# GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

## Meeting to be held on Tuesday 15th July 2014 at the Corinium Stadium (Cirencester Football Club), Kingshill Lane, Cirencester, GL7 1HS

## AGENDA (PART 1)

| Iten | | Presenter | Timing |
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| 1. | **Apologies** | Chair | 10.00 |
| 2. | **Declaration of Interests** | Chair | |
| 3. | **Minutes of the Meeting held on 20 May 2014** | Chair | |
| 4. | **Matters Arising (Action Log)** | Chair | 10:10 |
| 5. | **Forward Agenda Planner review** | Chair | 10.15 |
| 6. | **Questions from the Public**<br>*Questions relating to items on the agenda only should be provided in advance to the Board Secretary by 12 noon on Monday 14 July 2014* | Chair | |
| 7. | **Chair's Report** | Chair | 10.20 |
| 8. | **Chief Executive's Report** | Chief Executive | 10.30 |
| 9. | **Chief Operating Officer's Report** | Chief Operating Officer | 10.40 |
| **Governance, Quality and Safety** | | | |
| 10. | **Quality & Performance Report**<br>• **Community Hospital Staffing** | Director of Finance / Director of Nursing & Quality | 10.50 |
| 11. | **Quality Account** | Director of Nursing & Quality | 11.10 |
| 12. | **Register of Seals Report** | Director of Corporate Governance & Public Affairs | 11.30 |
| 13. | **Board Attendance Register** | Director of Corporate Governance & Public Affairs | |
| 14. | **Equality Objectives** | Director of HR | 11.40 |

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| | ***Refreshment/Comfort Break – 11.45*** | | |
| **Service Delivery and Performance** | | | |
| 15. | **Finance Report** | Director of Finance | 12.00 |
| **Information** | | | |
| 16. | **Quality & Clinical Governance Committee update (and approved Q&CG Minutes from 10 April 2014 and 12 June 14)** | Chair of Q&CG | 12.15 |
| 17. | **Performance & Resources Committee update (and approved Minutes from 15 April 2014 and 2nd July 2014)** | Chair of P&R | 12.20 |
| 18. | **Audit & Assurance Committee update (and approved Minutes from 14 May 2014 and 4 June 2014)** | Chair of A&A | 12.25 |
| 19. | **HR & OD Committee update (and approved Minutes from 7 April 2014 and 19 June 2014)** | Chair of HR & OD | 12.30 |
| 20. | **Any Other Business** | Chair | 12.40 |
| 21. | **Date of Next Public Meeting**<br><br>*Tuesday, 16 September at Brockworth Community Centre, Court Road, Brockworth, GL3 4ET* | | |

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

# GLOUCESTERSHIRE CARE SERVICES
# NHS TRUST BOARD

## Minutes of the Meeting held on Tuesday, 20 May 2014 at Hesters Way Community Resource Centre, Cheltenham

| **Voting Board Members** | |
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| Ingrid Barker (IB) | Chair |
| Joanna Scott (JS) | Non-Executive Director, Vice Chair |
| Paul Jennings (PJ) | Chief Executive |
| Richard Cryer (RC) | Non-Executive Director |
| Sue Mead (SM) | Non-Executive Director |
| Chris Creswick (CC) | Non-Executive Director |
| Liz Fenton (EF) | Director of Nursing |
| Glyn Howells (GH) | Director of Finance/Deputy Chief Executive |
| Jo Bayley (JB) | Medical Director |
| **Board Attendees (Non-Voting)** | |
| Duncan Jordan (DJ) | Chief Operating Officer |
| Nicola Strother Smith | Non-Executive Director, designate |
| Jason Brown (JBR) | Director of Corporate Governance & Public Affairs |
| Candace Plouffe (CP) | Director of Service Delivery |
| Tina Ricketts (TR) | Director of Human Resources |
| Tony Hicks (TH) | Councillor, Gloucestershire County Council |
| **In Attendance** | |
| Christine Thomas (CT) | Interim Assistant Board Secretary |
| Jill Rowell (JR) | Minute Taker |

**Members of the public/observers**
Four members of staff attended the meeting.

| Ref | Minute | Action |
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| | **Living Well - 'Patient Story' presentation**<br><br>In her welcome, the Chair (IB) reported she had been impressed by the Living Well presentation given by Karen Burton (KB), Community Manager Berkeley Vale, at the Clinical Leadership Programme event held on 22 April Board and had requested it be presented to Board.<br><br>With the support of Rosi Shepherd, the Locality Manager for Gloucester and Stroud, KB, explained how in November 2012 Living Well had evolved as a short term piece of work looking | |

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| | into patient demand on a local GP surgery. A small integrated team was configured comprising an OT, physio, nurse, Social Worker, Reablement worker, Local Authority co-ordinator and a team manager with permission to redesign a new model to assess and address the needs of a cohort of the surgery's open case patients.<br><br>A particular case study was brought to the Board's attention concerning friends and companions, a man aged 85 and a lady of 102 respectively, presenting with a variety of issues including, in the man's case, depression, social isolation and alcohol dependency. Although regarded by the surgery as high risk both were resistant to help believing the authorities would separate them and place the lady, suffering from dementia and osteoarthritis, into a care home. Over time, and through understanding their needs by developing a different level of listening, the Living Well team was able to implement a detailed reablement plan, giving the man the tools and confidence to make and keep a series of dental appointments, make better use of his attendance allowance as the lady's carer and improve family dynamics and the relationship with their accommodation warden.<br><br>KB summarised the results of the Living Well initiative as a better understanding of individual and family considerations, making the required changes to staff culture and practice, improved team communication to enable better outcomes, a reduction in the number of patient/GP contacts and a reduction in length of hospital stays. In general, from those cases undertaken, the team found the patient's presenting need was usually not the root cause of their issue. KB reported some members of the team who came from a process driven background had struggled with the new model of working, however, both the GP surgery and the CCG have found the Team's results impressive.<br><br>IB offered her thanks and commended the Living Well work, advising KB had by invitation presented the results to the House of Lords as best example of a vision in practice. | |
| **TB 43/14** | **Agenda Item 1: Apologies**<br><br>Apologies were recorded for Susan Field, Director of Service Transformation, Rob Graves, NED, and Simeon Foreman, Board Secretary. | |
| **TB 44/14** | **Agenda Item 2: Declarations of Interest**<br><br>There were no changes to the declarations of interest recorded. | |

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| **TB 45/14** | **Agenda Item 3: Minutes of the Meeting held on 11 March 2014**<br><br>The Board received the minutes of the previous Board meeting held on 11 March.<br><br>Subject to minor amendments, the minutes were **APPROVED**. | **JBR** |
| **TB 46/14** | **Agenda Item 4: Matters arising (Action Log)**<br><br>The Board reviewed the Action Log, and noted where actions could now be closed. Where items could not be closed, the Board received a progress update, and these updates will be shown in the Log at the next Board meeting.<br><br>The Medical Director (JB) requested Medical Revalidation is factored into the Board's forward agenda plan for early 2015.<br><br>**The Board NOTED the updates to the Action Log.** | **JBR** |
| **TB 47/14** | **Agenda Item 5: Questions from the Public**<br><br>There were no public questions submitted prior to the Board. | |
| **TB 48/14** | **Agenda Item 6: Chair's Report**<br><br>IB presented the Chair's Report, focusing the Board's attention on the following areas:<br><br>• <u>Fairford League of Friends (LoF) AGM</u><br>Having recently attended their AGM, she commended to the Board the impressive array of work being undertaken by Fairford LoF, including raising funds, commissioning services and networking with the local community.<br><br>• <u>Baroness Jan Royall</u><br>The Chief Exec and Chair recently accompanied Baroness Royall on a tour of the new hospital at Tewkesbury, who was impressed by the facilities.<br><br>• <u>Senior Independent Director (SID)</u><br>IB sought the Board's approval for the nomination of Sue Mead, NED, as the Trust's SID.<br><br>• <u>Changes to Board membership</u><br>IB welcomed the arrival of Richard Cryer, NED, to the organisation. In light of his appointment the NEDs portfolio has been reviewed and revised (Appendix 1).<br><br>**The Board NOTED the report and APPROVED Sue Mead's** | |

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| | **nomination as the Trust's Senior Independent Director** | **JBR** |
| **TB 49/14** | **Agenda Item 7. Chief Executive's Report**<br><br>PJ presented the Chief Executive's Report, and noted:<br><br>• <u>Listening into Action (LiA)</u><br><br>The first 'Quick Win', identified through LiA staff conversation events, to make the on line e-training system easier to access for staff has been implemented and several staff members have volunteered to be involved in the first ten pioneering teams.<br><br>• <u>GCCG notice of termination for Out of Hours Services</u><br><br>The Trust has submitted a Pre-Qualification Questionnaire to the GCCG for the OOHs contract, effective from 1 April 2015, and is awaiting notification.<br><br>• <u>GCS notice of termination for Pharmacy Services for Community Hospitals</u><br><br>Gloucestershire Hospitals NHS Foundation Trust (GHFT) has responded to the Trust's termination notice and entered into discussion with Laura Bucknell, Head of Medicines Management, to look at how their pharmacy service could be shaped to meet GCS' requirements.<br><br>• <u>CQC consultation – new approach to regulating, inspecting and rating community health services</u><br><br>Chief Executives from NHS organisations, involved in the first tranche of the CQC's new approach, have shared their impressions and learning from the visits and GCS will feed back the advice to staff.<br><br>The new Chief Inspector of Hospitals' model is drawing on nursing staff and doctors to become involved in looking at NHS services. The Director of Nursing & Quality has volunteered to gain an insight into the key lines of enquiry.<br><br>**The Board NOTED the report.** | |
| **TB 50/14** | **Agenda Item 8. Chief Operating Officer's Report**<br><br>The Chief Operating Officer (COO) thanked all in GCS for the warm welcome he had received and for their patience since his secondment to the organisation in April. He was keen to visit all GCS' sites and had been impressed by the high level of | |

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| | dedication exhibited in the staff members he had met so far.<br><br>His review of responsibilities and structures within the Trust is on-going; however, changes will be ratified shortly and shared with staff.<br><br>**The Board NOTED the report.** | |
| **TB 51/14** | **Agenda Item 9: Quality & Performance Report**<br><br>The Director of Nursing & Quality (EF) began by expressing her congratulations to GCS colleagues, Caroline Holmes, Sarah Warne and Michelle Slater, on being the recipients of three separate Innovation and Best Practice Awards 2014 from the Community Hospitals Association (CHA). The TDA have acknowledged the achievement and requested to see information on the winning GCS schemes.<br><br>Matthew O'Reilly (MO), Head of Performance and Information, joined the meeting at this juncture to support presentation of the Quality & Performance Report. EF gave a brief overview of the headlines in the paper which comprises five key CQC driven reporting areas:<br><br>• GCS is currently green RAG rated in 65% of its performance targets<br>• The Trust has taken appropriate action regarding the reported 'Never Event' that occurred at its out of hours dental clinic<br>• Quick initiatives on pressure ulcers and the Safety Thermometer - a tool for measuring, monitoring and analysing patient harms and 'harm free' care - are to be taken forward next year<br><br>In discussion on how the Harm Free Care scores are arrived at, MO advised the Board the equation used to calculate the aggregate is; the sum of harms reported each month divided by instances of patients surveyed each month.<br><br>The Chair (IB) advised the Report was considered at the Quality & Clinical Governance Committee in April and in depth reviews on falls and pressure ulcers have been factored into its forward agenda planner.<br><br>On behalf of the Board, IB acknowledged the impressive work by the Trust's operational teams to achieve so many green performance RAG ratings.<br><br><u>Social Care</u> | |

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| | The Director of Finance reported GCS' Board meeting cycle is not in synchronisation with GCC's and reiterated the difficulty the Trust has experienced accessing Social Care data. GCS are in conversation with GCC to address this issue.<br><br>The Chief Operating Officer advised work being undertaken by GCS around assessments is for discussion at Part 2 of the meeting.<br><br><u>Workforce</u><br><br>The Director of HR (TR) reported the high staff turnover rate has been discussed with the TDA and an anomaly identified in the Trust's inclusion of bank staff in the figures.<br><br>Further to discussion around mandatory training, TR advised courses are currently run separately for each organisation however, a proposal is being considered to roll out a training passport whereby GCC staff will be invited to attend GCS corporate training.<br><br>**The Board NOTED the content of the Quality & Performance Report.** | |
| **TB 52/14** | **Agenda Item 10: Hard Truths Response: National Quality Board Report**<br><br>The Director of Nursing & Quality (EF) and the Matrons (Mandy Hampton and Jane Evans) introduced GCS' first response to the NQB report that sets out a number of expectations around inpatient staffing, which will be presented to Board on a six monthly basis.<br><br>With the assistance and expertise of the matrons, staffing levels for each of the Trust's inpatient wards have been agreed with EF and the Board was asked to endorse the 1:8 staff/patient ratio proposed by NICE. EF advised a robust escalation plan has been implemented but is not formalised in the report. Each ward has a display board giving staffing information and this detail will be uploaded to an electronic data base. However, EF reported it may not be possible for the Trust to submit a report by 10 June, in compliance with Phase 1 of the national system, as the full month's data for one of GCS' community hospitals is not available.<br><br>The Chief Operating Officer (DJ) thanked EF for taking on and steering through this piece of work. Going forward, responsibility will be shared between EF and DJ, whilst accountability will be the responsibility of EF. | |

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| | The Board discussed with the Matrons present the number of bank and agency staff employed in community hospitals. CC (Chair of the HR & OD Committee) advised the development of bank staff had been highlighted and is to be looked into by the Committee.<br><br>The Chair thanked EF and the Matrons for the impressive piece of work they had undertaken.<br><br>**The Board:**<br><br>• **ENDORSED the agreed staff levels and VALIDATED the tools to be used**<br><br>• **NOTED compliance might not be achievable by June as goal posts for collating data had altered**<br><br>• **AGREED a bi-monthly NQB report be included in the Quality & Performance Report presented to the Performance & Resources Committee**<br><br>• **AGREED a six monthly report is submitted to Board and timetabled into the forward agenda planner** | **EF**<br><br>**EF / JBR**<br><br>**EF / JBR** |
| **TB 53/14** | **Agenda Item 11: Staff Survey Report and Results**<br><br>The Director of HR (TR) presented the report and advised the Staff Survey results had been embargoed to the end of March and this was the first opportunity to share with Board.<br><br>TR drew attention to the five key findings of the survey where GCS, as an arms-length organisation, top scored and provided a brief update on the five where it had bottom scored. These results sit closely alongside the Listening into Action findings:<br><br>KF 18 & 16 – harassment and bullying experienced by staff from the general public will be looked into in detail by the Equality Steering Group to identify what support can be given.<br><br>KF 26 –the results suggest staff are disengaged with equality & diversity training and it is proposed the requirement to undertake training every three years will be increased to annually.<br><br>KF 8 – work on the concerns around appraisals will be undertaken by the HR & OD Committee<br><br>**The Board noted the content of the report and RECOMMENDED the Trust use Listening into Action as a useful tool for addressing some of the issues.** | **TR** |

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| **TB 54/14** | **Agenda Item 12: Finance Report**<br><br>The Director of Finance (GH) presented the Report and gave a brief overview. He advised GCS had achieved a full year surplus of £2m and awaiting final sign off of its accounts. GH commended the work undertaken by the Director of Nursing & Quality to deliver just £31k short of the full £2m CQUIN schemes achievement total. The Chair requested the Trust's thanks be extended to all those who had contributed to a good 2013-14 outcome.<br><br>Looking ahead to 2014-15, GH highlighted in particular the following areas:<br><br>• Delivery of CIPs is crucial and the chosen schemes must be led and owned by the managers running the services;<br>• Equality and quality implication assessments' mechanism is in place, however, presently not robust enough to give assurance;<br>• GCS to implement a system to oversee and monitor all Trust schemes (i.e. CIP, QIPP, etc.).<br><br>GH advised figures for Gloucestershire County Council have not yet been reported publically and therefore its Finance Report will be presented in the confidential section of this meeting.<br><br>**The Board NOTED the content of the Report and RECOMMENDED the CIP schemes continue to be reported to and monitored by the Performance & Resources Committee.** | **GH / JBR** |
| **TB 55/14** | **Agenda Item 13: Health, Safety & Security Strategy**<br><br>**The Board APPROVED and RATIFIED the Strategy and extended their thanks to Rod Brown, FT Programme Manager, for his input.** | |
| **TB 56/14** | **Agenda Item 14: Quality & Clinical Governance Committee update (and approved IGQC Minutes from 20 February 2014)**<br><br>**The Board RECEIVED and NOTED the update and approved minutes from 20 February 2014.** | |
| **TB 57/14** | **Agenda Item 15: Performance and Resources Committee update (and approved Minutes from 13 February 2014)**<br><br>The Director of Finance presented the report and advised the | |

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| | Committee had a new Chair and Lead Executive, with effect from 1 April 2014.<br><br>**The Board RECEIVED and NOTED the report and approved minutes.** | |
| **TB 58/14** | **Agenda Item 16: Audit & Assurance Committee update (and approved Minutes from 17 December 2013)**<br><br>The Director of Finance presented the report and advised the Committee had reviewed in detail the Trust's draft results and accounts and approved the Standing Orders.<br><br>**The Board RECEIVED and NOTED the report and approved minutes.** | |
| **TB 59/14** | **Agenda Item 17: Any Other Business**<br><br>The Director of HR advised the HR & OD Committee had commissioned a focussed approach Workforce Strategy paper for presentation to July's Board.<br><br>There being no other items for the Board's attention, the Chair closed the meeting at 12.30pm. | |
| **TB 60/14** | **Agenda Item 18: Date of Next Public Meeting**<br><br>9.30am - 4.00pm on Tuesday, 15 July 2014 at the Corinium Stadium, Kingshill Lane, Cirencester, GL7 1HS | |

**Chair's Signature** **……..**

**Date** **……..……**

**Gloucestershire Care Services NHS Trust Board Action Log**

| Minute Reference | Action Agreed | Lead Exec | Update for 15 July 2014 | Proposed Close Date | Status |
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| **Actions Carried forward from Gloucestershire Care Services Operational Board** | | | | | |
| TB76/13 | Further work required to develop a quality dashboard drawing data from initiatives that can be measured and quantified and presented to October's IG&QC | Director of Nursing | Development of quality reporting to be reviewed in the context of the Government's response to Francis and reported to IGQC in December<br>**New form of reporting to April IGQC meeting and then to Board in May.**<br>**The new style report and future actions will be presented to May Board** | May-14 | Closed |
| TB125/13 | Present report on Charitable funds available and its uses for staff to Execs team and report to Board | Director of Finance | Report coming to September Board and will be of interest to League of Friends' Chairs | Sep-14 | Open |
| **Gloucestershire Care Services NHS Trust Board Action Log** | | | | | |
| TB27/14 | Amend Annual Statement of Compliance for ensuring single sex accommodation in CHs to clarify decisions are taken in consulation with the service user/family. | Director of Nursing & Quality | | Mar-14 | Closed |
| TB27/14 | Additional information denoting Trust lead for each complaint and highlighting where scrutiny is delegated to Q&CG Committee to be included in Trust's response to Clywd/Hart report. | Director of Nursing & Quality | Implementation Plan to July Board<br><br>The complaints function transferred to Director of Nursing on 1st April. Review of Director of Strategy plan undertaken and a meeting arranged to discuss this within the NED forward plan. | Jul-14 | Open |
| TB28/14 | Learning Disabilities Action Plan was noted. Recommendations made: seek input from GCC and Children's Services to implementation plan; identify GCS nominee to attend LD Partnership Board and explore available options around funding issues. | Director of Nursing & Quality | | May-14 | Closed |

| Minute Reference | Action Agreed | Lead Exec | Update for 15 July 2014 | Proposed Close Date | Status |
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| TB29/14 | Enhance Service User Experience Report with better quality analysis of information. | Director of Nursing & Quality | In development, report will go to Your Care, Your Opinion and Board.<br><br>Report being developed to include "You said, we did approach" this will be presented to QCGC and YCYO on a quarterly basis | Jul-14 | Open |
| TB30/14 | Present report to May's Board from working party established to evaluate the Reablement service. | Chief Operating Officer | Report to Septembers meeting | May-14 | Open |
| TB30/14 | Include 'Never Event' reported by GCS OOH's dental clinic on quality dashboard | Head of Performance | | May-14 | Closed |
| TB32/14 | Recommendation Perf & Res Cttee undertake deep dive of the CIPs and monitors them routinely | Chief Operating Officer | | May-14 | Closed |
| TB38/14 | Due to cancellation of Board meeting on 25 March, approval of Equality Objectives delegated to the Trust Chair | Director of HR / Trust Chair | | May-14 | Closed |
| TB40/14 | Board members requested to submit comments / topics of interest with regard to Board Development Learning Objectives and Forward Plan to Chair or Board Secretary | Board Secretary | Comments received and documents updated accordingly | May-14 | Closed |
| TB46/14 | Medical Director requested Medical Revalidation is included on Board's forward planner for early 2015 | Director of Corporate Governance | | May-14 | Closed |
| TB48/14 | Board approved Sue Mead's nomination as Trust's Senior Independent Director | Board Secretary | | May-14 | Closed |
| TB52/14 | Agreed NQB (Safer Staffing) Report to be included in Quality & Performance Report presented to Performance & Resources Committee and a report presented bi-annually to Board | Director of Nursing & Quality | May staffing data included in the Quality & Performance report and will be reported month by month. Acuity audit results to be presented twice yearly | Jul-14 | Open |
| TB54/14 | Board recommended CIP schemes continue to be reported to and monitored by Performance & Resources Committee | Chief Operating Officer | | Jul-14 | Open |
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| Board Part 1 2014/15 | | | | | | |
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| **Month** | **20 May 2014** | **15 July 2014** | **16 September 2014** | **25 November 2014** | **20 January 2015** | **17 March 2015** |
| Venue: | Hesters Way Community Resource Centre, Cheltenham | The Corinium Stadium, Cirencester Football Club | Brockworth Community Centre Brockworth | Coopers & Malvern Rooms, EJC | | |
| **Patient Story / Service Presentation** | | | | | | |
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| **Standard Items** | | | | | | |
| | Apologies | Apologies | Apologies | Apologies | Apologies | Apologies |
| | Declaration of Interests | Declaration of Interests | Declaration of Interests | Declaration of Interests | Declaration of Interests | Declaration of Interests |
| | Minutes of previous meeting | Minutes of previous meeting | Minutes of previous meeting | Minutes of previous meeting | Minutes of previous meeting | Minutes of previous meeting |
| | Actions arising from previous meetings | Actions arising from previous meetings | Actions arising from previous meetings | Actions arising from previous meetings | Actions arising from previous meetings | Actions arising from previous meetings |
| | Chair's Report | Chair's Report | Chair's Report | Chair's Report | Chair's Report | Chair's Report |
| | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report |
| | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report |
| | Public Questions | Public Questions | Public Questions | Public Questions | Public Questions | Public Questions |
| | | Forward Planner | | Forward Planner | | Forward Planner |
| **Governance, Quality & Safety** | | | | | | |
| | Quality & Performance Report (GH/EF) | Quality & Performance Report (EF/GH) | Quality & Performance Report (EF/GH) | Quality & Performance Report (EF/GH) | Quality & Performance Report (EF/GH) | Quality & Performance Report (EF/GH) |
| | NQB Hard Truths Response | Update on Accounts signoff (GH/RG) | Board Governance Assurance Framework | | Board Governance Assurance Framework | |
| | | Register of seals report (JB) | NQB Hard Truths Report | | Medical Revalidation | NQB Hard Truths Report |
| | | Board attendance register (JB) | CIP Schemes and Project Plans Report (DJ) | | Equality annual report (LL) | |
| | | | CIP Quality Impact Assessment Report (EF/MD) | | | |
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| **Strategy** | | | | | | |
| | Health, Safety & Security Strategy | | Information Governance Strategy (sign-off) (JBr) | Quality Strategy (Sign off) (EF) | | |
| | | | Financial Management Strategy (sign-off) (GH) | Membership Strategy (sign-off) | | |
| | | | Workforce Strategy (sign-off) (TR) | Public Consultation Strategy (sign-off) | | |
| | | | Performance & Information Strategy (sign-off) (GH) | | | |
| | | | Business Continuity Strategy (sign-off) (DJ) | | | |
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| **Service Delivery & Performance** | | | | | | |
| | Finance Report (GH) | Finance Report (GH) | Finance Report (GH) | Finance Report (GH) | Finance Report (GH) | Finance Report (GH) |
| | Staff Survey Report and Results (TR) | | Reablement Report (DJ) | | Mortality Reporting (MD) | |
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| **Communications** | | | | | | |
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| **Information** | | | | | | |
| | Sub-Committee minutes Q&CG, P&R and A&A | Sub-Committee minutes Q&CG, P&R, A&A and HR&OD | Sub-Committee minutes | Sub-Committee minutes | Sub-Committee minutes | Sub-Committee minutes |
| | | Quality Account (EF) | Committees Annual Statement for Trust Board | | | |
| | Date of next meeting | Date of next meeting | Date of next meeting | Date of next meeting | Date of next meeting | Date of next meeting |

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15 July 2014
Location: Corinium Stadium, Cirencester

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## Agenda item 7: Chair's report

Board developments

I am delighted to announce that Robert Graves' term of office as a non-executive director has been renewed for a further two years, which is the maximum allowed by the Trust Development Authority.

Nicola Strother Smith has retired from her NHS role and is therefore now a full voting Non-Executive Director and not a Non-Executive Director designate.

Former board secretary Simeon Foreman has left the Trust to pursue other opportunities and I would like to put on record thanks for his contribution. I would also like to take this opportunity to seek Board approval that Jason Brown be appointed as Trust Secretary, including all statutory responsibilities associated with this appointment, as an extension to his existing role as Director of Corporate Governance and Public Affairs.

Engaging with our services

- I have been on a quality visit to Tewkesbury and our non-executive directors have been carrying out two or three quality visits each month with visits in June including dentistry and podiatry

- Stroud Hospital's League of Friends has been extremely generous in recent weeks. Former Sister Thelma Cowley, who worked at Stroud General for 23 years, has made a donation of over £10,000 via the League of Friends which has provided three new stretcher trolleys. I also attended a presentation by the League to our dental services team at Redwood House, with a further £2,000 raised to buy a dental loupe and saddle seat.

- Paul Jennings and I have recently been 'walkabout' meeting colleagues from across the Trust at our various sites. As always the contribution at these events was excellent and the more informal nature of the meetings gives us the chance to get a sense of how a wide range of colleagues are feeling.

## Celebrating You Staff Awards

I was privileged to present our Celebrating You Staff Awards to colleagues across the Trust on Wednesday 25 June, alongside Paul Jennings. We received 119 nominations across the 10 categories and it was extremely difficult to select the winners with so many strong entries.

There were three award ceremonies - one in Cirencester, Gloucester and Cinderford – as we felt it was important to hold events in community settings where our services are delivered. Everyone short-listed had a video shown with the person who nominated them explaining why they put them forward – it was a pleasure to watch them and hear first-hand some fantastic examples of the compassion, dedication and care which are happening across the Trust on a day-to-day basis.

It was a pleasure to have Rob Graves, Richard Cryer and Chris Creswick at these events to help present our awards.

## Working with our partners

- Paul Jennings and I attended the Gloucestershire Strategic Forum where the main items were about alignment of five year plans across the health community, progress with urgent care, an update on the Health and Wellbeing Board and a briefing on the Care Act

- Sue Field, Chris Creswick and I met with Gloucestershire Hospitals Foundation Trust Chair Professor Claire Chilvers and vice-chair Gordon Mitchell and Eric Gatling for an Unscheduled Care joint meeting on Thursday 22 May

- A Care Quality Commission report into Safeguarding for Looked After Children in Gloucestershire has recently been published. It contained a number of multi-agency recommendations and we look forward to working in partnership with colleagues across the county to further enhance this aspect of care

- The Trust sponsored the ‘Under-18 Caring Hero’ category in the Heart of Gloucestershire Awards, run by the Gloucester Citizen and Echo. I attended the ceremony, along with Richard Cryer and nine trust colleagues, on Wednesday 11 June to present the award to the category winner Hannah Berry

- A number of board members attended a 2014 Community Health Event in Cheltenham on Thursday 3 July. The speaker was Chris Hopson, chief executive of the Foundation Trust Network, and the event was well attended by board members across the county including Gloucestershire Hospitals Foundation Trust, 2gether, Gloucestershire County Council and Gloucestershire Clinical Commissioning Group providing a good opportunity to liaise and co-ordinate our thinking

- Paul Jennings met with Lawrence Robertson MP to offer a briefing, part of a regular series of meetings with local MPs

- Chris Creswick attended the Healthwatch annual general meeting at Gloucester Rugby Club on Tuesday 17 June

National networking

There have been a number of events of national significance since the last board meeting and I would like to highlight the following:

- I attended a Foundation Trust Network dinner with six board colleagues and Shadow Health Secretary Andy Burnham MP in Westminster on Monday 2 June. This was a valuable opportunity to influence his thinking and gain more insight into his ideas for health policy in the run-up to next year's General Election

- I attended the Trust Development Authority's first networking meeting for Chairs in the South of England, hosted by Prof Stephen Dunn at which we learned of national initiatives to improve understanding of, and action on, patient experience

- Myself, Paul Jennings, Duncan Jordan, Liz Fenton and Nicola Strother Smith attended the NHS Confederation Conference in Liverpool, where the new Chief Executive of NHS England, Simon Stevens, had his first national speech. Highlights of the conference can be found online at www.nhsconfed.org/annual-conference-2014

- Richard Cryer and Nicola Strother Smith attended the Foundation Trust Network's 2014 Governance Conference in London on Tuesday 1 July

- Rob Graves has attended a national conference on procurement, while Richard Cryer attended the Health Finance Managers Association two-day induction

Other matters

I have requested a briefing on community nursing in light of recent figures released by the Royal College of Nursing regarding national staffing levels, as well as comments passed on to me by colleagues within our community nursing teams. This briefing will form part of the non-executive director's meeting on Tuesday 29 July.

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15 July 2014
Location: Corinium Stadium, Cirencester

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## Agenda item 8: Chief Executive's Report

We've had a very successful first year as a Trust and are now looking to build on the high quality of care we have been providing.

Our Annual Report and Quality Account have just been published on the Trust website, the first such reports we have published as a standalone NHS provider, examining our achievements in our first year and explaining how we intend to continue to improve.

In addition, we recently submitted to the Trust Development Authority (TDA) the outline of our five-year business plan together with the first draft of the Long Term Financial Model (LTFM). We will be expanding on both of these in the next couple of months as we work towards producing our five-year integrated business plan (IBP) which we are anticipating to be completed during Q3 of this financial year.

### Foundation Trust (FT) status update

It is with great pleasure that I can announce that the Trust is awaiting a letter to confirm that it has been formally accepted into the Foundation Trust 'pipeline' by the Trust Development Authority (TDA). This is due imminently.

A huge amount of work has gone into preparing this organisation to join the 'pipeline' and we now have a further 18 months of work, under the guidance and scrutiny of both the TDA and Monitor, to prepare for the transition to becoming a Foundation Trust.

I would like to congratulate all my colleagues who have been involved in this process to date, but also to reiterate that the value of becoming a Foundation Trust will come from enabling improved care and services and better outcomes for the people of Gloucestershire. Providing the best possible services remains our over-riding commitment.

### Listening into Action (LiA) update

Listening into Action was launched in January 2014 as a new way of using the views and ideas of our staff to improve the services we provide and making the Trust a

better place to work. It is a proven approach within the NHS, which has been adopted by hundreds of trusts across the country.

This initiative is led by me personally, working with LiA co-ordinator Claire Powell and a sponsor group of 10 colleagues. It began with a 'Pulse Check' staff survey in February – which drew 1,339 responses – and then five Staff Conversations in March and April attended by more than 300 colleagues.

Ideas from the Staff Conversations were distilled into 'Quick Wins' – ideas which could be enacted immediately – and medium-term projects to be completed within 20 weeks. Examples of quick wins have included streamlining our online training request system and a ballot to name the ward at Vale Community Hospital. Further 'Quick Wins' have been identified and are being actioned.

