs and preferences, this should be done by individuals know to the patient or by those brought in for their specialist skills.
- Provide details of alternative providers who could provide services, including any details on the quality of the service and make contact with them
- Maintain ongoing consultative relations with people using the service, their families and other system partners to ensure they are kept informed at each step of the process
- Commission new services and arrange people to move and resettlement, including a review of the placement after a reasonable timeframe
- Identify a lead to coordinate communications

Local Authorities:

Councils will not be involved as commissioners as they do not commission hospital services. However they will have safeguarding responsibilities and may be involved with individuals before, during or after admission through social work services or the assessment for care. They will:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns if appropriate
- Assist the commissioning body with staffing the specialist team overseeing the closure if appropriate
- Assist the commissioning body and other partners in fully evaluating any proposed moves for people if appropriate
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families if appropriate

Provider/Service:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns.
- Assist the commissioning body with the assessment of and communication with residents and their families to ascertain their needs and preferences
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families
- Assist the commissioning body with arrangements helping people to move

Care Quality Commission:

- Provide any information held about the quality of the current service
- Provide any information held about the quality of alternative services being considered, including the model of care used
- Provide any information on other providers likely to be involved in the provision of care to people at the new service
- Consider bringing forward inspection or other evaluative activities for alternative providers where only limited quality information is available (lead role)

Other local Health and Social Care providers currently involved with the service or likely to be involved with future provision to people currently using the service: in this case: Gloucestershire Care Services NHS Trust

- Assist the commissioning body and other partners in fully evaluating any proposed moving of people, including what other providers need to be involved the care of the people moving and the capacity to provide this at the new service

Appendix 2
Table 1: X-ray activity Community Hospitals and GP Referrals 19 November – 31 December 2018 (actual numbers of patients above, % below)

X-ray activity Community MIIU and Direct access GP Referrals 19 November – 31 December 2018 (9am to 5pm)

Referring location	Site x-ray performed								
	CGH	GRH	Cirencester	Stroud	Dilke	Lydney	Vale	North Cotswolds	Tewkwsbury
Cirencester MIIU	-	-	326	-	-	-	1	-	-
STROUD MIIU	-	4	14	281	-	-	-	-	-
DILKE MIIU	-	2	-	-	142	15	-	-	-
LYDNEY MIIU	-	6	-	-	9	114	-	-	-
VALE MIIU	-	3	-	10	-	-	77	-	-
NORTH COTSWOLDS MIIU	10	-	1	-	-	-	-	76	-
TEWKESBURY MIIU	14	3	-	-	-	-	-	-	54
GP REFERRALS	1535	2189	621	1091	427	525	307	345	294

% of x-ray performed by site - referral source Community MIIU and Direct access GP Referrals 19 November – 31 December 2018 (9am to 5pm

Referring location	Site x-ray performed								
	CGH	GRH	Cirencester	Stroud	Dilke	Lydney	Vale	North Cotswolds	Tewkwsbury
Cirencester MIIU			99.7%				0.3%		
STROUD MIIU		1.3%	4.7%	94.0%					
DILKE MIIU		1.3%			89.3%	9.4%			
LYDNEY MIIU		4.7%			7.0%	88.4%			
VALE MIIU		3.3%		11.1%			85.6%		
NORTH COTSWOLDS MIIU	11.5%		1.1%					87.4%	
TEWKESBURY MIIU	19.7%	4.2%							76.1%
GP REFERRALS	20.9%	29.8%	8.5%	14.9%	5.8%	7.2%	4.2%	4.7%	4.0%

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 31st January 2019

Report Title: One Gloucestershire - Integrated Care System (ICS) Update

Agenda reference Number	10/0119
Accountable Executive Director (AED)	Paul Roberts, Chief Executive
Presenter (if not AED)	
Author(s)	Emily Beardshall: Deputy ICS Programme Director
Board action required	To Note and Receive
Previously considered by	N/A
Appendices	1. Memorandum of Understanding between NHSE and Gloucestershire ICS System Leaders 2. Long term Plan Overview

Executive Summary

This report provides an update on Gloucestershire Integrated Care System.
The report provides an insight into reorganising & supporting pathways, supporting places & communities and supporting employees' wellbeing.

The report also provides an update on the enabler programme along with a deep-dive into End of Life Care.

Appendix 1 of the report contains the Integrated Care System Memorandum of Understanding. The Memorandum of Understanding between NHSE and Gloucestershire ICS System Leaders has now been developed.

This is an NHS England led document which sets the context for the ICS and confirms Gloucestershire's status as an Integrated Care System

(ICS). The document describe the terms of this relationship between the system and the national leadership bodies.

In order to enable the further development of the ICS approach, this document sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return and how NHS England we will work to support system leaders and their teams.

The Memorandum has been signed by Matthew Swindells, NHSE and by Mary Hutton confirming collective agreement of Gloucestershire system leaders.

The document has been considered by the Gloucestershire Strategic Forum and ICS Delivery Board and the NHS England team have made revisions on the basis of feedback including increased focus on prevention activities.

The ICS has worked with the Kings Fund to develop further the Memorandum of Understanding between One Gloucestershire ICS partners.

The Gloucestershire Strategic Forum has also undertaken a series of workshops to review the ICS partnership and the priorities moving forwards.

Recommendations:

The Trust Board is asked to:

1 **Note** the content and the progress that has been made

Related Trust Objectives	1,2,3
Risk Implications	Risk issues are clearly identifed within the report
Quality and Equality Impact Assessment (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC)

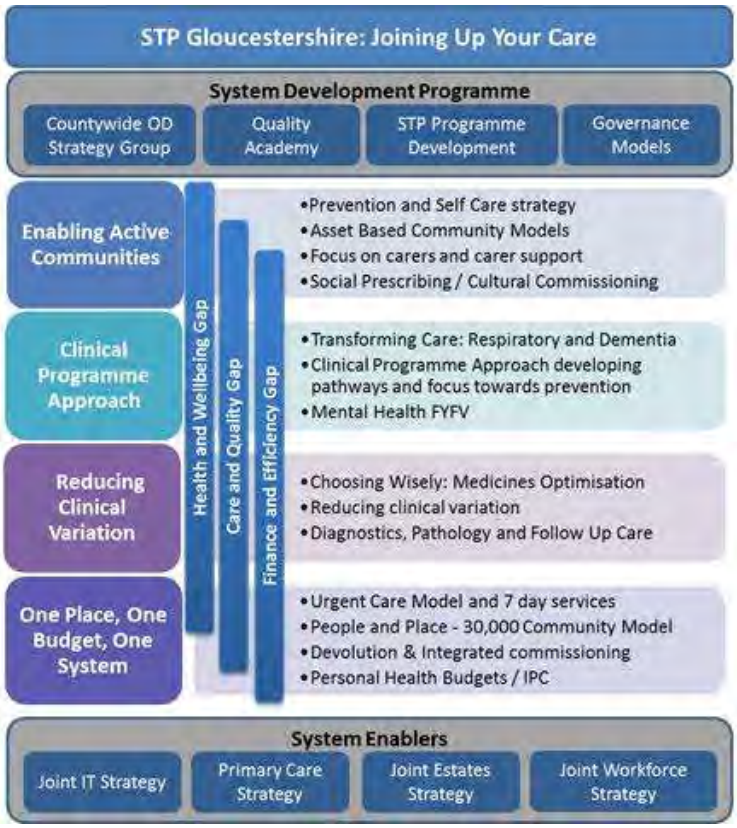
January 2019

One Gloucestershire ICS Lead Report

1. Introduction

These reports provide an update to HCOSC members on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS) to date.

Gloucestershire's STP commenced year two of four in April 2018, since then we have made progress in embedding and delivering key schemes outlined within the plan, in an increasingly challenging health and care environment. We continue to develop our delivery plans against our main priority programmes. In the July 2018 report we outlined the progress made in 2017/18 and the priorities for plans in 2018/19; in this report we provide an update on 2018/19 progress made against the priority delivery programmes and supporting enabling programmes included within Gloucestershire as we transition to an Integrated Care System (ICS).



Gloucestershire's STP Plan on a page

2. Enabling Active Communities

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system.

Key priorities for 2018/19 are:

- Reach the target of over 5,000 patients being on the National Diabetes Prevention Programme
- Appoint a GP Clinical Champion in Diabetes to further raise the profile of diabetic care in general practice (completed)
- Commission a new Child Weight Management Service and implement our new adult Weight Management Service Model to support people to reduce their weight in a sustainable way
- Continue to deliver an early identification and intervention model for victims of domestic abuse
- Develop a Breastfeeding Social Marketing campaign
- Progress the Gloucestershire Moves project (getting 30,000 inactive people active) and see the first pilots underway; including 'Beat the Street' and older people at risk of falls
- Launch a new postpartum contraception service
- Launch our new Gloucestershire Self-Management Education Programme called 'Live Better, Feel Better' and Support over 200 individuals through our new Self-Management Service
- Create a direct route into the community wellbeing service from urgent care (A&E, urgent treatment centres) to support people who attend for non-medical reasons
- Expand the arts on prescription service
- Increase our focus on support the following pathways with self-care and prevention schemes: adult mental health; paediatric epilepsy; paediatric Type 1 diabetes; Tier 3 obesity, adult chronic pain and adult respiratory pathways

Update on progress over the last two months:

Supporting Pathways

- There have been a total of 2,719 referrals to the National Diabetes Prevention Programme (NDPP) since August 2017. Initial data for Gloucestershire shows a mean weight reduction over 6 months of -4.7kg as a direct result of the NDPP, which again is better than the national picture (-3.4kg).
- The postpartum service for long-acting contraception formally launched on 16th November. A number of staffs have been trained under the project to date

Supporting People

- Domestic Abuse awareness training has now been delivered to a total of 116 hospital staff and 22 members of the public under this project. The 'How to ask the question' training has been delivered to 84 hospital staff and Specialist DASH training delivered to 28 hospital staff. In addition to this 18 bespoke training packages have been delivered. A total of 30 surgeries have now reached stage 5 statuses with at least 1 nominated DA champion. In total 59 professionals have taken on the DA Champion Role across the county's 76 surgeries
- Gloucestershire Care Services NHS Foundation Trust has delivered group education sessions in Patient Activation Measures

- The Living Well with Pain programme has commenced a piece of joint work with Churchdown Practice, targeting support to people with chronic pain.

Supporting Places & Communities

- There have been over 3266 referrals received from 1st October 2017 - 30th October 2018 into the Community Wellbeing Service. Providers continue to report higher complexity of referrals than seen in the previous social prescribing service 2014-17. Increased volumes of mental health referrals are contributing to this.
- The quantitative and qualitative evaluations for Beat the Street have now been finalised. Key highlights include;
    - Total of 10,156 people took part
    - 12% participants had a long term condition
    - The proportion of adults reporting meeting the recommended 150mins of moderate physical activity per week increased by 11% immediately after the game (42% increasing to 53%)

Supporting Workforce

- The second monthly **Workplace Health and Wellbeing** newsletter was sent out to businesses containing information and useful links to help improve health and wellbeing of the workforce. These will continue to be produced on a monthly basis.
- Health coaching approaches training have now been delivered to 69 staff across various professions, working primarily in the Berkeley Vale Cluster area as a test and learn initiative. Participants rated their overall perception of the course very positively with 86% rating the programme "good" or "very good."

Live Better Feel Better Case Studies

Case Study 1

"I have suffered with a number of debilitating long term health conditions for well over 15 years, none of which have any medical related cure. In summary these conditions meant I was in pain and I felt totally exhausted and washed out. My declining health meant I was growing more dependent upon my family and as I was unable to work in any capacity I had to take an ill health early retirement. Self management has been invaluable in helping me turn my life around"

Case Study 2

"When I arrived on week one of my self-management course I was in a bad place; my health was suffering. An injury left me scarred both physically and mentally. In the years following I got one health condition after the next and I was struggling to manage my life. Between the pain, low mood, fatigue and anxiety I was finding it increasingly difficult to make it from day to day.

It took me a few weeks of self-management sessions to connect the dots but slowly and surely I had a light bulb moment where I realised what self-management could be for me. I realised that if I had the right tools and the determination that I could take small manageable steps and rebuild me inside and out, and that's exactly what I did!

Now that I have seen the success that self-management has had for me I feel passionately that other people who have long term health conditions should have the chance to experience it for themselves. That was the main reason behind deciding to become a self-management tutor and it has been an incredible journey so far, that I am enjoying so much. Helping others is something that truly makes me happy and witnessing the changes in people is amazing. Everyone deserves a chance to have access to these tools to help them to live and feel better."

3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time.

	Priorities 2018/19	Progress So Far…
Respiratory	Deliver a comprehensive education and training package for health care professionals working in primary care and managing long term respiratory conditions. Support primary care to stop prescribing steroids where they are not having a significant impact on an individual's quality of life Continue to bring together the hospital and community respiratory teams together into one integrated team	Hot advice and hot clinics were in place countywide from 5th November 2018 providing patients with rapid advice and assessment in an outpatient environment. The full COPD pathway available on the live GP information system. The Integration lead role is now working with the respiratory team in secondary care to map out the final stages of the integrated pathway. A working group has been established for the Bronchiectasis to agree the patient pathway supporting IV antibiotics in the community / at home.
Musculoskeletal	Embed the Advanced Practitioner Service providing physiotherapy support to patients in primary care. Roll out MSK triage service which provides expert clinical review at the point of referral. Design and implement a countywide integrated approach to falls prevention	Almost 90% of referrals for the Advanced Practitioner Service and Orthopaedics are now going through MSK Specialist Triage service and total demand for the services appears to be decreasing. The Lead Emergency Department consultant has engaged well with Trauma Triage Service (TTS) and referrals from ED have gone down. There is a plan for further training sessions to build relationships, improve quality of referrals and overall TTS process.
Circulatory	Improvements to heart failure care Develop proposal for cardiac rehabilitation Progress community stroke rehabilitation	The Blood Pressure (BP) Steering Group has been established to oversee the implementation of the British Heart Foundation bid. There have been agreed changes to proposed service specification for Community BP Testing Service. The Project Manager attended an event to gather feedback from the Wave 1 BP Award sites and to network with fellow Wave 2 sites.

Eye Health	Explore the enhanced community eye care offer to provide additional eye care services Implement the new NICE guidelines within Ophthalmology	Additional clinics have taken place within the Gloucestershire Hospitals Ophthalmology service at the same time as reviewing patients waiting for follow up appointments. An recent audit has shown that the move to community-based care of second eye cataract patients undertaken by accredited community optometrists has been successfully and safely initiated in Gloucestershire.
Diabetes	Recruit a part-time Consultant Diabetologist Training to care homes on "caring for patients with diabetes"	GDoc nurses have now begun to deliver Initial Assessment appointments offering a significant boost in capacity, in relation to the National Diabetes Prevention Programme (NDPP). Multi-disciplinary foot outpatient clinics continue at GRH and CGH with consistent input from Diabetologist, podiatry, Vascular and Orthopaedic consultants. As expected, we are observing a downwards trend in major amputations and a slight upwards trend in minor amputations.
Cancer	Progress towards the 2020/21 ambition for more cancers to be diagnosed at the earliest stages Deliver the Prostate Cancer Surveillance Project	A GP Masterclass held 9th October focused on colorectal Cancer. An event review held with very positive feedback. Plans for 2019 GP Masterclass to be confirmed and Macmillan Group Education Grant to be applied for to fund 2019 schedule.
Children & Maternity	Develop community hubs and integrate better together services that support women and families in the early years Implement our 'Safer Maternity Care' Action plan Develop models of care supporting women to have the same carer throughout pregnancy, birth & post-natal care Aim to have 30 to 40 children with Personalised Care Plans by Mar 19	Young Gloucestershire have been commissioned to facilitate person centred planning and management of the personal budgets for the children and young people which should increase the number of people able to personalise their support. As part of the Better Births Programme, the recruitment of an Information and Data Analyst has meant that we will gather more accurate data to support delivery of our plan. Maternity support workers are now well established & will support our new Postnatal Pathway, trial to take place in Stroud & Cirencester prior to countywide launch.

Learning Disability	Enabling individuals with a Learning Disability to use Personal Health Budgets to ensure they have control of the support they receive Embed the "Stopping Over Medication of People with LD" campaign to reduce the prescriptions of anti-psychotic drugs where they are not clinically recommended Ensure that 75% of people with a LD on the GP LD Register receive an Annual Health Check by Quarter 4 19/20	The Learning Disability and Autism Clinical Programme Group has highlighted the need for a better understanding of people living in Gloucestershire to give them a more robust evidence base for planning future commissioning activities in line with the Building Better Lives & Building The Right Support Vision. The output from this project will be an evidence base which we are calling a Learning Disabilities & Autism Joint Strategic Needs Analysis (JSNA). Inclusion Gloucestershire have been commissioned to run co-produced engagement events and input into the development of the survey.
Mental Health	Continue to take steps to Improve Access to Psychological Therapies (IAPT), to ensure we meet standards for access, recovery and waiting times to treatment Make further improvements to the Eating Disorder Pathway Implement an all age Autism strategy Roll out mandatory mental health training for staff in schools Improve support to foster carers and children entering the care system Procure emotional support for children who have experienced sexual assault / abuse	New Gloucestershire Intensive Recovery and Intervention Service (IRIS) for Children and Young People is being developed. This initiative focusses on a different approach to working with children and young people with mental health issues. The Mental Health Crisis Care Workforce Development Group has been set up to oversee the implementation of the agreed multi-agency multi-professional workforce development strategy (3-5 years) for Gloucestershire. The Suicide Prevention Strategy has been developed by the Gloucestershire Suicide Prevention Partnership Forum (GSPPF), with input from partners across the public and voluntary sectors. The new holistic Mental Health Acute Response System (MHARS) Crisis model was commissioned in April 2017 in line with new Police guidance and legislation. This provides a single point of access and clear, concise pathway of care. The waiting room in the Maxwell Suite has been identified as a Place of Safety if required. An extended hours (9AM-11pm) Hub and Spoke Approved Mental Health Professionals (AMHP) model was introduced in July 2018 and it is the intention of the County Council to commission a standalone 24/7 AMHP

		service (currently 11pm-9am is provided by Glos EDT). A review of the self-harm pathway has been undertaken and a multi-agency action plan is currently being implemented focussing on the following: • Improving what happens when people who are self-harming or in extreme emotional distress present themselves to ED • Strengthening prevention • Making it easier for children and young people to get help • Joining up the services that we already have • Specific needs, e.g. personality disorder, children and young people with physical health conditions The Cavern continues to provide regular support including everyday over the holiday period from 6-11pm.
Dementia	Develop a countywide approach to community dementia services Implement the Community Hospital Mental Health Liaison Team pilot	Dementia Diagnosis Rate Has recovered its previous above NHSE target position and the Dementia Advisor service has increased activity by 50%. The Memory Assessment Service (MAS) have been encouraged to make automatic referral on diagnosis to DA service so that more families can benefit from support.

Focus on End of Life Care Clinical Programme

Each year in Gloucestershire approximately 5,900 people die from a wide range of causes. In common with the rest of England, the largest single underlying causes of death are Cardiovascular disease, Respiratory disease and Cancer. Across Gloucestershire, people die in a range of places, 44.6% occur in a hospital setting; 25.2% of people die at home; 24.2% in a care home; and 3.1% in a hospice.

NHS Gloucestershire Clinical Commissioning Group (CCG) and partner organisations are working together to improve services for people who require palliative and end of life care. As a health and social care community, we recognise that sustainable change and improvements can only be realised if we all work in partnership and have a shared vision.

An End of Life Care Strategy has been developed which has been an important step in making improvements happen. It has been drawn up with input from a wide range of people, across health and social care providers, the voluntary sector, families and carers. The strategy outlines how we would like to take forward the development of palliative and end of life care services in Gloucestershire over the period 2016-2020.

The Gloucestershire End of Life Care Strategy is guided by the themes in the 'National End of Life Care Strategy 2008', the subsequent annual reports and more recently the 'Ambitions for Palliative and End of Life Care 2015'. You can read the strategy by accessing the following link: https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2012/03/End-of-Life-Strategy-FINAL-nov-2016.pdfv

As well as the development of the strategy, an End of Life Care Clinical Programme Group has been established to oversee the implementation of the Gloucestershire End of Life Care Strategy 2016-20 and ensure there is a clear evidence based approach to the commissioning and delivery of end of life care services in Gloucestershire. The vision is for high quality palliative and end of life care to be available in all settings, accessed and used by those who require it, irrespective of age, diagnosis, gender, ethnicity, religious belief, disability, sexual orientation or socioeconomic status.

To do this, the CPG has identified 6 key work-streams within the Programme:

1. Timely Identification of End of Life
2. Reduce Variation
3. Education and Training
4. Care is Co-ordinated
5. Each Community is Prepared to Help
6. Stand Alone Projects

Research into end of life care in Gloucestershire

The End of Life Care Clinical Programme Group (CPG) commissioned Healthwatch Gloucestershire (HWG), which has a seat on the CPG to ensure the voice of local people is heard and considered at a high level, to conduct independent research with the public regarding their experience of End of Life Care in the county. HWG's End of Life report: *Evaluation of non-clinical support* is based on findings from over 50 responses to a survey of the public's experiences on accessing information around end of life care in the county.