We have identified our first 15 medium-term projects to be taken forward across the Trust and each is underway under the supervision of one the LiA sponsor group. These have been sub-divided into Enabling Our People Schemes and First Pioneering Teams.

The full list of projects is detailed below:

| | **Enabling Our People Schemes** | **LiA Lead Sponsor** | **Team** |
|---|---|---|---|
| 1 | Healthy Workforce | Tina Ricketts | Chris Boden, Podiatry Admin Team, Kelly Bluett. Alex Harrington, Kim Martin |
| 2 | Restorative Supervision | Deborah Greig | Bernie White and colleagues |
| 3 | The Network - 'Who's Who' info on people and roles within the organisation | TBC | Julia Doyle, Ian Possee |
| 4 | Centralised equipment "Swap Shop" | Sonia Pearcey | Helen Leyshon, Kim Stacey, Karen Williams |
| 5 | Handyman Service Design | Candace Plouffe | Mark Parsons and colleagues |
| 6 | Implement an integrated online system to manage all learning and development | Tina Ricketts | Faye Beddow, Nichola Pallett, Keith Dayment, Alan Keyte, Matthew O'Reilly, Lee Charlton / IT HR Business Partner/Deputy Director HR Representatives from community hospitals, ICT's, MIU's, Specialist Nursing Services, Rapid Response, Public Health |

| | First Pioneering Teams | Project Details | LiA Lead Sponsor | Team |
|---|---|---|---|---|
| 1 | South Forest Physiotherapy Team | Improving the service and experience for both the patient and the reablement workers. | Liz Brumwell | Gemma Watkins and colleagues |
| 2 | Linda Edwards & North Cotswolds Team | Developing integration within the North Cotswolds Adult Services | Mandy Hampton | Linda Edwards, Dawn Holland and colleagues |
| 3 | Children's' Occupational Therapy | Strategic review of C&YP OT Service for children with ASD/LD needs | Katherine Heffernan | Sarah Birmingham and colleagues |
| 4 | Coln Ward, Cirencester Hospital | Improving the patient dining experience | Claire Powell | Karen Fawcett and staff on Coln Ward, Jane Evans, Dee Young |
| 5 | Community Nursing | Provision of suction equipment in the community | Annie MacCallum | Theresa Cuthbert & colleagues |
| 6 | Cashes Green Ward, Stroud Hospital | Creating a positive team approach which empowers staff to develop, listen and learn together | Margot Mason | Julie Lerigo, Helen Acock and colleagues |
| 7 | Gloucester Integrated Community Teams | Making the most of admin expertise in both the colleague and service user experiences | TBC | Rebecca Flodman, Laura Neininger and colleagues tba |
| 8. | Engagement Team | Understanding You campaign | TBC | Anna Gibbins, Lucy Lea, Katie Parker |
| 9. | Healthy Lifestyle Team | Develop Webex for patient/user consultation to support Smoking Cessation Service | Claire Powell | Elaine Watson & colleagues tba |

A 'Pass it On' Event will be held on Monday 3 November to celebrate the completion of these first 15 projects, allow colleagues to share their achievements and build momentum for a second wave of projects which will follow on.

## Telehealth services

The Trust provides a Telehealth service in the county, which uses electronic equipment in the patient's home to take readings relating to their health and forward them on to clinicians for monitoring and, if necessary, appropriate action.

It has been brought to our attention that a Gloucestershire patient has been contacted by a company presenting itself as 'Gloucestershire Telehealth' which attempted to charge the patient for the Telehealth service they currently receive.

We have written to all Telehealth service users to reassure them that the service is provided and funded by the Trust and that if they approached by 'Gloucestershire Telehealth' or asked for payment they should not make a payment or disclose personal details and instead contact the Trust.

At the time of preparing this report we have only had one such incident reported and we are hopeful that this was an isolated incident.

## Appointments

San Sumathipala has joined the Trust as deputy Medical Director and we are very close to being able to make an announcement regarding an interim Medical Director to cover while Dr Jo Bayley is on secondment in America. Interviews for an interim Medical Director were held last week and the board will be updated on the appointment in due course.

Gloucestershire County Council has announced that David McCallum has been appointed as Independent Chair of Gloucestershire Safeguarding Children Board (GSCB).

David is an Independent Public Protection Officer in the field of training, consultancy, review and investigation in all areas of public protection. He is the Independent Chair of Herefordshire Safeguarding Children Board and will continue in that role.

David will be working with Paul Yeatman (Independent Chair of Gloucestershire Safeguarding Adults Board) to build on the progress made in aligning the work of both safeguarding boards, whilst tackling the priorities for the GSCB to help improve safeguarding services for vulnerable children in Gloucestershire.

## Sign up to Safety

The Secretary of State for Health Jeremy Hunt launched the 'Sign up for Safety' campaign on Tuesday 24 June, aiming to make the NHS the safest healthcare system in the world.

I received a letter, signed by David Behan, chief executive of the Care Quality Commission, David Bennett, chief executive of Monitor, Catherine Dixon, chief

executive of the NHS Litigation Authority, Simon Stevens, chief executive of NHS England, David Flory, chief executive of the NHS Trust Development Authority and David Dalton, chief executive of Salford Royal NHS Foundation Trust, inviting the Trust to sign up to the campaign.

The five key pledges of the campaign, together with the Trust's commitments, are:

- **Put Safety First**
  *Commit to reduce avoidable harm in the NHS by half and make public goals and plans developed locally.*

  Gloucestershire Care Services NHS Trust ("the Trust") is fully committed to a policy of zero tolerance, and thus will not condone, whether explicitly or implicitly, any act of negligence or other failure / omission that results in service users receiving poor care or suffering avoidable harm. Actions to fulfil this pledge include:

  - undertaking an increased range of quality evaluations and assurances, so as to assess current practice in the Trust, understand the experiences of service users and colleagues, and identify opportunities to improve care and safety;

  - recognising that infection prevention and control is fundamental to good care, and that the associated practices of hygiene and safe handling, as well as the management of equipment, waste and fluids, are essential skills in preventing service users from acquiring health care associated infections;

  - maintaining a robust approach to safeguarding for both adults and children, so as to provide the best possible protection against the potential of harm or abuse;

  - ensuring better identification of, and increased support for, vulnerable people;

  - embedding safe medication practices across the Trust, thereby ensuring that at all times, medicines are handled safely and appropriately.

- **Continually Learn**
  *Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are.*

  The Trust regularly seeks new and more innovative ways of capturing the experiences of service users so as to ensure that their opinions are understood and clearly evident in future service delivery and design. This includes using a variety of methods to elicit service users' views to complement the traditional paper-based surveys, such as focus groups and web-based questionnaires. It also requires the adoption of a more systematic approach to compiling evidence from service user responses in order to undertake remedial action, report back on progress to service users, and ensure that the learning from these experiences is cascaded routinely across the Trust.

The Trust also aims to ensure the development and delivery of robust, timely information reports that will effectively support and enable management of operational activities, and facilitate understanding of Trust performance, so as to readily identify any potential areas for improvement.

- **Honesty**
  *Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.*

  The Trust will ensure that it demonstrates candour, and is both honest and transparent with service users should anything go wrong throughout their care journey. This aligns to one of the Trust's core values ("Open") and involves:

  - acknowledging the situation should something untoward occur during the care and support of a service user, and then apologising and explaining how standards were allowed to lapse;

  - conducting thorough investigations, and ensuring that lessons learned will help prevent the incident happening again.

- **Collaborate**
  *Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.*

  The Trust is clear in its commitment to build and maintain robust working partnerships with other relevant organisations, both public and independent sector, in order to strengthen its service provision and ultimately, benefit service users. This includes:

  - continuing to develop integrated health and social care services with Gloucestershire County Council;

  - forming other critical alliances, partnerships and joint ventures with appropriate physical health, mental health and social care providers, particularly where these organisations share common strategic goals;

  - ensuring improved working with primary care, so that the Trust's community-based services are automatically recognised by local GP practices, as providers of excellent care that can offer a practical and sustainable solution to maintaining service users safely outside of an acute hospital setting.

- **Support**
  *Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.*

  The Trust is committed to developing a supportive and learning culture, that emphasises the importance of team working to achieve common goals, and that

shares the results of actions in order to improve future performance. This includes:

- providing support for service users, carers and families, as well as colleagues, so that they may best cope with the aftermath of an untoward incident, recognising that safety breaches can have long-term consequences and after-effects;

- supporting Trust colleagues to act consistently with openness and compassion i.e. allowing colleagues to discuss situations in a supportive environment that enables full exploration of issues, with a view to finding solutions and ensuring that the circumstances are never allowed to reoccur;

- rewarding staff when successes are achieved.

Signing up to the campaign will commit the Trust to:

- Setting out actions the Trust will undertake in response to the five key pledges above
- Using the proposed actions as the basis for a safety improvement plan which will show how the Trust intends to save lives and reduce the harm for patients over the next three years
- Identifying two national and two local priorities as a specific focus for the Trust

South West Ambulance Service strategic review

South West Ambulance Service NHS trust has undergone a strategic review of its senior management team resulting in changes to some areas of responsibility.

For matters relating to urgent care services, NHS 111 and out of hours services the lead is Jenny Winslade, Executive Director of Nursing and Governance. In her absence contact Dave Beet, Director of Urgent Care, Out of Hours and NHS 111.

For matters relating to 999 services the lead is Neil Le Chevalier, Director of Operations. In his absence the head of operations for Gloucestershire is Paul Birkett-Wendes.

Weston Area Health NHS Trust

Weston Area Health NHS Trust, based in Weston-super-Mare, is currently in the process of a statutory acquisition / merger and I have received a letter from the Trust chairman that expressions of interest have been received from University Hospitals Bristol NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust. These three trusts will be moving forward in the acquisition process.

Changes to NHS Litigation Authority (NHS LA) services

The NHS Litigation Authority is a not-for-profit organisation within the NHS which manages negligence, and other legal claims, on behalf of members – of which we are one.

I have received a letter from the Chief Executive saying that from April 2014 the NHS LA "…is not assessing the standards against compliance or updating them in line with any new practice. We will continue to pay discounts in full this year but will, over time, be moving away from paying risk management discounts (whilst avoiding swings in price). We will continue to reward those organisations with fewer less costly claims by reducing their contributions, thereby incentivising organisations to reduce harm."

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15 July 2014
Location: Corinium Stadium, Cirencester

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## Agenda item 9: Chief Operating Officer's report

Since joining the Trust on April 1 I have been extremely impressed by the commitment to quality care shown by colleagues across the Trust. I would like to thank our clinical and social care staff, support services and the board for their ongoing support during this challenging period for the NHS.

### Community Hospitals

The Community Hospitals Development Group has met during the past month and the key priority areas have been agreed, which will include the following:

- Admission and discharge criteria that can be applied as a "core" offer across all of its sites
- End of life care
- Rehabilitation provision
- Revised medical provision which may impact on Cirencester Community Hospital.

Stratton Ward at Cirencester Community Hospital is closed until the end of this year for extensive refurbishment work. The Trust will continue to monitor bed availability and any persistent pressure points with this reduction of 12 beds for the foreseeable future.

There have also been some operational and infection control challenges at Stroud General Hospital which has meant a temporary reduction in bed availability. This risk was reported to the wider health community on Wednesday 11 June and the Trust continues to monitor the situation daily. At the time of writing this report, there remains a "reduction" of 6 beds at this hospital and the Locality Manager is currently working with the Estates and Infection Control Teams to address the risks in the longer term (this is linked to bed space areas).

There is also an emerging issue at the Dilke Community Hospital with regards to five beds not being fully staffed. A full risk assessment has been completed by the community hospital matron and locality manager and mitigating action is being taken.

Despite these current pressures the Trust remains responsive to Gloucestershire Hospitals Foundation Trust transfers, direct admissions utilising the assessment skills of other enablers such as the Single Point of Clinical Access (SPCA), the Integrated Discharge Team (IDT) and the rapid response teams.

Susan Field, Director of Service Transformation, is working with commissioners to ensure the Trust escalates bed capacity issues in accordance with our contracts, strengthens formal reporting processes to the relevant external forums and ensures impact assessments are completed.

This work will be mirrored with some Trust activity led by one of the Community Hospital Matrons regarding escalation and how it "fits" within the organisational escalation and business continuity plans. These plans need to be reviewed again taking into account the recently published NHS England operational resilience (winter planning) guidance which can be found at www.england.nhs.uk/wp-content/uplaods/2014/06/op-res-cap-plan-1415.pdf

Community Nursing

The Trust acknowledges that there are a number of vacancies across the community nursing service, particularly in the Cotswolds and Gloucester localities. We recognise that delivering this service on a day-to-day basis while adapting to new ways of working – be it mobile working or using SystmOne – presents a challenge and our community nurses are to be commended for their support and engagement as we redesign services to improve patient care.

In response to these ongoing challenges we:

- Have seconded a Professional Team Lead for Community Nursing into our recruitment team. She will support HR in leading a recruitment campaign for community nursing to get us back up to full establishment. She began this new role on Wednesday 30 June

- Are running a reinvigorated recruitment campaign, including adverts in local media, national nursing publications and on NHS Jobs website. Open days will be run in various locations through the summer.

- Are approaching community nursing staff to ask if they wish to increase their contracted hours either permanently or temporarily

- Are reviewing nursing rotas where they have been changed to support consistent seven-day working, as per national policy, to ensure that the rotas and staffing are appropriate to the demands on the service at different times of day

- Are refreshing our learning and orientation programme to support the recruitment of newly-qualified staff

- Are strengthening the induction process for new staff to improve retention rates

- Are planning rotation opportunities between community posts, Minor Injury Units and other nursing services to both attract applications and develop a flexible nursing workforce

- Have run a bank recruitment campaign throughout June 2014 attracting 46 newly appointed bank workers

- Are undertaking a review of our contingent workforce strategy

- Are developing support for our existing community nurses who wish to undertake the specialist post-graduate programme to receive a District nurse qualification; ensuring we continue to have the correct skill mix within our teams for the changing needs of the patients we see in the community.

- Will be recruiting a Professional Head of Community Nursing to support the Professional team leads in the operational teams, and clinicians in the following:
    - Ongoing analysis of demands into the service regarding acuity and complexity – planning to work in partnership with colleagues in primary care to embed a strong case management system for the community
    - Agreeing a method of case allocation and a workload management system
    - Standardising practice around key care pathways based on current evidence, and use of outcome measures

<u>Minor Injuries Unit (MIU) provision at the Vale Community Hospital</u>

After a period of reduced service, the Trust is pleased to report that the MIU at this hospital is now back to full operational hours as of Monday 30 June 2014.

<u>Community hospital staffing</u>

A substantial amount of work has been done to ensure the Trust is meeting new reporting standards over ward staffing levels, the data for which is published on our website and the NHS Choices site.

There are some statistical outliers within the data, particularly at Lydney Community Hospital, where daytime nurse staffing and night-time health care assistant (HCA) staffing appear significantly below the Trust averages.

It should be noted that Lydney is a small hospital with very low staff numbers – planned daytime nursing shifts are three nurses, while HCA night shifts are planned at two. Any changes from plan therefore result in a high percentage variance. The Matron has assured me that staffing has been appropriate to the number and acuity of patients while avoiding unnecessary use of agency staff.

Community hospital nurse recruitment campaign

Working closely with the Community Hospital Matrons and our MIU nurse leads, the Trust is having success with its recruitment of nurses to work both in our MIUs and Community Hospital wards. The calibre of applicants remains high and in addition to this the organisation is developing some support packages for newly qualified and unregistered staff so that they feel able to work across a range of community services as part of their career progression.

SystmOne

As part of the organisational roll-out of this electronic clinical record system, we are pleased to say that this went 'live' with our community nursing teams in the Stroud and Gloucester localities during May and June, and Cotswolds this month.

This service development has involved a considerable amount of time, the changing of working practices and commitment from clinical practitioners, managers and the IT project team support. The speed with which SystmOne has been implemented is a credit to everyone involved.

It is anticipated that the benefits and efficiencies of using SystmOne within community nursing will start to emerge over the coming weeks. It will support the Trust in the delivery of high quality and safe services, help manage performance and provide evidence of activity undertaken by our colleagues.

The next locality to 'go live' will be the Forest of Dean, followed by Tewkesbury.

External Care

In the last two months significant progress has been made in establishing the External Care Programme which was approved by Gloucestershire County Council, Gloucestershire Care Services and the Gloucestershire Clinical Commissioning Group at the SLA meeting on Monday 16 June. The programme also addresses a number of issues raised in the council-led Mark Spilsbury Report produced in April 2014.

A number of workstreams in phase one are underway, including developing the referral centres and training our teams on effective assessment, reassessment and support planning. New workstreams have been added to phase one, including a detailed review to look at the differences in trends between localities and to look in detail at Cheltenham and Stroud localities where there are budgeting pressure.

Since the programme was signed off on June 16, the Fairer Charging income budget has been transferred into localities. This budget, which collects income from service users who are means-tested and pay a contribution to their care at home, comes with a historic overspend of £700k for adults. The programme will now begin a piece

of work to identify how to deliver this saving, which takes the total savings target in external care from £6.5M to £7.2m.

There are also two further risks being managed within the reassessments workstreams. The first is the slower than anticipated start of the physical disabilities reassessments which will mean that this savings plan will need to be recalculated and the number of reassessments increased to maintain the target. The second is the later than anticipated roll-out of mobile working and laptops for the social care staff which means that the increased productivity expected from November onwards will not be delivered until April 2015. The programme will now review how this productivity can be delivered in a different way. This overall effect is that the service will need to recover a further £90k to stay within budget.

On a more positive note, there are already good examples of reassessments leading to greater independence for people in Gloucestershire and reducing reliance on formal care. This provides evidence that the programme is delivering on its goal to transform the way adult social care is provided in Gloucestershire, helping people to help themselves, keep control over their lives and to minimise over-reliance on statutory services.

The nature of budgeting for this programme remains volatile but progress is steady at this point.

## Programmes and Governance

In response to the significant programme of change at the Trust we are strengthening the team to ensure we maintain robust processes for managing change, impact monitoring and ensuring that the planned benefits are realised.

Interviews will be held on Monday 14 July for a new Head of Programmes Change and Transformation position and a new executive board of myself, Glyn Howells, Sue Field and Candace Plouffe has also been formed to provide board oversight.

## Rapid Response

Work is underway to extend the Rapid Response service across the Tewkesbury locality by the end of September following the successful launch of this service in Cheltenham in early May 2014. The Trust continues to work collaboratively with the Gloucestershire Clinical Commissioning Group in developing and enhancing this service with our integrated community teams.

## Integrated Discharge Team (IDT)

There have been significant service developments with this integrated team which consists of Gloucestershire Care Services, Gloucestershire County Council and Gloucestershire Hospitals Foundation Trust practitioners. A key element of our joint

plans was to appoint a single IDT manager. However, we have not recruited to this post as we have not yet identified a suitable candidate.

We will be working together regarding the next steps and have put some contingency arrangements in place for the next three months whilst we, as a collaborative group, decide what to do best for the longer term.

## Planned Industrial Action

As reported recently in the media, there are a number of trade union organisations who have been asking their members to vote on whether strike action should happen regarding national pay issues. At the time of writing this report, this co-ordinated industrial action is due to take place on Thursday 10 July.

The Trust will ensure that it maintains communication with trade union organisations over the coming weeks and will co-ordinate plans and manage risks accordingly alongside the business continuity plans. We anticipate that the main risk will be the impact of childcare arrangements that our staff may need to manage if schools close as a result of teachers adopting any strike action.

## UK Heart Failure Parliamentary Reception

Head of Specialist Services Annie MacCallum was a guest at a parliamentary event to promote improved heart failure services across the country.

The UK Heart Failure Parliamentary Reception on Tuesday 10 June was hosted by Stroud MP Neil Carmichael and gave policymakers a chance to learn about the importance of access to early diagnosis and specialist treatment as well as data about the national picture for heart failure across the UK.

Mr Carmichael chairs the All Party Parliamentary Group on Vascular Diseases and signed a pledge to continue supporting our specialist heart failure services at the reception. He will be visiting the Trust in September to meet members of our specialist heart failure service and learn more about our work.

## Children and Young People with Special Educational Needs and Disabilities (SEND)

The Children and Families Act received Royal Assent in March and is due to come into effect from September with wide-reaching implications for the commissioning and provision of services and a significant impact on the NHS.

Development and implementation in response to the Act continues to be led by Gloucestershire County Council through a multi-agency programme supported by a range of workstream groups.

Sarah Birmingham, the council's head of children's occupational therapy, has been seconded for one day each week to be the Trust's change champion to help with the

development and engagement work required. She is currently developing assessment plans, raising awareness of SEND issues across the Trust and liaising with relevant agencies countywide.

Some of the key changes in the Act include:

- Local areas under the leadership of the local authority to provide a "Local Offer" which will explain what parents and children and young people can expect to receive in terms of support from the various key agencies, including the NHS. This offer will include what the NHS commissions and provides, and clarity over the ways that young people and parents can be involved in the 'co-production' of their support

- Replacement of the existing SEN 'Statementing' process with new approaches to assessment and provision which are more joined up. This will include a single pathway and system that enables an integrated assessment of individual children and young people with additional needs to take place; the production of a single Education, Health and Care Plan (EHCP) for each eligible child/ young person; and the option of a personal budget (potentially including a personal health budget)

- Local Authorities and NHS commissioning bodies to set up joint commissioning arrangements for children and young people with SEND (both those with and without EHCPs). The draft proposals regarding joint commissioning arrangements in Gloucestershire that were considered by the CCG in September 2013 will need to be revised in the light of the final Act and the forthcoming Guidance

- Health Bodies (including CCGs and Provider Trusts) will be required to co-operate with the LA to identify and support CYP with SEND. They must respond to requests for advice within the statutory timeframes (which reduce from 26 weeks to 20 weeks) and are under a specific duty to secure, fund and provide sufficient health care provision to meet the needs and outcomes identified in EHCPs

Gloucestershire Care Services NHS
NHS Trust

**Gloucestershire Care Services NHS Trust Board**

| | | |
|---|---|---|
| **Title:** | **Quality and Performance Report May 2014** | **Meeting date:** 15th July 2014 |
| **Agenda Item:** | **10** | |
| **Purpose of Paper:** | The purpose of this paper is to provide assurance to the Board of the Trust's performance against local and national key quality indicators. This is provided in a format that aims to enable triangulation of the key aspects of care quality; those being safety, care, responsiveness, effectiveness and leadership.<br><br>The reporting period covered is April 2014 – May 2014. This paper notes the position for the Trust and the actions and monitoring that is in place to support continuous quality improvement. | |
| **Key Points:** | In the reporting period the Trust achieved 86.1% of all applicable national NHS targets and a total of 84.6% of local targets.<br><br>The targets that relate to the services we deliver on behalf of the Gloucestershire County Council are currently being developed and other indicators within the scorecard are subject to development as contract, CQUIN and QIPP targets and milestones are finalised and further defined. | |
| **Options and decisions required** | The Trust Board is asked to:<br>• Note the position at the end of the reporting period May 2014<br>• Note the actions in place to ensure continuous improvement with a focus on the key domains of care quality<br>• Endorse the next steps for further development of the quality report | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | x |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | X |
| | 3. Provide innovative community services that deliver health and social care together | X |
| | 4. Work as a valued partner in local communities | x |

| | | |
|---|---|---|
| | and across health and social care | |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | x |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | x |
| **Next steps/future actions** | The quality reporting process will continue to be developed ensuring that all aspects of quality are captured in a timely manner and where it is available benchmarking and service user feedback will be utilised in order that as a Trust we can assess performance. | |
| **Author name and title** | The Nursing and Quality Team<br>Matthew O'Reilly<br>Head of Performance | **Director Name and Title**<br>Liz Fenton<br>Director of Nursing and Quality |

Gloucestershire Care Services NHS
NHS Trust

# Quality & Performance Report

# May 2014

Understanding You

## Executive Summary

This report provides the Trust Board with a summary of the quality and performance across the Trust for the period April to May 2014. The report is themed across the domains of quality against which care providers are assessed; safe, caring, responsive, effective and well led, in the spirit of being open highlights positive achievements and where we need to focus our quality improvement activity in the coming year.

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

| Target | Red | Amber | Green | Total |
|---|---|---|---|---|
| National | 2 | 3 | 31 | 36 |
| Local | 3 | 1 | 22 | 26 |
| Total | 5 | 4 | 53 | 62 |

| Red | Amber | Green | Total |
|---|---|---|---|
| 5.6% | 8.3% | 86.1% | 100.0% |
| 11.5% | 3.8% | 84.6% | 100.0% |
| 8.1% | 6.5% | 85.5% | 100.0% |

This report includes analysis of Safer Staffing. From May 2014 all NHS Trusts have been required to report, in a standardised format, nursing and care staffing levels for all in patient wards. This data shows:

- Total planned staffing level for registered nurses and care staff in hours
- Actual staffing levels for registered and care staff in hours

The Adult Social Care scorecard is currently being developed for the 2014/15 financial year. An updated scorecard has been shared with Commissioners for review against the national framework before sign-off and then targets will be incorporated and the indicators will be selected for year to date RAG rating to allow comparison between national and locally commissioned targets.

A further change in 2014/15 will see the Adult Social Care SLA being incorporated into the GCCG/GCS Contract Management arrangements (recognising both the value of integrated commissioning and the opportunity provided by the Collaborative Commissioning Agreement).

Both Health, and Adult Social Care performance and scorecards will be reported to the GCCG Contract Board on a monthly basis for scrutiny and challenge.

## Next steps in developing the reporting

This report will be further developed during 2014/15 in order to ensure that comprehensive reporting at team, locality and organisational level is available. The table at the back of this report (Appendix 1) shows progress to date and the areas for development and inclusion within future reports.

# Safe

## 1.1 Incidents Overview

An incident is any event which has given rise to actual harm, injury or to damage/loss of property (Ref: NHS Executive).
This definition includes patient or client injury, fire, theft, vandalism, assault and employee accident. It also includes incidents resulting from negligent acts, deliberate or unforeseen.

The tables below show Trust figures for the period from April to May 2014:

Total number of incidents:

| Type of incident | Apr-14 | May-14 | Total |
|---|---|---|---|
| Personal Accident (Patient/Staff) | 127 | 107 | 234 |
| Incident at Point of Care Delivery (clinical Incident) | 74 | 88 | 162 |
| Estates, Staffing, Infrastructure | 23 | 35 | 58 |
| Violence, Abuse or Harassment | 14 | 24 | 38 |
| Communication | 14 | 18 | 32 |
| Discharge, Transfer, Admission, Appointment | 15 | 15 | 30 |
| Security Incident | 17 | 12 | 29 |
| Records, Information, Confidentiality | 16 | 9 | 25 |
| Vehicle Incident | 2 | 2 | 4 |
| Fire Incident | 0 | 2 | 2 |
| Waste Environmental Incident | 2 | 0 | 2 |
| Total | 304 | 312 | 616 |

Number of incidents where harm to patients has been considered to have a long term impact is shown below, all five cases were falls or suspected falls:

| Type of incident | Apr-14 | May-14 | Total |
|---|---|---|---|
| Personal Accident (Patient) | 0 | 5 | 5 |
| Total | 0 | 5 | 5 |

Top 3 types of incident split by main categories:

| Type of incident | Top Categories | Apr-14 | May-14 | Total |
|---|---|---|---|---|
| Personal Accident | Slip, Trip or Fall (Patient) | 92 | 76 | 168 |
| | Hit by/against object | 11 | 8 | 19 |
| | Slip, Trip or Fall (Staff / visitor) | 7 | 0 | 7 |
| | Ill Health (unexpected) | 0 | 6 | 6 |
| Incident at Point of Care Delivery (Clinical Incident) | Medication or drug error | 22 | 26 | 48 |
| | Pressure Ulcer | 24 | 20 | 44 |
| | Treatment or procedure problem | 11 | 14 | 25 |
| Estates, Staffing, Infrastructure | Staffing issues | 11 | 18 | 29 |
| | IT/Telephone related issue | 6 | 10 | 16 |
| | Estates problem/issue | 6 | 6 | 12 |

The table below shows the number of incidents per month and the rate per 1,000 WTEs. This allows comparison with data collected by the ACFT Benchmarking group. The average reported by the ACFT group for the period April 2013 to April 2014 was 173.2 incidents per 1,000 WTE.

| Incidents | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 | Monthly Average |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WTE Budgeted Staff | 2,116 | 2,125 | 2,126 | 2,122 | 2,114 | 2,116 | 2,156 | 2,169 | 2,147 | 2,150 | 2,150 | 2,150 | 2,223 | 2,267 | 2,152 |
| Total Number of Incidents | 358 | 337 | 361 | 424 | 393 | 409 | 394 | 381 | 307 | 343 | 325 | 327 | 304 | 322 | 356 |
| Number of incidents per 1,000 WTE budgeted staff | 169.2 | 158.6 | 169.8 | 199.8 | 185.9 | 193.3 | 182.7 | 175.7 | 143.0 | 159.5 | 151.2 | 152.1 | 136.8 | 142.0 | 165.4 |

## 1.2 Serious Incidents

| | |
|---|---|
| **Serious Incidents reported in April – May 2014** | 1 |

A serious incident is

- An accident when a patient, member of staff (including those working in the community), or a member of the public (including contractors) suffers serious injury, major permanent harm or unexpected death (or the risk of death or serious injury) on either premises where healthcare is provided, or whilst in receipt of health care, or
- Any event where actions of health staff are likely to cause significant public concern.
- Any event that might seriously impact upon the delivery of services and/or which is likely to produce significant legal, media or other interest and which, if not properly managed, may result in loss of the Trust's reputation or assets.
- Damage or loss to property by fire, flood, theft or negligent, deliberate or unforeseen act.

| **Serious Incident Type** | **Number** |
|---|---|
| Pressure Ulcer (grade 3 or 4) | 1 |
| **Total** | **1** |

Benchmarking comparison with ACFT group shows the following:

| New SIRI (attributable to provider) - average number per month | |
|---|---|
| Gloucestershire Care Services NHS Trust (April – May 2014) | 1.0 |
| Aspirant Community Foundation Trust Benchmark (April 2013– April 2014) | 0.0 |
| Aspirant Community Foundation Trust Average (April 2013 – April 2014) | 2.6 |

## 1.3 Never events

'Never events' are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

| | Number of Never Events |
|---|---|
| 2013/14 Total | 1 |
| 2014/15 Year to date | 0 |

## 1.4 Understanding and learning from our incidents

Slips, trips and falls are the highest number of recorded incidents, which is due to the relatively high proportion of elderly and rehabilitation patients cared for within our services. Significant work is ongoing across all services to reduce the risk of falls whilst continuing to ensure robust reporting.

This month has seen further developments to the 'datix' incident reporting system with the aim to capture more specific information regarding the acquisition of pressure ulcers. This information will examine whether the pressure ulcers are considered avoidable or unavoidable. It is hoped that the data which emerges will further support the drive for improved care.

There is an ongoing piece of work interrogating hospital transfer data. Intelligence from comments, complaints and incidents has raised concerns that transfers from other providers are occurring at an unacceptable time of night. This intelligence has prompted this investigative work and the outcome will be reported on in future reports.

## 1.5 Safety Thermometer: Harm Free Care

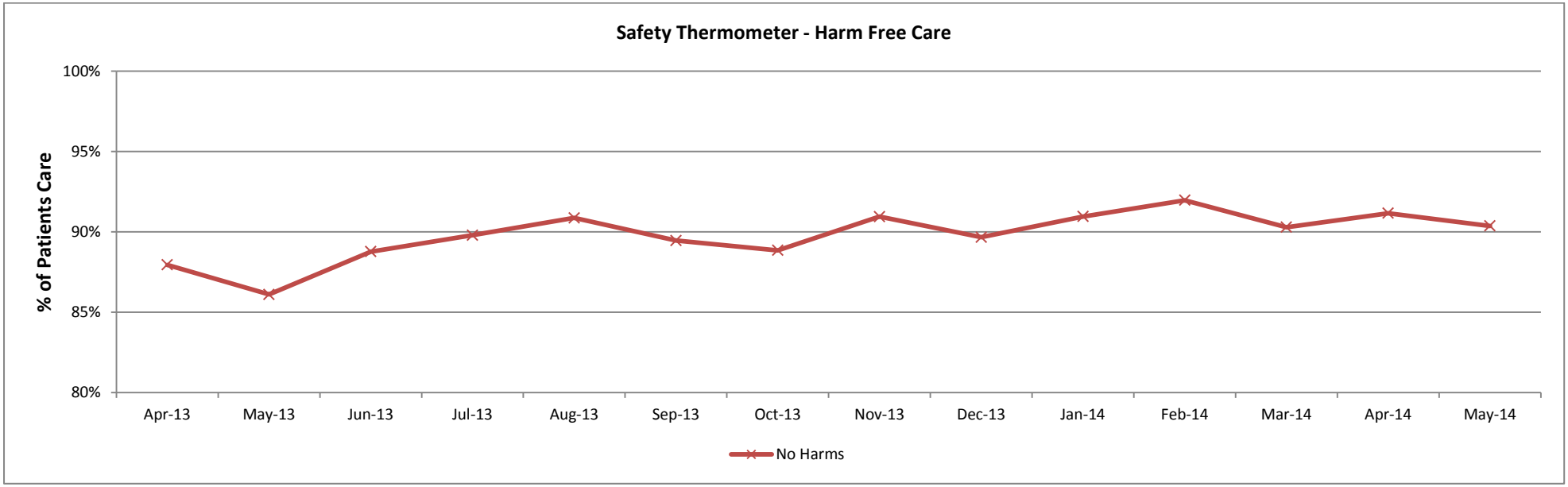
The table below shows the results of data collected via the NHS Safety Thermometer. NHS Safety Thermometer is a tool for measuring, monitoring and analysing patient harms and 'harm free' care.

Harm free care is defined as a patient not having any of the four harms reported via the Safety Thermometer (Catheters and associated urinary tract infections (UTI), Venous Thromboembolism (VTE), Falls or Pressure Ulcers) that are either acquired, or inherited on the census day.

GCS is required to survey patients on a monthly census date and complete a submission of data to the Health and Social Care Information Centre each month covering patients in an inpatient setting and community setting. Current performance remains below the TDA threshold of 92%

| Safety Thermometer Harm Free Care | |
|---|---|
| Gloucestershire Care Services NHS Trust (April – May 2014) | 90.8% |
| Aspirant Community Foundation Trust Benchmark | 92.0% |
| Aspirant Community Foundation Trust Average (April 2013 – April 2014) | 90.9% |

The chart below shows the level of Harm Free Care since April 2013.

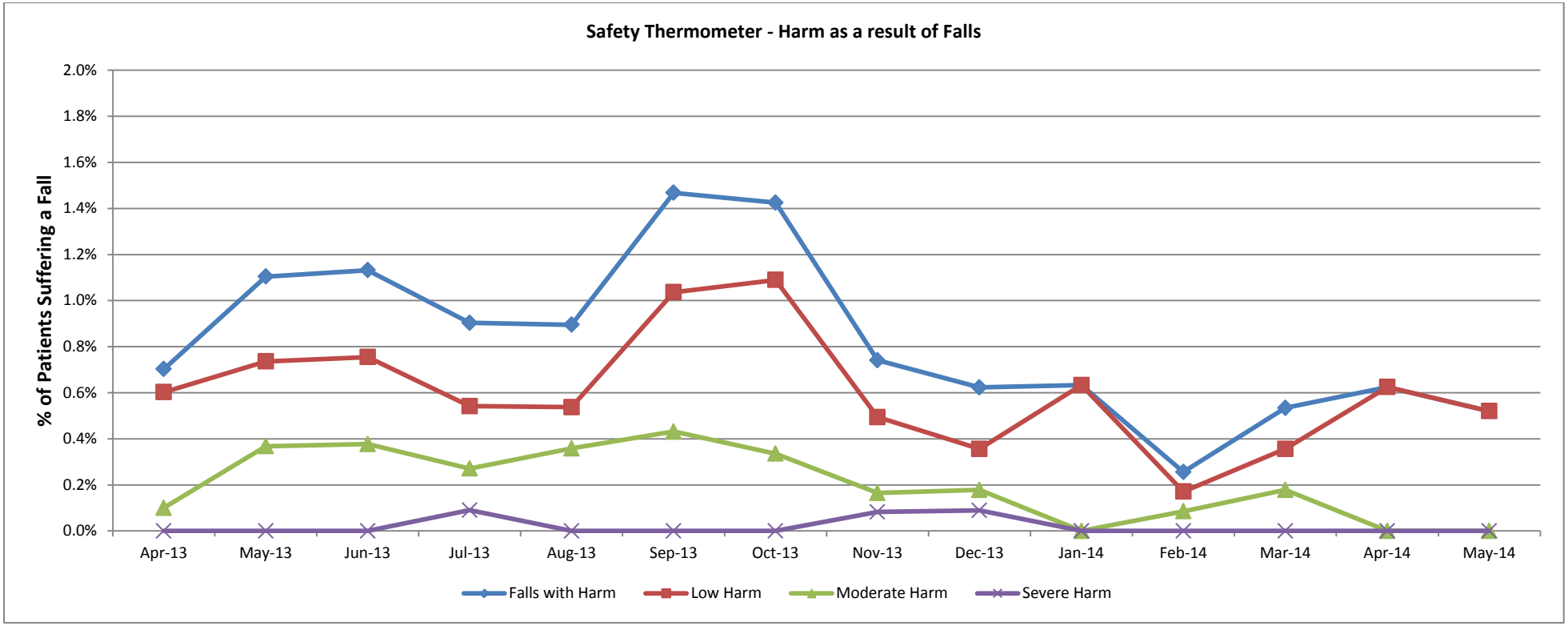



## 1.6 Safety Thermometer - Falls

The Trust Safety Thermometer data indicated a sharp rise in September and October of falls that resulted in harm to patients. This is shown in the chart detailing falls per 1000 bed days.

Falls are unfortunately a common scenario for older people in hospital. The NICE Falls Guidelines (National Institute for Health and Care Excellence), June 2013, state that people aged 65 and over have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. The average age of our inpatients is 82.

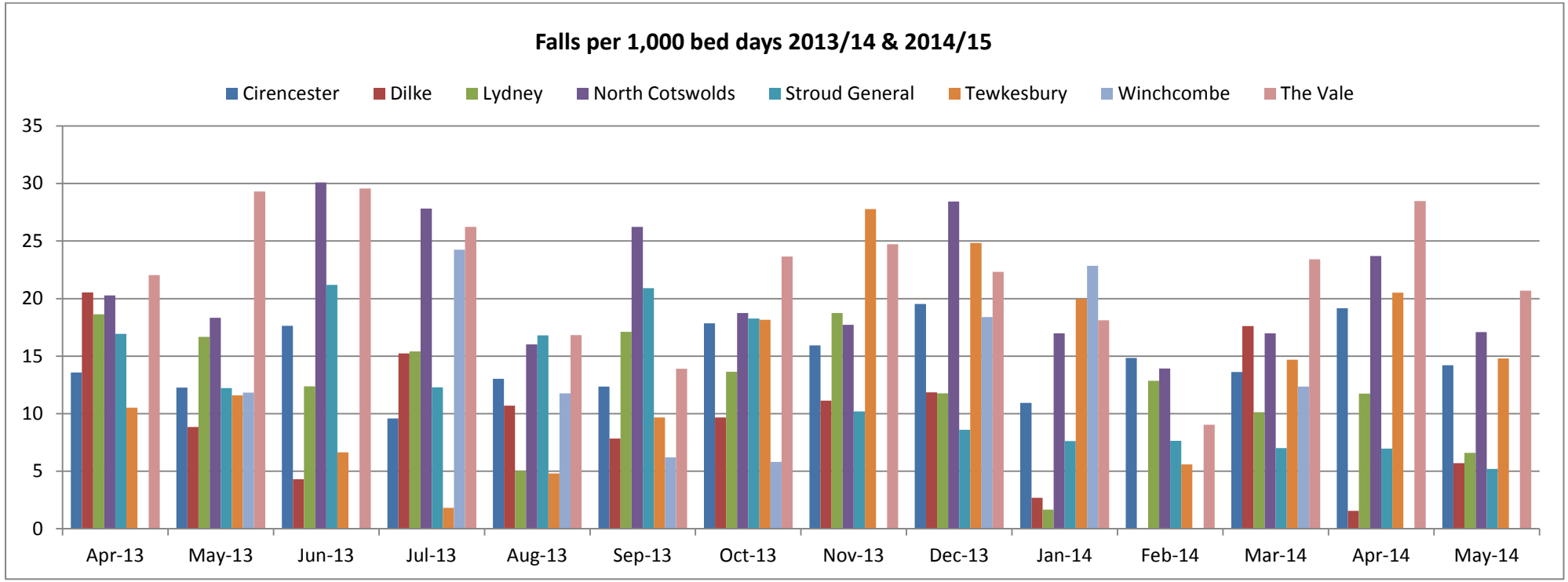
Within our community hospitals we are seeking to minimise that risk and implementing a number of measures to ensure we are working with patients and their carers in this important area. The Director of Nursing and Quality is establishing a Quality Improvement Group that will focus on falls.




The table below shows the number of patients suffering a fall resulting in harm reported via Safety Thermometer:

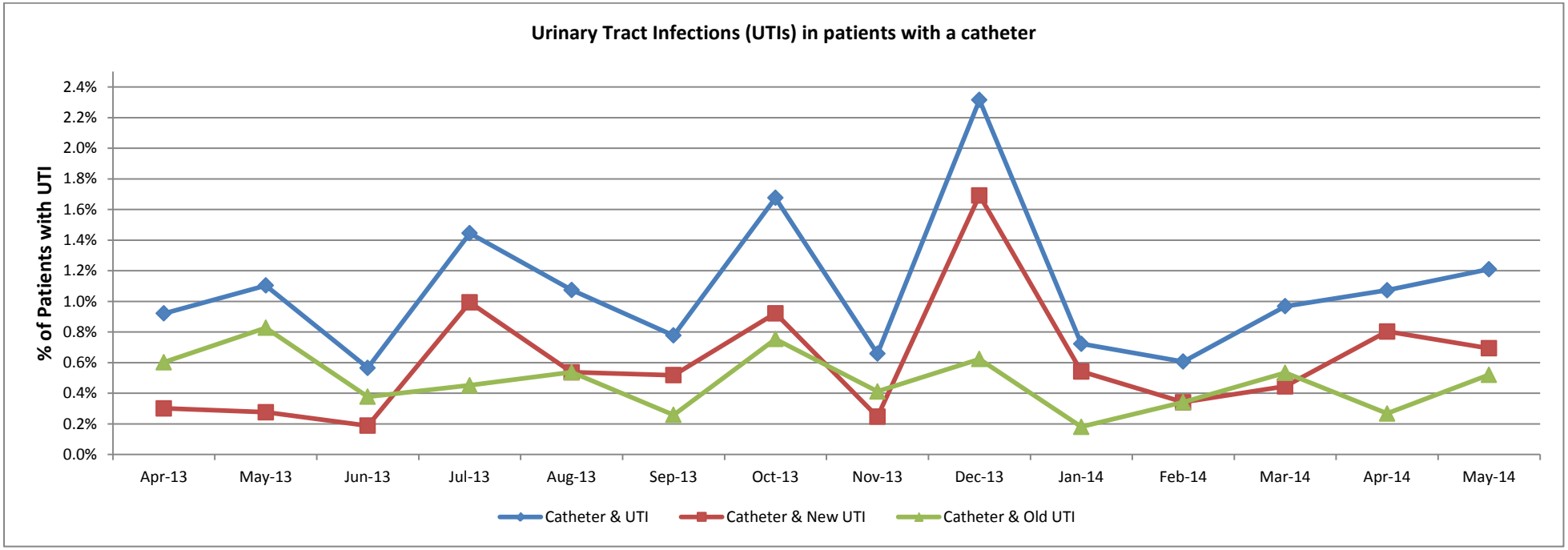
| Month | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Low Harm | 6 | 8 | 8 | 6 | 6 | 12 | 13 | 6 | 4 | 7 | 2 | 4 | 7 | 6 |
| Moderate Harm | 1 | 4 | 4 | 3 | 4 | 5 | 4 | 2 | 2 | 0 | 1 | 2 | 0 | 0 |
| Severe Harm | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Total | 7 | 12 | 12 | 10 | 10 | 17 | 17 | 9 | 7 | 7 | 3 | 6 | 7 | 6 |

The Safety Thermometer data is cross-referenced with the incidents reported on Datix and reported as falls per 1,000 bed days.




It is difficult to ascertain whether peaks in falls relate to increased activity or acuity but data will continue to be gathered and analysed.

## 1.7 Safety Thermometer - Urinary Tract Infections (UTIs) in patients with a catheter

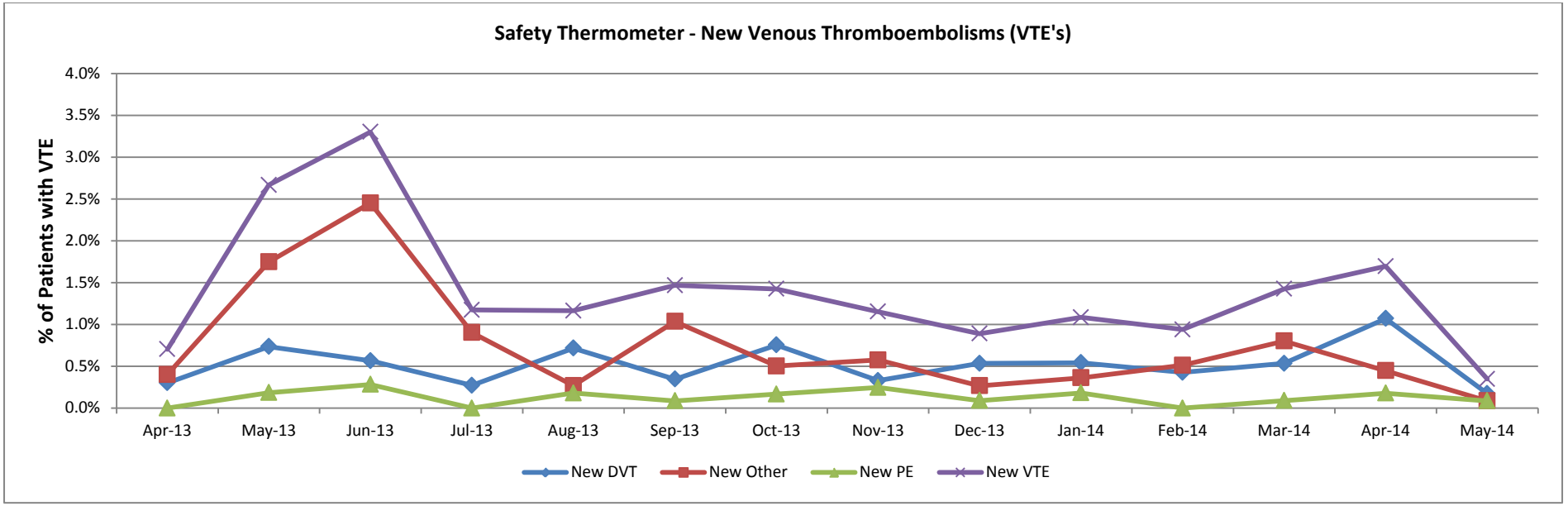



One of the most common sites for infection is the urinary tract, and they are most often related to placement or presence of a catheter. Approximately 20% of all hospital acquired infections are from the urinary tract. For the purpose of the Safety Thermometer data a Urinary Tract Infection is defined as a service user who is being treated with an appropriate antibiotic has a catheter in situ. If this treatment is started whilst in the care of the team reporting on the safety thermometer then this is considered a new UTI.

The table below shows the number of instances of UTI in patients with catheter:

| Month | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Catheter & UTI | 9 | 12 | 6 | 16 | 12 | 9 | 20 | 8 | 26 | 8 | 8 | 11 | 12 | 14 |
| Catheter & New UTI | 3 | 3 | 2 | 11 | 6 | 6 | 11 | 3 | 19 | 6 | 4 | 5 | 9 | 8 |
| Catheter & Old UTI | 6 | 9 | 4 | 5 | 6 | 3 | 9 | 5 | 7 | 2 | 4 | 6 | 3 | 6 |

## 1.8 Safety Thermometer - New Venous Thromboembolisms (VTE's)



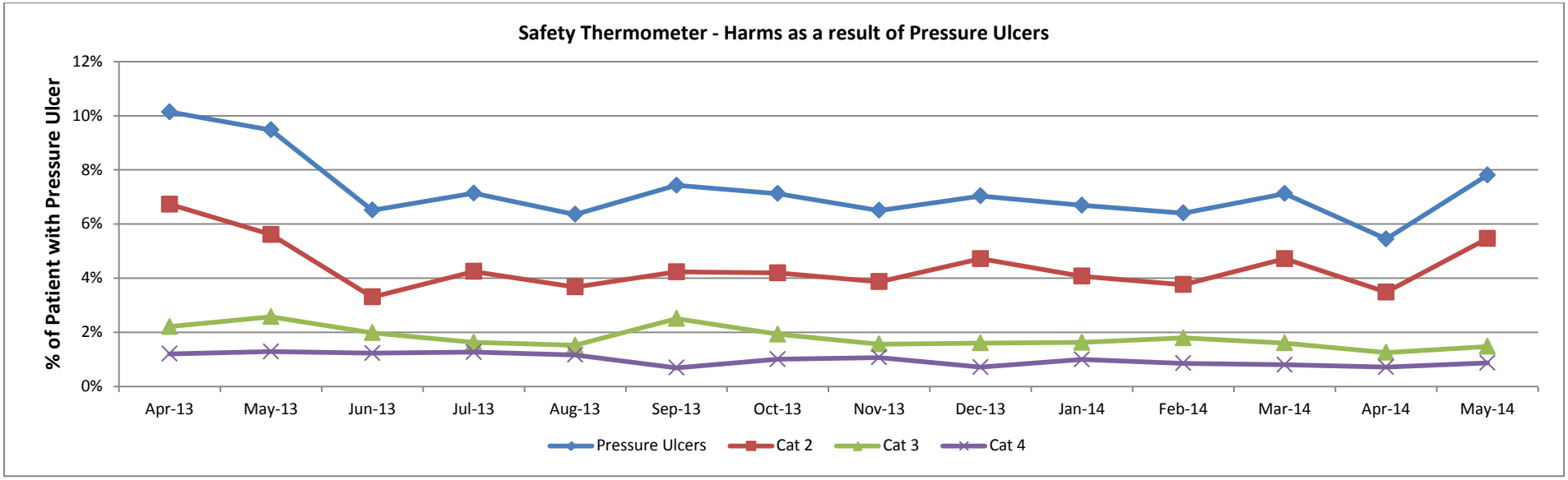

Venous Thromboembolisms (blood clot) recorded within the Safety Thermometer may be due to a deep vein thrombosis (DVT) in the leg, or in the lungs (PE). Other sites for thromboembolisms are very rare, but can be recorded on the Safety Thermometer as “other”. The definition of ‘new’ VTE is when a service user has a VTE diagnosed and treatment commenced whilst in the care of the team submitting the safety thermometer return.

The continued reporting of new ‘other harm’ is also likely to be inaccurate, with colleagues not fully understanding the criteria for being a new incident. Work is underway to review the data and to investigate individual service users reported with new VTE harm to ensure greater understanding and accuracy. It is believed that the impact of this is evident in the May 2014 data.

The table below shows the numbers reported:

| Month | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| New DVT | 3 | 8 | 6 | 3 | 8 | 4 | 9 | 4 | 6 | 6 | 5 | 6 | 12 | 2 |
| New Other | 4 | 19 | 26 | 10 | 3 | 12 | 6 | 7 | 3 | 4 | 6 | 9 | 5 | 1 |
| New PE | 0 | 2 | 3 | 0 | 2 | 1 | 2 | 3 | 1 | 2 | 0 | 1 | 2 | 1 |
| Grand Total | 7 | 29 | 35 | 13 | 13 | 17 | 17 | 14 | 10 | 12 | 11 | 16 | 19 | 4 |

## 1.9 Safety Thermometer - Pressure Ulcers



The numbers of pressure ulcers recorded are shown below:

| Month | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pressure Ulcers | 101 | 103 | 69 | 79 | 71 | 86 | 85 | 79 | 79 | 74 | 75 | 80 | 61 | 90 |
| Cat 2 | 67 | 61 | 35 | 47 | 41 | 49 | 50 | 47 | 53 | 45 | 44 | 53 | 39 | 63 |
| Cat 3 | 22 | 28 | 21 | 18 | 17 | 29 | 23 | 19 | 18 | 18 | 21 | 18 | 14 | 17 |
| Cat 4 | 12 | 14 | 13 | 14 | 13 | 8 | 12 | 13 | 8 | 11 | 10 | 9 | 8 | 10 |

This report provides an overview of the actions taken to date to reduce the number of acquired pressure ulcers and to improve the quality of the data collected on pressure ulcers

The Safety Thermometer (Harm Free Care 2011) was introduced to enable nationwide benchmarking, and forms a point prevalence audit, monitored through data collection undertaken on a monthly “census” date.

All pressure ulcers reported on Datix are reviewed by the Named Nurse Safeguarding (Adults), and the majority have telephone follow up as a minimum.

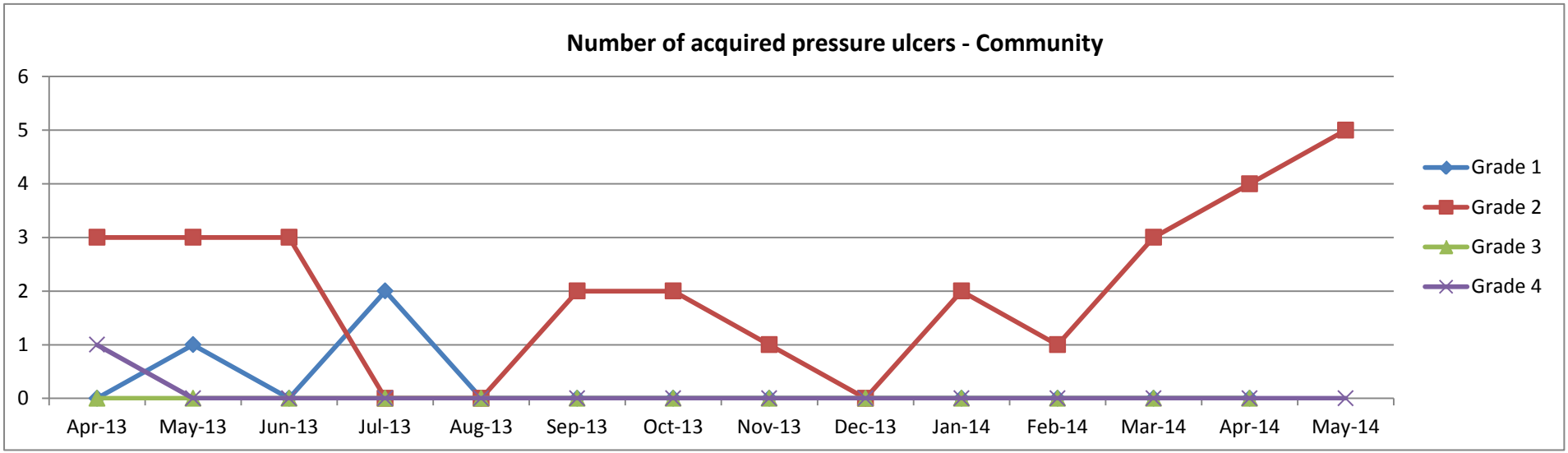
All patients with a grade 3 and 4 ulcer both acquired (new) and inherited (old) are reviewed by the Tissue Viability Team and have a safeguarding alert raised and an investigation conducted to identify root cause.

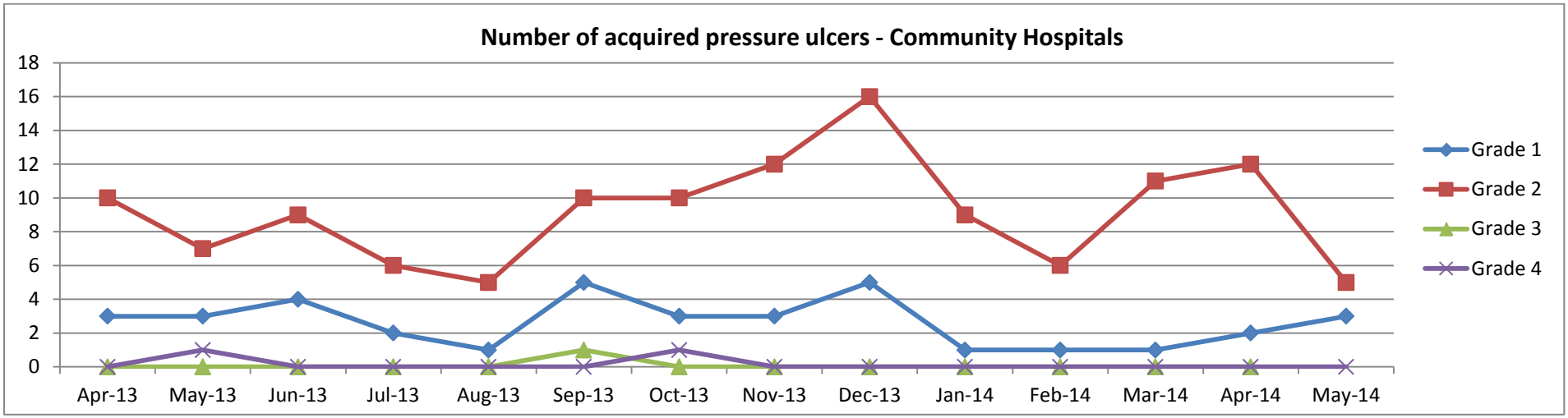
Inherited Ulcers are reported back to the relevant organisation for investigation.

Acquired grade 3 and 4 ulcers are reported on STEIS and have as a minimum an initial RCA completed. These are treated as serious incidents reporting investigation and in 2014/15 we will look to regard these incidents in Community Hospital as local never events.
There was a peak of grade 1 and 2 pressure ulcers in November, December 2013 and April 2014 in Community Hospitals was investigated. No common themes or causes were identified. This was also true of the slight increase in grade 2 community acquired damage.

There is a robust investigation process in place to establish whether a pressure ulcer is acquired or inherited. From April 2014 work has been underway to enable the further breakdown of reporting to determine if the acquired pressure ulcers were avoidable or unavoidable.

The following charts show number of acquired pressure ulcers split between Community Hospitals and Community by grade of ulcer:



**Aspirant Community Foundation Trust Benchmarking**

New Grade 2, 3 and 4 acquired Pressure Ulcers whilst under the care of the provider (average)

| New Grade 2, 3 and 4 Pressure Ulcers acquired (attributable to provider) - average number per month | |
|---|---|
| Gloucestershire Care Services NHS Trust (April – May 2014) | 13.0 |
| Aspirant Community Foundation Trust Benchmark (April 2013– April 2014) | 11.5 |

## 1.10 Safeguarding

Gloucestershire Care Services (GCS) remains committed to playing a full and active role in the multi-agency Safeguarding Adults and Children agenda, having representation at Board, Management and Executive Committee level and sub groups. Linked to this the GCS Adult and Children Safeguarding Operational Group with both health and social care membership has continued to meet regularly, providing a forum for information sharing, discussion about incidents and the focus for audit and review.

Activity for this group for 2014/15 will be the development of a joint adult and children safeguarding strategy and implementation plan linked to the Clinical and Professional Care Strategy, and work to fully imbed changes required as a result of both the new Care Act and the Cheshire West decision relating to Deprivation of Liberty

**Activity**

Adult safeguarding alerts and referrals continue to rise in line with both the county and national picture. The GCS 4.4% alert rate of the county total is comparable with the other health organisations in the county. This is regarded as a positive development by the GCC Safeguarding team as it evidences that colleagues are thinking “safeguarding” as core in care.

| 1/4/2013 – 31/3/2014 | Alerts |
|---|---|
| GCS NHST | 176 |
| Countywide Total | 4,008 |

Included in this report is the number of Deprivation of Liberty (DoLS) applications and authorisations for 2013/14. As a result of Supreme Court ruling in March 2014 significant changes to the deprivation of liberty process and level of activity are expected, mainly due to the decision that DoLS will not just apply to those within hospital or care homes, but will be expanded to those in supported accommodation, in their own homes, in 'shared lives'.

| 2013/14 | Applications | Authorised |
|---|---|---|
| GCS | 4 | 1 |
| Countywide Total | 101 | 58 |

The number of children subject to a Child Protection plan at year end was 444, this is a reduction from 500 in Q2.

**Training**

Since January 2014 the Named Nurse for Safeguarding Adults and the Named Nurse for Safeguarding Children provide a joint presentation on the Trust induction programme to deliver safeguarding awareness training to all new starters with Gloucestershire Care Services NHS Trust. This session will be rolled out from July 2014 onwards to be available for non-service user facing staff already working within the organisation.

All employees have access to a range of training appropriate to role; this meets the requirements described within the countywide training and education strategy.
A total of 1,118 colleagues have attended a range of safeguarding training (excluding induction) during 2013/14, as detailed below.

| **E learning** | | **Face to Face** | |
|---|---|---|---|
| Safeguarding | 231 | Foundation (joint adult and children day) | 146 |
| Mental Capacity Act (MCA) | 220 | Safeguarding level 2 | 14 |
| Deprivation of Liberty (DoLS) | 149 | MCA for practitioners | 10 |
| | | Multi agency level 3 | 348 |

**Audit**

Gloucestershire Care Services took part in the bi annual Section 11 Safeguarding Children Audit, which provides assurances to the GSCB that our safeguarding responsibilities are being fulfilled. An action plan to ensure that safer recruitment and Vetting and Barring requirements are being fulfilled is in place alongside reviewing how 'the voice of the child' is being expressed and considered in service development and delivery. Gloucestershire Care Services also took part in a Serious Case Review which is due to be published in the coming weeks. An action plan to review delivery of training around child neglect has been implemented with consideration as to how this will have a positive impact on practice.

There is also a multi-agency response which GCS plays a role in and includes the development of a poster with key messages, this is being used as a screen saver which will make all staff aware of the key learning points.

In adult safeguarding as well as undertaking the South West Self-Assessment Audit GCS are part of a national pilot of an audit tool designed to measure the outcomes of the safeguarding process from a service user point of view.

### 1.11 Infection Prevention and Control – Sam Lonnen, Head Nurse Infection Prevention and Control

MRSA 2014/15 Quarter 1
Within this reporting period the Trust has had no cases of MRSA bacteraemia that have been associated with Gloucestershire Care Services NHS Trust.

Clostridium difficile Target for 2014/15
A new incidence of Clostridium difficile is defined as an initial sample which is reported as toxin positive with no previous history of Clostridium difficile diagnosis or a toxin positive result from a sample taken in the previous 28 days.

The GCSNHST post 48 hour limit figure for this financial year is 21 compared to 18 in the previous year. There has been 1 case diagnosed as post 48 hour infection in May 2014. The threshold for the period April to May 2014 is 4 cases.