The aims of the research are to understand and explore in more depth what non-clinical support is available locally and nationally to identify gaps in information provision.

Most people who responded to the survey said that they went to medical professionals when they wanted information and support around end of life care, such as their community team (60%), their GP (57%), hospice team (34%) and practice nurse (31%). However, many relied on their friends and family (46%). Most people said that they preferred to receive information face-to-face or via a leaflet/booklet (both 81%). In comparison only 39% preferred to receive information via online or text. Individuals would predominantly like to find hard copies of information in healthcare environments such as the GP surgery (90%), hospital waiting areas (81%) and local pharmacies (74%). Some people would like more information on the last stages of life including health changes and post death advice. Others felt information on the psychological and emotional support available to them would be helpful; whilst others such as unpaid carers said support for their mental health and emotional wellbeing was one of the most helpful things during the end of life period. Some of the participants said that they were given enough information and couldn't think of an unhelpful or a bad piece of information provided to them. Others mentioned that they received conflicting information from some information sources, which they found unhelpful and some people found the amount of information they received was overwhelming and difficult to process.

The findings from the survey will now go to the End of Life Care Clinical Programme Group. The full report can be viewed at www.healthwatchgloucestershire.co.uk

Our Commitment to the Gloucestershire Community

We want to make sure that the highest quality end of life care services are available to all who need it, Effective and compassionate care and support will be in place for people who are approaching end of life so that they can have a dignified, peaceful and supported death. Families and carers needs both during and after a person's death will be recognised and addressed.

We want to ensure that people are given the opportunity to express their preferences about where and how they are cared for, supported and die, and to make it possible for health and social care services to enable their wishes to be met. Irrespective of whether people have expressed their preferences, our aim is that everyone should experience a 'good end to their life'.
We will design, commission and deliver services in order to provide:

- equitable access to services for all people needing end of life care;
- end of life services based on best practice models; ensuring the best possible care for all people needing end of life support;
- patient-led care which is responsive to the dying person's needs and wishes;
- a choice of place of care and death, where possible; acknowledging that the physical environment has a direct impact on peoples experiences at the end of their lives and on the memories of those closest to them.
- a pleasant and supportive environment of care where dignity and respect are facilitated
- appropriate support services for both the dying person and those closest to them; in particular pre and post bereavement support.
- good communication between all professionals and with the patient and those closest to them;
- access to timely information and advice for patients, families, carers and staff
- improved co-ordination of care across all service providers;
- Increased education and training for staff;

We will:

- involve local people, patients and carers in the development and improvement of end of life care services;
- work in the spirit of partnership with health and social care organisations, both statutory and voluntary; and
- review services we commission and deliver regularly to ensure that they reflect best practice and are responsive to the needs of service users

Workstream 1: Timely Identification of End of Life

An evaluation of GP survey data and follow up support has been highlighted below:

- Lack of clarity in: whom to inform of Do Not Resuscitate/Advance Care Plan and how, who can see GP Summary Care Record, which paper resources to use
- Recognition of Gold Standards Framework (GSF) meetings as improving care
- Lack of time to provide adequate conversations and support to patients and families and a wish to provide this proactively rather than during a crisis
- Requests for roll out of Just in Case Boxes beyond pilot area

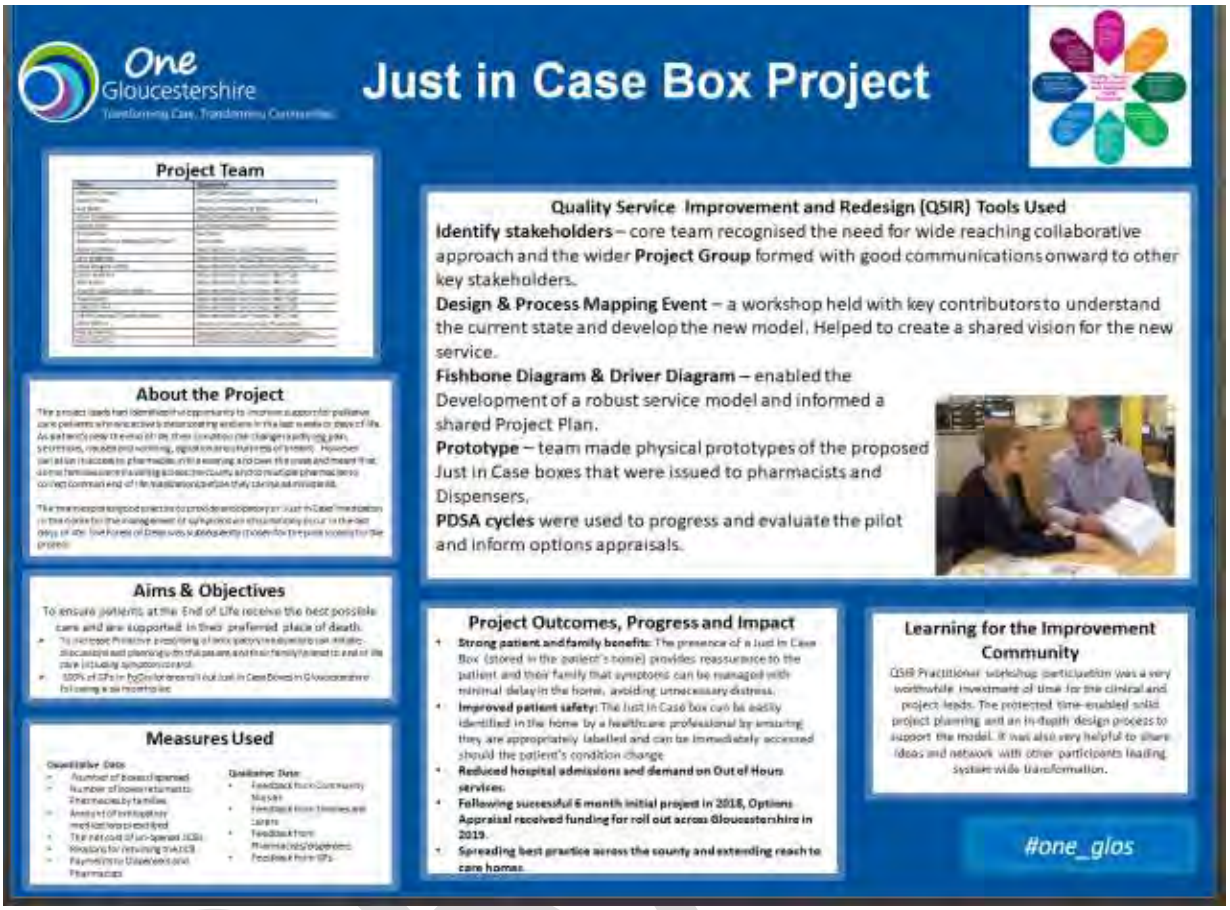
As a result the End of Life Care section of G-care (GP information system) has been reviewed and updated. Plans under way to clarify areas of uncertainty identified and promote/support GSF meetings. A new summary page will show a 'road map' for the last year of life mapped to the GSF (Green – last few months/Amber – last few weeks/Red – last few days) with suggested actions to consider at each point. Aim to show that smaller conversations/steps over the last year of life can be more productive than one very long conversation in the last few weeks/days of life. Potential for "roadmap" to be adapted for other healthcare professionals/care homes.

Workstream 2: Reduce Variation

Re-commissioning Care at Home for Continuing Healthcare (CHC) Fast-track Patients Project: We explored with our Hospice providers if they would like to undertake all of the initial assessments and reviews. The rational for this is that their specialist knowledge enables them to identify patients who really are rapidly declining and therefore we would expect to see a reduction in fast track packages being awarded. Our Hospice providers declined at this point in time as they felt it would impact too much on their ability to deliver of Hospice at Home care. The learning captured, however, has enabled commissioners to clarify the expert skill set required to improve the quality of fast track assessments.

A review of best practice across comparator areas has been undertaken to understand how other areas have successfully improved the knowledge of the generalist workforce and seen a reduction in the number of fast track awards.

Just In Case Medication Pilot:



4. Reducing Clinical Variation

The Reducing Clinical Variation programme looks to elevate key issues of clinical variation to system level and have a new joined up conversation with the public around some of the harder priority decisions we will need to make. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and a Medicines Optimisation approach and undertaking a diagnostics review.

Key priorities for 2018/19 are

- The successful Prescribing Support dietetics role will be expanded to support change in the recommendation of oral vitamin B vs Vitamin B injections, advice and support around optimising the use of calcium and vitamin D, as well as reviewing and producing infant milk guidance to ensure appropriate support to patients via primary care
- Continue to support, develop and extend the Repeat Prescription Ordering Service for Gloucestershire patients to support the reduction of prescribed waste medication.
- Continue to support reducing Polypharmacy (the use of multiple medications at the same time) in patients, initial focus on frail patients, and extend it to groups such as those in care homes with the aim of reducing unwanted side effects
- Implement a paper referral switch off so that all referrals to consultant led services are made via an electronic system by October 2018 (in line with national guidance.)
- Implement patient led booking to give patients more control over their follow up care.
- Implement GP peer review of referrals to support consistency of patient management at a locality level.
- Continued development of alternatives to face to face follow up appointments
- Reducing the number of people who failed to attend a booked hospital appointment through a public awareness campaign and by establishing a reminder services
- Continue to make improvements to Operating Theatre, Radiology and Pathology pathways to reduce waste

What we've achieved so far:

- The 2018/19 Savings Plan supports a saving opportunity of £5m across a range of treatments. The Prescribing Improvement Plan (PIP) continues within practices.
- Use of Prescription Ordering Line (POL) to manage continence and stoma prescription requests is developing. Practices have expressed interest in making use of this service for these prescription groups. Staffing is being increased to ensure capacity to manage the planned increase in demand and the extra staffing will be fully in place by the end of November 2018.
- Advice and Guidance (A&G) continues to increase with a total of 8,166 requested made between April and October 2018, significantly above the year to date target level of 5,477. The service rollout continues with 16 specialties now live. Two further specialties are due to be rolled out as part of the CQUIN.
- The new Community Urology Service mobilised from 1st October as planned, including the enhanced triage element.
- Within Dermatology, there is an increased focus on improving access to rapid specialist advice and diagnosis through A&G supported by dermascopic images. Funding has been secured to run a GP dermoscopy education event in 2019 and work is underway to design the Cinapsis screens to support the implementation of this approach.
- Monthly G-care site views have increased by 34% since April, and a range of new content has been published. G-care search function has been redesigned to improve usability. The revised search function went live on 9th November.
- The social media videos and posters for the DNA campaign are complete and the campaign launched on 10th December 2018.

5. One Place, One Budget, One System

New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care.

The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

Key priorities for 2018/19 are

- Led by ICS partners, pilot three Integrated Locality Boards in both rural and urban areas. The pilots will be in Stroud and Berkeley Vale, Forest of Dean and Cheltenham. These aim to give more control to local GPs to develop and tailor services to best meet the needs of people in the local area.
- Increase the range of roles in primary care available to support GPs and patients including the use expanding paramedics, clinical pharmacists and mental nurses
- Support the roll out of the Community Dementia pilot across the county, following the completion of evaluation and a feasibility study.
- We will continue to work with practices to support them through merger or federation conversations as required.

What we've achieved so far:

- At the End of October we were honoured to receive a visit from Chris Ham, Chief Executive of The Kings Fund and Don Berwick, former advisor to Barack Obama and founding CEO of the Institute for Healthcare Improvement. Cheltenham Integrated Locality Partnership pilot had an opportunity to showcase their work during the afternoon.
- Finalisation of the frailty model for the Forest of Dean which is based on the Complex Care at Home Model. Recruitment of Matrons for this service has commenced. Service will run out of Colliers Court in Cinderford with a plan to commence in late January.
- Pathology clinics on Saturday mornings in the Forest of Dean are going well as are nurse clinics. Evening nurse clinics commenced in December.
- Established a new Multi-Disciplinary Team in St Paul's Cluster in Cheltenham. Initially the MDT is between Practices, Complex Care at Home, ICT and Rapid Response,
- The South Cotswolds Frailty Service was nominated for a Gloucestershire NHS 70 Award in the Exemplary Community Partnership category.
- The team have developed a process to share information between the South Cotswolds Frailty Service and Great Western Hospitals Trust relating to patients admitted from South Cots locality.
- So far we have visited Cirencester (Market Place), Stroud (King Street) and Bishops Cleeve (outside library) on the NHS information bus to promote "Living Better with Frailty". We have engaged with approx. 260 people and had representation from providers/organisations

5. One Place, One Budget, One System

Urgent Care

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services into the future, we need to consider how to make best use our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

Regular updates on the One Place Programme have been shared with HCOSC, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care. Since this update work has continued to develop the programme timetable, engaging with clinicians, patients, and staff and community partners to develop the proposals for consultation.

Throughout September and October there has been careful review of the work that has taken place and the progress made. In particular we have received strong feedback that we need to build in more time for engagement in advance of formal consultation and that people want to understand the whole model. In response to this the ICS Delivery Board has agreed that more time is needed to focus on co-designing options and proposals with clinicians, community partners, patients and the public before we move to consultation.

A new scope, co-production approach, governance and timeline will be finalised shortly. In the meantime the current pilots within Trauma & Orthopaedic, Gastroenterology and General Surgery will develop as agreed.

Alongside this we will progress the commissioning of a new NHS 111, Clinical Advice and Assessment Service. This will be informed by learning from the current ‘test and learn’ initiatives and ensuring the critical links with other parts of the urgent care system are maintained.

The Urgent Treatment Centre test and learn project has refocused on achieving compliance with the NHS England national standards and agreeing priorities for implementation before Winter 2018/19.

6. Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

Joint IT Strategy – Local Digital Roadmap Governance has been established and will be managed by the Countywide IM&T Group with Project Boards and work streams established for the key IM&T Enablers. 75 out of the 76 GP practices are all live on the wifi project. Patient Online has been rolled out to 96% of Gloucestershire practices, and currently Gloucestershire has 22% of patients with an online account. eConsultation procurements are complete for a patient triage application which will begin in 5 pilot practices. Wi-Fi infrastructure software upgrade has been completed; initial testing suggests a number of outstanding issues have been resolved as a result of this. Gloucestershire signed up to the South West LHCRE bid and we have been told that, subject to a successful plan, the South West LHCRE will receive some capital funding in 2018/19.

Joint Workforce Strategy –Following a very successful celebration event of the first two cohorts of the '5 elements for successful leadership programme', a further two cohorts have been funded through an additional for through the SWLA 'System Development Offer'. A full evaluation of the programme is underway and discussions are already taking place to incorporate a day's Quality, Service Improvement & Redesign training to ensure methodology embedded and supported across One Gloucestershire's leaders. A One Gloucestershire expression of interest to participate in a national High Potential Talent Scheme that was submitted in October was successful. There are seven pilot sites and it will be rolled out in three phases. One Gloucestershire has requested to participate in phase three; planning will commence around August 2019.

Joint Estates Strategy – the estates strategy is moving forwards with a number of strands of work. Within Primary Care, planning permission has been granted for a new Cinderford Health Centre and Practices within Coleford have decided to proceed to develop a new GP Led business case for a single site within the town. There have been Initial meetings held with Lydney and Severnbank Practices to set out a way forward for the potential development of a new primary and community facility aligned to wider Forest of Dean Community Infrastructure Programme. There has been agreement at ICS health estates group that organisational Estates Strategies to be updated and subsequent ICS strategy to be completed for March 2019 with 2031 as the planning timeline. The Business case programme for GHFT strategic site development in also line with plan.

Primary Care Strategy – the Primary Care Strategy works alongside One Place, One Budget, One System to ensure we have really high quality primary care provision. Improved access has been successfully rolled out across all seven localities within Gloucestershire and in addition to improved access, clusters have been able to utilise funding to support additional workforce innovations across the ICS. There are a majority of workforce schemes and initiatives within Gloucestershire to help attract, develop and maintain workforce. Schemes include; Health Inequalities Fellowship, Newly Qualified GP Scheme, GP Retention Scheme, International GP Recruitment scheme and Next Generation GP scheme. Within the Community Education Provider Network (CEPN) scheme. Work has been undertaken to identify a standard generic Primary Care induction model as a multi-disciplinary tool to ease the burden on practices and to both improve and standardise the student's experience. We are planning a two-tiered approach for Online Consultations to test the benefits for patients and practices, while keeping an eye to the future developments with 111 Online and the NHS App. With this in mind, we have developed proposals for a 'Core' and an 'Enhanced' offer.

7. Integrated Care

A national announcement was made by NHS England that Gloucestershire in June 2018 to confirm that Gloucestershire is to become one of only 14 Integrated Care Systems (ICS) across the country; we will be one of 4 new systems to join the other 10 systems who have been working in a ICS way during 2017/18.

There was an excellent visit to the system by Don Berwick, President of the Institute for Healthcare Improvement (USA) and Sir Professor Chris Ham, Chief Executive of the King's Fund on the 29th October. The visit included a workshop on supporting the continuous quality improvement approach across our system and it was a chance to celebrate some of the great progress being made and involve staff and stakeholders from across the system. Alongside this we are currently engaging in support for the Gloucestershire Strategic Forum to undertake a review of system-level priorities which will be the first steps towards developing a refreshed 5 year plan for One Gloucestershire in line with the national timeline of Summer 2019.

Our System Development programme is focussed on developing the ways we work together as Health and Social Care organisations to support our shared system transformation objectives. This includes working on our shared Governance approaches for decision making, considering how we further pool our budgets and resources, and how we share responsibility for achieving key system targets. A national Memorandum of Understanding (MOU) between ICS systems and NHS England has been developed and will be publicly available once finalised. This describes how ICS' will develop their relationship with NHS England in the future to take on more delegated local responsibility for delivery.

Being a new ICS includes receiving a range of development support offers; during December it was confirmed that we would be supported by NHS Clinical Commissioners to bring together a network of Non Executive Directors and Lay-members to support system working between Boards. Alongside this we are currently engaging in support for the Gloucestershire Strategic Forum to undertake a review of system-level priorities which will be the first steps towards developing a refreshed 5 year plan for One Gloucestershire in line with the national timeline of Summer 2019.

8. Recommendations

This report is provided for information and HCOSC Members are invited to note the contents.

Mary Hutton
ICS Lead, Gloucestershire ICS

One Gloucestershire
Transforming Care, Transforming Communities

Long Term Plan Overview

@One_Glos

How the Long-Term Plan was developed

200
distinct engagement events, 150 of which were over August and September

500
direct submissions by letter or email

2000+
submissions via the online form

3.5M
Individual or organisational members represented through submissions

5427
readers of blogs about the long term plan

21,788
views of the online discussion guide webpage

- Working groups – made up of local and national NHS and local government leaders, clinical experts and representatives from patient groups and charities – were formed to focus on specific areas where the NHS could improve over the next ten years.
- They then engaged extensively with stakeholders to come up with and test practical ideas which could be included in a plan.
- Over Autumn, working group members organised or attended over 200 events to hear a wide range of different views, and received over 2,500 submissions from individuals and groups representing the opinions and interests of 3.5 million people.

Key Messages

The working groups have developed a range of specific ideas and ambitions for how the NHS can improve over the next decade, covering all three life stages:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

Making sure everyone gets the best start in life…

…including:

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems…

…including:

- preventing 100,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

CASE STUDY:

Gloucestershire Hospital

Gloucestershire Hospitals NHS Foundation Trust faced significant challenges, with poor A&E performance and high numbers of cancellations and delays to planned operations. The Getting it Right First Time (GIRFT) programme supported the trust to split its 'hot' emergency work and 'cold' planned trauma and orthopaedics work onto two separate sites. Senior clinical decision makers were introduced at the A&E 'front door' to help ensure patients were managed more effectively. During the first six months the trust was able to achieve its 4-hour A&E target for the first time since 2010 and had halved the number of cancelled operations. There was a reduction in waiting times for surgeries, including for hip or knee replacements, and an 8% increase in the amount of elective surgery performed.

Supporting people to age well…

…including:

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

Delivering the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan also sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. Doing things differently
2. Preventing illness and tackling health inequalities
3. Backing our workforce
4. Making better use of data and digital technology
5. Getting the most out of taxpayers' investment in the NHS

1. Doing things differently

The NHS will:

- give people more control over their own health and the care they receive,
- encourage more collaboration between GPs and their teams and community services, as ‘primary care networks’, to increase the services they can provide jointly;
- place an increasing focus on NHS organisations working with each other and their local partners, as ‘Integrated Care Systems’, to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities

The NHS will:

- increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce

The NHS will:

- continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships.
- take steps to make the NHS a better place to work, so fewer staff leave and more feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology

The NHS will:

- provide more convenient access to services and health information for patients, with the new NHS App as a digital ‘front door’;
- provide better access to digital tools and patient records for staff, and;
- improve the planning and delivery of services through the greater use of analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS

The NHS will:

- continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered;
- make better use of the NHS' combined buying power to get commonly-used products for cheaper, and;
- reduce spend on administration.