Number of Clostridium difficile cases and rate per 1,000 occupied bed days comparing 2012/13, 2013/14 and 2014/15 to date:

| Hospital | 2012/13 Number of cases | 2012/13 rate per 1,000 beddays | 2013/14 Number of cases | 2013/14 rate per 1,000 beddays | April to May 2014 Number of cases | April to May 2014 rate per 1,000 beddays |
|---|---|---|---|---|---|---|
| Cirencester | 2 | 0.10 | 4 | 0.20 | 1 | 0.30 |
| Dilke | 2 | 0.22 | 5 | 0.54 | 0 | 0.00 |
| Lydney | 2 | 0.29 | 3 | 0.43 | 0 | 0.00 |
| North Cotswolds | 4 | 0.54 | 2 | 0.27 | 0 | 0.00 |
| Stroud General | 3 | 0.20 | 3 | 0.20 | 0 | 0.00 |
| Tewkesbury | 3 | 0.18 | 1 | 0.14 | 0 | 0.00 |
| The Vale | 0 | 0.00 | 1 | 0.14 | 0 | 0.00 |
| **Total** | **16** | **0.19** | **19** | **0.25** | **1** | **0.10** |

What we have learned

Due to the number of Clostridium difficile cases across GCSNHST a Clostridium difficile action plan was drafted in July 2013 to address issues found in the RCA process, to raise awareness of contributory factors and to educate and update staff in the care of the patient with Clostridium difficile. This action plan was reviewed every 6-8 weeks and coupled to the Gap Analysis on the PHE document – Revised Guidelines for the management of C. difficile (May 2013). The remaining action left to date is the formation of a Multidisciplinary Review Group and this is currently being organised in partnership GHNHSFT and GCCG who have agreed to fund the resources required. The initial meeting should take place in the summer of 2014.

E. coli Blood Cultures

There have been no E. coli positive blood cultures in May 2014 (there were none reported in 2013/14).

Outbreaks

Since the 1st April 2014 there have been no outbreaks to report. Norovirus is still circulating in the community as demonstrated by confirmed outbreaks in the acute trust.

Influenza

There have been no patients reported as having a confirmed diagnosis of influenza whilst in the care of Gloucestershire Care Services NHS Trust at the time of this report. Influenza is also still circulating in the community including care, nursing and residential homes across Gloucestershire who have reported confirmed influenza cases.

Carbapenemase producing Enterobacteriaceae (CPE)

CPE are a rapidly emerging resistant bacteria that have become such a potential issue that Public Health England and the Department of Health issued guidelines on the early detection and management of this challenging pathogen in March 2014. While this document and toolkit were aimed at acute care trusts (with community guidelines to follow) it was agreed that GCS NHST should adopt the same approach to detection and management as an acute provider due to direct and out of county admissions to the organisations inpatient units. Meetings have taken place to establish a way forward and the implementation of the guidelines will be in place in early June 2014. The initial assessment for patient admission will be a simple question – “Have you received any overnight care in a hospital or care facility outside of Gloucestershire?” If the patient responds no then there is no significant risk of a CPE colonisation. If the patient responds “yes” then further questions would follow to ascertain if there is a risk of colonisation and if a screen or sample is required. There is likelihood that the screening process will require additional training for staff who would undertake this role. There have been no diagnosis of CPE in Gloucestershire. The Management of Multi Drug Resistant Organisms policy and the Isolation Policy are currently under review to incorporate the changes required and recommendations outlined by PHE. Infection control mandatory updates and future IC study days will incorporate management of CPE.

Hand Hygiene

Observational hand hygiene audits are undertaken monthly and the tool used tests compliance with both the '5 Moments for Hand Hygiene' and 'Bare Below the Elbows' initiative.

The Hand Hygiene observation audits have so far this year been comparable with previous years with a year to date average score of 94% for the organisation.

### 1.12 Medicines Management: Laura Bucknell, Head of Medicines Management

**Antimicrobial Stewardship (AMS)**

- Monthly HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits to ensure adherence to the antibiotic formulary and support antimicrobial stewardship continue to be carried out on the wards of the community hospitals but have also been introduced at all intermediate care facilities.
- Update community antibiotic prescribing guidelines have been produced by the CCG. This will be adopted by GCS and will policy for all community prescribers and services.
- The community hospital inpatient antibiotic policy is currently being updated and will be available in July

**Patient Safety Alerts**

The MHRA have produced 2 patient safety alerts involving medication safety.

1. Improving medication error incident reporting and learning (NHS/PSA/D/2014/005)
   This alert requires GCS to have completed the following actions by 19th September 2014
   - Identify a board level director supported by the Head of Medicines Management to have responsibility to oversee medication error incident reporting and learning
   - Identify a Medication Safety officer who will be a member of the new national Medication Safety Network.
   - Identify an existing or a new multi-professional group to regularly review medication error incident reports, improve reporting and learning and take local action to improve medication safety.

   An action plan has been developed and will be managed through the Medicines Management Committee

2. Minimising risks of omitted and delayed medicines for people receiving homecare services (NHS/PSA/D/2014/007)

This alert requires the following actions to be in place by the 9th May 2014

- Establish if medicine homecare services are used within your organisation and if incidents of omitted and delayed medicines have occurred.

- Consider if immediate action needs to be taken locally and develop an action plan, if required, to reduce the risk and the potential risk to patients.
- Disseminate this alert to all medical, nursing, pharmacy and other staff who are involved in the care of patients receiving medicine homecare services.
- Report relevant patient safety incidents, including those reported to you by patients, to the National Reporting and Learning System.
- Share any learning from local investigations or locally developed good practice resources

This alert was reviewed by the Sexual Health Service where homecare services are used for delivery of HIV drugs. They have developed a local action plan to implement these requirements. This action plan will be monitored by the Medicines Management Committee.

### 1.13 Transfer of patients between hospital wards.

In March 2013, Sir Bruce Keogh wrote to all Trusts raising concerns about the transfer of patients between wards between the hours of 11pm and 6am. Such movement, where there is not clear clinical need, will have a detrimental impact on the individual patient and onto patients within that ward area.

The table below shows the total of direct admissions and transfers into GCS in-patient care for the period April to May 2014 compared to 2013/14.

| Admission Type | Time Band | 2013/14 | Apr-14 | May-14 | 2014/15 Forecast |
|---|---|---|---|---|---|
| All Admissions | 23:00 - 05:59 | 153 | 11 | 13 | 144 |
| | 23:00 - 05:59 % | 3.40% | 3.19% | 4.53% | 3.80% |
| Direct Admission | 23:00 - 05:59 | 74 | 3 | 7 | 60 |
| | 23:00 - 05:59 % | 4.10% | 2.44% | 7.14% | 4.52% |
| Transfer | 23:00 - 05:59 | 79 | 8 | 6 | 84 |
| | 23:00 - 05:59 % | 2.90% | 3.60% | 3.17% | 3.41% |

A random audit of the 704 patients identified as being transferred after 23:00 in 2013/2014 showed that of 14 sets of sample notes, 12 had been transferred after 23:00

The table below provides high level detail of the 14 transfers in the period April to May 2014.

| Reason for Admission / Transfer | Number of patients |
|---|---|
| Transfer from GRH | 5 |
| Transfer from CGH | 5 |
| GRH for tests | 2 |
| Transfer from GRH A&E | 1 |
| Hospital Other Provider | 1 |
| **Grand Total** | **14** |

These transfer concerns have been raised with Gloucestershire Hospitals NHS Foundation Trust and will be monitored at the Cross-Organisational Governance Group. The issue has also been addressed with Arriva from the transport perspective.

### 1.14 Gloucestershire Care Services NHS Trust Compliance with the Abortion Act

The Department of Health has published (23 May 2014) new guidance for doctors on compliance with the Abortion Act. This follows the decision by the Crown Prosecution Service in August 2013 not to prosecute two doctors investigated for certifying abortions based on the gender of the foetus. The Department agreed to produce guidance for doctors on abortion law. The guidance is intended for all those involved in the commissioning, providing and management of abortion services.

The service was part of a national review of compliance with standards undertaken by the Care Quality Commission in March 2012 and was assessed as meeting those standards.

Following the publication of the guidance, the Matron of the Sexual Health Service has reviewed practice and can confirm that the service is compliant with The Abortion Act and the Abortion Laws.

### 1.15 Safer Staffing

Gloucestershire Care Services is committed to publishing on the staffing page of the Trust website our planned nurse staffing levels in our community hospitals wards against the actual staff levels in month on a monthly basis.

**National reporting of nurse staffing levels**
From May 2014 all NHS Trusts have been required to report, in a standardised format, nursing and care staffing levels for all in patient wards and this data shows:

- Total planned staffing level for registered nurses and care staff in hours
- Actual staffing levels for registered and care staff in hours

The requirements for the first reporting period, May 2014, was that all the required nurses staffing data was submitted via the national information portal by June 10th 2014. This will also be available to the public via NHS Choices. GCS NHS Trust achieved this upload on June 6th. The data is shown overleaf.

| | |
|---|---|
| Action: Submission of ward staffing data by 10.6.2014 | |

**Escalation process and exception reporting**
Our Ward Sisters and Hospital Matrons review the staffing on a shift by shift basis to ensure that patient needs can be effectively met, this review has been formalised into a written Escalation Process by the Chief Operating Officer. The Director of Nursing and Quality is working with Matrons to develop a risk assessment matrix than can be used on a shift by shift basis and enable the analysis of potential over time and provided supporting evidence to inform the next scheduled review of nurse staffing levels. The categories being developed are:

| Alert level | Definition | Risk rating |
|---|---|---|
| 1 | Planned staffing levels met | |
| 2 | Levels not met but meet patient need | |
| 3 | Planned levels not met | |
| 4 | Staffing levels above plan | |
| 5 | Staffing levels above plan to meet patient need | |

**Ward staffing for May 2014**
During May, across our community hospitals there were 4,283 shifts required and of these 4,143 were filled; a total of 96.7%. Our wards work to a rota based on 3 shifts over a 24 hour period.

- 92.1% of registered nurse shifts were filled according to or above plan
- 101.1% of health care assistants shifts were filled according to or above plan
- 10.6% (22) of shifts had a higher number of registered nurses on duty than planned
- 26.5% (187) of shifts had a lower number of registered nurses on duty than planned
- 14% (124) of shifts had a higher number of health care assistants on duty than planned.

- 13% (99) of shifts had a lower number of health care assistants on duty than planned.

Where the number of staff on duty varies from the plan there may be a number of reasons for this. The main reasons are set out below:

- An increase in staff on duty due to particular patient need e.g. one to one care
- Decrease in staffing levels where for example there may be a number of empty beds
- Where a ward may experience staff sickness or have a vacancy a decision may be made to cover that shift with a health care assistant who knows the patients rather than temporary registered nurse who may not.

| | | Day | | | | Night | | | | Day | | Night | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hospital | Ward Name | RNC Planned Hours | RNC Actual Hours | HCA Planned Hours | HCA Actual Hours | RNC Planned Hours | RNC Actual Hours | HCA Planned Hours | HCA Actual Hours | Average fill rate - RNC | Average fill rate - HCA | Average fill rate - RNC | Average fill rate - HCA |
| Cirencester Hospital | Coln Ward | 1860.0 | 1657.5 | 1627.5 | 1860.0 | 465.0 | 457.5 | 465.0 | 607.5 | 89.1% | 114.3% | 98.4% | 130.6% |
| Cirencester Hospital | Windrush Ward | 1395.0 | 1327.5 | 1627.5 | 1672.5 | 450.0 | 457.5 | 450.0 | 465.0 | 95.2% | 102.8% | 101.7% | 103.3% |
| Dilke Memorial Hospital | The Ward | 1860.0 | 1477.5 | 1627.5 | 1845.0 | 697.5 | 705.0 | 232.5 | 292.5 | 79.4% | 113.4% | 101.1% | 125.8% |
| Lydney and District Hospital | The Ward | 1395.0 | 1020.0 | 1627.5 | 1372.5 | 465.0 | 465.0 | 465.0 | 270.0 | 73.1% | 84.3% | 100.0% | 58.1% |
| North Cotswolds Hospital | NCH Ward | 1350.0 | 1335.0 | 1582.5 | 1522.5 | 435.0 | 442.5 | 435.0 | 435.0 | 98.9% | 96.2% | 101.7% | 100.0% |
| Stroud General Hospital | Cashes Green Ward | 615.0 | 630.0 | 1080.0 | 1057.5 | 300.0 | 292.5 | 300.0 | 300.0 | 102.4% | 97.9% | 97.5% | 100.0% |
| Stroud General Hospital | Jubilee Ward | 585.0 | 592.5 | 1027.5 | 1035.0 | 285.0 | 285.0 | 285.0 | 300.0 | 101.3% | 100.7% | 100.0% | 105.3% |
| Tewkesbury Community Hospital | Abbey View Ward | 1215.0 | 982.5 | 1417.5 | 1417.5 | 420.0 | 435.0 | 420.0 | 420.0 | 80.9% | 100.0% | 103.6% | 100.0% |
| Vale Community Hospital | The Ward | 1395.0 | 1387.5 | 1395.0 | 1380.0 | 435.0 | 435.0 | 435.0 | 435.0 | 99.5% | 98.9% | 100.0% | 100.0% |
| Grand Total | | 11670.0 | 10410.0 | 13012.5 | 13162.5 | 3952.5 | 3975.0 | 3487.5 | 3525.0 | 89.2% | 101.2% | 100.6% | 101.1% |

**Dilke and Lydney Hospitals**

Following a skill mix review additional nurse staffing was funded across all our community hospitals and there is an active recruitment process underway at present. Whilst these hospitals are recruiting the Matron is making decisions based on ensuring quality and safety as to whether to use temporary staff to cover shifts. Through May this has not been required on a number of occasions.

# Caring

## 2.1 Patient/User/Carer Experience

The Trust is in the process of agreeing a contract with an external provider, CoMetrica, to undertake all feedback survey activity. This includes the current Friends and Family Test (FFT) as well as the required rollout of the FFT across all community services by the end of December 2014. This new approach will also replace the service specific annual surveys by adding service experience questions relevant to the service. The results will be available in real time to all services.

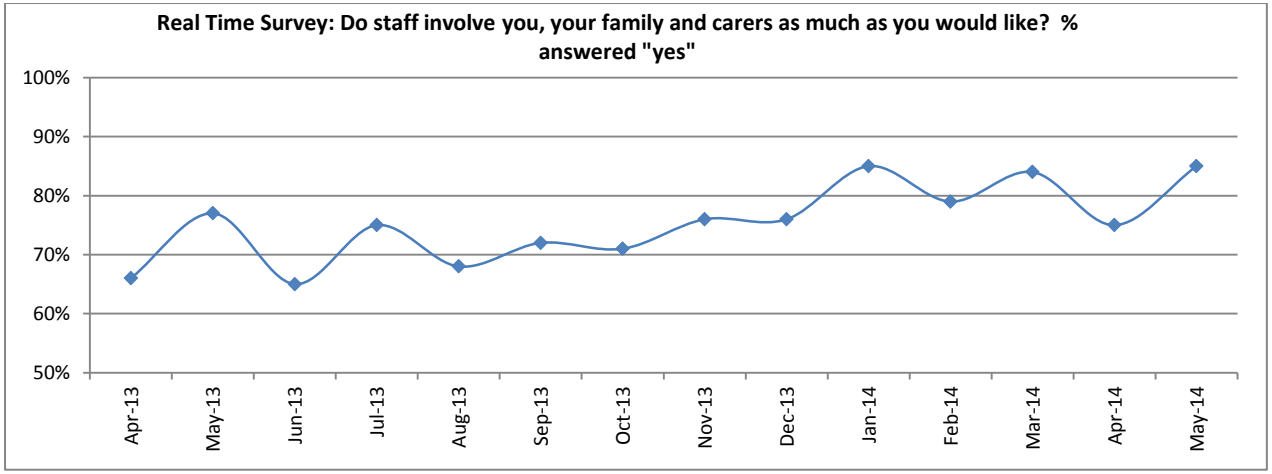
The Service Experience Team will set up a schedule over the coming months to work with each individual service to agree their individual requirements for the surveys.

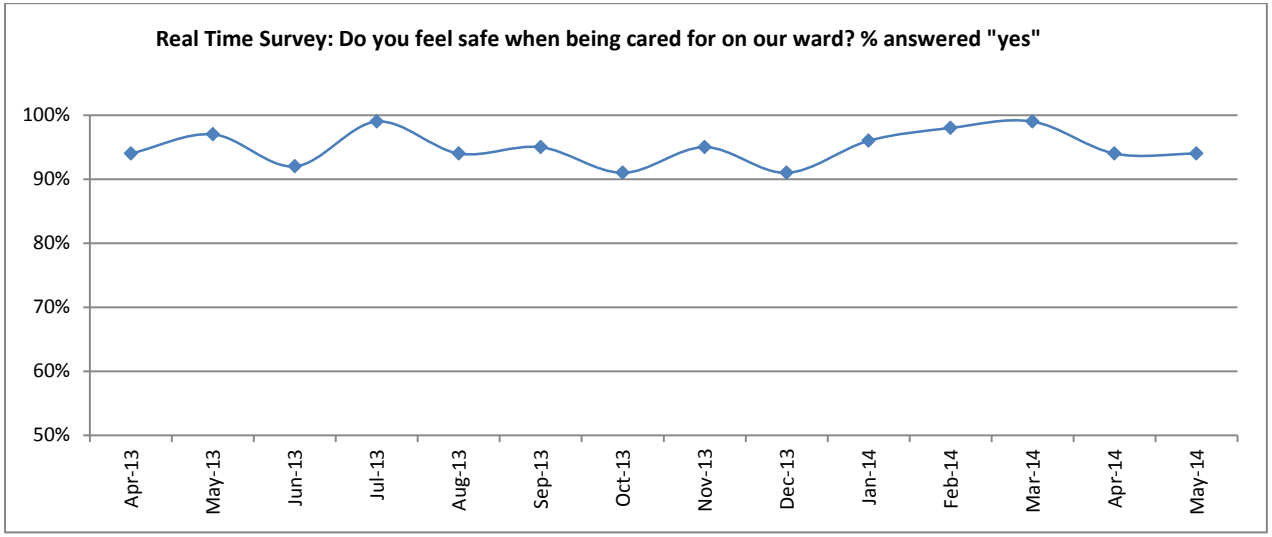
As part of the contract CoMetrica will:

1. Roll out the NHS Friends & Family test to community services ensuring the maximum possible reach and representation of all patient groups irrespective of setting or pathway
2. Achieve an agreed minimum response rate of all patients using those services
3. Provide opportunity to add additional experience questions and feedback opportunities to the surveys at no additional cost
4. Achieve real-time live reporting of feedback and results
5. Generate information of sufficient granularity and robustness on a continuous basis by service, to be able to effect and confirm service improvement
6. Achieve with minimal staff effort
7. Generate summary FFT results for central reporting.
8. Timescale: to have full coverage and reporting before the December 2014 deadline.

## 2.2 Inpatient real-time survey

The continuous inpatient survey has been running on inpatient wards for two years and is reported on a monthly basis.
The survey results have shown an overall improvement in most questions throughout the previous year, although there are some differences between wards. Stroud hospital has shown the most considerable improvement since the start of 2014. The matrons have formulated targeted action plans to ensure improvements where required.



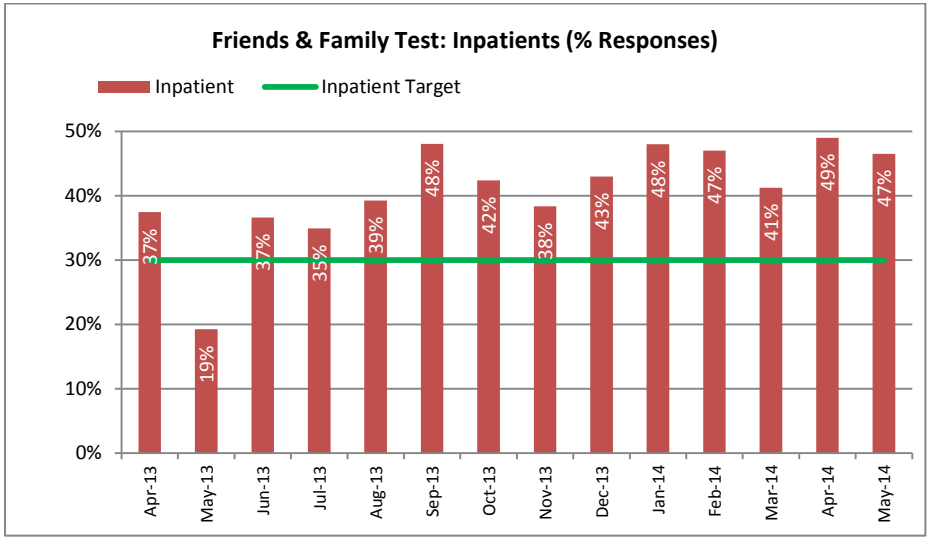



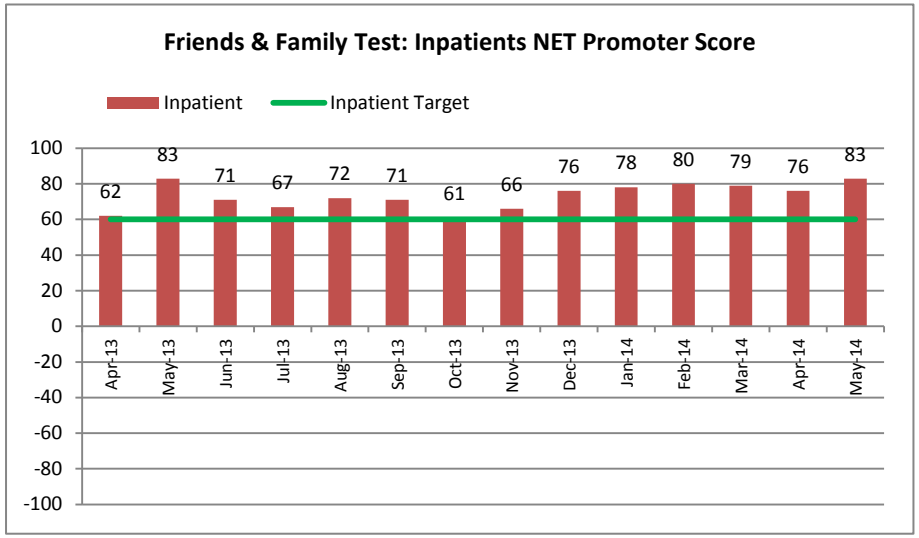
## 2.3 Friends and Family Test (FFT)

The FFT was implemented on Inpatient wards and in Minor Illness and Injury Units (MIU) from 1st April 2013. The response rate required across inpatient wards and MIUs is now measured against the targets specified within the draft TDA Accountability Framework Technical Guidance which sets the targets above the previous level of 15%. The scorecard and charts show that inpatient wards have a response rate higher than target, however MIUs are below the target. Actions to improve the response rate are identified within section 2.1.

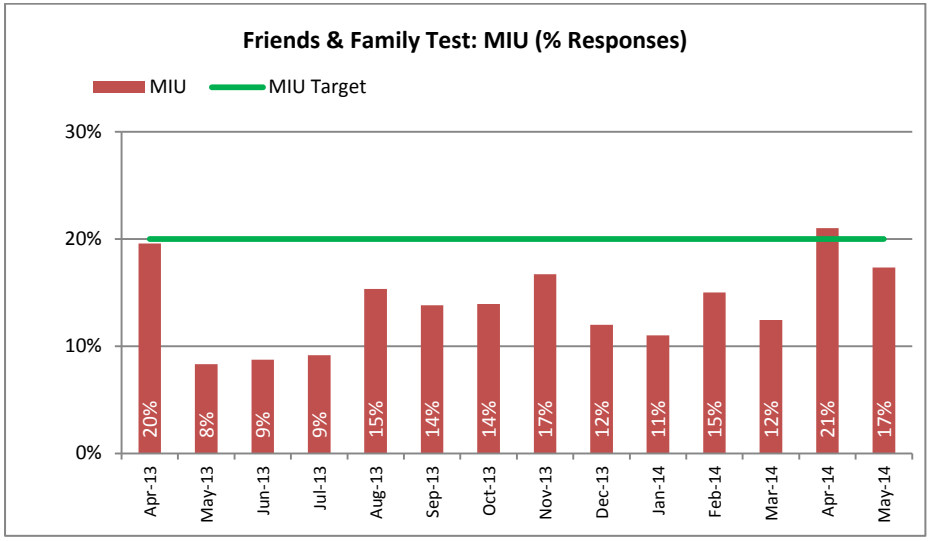
The 'Net Promoter Score' is presented as a number score (between +100 and -100). The score for inpatient wards and MIUs is above the targets set by the TDA.

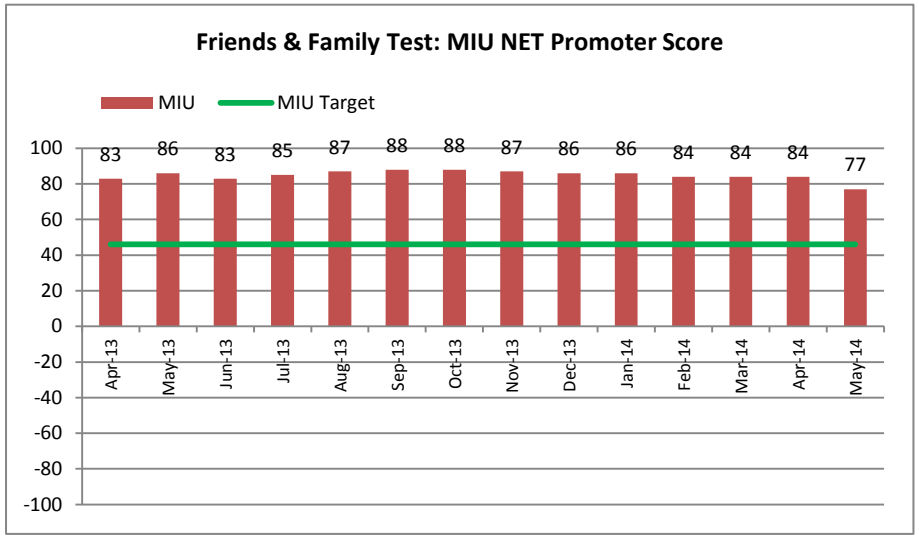
**Inpatient wards:**



## Minor Injury Units:




## Benchmarking Friends and Family Test

### Response rate:

The table below shows that the overall response rate is 18% year to date. This is behind the average rate reported by Aspirant Community Foundation Trust benchmarking group (only 7 out of 13 Trusts have provided data).

| Friends and Family Test - Response Rate | |
|---|---|
| Gloucestershire Care Services NHS Trust (April – May 2014) | 18.0% |
| Aspirant Community Foundation Trust Average (April 2013 – April 2014) | 31.5% |

**Net Promoter score:**

The Net promoter score achieved by the Trust is ahead of the average rate reported by Aspirant Community Foundation trust benchmarking group:

| Friends and Family Test - Net Promoter Score | |
|---|---|
| Gloucestershire Care Services NHS Trust (April – May 2014) | 82.0 |
| Aspirant Community Foundation Trust Benchmark | 75.0 |
| Aspirant Community Foundation Trust Average (April 2013 – April 2014) | 76.4 |

The next steps are to ensure that actions are developed and are taken forward, monitored and reported on through a 'You said, We did' approach, displaying posters in ward areas and MIU settings.

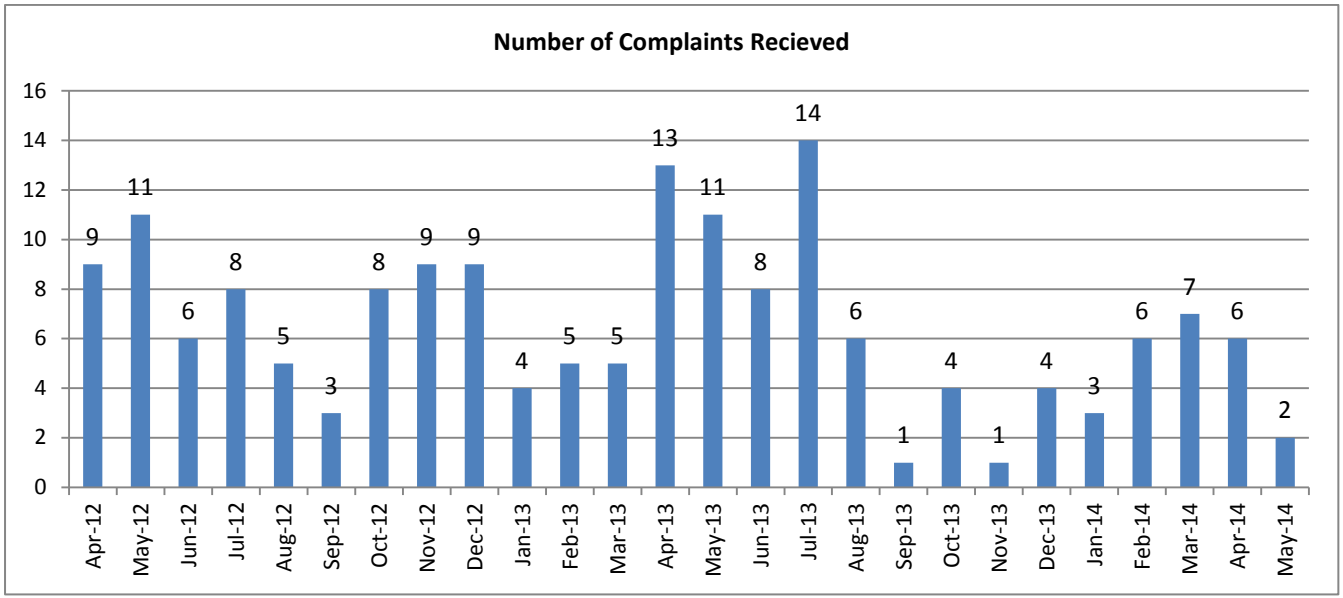
**2.4 Service specific survey**

The survey programme for 2014/15 will be determined as part of the new FFT rollout with CoMetrica.

## 2.5 Complaints

There were two new complaints during May; these related to the following services: Tewkesbury Hospital (inpatients) and Integrated Discharge Team.

The graph shows number of complaints across the Trust from April 2012 to May 2014.



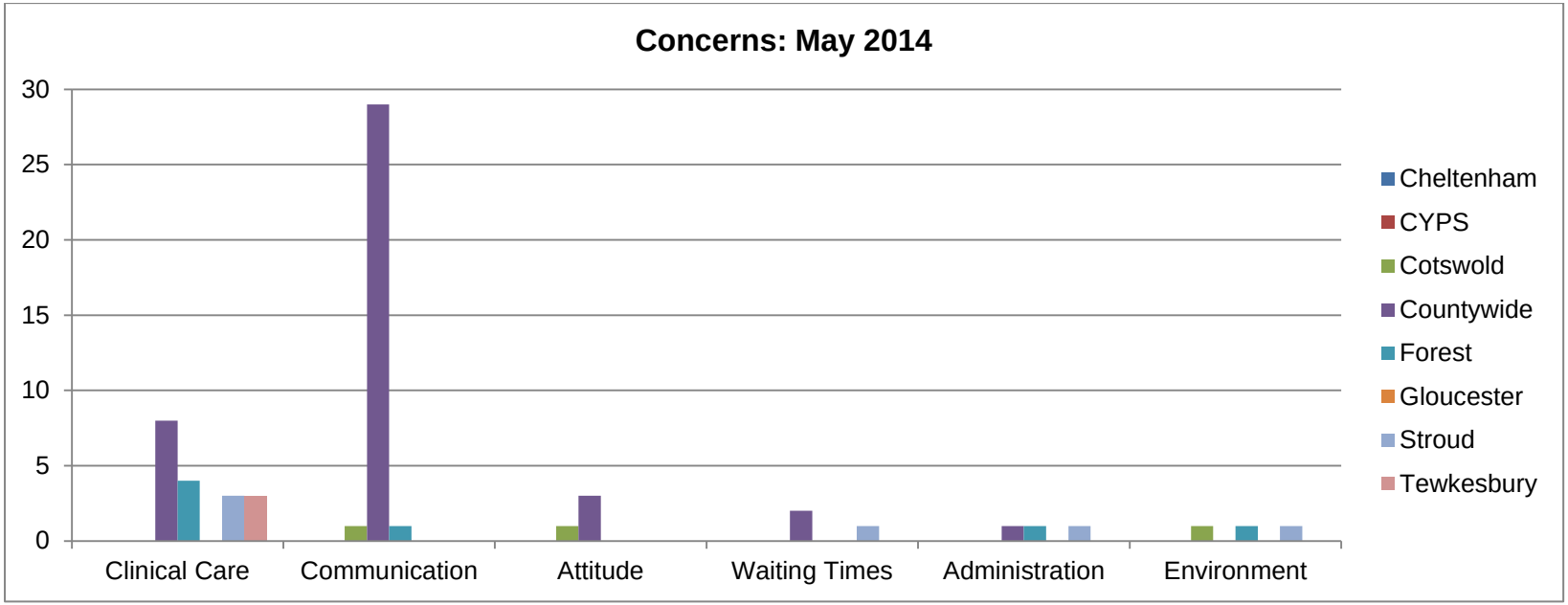

**Benchmarking comparison:**

| Complaints per 1,000 WTE | |
|---|---|
| Gloucestershire Care Services NHS Trust (April – May 2014) | 1.9 |
| Aspirant Community Foundation Trust Average (April 2013 – April 2014) | 5.0 |

## 2.6 Concerns

The chart below shows the number of concerns raised via the Service Experience Team across the Trust during May 2014.