Next steps

- Public engagement on what the Long Term plan means for One Gloucestershire
- Begin to draw together the system response involving Integrated Locality Partnerships, Integrated Care System programme areas and our wider strategic stakeholders
- Timeline for a refreshed 5 year system strategy is Autumn 2019
- Provider Boards and CCG Governing Body will be regularly updated on progress

Find out more: www.longtermplan.nhs.uk | **Join the conversation:** #NHSLongTermPlan

Trust Board

Date of Meeting: **31st January 2019**

Report Title: **Quality and Performance Committee Report**

Agenda reference Number:	11/0119
Accountable Executive Director: (AED)	Susan Field, Director of Nursing
Presenter: (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s):	Susan Field, Director of Nursing
Board action required:	To Note and Receive
Previously considered by:	Quality and Performance Committee – 10th January 2019
Appendices:	Appendix 1 - Approved Minutes of the Quality and Performance Committee 1st November 2018

Executive Summary

This report is intended to provide assurance to the Trust Board that its Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board.

The report confirms decisions made by the Committee at its meeting on 10th January 2019, which were in line with the Trust's Scheme of Delegation and; highlights some discussion points that require Board attention. Of particular note:

- The Trusts Mortality Report (April – October 2018) outcomes.
- Progress against the Trusts Care Quality Commission (CQC) Quality Improvement Plan.
- Achievement against the Trusts Quality Improvement Metrics.

Recommendations:

The Trust Board is asked to:

1. **Note** the contents of the Quality and Performance Committee Report.

2. **Receive** the approved minutes of the Quality and Performance Committee that took place on 1st November 2018.

Related Trust Objectives:	1, 2, 3
Risk Implications:	Risk issues are clearly identifed within the report
Quality and Equality Impact Assessment: (QEIA)	Implications are clearly referenced in the report
Financial Implications:	No finance implications identified
Legal/Regulatory Implications:	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Committee Update

1 INTRODUCTION AND PURPOSE

This report confirms:

- Decisions made at the Trusts Quality and Performance Committee meeting held on 10th January 2019.
- Key issues, risks and achievements being overseen by the Committee in order to provide assurance that the Trust continues to provide a standard of high quality care across all its services.

2 DECISIONS MADE BY THE COMMITTEE IN LINE WITH SCHEME OF DELEGATION

2.1 Mortality Report

The Committee discussed the Trusts mortality dates (April – Oct 2018) and **noted** the following:

- That the data relates to those deaths that occurred within the seven Community Hospitals over a six month period (April – Oct 2018).
- That for this six month period there had been 95 deaths and; of these three were unexpected; 13 had been reported to the coroner and; that no medical certificates reporting the cause of death had been rejected by the Registrar.
- That the most common cause of death was due to neoplastic disease, respiratory or cardiac conditions.
- That an in-depth death review had taken place into the unprecedented number (nine) of deaths that had taken place at the Dilke Community Hospital (Aug 2018). From this review assurance was sought that all these deaths were unavoidable; that the quality of care provided was high throughout and; a need to commence reporting deaths against the 1,000 day benchmarking standard.
- That the role of the Trusts Mortality Review Group was now well-embedded with external assurance measures being in the place which included the medical examiners and non-executive director input and scrutiny.

The Committee **agreed** that the Mortality report be published on the Trusts intranet site.

3 ISSUES ESCALATED TO BOARD

The Committee **discussed** the following matters, where it was agreed that the following should be escalated to the Trust Board. These included:

3.1 The Provision of Pharmacy Services to the Trust

After a competitive tendering executive the Trust had awarded the contact to Fairview Health. The Committee was assured that delivery against this contract would commence 1st May 2019 and that the exit from the current incumbent would be monitored in terms of safety and against service delivery terms.

3.1.1 Safe and Secure Handling of Medicines Guidance

The Committee **noted** and wishes to **assure** the Trust Board that new national guidance www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handlingofmedication about proposed changes had been published December 2018 and that all Trust policies and standard operating procedures would be amended accordingly. These standards directly impact on Trust colleagues working practices and set out the following principles:

- Obtaining
- Transporting
- Receiving
- Manufacture and manipulation and;
- Storage of medication

3.2 Care Quality Commission (CQC) Activities

The CQC remain the independent regulator of health and adult social care services in England. Following the Trusts annual inspection, which included a well-led review the Trust has been working towards the delivery of its subsequent Quality Improvement Plan (QIP) to address its “Must-do” (x5) and “should do” (x25). Progress against these include:

- Of the 25 “should do” actions 11 have been completed. One remains ‘red’ rated, which relates to an ongoing issue with Gloucestershire Hospitals Foundation Trust (GHFT) re-checking x-rays for the Trusts Minor Injury and Illness Units (MIIUs).
- The other actions remain on track to deliver by March and September 2019 respectively
- The Gloucestershire Clinical Commissioning Group (GCCG) have indicated that the Trust Quality Improvement Plan (QIP) will move into business as usual delivery by end of March 2019. In addition to this the Trusts internal auditors PricewaterhouseCooper (PwC) had completed a review into the approach the Trust had adopted to deliver the QIP. The outcome of this was an overall rating of ‘low risk’.
- The Committee remains **assured** that work continues and acknowledges that the remaining outstanding actions are either out of the Trusts control or are on track to deliver accordingly.

3.3 Quality Improvement Activities

The Committee **noted** the following:

- That the Trusts Family and Friends Test (FFT) by those people using Trust services was seeing an increase in response rates,
- Was **assured** that the Trust would be compliant with the new international Dysphagia Diet Standardisation Initiative (IDDSI) by April 2019.
- That there were risks associated with some of the quality improvement metrics set for 2018-19 achievement. Most notably these relate to Deteriorating Patient and MUST score metrics respectively – both of which are indications of being over ambitious.

3.4 Corporate Risk Register

The quality related risks were discussed by the Committee and concerns were **noted** about the recent radiology changes by GHFT and the impact this may be having on the Trusts inpatient care. The Committee also **advised** that any 'No Deal Brexit' be added to the risk register

4 CONCLUSION AND RECOMMENDATIONS

The Trust continues to maintain its standards of delivering high quality care and continues to effectively manage any risks as they emerge.

The Trust Board is asked to:

1. **Note** the contents of the Quality and Performance Committee Report.

2. **Receive** the approved minutes of the Quality and Performance Committee that took place on 1st November 2018.

ABBREVIATIONS USED IN THE REPORT

MIIUs – Minor Injury and Illness Unit
GCCG – Gloucestershire Clinical Commissioning Group
GHFT – Gloucestershire Hospitals Foundation Trust
IDDSI - Dysphagia Diet Standardisation Initiative
FFT – Family and Friends Test
QIP – Quality Improvement Plan
PwC - PricewaterhouseCooper

Quality and Performance Committee

Date: 1st November 2018

Meeting on 1st November 2018, 13.30, Boardroom, Edward Jenner Court, Brockworth, GL3 4AW

Committee Members	
Nicola Strother Smith	Acting Chair
Susan Field	Director of Nursing
Candace Plouffe	Chief Operating Officer
Graham Russell	Non-Executive Director
Mike Roberts	Medical Director
In attendance	
Michael Richardson	Deputy Director of Nursing
Gillian Steels	Trust Secretary
Hannah Williams	Quality Manager, Gloucestershire Clinical Commissioning Group
Sian Thomas	Deputy Chief Operating Officer (for agenda item 6)
Nancy Farr	Clinical Development Manager (for agenda item 8)
Clare Hicks	Specialist Nurse Safeguarding Adults (for agenda item 9)
Laura Bucknell	Head of Medicines Optimisation (for agenda item 13)
Christine Coughlan	Minute taker

Ref	Minute
01/1118	**Welcome, Apologies for Absence and Confirmation the Meeting is Quorate** The Acting Chair, Nicola Strother Smith, welcomed colleagues. Apologies were received from the Sue Mead the Quality and Performance Committee Chair, Director of Finance, Jan Marriott and the Head of Clinical Governance. The Chair confirmed that the meeting was quorate.
02/1118	**Declarations of Interest** In accordance with the Trust's Standing Orders, members were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.
03/1118	**Minutes of the previous meeting 29th August 2018** The minutes of the 29th August 2018 were **Received** and **Approved** as an accurate record.

04/1118	**Matters Arising Action Log** The Committee **NOTED** the items that were on track or completed and updates were received on open actions.
05/1118 **COO**	**Corporate Risk Register** The Trust Secretary (TS) presented the corporate risk register and highlighted to the Committee the risk reduction in the pressure ulcers risk, which was due to ongoing quality improvement work; the TS also highlighted the risk with regards to safeguarding and school nursing, both due to current pressures on the services. The DoN asked the Committee to formally acknowledge the good work progressed on pressure ulcers. The Chief Operating Officer (COO) noted that the school nursing service was almost fully recruited to although the impact of safeguarding demands across the County was causing pressure. The Director of Nursing (DoN) updated the Committee that a business case had been sent to Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire County Council (GCC) with a request for more funding. The Trust had received a request for further information about the impact these pressures were having on colleagues. In addition the Trust had been looking at implementing the Devon model, which ~~favoured~~ sending only health practitioners who had worked with a child to ~~any~~ strategy discussions. It was noted that there were currently nearly 1,000 children on the Child Protection Register. Graham Russell, Non-Executive Director queried whether the issue was being discussed with Commissioners. The Quality Manager, GCCG confirmed this issue was being discussed. It was agreed the issue should be highlighted to the GCS Board. Graham Russell expressed concern that the support for Young People was reducing. **Risk 867** – Stroud Theatre - it was noted this risk was to be revised and updated. Some theatre activities had been suspended. Discussions were underway with both Gloucestershire Hospitals Foundation Trust (GHFT) and the GCCG. Currently there was a high level of agency staff use in the theatres. Short and long term plans were being considered. It was agreed that the COO would provide an update to the January meeting. The Committee **NOTED** the Corporate Risk Register**.**
06/1118	**Operational Services Exception Report** The Deputy Chief Operating Officer (DCOO) presented the Operational Services exception report, highlighting the positive response received as part of the Trust's winter planning arrangements. The DCOO also highlighted the positive impact that had been achieved from colleagues attending the recent demand and capacity training and the significant progress in the Sexual Health Pregnancy Advisory Service (PAS). The Chair asked if there had been a positive impact on workforce metrics, for example, sickness levels in PAS due to the recent transformation programme within the service. The DCOO advised that prior to engaging a service baseline included morale indicators and PDR compliance data, which will be used as a comparator. It was agreed that formal thanks should be recorded from the Committee to the PAS service for their improved performance.

DCOO/ COO	The refurbishment of Cashes Green ward (Stroud Hospital) remained on track and the Committee noted the good work of colleagues in working with this change. Thanks to the team were formally recorded. The DCOO also noted that the Rapid Response service was currently undertaking a pilot service to vaccinate care home staff, which had received a positive response from patients and commissioners. The model was currently being reviewed. The opportunity to extend the service to build on the pilot would be considered by commissioners. It was agreed to update the Committee in January. The DCOO highlighted the introduction of a same day primary care service the Trust was piloting at Cirencester Minor Injury and Illness Unit (MIIU), which was offering 32 appointments a day, Monday to Friday, for the eight practices in the South Cotswolds locality. Bookings were controlled directly by GP practices, patient feedback received to date had been excellent. It was noted that the Occupational Therapy (OT) service was not meeting targets following the recent review of the service, following funding reductions. Discussions were underway with Gloucestershire County Council (GCC), £350k had currently been removed from the service. The Committee **NOTED** the Operational Services report and the positive progress made in the Sexual Health Pregnancy Advisory Service (PAS).
07/1118	**Quality and Performance Report (September 2018 data)** The Committee reviewed the Quality and Performance report for September. Key areas to note: • The Committee was disappointed to see the drop in numbers of staff who would recommend the Trust as a place to work following the Qtr. 1 Family and Friends Test (FFT). • The Minor Injury and Illness Units (MIIUs) had ceased using iPads for the patient FFT due to technical issues and had reverted back to paper feedback cards. • There had been a decline in the patient FFT response rates and this was being reviewed by the patient experience team. • Personal Development Reviews (PDRs) had seen a further decline. It was noted that the appraisal paperwork had been redesigned to be easier and quicker to use and that an internal communication campaign to increase completion was to be developed and that discussions to improve performance had also taken place at the Resources Committee. The Deputy Director of Nursing (DDON) reflected, as had previously been advised that the safety thermometer was a prevalence tool as opposed to an indicator. The September rate was down to 93%, which included old harms. New harms were 98% and this was acknowledged to be very positive. It was acknowledged that district nurses often got a referral to patients who already had a pressure ulcer increasing the number for the Trust. The Committee queried whether the stroke performance metrics and specification had been confirmed. The Chief Operating Officer advised that these were currently being discussed with Commissioners as it was being assessed as a 5 day service. There was also the intention to revise the target response time to within 2 working days rather than 48 hours to reflect any proposed changes.

COO	It was queried what the readmission within 30 days figures were indicating. The COO advised that these were patients who came back after discharge. It was agreed that the COO would look further into this recording and reporting, and undertake triangulation with length of stay to inform the figures. The COO agreed to add additional information to the Report to clarify understanding. The Committee **NOTED** the Quality and Performance Report.
08/1118	**Pressure Ulcer Changes and Trust Gap Analysis Outcomes** The Clinical Development Manager (CDM) presented an update on the pressure ulcer work being progressed across the Trust and acknowledged that it was difficult to benchmark results. Work was being undertaken through the Quality Improvement Group, which included Allied Health Professional (AHP) representation. NHS Improvement (NHSI) had recently issued recommendations around the defining of pressure ulcers and the CDM had undertaken a gap analysis of these. The Committee was pleased to note that the Trust was the first organisation in Gloucestershire to have produced a gap analysis against these recommendations. It was expected that figures for pressure ulcers would go up as NHSI were recommending that Trusts cease defining inherited or acquired pressure ulcers. To date, no national guidance on how to report and which classification tool to use to describe pressure ulcer damage had been published, which made data collection and benchmarking challenging. It was noted that the number of SIRIs linked pressure ulcers was currently half the level of the previous year. The Trust had been invited to join the third cohort of the Pressure Ulcer collaborative. The Chair thanked the CDM for her report and recognised the achievements made to date by colleagues. The Committee **Noted** the pressure ulcer report and the planned work to respond to the gap analysis outcomes.
09/1118	**Learning Disabilities Update (including new national standards)** The Specialist Nurse for Safeguarding Adults (SNSA) presented an update on the Learning Disability work being undertaken by the Trust. The SNSA was working closely with ^{2}gether NHS Foundation Trust. Learning Disabilities Mortality Review (LeDeR) work was progressing although both the SNSA and the Named Nurse for Safeguarding Adults (NNSA), who were both trained to undertake reviews, were struggling due to capacity to undertake. Information emerging from the reviews was proving useful and was being disseminated to Learning Disability Champions and key service areas. This reflected national capacity issues. The Learning Disability and Autism group were also working to submit a completed self-assessment tool by the end of November. The Director of Nursing (DoN) advised that a self-assessment tool had been completed with ^{2}gether NHS Foundation Trust and had proved really useful in starting to outline a work programme for 2019-20. It was reported that the Trust was one of only 20 that had been chosen to pilot a scheme to employ an apprentice living with a learning disability, work on this was ongoing.

DoN	The Chair asked how effective the Learning Disability Champions were. The SNSA acknowledged that this was "patchy", although there were regular group meetings and that access to expert reference groups was available should there be any questions or clarity needed. Some Trust services excelled at obtaining feedback from service users with a learning disability, for example dental, whilst other areas needed to make further improvements. It was noted that not all individuals with a learning disability were registered with a GP and that where they were that not all agreed to share information. The Committee requested that it would be good to have a patient story of someone who lives with a learning disability be shared at a future Trust Board meeting. The Committee **Noted** the update on Learning Disabilities.
10/1118	**Progress with Dementia Quality Improvements** The Deputy Director of Nursing (DDoN) presented an update on dementia quality improvements. The Trust continued to increase the number of colleagues who have signed up to be Dementia Friends of which there were now almost 400. It was also noted that work was ongoing with ^{2}gether NHS Foundation Trust and the new Integrated Care System (ICS) groups that were replacing the STP work streams. The Committee was pleased to note this planned improved system working. The Committee **Noted** the progress with dementia quality improvements.
13/1118	**Annual Controlled Drugs Report** The Head of Medicines Optimisation (HoMO) presented the Annual 2017-18 Controlled Drugs report. Key points to note included that there had been a switch from Diamorphine to Morphine due to availability and that this had gone well. It was expected that the recent reclassification of Cannabis based drugs would have limited impact on the Trust although the HoMO would monitor developments of this recent change. The HoMO advised the group that Gloucestershire Clinical Commissioning Group (GCCG) had secured funding to roll out the Just in Case Boxes (JiCB) across the County. The Committee welcomed this very positive news. It was recognised that once the boxes were in patients homes they were the property of the patient, which made identifying potential misappropriation challenging. It was ~~also~~ noted that these were locked boxes with small prescriptions to avoid the risk of drugs being used other than by the patient. The HoMO had reviewed the drug errors, there had been no harm from these errors and the errors often reflected confusion about the product. Graham Russell asked if the use of controlled drugs was going up and the HoMO advised that this fluctuated. The Committee **Noted** and **Agreed** the publication of the Annual 2017-18 Controlled Drugs Report.

11/1118	**Categorising Patient Transfers from Gloucestershire Hospitals Foundation Trust (GHFT) (End of Life/Rehabilitation)** The Medical Director presented an update on the outcomes of work that had been taking place with Gloucestershire Hospitals Foundation Trust (GHFT) on the potential inappropriate categorisation of end of life patients who were discharged as rehabilitation. The Clinical Director for General Old Age Medicine (GOAM) had reviewed the cases and felt them to be correctly classified. The Chief Operating Officer (COO) r~~aised~~ concerns that this still left patients and families with a poor end of life experience and put clinicians in a difficult position when they had to explain to families that a family member was actually in an end of life phase. The Quality Manager (QM) for Gloucestershire Clinical Commissioning Group (GCCG) acknowledged this was an issue. The QM was aware that the GCS, GHFT and 2gether NHS Foundation Trust End of Life leads were meeting to review this issue. It was agreed that this should continue to be monitored across the Trust and the issue highlighted to matrons and the Mortality Review Group. The Committee **Noted** the Categorising Patient Transfers update.
12/1118	**Annual Mortality Review Group** The Medical Director (MD) presented the half yearly annual mortality report, which was due for publication. Key areas to highlight were: • Expected and unexpected deaths were not always very clear. • The number of deaths referred to the Coroner was very small. • There had been a higher number of deaths at Dilke Hospital – although it was acknowledged that this number did not refer to 1,000 per bed day's benchmark. This would be clarified in future reports. It was agreed that publication of the Mortality Report would take place once further clarification work had been undertaken and that this included: • That the report be formatted to ensure clarity in readiness for wider publication. • That further clarity within the data be provided with regards to unexpected and expected deaths. • That there be less use of graphs and that the number of deaths per 1,000 bed days be utilised within the report. • That there be a section within the report that includes future developmental work that was progressing with the Trust's Mortality Review Group and Gloucestershire's medical examiners. The Committee **Noted** the update.
14/1118	**Quality Dashboards** The Deputy Director of Nursing (DDoN) presented the Quality Dashboards. There had been an implementation delay although it was anticipated that these dashboards would start to be used by January 2019. There was concern that they could be demoralising for teams if the results were not good. The DDoN assured the Committee that the design of these had been undertaken with the hospital and Minor Injury and Illness Unit (MIIU) teams and that it should provide helpful assurance. It was confirmed the impact would be evaluated as part of the merger process to identify the way forward for the merged organisation in relation to Quality Dashboards.