This shows that Communications account for 37.9% of all concerns raised (22 out of 58 concerns), and the majority of these (17) are within Countywide services. In total 70.7% of concerns (41 concerns) are within Countywide services. The majority of these concerns relate to difficulties contacting Podiatry and Physiotherapy services.



# Effective

## 3 Clinical Audit

### 3.1 Trust audit programme 2014-15

The proposed mandatory and proactive clinical audit programme for 2014-15 is described in a separate paper.

### 3.2 Trust audit programme 2013-14

Each service identified topics which were of key importance to their service delivery. These may have arisen from intelligence gathered from incident reporting or complaints, or from feedback from patients. Audits may have been undertaken to demonstrate compliance with NICE Guidance or Trust policies, or provide evidence for CQC Essential Standards.

Some services have delivered their planned audit programme in full. In others plans were not fully realised due to staff shortage, workload or competing priorities. For some services priority topics were not known at year outset but were incorporated within the programme in year.

The findings and outcomes of the 2013-14 audit programme are documented fully in an Clinical Audit Annual Report which was reported at the Quality and Safety Forum.

### 3.3 HealthAssure: clinical audit module

HealthAssure, the on-line board assurance and governance tool purchased to track compliance with NICE guidance, CQC and NHSLA standards will also incorporate a clinical audit module. Work is underway to configure it to the Trust's requirements. All audit projects will be registered on the database. It has the facility for uploading of completed audit reports and action plans.

**Implementation of NICE guidance**

### 3.4 NICE guidance issued in April 14

NICE issued seven pieces of guidance in April 2014. Not all guidance is relevant to the services the Trust provides. Relevant guidance is allocated to one or more clinicians with a request they undertake a baseline compliance assessment. Where partial compliance is declared an action plan is agreed.

| Type of guidance | Number issued | Number applicable to Trust | Compliance to be assessed |
|---|---|---|---|
| Clinical guideline | 1 | 1 | 1 |
| Diagnostics guidance | 1 | 0 | - |
| Medical Technologies guidance | 0 | 0 | - |
| Interventional Procedures guidance | 1 | 0 | - |
| Public Health guidance | 1 | 0 | - |
| Technology Appraisals | 3 | 0 | - |
| **Total** | **7** | **1** | **1** |

Only the clinical guideline on pressure ulcers was deemed applicable to the Trust. The review of this guidance is being led by the Tissue Viability team and will be presented to Locality and Specialist Governance Forums for discussion and implementation as appropriate. This will inform any revision of Trust policy required.

### 3.5 NICE Quality Standards

Quality Standards (QS) are a synthesis of guidance recommendations, largely from that produced by NICE, but also from other sources evidence sources accredited by NHS Evidence.

Quality Standards can cover pathways of care from prevention, through diagnosis to treatment and end of life care (if applicable) and delivery will be dependent on contributions made by a number of organisations/agencies. Any one provider may only be commissioned to deliver services against part of that pathway. As a community services provider many of the statements in Quality standards do not apply to the Trust. There may also be standards where the Trust is commissioned to provide care for part of one of the standard's statements.

In April four new Quality Standards were published by NICE. Only one, (QS61 Infection Prevention and Control), is relevant to the services the Trust provides. The Trust's Infection Prevention and Control Team Lead is currently assessing compliance and any potential requirements for Gloucestershire Care Services.

**3.6 Early Warning Trigger Tool**

All in-patient areas within GCS Community Hospitals carry out a monthly "temperature check" using a nationally validated early warning scoring system (QuEST). With weighted scoring against some key quality indicators including staff vacancies, appraisal completion and sickness absence the tool is designed to give early warning of potential risk to enable early intervention aimed at supporting staff and maintaining standards of care.

All wards that submitted data in May were rated as green. However, North Cotswolds Hospital did not submit data and Stratton Ward at Cirencester Hospital was closed due to building works. The table below shows the scores recorded per ward since April 2013 with a rolling 12 month average score.

| Site | Ward | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 | 12 month rolling Average Score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stroud General | Cashes Green | 9 | 5 | 7 | 7 | 7 | 3 | 9 | 11 | 8 | 6 | 10 | 10 | 7 | 5 | 7.5 |
| Stroud General | Jubilee | 9 | 3 | 5 | 5 | 3 | 7 | 9 | 7 | 7 | 5 | 5 | 7 | 5 | 3 | 5.7 |
| The Vale | The Vale | 5 | 5 | 4 | 8 | 6 | 8 | 7 | 5 | 5 | 5 | 5 | 5 | 3 | 7 | 5.7 |
| North Cotswold | North Cotswold | 0 | 2 | 6 | 6 | 6 | 8 | 4 | 6 | 8 | 8 | 8 | 6 | 2 | | 6.2 |
| Dilke | Dilke | 2 | 2 | 5 | 5 | 2 | 0 | 2 | 3 | 3 | 5 | 3 | 3 | 5 | 5 | 3.4 |
| Tewkesbury | Avon / Abbeyview | 3 | 2 | 0 | 1 | 3 | 7 | 6 | 1 | 2 | 2 | 2 | 2 | 1 | 4 | 2.6 |
| Cirencester | Coln | 5 | 6 | 1 | 1 | 0 | 1 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 1 | 0.9 |
| Lydney | Lydney | 0 | 4 | 2 | 2 | 5 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.6 |
| Cirencester | Windrush | 3 | 1 | 1 | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 4 | 0 | 0 | 0.8 |
| Cirencester | Stratton | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0.2 |
| Average | | 4 | 3 | 3 | 4 | 3 | 4 | 5 | 4 | 4 | 3 | 3 | 4 | 2 | 2 | 3.3 |

The scoring matrix and escalation levels are shown below for reference.

| Score | PROPOSED ACTIONS |
|---|---|
| **22 - 24** | As below plus:<br>Inform Director of Operations and Director of Nursing<br>Consider ward closure |
| **18 – 22** | As below plus:<br>Stop all admissions to the unit<br>Inform locality Manager of the situation |
| **13 – 17** | As below plus:<br>Formally involve Hospital Matron<br>Agree staffing requirements for shift and the following 24hour period<br>Identify staffs that are able to work additional shifts. If unable to get additional staff then look to obtain bank/agency staff.<br>Inform the Single Point of Clinical Access and advise them of ward based pressures and ensure any new admissions/transfers reflect ward pressures.<br>All transfers/admissions to be discussed directly with the Hospital Matron/Deputy |
| **8 – 12** | As below plus:<br>Review hospital wide skill mix and consider re-deployment of staff between wards/units and departments<br>Ward Sister/Charge Nurse to undertake formal risk assessment. |
| **3 – 7** | As below plus:<br>Score to be formally validated by Ward Sister/Charge Nurse or deputy if not available<br>Ensure all ward based patient risk assessments completed and actions in place as per agreed care plan |
| **2 or below** | Continue to monitor situation on a shift by shift basis |

# RESPONSIVE

Performance against National and Local targets is included within the scorecard that accompanies this report. The indicators rated red or amber on a year to date basis that have not been referenced within the previous sections of this report are detailed below. As the CQUIN and QIPP milestones are finalised a number of additional targets will be included.

**National Targets – Red**

**4.1 Newborn Bloodspot Screening (timeliness of result)**
As previously reported the GCS target for tests to be *recorded* by 17 days of age was not achieved in April 2014 due to a delay in samples being received by Southmead Hospital laboratory from the midwifery service at Gloucestershire Royal Hospital. However, as expected performance was on target again during May and is expected to continue to be achieved.

Year to date performance remains rated as red due to the dip in April performance. This is expected to recover to be rated green on a year to date basis by December 2014 based on the level of performance recorded in May.

**National Targets – Amber**

**4.2 Face to Face Consultations in Primary Care Centre for those assessed as an Urgent case to be seen within 2 hours**
The target for consultations for those assessed as Urgent within the Primary Care Centres is that 95% of patients should be seen within 2 Hours. Performance in May declined further from the 92% reported in April to 91% and remains rated amber. This is due to NHS111 booking appointments outside of, or very close to the 2 hour timeframe.

There are numerous incidences' where Harmoni 111 have booked in appointments with 15 minutes or less of the 2 hour urgent time frame. In some cases there has been less than 5 minutes in which to book the patient in at reception and for the patient to be seen by the clinician. It is likely that earlier appointments were available. Datix completed for investigation by Harmoni 111.

There were 76 patients that breached the target, 787 patients were seen within target (a further 22 patients were excluded due to patient choice to attend outside of the timeframe).

The table below shows the time from appointment (booked by Harmoni 111) to breaching:

| | Number of patients |
|---|---|
| 15 minutes or less | 31 |
| 30 minutes or less | 18 |
| 60 minutes or less | 23 |
| More than 60 minutes | 4 |
| Total | 76 |

The table below shows the distance from achieving the target:

| | Number of patients |
|---|---|
| Missed by up to 15 minutes | 36 |
| Missed by 16-30 minutes | 21 |
| Missed by 31-60 minutes | 15 |
| Over 60 minutes | 4 |
| Total | 76 |

**Actions include:**

- Review of booking process with NHS111 as in many cases the patients were booked into appointment slots with very little time remaining to see the patients.
- An action plan will be developed and agreed with NHS111 to reduce this risk of this.
- Ensure Commissioners are aware of the issue.

**4.3 HPV Immunisation**

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

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

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

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

The current performance for the immunisation programme is rated amber as performance for the third immunisation is behind the Trust's internal trajectory at the end of May. The target of 90% that the Trust is commissioned to deliver is applicable to all three immunisations and only achieved if all three immunisations are completed. The total school list size is 3,341 girls meaning that 3,007 girls must receive all three immunisations to achieve the target.

Performance at the end of May shows that the third immunisation is behind trajectory and therefore rated amber at this stage (shown in the table below). There were 97 girls remaining to be immunised to achieve the May cumulative trajectory of 85%.

| HPV Immunisation | 2012/13 May 2013 Actual | 2013/14 May 2014 Target | 2013/14 May 2014 Actual |
|---|---|---|---|
| 1st Immunisation | 90.00% | 90.00% | 92.60% |
| 2nd Immunisation | 89.00% | 90.00% | 91.40% |
| 3rd Immunisation | 79.80% | 85.00% | 82.10% |

This shows performance to for all three immunisations to be ahead of performance compared to May 2013.

The no consent rate is currently 4.8% compared to 7.2% at this stage in 2012/13.

The HPV team are confident that on current performance and activity they will reach the HPV 3 target of 90%. Further school-based immunisations are scheduled until the end of the school year. Following this catch-up sessions are scheduled to be held in Children's Centres, Community Hospitals and domiciliary visits if necessary.

To note, NHSE have now confirmed that from the next school year, school children will only need to receive two HPV injections as per the national programme; however for this year the target of 90% for HPV 3 will remain until the end of this year's school programme.

**4.4 Number of Health Visitors to meet Call to Action**
At the end of May 2014 the Trust was 1.0 WTE Health Visitors behind the trajectory developed in the local monitoring plan with NHS England Area Team (NHSE AT) for increase in numbers of health visitors. The number in post was 100.48 WTE compared to trajectory of 101.48 WTE due to an unplanned vacancy.

The current position is due to the difficulty the Trust has had with recruiting trained Health Visitors, even though there has been an ongoing recruitment campaign. The increase in number of Health Visitors will be met by training new Health Visitors rather than trying to recruit. There are currently 40 students in training and anticipate that when 21 students qualify in September the trajectory will be exceeded at that point. The remaining 19 students qualify in February 2015. Even with attrition the Trust should comfortably achieve the target. NHS England are aware of the plan and have indicated that Gloucestershire is a high performing County for Call to Action.

**Local Targets – Red**

**4.5 MSKCAT Service – wait from referral for urgent and routine patients**
Gloucestershire Care Services is required to achieve the locally agreed target of 95% of urgent patients referred to the Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) should be seen within 2 weeks and 95% of routine patients within 4 weeks.

In May 2014 performance was rated red at 17% for urgent patients and 50% for routine patients.

**Urgent patients:**
Performance of 17% in May represented 1 urgent patient seen within 2 weeks out of 6 urgent patients referred in the month. Four of the five patients breaching were seen within three weeks with the 5th patient seen within 4 weeks.

| Wait Band | 0-1 weeks | 1-2 weeks | 2-3 weeks | 3-4 weeks | Total |
|---|---|---|---|---|---|
| Number of patients | 0 | 1 | 4 | 1 | 6 |

**Routine patients:**
Performance of 50% in May represented 50 patients seen within 4 weeks out of 101 patients. There were 51 patients breaching the target, analysis of those breaching is shown below:

| Wait Band | 0-1 weeks | 1-2 weeks | 2-3 weeks | 3-4 weeks | 4-5 weeks | 5-6 weeks | 6-7 weeks | 7-8 weeks | 8-9 weeks | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Number of patients | 7 | 6 | 25 | 12 | 17 | 13 | 14 | 6 | 1 | 101 |

The worsening performance against the targets is due to a combination of factors:

- Implementation of SystmOne (March 2014) and the on-going issues that have arisen;
- The loss of capacity in first few weeks of launch of SystmOne and the backlog of referrals that built up and are now working through the system (to date there has been no additional resource to get back on track);
- A significant number of vacancies (both clinical and administrative) that have occurred over the last few months in all 3 services (Podiatry, MSKCAT and MSK Physiotherapy) and the delays inherent in the current recruitment process (Current clinical vacancies: MSK Physiotherapy – 10%, MSKCAT – 20%, Podiatry – 4%);
- The 'Transitional Process' of the expanded MSKCAT Service has taken clinical time out as 'consultations', training and planning meetings have been required to ensure a 'smooth' launch.

Actions:

- Recruit to vacancies
- Interim arrangements with Agency (no Bank staff available) – start July 2014
- Continue with quality monitoring of S1 performance data – on-going with support from performance team
- Launching Foot & Ankle Service 14th July 2014, complete transition of physiotherapy and podiatry staff to MSKCAT – July 2014
- Capacity planning required to fully understand shortfall to meet bulge in waiting list and for on-going maintenance of list – July/August 2014
- Understanding the 'demand' and 'capacity' of 3 combined services to manage the MSK Caseload – on-going
- To explore the benefits of 'Single Point of Clinical Contact' (SPOCC) for all 3 services – on-going
- Anticipated return date to trajectory (dependent on agency availability, financial position and impact of release of CIP savings) – to be confirmed

**Local Targets – Amber**

**4.6 Referral to Treatment – MSK service**
Gloucestershire Care Services is required to achieve the Operating Standard of 95% of patients referred to the MSK service receiving treatment within 8 weeks of referral.

Performance for patients treated in May 2014 declined to 76% (rated red) from 96% in April. Year to date performance is 86% and rated red.

This resulted in 45 patients waiting in excess of 8 weeks in May (142 new patients seen and treated during the month within 8 weeks).

The reason for this is due to the issues within the service identified in section 4.5, and actions are as outlined above. The analysis of the patients breaching is shown below:

| Wait Band | 8-9 weeks | 9-10 weeks | 10-11 weeks | 11-12 weeks | Total |
|---|---|---|---|---|---|
| Number of patients | 25 | 9 | 8 | 3 | 45 |

**4.7 Referral to Treatment – Bone Health Service**

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

Performance for patients treated in May 2014 declined to 72% (rated red) from 94% in April. Year to date performance is 83% and rated amber.

This resulted in 28 patients waiting in excess of 8 weeks in May (73 new patients seen and treated during the month within 8 weeks).
The reason for this is due to capacity issues within the service. The analysis of the patients breaching is shown below.

| | Wait band (weeks) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Site | 8-9 | 9-10 | 10-11 | 11-12 | 12-13 | 13-14 | 14-15 | 15-16 | 16-17 | 17-18 | 22-23 | Grand Total |
| Cheltenham | 2 | 0 | 1 | 0 | 4 | 3 | 5 | 1 | 1 | 1 | 1 | 19 |
| Stroud | 1 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Cirencester | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Gloucester | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| North Cotswolds | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Grand Total | 7 | 1 | 2 | 0 | 6 | 3 | 5 | 1 | 1 | 1 | 1 | 28 |

**Actions include:**

The Bone Health team have a plan for reducing waiting time and this includes running extra clinics through June and July to clear backlog. The number of patients waiting and breaching have increased as SystmOne is now identifying patients attending a Cheltenham clinic which were not being identified previously.

The service is working with the Performance team and reviewing data on a weekly basis.

**Adult Social Care**
As explained in the Executive Summary, the Adult Social Care scorecard is currently being developed for the 2014/15 financial year. An updated scorecard has been shared with Commissioners for review against the national framework before sign-off and then targets will be incorporated and the indicators will be selected for year to date RAG rating to allow comparison between national and locally commissioned targets.

The enclosed scorecard can be used to identify a number of key themes for the period April to May 2014 which are outlined below, however is subject to development and in particular to ensure alignment with the External Care Programme.

**4.8 External Care Programme**
The Phase 1 projects are now underway. Staff are receiving the training they need to effect changes in their behaviour and thereby make positive differences in the way Adult Social Care Services are delivered. In addition to the enabler workstreams being implemented, there is evidence of starting to see some positive savings deliveries; in one case a service user recently went from £300 per week package to no service needed through staff working with the service user along with input from colleagues in other disciplines to improve ability to manage independently.

Phase 1 of the External Care Programme includes both Enabling Workstreams and Savings Delivery Workstreams. All workstream projects have an agreed lead officer and support from project team, and the Delivery streams have agreed deliverables, benefits realisations and project plans that are being monitored on a regular basis.

**'Enabler'** workstreams include:
- Panel/Sign Off
- Front Load Referral Centres
- Releasing Capacity for Reassessments
- Training and Behaviours

**'Savings Delivery'** workstreams:
- Telecare
- Reablement
- Hospital and Community Reassessments
- Front Load Referral Centres

The reporting function has recruited an additional analyst. This additional resource has allowed production of the specific reports required by the ICTs and External Care Programme team to monitor efficacy and success rates of the workstreams to be expanded. A number of reports have already been drafted and there will be a pack of reports prepared for circulation at the beginning of July.

The reporting workstream has been supported by the performance analyst visiting a number of the teams to explain in detail the scope of the programme and how the reporting relates to customer pathway, and to assist Community Managers and Team Managers with interpreting the scorecard and detailed reports.

Additional communication and support for teams has been undertaken in the form of a half-day session for Community Managers to understand the detail and interdependencies of the workstreams. This will be followed up by a comprehensive information pack including the detail about each project and expectations of each level of staff.

The programme team is now focusing on developing the mechanisms to monitor progress that is being made and ensuring that successes are captured accurately, and compared with the benefits realisations/targets associated with each workstream. Incorporated into this is the work plan for the next three months, ensuring monitoring/update reports are available for appropriate governance meetings.

Resource to support the operational teams with this remains an ongoing issue. Whilst a secure daily copy of data from the GCC to the GCS data warehouse is now operational there is a period of development required to set-up reporting to provide support. There have been issues in the first two months of 2013/14 with production of the scorecard by GCS due to the amendments from the 2013/14 scorecard not reflected in the data made available from GCC. The aim is for GCS to become self-sufficient with production of the monthly scorecard and work will continue in July to facilitate this.

**4.9 Key themes based on National Indicators**

**4.9.1 Percentage of Service users receiving self-directed support**
Year to date performance remains in excess of 89% of service users receiving self-directed support as direct payments. This is increased from the level reported throughout 2013/14 which was 87.4% at the end of March.

**4.9.2 Percentage of Service users receiving self-directed support as direct payments**
Year to date performance remains in excess of 25% of service users receiving self-directed support as direct payments, compared to 24.5% in March 2014. This does remain behind the March 2014 target of 27.0% which was rated as red.

### 4.9.3 Admissions to residential and nursing care per 100,000 population (Age 18-64)

Performance in May 2014 showed a rolling 12-month average of 25 admissions per 100,000 population for those aged 18-64 years. This is a reduction from the 29 reported at the end of March and average of 34 reported during 2013/14.

### 4.9.4 Admissions to residential and nursing care per 100,000 population (Age 65+)

Performance in May 2014 showed a rolling 12-month average of 713 admissions per 100,000 population for those aged over 65. This is a reduction from the 737 reported at the end of April, and reduction from the average of 907 reported during 2013/14

### 4.10 Challenge and Support Peer Review

The 'Challenge and Support Visits' are a new innovative way to provide assurance to our stakeholders that the' Essential Standards of Quality and Safety' are embedded in the day to day work of our staff when providing care.

The programme of visits for 'Challenge and Support Peer Review' has now been rolled out. Each month, every hospital will focus on one or two designated CQC outcomes linked with current local training or national initiatives. Each month every hospital will examine their PCA for that outcome, look at current evidence and raise awareness amongst staff. Every month, one visit will take place led by a Matron and a more junior colleague. They will assess the CQC outcome which was focussed on the previous month. They will feedback findings to the Matron of the host hospital who will develop an action plan which will be presented at their locality meeting. This meeting will then monitor the action plan and sign off. The action plan will be shared at the Quality and Safety Meeting and the Matrons meeting. Assurance or concerns can then be escalated to QCG or Board as necessary.

The process of 'Challenge and Support Peer Review' has been enthusiastically received by all. The philosophy of sharing good practice has been embraced. Good ideas, new thoughts and processes have already started to filter through the inpatient service. The success of this project has to lie largely with the Community Hospital Matrons who have given up precious time out of their working day, accepted constructive comments which have been acted on, and kept within the stringent time deadlines for producing reports and action plans.
Success is a testament to the drive and determination that is thriving throughout community hospitals to improve care.

## Challenging Support Schedule

| Month | Matron/ Assessor | CQC Outcome Reviewed | Site/Hospital | Actions resulting |
|---|---|---|---|---|
| March | Linda Edwards | Outcome 17: Complaints<br>Outcome 21: Records | The Dilke Hospital<br>Ward and MIU | • To increase knowledge amongst staff relating to integrated records.<br>• To increase staff awareness of principles of confidentiality relating Patient information.<br>• To ensure that all service users will be able to provide feedback relating to their visit/stay.<br>• To ensure that all staff are aware of action plans formulated following complaint investigation. |
| April | Jane Evans | Outcome 5: Meeting nutritional needs | Stroud General Hospital<br>Wards and Theatre | • All staff to undertake MUST eLearning via TRS<br>• All staff to undertake the 'Fluid Management and Fluid Balance Workbook' via TRS.<br>• Nutrition and Hydration Risk Assessments within 'Unitary Notes' to be completed within 6 hours of admission<br>• Goal Plan/Care Plan to be initiated and actioned if indicated<br>• Accountable RN each shift to ensure fluid balance accuracy<br>• Monthly in house record keeping audit to be undertaken<br>• Discharge planning goals to be proactively discussed at MDT meetings, completed and |

| | | | | |
|---|---|---|---|---|
| | | | | • communicated to community based professionals involved in the patient's care.<br>• Monthly in house record keeping audit to be undertaken<br>• Ensure all RNs are competent in the management of anaphylaxis<br>• Ensure all ENPs at SGH are signed up on the PGD for Adrenaline use<br>• Spot check local knowledge<br>• Complete Information booklet for Surgery at SGH<br>• Post-Operative Nutrition Information. Complete Post-Operative Care pathway<br>• Ensure PCA includes relevant evidence or access to:<br>• Staff training spreadsheet<br>• Complaints<br>• Safeguarding<br>• Datix<br>• Relevant meetings e.g. PLACE/Food group |

| | | | | |
|---|---|---|---|---|
| May | Julie Ellery | Outcome 11: Safety, availability and suitability of equipment | | The current plaster room is to be altered to become dual purpose clinical room<br>• The team is to re organise the training folder so that all training is clearly evidenced.<br>• A folder and data collection process will be developed in conjunction with the Infection Control Lead<br>• This actions required to address this recommendation are currently being considered by The Head of Estates, Safety, Security & Facilities |
| June | Rosi Shepherd | Outcome 8: Cleanliness and infection control | | |
| July | Jane Evans | Outcome 9: Management of medicines | | |
| Aug | Mandy Hampton | Outcome 4: Care and welfare of people who use services | | |
| Sept | Linda Edwards | Outcome 12: Requirements relating to workers<br>Outcome 13: Staffing<br>Outcome 14: Supporting workers | | |
| Oct | Julie Ellery | Outcome 16: Assessing and monitoring the quality of service provision | | |
| Nov | Mandy Hampton | Outcome 7: Safeguarding people who use services from abuse | | |
| Dec | To be confirmed | Outcome 1: Respecting and involving people who use services | | |

| | | | | |
|---|---|---|---|---|
| Jan | To be confirmed | Outcome 6: Cooperating with other providers | | |

## Non-Executive Directors Quality Visit Schedule – Patient Experience Assessment Visit

The Non-Executive Directors Quality Visits aim to explore the experience of patients/service users and their carers in relation to quality of care. Through face to face conversations with users the visits will provide an invaluable understanding of the service as it happens. This feedback will aid the Trust in understanding the service experience and also make improvements when required or share good practice across the organisation.

The table below shows the current planned visits for the coming year, but at times changes will need to be made and it should therefore be seen as a dynamic document.

A briefing pack about the service will be made available to the NEDs in advance of the visits, so that they have a background understanding of the service prior to the visit. A robust mechanism for obtaining the feedback (a prompt questionnaire) is currently being developed and will be introduced from June 2014. The reports following each visit will be discussed at locality governance forums and action plans are monitored there. The appendix provides the reports of the visits completed to date.

| Date | Time | Who? | Site/Service | | Location |
|---|---|---|---|---|---|
| April 2nd | 10-1pm | Chris Creswick<br>Melanie Rogers | Diabetes | Community Diabetes Service<br>Chris Creswick attended a clinic of 3 patients and accompanied a cardiac specialist nurse on a home visit. | Matson Lane Surgery |
| April 24th | 10-1pm | Ingrid Barker<br>Melanie Rogers | Cirencester | Hospital Visit | Hospital |
| May 7th cancelled | 1-4pm | Nicola Strother Smith<br>Sarah Warne | Wheelchair Service (1.30-4.30pm) | CANCELLED<br><br>(insufficient patients attending clinic | Clinic on Village Road |
| May 14th | 1-4pm | Ingrid Barker<br>Sarah Warne | Tewkesbury Hosp | Hospital Visit | Hospital |
| May 21th | 10-1pm | Ingrid Barker<br>Melanie Rogers | Homeless Health Care Service | CANCELLED<br>(Diary Priorities) | Vaughan House |

| | | | | | |
|---|---|---|---|---|---|
| May 21st | 10-1pm | Chris Creswick<br>Alison Reddock | Stroud General Hosp | Hospital Visit | Hospital |
| June 10th | 2-5pm | Joanna Scott<br>Sarah Warne | Dental Service<br>Waiting Room | Patients to be approached by receptionist to establish consent to speak to NED re experience | Southgate Moorings |
| June 19th | 1-4pm<br>2-5pm | Ingrid Barker<br>Barbara Lees | Reablement | CANCELLED<br>(Diary Priorities) | |
| June 30th | 1-4pm | Sue Mead<br>Melanie Rogers<br>(Jane Daggatt) | Podiatry Service<br>Waiting Room | Patients to be approached by receptionist to establish consent to speak to NED re experience | St Pauls Medical Centre<br>Swindon Road<br>Cheltenham |
| July 16th | 10-1pm | Rob Graves<br>(Andrea Darby<br>Clinical Nurse Specialist) | IV Therapy | Patients will be informed prior to ensure consent | TBC in June |
| July 31st | 10-1pm | Ingrid Barker<br>(Suzy Hughes<br>Clinical Nurse Specialist) | Heart Failure | Patients will be informed prior to ensure consent | TBC in June |
| August 13th | 1-4pm | Nicola Strother Smith<br>(Sally King, Respiratory Physio) | Pulmonary Rehabilitation | Patients will be informed prior to ensure consent | TBC in July |
| September 5th | 10-1pm | Chris Creswick<br>TBC | Leg Ulcer Clinic<br>In waiting room | Patients to be approached by receptionist to establish consent to speak to NED re experience | Dilke Hospital |
| September 9th | 1-4pm | Joanna Scott<br>TBC | ARU Tewkesbury | Patients to be approached by receptionist to establish consent to speak to NED re experience | Tewkesbury Hospital |
| September 29th | 10-1pm | Sue Mead<br>(Debbie Gray, Capacity Community Services Manager) | SPCA | Debbie Gray | EJC |
| October 8th | 1-4pm | Rob Graves<br>(Pamela Stevenson<br>Clinical Nurse Specialist) | Cardiac Rehabilitation | Patients will be informed prior to ensure consent | Oxstalls Gym |

| | | | | | |
|---|---|---|---|---|---|
| October 30th | 10-1pm | Ingrid Barker TBC | Children's Speech and Language Service | Regular clinic 9-3.30<br><br>Patients to be approached by receptionist to establish consent to speak to NED re experience | TBC in September |
| November 12th | 1-4pm | Nicola Strother Smith TBC | Children's OT | Quedgeley Wed AM clinic<br><br>Patients to be approached by receptionist to establish consent to speak to NED re experience | TBC in October |
| November 26th | 10-1pm | Sue Mead TBC | Immunisation and Vaccination Services | Angela Hemus x8206<br><br>Patients to be approached by receptionist to establish consent to speak to NED re experience | TBC in October |
| November 26th | 10-1pm | Ingrid Barker TBC | Physiotherapy and Early Supported Discharge Team (Cheltenham and Tewkesbury) | Prestbury Centre in Cheltenham<br>Patients to be approached by receptionist to establish consent to speak to NED re experience | TBC in October |
| December 3rd | 1-4pm | Chris Creswick (Sue Trigg Clinical nurse Specialist) | Bone Health Waiting Room | Patients to be approached by receptionist to establish consent to speak to NED re experience | TBC in November |
| December 19th | 10-1 | Rob Graves (Sue Watts, Clinical Nurse Specialist) | Parkinson's/MND | Patients will be informed prior to ensure consent | TBC in November |
| January 29th | 10-1 | Joanna Scott TBC | Dilke Hospital | Hospital Visit | Hospital |

# Well Led

## 5.1 Workforce

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

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

| Indicator | Target | Health Performance | Adult Social Care Performance |
|---|---|---|---|
| Sickness absence | 3.0% | 4.39% | 5.78% |
| Mandatory Training - Health & Safety | 90% | 93.51% | Data not available |
| Mandatory Training - Equality & Diversity | 90% | 77.69% | |
| Mandatory Training - Information Governance | 90% | 70.46% | |
| Mandatory Training - Conflict Resolution | 90% | 75.49% | |
| Appraisal completion | 95% | 82.82% | |
| Turnover rate | 7-17% | 11.91% | |

The key changes this month have been –

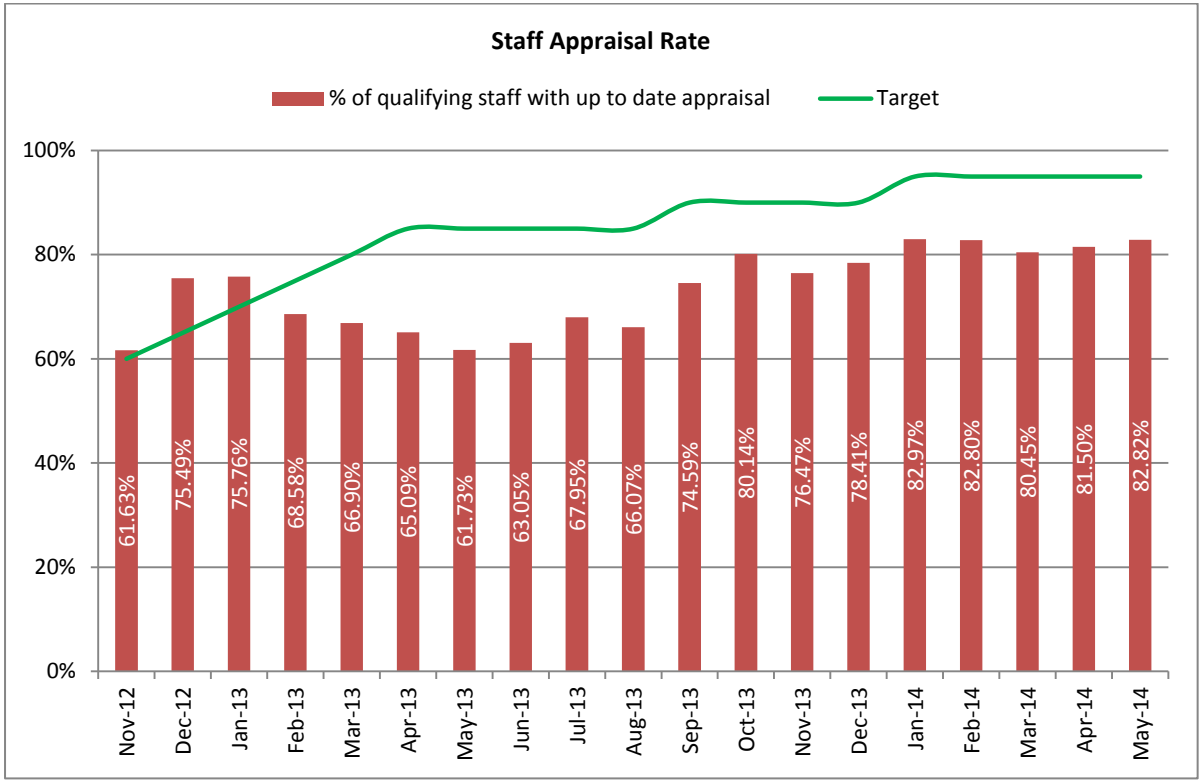
- The recruitment team have seen an increase in activity this month with 57 posts being advertised. The numbers of leavers in March and April were above average so this is just reflecting activity to replace those staff that have left.