	The Committee **Noted** and **Supported** the production of the Quality Dashboards.
15/1118	**Clinical Strategy Update** The Deputy Director of Nursing (DDoN) provided an update on progress made on the Trust's 2016-19 Clinical Strategy, which was agreed to be positive. Next steps would include integrating strategy developments as part of the merger with 2gether NHS Foundation Trust. It was also noted that this work would be included in the business case for the merger and would guide the transformational and transitional work. The Quality Manager (QM) also agreed that this would be noted at the next Gloucestershire Clinical Commissioning Group (GCCG) Clinical Quality Review Group (CQRG). The Committee **Discussed** and **Noted** the Clinical Strategy Update.
16/1118	**Clinical Audit Outcome** The Deputy Director of Nursing (DDoN) presented an update on clinical audit outcomes and provided assurance that audit work was being undertaken. The Chief Operating Officer (COO) agreed that the operational services governance group would review the audits that remained outstanding to ensure that the audits being undertaken were appropriate and that resource was being used appropriately. The Update was **Noted**.
17/1118	**Surge And Escalation Plan 2018** The Chief Operating Officer (COO) presented the Surge and Escalation Plan, which provided assurances on the Trust's plans for winter, that these were robust and resilient. The plan had been to various forums for review and the final report would go to the Trust Board November meeting. The plan outlined had clear priorities and escalation routes and confirmed that work was ongoing in demand and capacity. It was noted that there was some additional funding to support delays in transfer of care for social care and that this would support Community Hospitals as well as Acute Trusts. The Chair asked if it had been agreed whether bed occupancy would be rated at 95% or 92%. The COO advised that there was still no clear agreement across the system including from commissioners. This meant that there was a lack of clarity on the metrics used across the system which was challenging. It was noted that the Delivery Board was looking at the delay in patients living with dementia being transferred from Charlton Lane. It was noted that there was no formal agreement around the provision of shelter for homeless people over the Christmas period. The Gloucester City Mission would commence on 1st December. The Quality Manager (QM) noted that it was planned there would be a homeless shelter opened in Cheltenham but that this had a no dog policy, which was a potential issue of this vulnerable group of the population. The Committee **Noted** the Surge and Escalation Plan

18/1118 **DoN**	**Forward Planner Review** It was agreed that outcomes and updates from Patient Stories that had gone to the Trust Board should come to future Quality and Performance Committee meetings to ensure that outcomes were followed through. The Committee **noted** the forward planner
19/1118	**Infection Control - Exception Report** It was noted that C.Difficile cases were above the trajectory of 18. This risk was being overseen at a monthly review group. The Infection Control - Exception Report was **Noted**
18/0818	**Any Other Business** There being no other business the Committee Chair closed the Part 1 of the meeting.
	Date of Next Meeting It was agreed that the next Committee meeting will be held on Thursday 10th January 2019

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 31st January 2019

Report Title: Quality and Performance Report

Agenda reference Number	12/0119
Accountable Executive Director (AED)	Susan Field, Director of Nursing
Presenter (if not AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Author(s)	Susan Field, Director of Nursing
Board action required	To Note and Receive
Previously considered by	N/A
Appendices	Appendix 1 – Quality and Performance Report – December 2018 data

Executive Summary

This report provides an overview of the Trust's Quality and Performance activities as at December 2018. It is also intended to highlight achievements made and outlines how the Trust is responding to those areas where improvements are either continuing or need to improve further.

Recommendations:

The Trust Board is asked to:

1 **Discuss, Note** and **Receive** the December 2018 Quality and Performance report.

Related Trust Objectives	1,2,3
Risk Implications	Risk issues are clearly identifed within the report

Quality and Equality Impact Assessment (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Update

1 Introduction and Purpose

This report summarises key highlights and exceptions in the Trusts December 2018 Quality and Performance data.

2 Background

The Trusts Quality and Performance Committee reviewed November 2018 data and an operational exception report at its meeting that took place on 10th January 2019.

3 Key Areas to Note

- As part of the national CQUIN programme the Trust achieved its **75%** target to vaccinate frontline colleagues against influenza.
- The previous risk highlighted with regards to percentage of patients having Venous Thromboembolism (VTE) assessments has been resolved and performance is now over **95%.**
- The effective management of patient flow remains stable with the Delayed Transfers of Care (DToC) rate being **1%,** well below the threshold of **<3.5%** (an average of 2 patients delayed per day in December).
- That there continues to be a number of quality metrics being monitored by the respective quality improvement groups. With this remains some concerns about the evidencing of improvements being made; the "pulling" of accurate information or; whether the ambitions were too high or incorrect from the outset. This relates specifically to the deteriorating patient and nutrition and hydration metrics.
- Although there is a slight improvement with the Trusts Personal Development Reviews (PDRs) compliance **(78.3%)** this remains well below trajectory. To mitigate this risk there is now a more robust operational plan in place following an in-depth review of the situation – the findings of which have been shared with the Trusts Resources Committee and Executive team respectively.
- Operationally there remain challenges to deliver the Referral to Treatment (within 8 weeks) standards with adult Speech and Language Therapy; ICT Physiotherapy and Occupational Therapy service.

4 Conclusion and Recommendations

The Trust Board is asked to:

1 **Discuss, Note** and **Receive** the December 2018 Quality and Performance report.

Abbreviations Used in Report

PDRs – Personal Development Reviews
VTE – Venous Thromboembolism
DToC – Delayed Transfers of Care

Gloucestershire Care Services NHS
NHS Trust

Quality & Performance Report

Trust Board
31th January 2019

Data for December 2018

Understanding you

Executive Summary

NHS Gloucestershire Care Services NHS Trust

Are Our Services Caring?

- The overall Friends and Family Test response rate in December was **14.7%,** an decrease compared to **15.3%** in November. The proportion of patients indicating Likely or Extremely Likely to recommend our services increased to **94.7%** in December and represents the highest score in 2018/19 to date.

Are Our Services Safe?

- The nationally reported Safety Thermometer Harm free score was **93.9%** in December, a reduction compared to **94.5%** in November (target 95%).
- Based on new harms only, the Trust achieved harm-free care of **97.7%** in December, compared to a target of 98%.
- Target of **75% achieved** for uptake rate of colleagues having flu vaccinations.

Are our Services Effective?

- The Bed Occupancy rate was **92.7%** in December, a decrease compared to **95.6%** in November.
- Delayed Transfer of Care (DToC) rate in December was **1.0%,** remaining below the threshold of <3.5%. There was an average of **2** patients delayed per day in December.

Are Our Services Responsive?

- The number of 4 hour breaches in MIIUs decreased to **29** during December compared to **53** in November. The average number of breaches per month in 2017/18 was 43, with an average of 79 per month in 2018/19. Performance in the '% seen and discharged within 4 hours' measure remains significantly above the 95% target.
- For countywide services, the Musculoskeletal Advanced Practitioner service (MSKAPS) performance for Patients seen within 8 weeks of referral was **96.3%** in December compared to **94.3%** in November, above the 95% target.
- SPCA have maintained good performance of their abandoned call rate measure at **0.9%** in December, which continues to be below the threshold of <5%. For priority 1 and 2 calls, the percentage of calls answered within 60 seconds is above the 95% target at **98.5%**.

Are Our Services Well Led?

- Mandatory training compliance rate in December was an average of **86.30%**, an improvement compared to the 2017/18 average of **82.63%,** and an increase from **85.77%** in November.
- Sickness absence (rolling 12 months to December) is **4.89%,** against a local target of <4%.
- **73.92%** of all staff Personal Development Reviews were completed by the end of December 2018 and is a small increase from November. For active assignments only, the figure for December is **78.32%** and remains below target (95%)**.**

Statistical Process Control (SPC) Charts

- The criteria for exception reporting in this report now uses SPC charts to identify where performance falls outside of upper or lower control limits, and is viewed in conjunction with, rather than solely based on, RAG ratings. This report contains a number of SPC charts and is supported by a separate SPC Addendum pack that covers all measures within the Quality and Performance dashboard (pgs. 2-4).
- The aim of the SPC charts is to identify whether performance is within upper and lower control limits which are determined by variation from the average of all the values in the chart. They are used to show 'normal variation' and determine whether a value for the month falls outside normal levels of activity and needs investigation.
- The limits are calculated as plus or minus 3 times the Standard Deviation (Sigma) for the data. Sigma is calculated as the average moving range (difference between consecutive monthly values) divided by a bias correction factor based on the size of the data set.

Data Quality

- The Quality and Performance Dashboard (pages 2-4) includes a data quality rating for each metric. More detail about the methodology and interpretation of this rating is included in this report in Appendix 1 (page 21).

Quality and Performance Dashboard (Trustwide)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
1	Friends and Family Test Response Rate	N - T	15%	8.3%	13.2%	15.2%	13.8%	11.2%	12.2%	13.9%	12.7%	15.3%	14.7%				13.6%			A	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	94.2%	93.5%	92.0%	92.4%	91.7%	92.4%	91.2%	93.0%	93.7%	94.7%				92.7%			A	96.9%
3	Number of Compliments	L - R		924	75	76	91	100	113	119	165	138	126				1003			G	
4	Number of Complaints	N - R		44	3	7	3	2	1	1	5	8	4				34			G	
5	Number of Concerns	L - R		391	43	37	52	50	43	45	46	37	25				378			G	

CQC DOMAIN - ARE SERVICES SAFE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
6	Number of Never Events	N - R		1	0	0	0	0	0	0	0	0	0				0			G	
7	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		23	0	1	2	0	1	0	1	3	1				9			G	
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0	0	0	0	0	0	0				0			G	
9	Total number of incidents reported	L - R		3,946	352	408	428	457	397	338	406	372	276				3,434			G	
10	% incidents resulting in low or no harm	L - R		94.8%	93.2%	97.8%	96.3%	97.4%	94.7%	96.6%	94.2%	97.8%	96.7%				96.1%			G	
11	% incidents resulting in moderate harm, severe harm or death	L - R		5.2%	6.8%	2.2%	3.7%	2.6%	5.3%	3.4%	5.8%	2.2%	3.3%				3.9%			G	
12	% falls incidents resulting in moderate, severe harm or death	L - R		1.5%	0.0%	1.3%	4.5%	1.5%	0.0%	0.0%	0.0%	3.4%	5.1%				1.8%			G	
13	% medication errors resulting in moderate, severe harm or death	L - R		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0.0%			G	
14	Number of post 48 hour Clostridium Difficile Infections	N - R L - C	1*	16	3	4	1	1	1	1	1	0	2				14	R	Pg. 12	G	
15	Number of MRSA bacteraemias	N - R L - C	0	0	0	0	0	0	0	0	0	0	0				0	G		G	
16	Number of MSSA Infections	L - R	0	0	0	0	0	0	0	0	0	0	0				0			G	
17	Number of E.Coli Bloodstream Infections	L - R	0	0	0	0	0	0	1	0	0	0	0				1			G	
18	Safer Staffing Fill Rate - Community Hospitals	N - R		100.2%	100.5%	99.8%	100.7%	100.2%	99.1%	98.9%	101.7%	100.9%	99.4%				100.1%			G	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	95.0%	90.9%	96.0%	97.0%	98.1%	97.0%	95.8%	96.1%	94.3%	96.1%				95.5%	G		A	
20	Safety Thermometer - % Harm Free	N - R L - C	95%	94.1%	92.8%	91.9%	94.4%	94.9%	94.9%	93.8%	93.6%	94.5%	93.9%				93.8%	R	Pgs. 13-14	G	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.0%	97.2%	95.8%	97.8%	99.2%	99.4%	98.9%	99.2%	97.9%	97.7%				98.1%	G		G	96.1%
22	Total number of Acquired pressure ulcers	L - R		652	71	51	50	53	72	58	47	73	59				534			G	
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		578	62	46	44	48	62	56	43	72	54				487			G	
24	Number of grade 3 Acquired pressure ulcers	L - R		64	7	5	5	5	10	2	4	1	5				44			G	
25	Number of grade 4 Acquired pressure ulcers	L - R		10	2	0	1	0	0	0	0	0	0				3			G	

*In-month threshold (i.e. October)

RAG Key: R – Red, A – Amber, G - Green

N - T	National measure/standard with target	L – I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L – R	Locally reported (no target/threshold) agreed
L – C	Locally contracted measure (target/threshold agreed with GCCG)	N – R/L – C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

Quality and Performance Dashboard (Trustwide)

NHS Gloucestershire Care Services NHS Trust

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
CQC DOMAIN - ARE SERVICES EFFECTIVE?																					
Community Hospitals																					
26	Re-admission within 30 days of discharge following a non-elective admission**	N - R		10.7%	6.6%	9.0%	11.1%	6.2%	8.9%	7.4%	11.0%	8.8%	8.1%				8.6%			G	
27	Inpatients - Average Length of Stay	L - R		26.8	28.0	27.2	28.8	24.5	26.9	26.7	26.5	28.5	26.7				27.1			G	25.6
28	Bed Occupancy - Community Hospitals	L - C	92%	96.7%	93.2%	95.1%	91.8%	90.2%	91.0%	94.3%	93.9%	95.6%	92.7%				93.1%	G		A	91.9%
29	% of direct admissions to community hospitals	L - R		25.3%	26.3%	27.4%	21.8%	26.7%	20.1%	21.7%	15.8%	14.0%	14.4%				20.9%			G	
30	Delayed Transfers of Care (average number of patients each month)	L - R		11	3	3	2	3	3	3	1	1	2				2			A	
31	Bed days lost due to delayed discharge as percentage of total beddays	L - R	<3.5%	5.9%	1.4%	1.0%	1.2%	2.6%	1.8%	2.3%	1.3%	0.2%	1.0%				1.4%	G		A	11.8%
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
Minor Injury and Illness Units																					
32	MIIU % seen and discharged within 4 Hours	N - T	95%	99.3%	99.4%	98.8%	98.6%	97.5%	99.0%	99.1%	98.9%	99.0%	99.5%				99.8%	G		G	
33	MIIU Number of breaches of 4 hour target	L - R		514	35	90	106	197	71	57	69	53	29				707			G	
34	Total time spent in MIIU less than 4 hours (95th percentile)	L - I	<4hrs	02:53	02:39	02:50	03:15	03:28	02:58	03:08	03:05	02:59	02:48				03:01	G		G	
35	MIIU - Time to treatment in department (median)	L - I	<60 m	00:26	00:30	00:34	00:35	00:39	00:30	00:35	00:36	00:33	00:29				00:34	G		G	
36	MIIU - Unplanned re-attendance rate within 7 days	L - C	<5%	2.4%	0.8%	0.8%	0.9%	0.9%	1.3%	1.0%	1.4%	1.1%	0.9%				1.0%	G		G	
37	MIIU - % of patients who left department without being seen	L - C	<5%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.1%	0.1%				0.1%	G		G	
38	Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	00:18	00:15	00:28	00:18	00:31	00:24	00:24	00:16	00:14	00:39				00:23	R	Pg. 17	A	
39	Trolley waits in the MIU must not be longer than 12 hours	N - T	< 12 hrs	0	0	0	0	0	0	0	0	0	0				0.0%	G		G	
Referral to Treatment																					
40	Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	84.4%	60.7%	59.5%	57.1%	59.8%	46.8%	50.8%	41.7%	52.3%	57.4%				53.4%	R	Pg. 16	A	
41	Podiatry - % treated within 8 Weeks	L - C	95%	92.8%	97.5%	98.4%	98.6%	98.6%	95.6%	94.5%	95.6%	98.2%	98.7%				97.3%	G		A	
42	MSKAPS Service - % treated within 8 Weeks	L - C	95%	57.1%	95.8%	99.7%	100.0%	99.7%	99.1%	96.8%	97.0%	94.3%	96.3%				97.7%	G		A	
43	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	90.7%	91.4%	99.7%	85.7%	90.1%	89.5%	89.0%	93.1%	96.7%	95.7%				91.3%	A		G	
44	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	85.0%	84.3%	84.5%	81.1%	79.6%	86.6%	80.3%	81.8%	88.9%	88.0%				83.7%	R	Pg. 16	A	
45	Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	82.8%	77.4%	70.1%	76.8%	73.1%	69.3%	63.2%	69.6%	75.8%	83.3%				73.1%	R	Pg. 16	A	
46	Diabetes Nursing - % treated within 8 Weeks	L - C	95%	96.2%	94.5%	85.5%	97.6%	87.8%	90.7%	90.3%	97.6%	97.1%	100.0%				92.7%	A		A	
47	Bone Health Service - % treated within 8 Weeks	L - C	95%	99.5%	96.0%	99.5%	99.3%	97.7%	98.8%	99.3%	100.0%	100.0%	100.0%				98.9%	G		A	
48	Contraception Service and Sexual Health- % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	99.9%	99.6%				99.9%			G	
49	HIV Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	G		G	
50	Psychosexual Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%			G	
51	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L - C	70%	77.4%	73.4%	63.4%	83.2%	69.6%	67.5%	70.8%	84.2%	81.2%	84.1%				74.8%	G		R	
52	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	97.7%	93.3%	99.5%	95.6%	95.4%	100.0%	96.3%	100.0%	100.0%	100.0%				98.1%	G		G	
53	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	99.0%	96.9%	99.1%	97.4%	93.2%	80.0%	88.5%	95.5%	91.9%	94.6%				92.9%	A	Pg. 17	G	
54	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	96.6%	97.6%	98.6%	96.4%	98.4%	97.2%	95.1%	94.0%	95.3%	95.3%				96.2%	G		A	

** I.e. Admission to a GCS hospital within 30 days of the end of a previous GCS hospital spell.

RAG Key: R – Red, A – Amber, G - Green

Quality and Performance Dashboard (Trustwide)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
55	MSKAPS Service - % of referrals referred on to secondary care	L - C	<30%	12.4%	13.3%	11.1%	10.3%	12.3%	12.7%	13.9%	12.9%	13.7%	14.0%				12.7%	G		A	
56	MSKAPS Service - Patients referred to secondary care within 2 days of decision to refer onwards	L - C	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	G		A	
57	MSKAPS Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L - C	95%	95.9%	84.6%	96.3%	97.6%	96.7%	28.6%	33.3%	20.8%	32.7%	46.2%				57.4%	R	Pg. 16	A	
58	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L - C	95%	88.6%	65.2%	72.7%	44.4%	65.0%	66.6%	76.5%	100.0%	100.0%	100.0%				77.1%	R		A	
59	Stroke ESD - Proportion of patients discharged within 6 weeks	L - C	95%	98.9%	100.0%	96.3%	100.0%	96.3%	95.0%	92.0%	95.0%	91.3%	100.0%				96.1%	G		A	
60	Social Care ICT - % of Referrals resolved at Referral Centres and closed	L - C		45.9%	45.2%	44.8%	47.4%	48.9%	52.0%	**	**	**	**				47.7%			R	
61	Newborn Hearing Screening Coverage	N - T	97%	100.0%	100.0%	100.0%	100.0%	GCS no longer delivering NHSP									100.0%	G			
62	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	N - T	97%	99.6%	99.6%	100.0%	100.0%										99.9%	G			
63	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R		40,511	3,212	3,309	3,195	3,453	3,293	2,914	3,259	3,346	3,184				29,165			G	
64	SPCA % of calls abandoned	L - C	<5%	2.7%	1.6%	1.6%	1.4%	2.0%	1.2%	1.3%	1.0%	1.0%	0.9%				1.4%	G		G	
65	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L - C	95%	90.5%	91.7%	95.6%	94.6%	98.3%	98.8%	98.8%	99.1%	98.6%	98.5%				97.2%	G		G	
66	Rapid Response - Number of referrals	L - C	*2,472	3,726	309	290	319	341	327	344	332	337	343				2,942	G		A	
67	Wheelchair Service. Adults: New referrals assessed within 8 weeks	L - C	90%		37.5%	27.3%	16.7%	22.2%	33.3%	23.1%	10.0%	33.3%	0.0%				25.3%	R	Pg. 17	A	
68	Wheelchair Service. Adults: Priority Referrals seen within 5 working days	L - C	95%		0.0%	50.0%	100.0%	0.0%	33.3%	0.0%	0.0%	No priority Assessments	No priority Assessments				25.0%	R	Pg. 17	A	
69	Wheelchair Service. Under 18s: New referrals assessed within 8 weeks	L - C	90%		0.0%	No routine Assessment	33.3%	0.0%	50.0%	0.0%	0.0%	100.0%	100.0%				31.6%	R	Pg. 17	A	
70	Wheelchair Service. Under 18s: Priority Referrals seen within 5 working days	L - C	95%		0.0%	No priority Assessments	No priority Assessments	No priority Assessments	No priority Assessments	50.0%	No priority Assessments	100.0%	No priority Assessments				60.0%	R	Pg. 17	A	
71	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	N - T	>99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	G		G	
Cancelled operations																					
72	No urgent operation should be cancelled for a second time	N - T	0	0	0	0	0	0	0	0	0	0	0				0	G		G	
73	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	N - T	0	0	0	0	0	0	0	0	0	0	0				0	G		G	

CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
74	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	53.3%			63.0%			58.5%								A		G	
75	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	83.0%			88.0%			88.5%								G		G	
76	Mandatory Training	L - I	92%	82.63%	86.30%	85.80%	86.02%	86.39%	86.24%	86.10%	86.32%	85.77%	86.30%				86.14%	A	Pg. 20	G	87.8%
77	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	79.91%	84.40%	80.94%	81.41%	80.09%	80.09%	77.03%	73.45%	72.54%	73.92%				78.2%	R	Pg. 18	A	85.5%
77a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	N/A	87.40%	85.40%	84.00%	83.63%	83.60%	80.79%	78.71%	78.09%	78.32%				82.2%	R	Pg. 18	A	
78	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.6%	4.70%	4.60%	4.66%	4.69%	4.73%	4.75%	4.80%	4.80%	4.90%				4.7%	A	Pg. 20	G	4.9%
79	SUS+ (Secondary Uses Service) Data Quality Reporting - Available One month in arrears	N-R		99.1%	98.6%	98.7%	98.7%	98.8%	98.9%	99.0%	99.1%	99.2%					98.9%			G	

*** Threshold is for April to November**

** Please note: Referral Centre referral numbers from ERIC for September to December are currently being confirmed

RAG Key: R – Red, A – Amber, G - Green

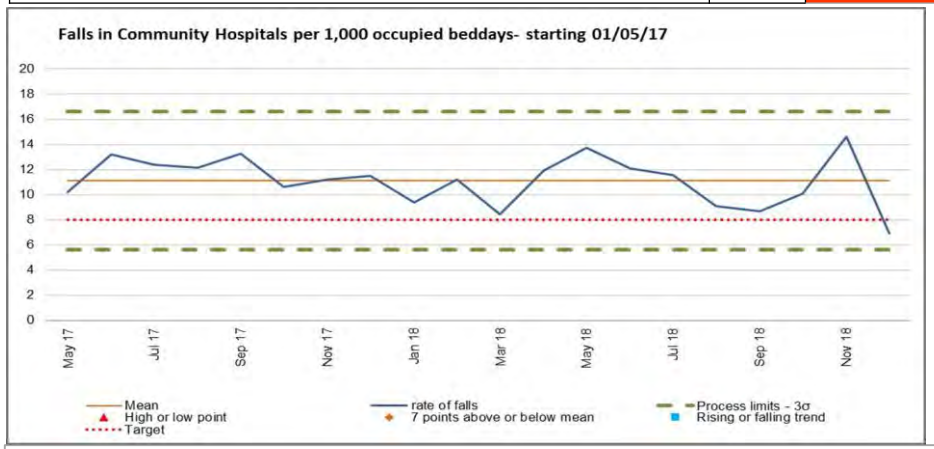
Quality Priority | Are Service Safe?