- Sickness absence has increased this month. The rate in May for GCS staff showed in month performance of 4.43% compared to target of 3%. The rolling 12 months position is 4.39%, a small increase from 4.35% in April. The rate for Adult Social Care staff is 5.78% in April compared to target of 3% (May data is not yet available). A report was provided to the HR & OD Committee in April 2014 which highlighted that further work is required to reduce the number of staff who have frequent periods of short term sickness absence. HR Advisors are contacting managers to set up formal sickness absence review meetings in accordance with the Trust's Sickness Absence Policy.

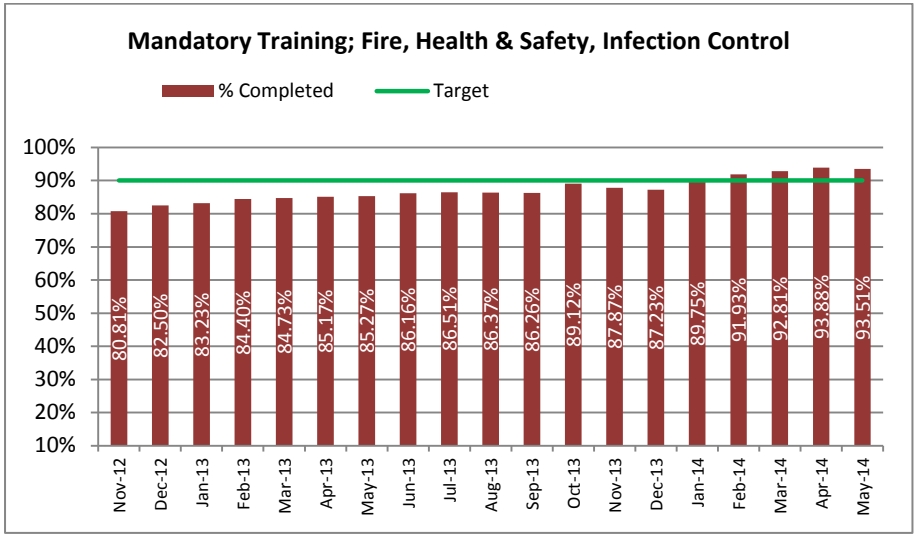
- Mandatory training rates are still improving, albeit very slowly, and this can be linked to the introduction of the Pay Progression Policy in January 2014.

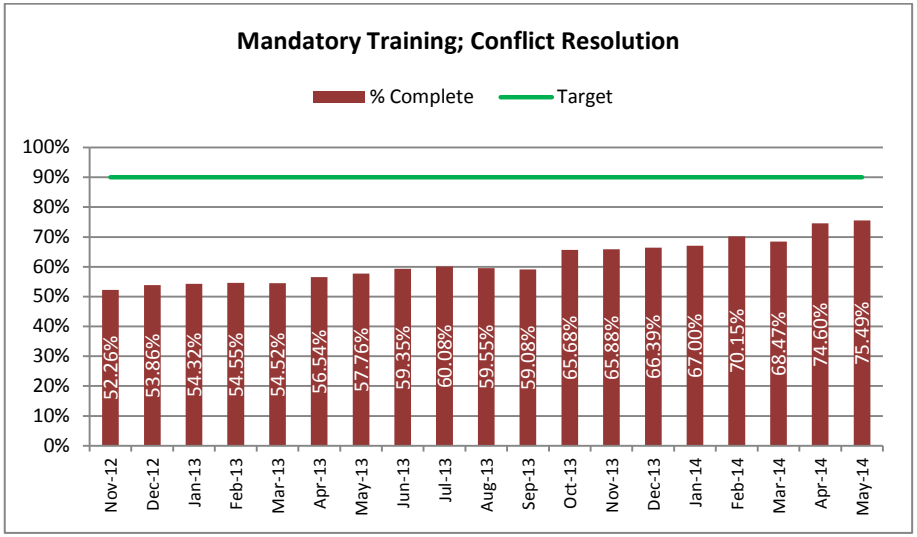
- Appraisal rate compliance is still disappointing considering the amount of time dedicated to reminding managers that staff appraisals are due. Managers continue to claim that the reports are inaccurate however none of the checks that have been undertaken support those claims. The rate increased slightly in May to 82.82% from 81.5% in April, however has not yet reached the level of 82.97% in January 2014 and is significantly behind the target of 95%, see chart b.

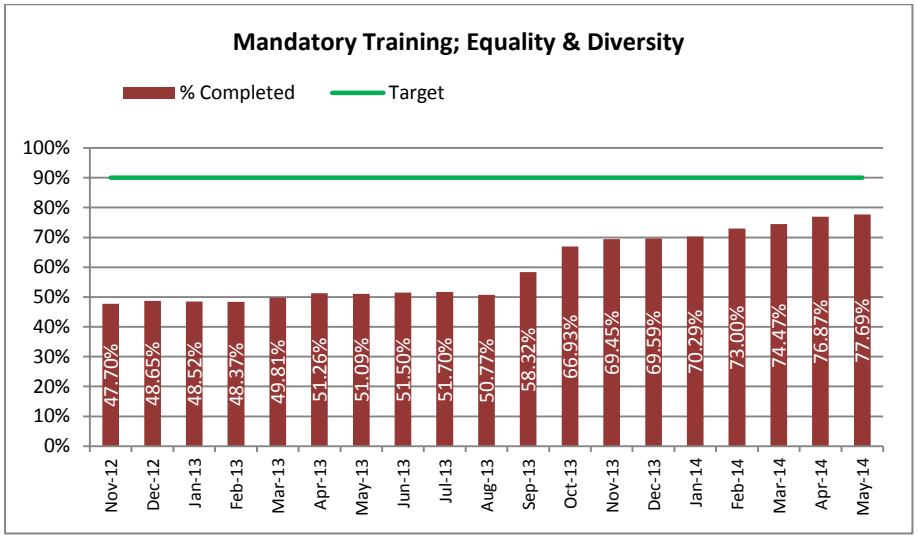
- In order to further improve mandatory training and appraisal completion rates, a survey will be issued to staff and managers in June 2014 to ascertain the reasons why they have been unable to meet this mandatory requirement to date.

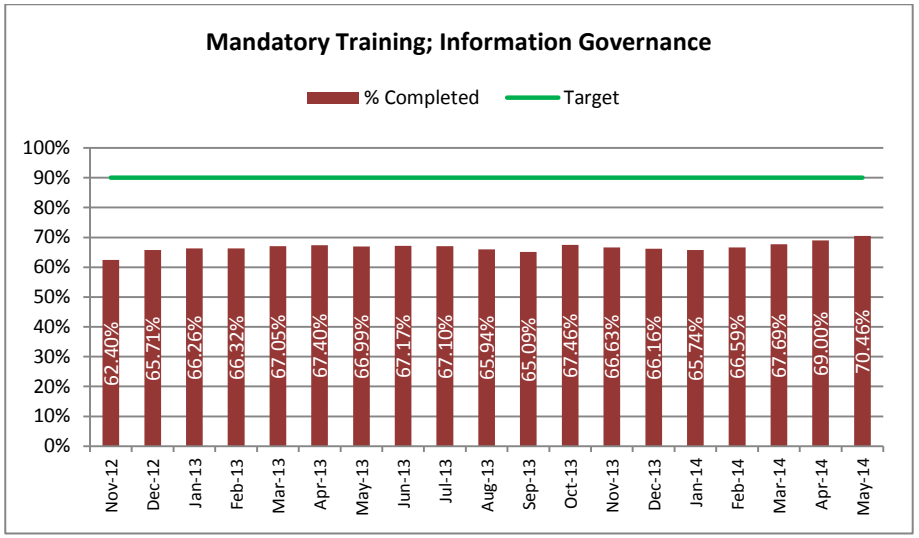


The following charts show performance against target for a number of the elements of Mandatory training:



**5.2 Data Quality**

The scorecard includes indicators to monitor data quality for completeness of a valid NHS number field in data sets flowed nationally (to the Secondary Uses Service) and held locally. This covers Minor Injury Units, Admitted patients and Outpatients, along with locally held Social Care data.

The performance and information team run a number of data validation checks on a regular basis to highlight missing data items and ensure validation occurs prior to submission, including feedback of any errors or missing data to Clinicians and Clinical Systems Team.

Current performance for these indicators shows GCS performance to meeting these targets.

There are currently issues with the coverage of ethnic code recorded on SystmOne. To date this has not been fully populated.

The Directors of Service Transformation and Operations have written to staff to highlight the need to capture this data to meet equality and diversity obligations, one of which is to ensure positive use of ethnicity information. This mandates the requirement to collect this data and is accompanied by a ‘quick guide’ that explains what to ask and how to record the data on SystmOne.

**Appendix 1** **Developing the Quality Reporting for GCS**

| CQC five pillars of quality services | Areas for reporting | Progress |
|---|---|---|
| **Safe** | Safety thermometer coverage and harm free care by harm and by service line, VTE risk assessment, MEWS, medication errors by level of harm, data breaches, CAS/NRLS reporting, safeguarding adults and children i.e. SCR, RIDDOR/HSE reported incidents, incidents effecting staff | Safety Thermometer – completed; service line data to be provided to services. This will become more transparent via Health Assure tool.<br><br>VTE risk assessment – to be included in June Quality & Performance report.<br><br>MEWS – included.<br><br>Medication errors – included.<br><br>CAS/NRLS - to be included in June Quality & Performance report.<br><br>Safeguarding adults and children – version 7 of the dashboard will be available for August<br><br>RIDDOR/HSE reported incidents – included.<br><br>Incidents effecting staff - to be included in June Quality & Performance report |
| **Effective** | Clinical audit programme, NICE, policy development plan, CQUINs by scheme, research participation, CQC non-compliance, performance notices, quality account objectives by topic, SUS data, essential care indicators i.e. – falls assessment, obs recorded, TV assessments, nutritional assessment, medicines management, PROMs, flu vac rates, | Clinical audit programme – to be provided as a separate report to Quality and Clinical Governance Committee. To be included in June Quality & Performance report.<br><br>NICE policy development plan - to be included in June Quality & Performance report. |

| | | |
|---|---|---|
| | balanced scorecards by locality/service in rotation | CQUINs by scheme - to be included in June Quality & Performance report.<br><br>Research participation- to be included in July Quality & Performance report.<br><br>CQC non-compliance – by exception.<br><br>Performance notices – report by exception.<br><br>Quality account objectives by topic - to be included in September Quality & Performance report.<br><br>SUS data – data quality analysis included.<br><br>Essential care indicators – to be developed by quarter 2 2014/15.<br><br>PROMs - to be included in July Quality & Performance report. Report on quarterly basis.<br><br>Flu vac rates – from November 2014.<br><br>Balanced scorecards by locality/service in rotation – to commence in June 2014. |
| **Caring** | Service user engagement, “you said, we did”, 6Cs implementation plan, PLACE, mixed sex breaches, Clinical and professional care strategy implementation plan, service user stories, GCS in the media | Service user engagement – to be confirmed.<br><br>“you said, we did” - to be included in June Quality & Performance report.<br><br>6Cs implementation plan – to be confirmed |

| | | |
|---|---|---|
| | | PLACE – to be confirmed<br><br>Mixed sex breaches – report by exception.<br><br>Clinical and professional care strategy implementation plan – to be presented as a discrete paper.<br><br>Service user stories – presented as part of Board agenda.<br><br>GCS in the media – to be confirmed. |
| **Responsive** | Complaints , FFT and net promoter score, risk register and actions, staff survey and actions, LiA, , service redesign ,ethnicity coding, litigation, press coverage, health watch feedback, HV trajectory | Complaints – included.<br><br>FFT and net promoter score – included.<br><br>Risk register and actions – separate paper.<br><br>LiA - to be included in June Quality & Performance report.<br><br>Service redesign – separate paper.<br><br>Ethnicity coding – reported within data quality section.<br><br>Litigation – to Board (closed session).<br><br>Press coverage – please see above.<br><br>Health watch feedback - to be included in July Quality & Performance report.<br><br>HV trajectory – trajectory to be confirmed. |

| | | |
|---|---|---|
| **Well led** | Implementation of clinical and professional care objectives, essential to role training, NMPs in place, WTE funded nursing posts, vacancies, % of agency spent on temporary staff budget, temporary staff, agreed establishments and methodology used to agree this, shifts below establishment (inc. bank and agency), sickness absence, appraisal rates, turnover, average length of time to recruit advert to offer, GSAB/GSCB attendance rate, | Implementation of clinical and professional care objectives – separate paper.<br><br>Essential to role training – for continued development.<br><br>NMPs in place - for continued development.<br><br>WTE funded nursing posts – reported within scorecard.<br><br>Vacancies – reported within scorecard.<br><br>% of agency spent on temporary staff budget – to be developed.<br><br>Agreed establishments and methodology used to agree this – separate paper.<br><br>Shifts below establishment (including bank and agency) – to be developed.<br><br>Sickness absence, appraisal rates, turnover, average length of time to recruit advert to offer - to be included in June Quality & Performance report.<br><br>GSAB/GSCB attendance rate - to be included in June Quality & Performance report. |

## NATIONAL TARGETS

| Target type | TARGET | | 2013/14 outturn | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2014/15 YTD | 2014/15 Outturn | Consequence of Breach | Lead Director/LM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **TDA DOMAIN - CARING** | | | | | | | | | | | | | | | | | | |
| | **Friends and Family Test** | | | | | | | | | | | | | | | | | | |
| National | Response Rate - Trust Total | Actual | 15% | 21% | 19% | | | | | | | | | | | 20% | 20% | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| National | Net Promoter Score (between -100 and +100) - Trust Total | Actual | 83 | 84 | 79 | | | | | | | | | | | 82 | 82 | | |
| National | MIU Response Rate | Target | 15% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | | Actual | 13% | 19% | 17% | | | | | | | | | | | 18% | >20% | | |
| National | MIU Net Promoter Score (between -100 and +100) | Target | | >46 | >46 | >46 | >46 | >46 | >46 | >46 | >46 | >46 | >46 | >46 | >46 | >46 | >46 | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | | Actual | 86 | 85 | 77 | | | | | | | | | | | 81 | 81 | | |
| National | Inpatients Response Rate | Target | 15% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | | Actual | 40% | 49% | 47% | | | | | | | | | | | 48% | 48% | | |
| National | Inpatients Net Promoter Score (between -100 and +100) | Target | | >60 | >60 | >60 | >60 | >60 | >60 | >60 | >60 | >60 | >60 | >60 | >60 | >60 | >60 | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | | Actual | 72 | 76 | 83 | | | | | | | | | | | 80 | 80 | | |
| | **MIXED SEX ACCOMODATION BREACHES** | | | | | | | | | | | | | | | | | | |
| National | Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | £250 per day per patient affected | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| | **Compliments & Complaints** | | | | | | | | | | | | | | | | | | |
| GCS | Compliments | Actual | 161 | 5 | 10 | | | | | | | | | | | 15 | 90 | Exception report to Executive Team and remedial action plan | **Liz Fenton** |
| | Complaints | Actual | 78 | 6 | 2 | | | | | | | | | | | 8 | 48 | | |
| | Concerns | Actual | 457 | 62 | 58 | | | | | | | | | | | 120 | 720 | | |
| | Comments | Actual | 114 | 8 | No longer collected via DATIX | | | | | | | | | | | 8 | | | |
| | **TDA DOMAIN - SAFE** | | | | | | | | | | | | | | | | | | |
| | **INFECTION CONTROL** | | | | | | | | | | | | | | | | | | |
| National | Number of post 48 hour Clostridium Difficile Infections in Community Hospitals | Threshold | 18 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 4 | 21 | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Locality Managers** |
| | | Actual | 19 | 0 | 1 | | | | | | | | | | | 1 | 6 | | |
| National | Number of MRSA bacteraemias | Threshold | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| National | Number of MSSA Infections | Actual | 1 | 0 | 0 | | | | | | | | | | | 0 | 0 | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| National | Number of E.Coli Bloodstream Infections | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | **Safe Staffing** | | | | | | | | | | | | | | | | | | |
| National | Safe Staffing Fill Rate | Actual | | | 96.7% | | | | | | | | | | | 96.7% | 96.7% | Exception report to Executive Team and remedial action plan | **Liz Fenton** |
| | **VTE** | | | | | | | | | | | | | | | | | | |
| National | VTE Risk Assessment - % of relevant inpatients with assessment completed | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Locality Managers** |
| | | Actual | 99.2% | 99.2% | 96.6% | | | | | | | | | | | 97.9% | 97.9% | | |
| | **Safety Thermometer** | | | | | | | | | | | | | | | | | | |
| | **GCS Total** | | | | | | | | | | | | | | | | | | |
| National | Number of completed surveys | Actual | 772 | 65 | 64 | | | | | | | | | | | 129 | 774 | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | Number of patients surveyed | Actual | 12851 | 1120 | 1153 | | | | | | | | | | | 2273 | 13638 | | |
| | Number of patients Harm Free | Actual | 11520 | 1021 | 1042 | | | | | | | | | | | 2063 | 12378 | | |
| | % Harm Free | Target | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | | |
| | | Actual | 89.6% | 91.2% | 90.4% | | | | | | | | | | | 90.8% | 90.8% | | |
| | **TDA DOMAIN - EFFECTIVE** | | | | | | | | | | | | | | | | | | |
| | **RE-ADMISSIONS** | | | | | | | | | | | | | | | | | | |
| National | Emergency re-admission within 30 days of discharge, to the same provider, following a non-elective admission | Target | | Target to be confirmed | | | | | | | | | | | | | | Exception report to Executive Team and remedial action plan | **Locality Managers** |
| | | Actual | | 10.5% | 11.4% | | | | | | | | | | | 11.0% | 11.0% | | |
| | **TDA DOMAIN - RESPONSIVE** | | | | | | | | | | | | | | | | | | |
| | **UNSCHEDULED CARE** | | | | | | | | | | | | | | | | | | |
| | **Primary Care Centres** | | | | | | | | | | | | | | | | | | |
| National | Face to Face Consultations in PCC for those assessed as an Emergency to be seen within 1 Hour | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Sue Field** |
| | | Actual | 99% | 100% | 100% | | | | | | | | | | | 100% | 100% | | |

| Target type | TARGET | | 2013/14 outturn | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2014/15 YTD | 2014/15 Outturn | Consequence of Breach | Lead Director/LM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| National | Face to Face Consultations in PCC for those assessed as an Urgent to be seen within 2 Hours | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Sue Field** |
| | | Actual | 96% | 92% | 91% | | | | | | | | | | | 92% | 92% | | |
| National | Face to Face Consultations in PCC for those assessed as a Less Urgent Case to be seen within 6 Hours | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Sue Field** |
| | | Actual | 99% | 98% | 98% | | | | | | | | | | | 98% | 98% | | |

| Target type | TARGET | | 2013/14 outturn | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2014/15 YTD | 2014/15 Outturn | Consequence of Breach | Lead Director/LM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **COMMUNITY HOSPITALS** | | | | | | | | | | | | | | | | | | |
| | **MIU - QUALITY INDICATORS** | | | | | | | | | | | | | | | | | | |
| National | % seen and discharged within 4 Hours in MIU | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | £200 in respect of each breach above the threshold | **Locality Managers** |
| | | Actual | 99.8% | 99.8% | 99.8% | | | | | | | | | | | 99.8% | 99.8% | | |
| | Number of breaches of 4 hour target | Actual number | 56 | 12 | 11 | | | | | | | | | | | 23 | 138 | | |
| National | Trolley waits in the MIU must not be longer than 12 hours | Target | 0 | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | <12 hrs | £1000 in respect of each breach above the threshold | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| National | Total time spent in MIU less than 4 hours (95th percentile) | Target | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | <4 hrs | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Locality Managers** |
| | | Actual | 01:49 | 01:56 | 02:03 | | | | | | | | | | | 01:59 | 01:59 | | |
| National | Time to initial assessment for patients arriving by ambulance (95th percentile) | Target | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | <15 m | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Locality Managers** |
| | | Actual | 00:10 | 00:12 | 00:13 | | | | | | | | | | | 00:12 | 00:12 | | |
| National | Trolley waits in the MIU must not be longer than 12 hours | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | £1000 in respect of each breach above the threshold | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| National | All handovers between ambulance and MIU must take place within 15 minutes with none waiting more than 30 minutes. | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | £200 in respect of each breach above the threshold | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| National | All handovers between ambulance and MIU must take place within 15 minutes with none waiting more than 60 minutes. | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | £1000 in respect of each breach above the threshold | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| National | Time to treatment in department (median) | Target | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | <60 m | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Locality Managers** |
| | | Actual | 00:23 | 00:25 | 00:26 | | | | | | | | | | | 00:26 | 00:26 | | |
| | **MIU - PATIENT IMPACT QUALITY INDICATORS** | | | | | | | | | | | | | | | | | | |
| National | Unplanned re-attendance rate within 7 days | Target | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Locality Managers** |
| | | Actual | 4.0% | 4.9% | 4.7% | | | | | | | | | | | 4.8% | 4.8% | | |
| National | Left department without being seen | Target | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | <5% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Locality Managers** |
| | | Actual | 0.6% | 0.7% | 1.0% | | | | | | | | | | | 0.9% | 0.9% | | |
| | **SEXUAL HEALTH** | | | | | | | | | | | | | | | | | | |
| | **CHILDREN'S SERVICES** | | | | | | | | | | | | | | | | | | |
| | **IMMUNISATIONS** | | | | | | | | | | | | | | | | | | |
| National | HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed) | Target (all 3)* | | **ACADEMIC YEAR 2013/14 - Target 90% all 3 immunisations by end of academic year (July 2014)** | | | | | | **ACADEMIC YEAR 2014/15 - Target 90% all 3 immunisations by end of academic year (July 2015) - Cumulative target** | | | | | | | | | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Candace Plouffe** |
| | | Target | 90.0% | 75.0% | 85.0% | 90.0% | 90.0% | 90.0% | Target by August 15 = 90% | | | | | | | 85.0% | 90.0% | | |
| | | 3rd Imunisation | 86.7% | 68.9% | 82.1% | | | | | | | | | | | 82.1% | 90.0% | | |
| | | Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | Target by August 15 = 90% | | | | | | | 90.0% | 90.0% | | |
| | | 2nd Imunisation | 89.9% | 91.3% | 91.4% | | | | | | | | | | | 91.4% | 91.4% | | |
| | | Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | Target by August 15 = 90% | | | | | | | 90.0% | 90.0% | | |
| | | 1st Imunisation | 90.5% | 92.6% | 92.6% | | | | | | | | | | | 92.6% | 92.6% | | |
| | | No Consent % | 7.2% | 5.6% | 4.8% | | | | | | | | | | | 4.8% | 4.8% | | |
| | **CHILDHOOD MEASUREMENT PROGRAMME** | | | | | | | | | | | | | | | | | | |
| | | | | **ACADEMIC YEAR 2013/14 - Target 85% of children measured by end of academic year (July 2014)** | | | | | | **ACADEMIC YEAR 2014/15 - Target 85% of children measured by end of academic year - Cumulative target** | | | | | | | | | | |
| National | Percentage of children in Reception Year with height and weight recorded | Target | 85% | 85% | 85% | 85% | 85% | 85% | Target by August 15 =95% of consented children | | | | | | | 85% | 85% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Candace Plouffe** |
| | | Actual | 93.9% | 98.6% | 98.7% | | | | | | | | | | | 98.7% | 98.7% | | |
| National | Percentage of children in Year 6 with height and weight recorded | Target | 85% | 85% | 85% | 85% | 85% | 85% | Target by August 15 =95% of consented children | | | | | | | 85% | 85% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Candace Plouffe** |
| | | Actual | 94.2% | 96.9% | 96.8% | | | | | | | | | | | 96.8% | 96.8% | | |
| | **NEWBORN HEARING SCREENING** | | | | | | | | | | | | | | | | | | |
| National | Coverage | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Candace Plouffe** |
| | | Actual | 100% | 100% | 100% | | | | | | | | | | | 100% | 100% | | |
| National | Screens completed by 5 weeks (community sites) - Well babies | Target | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | >95% | Exception report to Executive Team and remedial action plan | **Candace Plouffe** |
| | | Actual | 98.8% | 99.6% | 100.0% | | | | | | | | | | | 99.8% | 99.8% | | |
| | **NEWBORN BLOODSPOT SCREENING** | | | | | | | | | | | | | | | | | | |
| National | Coverage | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | Exception report to Executive Team and remedial action plan | **Candace Plouffe** |
| | | Actual | 99.9% | 100.0% | 100.0% | | | | | | | | | | | 100.0% | 100.0% | | |
| National | Timeliness of result (by 17 days of age) | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | Any Month = Exception report, 2nd Consecutive Month = remedial action plan | **Candace Plouffe** |
| | | Actual | 96.8% | 82.0% | 95.9% | | | | | | | | | | | 88.0% | 95.0% | | |

| Target type | TARGET | | 2013/14 outturn | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2014/15 YTD | 2014/15 Outturn | Consequence of Breach | Lead Director/LM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **HEALTH VISITORS** | | | | | | | | | | | | | | | | | | |
| National | Number of Health Visitors to meet Call to Action requirements | Target | 106.00 | 101.29 | 101.48 | 100.48 | 102.48 | 102.48 | 116.48 | 116.48 | 116.48 | 116.48 | 128.48 | 128.48 | 127.32 | 101.48 | 127.32 | For discussion at Contract Board when WTE numbers are not met | **Candace Plouffe** |
| | | Actual | 101.29 | 100.25 | 100.48 | | | | | | | | | | | 100.48 | >127.32 | | |
| | **QUALITY** | | | | | | | | | | | | | | | | | | |
| | **NEVER EVENTS** | | | | | | | | | | | | | | | | | | |
| National | Number of Never Events reported | Actual | 1 | 0 | 0 | | | | | | | | | | | 0 | 0 | Exception report and remedial action plan | **Sue Field / Candace Plouffe** |
| | **SERIOUS INCIDENTS REQUIRING INVESTIGATION** | | | | | | | | | | | | | | | | | | |
| National | Number of Serious Incidents Requiring Investigation (SIRI) reported | Actual | 9 | 1 | 0 | | | | | | | | | | | 1 | 6 | Exception report and action plan | **Sue Field / Candace Plouffe** |
| | Number of Serious Incidents Requiring Investigation (SIRI) reported for Medication errors causing serious harm | Actual | | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| | **DIAGNOSTIC TEST WAITING TIMES** | | | | | | | | | | | | | | | | | | |
| National | Percentage of diagnostic tests waiting longer than 6 weeks | Target | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | £200 in respect of each breach above the threshold | **Sue Field** |
| | | Actual | 0% | 0% | 0% | | | | | | | | | | | 0% | 0% | | |
| | **Cancelled operations** | | | | | | | | | | | | | | | | | | |
| National | No urgent operation should be cancelled for a second time | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | £5,000 per incidence or breach | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| National | Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Non payment of costs and rescheduled episode | **Locality Managers** |
| | | Actual | 0 | 0 | 0 | | | | | | | | | | | 0 | 0 | | |
| | **Data Quality - Submitted to Secondary Uses Service (SUS)** | | | | | | | | | | | | | | | | | | |
| National | Completion of a valid NHS number field in data sets submitted to SUS - MIU | Target | 94.9% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | £10 per breach above the threshold | **Locality Managers** |
| | | Actual | 97.5% | 99.0% | 99.9% | | | | | | | | | | | 99.5% | 99.5% | | |
| National | Completion of a valid NHS number field in data sets submitted to SUS - Inpatient | Target | 99.1% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | Exception report if not met in Q1, action plan if not met for 2 Quarters | **Locality Managers** |
| | | Actual | 99.9% | 99.8% | 99.8% | | | | | | | | | | | 99.8% | 99.8% | | |
| National | Completion of a valid NHS number field in data sets submitted to SUS - Outpatient | Target | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | Exception report if not met in Q1, action plan if not met for 2 Quarters | **Locality Managers** |
| | | Actual | 99.9% | 99.9% | 100.0% | | | | | | | | | | | 99.9% | 99.9% | | |
| National | Completion of a valid NHS number field in Social Care data sets held by GCS | Target | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | Exception report if not met in Q1, action plan if not met for 2 Quarters | **Locality Managers** |
| | | Actual | 67.0% | 83.8% | 87.5% | | | | | | | | | | | 85.6% | 85.6% | | |

**Key to traffic lights:**

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

Gloucestershire Care Services NHS
NHS Trust

**Gloucestershire Care Services NHS Trust Board**

| | | |
|---|---|---|
| **Title:** | **Quality Account 2013/14** | **Date of Meeting: 15th July 2014** |
| **Agenda Item:** | **11** | |
| **Purpose of Paper:** | The final Quality Account for 2013/14 is presented to the Board for information having being approved for publication by the Quality and Clinical Governance Committee meeting held in May 2014. | |
| **Key Points:** | • The Quality Account includes both a look back at 2013/14 as well as setting out our quality goals for 2014/15<br>• The final document incorporates the feedback that the Trust received from the CCG, Healthwatch and HSCOSC<br>• The final document was shared with stakeholders and included the TDA and CQC on June 26th 2014<br>• At the same time the document was published on the Trust website and submitted for publication on the NHS Choices website. The publication on NHS Choices fulfils the Trust requirements under the Health Act to submit the document to the Secretary of State. | |
| **Options and decisions required** | The Board is asked to receive the Quality Account for 2013/14 | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | x |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | x |
| | 3. Provide innovative community services that deliver health and social care together | x |
| | 4. Work as a valued partner in local communities and across health and social care | x |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | x |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | x |

| | | | |
|---|---|---|---|
| **Next steps/future actions** | The Quality Goals for 2014/15 are highlighted within the Clinical and Professional Care Strategy Implementation Plan for 2014/15 and progress towards achieving those goals will be monitored through the QCGC and reported to Board in the Quality Report. | | |
| **Author name and title** | **Liz Fenton, Director of Nursing & Quality**<br><br>**Rod Brown, Programme Manager** | **Director Name and Title** | **Liz Fenton, Director of Nursing & Quality** |

Gloucestershire Care Services

NHS Trust



# QUALITY ACCOUNT

## 2013-14


Understanding you

CONTENTS





# PART ONE: INTRODUCTION

## To be the service people rely on to understand them and organise their care around their lives.

**Gloucestershire Care Services NHS Trust ("the Trust") provides a comprehensive range of coordinated health and social care services across the county. These services are delivered in community hospitals and in local communities, and include children's services, health visitors, community nursing, physiotherapy services, specialist services, and adult social care services that are provided on behalf of Gloucestershire County Council.**

Our primary objective is to help people live independently and safely within their own home, or as close to their home as possible. Increasingly, we are seeing people with long-term conditions or complex care needs, some of whom may require more intensive short-term healthcare support either in a community hospital or in one of the acute hospitals in Gloucester or Cheltenham. However, as soon as practical, we aim to return people to their home, supported by appropriate packages of care delivered by our specialist nurses or Integrated Community Teams (which bring together social care workers, community nursing, physiotherapy, occupational therapy and reablement professionals).