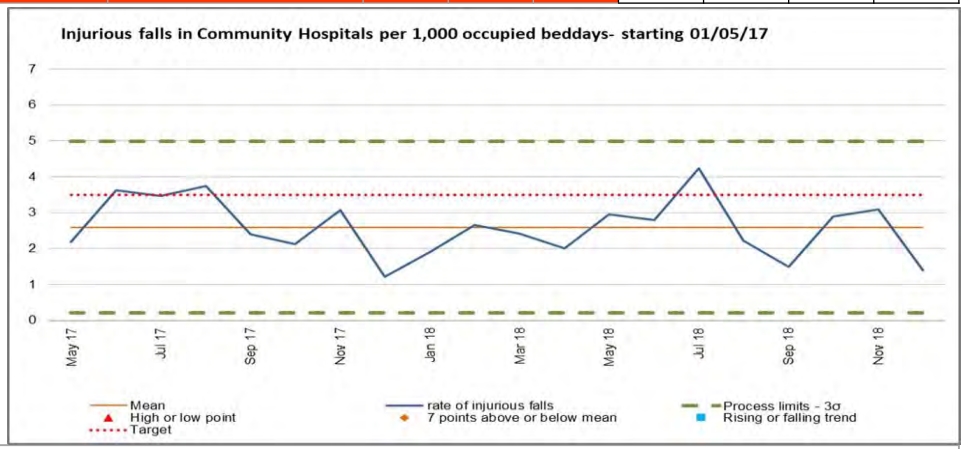
1. Falls Prevention and Management

Our aim will be to continue focusing on preventing and managing falls, particularly in areas where falls cause harm.

NHS Gloucestershire Care Services NHS Trust

Falls Prevention and Management	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Falls awareness training (Community hospital inpatient colleagues)	92%	31.7%			40.0%			52.9%	54.7%	56.1%				R
Falls Prevention and Assessment training (FallSafe)(all qualified nurses and therapists on Community hospital inpatient wards)	92%	48.2%			41.0%			40.2%	40.6%	40.2%				R
Community hospital colleagues to be trained on correct, consistent techniques for taking lying and standing blood pressure	92%	47.7%			50.0%			61.1%	62.2%	65.2%				R





The SPC charts show all falls and injurious falls to be within control limits. Both charts show a reduction in December 2018. The internal target of 8 falls per 1,000 occupied bed days is at the lower control limit and significantly below the mean but was achieved for the first time in December. **76.5%** of all falls reported in the year to date are **without harm.**

Additional information related to performance	What actions have been taken to improve performance?
Compliance with NICE Guidance (CG161)	• The updated multifactorial falls risk assessment on SystmOne is compliant with CG161. All patients have a full assessment of their individual risk factors which might contribute to their risk of falling. This is reviewed weekly and following any falls. • The post falls "SWARM" (rapid multidisciplinary assessment), is now used in all inpatient wards which allows colleagues to quickly review the patient and the environment to ascertain whether there were any contributory factors to the patient to reduce the risk of future falls. • Observational audit took place on 29th November on all wards. Results will be shared with teams and action plans developed and implemented. • GCS have registered to participate in the National Audit of Inpatient Falls – this will enable us to benchmark with other organisations.
Education and Training	• Target set at 92% compliance in line with statutory and mandatory training for each of the training pathways. • **56.1%** of staff have received falls awareness training; **40.2%** of staff have received FallSafe training.
Orthostatic Hypotension	• Aim is for 92% of colleagues to be trained on correct, consistent techniques for taking lying and standing blood pressure (Dec-18 **65.2%** trained).
Reducing Falls with Harm and Reducing Variation	• Frequency of falls per patient report demonstrates that the number of patients falling once is significantly higher than the number of patients falling multiple times. This gives an indication about how effective our post falls interventions are in reducing the risk of further falls.
Positive Risk Taking	• Leaflets are available, there is a "tick box" on SystmOne to record that the leaflet has been shared as part of the falls assessment.

Quality Priority | Are Service Safe?

NHS Gloucestershire Care Services NHS Trust

2. Colleague Health and Well-being

Our aim is to maintain or reduce colleague sickness and absence, and to continue our work relating to health and wellbeing. We will also aim to achieve a 75% uptake rate of colleagues having their flu vaccinations

Health and Well-being of Colleagues	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Uptake rate of colleagues having flu vaccinations	75%	n/a						52%	70%	75%			
MSK Related 2018/19 Quarterly days Absence (FTE excl. pregnancy)		1,344			1,602			1,704					
MSK Related 2017/18 Quarterly days Absence (FTE excl. pregnancy)		1,635			1,505			1,531					
Difference in days MSK related absence (excl. pregnancy) 17/18 to 18/19		-291			+97			+173					
Sugar sweetened beverage sale reduction commitment, to reduce sales to 10% of total sales	10%	To be confirmed											

What actions have been taken to improve performance?

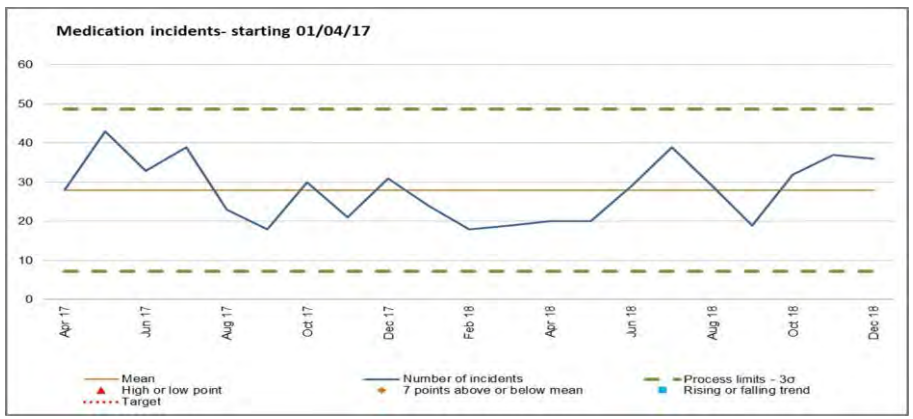
The Trust is committed to providing a healthy and safe working environment to support colleagues in maintaining and enhancing their personal health and wellbeing at work. The Trust also recognises that supporting staff to improve their quality of life is crucial to the delivery of high quality, person centred care across the organisation's health and social care services.

- Target for uptake rate of colleagues having Flu vaccinations achieved in December (75%).
- The Trust is working with ICS partners in a joint working group and producing guidance for desk based colleagues on posture and stretching exercises.
- Bath Spa University is continuing work on the research project into mental health in the workplace.
- The App and toolkit is now due to be launched in February 2019.
- The fast track physiotherapist service was introduced at the start of the 2017/18. There has been a continued decrease in MSK related absence (excluding pregnancy).
- The Trust has recently signed up to GloW Gloucestershire Wellbeing commitment which is the local response to Public Health England's Prevention Concordat for Better Mental Health; which has been rolled out across the country. We pledged to 'continue supporting our colleagues mental health and well-being, we will implement a series of stress management interventions aimed at improving working conditions and individual coping strategies to improve both employee wellbeing and organisational outcomes'.

3. Reducing Medication Errors

Our aim is to improve patient safety and to get a more detailed understanding of our medication errors by improved reporting which will enable further learning to support safer practice.

Reducing Medication Errors	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Reducing Medication error incidents	<27	Baseline average 27 per month			39	29	19	32	37	36				R



What actions have been taken to improve performance?

- The first Opioid Newsletter will be issued in early 2019 followed by regular bulletins highlighting the more common slips and lapses that result in medication errors.
- The working group have identified a need for essential ongoing training in management of medicines to provide assurance that colleagues are always following best practice. The Medicines Optimisation team will work with Learning and Development colleagues to scope what how this may be delivered in the most effective way.
- The SPC chart shows the number of incidents to be within control limits (normal variation) even though performance is above the target set (based on Q1 as a baseline).

RAG Key: R – Red, A – Amber, G - Green

4. End of Life Care

Our aim will be to consolidate further our End of Life care developments with the intention of being able to increase the proportion of people who are able to die in their preferred place of choice.

NHS Gloucestershire Care Services NHS Trust

End of life Care	Baseline	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Percentage of patients who have End of Life care recorded on SystmOne EoL template	19.4%	51.7%	48.0%			
Number of patients who have End of Life care recorded on SystmOne EoL template	n/a	76	83			
Number of patients who died in the month whilst in our care	n/a	147	173			

Additional information related to performance	What actions have been taken to improve performance?
Leadership	• End of Life Care work plan and quality improvement metrics have been renewed to support outstanding actions from CQC inspection and to align with work streams such as the Clinical Programmes Group and the ReSPECT roll out.
Quality Metrics	• **Understanding our Performance:** this will be measured by the utilisation and documentation in the SystmOne End of Life Template which will help us to understand and communicate patient wishes/choices for their end of life care. • **Training:** Ensuring we have Skilled and Trained Colleagues to provide end of life care. Our End of Life Care Training Framework will guide staff to appropriate resources and we will establish a system to identify which staff have received training. • **Mortality Case Reviews**: aligning and enhancing the current system to ensure community hospital learning and sharing of best practice. We will identify a process to start reviewing deaths that occur in the community/at home.
Development of the metrics to date	• The use of the SystmOne EoL template has increased from 19.4% in May 2018 to **48.0%** in December 2018 • Sessions on the metrics and template will continue to be delivered to colleagues to ensure the increased use of the template continues • Funding has been agreed to deliver more masterclasses and a further development programme in 2019 • Two new bite size education sessions will be delivered in early 2019 to staff in their work bases; prognostic indication and advance care planning • A Stroud GP practice are planning to support a pilot to review deaths that occur in peoples homes. Work on this will begin in early 2019 • The Homeless Health Care Team are also interested in reviewing deaths that occur in their service, this will be explored with them in 2019
Training and Education	• There has been a positive response from colleagues who have attended the masterclasses and training programme to date. Evaluations and feedback will be used to identify further educational needs including the bite size sessions described above.
National Audit of Care at the End of Life (NACEL)	• A draft synopsis of the organisational information submitted to NACEL has been received. This has been reviewed and amendments made. • The results are due to be published in May 2019.
ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)	• The countywide Task and Finish group is set to begin in January/February 2019 when the project lead comes into post (GCCG) • GCS and 2gt have set up an internal ReSPECT group and the first meeting will be held on 11/1/19. This group will feed in and out of the countywide T&F group. • The lead on the internal group from 2gt will ask for support from their project team to support this work.

- The Trust is undertaking a gap analysis against the recommendations of the NQB Learning from Deaths, Working with Families (July 2018) document to see where we can improve and understand how we can get from good to outstanding in end of life care. This will include a workshop for front line staff (March 2019) to develop actions.
- Review of 'consumable' equipment used for syringe driver care as there are a variety of consumables being used. This work will link into the policy review, training review, the safer sharps review and procurement.
- We are setting up monthly 'time to talk' sessions in the Gloucester locality for community colleagues involved in end of life care. The sessions will be supported by the Specialist palliative care Nurse for that area and they will be used to discuss clinical practice as well as the opportunity to off load some of the emotional burden of caring for end of life patients and their families. This will be evaluated in 6 months and if it proves to be supportive we will look at developing it in the other localities.
- We are undertaking a deep dive into the higher than normal number of deaths on Coln ward in December 2018 (8), a report from this will be available in March 2019.
- We are holding our annual End of Life Care Workshop on 6th March 2019 with invites being sent out mid-January 2019. Topics include: ReSPECT as SW perspective, CARiAD Trial, Just in Case Boxes countywide roll out, Prognostic Indicators, Innovations in Charlton Lane and diagnosing pressure ulcers at end of life.

5. Nutrition and Hydration

Our aim is to build on what we have achieved through PLACE with regards to our community hospitals and to include a focus on nutrition and hydration with our wider community services

NHS Gloucestershire Care Services NHS Trust

Nutrition and Hydration	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
To increase the usage of the Malnutrition Universal Screening Tool (MUST)														
Community Nursing patients will have a MUST assessment completed on initial assessment	80%	24.7%			23.5%			20.9%						R
Community Hospital inpatients will have a MUST assessment completed within 24 hours of admission	95%	14.2%			10.0%			8.4%						R
To decrease the incidence of CAUTIs possibly associated with dehydration														
Audits planned to inform baseline	n/a				Retrospective records audits will be led by Clinical Pathways lead (anticipated start date Sept 2018)									
To increase the uptake of the Malnutrition Universal Screening Tool (MUST) training														
Increase number of staff receiving formal training (online) - Cumulative numbers	>17 (2017 baseline)	0	3	4	8	13	17	19	21	22				G

What actions have been taken to improve performance?

To meet CQC regulation 14, providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

To increase the usage of the malnutrition universal screening tool (MUST)	• **80%** of community nursing patients will have a MUST assessment completed on initial assessment. **Baseline data for 2017/18 = 27.5%.** • **95%** of in-patient patients will have a MUST assessment completed within 24 hours of admission. **Baseline data for 2017/18 = 13.1%.** • **46.1%** of inpatients (2018/19 YTD) have MUST score recorded, but only 8.4% within 24 hours of admission in Qtr. 3. The targets represent best practice due to the importance of screening at the beginning of an episode of care for the risk of malnutrition is crucial for enabling early and effective interventions for patients aged over 65. • Community Hospital senior nurses have responded with information and suggestion on why the MUST is not appearing in SystmOne within the target 24 hours. Issues around late admissions, paper base scoring, data recording and operational capacity are being investigated during January in Community Hospital wards and Community teams to establish how this is being recorded. • This is also the priority agenda item at the next Quality Improvement group (February 2019).
To deliver a "Do one more thing" campaign in every ICT locality to promote the uptake of fluids in patients in their homes.	• This will be led by a recently appointed Clinical Pathways Lead. • Meeting with clinical development leads for community nursing confirm a countywide approach to CPD and QI priorities and N&H is part of the rolling programme for 2019
Proxy measure (metric 2) - decrease incidences of CAUTIs associated with dehydration.	• Retrospective records audit will commence in summer 2019 and be led by a newly appointed Clinical Pathways Lead.
Healthy workforce campaign: Promote the 3Rs campaign in every community hospital and community site.	• Rest – Rehydrate – Refuel. Progress to date – Inclusion in the Health & Hustle because of great staff engagement and hydration being a big part of looking after yourself. Also on the Health & Wellbeing page on the staff intranet, QI group agree to move forward to discuss with Health & Hustle lead
Increase the uptake of MUST training to include the usage of upper arm measurements in the absence of scales in people's homes.	• The MUST training with upper arm measurements is now also included in preceptorship training which will ensure that newly trained staff are up to date. Increasing the accessibility of training will be discussed with Training and Development colleagues with a baseline from preceptorship a possibility. **19 trained to date in 2018/19 compared to 17 in 2017/18.**
Staff colleagues are aware of and can apply the International Dysphagia Diet Standard Initiative (IDDSI).	• The IDDSI is currently a focus for the Trust's Nutrition and Hydration Quality Improvement Group and plans are currently being put in place to increase awareness and deliver training. This is a major commitment for the Trust, and ICS partners have broadly agreed the manufacturer of the product to be used across Gloucestershire to ensure successful implementation of this new standard.
Leadership: Non-Executive representation of Nutrition and Hydration.	• Nicola Strother-Smith will take on this role on an interim basis.

RAG Key: R – Red, A – Amber, G - Green

6. Preventing Pressure Ulcers

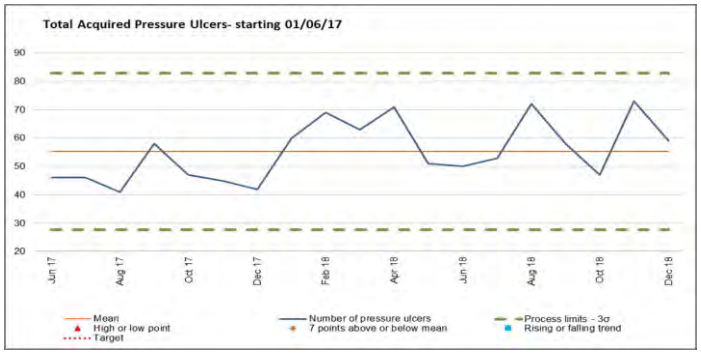
The prevention of pressure ulcers remains one of our top priorities with regards to patient safety. Our aim will be to continue to monitor the number and incidences of pressure ulcers and to continue to drive our reduction plans forward

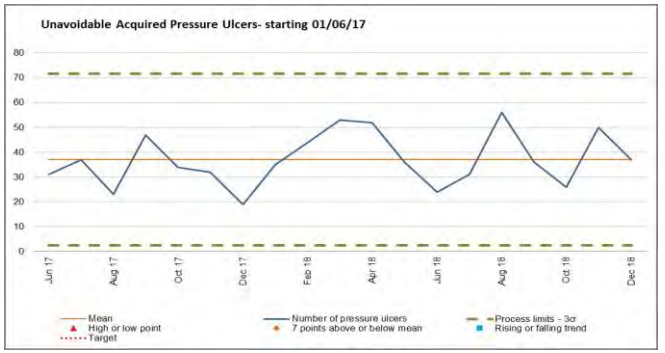
NHS Gloucestershire Care Services NHS Trust

Preventing Pressure Ulcers	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Increase in reporting of moisture lesions from % of Pressure Ulcers	Increase %	Baseline 2% (17/18)			9.0%			7.2%						G
Increase in reporting of Pressure Ulcers by non nursing colleagues	Increase % (baseline 4% Q2 2017/18)	4% (17/18)			6.6%			6.2%						G
Reduce incidence of Acquired and Avoidable Pressure Ulcers	Decrease %	Baseline 33%			16.0%			12.0%						G
Increase the effectiveness of earlier detection and screening of Pressure Ulcers by increasing % of grade 1 Pressure Ulcers reported	Increase %	Baseline 13.7% (17/18)			21.0%			8.4%						G

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	Benchmarking Report Nov Figure
22	Total number of Acquired pressure ulcers	L - R		652	71	51	50	53	72	58	47	73	59				534			
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		578	62	46	44	48	62	56	43	72	54				487			
24	Number of grade 3 Acquired pressure ulcers	L - R		64	7	5	5	5	10	2	4	1	5				44			
25	Number of grade 4 Acquired pressure ulcers	L - R		10	2	0	1	0	0	0	0	0	0				3			

These charts show that acquired pressure ulcers are increasing over the period monitored, however remaining within the control limits. Impact of improvement to processes, detection and screening will be monitored using these charts to track change.



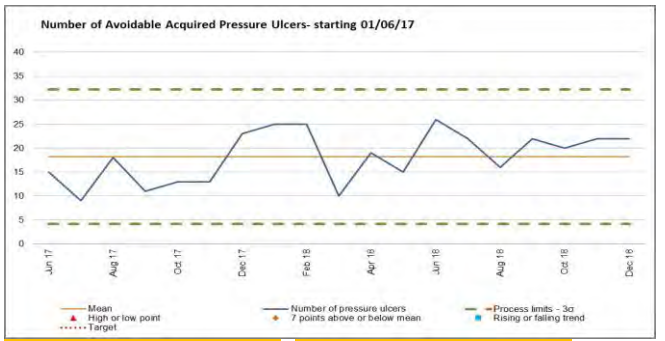


Additional information related to performance

- In December there were 59 acquired pressure ulcers: 10 in Community Hospitals, 49 in Community Services.

Preventing Pressure Ulcers update:

- The expectation had been that an increase in the reporting of moisture lesions would occur, however the figures have reduced compared to Qtr.2.
- This reduction is linked to better care and recognition of the risk of developing moisture lesions and the holistic assessments being undertaken following the education offer for clinical facing staff.
- The second metric also shows a slight decrease compared to Qtr. 2, however it is above the baseline.
- The third metric has shown an improved % decrease from the PUQIG metric
- The fourth metric has also shown a decrease. This may be linked with improved holistic care; more clarity and understanding of this metric will be available with the results of the NHSI#stop the pressure work with 2 teams in Gloucester city. This QI project focuses on prevention and recognition of category 1 & 2 PU injury.



Risks (Pressure Ulcers)
Reference – 562 - Rating – 12

Risks (Acquired Pressure Ulcers)
Reference – 710 - Rating – 9

Benchmarking: In the 'Rate of new grade 2,3,4 avoidable pressure ulcers acquired in a Community Hospital setting per 1,000 occupied bed days' the Trust submitted a figure of 0.91 in November. The benchmarking figure is 0.13 for Community Hospital settings.