As evidence of these services' activities and excellent performance in the last twelve months, the Trust is proud to publish this Quality Account, the first such document since the organisation's establishment as a standalone NHS provider in April 2013.

This document shares key information about the quality of the health and social care services provided across Gloucestershire in line with the Trust's commitment to openness and transparency. It casts both a critical view backwards to the successes and learning from 2013-14, and also looks forward to the coming year's priorities that seek to ensure continued quality development and improvement.

This document is intended to be read by all people who use our services, as well as wider members of the public, so that they may judge the level of quality provided. This Quality Account will also be used by colleagues across the Trust in order to provide focus upon those areas where improvements can be made and to aid better decision-making.

If you have any comments about this Quality Account, please email **liz.fenton@glos-care.nhs.uk.** Alternatively, you can write to:

Mrs E J Fenton
Director of Nursing and Quality
Gloucestershire Care Services NHS Trust
Edward Jenner Court
1010 Pioneer Avenue
Gloucestershire Business Park
Brockworth
Gloucester GL3 4AW

# 1. Statement from the Chief Executive

**On behalf of Gloucestershire Care Services NHS Trust, may I take this opportunity to say how exceptionally proud I am of the work that we have undertaken in this past year, in providing high quality integrated health and adult social care services to people across Gloucestershire.**

**This has been our first year as a standalone NHS community healthcare provider, yet this Quality Account demonstrates how much we have already achieved. In particular, I would point to the results of the Friends and Family Test, which is a survey conducted across a number of our sites, and which shows that 97% of our service users would be "likely" or "extremely likely" to recommend our services. In 2013-14, we also received three separate Innovations and Best Practice Awards from the Community Hospitals Association in respect of outstanding practice. Furthermore, this past year has seen further development of our excellent working relationship with Gloucestershire County Council, specifically in respect of our Integrated Community Teams. However, this is not to be complacent – we recognise that there is still much work to do to improve the quality, responsiveness and effectiveness of our services.**

In helping to shape these future improvements, whilst working within current financial constraints, we have agreed to focus upon three quality priorities, which align to the aims of our recently published Clinical and Professional Care Strategy. These priorities are:

- to deliver compassionate and considerate care which ensures that service users remain safe from avoidable harm;
- to ensure that local health and social care services adopt a person-centred approach, and are wholly effective and efficient;

- to inform and involve service users, their carers and families so that they are confident and have the best possible experience during their care.

These priorities are set in context of our successes and learning from last year. Thus, this Quality Account also highlights our work from 1 April 2013 to 31 March 2014. This mirrors our financial reporting period, given that we believe it is absolutely crucial to demonstrate that quality of care is just as significant and important to the Board as financial sustainability.

To the best of my knowledge, the information presented in this Quality Account is accurate, and provides a fair representation of our services. As such, I trust that this document will give suitable assurances to our partners and users of our services, that the care we deliver is of a high standard and as safe as possible, and that it achieves good clinical outcomes. We appreciate the comments and interest we have already received from our partners and stakeholders and, wherever possible, have incorporated these into this document.



I also believe that this Quality Account serves to demonstrate the excellent contribution of our 3,400 staff, in leading our services across the county. Together, our workforce is our single biggest asset.

Our colleagues bring a real wealth of skills, perspectives and ideas that enable us to continue to develop our services in a way that is ever more focused on providing high quality care and supporting the independence of our service users.

Indeed, I am continually impressed by the capability and dedication of colleagues right across the Trust, who do their very best for each and every person in their care. This commitment will continue to be fundamental as we move forwards and seek to realise our aspiration of becoming an NHS Foundation Trust.

I hope that you will find this Quality Account useful and informative. If you would like to comment on any part of it, please do get in touch (you can find out how on page 3, or on the back page). We always welcome your feedback, and would be delighted to hear from you.

Paul Jennings

**Paul Jennings**
**Chief Executive Officer**

# 2. Statement from the Chair

**The NHS Constitution reminds us that "The NHS belongs to the people…it touches our lives at times of basic human need, when care and compassion are what matter most".**

This Quality Account shows the progress that we, as Gloucestershire Care Services NHS Trust, are making in realising this commitment for the people we serve. We are always striving to provide safe, effective services which are also caring and compassionate, and clearly rooted in an understanding of people's needs, often when they are at their most vulnerable. I am delighted to be able to share with you the work undertaken by the Trust over the last year, which aims to ensure that each and every service user will experience the quality of care that we all want and expect.

During this last year, we have worked with service users, a range of community groups, and colleagues across the Trust and partner organisations, in order to create a vision and set of values for this new organisation (see section 4 below). This work has been about fostering a culture that puts quality of care, and the experiences of service users, first and foremost. We also now ensure that matters relating to quality are top of the Board agenda, and that we set aside time at the start of every public Board meeting to hear the experiences of people who use our services. Additionally, Board members make regular visits to services, and we carry out thorough scrutiny of data regarding key quality measures.

More widely as a Trust, we continue to reflect upon the lessons learned both locally and elsewhere in the NHS, so as to incorporate best practice into our day-to-day activities. Specifically in this last year, we have been keenly aware of the impact caused by the final report of the Mid Staffordshire NHS Trust public inquiry chaired by Robert Francis QC. In light of the recommendations made by this inquiry, the organisation has fully reviewed its services, and undertaken some positive steps to strengthen quality processes and assurances. This has included, for example:

- agreeing additional investment so as to provide increased staffing in our community hospitals and thereby improve the quality of care;
- actively welcoming feedback from service users, carers and families so as to ensure that all appropriate actions to help improve the excellence of care provided by our health and social care colleagues, can be identified and introduced;
- robustly reviewing all incidents and complaints, with the most serious incidents being reported at our public Board meetings, so as to ensure that lessons are learnt, changes are made and that we seek to prevent incidents from reoccurring;



- promoting our whistleblowing policy and support systems, so that staff are encouraged and supported to confidentially raise any concerns that they may have;
- inviting representatives from Gloucestershire Healthwatch (the nationally mandated consumer champion for health and social care) to join our Quality and Safety Group;
- developing a plan to embed the principles of the 6Cs within all our health and social care teams (these being Compassion, Care, Communication, Courage, Competence and Commitment as advocated by Compassion in Practice, NHS Commissioning Board, 2012);
- launching the Listening into Action and Leading for Quality Care programmes so as to provide additional training, support and resources for staff (see section 11 below).

As you read through this Quality Account, you will see many of these actions reflected, and we aim to strengthen our commitment to quality improvement further in the coming year.

Finally in reviewing 2013-14, I would like to thank the community, service user and carers' groups who have generously given their time through their membership of the Your Care, Your Opinion Programme Board. This group, which I take great pleasure in chairing, has undertaken a thorough review of our approach to hearing and responding to the views of those we serve, proposing several innovations in how we do this. It also regularly scrutinises the feedback we receive through surveys, complaints, comments from Healthwatch and other sources, bringing an independent and often challenging eye to this data. This independent input is imperative to us, so that we can truly understand and reflect the needs of local people in the design and delivery of our services, an ethos which is fundamental to us as a Trust, and to the spirit of this Quality Account.

Ingrid Barker

**Ingrid Barker**
**Chair**

# 3. Quality of care - our priority

**Quality can be defined in several ways. Traditionally, the NHS has thought of quality as excellence in service user safety, clinical effectiveness and the best service user experience: it is for this reason that these principles underpin the Trust's Clinical and Professional Care Strategy, and the quality priorities for 2014-15 as detailed in part 3 of this Quality Account.**

A more recent definition however, uses the five dimensions that are Safe, Caring, Responsive, Effective and Well-Led: part 2 of this Quality Account uses these parameters to assess last year's effectiveness in ensuring quality of care.

But whichever of these definitions is used, one element is constant: that quality of care depends on satisfying the needs of service users, and ensuring that they have the most positive experience possible during their care.

This requires us to ensure that service users are the focus of everything that we do, and that therefore we always adopt a person-centred approach.

This is a philosophy which is most tangibly represented by our programme of integration with Gloucestershire County Council.

I am therefore gratified to note that the benefits to service users that can result from such an integrated health and social care delivery model, are now being recognised nationally: thus, the National Collaboration for Integrated Care and Support, whose members include the Department of Health, the Care Quality Commission, NHS England, the National Institute for Health and Care Excellence (NICE) have recently clarified the outcomes of integrated health and social care services as being that:

- service users will experience a package of care and support that is personalised, where they only have to tell their story once, and where they have a single point of contact;
- health and social care response will be coordinated between appropriate agencies: this means that someone's health and social care needs will be assessed together, and that all the professionals involved in that person's care will work as part of the same team, sharing knowledge and information;
- there will be a shift away from an over-reliance on acute care, towards a focus on primary and community care;



- the needs of carers and families will be recognised, and they will be given the necessary support to be able to most effectively help the service user;
- that there will be population-based public health and preventative healthcare strategies, meaning that service users may be identified and treated at an earlier point in their care journey;
- the information about a service user's condition, care and treatment, as well as the support to use this information, will be given to the service user so that they can make decisions and choices about the care and support that they will receive.

For our Trust, this approach to integrated care is best demonstrated by the Integrated Community Teams, about which you can discover more on pages 11 and 12 of this Quality Account.

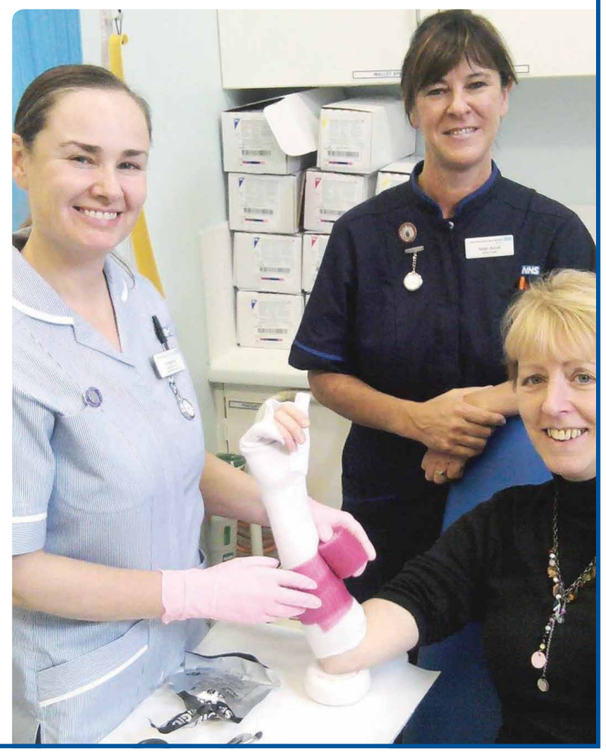
Thereafter, we need to ensure that the quality of care being delivered by all our teams, including our Integrated Community Teams, is carefully monitored and measured, so that it may be enhanced and improved where necessary. Therefore, the Trust will ensure that it:

- understands performance against a number of key health and social care quality indicators / metrics that are reported to Board: these include both national targets and quality metrics agreed locally with our commissioners;
- develops its reporting about the experience of services users, so that public perspectives inform service review;
- undertakes quality impact assessments for all service developments to ensure that no programme of change or transformation will create a negative impact upon the service user experience or the quality of provided care;
- maintains a programme of visits, walkabouts and peer reviews so that Board members can hear directly what is really important to service users, carers, families and colleagues;
- extends its engagement with service users, carers and stakeholders through the Your Care, Your Opinion Programme Board.

We are fully committed to delivering the highest quality of care possible, and I trust that this is adequately reflected in this Quality Account.

Liz Fenton

**Liz Fenton**
**Director of Nursing and Quality**



# 4. Our vision, values and strategic objectives

**In 2013-14, we agreed the Trust's vision, values and strategic objectives in consultation with a range of stakeholders, including colleagues across health and social care services, as well as members of the public.**

**We believe that these aspirations now encompass what is important to all people who use our services and to our staff, and that they will reinforce the important lessons learnt as a result of the Mid Staffordshire inquiry.**

Susan Mead

**Susan Mead**
**Non-Executive Director / Quality Champion**

## a. Vision

Our vision is **"To be the service people rely on to understand them and organise their care around their lives"**. To fulfil this vision, the Trust provides a wide range of health and social care services for people of all ages - from school nursing to physiotherapy, podiatry to cardiac nursing, adult social care to telecare - as well as managing the county's seven community hospitals. Together, these services work hard to make sure that local service users receive the right support, from the right people, at the right time.

## b. Values

Our CORE values are Caring, Open, Responsible and Effective, which are described as below:

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

These values describe the behaviours and attitudes that service users can expect from everyone working within the Trust, whatever their role.

## c. Strategic Objectives

Our strategic objectives describe the principle outcomes that colleagues aspire to achieve in all activities. These strategic objectives are to:

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



# 5. Our services

Gloucestershire is a geographically diverse county, covering an area of about 1,045 square miles, and with a total population of approximately 600,000 people. The county includes the large urban communities of Gloucester and Cheltenham, with smaller market towns and villages making up the rest of this mostly rural area.


To support the people of the county, the Trust employs more than 2,600 staff including nursing, medical and dental staff, allied healthcare professionals, as well as support service, administrative and clerical workers. The Trust also manages approximately 800 social workers and reablement workers from Gloucestershire County Council, who mostly work within the Trust's Integrated Community Teams.

Services are delivered in a variety of settings including people's homes, community clinics and community hospitals, working alongside GPs and other primary care colleagues. The Trust also provides some services in the acute hospitals in Gloucester and Cheltenham, as well as in nursing and residential homes, and social care settings.

Over the year 2013-14, we recorded 1,173,142 service user contacts across Gloucestershire.

## 1. Integrated Community Teams

The Trust's Integrated Community Teams bring together occupational therapists, social workers, physiotherapists, community nurses and reablement workers into single teams, who work closely with local GPs and provide care to service users at home or close to home. As such, these Integrated Community Teams help people to be in control of their choices, and to maintain their independence safely and appropriately. Teams are focused on:

- reducing unnecessary hospital admissions;
- caring for people where they recover best - at home, wherever possible;
- enabling people to receive care at a time to suit them.

A number of the Integrated Community Teams also provide access to:

- a rapid response service, which operates 24 hours a day, 7 days a week, in order to provide assessment in the home for people who require urgent care within an hour and therefore avoid the need for hospitalisation;
- a high intensity service which supports people who have been stabilised by the rapid response team, and which can then provide high levels of support and monitoring during a person's recovery.

**CASE STUDY**
Integrated Community Teams

## Full independence through co-ordinated care

**After a stay in hospital to recover from a fall, Mrs B was discharged home where she received four calls per day for homecare support. A social worker from the Integrated Community Team then visited Mrs B to complete a review and determine whether additional support was needed.**

The social worker learnt that throughout her adult life, Mrs B had lived with a disability where paralysis affected one side of her body. An independent and resilient lady, Mrs B had raised her family and, in recent years, had nursed her first and her second husband through long illnesses until they died. It was therefore clear that Mrs B had developed good coping strategies to solve the challenges of daily living. However, Mrs B had not been out of her home since her fall, and she was fearful of driving again. Her family expressed concerned about her catheter and its possible removal, and Mrs B's need for exercise and ongoing support.

After the social worker had talked through the issues with Mrs B, it was agreed that the reablement team would support Mrs B for the morning and night calls, with the homecare agency continuing to support the lunchtime and evening calls. Advice and support were given to make sure that Mrs B could move safely around her home with adjustments to existing equipment.

Over a number of weeks, Mrs B was supported to become more independent and confident in daily tasks, such as washing, dressing, meal preparation and cooking. The lunch-time visit from the homecare agency was replaced with a reablement visit to support Mrs B in regaining these skills further.

To help Mrs B better manage her catheter - with a view to removing the need for a catheter altogether – the team's district nurses became more closely involved in her care. Different catheter equipment proved unsuccessful at home so, with the support of her social worker, Mrs B was admitted to Ashley Intermediate Care Unit in Cheltenham. After three weeks of close supervision by the Unit's district nurse and other support staff, Mrs B was finally able to have her catheter removed.

The impact on Mrs B's quality of life has been dramatic, and she no longer needs any help at home from carers.

### Benefits to the service user:

- Faster recovery at home with support
- The service user is back in the community, with their local support network e.g. family, friends, carers, GPs, voluntary sector
- Increased independence and quality of life

### Quality measures:

- Less duplication through integrated care
- Bringing care closer to home
- Make best use of hospital based services



### 2. Community Hospitals

The Trust manages seven community hospitals across the county, namely:

- Cirencester and Fairford Hospital;
- North Cotswolds Hospital;
- Stroud General Hospital;
- Vale Community Hospital, Dursley;
- Tewkesbury Community Hospital;
- Dilke Memorial Hospital;
- Lydney and District Hospital.

**"It has been very nice to have my own single room. It has given me privacy and a sense of being an individual."**

Service user, North Cotswolds Hospital

These community hospitals play a vital role in caring for service users of all ages, and provide high quality care that is centred on the needs of local people, delivered by the Trust's skilled and dedicated staff.

The community hospitals provide the following services:

- community inpatient rehabilitation and palliative care beds;
- outpatient services including a varied range of nurse led and therapy services and clinics;
- Minor Injuries Units which can save people from unnecessarily attending Emergency Departments, and which can treat a range of less serious conditions and ailments such as sprains, simple fractures that may need x-rays and plastering, simple wounds that may need stitches, minor burns etc;
- Out of Hours GP services including Primary Care Centres;
- X-ray facility managed by Gloucestershire Hospitals NHS Foundation Trust.

## 3. Specialist Services

Our specialist services provide care in community clinics and in people's own homes. They support service users who are managing long-term or complex conditions such as diabetes, enable people to be discharged from hospital with appropriate support, offer rehabilitation services, and provide palliative care to those managing life-limiting conditions. Our teams also provide education and hands-on training to care homes.

A summary of our specialist services is provided below: however, for more comprehensive information, please visit our website at **www.glos-care.nhs.uk.**

### a. Specialist Nursing
The Trust's specialist nursing teams provide expert care for people needing support with, for example, bone health, heart failure, respiratory conditions, tissue viability, motor neurone disease, Parkinson's disease and homeless healthcare.

### b. Therapy Services
Our specialist therapists provide services such as podiatry, occupational therapy, physiotherapy services, and speech and language therapy.

### c. Community Dental Services
The dental service provides NHS dental care for people in Gloucestershire who are unable to access treatment from a general dental practitioner. The team provides routine dental healthcare check-ups, emergency appointments and out of hours emergency dental pain relief.

Most of the dental clinics are fully accessible. However, the Trust also provides special care dentistry for those who are unable to access routine dental care due to mobility issues or specific learning needs.

### d. Sexual Health Services
The Trust's team provides free and confidential information to those looking for support and advice relating to sexual health. The highly trained and approachable staff can help with any issues regarding contraception and pregnancy, sexually transmitted infections, sexual assault, emergency contraception and routine testing such as chlamydia testing. Teams are also able to offer support and care to those either living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) or anyone caring for or supporting someone who is affected.

### e. Independent Living Services
These services help people be cared for in their own homes whilst providing vital links to community-based services such as GPs and hospitals. They offer advice on equipment to promote safety and reduce risk if mobility is an issue, and also provide telecare and wheelchair services.

## 4. Children and Young People Services

The Trust offers a full range of NHS health services specifically tailored towards the needs of children and young people, and provides a coordinated approach for children's health. The Trust also delivers the universal services of health visiting, school nursing and the neonatal hearing screening service.

Wider services available include home safety checks, and children specific occupational therapy, physiotherapy and speech and language therapy. Children's health services are also available for children in care. The children's respite care team can additionally help children to be cared for in a familiar home environment where their illness is ongoing.

**"Everything and everyone we came in contact with were excellent. Very professional, kind, so helpful! Couldn't be faulted. Gave aids for the home and treatment that have helped strengthen my mother's hands. She lives alone"**

Service user

These clinical and care services are supported by a range of corporate functions such as human resources, finance, performance, governance and risk management. Additionally, the service user experience team provides a key point of contact for service users, their families and carers.



# 6. Statement of Directors' responsibilities

Under the terms of the Health Act 2009, the National Health Service (Quality Accounts) Regulations 2010, and the National Health Service (Quality Account) Amendment Regulation 2011, Trust Directors are responsible for ensuring the preparation of a Quality Account for each financial year. Equally, the Department of Health has issued guidance on the form and content of Quality Accounts (which incorporate the above legal requirements).

In preparing this Quality Account, the Trust's Directors have satisfied themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in this Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Trust's Directors confirm that to the best of their knowledge and belief, they have complied with the above requirements in the preparation of this Quality Account.

**By order of the Board**

Paul Jennings
Paul Jennings, Chief Executive

Ingrid Barker
Ingrid Barker, Chair

Glyn Howells
Glyn Howells, Director of Finance

Liz Fenton
Liz Fenton, Director of Nursing

Dr Joanna Bayley
Dr Joanna Bayley, Medical Director

Susan Mead
Susan Mead, Non-Executive Director

Joanna Scott
Joanna Scott, Non-Executive Director

Robert Graves
Robert Graves, Non-Executive Director

Christopher Creswick
Christopher Creswick, Non-Executive Director

Nicola Strother Smith
Nicola Strother Smith, Non-Executive Director

# PART TWO: REVIEW OF 2013-14

This part of the Quality Account provides a review of our first year as a Trust, and demonstrates our successes and learning during that time. Some of the highlights of the year have been:

First provided services as Gloucestershire Care Services NHS Trust

Led a Change4Life event in Gloucester City with partners including Gloucestershire County Council and Active Gloucestershire

Held the first Your Care, Your Opinion Information Event, giving the public opportunity to contribute to our vision, values and strategic objectives, Clinical and Professional Care Strategy, and Communications and Engagement Strategy

Won three Community Hospital Association awards including the overall winner

Opened the George Moore Community Clinic, Bourton-on-the-Water

Welcomed Chief Executive of the Royal College of Nursing to Vale Community Hospital and Stroud General Hospital as part of their development programme

Launched the Gloucestershire Respiratory Team, working in association with Gloucestershire Hospitals NHS Trust

Opened the new Tewkesbury Community Hospital

Hosted a multi-agency Learning Disabilities workshop

First service went "live" on the Trust's new clinical IT system

Completed the refurbishment at Windrush Ward, Cirencester Hospital

Launched the enhanced Integrated Community Team in Gloucester City

Commenced the Listening into Action programme

Completed refurbishment at Cirencester Minor Injuries Unit

APR MAY JUN JUL AUG SEPT OCT NOV DEC JAN FEB MAR

*"The Trust is committed to a policy of zero tolerance of poor care, and thus will not condone any act of negligence or other failure or omission that results in service users suffering avoidable harm. This policy will therefore help ensure the delivery of safe and compassionate care services."*

**Clinical and Professional Care Strategy, Gloucestershire Care Services NHS Trust, 2014**

# 7. SAFE



## 7.1. Falls Reduction

### Why are falls a concern for service user safety?

Falls can be common for older people, and can often have significant consequences including longer stays in hospital, associated healthcare infections and complications, increased morbidity and, in extreme circumstances, increased risk of mortality

Guidelines issued by the National Institute for Health and Care Excellence (NICE) in June 2013, identified that people aged 65+ have the highest risk of falling, with 30% people aged 65+ and 50% people aged 80+ falling at least once a year.

### What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- staff would undertake earlier assessment of a service user's risk of falling, enabling measures to be put in place to reduce the possibility of, or harm from, a fall;
- staff within community hospitals would provide a falls assessment, and put a falls care plan in place where appropriate, within 24 hours of a service user's admission;
- 50% eligible staff would have access to training to increase their knowledge relating to falls prevention and bone health.

**"Treated as a human being. Very understanding. That's what care is all about"**

Service user

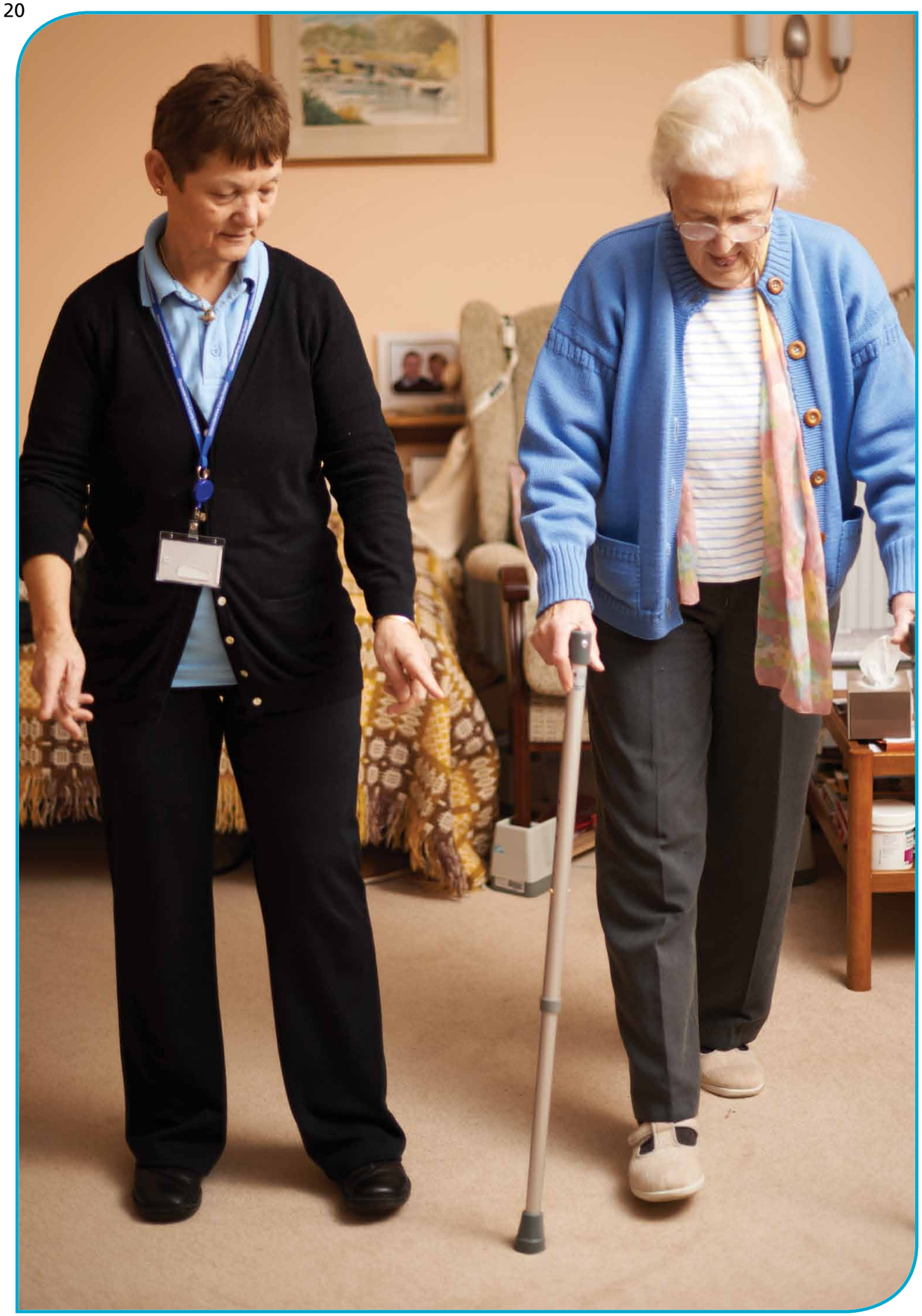
### NHS Safety Thermometer

The NHS Safety Thermometer is a national tool that provides a way of us measuring and comparing our performance in four key areas of safety, namely falls, pressure ulcers, venous thromboembolism and urinary tract infections in service users with a catheter.

By March 2014, we achieved our goal of ensuring that all community hospital wards and community teams completed the monthly census, meaning that within the year, 13,003 service users have been assessed using the Safety Thermometer.

**The results were as follows:**

- we reported that 89.6% service users assessed by the Safety Thermometer were receiving harm-free care;
- levels of harm-free care increased throughout the year as staff improved practices: thus, 87.6% service users were reported to be receiving harm-free care in the first three months of the year, compared to 90.9% in the last three months;
- this compares favourably to other community Trusts which reported 89.1% harm-free care in the period April 2013 to January 2014 (source: The Aspirant Community Foundation Trust Benchmarking Group).





## What quality improvements were made in 2013/14?

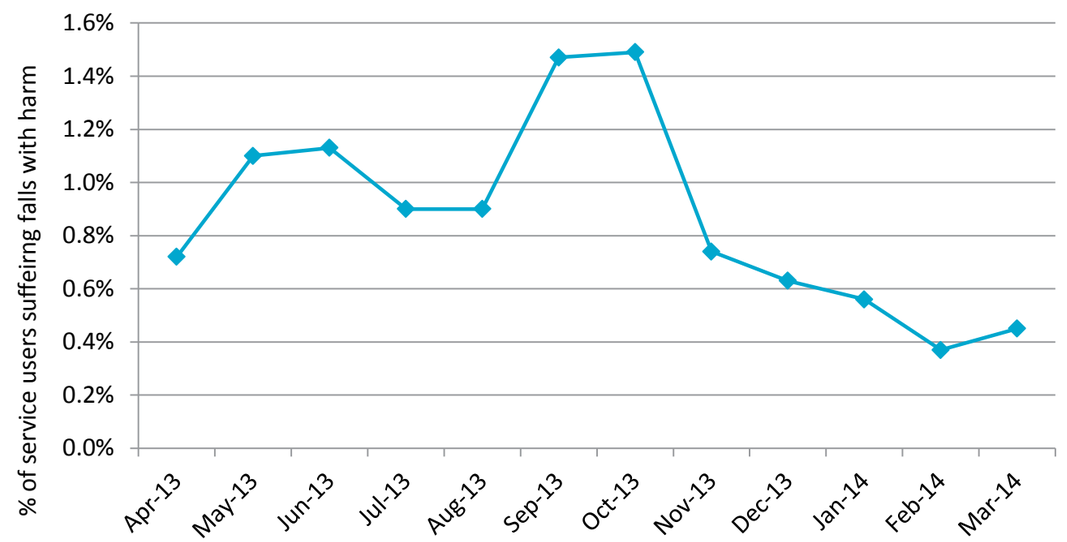
- By the end of the year, 98% service users received a risk assessment and if indicated, a care plan, within 24 hours of admission to a community hospital. Service users were also given use of appropriate equipment such as hi-low beds to help prevent falls. Telecare was also used to support service users - this includes equipment such as door sensors, fall pendants, and pressure mats for beds and chairs, all linked to a pager that can summon help. As a result, we have seen a reduction of 8% in the number of of falls in community hospitals, exceeding our in-year objective.

- Where risks were identified, staff discussed matters with the service user, as well as their family and carer, in order to enhance their understanding and to enable them to contribute to risk reduction measures as appropriate.