7. Deteriorating Patient, Including Sepsis

Our aim will be to support and develop our clinical colleagues in the recognition and early identification of deteriorating patients to include sepsis and other life threating conditions.

Gloucestershire Care Services NHS Trust

Deteriorating Patient, Including Sepsis	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Deteriorating patient (Adult) awareness training for all patient facing staff	TBC					1,216								
All patients will have a National Early Warning Score (NEWS) score recorded on admission to community hospital or caseload														
Community Hospital % recorded	100%	15.3%	15.8%	12.3%	14.6%	15.8%	16.9%	10.6%	17.6%	13.5%				R
Number of Admissions		198	201	199	208	203	189	208	193	208				
ICT District Nursing localities % recorded	100%	5.6%	5.4%	7.7%	9.9%	10.1%	11.4%	12.9%	22.9%	22.4%				R
Number of Referrals		4,626	5,033	4,721	4,831	4,695	3,928	4,740	4,480	4,011				
Rapid Response % recorded	100%	88.4%	88.3%	82.9%	81.0%	77.1%	77.4%	76.8%	79.0%	86.6%				R
Number of Referrals		308	291	318	341	327	333	332	337	343				
Evening & Night District Nursing % recorded	100%	0.9%	0.5%	0.8%	2.8%	0.9%	0.3%	1.1%	0.5%	2.1%				R
Number of Referrals		586	679	617	654	722	765	751	659	770				
IV Therapy % recorded	100%	94.2%	88.7%	93.5%	94.8%	90.0%	95.6%	97.5%	85.1%	90.2%				R
Number of Referrals		59	63	63	55	54	49	48	70	55				
Specialist Nursing % recorded	100%	0.7%	0.6%	0.7%	1.1%	2.4%	1.6%	1.5%	0.8%	1.6%				R
Number of Referrals		1,209	1,215	1,087	1,151	1,124	951	1,356	967	802				
MIIUs % recorded	100%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				R
Number of Attendances		6,232	7,386	7,603	7,941	7,017	6,494	6,278	5,402	5,374				

What actions have been taken to improve performance?

RAG Key: R – Red, A – Amber, G - Green

Improvements in early detection, escalation, treatment and reporting of deteriorating patients are a quality and safety priority for the Trust in 2018/19. The National Early Warning Score (NEWS, and now updated NEWS2) is a shared common language to quickly identify deteriorating patients. This supports clinicians to identify and communicate deterioration across acute, community and primary care settings. Early detection of deterioration can aid treatment of suspected sepsis and improve patient health outcomes.

Policy & awareness for clinical colleagues	Milestone Achieved - policy for the deteriorating patient completed, ratified and uploaded on to intranet. Engagement is underway across patient facing services to promote awareness of deterioration and escalation principles. Policy now in review to update resources to include NEWS2 & UK sepsis trust guidance sheets for carers and AHP's
New Outcome Measure 1: Paediatric deteriorating patient review and agreement on the title of the policy (change from "adult" to "patient" deteriorating policy) PEWS – Paediatric Early Warning Score	Update review of current guidance completed and reviewed at quality improvement group with an action agreed for additions to policy to be presented to the Clinical Reference Group for inclusion in the updated deteriorating patient policy. Added to revision of policy discussed at QI meeting on 10/01/2019. Compliance audit for PEWS in MIIU's on hold until NEWS quality improvement.
Deteriorating Adult Patient awareness training	January to December 2018 awareness training - **1,216 patient facing** staff trained.
All patients will have a NEWS score recorded on admission to community hospital or caseload as a baseline	• Community Hospital NEWS audit showing improvements across all measurements. • NEWS baseline audit completed for ICT localities, Rapid Response & MIIU's. • Evening & Night DN's to commence baseline audit. • With the exception of IV therapy team, specialist nursing services do not calculate a NEWS score on admission to caseload; work on implementing commenced.
Revised National Early Warning Score (NEWS2) upgrade	• Risk of patients assigned to scale 2 without medical review. Risk has been managed by staged rollout accompanied by training support (already in place with Training and Development Sisters/Rapid Response). • Introduction agreed with Head of ICT, Community Nursing & Medical Director. SystmOne template in use, NEWS2 charts available. Implementation completed 26th November, implementation commenced for community nurses Jan-19.
Sepsis: All patients who are identified as being at risk of SEPSIS are managed/escalated appropriately on the sepsis pathway.	Work to allocate read codes completed. Use of template agreed by Rapid Response and IV clinical leads and currently being used. Performance and Information team have identified compliance with the template low identified functionality issues with the template (now resolved). Sepsis risk can be identified using NEWS audit question 3 and report being developed.

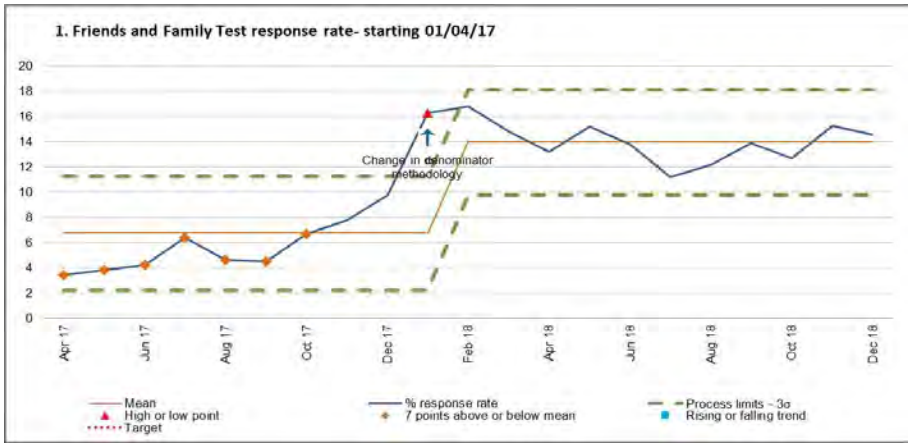
Quality | Are Services Caring?

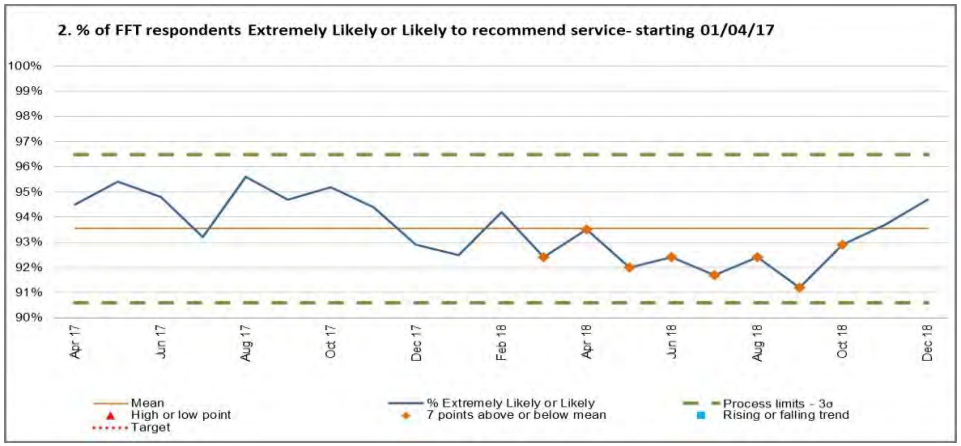
Patient Experience

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
1	Friends and Family Test Response Rate	N - T	15%	8.3%	13.2%	15.2%	13.8%	11.2%	12.2%	13.9%	12.7%	15.3%	14.7%				13.6%			A	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	94.2%	93.5%	92.0%	92.4%	91.7%	92.4%	91.2%	93.0%	93.7%	94.7%				92.7%			A	96.9%
3	Number of Compliments	L - R		924	75	76	91	100	113	119	165	138	126				1003			G	
4	Number of Complaints	N - R		44	3	7	3	2	1	1	5	8	4				34			G	
5	Number of Concerns	L - R		391	43	37	52	50	43	45	46	37	25				378			G	





Additional information related to performance

Friends and Family test - % of respondents indicating 'extremely likely' or 'likely' to recommend service

94.7% of respondents in December indicated they were extremely likely or likely to recommend our services, a further increase from 93.7% in November.

What actions have been taken to improve performance?

- The percentage of FFT respondents recommending our services has increased steadily since July 2018 through to December 2018 (with the exception of September which looks to be an outlier) following a lengthy period of decline.
- The increase continued in December partly due to improvements in response rates from MIIUs following new methodology that was put in place. This will be monitored; early signs indicate that January 2019 will also show a favourable picture.

Note: there is no formal benchmark for the level of extremely likely/likely response to the Friends and Family test, but the average from NHS Benchmarking Network for November is 96.9%.

SPC charts have also been created for Concerns, Complaints and Compliments. These charts show the following:
Concerns – decreasing trend within control limits
Complaints – 1 point outside control limit in Nov-18 – highest point. Lowest points in Aug-18 and Sep-18
Compliments – rising trend, 2 points outside of control limits, Apr-17 – lowest point, and Oct-17 highest point. Compliments recording has improved as they can be recorded locally in Datix (since April 2018).

Exception Report | Are Services Safe?

Infection Control

*In-month threshold (i.e. October)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES SAFE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
14	Number of post 48 hour Clostridium Difficile Infections	N - R L - C	1*	16	3	4	1	1	1	1	1	0	2				14	R	Pg. 12	G	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	95.0%	90.9%	96.0%	97.0%	98.1%	97.0%	95.8%	96.1%	94.3%	96.1%				95.5%	G		G	

VTE risk assessment was discussed at the GCS medical forum on 22nd November and a solution identified with regard to the read codes to be used to report on completed assessments – this was implemented in November and backdated for previous months.

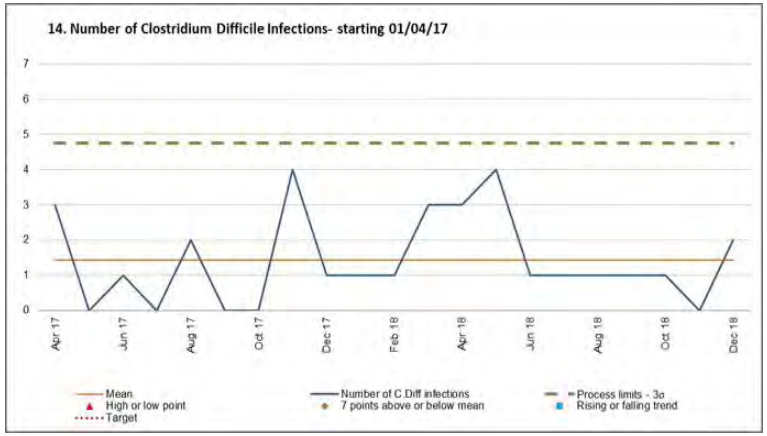
	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19
Clostridium Difficile Cases	**16**	3	4	1	1	1	1	1	0	2				**14**
Norovirus Outbreaks	**9**	0	1	0	0	0	0	0	0	1				**2**

There were 2 C. difficile toxin positive cases to report for December 2018:

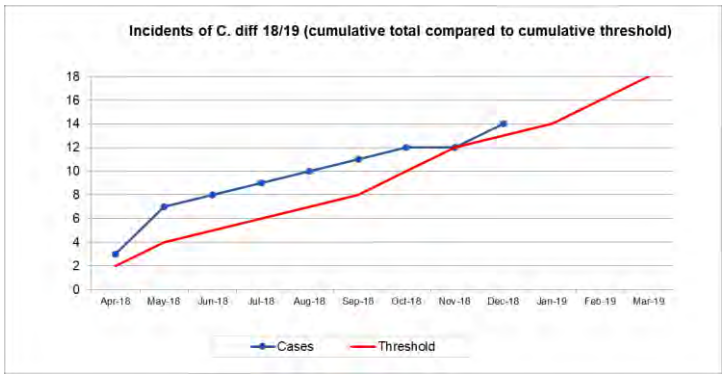
- Patient admitted for rehabilitation. CDI Assurance Panel found lapses in care and lapses in quality.
- Patient transferred from Acute Trust. CDI Assurance Panel found no lapses with quality and no lapses in care.

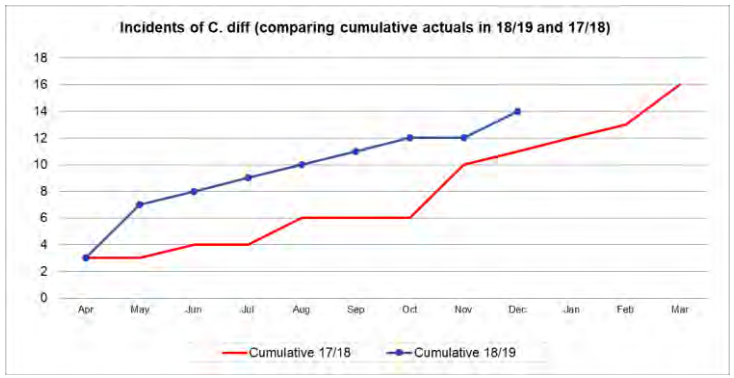
There was 1 outbreak of Norovirus to report in December 2018:

- One confirmed case with 3 other unconfirmed. No members of staff were affected. No bed days lost as the unit reminded open during the 5 days that the patients suffered symptoms.



SPC chart shows the number of Clostridium Difficile infections to be within control limits and therefore normal variation.



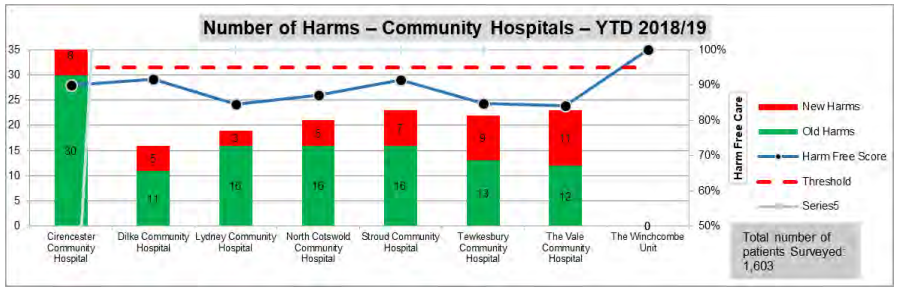


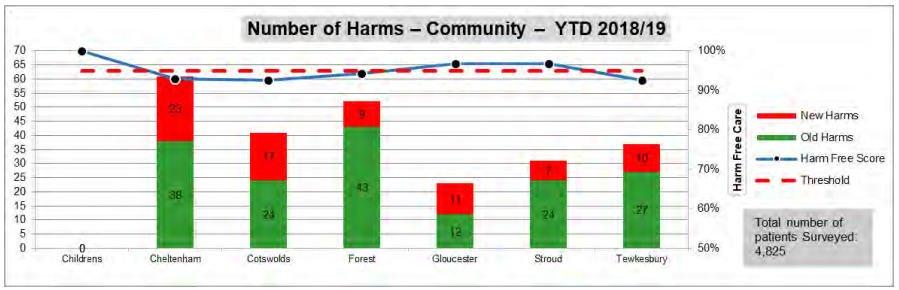
Exception Report | Are Services Safe?

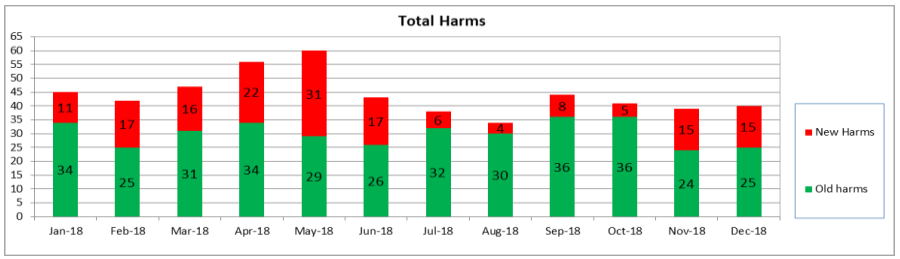
Safety Thermometer (Page 1 of 2)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES SAFE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
20	Safety Thermometer - % Harm Free	N - R L - C	95%	94.1%	92.8%	91.9%	94.4%	94.9%	94.9%	93.8%	93.6%	94.5%	93.9%				93.8%	R	Pgs. 13-14	G	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.0%	97.2%	95.8%	97.8%	99.2%	99.4%	98.9%	99.2%	97.9%	97.7%				98.1%	G		G	96.1%







Additional information related to performance

- 657 patient episodes of care were surveyed for the December Safety Thermometer census, out of which 617 patients' care were harm free. The Trust's Harm Free Care score was **93.9%**, missing the target of 95% by 1.1%. 8 more harm free Patients would have achieved the 95% target. Based on new harms only, Harm Free Care in November was **97.7%** compared to an internal target of 98% and National Benchmark of 96.1%.

- The Community Hospital inpatient harm free care performance was **87.82%** in December. Based on new harms only, the inpatient performance was **96.2%** in December.
- Community Nursing harm free care performance was **95.8%** in December. Based on new harms only, Community Nursing harm free care was **98.2%** in December.

- 40 harms were reported in December, of which 15 were new harms. There was an increase in new harms reported in Community teams from previous months. In December, **2.3%** of all patients surveyed had a new harm. In 2017/18, 205 new harms were reported, representing 2.0% of all patients surveyed for safety thermometer in 2017/18.

What actions have been taken to improve performance?

- Whilst performance for new harms is consistently better than the national benchmark, actions continue to improve performance. The Clinical Governance team (PaCE Directorate) have been temporarily supporting operational services in the validation of harms for each census and have identified areas where processes can be improved at point of data collection and submission. These will be shared with services in January and February 2019 with proposed action plans and a programme of support to improve performance. PaCE will continue to provide an extra validation point for harms for the remainder of this financial year and then refocus support on ongoing training, ad-hoc support, sample data validation and triangulation with incidents learning assurance.

- The Trust is still awaiting new national guidance on safety thermometer categories which is needed to inform explorations into systemising the census process for the future.

- Pressure ulcers remain the main cause of old and new harms, however it should be noted the reduction of avoidable acquired pressure ulcers is significant and aligns with the good harm free scores when considering new harms only.

Benchmarking

- In the 'Safety Thermometer – Percentage of 'Harm Free Care (New Harms Only)' measure, the Trust submitted a figure of 97.9% in November. The benchmark is 96.1% for November.

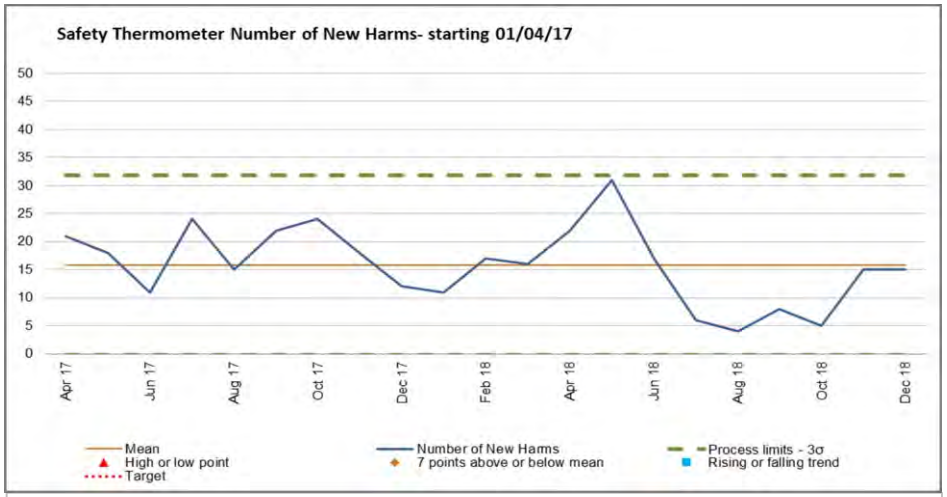
Risks
Pressure Ulcers
Reference – 562
Rating – 12

RAG Key: R – Red, A – Amber, G - Green

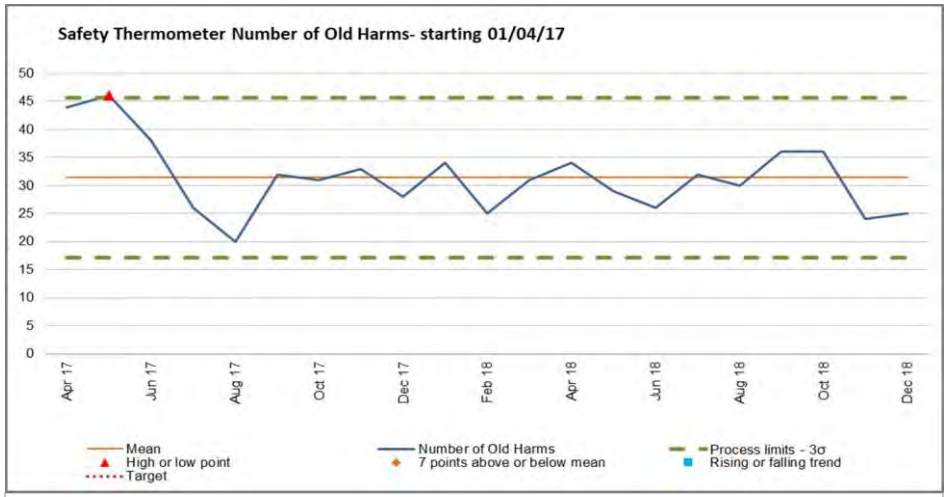
Exception Report | Are Services Safe?

Safety Thermometer (Page 2 of 2)

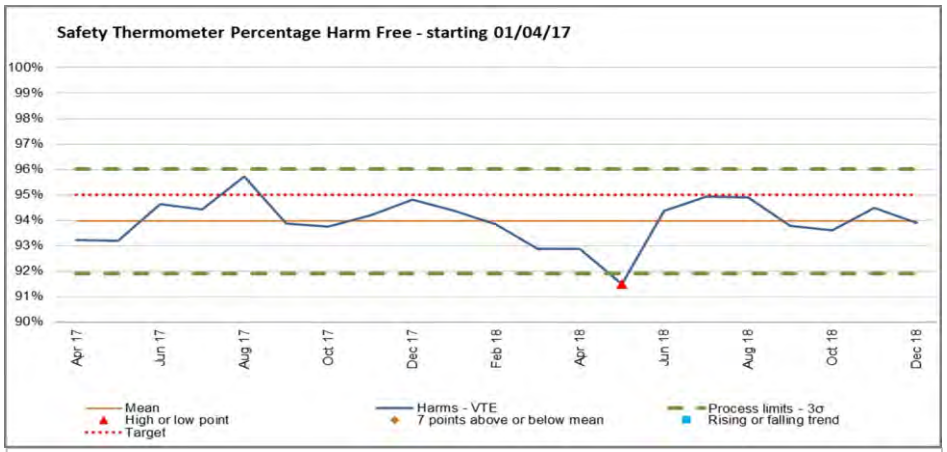
NHS Gloucestershire Care Services NHS Trust



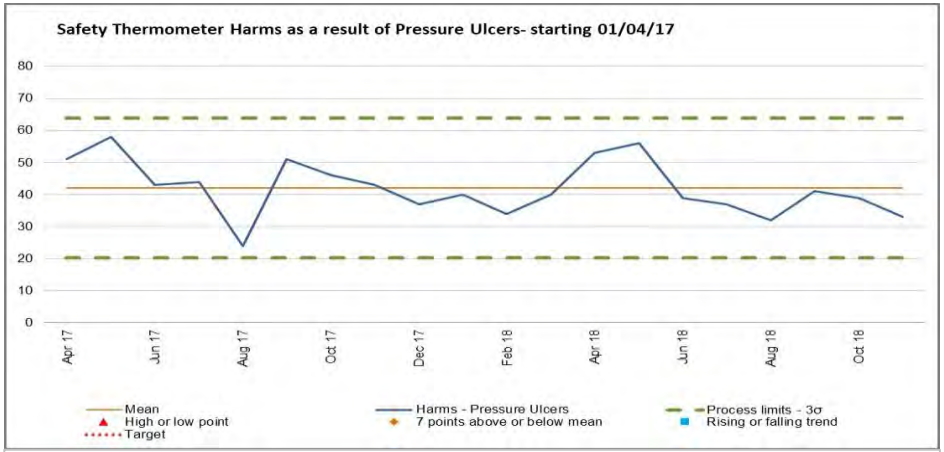
There has been a reduction in New Harms since a peak in May 2018, which was within control limits.



Old Harms on or close to mean since September 2017 and within control limits.



This illustrates performance compared to 95% target. The target is above the mean level of performance and target achieved only once in the 21 months.



There has been a gradually reducing trend over the period for harms that are Pressure Ulcers. However this has remained within control limits and close to the mean.

SPC Charts have been reviewed for other harms:

- VTE harms fluctuate above and below the mean – but remain within control limits and are very low numbers.
- UTI / Catheter harms show a steady reduction over the period with 9 consecutive months below the mean.
- Falls resulting in harm fluctuate above and below the mean – but remain within control limits and are very low numbers.

Exception Report | Are Services Responsive?

NHS Gloucestershire Care Services NHS Trust

8 Week Referral to Treatment (RTT) Measures

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
CQC DOMAIN - ARE SERVICES EFFECTIVE?																					
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
Referral to Treatment																					
40	Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	84.4%	60.7%	59.5%	57.1%	59.8%	46.8%	50.8%	41.7%	52.3%	57.4%				53.4%	R	Pg. 16	A	
44	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	85.0%	84.3%	84.5%	81.1%	79.6%	86.6%	80.3%	81.8%	88.9%	88.0%				83.7%	R	Pg. 16	A	
45	Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	82.8%	77.4%	70.1%	76.8%	73.1%	69.3%	63.2%	69.6%	75.8%	83.3%				73.1%	R	Pg. 16	A	
53	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	99.0%	96.9%	99.1%	97.4%	93.2%	80.0%	88.5%	95.5%	91.9%	94.6%				92.9%	A	Pg. 17	G	

Referral to Treatment – comparison between local 8 week standard and 18 week target (December 2018)

	8 week RTT target	% seen within 8 weeks	RAG	Number seen within 8 weeks	Number seen above 8 weeks	18 week RTT target	% seen within 18 weeks	RAG	Number seen within 18 weeks	Number seen above 18 weeks	Median RTT in days
Speech and Language Therapy	95%	57.4%	R	31	23	92%	98.1%	G	53	1	50
ICT Physiotherapy	95%	88.0%	R	265	36	92%	95.7%	G	288	13	12
Occupational Therapy Services	95%	83.3%	R	310	62	92%	96.8%	G	360	12	17
Paediatric Physiotherapy	95%	94.6%	A	211	12	92%	100.0%	G	223	0	4

Other Access measures not included in 8-week RTT table above

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
CQC DOMAIN - ARE SERVICES EFFECTIVE?																					
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
Minor Injury and Illness Units																					
38	Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	00:18	00:15	00:28	00:18	00:31	00:24	00:24	00:16	00:14	00:39				00:23	R	Pg. 17	A	
Referral to Treatment																					
57	MSKAPS Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L - C	95%	95.9%	84.6%	96.3%	97.6%	96.7%	28.6%	33.3%	20.8%	32.7%	46.2%				57.4%	R	Pg. 16	A	
67	Wheelchair Service. Adults: New referrals assessed within 8 weeks	L - C	90%		37.5%	27.3%	16.7%	22.2%	33.3%	23.1%	10.0%	33.3%	0.0%				25.3%	R	Pg. 17	A	
68	Wheelchair Service. Adults: Priority Referrals seen within 5 working days	L - C	95%		0.0%	50.0%	100.0%	0.0%	33.3%	0.0%	0.0%	No priority Assessments	No priority Assessments				25.0%	R	Pg. 17	A	
69	Wheelchair Service. Under 18s: New referrals assessed within 8 weeks	L - C	90%		0.0%	No routine Assessment	33.3%	0.0%	50.0%	0.0%	0.0%	100.0%	100.0%				31.6%	R	Pg. 17	A	
70	Wheelchair Service. Under 18s: Priority Referrals seen within 5 working days	L - C	95%		0.0%	No priority Assessments	No priority Assessments	No priority Assessments	No priority Assessments	50.0%	No priority Assessments	100.0%	No priority Assessments				60.0%	R	Pg. 17	A	

RAG Key: R – Red, A – Amber, G - Green

NHS Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Adult Speech and Language Therapy (95% to be treated within 8 weeks) • Performance was **57.4%** in December compared to 52.3% in November • 23 out of 54 patients were seen outside the 8 week threshold. • 18 week target performance was 98.1% (1 out of 54 patients seen outside the 18 week threshold)	• The SystmOne recording of GCS versus GHFT activity has been resolved, and GCS activity reported correctly from October. • Significant challenges remain including vacancy, funding for the community model, pressure to prioritise acute work over community and a lack of an up to date specification. • A comprehensive action plan is in place developed jointly with the Head of Profession and Service Improvement Manager.
MSKAPS Service - wait from referral for urgent patients to be seen not to exceed 2 weeks • The MSKCAT service has made the transition to using the ERS system to record referrals. The target has not been met since this change. • Performance was **46.2%** in December compared to 32.7% in November.	• At the request of Commissioners the service moved from SystmOne to E-Referral System (ERS, new national name for choose and book) for recording referrals from October. Patients are sent a letter asking them to book their own appointment on ERS. However there is nothing to prevent patients choosing an appointment further than 2 weeks away and no way to report that this is the case. • We are working with Commissioners to identify how other areas manage this (the system is more often used for consultant led services with an 18 week Referral to Treat target), alongside reviewing case notes to determine if we can tell whether breaches were patient choice or service capacity.
Adult Integrated Community Teams (ICT) **Adult ICT Physiotherapy (95% to be treated within 8 weeks)** • Performance was **88.0%** in December, compared to 88.9% in November • 36 out of 301 patients were seen outside the 8 week threshold. • 18 week target performance was 95.7% (13 out of 301 patients seen outside the18 week threshold) **Adult ICT Occupational Therapy (95% to be treated within 8 weeks)** • Performance was **83.3%** in December compared to 75.8% in November • 62 out of 372 patients were seen outside the 8 week threshold. • 18 week target performance was 96.8% (12 out of 372 patients seen outside the18 week threshold).	• Both physiotherapy and occupational therapy have seen improved performance in recent months, however both remain below target. • Significant work has been undertaken by the teams, with support from performance and information, to understand the referral centre profession-specific activity and its impact on flow – currently we only report number of cases seen within the referral centre as a whole block. • The analysis shows significant first contacts but also wide professional and locality variation e.g. 41% of first contacts for occupational therapy happen in the referral centre compared to 18% for physiotherapy. • We have reviewed the impact the referral centre activity would have on Referral to treat targets if we included this within the figures. The first cut of the analysis (which does require further validation) indicates that for OT in particular (where the data shows significant activity is delivered by the referral centre) the inclusion of the referral centre would improve RTT by 10% points almost every month. • In discussion with Commissioners we have agreed to start reporting in this way going forwards as the current KPIs do not reflect the totality of the ICT activity and in fact undersell its success.

NHS Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Paediatric Physiotherapy (95% to be treated within 8 weeks) • Performance was **94.6%** in December compared to 91.9% in November. • 12 out of 232 patients were seen outside the 8 week threshold. • 18 week target performance was 100%.	• There was an increase in performance in December however target has not been achieved for five out of the last 6 months. • Performance has been impacted by staff sickness in November, on top of vacancies due to maternity leave, and a slight loss in capacity due to estates moves. • The service have now successfully recruited maternity leave cover (following an unsuccessful first round) and are fully bedded into their new accommodation.
Time to initial assessment for patients arriving by ambulance (95th percentile) • Performance target of assessment for patients arriving at MIIU by ambulance to be less than 15 minutes not achieved in 7 out of 9 months in 2018/19. • There were 17 ambulance arrivals in December (2018/19 average 20 per month) of which 4 initial assessments recorded were outside of 15 minutes.	• Recording of initial assessments on SystmOne for patients arriving at MIIU by ambulance is being reviewed to ensure the initial assessment time is identified and not a later assessment within the MIIU.
Wheelchair Service These measures replace the previous 2 week wait offer target and reflect the Service Specification. **Adults: New referrals assessed within 8 weeks of receipt of referral** • Performance was **0.0%** in December compared to 33.3% in November • 4 out of 34patients were seen outside the 8 week threshold. **Adults: Priority Referrals seen within 5 working days** • There were no assessments for priority referrals in December or November. **Under 18s: New referrals assessed within 8 weeks of receipt of referral** • Performance was **100%** in December compared to 100% in November. • All patients were seen within the 8 week threshold. **Under 18s: Priority Referrals seen within 5 working days** • There were no assessments for priority referrals in December. Performance was **100%** in November.	• Wheelchair Assessment service historically have used a system called BEST, that is not supported in-house (North Bristol NHS Foundation Trust equipment system) and which we struggled to report from. • Performance needs to be further validated but shows that there are delays in the pathway. • Service user numbers are also low meaning there is no margin for error. • A service improvement project commenced in November, including change of line management of the service for 3-6 months while the plan is progressed. • Performance and Information are continuing to work with North Bristol NHS Trust who manage the BEST system during January to ensure reports and data quality are as accurate as possible.

Exception Report | Are Services Well Led?

Workforce / HR

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES WELL LED?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ RAG	Benchmarking Report Nov Figure
74	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	53.3%			63.0%			58.5%								A		G	
75	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	83.0%			88.0%			88.5%								G		G	
76	Mandatory Training	L - I	92%	82.63%	86.30%	85.80%	86.02%	86.39%	86.24%	86.10%	86.32%	85.77%	86.30%				86.14%	A	Pg. 20	G	87.8%
77	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	79.91%	84.40%	80.94%	81.41%	80.09%	80.09%	77.03%	73.45%	72.54%	73.92%				78.2%	R	Pg. 18	A	85.5%
77a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	N/A	87.40%	85.40%	84.00%	83.63%	83.60%	80.79%	78.71%	78.09%	78.32%				82.2%	R	Pg. 18	A	
78	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.6%	4.70%	4.60%	4.66%	4.69%	4.73%	4.75%	4.80%	4.80%	4.90%				4.7%	A	Pg. 20	G	4.9%
79	SUS+ (Secondary Uses Service) Data Quality Reporting - Available One month in arrears	N-R		99.1%	98.6%	98.7%	98.7%	98.8%	98.9%	99.0%	99.1%	99.2%					98.9%			G	

Additional information related to performance

Staff Engagement

Staff FFT: In Qtr. 2 2018/19, **58.5%** of staff would recommend the Trust as a place to work (target 61%) and **88.5%** would recommend the Trust as a place to receive treatment (target 67%).

Risks (Staff FFT)
Reference – 622
Rating – 12

Risks (Recruitment/ Retention)
Reference – 609
Rating – 16

Staff with completed Personal Development Reviews (PDRs)

73.92% of Personal Development Reviews were completed by the end of December 2018, an increase from 72.54% in November.

For active assignments, performance was **78.32% in** December, an increase from 78.09% in November.

Risks (PDR)
Reference – 643
Rating – 9

What actions have been taken to improve performance?

- The Resources Committee is overseeing action plans which align to the wider resources Organisational Development agenda.

Plans:

- The annual NHS staff survey results will be known in February 2019 (embargoed until early March 2019). Once the results are known the Trust will develop localised and corporate actions, linked to the workforce and OD plan.

Current actions include:

- Further cohorts of staff attending the ICS Leadership development, Culture, Values and Behaviours group for the 5 elements for successful leadership programme in March 2019.
- The Transition Programme board OD and culture project group supporting colleagues through merger process and beyond.
- Wider colleague engagement activities including Team Talk, The Core and Senior leadership network.

- Changes have been made to ESR to make it easier to access and use for both Managers and staff and shorter 'how to' guides are being developed to aid staff with using ESR.
- Trust interpretation of NHSI data definition is also being examined for consistency. All organisations within Gloucestershire have been contacted to compare reporting methodology and a briefing paper will be produced in January.
- Currently trialling a new PDR process for Bank Staff.
- Weekly Appraisal and Mandatory training data is now available via the Trust's Business Intelligence Tool BIRTIE.
- The PDR and 1:2:1 policy is being reviewed to ensure clarity

Exception Report | Are Services Well Led?

Workforce / HR

NHS
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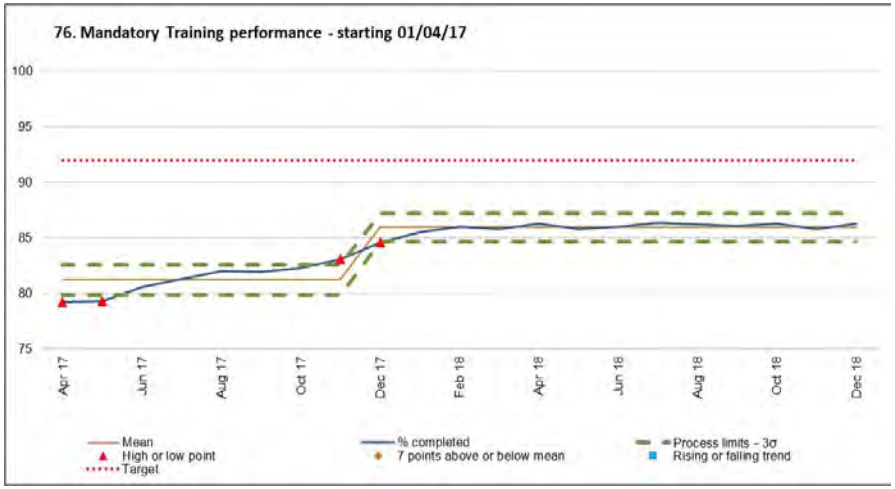

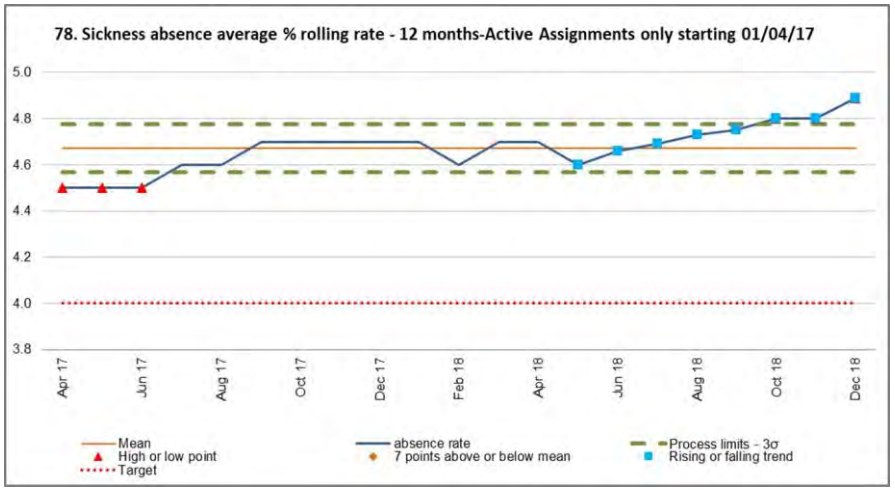

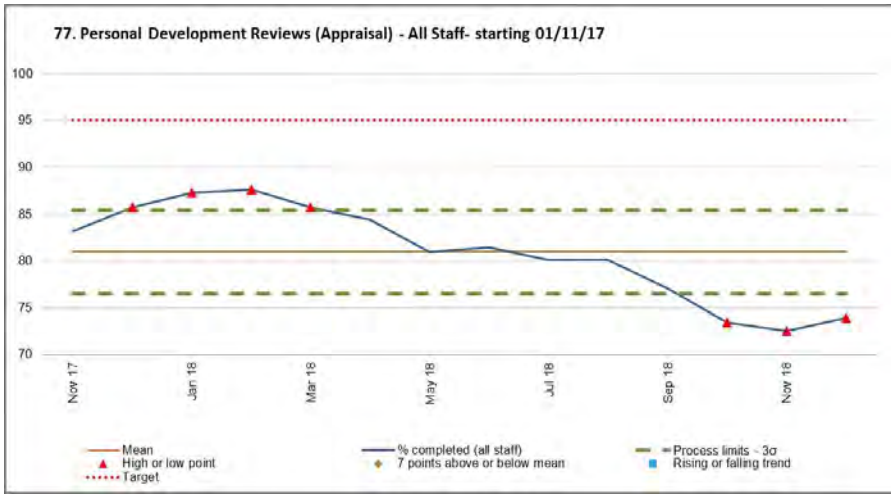

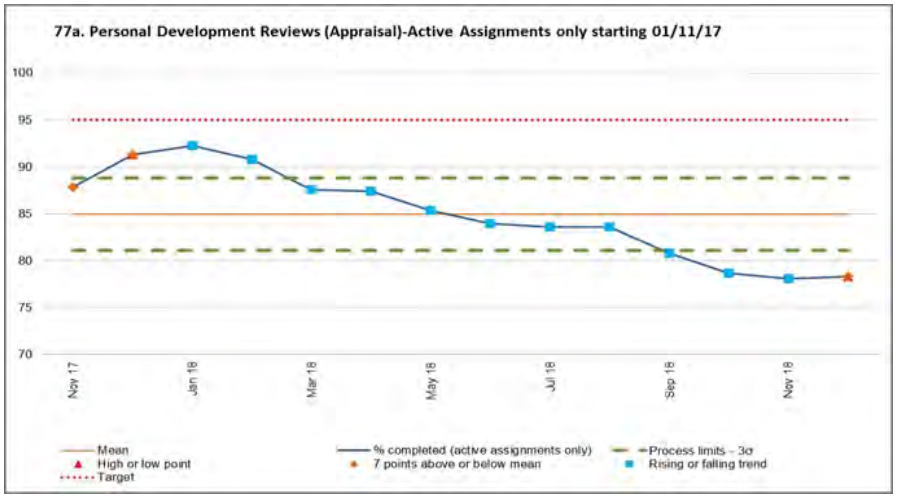

The SPC charts show that for all measures performance is not at target level.

- Mandatory training remains below target but a step change increase since November 2017 which has been maintained through 2018.
- Sickness absence shows an increasing trend with three points now above the upper control limit and much of 2018/19 above the mean.
- Personal Development reviews show a downward trend since peak at January / February 2018 (87.6%). October to December 2018 points had fallen below the lower control limit to the lowest level since September 2017. Both charts show data from November 2017 in order that they are comparable (active assignment only data available from November 2017 only).

Exception Report | Are Services Well Led?

Workforce / HR

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Sickness absence The rolling 12 months performance was **4.89%** in December, above target of <4.0%, and a small increase from 4.8% in November. **Benchmarking** In the 'Sickness absence rate (Short and Long Term)' measure, the Trust submitted a figure of 5.1% in November. The benchmarking figure is 4.9% for November. **Risks (Staff Sickness)** Reference – 633 Rating – 12	• Actions taken to date include review of policy, guidance and letter templates and workshops offered by HR, dedicated HR support in Community Hospitals and ICTs, • Discussion at the Performance and Finance meetings and an HR business partner model implemented to offer consistency and local intelligence for each area. • Health and Well Being agenda adopted by the Trust to promote healthy lifestyles. • Introduction of business intelligence on ESR for all managers to review workforce metrics. • Flu vaccination programme has achieved 75% target and continues to be available. In line with a national 10-year trend, sickness rates remain relatively stable despite increased focus by the Trust and with a significant increase in the number of sickness cases being reviewed by managers with HR. While not uncommon with other NHS Trusts in terms of benchmarking the KPI continues to indicate the high challenge for managers to make significant sustained improvements in workforce performance.
Mandatory Training Average December performance was **86.30%** with 7 measures above the 92% target: 12 out of 22 existing measures have increased in performance in December compared to November, although not all are above the 92% target. **Risks (Mandatory training Compliance - CQC)** Reference – 858 Rating – 9 **Risks (Mandatory training)** Reference – 634 Rating – 9	• Corporate and Mandatory Training Leads continue to work with the programme and change management project team to address hotspots of low compliance. • Facilitated E-Learning Workshops are available to be booked in 2019 to support learners. • Additional training venues for Moving and Handling Training will be available from February 2019. • Plans to amalgamate Corporate Induction with 2gether have been postponed until July 2019. • Reports are available via BIRTIE updated on a weekly basis.

APPENDIX 1 – Data Quality rating

Methodology:

The basis of the data quality rating applied to the metrics within the Quality and Performance dashboards in this report is the 2017/18 Trust Reference Cost report (author, GCS Commercial Manager, December 2018) and additional interpretation from Performance and Information team.

The methodology incorporates consideration of completeness, validity and reporting methodology of activity recorded within systems used for performance reporting.

However this approach does not have a statistical basis to the methodology or the RAG rating. The ratings can best be described as follows:

Red (R)	Data quality means that decisions should not be made without further analysis, review and explanation ahead of decision-making
Amber (A)	Data quality is of a reasonable standard to use data and metrics for decision-making
Green (G)	Data quality of good standard and data and metrics can be used for decision-making

Relevant stakeholders are aware of these concerns, and performance and information, clinical systems and operational teams will need to work together to implement improvements.

Metrics that are rated Red:

The metrics that are rated red are:

– % of terminations carried out within 9 weeks and 6 days of gestation – the current spreadsheet reporting tool used for medical terminations of pregnancy is subject to recording error and the plan is to transition this onto the Clinical System used in Sexual Health.

– Social Care ICT % of referrals resolved at referral centres and closed - there has been an issue with referral data capture. A checking mechanism is being introduced and reporting lag time investigated.

Relevant stakeholders are aware of these concerns, and Performance and Information team, Clinical Systems team and Operational teams will work together to implement improvements.

Trust Board

Date of Meeting: 31st January 2019

Report Title: **Resources Committee** Report

Agenda reference number:	13/0119
Accountable Executive Director: (AED)	Sandra Betney, Director of Finance Neil Savage Joint Interim Director HR
Presenter: (if not AED)	Graham Russell, Non-Executive Director
Author(s):	
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	-

Executive Summary

This report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's operating plan (including finance, workforce, estates and business development).
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations

The Board are asked to **NOTE** the update from the Committee and **APPROVE** the Committee Terms of Reference.

Related Trust Objectives	1,2,3,4,5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Resources Committee Report

1 Introduction and Purpose

This report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources on behalf of the Board.

2 Issues Considered by the Committee

The Resources Committee met on 11th January 2019.

Key aspects considered included a detailed review of the Personal Development Review Improvement Plan, an update on the Draft Annual Plan, Month 8 Finance Report and workforce scorecard.

The Committee also considered a number of confidential items.

2.1 Personal Development Review Improvement Plan

The Committee received a detailed presentation from the Joint Director of Human Resources & Organisational Development. The presentation outlined a revised approach to improve completion and quality of Personal Development Reviews and the completion of Mandatory Training. The presentation built on the work of a short term action group, led by the Deputy Chief Operating Officer, which had involved a wide range of colleagues across the organisation. The Committee endorsed the proposed strategies and welcomed the plans to move forward these workforce metrics, recognising the importance of these aspects, both operationally, but also as part of the mechanisms which support staff engagement. The Committee thanked those involved in taking this forward.

2.2 Draft Operating Plan

The Committee was updated on the recently received guidance. The Trust had commenced planning in readiness. It was confirmed that the recommended Board engagement with the draft plan, would be put in place (arranged for 5th February),

2.3 Finance Report Month 8

The Committee noted that:

- Year to date surplus, including Provider Sustainability Funding (PSF), is ahead of plan by £0.07m at £1.99m.
- Capital spend to date is £1.1m.
- Cash at the end of Month 8 is £16.4m compared to plan of £10.9m.
- YTD agency spend is £1.12m compared to a plan figure of £1.49m

Single Operating Framework indicators are predominantly green.

The Committee was assured by performance to date and that Cost Improvement Plans continued to be actively managed.

2.4 Policies

The Committee **approved** the revised Management of Change policy and noted the ongoing work in progress to harmonise other relevant HR Policies as part of the merger process.

2.5 Business Development Update

The Committee considered the proposed service developments regarding a variety of business opportunities and noted the report.

2.6 Conclusion

The Committee also reviewed a range of summary reports from Steering Groups across the Trust and remains assured on financial matters and workforce issues.

3. Confirmation of decisions made by the Committee in line with Scheme of Delegation

None.

4. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee.

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Trust Board

Date of Meeting: January 2019

Report Title: Finance Report

Agenda reference Number	14/0119
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	
Author(s)	Johanna Bogle, Deputy Director of Finance
Board action required	To note
Previously considered by	Not Applicable
Appendices	Appendix 1 : Main M9 Finance Report

Executive Summary:
This report provides an overview of the Trust's financial position for Month 9 of 2018/19.

1. Background

The Trust financial context for 2018/19 is summarised below.

- Revised Control Total surplus is £3.078m including £1.996m of Provider Sustainability Funding (PSF).
- Capital spend plan is £5.226m of in-year CRL allocation, plus £75k of multi-year CRL allocation for the Forest of Dean hospital. Total £5.3m.
- Cost Improvement Plan (CIP) target is £5.3m
- Agency spending cap is £2.232m
- Income potential Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) are £1.9m and £3.9m respectively

M9 year to date performance is as follows:

- Year to date surplus, including PSF, is on plan at £2.2m.
- Capital spend to date is £1.5m.
- Cash at the end of Month 9 is £14.6m compared to plan of £10.8m.
- YTD agency spend is £1.17m compared to a plan figure of £1.67m

Single Operating Framework indicators are green. Details are on page 7 of Appendix 1 to this report.

Recommendations:
The committee is asked to note the content of the report and the risks at page 6 of Appendix 1 to this report.

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2018/19 Month 9 Finance Report

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Understanding You

Overview

NHS Gloucestershire Care Services NHS Trust

- The year to date surplus is on plan at £2.2m. The full year forecast is ahead of plan by £0.05m at £3.16m (including PSF of £2.00m)
- The Agenda for Change (AfC) pay award cost and funding is included in the current YTD and Forecast position. The 18/19 impact of £0.4m is being covered through non-recurrent underspends. The 19/20 recurrent shortfall of £0.5m is included in budget setting control targets.
- Agency ceiling is £2.23m (17/18 full year spend was £2.04m) Full year forecast is under this at £1.58m, Month 9 year to date is £1.16m compared to a plan of £1.67m.
- Full year Cost Improvement Plan (CIP) target for the full year is £5.28m. The CIP amount removed from full year budgets is £3.51m so far, from the following schemes: 1% Schemes £1.06m; Differential Targets £1.60m and Challenge Schemes £0.85m.
- Income from Quality, Innovation, Productivity and Prevention (QIPP) schemes is forecast as the full amount available of £3.4m. All schemes are finalised with the CCG.
- Full year income from Commissioning for Quality and Innovation (CQUIN) schemes is forecast £0.1m under the £1.9m plan at £1.8m, due to the Health & Wellbeing target.
- Cash balance at the end of month is £3.8m above plan at £14.6m. The positive variance is mainly due to slippage on the capital plan cash outlay.
- Capital spend for the year to date is £1.5m. Capex has reviewed the forecasts and is assured that the full allocated CRL of £5.2m will be spent by the year end. In addition to this, £75k of the multi-year CRL for the Forest of Dean Hospital will be spent in 2018/19. Allocations between categories have been adjusted and reported to Resources Committee.

Understanding You

Income and Expenditure

NHS Gloucestershire Care Services NHS Trust

Year to date performance to Month 9 is on plan at £2.22m and full year forecast is ahead of plan at £3.16m

The summary I&E below shows differences to plan on Year to Date Income, Pay and Non Pay Costs

At service level there are overspends in Urgent Care and Challenge CIP, offset by underspends in Integrated Community Teams, Community Hospitals, Countywide and Children's services

Statement of comprehensive income £000	2017/18	2018/19	2018/19 Year to Date			2018/19	2019/20
	Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast	Recurrent Plan
Operating income from patient care activities	109,889	108,260	81,336	83,770	2,434	111,546	110,678
Other operating income exc PSF	1,048	1,380	1,035	1,141	106	1,407	1,292
Employee expenses	(78,529)	(77,750)	(58,311)	(60,366)	(2,055)	(80,503)	(81,345)
Operating expenses excluding employee expenses	(28,918)	(29,104)	(21,882)	(22,451)	(569)	(29,706)	(29,141)
PDC dividends payable/refundable	(1,666)	(1,800)	(1,350)	(1,235)	115	(1,664)	(2,151)
Surplus/(deficit) before impairments & transfers	**1,824**	**986**	**828**	**859**	**31**	**1,080**	**(667)**
Remove capital donations/grants I&E impact	97	120	90	64	(26)	84	84
Surplus/(deficit) exc PSF	**1,921**	**1,106**	**918**	**923**	**5**	**1,164**	**(583)**
Provider sustainability fund (PSF) income	3,642	1,996	1,297	1,297	0	1,996	1,436
Surplus/(deficit) inc PSF	**5,563**	**3,102**	**2,215**	**2,220**	**5**	**3,160**	**853**

Control total including PSF	**1,986**	**3,078**	**1,907**	**1,907**	**0**	**3,078**	

The 2019/20 non-recurrent income and expenditure are being worked through as part of budget setting.

Understanding You

Balance Sheet

STATEMENT OF FINANCIAL POSITION (all figures £000)		2017/18	2018/19	2018/19 Year to Date			2018/19	2019/20
		Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast	Plan
Non-current assets	Intangible assets	1,000	1,000	1,000	915	(85)	827	483
	Property, plant and equipment: other	58,709	64,159	63,819	56,670	(7,149)	59,812	62,228
	Total non-current assets	**59,709**	**65,159**	**64,819**	**57,585**	**(7,234)**	**60,639**	**62,711**
Current assets	Inventories	228	228	228	228	0	228	228
	NHS receivables	4,817	1,000	1,000	6,247	5,247	3,539	3,539
	Non-NHS receivables	1,939	3,130	3,130	2,413	(717)	2,128	2,128
	Cash and cash equivalents:	12,354	11,278	10,806	14,626	3,820	11,925	10,495
	Total current assets	**19,338**	**15,636**	**15,164**	**23,514**	**8,350**	**17,820**	**16,390**
Current liabilities	Trade and other payables: capital	(1,533)	(500)	(500)	(371)	129	(230)	(230)
	Trade and other payables: non-capital	(8,283)	(8,063)	(8,063)	(9,241)	(1,178)	(4,221)	(4,221)
	Borrowings	0	(148)	(148)	(148)	0	(211)	(136)
	Provisions	(160)	(138)	(138)	(18)	120	(77)	(77)
	Total current liabilities	**(9,976)**	**(8,849)**	**(8,849)**	**(9,778)**	**(929)**	**(4,739)**	**(4,664)**
Non-current liabilities	Borrowings	**(221)**	**(115)**	**(160)**	**(111)**	49	**(1,591)**	**(1,455)**
	Total net assets employed	**68,850**	**71,831**	**70,974**	**71,210**	**236**	**72,129**	**72,982**
Taxpayers Equity	Public dividend capital	79,982	79,982	79,982	80,187	205	80,187	80,187
	Revaluation reserve	610	609	609	610	1	610	610
	Other reserves	(2,398)	(2,398)	(2,398)	(2,398)	0	(2,398)	(2,398)
	Income and expenditure reserve	(9,344)	(6,362)	(7,219)	(7,189)	30	(6,270)	(5,417)
	Total taxpayers' and others' equity	**68,850**	**71,831**	**70,974**	**71,210**	**236**	**72,129**	**72,982**

Cash position at the end of the month 9 is a positive balance of £14.6m. This is £3.8m higher than plan and is due capital spend currently being significantly below plan for the year to date.

Capital – 5 Year Plan

Capital schemes	2018/19	2018/19	Year to Date	Forecast			2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Plan	CRL	Actual	M10	M11	M12	FY Forecast	Plan	Plan	Plan	Plan	Plan *
Gloucester base	3,400	786	557	176	53		**786**	0	0	0		
Cheltenham Base	0	1,039	0	1,725		170	**1,895**	0	0	0		
Forest of Dean *	800	50	7			68	**75**	2,500	5,000	1,850		
Urgent Care								500				
Building refurbishment	2,250	2,085	524	115	130	291	**1,060**	750	750	750	1,000	2,000
Backlog Maintenance								340	500	500	250	
IT replenishment	600	600	256			149	**405**	760	600	600	600	
IT Network replacement	300	300		50		250	**300**	300	300	300	1400	
Medical Equipment	500	161	190	106		279	**575**	200	200	200	200	
Total	**7,850**	**5,021**	**1,534**	**2,172**	**183**	**1,207**	**5,096**	**5,350**	**7,350**	**4200**	**3450**	**2000**
DHSC Wifi Network Funding (additional CRL)		205				205	**205**					
* Expected additional CRL for FoD multi-year agreement		75										
Grand Total	**7,850**	**5,301**	**1,534**	**2,172**	**183**	**1,412**	**5,301**	**5,350**	**7,350**	**4,200**	**3,450**	**2,000**

- £2.8m for the Gloucester Base was planned as capital expenditure, but has been amended to be an operating lease in the year.
- Work on the Gloucester base £786k and Cashes Green £500k (included within Building refurbishment) is complete, final accounts are currently being drafted to confirm final spend.
- 2018/19 allocations have been adjusted between categories to enable replacement medical equipment to be purchased, and to facilitate the 25 year lease for ILC in Cheltenham.
- 2019/20 has been increased to include £500k on Urgent Care, to be funded through the 2 for 1 surplus bonus.
- Full year forecast and CRL has been increased by £75k due to FoD multi-year CRL agreement.

Cash Flow Summary

Statement of Cash Flow £000	ACTUAL YTD 18/19		FORECAST FY 18/19		FORECAST 19/20	
Cash and cash equivalents at start of period		**12,354**		**12,354**		**11,928**
Cash flows from operating activities						
Operating surplus/(deficit)	3,315		4,637		2,918	
Add back: Depreciation on donated assets	64		90		90	
Adjusted Operating surplus/(deficit) per I&E	**3,379**		**4,727**		**3,008**	
Add back: Depreciation on owned assets	2,542		4,075		3,367	
(Increase)/Decrease in trade & other receivables	(1,923)		1,080			
Increase/(Decrease) in provisions	(143)		(83)			
Increase/(Decrease) in trade and other payables	763		(4,945)			
Increase/(Decrease) in other liabilities	(123)		(123)			
Net cash generated from / (used in) operations		**4,495**		**4,731**		**6,375**
Cash flows from investing activities						
Interest received	76		95		84	
Purchase of property, plant and equipment	(1,534)		(3,645)		(4,850)	
Net cash generated used in investing activities		**(1,458)**		**(3,550)**		**(4,766)**
Cash flows from financing activities						
PDC Dividend Received	205		205			
PDC Dividend (Paid)	(860)		(1,664)		(2,151)	
Finance Lease Rental Payments	(110)		(148)		(211)	
		(765)		**(1,607)**		**(2,362)**
Cash and cash equivalents at end of period		**14,626**		**11,928**		**11,175**

Risks

Gloucestershire Care Services NHS Trust

Risks to delivery of 2018/19 position, as well those anticipated in 2019/20, are as set out below:

	Intial Risk/ (Opportunity) identified at plan	18/19 Mitigated Risk at month 9	Month 9 Change	19/20 Risk at month 9	Month 9 Change	Likelihood
Delivering required recurrent CIP for Challenge Schemes	1,500	0	0	2,100	500	Almost Certain
Delivering required non recurrent CIP	500	0	0	339	-61	Almost Certain
Delivery of non rec savings in year to offset CIP phasing	1,000	0	0	0	0	
Delayed agreement of capital limit impacts STP and CIP work	300	0	0	0	0	
In-year impact of unfunded elements of July pay award	600	0	0	0	0	
Unbudgeted elements of 2G integration work	200	0	0	0	0	
VAT changes impacting recovery on Systm1	100	134	0	285	0	Possible
QIPP risk share (18/19 Integrated MSK Q3 & 4) and milestones	900	387	0	500	0	Possible
CQUIN (18/19 Q4 Wounds)	2,000	127	-64	150	0	Possible
Managing agency spend within cap	663	0	0	0	0	
GCC rental charges on ICT bases	500	0	0	0	0	
GCC Management Charge	150	0	0	150	0	Possible
	8,413	**648**	**-64**	**3,524**	**439**	

Any risks that have become issues in year are included within the forecast outturn.

Understanding you

Single Operating Framework

Gloucestershire Care Services NHS Trust

	Audited PY 31/03/2018 Year ending	Plan 31/12/2018 YTD	Actual 31/12/2018 YTD	Plan 31/03/2019 Year ending	Forecast 31/03/2019 Year ending
Capital service cover rating	1	1	1	1	1
Liquidity rating	1	1	1	1	1
I&E margin rating	1	1	1	1	1
I&E margin: distance from financial plan	1		1		1
Agency rating	1	1	1	1	1

All indicators are green.

Understanding you

TRUST PUBLIC BOARD - FORWARD PLANNER

Month	January	March	May / June	July	September	November
General Business						
Service User Story	x	x	x	x	x	x
Freedom to Speak Up Story			x			x
Questions from the public	x	x	x	x	x	x
Leadership & Strategy						
Chair's Report	x	x	x	x	x	x
Joint Strategic Intent update *			x	x	x	x
Executive Team Report	x	x	x	x	x	x
One Gloucestershire – Integrated Care System, including any consultation updates	x	x	x	x	x	x
Forest of Dean	Update on * Engagement	OBC		FBC		
CQC Final Report						
Business Plan						
Quality And Operational Performance						
Quality and Performance Committee update	x	x	x	x	x	x
Quality and Performance Report	Month 9	Month 11	Month 12 and 1	Month 3	Month 5	x Month 7
Resources						
Resources Committee update	x	x	x	x	x	x
Finance Report	Month 9	Month 11	Month 1	Month 3	Month 5	Month 7
Budget		x				
Assurance						
Board Assurance Framework	x	x	x	x	x	x
Charitable Funds Update (as required)	x		x			
Audit and Assurance Committee Update	x	x	x		x	
Review of Quality and Annual Accounts				x		
Governance Update			x			
Strategies						
	Health, Safety and Security Strategy 2017 (every 3 years, **DUE 2020**)	Risk Management Strategy 2017(every 3 years, **DUE 2020)**		Workforce and OD Strategy 2016 (every 3 years , **DUE 2019**)	Clinical Strategy 2016 (every 3 years, **DUE 2019**)	Business Continuity Strategy 2016 (every 3 years, **DUE 2019**)
	Information Management and Technology Strategy 2017 (every 3 years, **DUE 2020**)	Charitable Funds position statement 2017 (every 2 years) **DUE 2019**		Finance Strategy 2017 (every 3 years) **DUE 2020**		
	Estates Strategy **DUE 2018** (every 3 years)					
	Communication & Engagement Strategy 2017 (every 3 years, **DUE 2020**)					
Corporate						
Understanding You Report			x			x

* These items are contained within the Chief Executive or Chair's Report.

Every routine meeting will normally include:

- Welcome and Apologies
- Quoracy confirmation
- Declaration of Interests
- Approval of minutes from last meeting
- Action log
- Forward Planner
- Any other Business
- Date of next meeting
- Opportunity to informally review the meeting