- 51% eligible staff completed the falls training programme.

- The number of falls that resulted in harm decreased significantly over 2013-14, despite a temporary increase in the middle of the year as new processes were developed and embedded into daily practice (illustrated below).

### Falls with Harm



# 7.2. Pressure Ulcers

## Why are pressure ulcers a concern for service user safety?

The development of avoidable pressure ulcers (also known as "bedsores" or "pressure sores") is widely recognised as an indicator of poor care. Pressure ulcers can lead to considerable pain and distress for service users. More importantly, complications from the most serious pressure ulcers (grade 3 or 4) can occasionally be life-threatening.

## What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- by reviewing and enhancing our risk assessment processes, and by providing a range of further education and training resources for clinical teams, there would be a sustainable reduction in the number of pressure ulcers acquired by service users whilst under the care of the Trust;
- incident reporting of pressure damage would be improved, so that staff would be more aware of concerns and could intervene more quickly;
- there would be an increased number of joint investigations with other agencies involved in a service user's care when a pressure ulcer was identified.

**"Staff looked after me extremely well, explained everything that was happening which helped me to relax and put me at ease"**

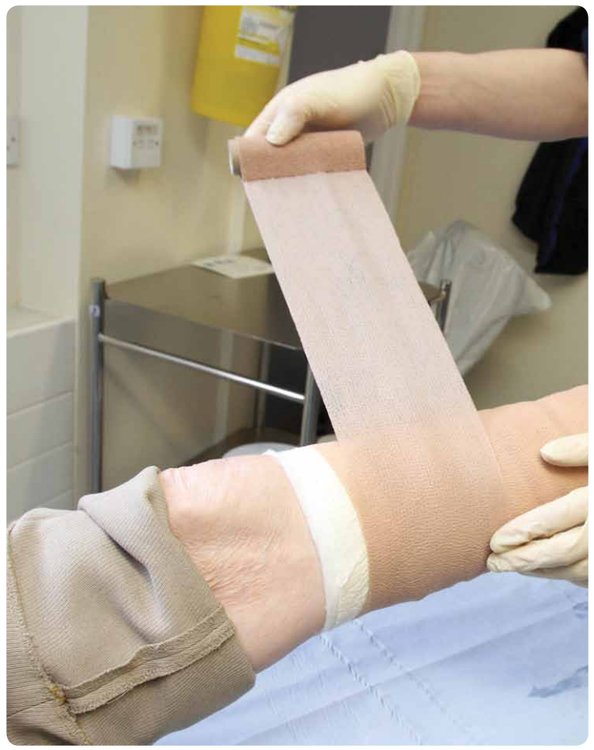
Service user

### Staff Awards

In 2013-14, Sarah Warne, the Trust's Named Nurse for Adult Safeguarding, won a national Innovations and Best Practice Award from the Community Hospitals Association, in recognition of her outstanding work to improve the identification and early reporting of pressure ulcers.

As a result of this work, clear guidance is now provided to all Trust staff if they are concerned that a pressure ulcer is the result of poor practice or neglect.

Sarah's project also successfully brought together colleagues from adult social care and local acute healthcare services so as to ensure the effective management of pressure ulcers for service users who move between services or organisations.

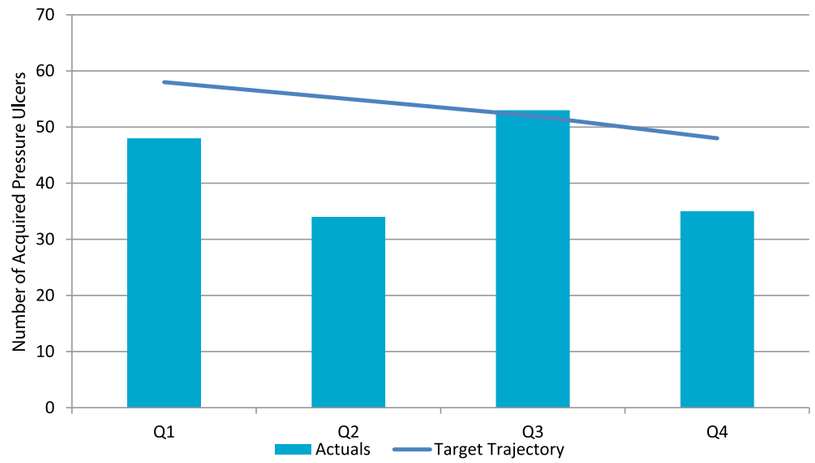




## What quality improvements were made in 2013/14?

- We achieved a 17% reduction in acquired avoidable pressure ulcers (illustrated below).
- The Trust significantly decreased the number of pressure ulcers with a high degree of harm (grade 3 and 4) compared to the previous year: thus, there were five (two grade 3 and three grade 4) pressure ulcers in 2013-14, compared to eight (seven grade 3 and one grade 4) pressure ulcers in 2012-13.
- The number of grade 2, 3 and 4 avoidable pressure ulcers acquired whilst under the care of the Trust reduced to an average of 11.5 per month over the year, compared to 15.2 for other community Trusts over the reporting period April 2013 to January 2014 (source: The Aspirant Community Foundation Trust Benchmarking Group).
- Interventions were improved: this included more appropriate use of pressure relieving equipment, barrier creams and dressings.
- We significantly developed our partnership working with the other NHS providers in Gloucestershire, as well as with colleagues in the care home sector, and other agencies providing personal care in people's own homes.

### Acquired Pressure Ulcers 2013-14




**"Very satisfied with the care and attention given to me, staff were very good."**

Service user, Tewkesbury Community Hospital

**"Brilliant staff here, they are fun! They are also very attentive to us patients."**

Service user, North Cotswolds Hospital

# 7.3. Infection Prevention and Control

Sam Lonnen
Lead Nurse, Infection Control

### Why are infections a concern for service user safety?

Infection prevention and control is fundamental to safety. Without necessary precautions and measures, service users - and often those who are most vulnerable - are at increased risk of acquiring bloodstream infections, respiratory infections, urinary tract infections, gastrointestinal infections etc.

For this reason, colleagues across all our services have clear responsibility for maintaining the cleanliness and tidiness of the environments in which service users receive their care. I am satisfied that all my colleagues understand and acknowledge that responsibility, and that together as a Trust, we are making significant strides forward in hygiene standards. I am therefore particularly disappointed that we did not meet one of our key targets for last year (related to C. difficile), but I am confident that we now have robust plans in place so as to ensure absolute compliance in 2014/15.

### What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- across our community services, monthly audits of hand hygiene practice would be undertaken to ensure compliance with approved standards;
- staff would be educated and updated in the care of service users with C. difficile (a particular bacterial infection that can affect the digestive system), and also that staff would be made better aware of all contributory factors;
- we would undertake thorough testing of the cleanliness of all surfaces and clinical equipment, even after cleaning;
- we would instigate audits of infection control practice so as to identify where quality improvements could be made;
- we would reduce both the number and impact of outbreaks of diarrhoea and vomiting in the care environment, with consideration for those affected and the wider implications for the local health community through loss of capacity where colleagues are on sickness absence.

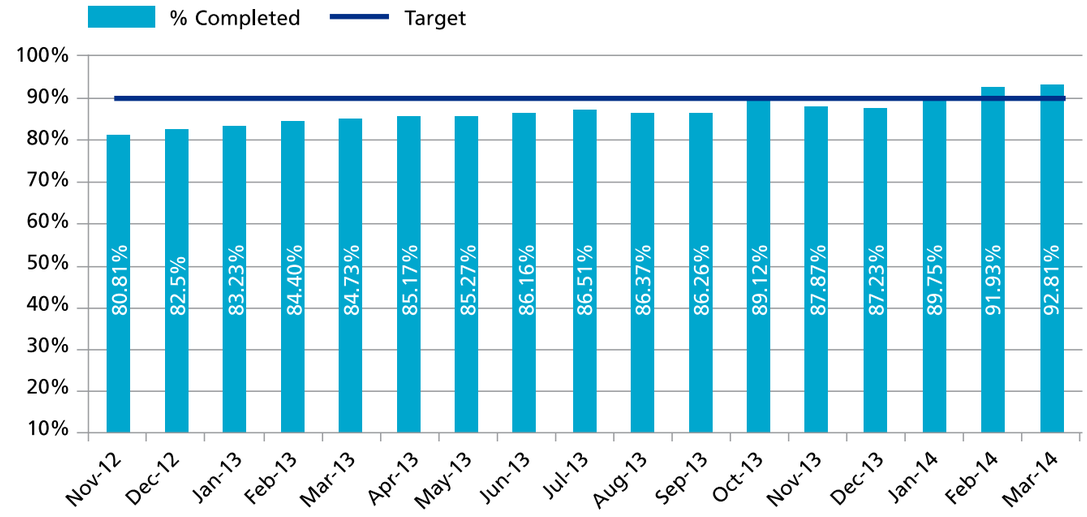
### What quality improvements were made in 2013/14?

- The Trust's average compliance score for the reporting of handwashing was 94%.
- Unfortunately, we did not achieve our tolerance of no more than 18 cases of C. difficile during the year, as a total of 19 cases were identified by the end of March 2014. However, we did develop a comprehensive C. difficile action plan which was reviewed every 6-8 weeks and which was supported by further assessment. We also ensured that each case of C. difficile was subject to a detailed root cause analysis which supported learning and developments in practice.
- It is however noted that there were no cases of MRSA infection during the year.



- The number of staff completing the infection prevention and control training increased throughout the year as illustrated below:

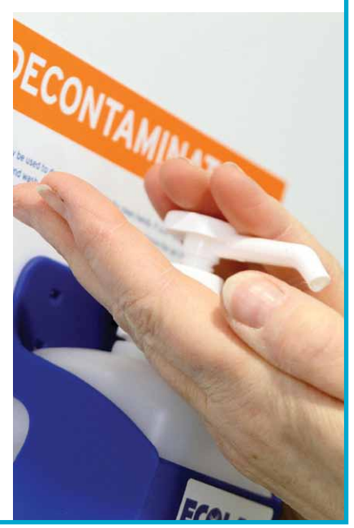
**Mandatory Training: Infection Control**




- The results from testing the cleanliness of surfaces and clinical equipment after cleaning were outstanding, and provided clear evidence of how the processes of cleaning and cleaning schedules are working.
- Infection control audit scores improved over the year. In particular, better scores were achieved in the Trust's controlled care environments such as our new and refurbished wards, units, outpatient departments and hospitals that have side rooms with en-suite facilities. The elements of the audits that focused on staff awareness of service user safety, and infection control processes and procedures, also performed well and showed improvements across the organisation, averaging 92% compliance for 2013-14 compared to 91% in the previous year.
- Outbreaks of community infections were also better controlled in 2013-14, as evidenced below.

| | 2012 - 2013 | 2013 - 2014 |
|---|---|---|
| Total number of outbreaks | 18 | 11 |
| Those confirmed as norovirus | 13 | 10 |
| Number of services user affected | 199 | 64 |
| Number of lost bed days | 497 | 220 |

**A comprehensive Infection Prevention and Control Annual Report will be presented to the Trust Board in November 2014. This will also be made public through our website.**



# 7.4. Medicines Optimisation

Laura Bucknell
Head of Medicines Management
Accountable Officer for Controlled Drugs

## Why are medicines a concern for service user safety?

Medication is the most common healthcare intervention, and medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. However conversely, the wrong medication or dosage can have devastating consequences on a person's health, well-being and safety.

Medicines optimisation is a multidisciplinary, person-centred approach to ensuring that the right service user gets the right medicine at the right time. It can help encourage and support people to take ownership of their treatment by supporting them to take medicines correctly, avoiding unnecessary medicines, reducing wastage and improving medicine safety.

This is why we, as a Trust, are fully committed to medicines optimisation.

## What quality actions were undertaken in 2013/14?

In 2013-14, we sought to ensure that:

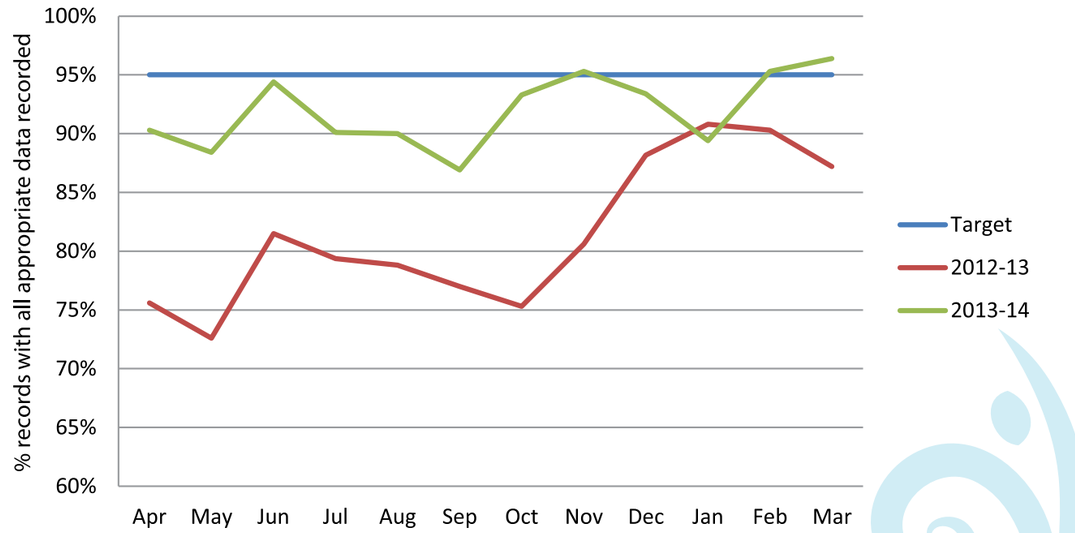
- a local antibiotic formulary would be in place, in order to reduce inappropriate use of broad spectrum antibiotics, and ensure antibiotics are not prescribed for longer than required;
- monthly HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits would take place in the community hospital wards so as to monitor key factors associated with antibiotic prescribing: these factors include ensuring that on each service user's drug chart (i) the service user's allergy status is recorded, (ii) the prescribed antibiotic is documented, (iii) the review date or stop date is recorded, (iv) there is confirmation that the prescribed antibiotic is on the agreed formulary or had been prescribed on the advice of a microbiologist, and (v) the appropriate route for administration is shown.



## What quality improvements were made in 2013/14?

- The Trust worked in partnership with the Gloucestershire Clinical Commissioning Group, as well as the local acute and mental health Trusts, to develop and implement a countywide medicines formulary to support evidence-based, cost-effective prescribing that makes best use of public money.
- The results for the HAPPI audits showed a marked improvement in the recording of all appropriate data as illustrated below.

### HAPPI Audit Results




In 2014-15, we will be introducing a Medicines Safety Thermometer to raise awareness of service user safety and in doing so, will engage nurses, pharmacists and medical staff in reducing medication errors and understanding the burden of harm from such errors. The Medication Safety Thermometer will be primarily focused upon medicines reconciliation and delayed/omitted doses.

We will also be reviewing the training provided to staff to ensure that the Trust has a workforce that is trained and competent in all aspects of medicines management.

**"I have visited this department numerous times with my three boys, all aged under 6! This time in visiting, the staff were particularly friendly and efficient. Also, I've noticed the facilities are improved and excellent."**

Service user, Cirencester Minor Injuries Unit

## 7.5. Safeguarding

### Why is safeguarding a concern for service user safety?

Safeguarding is defined by the Care Quality Commission as the means to **"protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health and social care".** Those most in need of such protection are children, young people, and adults whose circumstances make them vulnerable. Safeguarding is therefore synonymous with safety.

### What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- we would remain committed to playing a full and active role in the multi-agency safeguarding agenda, and would be suitably represented on the Gloucestershire Safeguarding Adults Board and the Gloucestershire Safeguarding Children Board;
- we would maintain the Trust's Safeguarding Operational Board for both adults and children in order to provide a forum for information sharing and learning, as well as coordinating the audit programme;
- staff could successfully address the challenge of balancing a busy workload with the requirement to attend necessary safeguarding training.

### What quality improvements were made in 2013/14?

- The Trust took a lead role in the development of a Safeguarding and Pressure Ulcer policy for which it won an award from the Community Hospital Association.
- We participated in both the South West Safeguarding Team peer review process, and the Gloucestershire Self-Assessment audit programme.
- We supported the development of a Multi-Agency Safeguarding Hub (MASH) to help streamline the routes for referral and notifications of concern, and act as a centre for all new referrals regarding adults and children's safeguarding.
- Adult safeguarding alerts and referrals continued to rise in line with both the county and national picture. This is regarded as a positive development as it evidences that colleagues are thinking "safeguarding" as core in care.
- The corporate induction programme was updated to include safeguarding awareness training for all staff - this was delivered by the Named Nurse for Safeguarding Adults and the Named Nurse for Safeguarding Children.
- The safeguarding foundation training day for all service user-facing staff was aligned to induction so that all new employees received basic safeguarding training during their first month of employment.
- Subsequent training was delivered through a combination of e-learning and face-to-face opportunities.
- We provided regular multi-disciplinary group supervision sessions for all front line staff working directly with children including Allied Health Professionals.
- The Safeguarding Children team developed training packages and delivered a number of educational sessions in response to local and national recommendations on Neglect, Writing Reports and Court Statements, and provided a safeguarding package of training as part of the induction programme of newly-qualified Health Visitors.

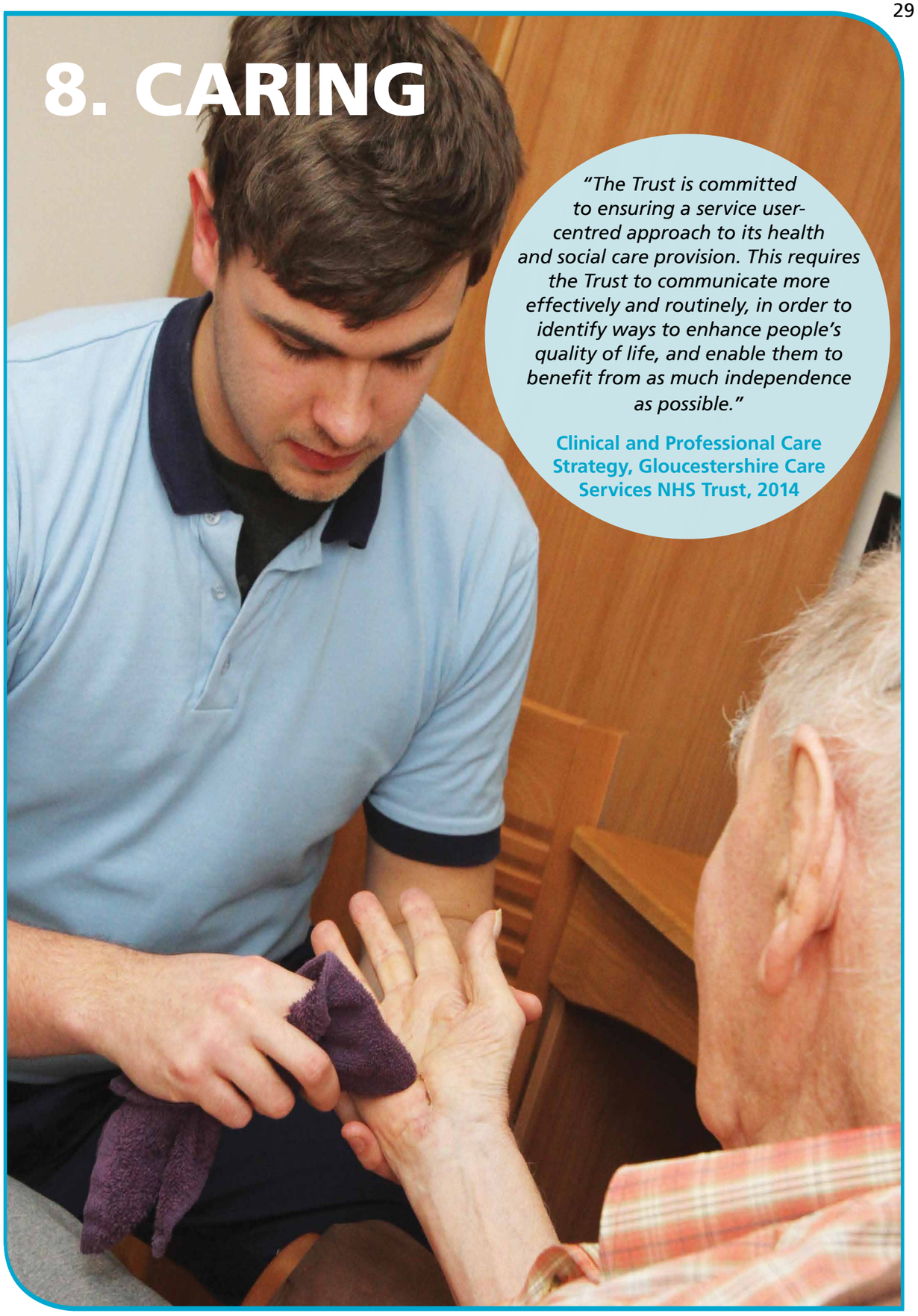
**In 2014-15, we will again publish a declaration to describe how the Board is assured that safeguarding arrangements are in place across the Trust.**



# 8. CARING

*"The Trust is committed to ensuring a service user-centred approach to its health and social care provision. This requires the Trust to communicate more effectively and routinely, in order to identify ways to enhance people's quality of life, and enable them to benefit from as much independence as possible."*

**Clinical and Professional Care Strategy, Gloucestershire Care Services NHS Trust, 2014**



# 8.1. Dementia Care

## Why is dementia a concern for care?

Dementia is a term used to describe a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. It is a progressive illness that places significant strain not only upon the individual service user, but also upon their families and carers. Dementia is a huge concern for the NHS, given the many complexities of care.

The number of people living with dementia in Gloucestershire is rising – thus, whilst it is estimated that there are currently 8,500 people living locally with dementia, this figure is expected to increase by at least a further 2,000 people in the next 6 years alone. Similarly, over 70% of our county's hospital beds are already used by people with some degree of cognitive impairment, but this too will rise over time.

## What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- we would build on our 2012/13 progress in dementia care, focusing on screening for early signs of disease and ensuring appropriate referral, thereby aiding diagnosis and providing early intervention and support in line with the Prime Minister's Dementia Challenge;
- 90% people admitted to a community hospital or onto a community nursing caseload would be screened, and where appropriate, forwarded for initial memory testing;
- we would routinely refer onwards to a GP or to specialist Memory Assessment Services, all people whose initial memory testing raised concerns;
- we would document the details relating to screening and a service user's on-going treatment, within the individual's care plan;
- we would make more training available to staff.

## What quality improvements were made in 2013/14?

- By the end 2013-14, we were able to evidence improvement in all areas: in particular, we achieved our target of ensuring 100% screenings in community hospitals, and exceeded the target of 80% service users having a plan of care in place.
- The Trust's education leads supported and delivered dementia training to all disciplines of staff across the organisation. The quality of the training was rated highly, with positive feedback from participants.
- Our dementia link workers undertook a nine month (one day a month) course, equipping them with the skills to cascade training, raise the profile of dementia care, review environments and processes, and support all users and carers across the Trust.
- Our recent refurbishment of the dental clinics at Redwood House, Stroud, created a dementia-friendly environment through, for example, colour contrast furnishings and fittings, as well as graphics-based signage.
- The refurbishment of wards at the Dilke Memorial Hospital also created a dementia-friendly environment including access control doors, a newly-laid out nurses' station with a seating area, colour contrast furnishings and fittings, and a reminiscence room to help encourage memories.
- The Head of Estates completed a dementia leadership course, providing the knowledge and awareness necessary to enable comprehensive review of the Trust's other environments, so that we can work towards becoming dementia-friendly across the county.

**In 2014-15, we will continue to review where we can make quality improvements: this will include scoping the role of a dedicated dementia lead, promoting the role of the dementia link workers in both community and hospital settings, and extending the range of dementia training opportunities.**



# 8.2. Care for People with Learning Disabilities

## Why are learning disabilities a concern for care?

2012 estimates suggest that there are at least 11,079 adults in Gloucestershire with a learning disability, of whom 2,274 have a moderate or severe condition. Additionally, there are at least 1,491 children with a moderate learning disability, and 162 with a severe learning disability. The healthcare needs of this population group are particularly challenging given that:

- people with learning disabilities are 58 times more likely to die before the age of 50;
- respiratory diseases affect 46-52% people with learning disabilities, compared to 15-17% of the general population;
- epilepsy affects 22% people with learning disabilities, compared to 1% of the general population;
- dementia affects 21.6% people with learning disabilities aged 65+, compared to 5.7% of the general population aged 65+.

## What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- a minimum 25% eligible employees would access training to ensure that they had an awareness of the specific needs of people with a learning disability, and that they would be able to provide reasonable adjustments in their services (a "reasonable adjustment" is where we may have a procedure which makes it unreasonably difficult for a person with a disability to use their service, and we therefore need to take reasonable steps to change that practice: for people with learning disabilities, this may include booking double-length appointments, allowing service users to be seen quickly and avoiding queuing, enabling a carer to support the service user during an investigation, providing written information about diagnosis, treatment and follow-up to the service user and carer on discharge etc);
- we would provide readily available and comprehensible information to service users with learning disabilities about the treatment options, complaints procedures and appointments;
- suitable support would be provided to family and carers who support service users with learning disabilities.

## What quality improvements were made in 2013/14?

- 26% staff either completed a specially designed e-learning package or attended face-to-face training provided by the Learning Disabilities Training Team.
- 70 staff have now become champions for learning disabilities within their own areas of work.
- We hosted a multi-agency workshop in December 2013 in order to identify the range of actions that we need to undertake in order to offer a truly learning disability friendly service. The result of this workshop was the development of a robust quality implementation plan that seeks to:
  - embed working partnerships countywide to ensure effective care across all health and social care pathways;
  - establish a method to identify people with a learning disability on the Trust's main clinical IT system, so that staff can proactively recognise the need to make reasonable adjustments in their care delivery;
  - introduce the systematic use of a reasonable adjustment tool within all clinical areas;
  - update all relevant service user information leaflets into an easy-read format;
  - further develop training opportunities across the Trust;
  - facilitate improved service user and carer involvement.

An update on progress against this implementation plan will be available in next year's Quality Account.

# 8.3. End of Life Care

## Why is end of life a concern for care?

National initiatives such as the End of Life Care Strategy (Department of Health, 2008) highlight the challenges that the NHS faces in providing end of life care: these include health and social care staff finding it difficult to initiate discussions with people about the fact that they are approaching the end of their life, a general lack of understanding about people's needs and preferences for care, inadequate support for family and carers both during a person's illness and into bereavement etc.

More specifically, in July 2013, there was national steer to phase out use of the Liverpool Care Pathway, which previously was the nationally advised approach for the support of service users in their dying days.

## What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- service users at the end of life would receive compassionate care that was thoroughly planned, implemented and evaluated to meet their individual needs;
- service users and carers would be involved with this care planning;
- there would be clearly evidenced discussions with all relevant care providers;
- we would identify all religious and spiritual needs, together with the service user and family;
- there would be effective symptom management at end of life and where death is expected, including effective management of pain, nausea and vomiting.

## What quality improvements were made in 2013/14?

- We worked collaboratively with all our partners across Gloucestershire (including Gloucestershire Hospitals NHS Foundation Trust, local GPs, hospices, care homes, carers groups and Gloucestershire Healthwatch) in order to develop a robust process to replace the Liverpool Care Pathway: this is now in place and ensures the support of excellent end of life care across the county.
- We also worked with our partners to develop a complete care record which will better inform and measure coordinated care planning, service user and family involvement, and expression of care preferences: this care record observes the principles set out by both NHS England and also the Leadership Alliance for the Care of Dying People.
- We provided extensive training, information events and other resources and support for staff in all settings, so as to facilitate best standards of care: in particular, training sessions included information about spiritual and emotional care and support for service users, as well as their families and carers.
- By the end of the year, 90% service users who were at the end of their life had appropriate symptom management, compared to 86% at the start of the year, demonstrating an increase in the efficacy of care provided.

**"I can't praise highly enough. The care and support given to my mother and me in my mother's last days was outstanding. Thank you so much"**

Service user, Stroud General Hospital



## Mortality Reviews

**The recent Keogh Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England (Department of Health, 2013) explored the standards of care provided by hospitals with persistently high mortality rates, given that such rates can be associated with failures in safety. As a result, we are now required to maintain a robust understanding of all unexpected deaths in our community hospitals, so as to check thoroughly that they not do represent poor care.**

We have therefore introduced an additional system for recording and reviewing all deaths in community hospitals, complementing existing evaluation processes.

This new system will assure us that we are providing the best possible care for service users on an end of life pathway, and that, on the rare occasions when an unexpected death does occur in one of our community hospitals, it is fully investigated and any lessons are learnt by the Trust as a whole.

Specifically as a result of this new system:

- all deaths in community hospitals are now reported to me as Medical Director, and scrutinised at a multidisciplinary meeting which reports to the Board. The members of the multidisciplinary meeting also collate the learning from the reviews, and disseminate guidance across the Trust in respect of end of life care and co-morbidities;
- staff recognise the need to introduce end of life planning at the appropriate time, and there is good documentation to support this process;
- staff engage in thorough discussions with service users (where possible) and families about wishes and expectations.

In reviewing our compliance with this new system, I am very pleased (although not surprised) to find evidence of excellent end-of-life care, reflecting the hard work and skill of our community hospital staff.

Dr Joanna Bayley

Dr Joanna Bayley
Medical Director

## 8.4. Same Sex Accommodation

### Why is same sex accommodation a concern for care?

Across all care settings and services, the NHS has committed to ensuring service users' privacy and dignity. Specifically, the NHS Constitution states that all people should feel that their privacy and dignity is wholly respected while they are in hospital. To this end, the Chief Nursing Officer's report on privacy and dignity (2007) identifies same-sex accommodation as a 'visible affirmation' of the NHS's commitment to privacy and dignity, and therefore, to the highest standards of care quality.

The Trust is therefore required to eliminate mixed sex accommodation, except where it is in the service user's best interest or reflects personal choice (for example, when a married couple are admitted to hospital at the same time).

### What quality actions were undertaken in 2013/14?

In 2013/14, we sought to ensure that:

- the room/bay that contains each service user's bed, would only accommodate service users of the same sex;
- service users' toilets and bathrooms would be for a single gender only, and would be close to their bed area: however, it was recognised that service users who needed help to use the toilet or bathroom using a special hoist or bath, may be taken to a unisex bathroom, but a member of staff would accompany them, and other service users would not be able to use these facilities at the same time;
- there would be use of a robust reporting mechanism that ensured that any breaches would be reported and escalated immediately to the appropriate lead within the Trust;
- there would a review of compliance with this standard that formed part of our 2013-14 audit programme.

### What quality improvements were made in 2013/14?

- The Trust reported no breaches of same sex accommodation in 2013-14.
- We maintained the necessary facilities, resources and culture to ensure that service users who were admitted to our hospitals, only shared rooms with members of the same sex, and that same sex toilet and bathroom facilities were close to their bed area.

**"I can't ever remember being in a hospital as nice as this. It's unbelievably good and absolutely spotless"**

Service user, North Cotswolds Hospital



# 9. RESPONSIVE

*"An increased range of quality evaluations and assurances will be undertaken, so as to assess current practice within Trust settings, understand the experiences of service users and colleagues, and identify opportunities to improve care, safety and compassion."*

**Clinical and Professional Care Strategy, Gloucestershire Care Services NHS Trust, 2014**

# 9.1. Compliance with Care Quality Commission standards

The Care Quality Commission ("CQC") regulates all care provided nationally within hospitals, care homes and people's own homes. Throughout 2013-14, the Trust remained fully registered with the CQC without any conditions, and no enforcement actions were taken against us.

During 2013-14, the CQC undertook two inspections of our services as detailed below:

- Stroud General Hospital was inspected on 27-28 November 2013. During the inspection, care was observed, staff were interviewed, and records were reviewed, all supported by conversations with service users and families. As a result, the hospital was considered fully compliant with essential standards of care as detailed below:

## What the CQC said

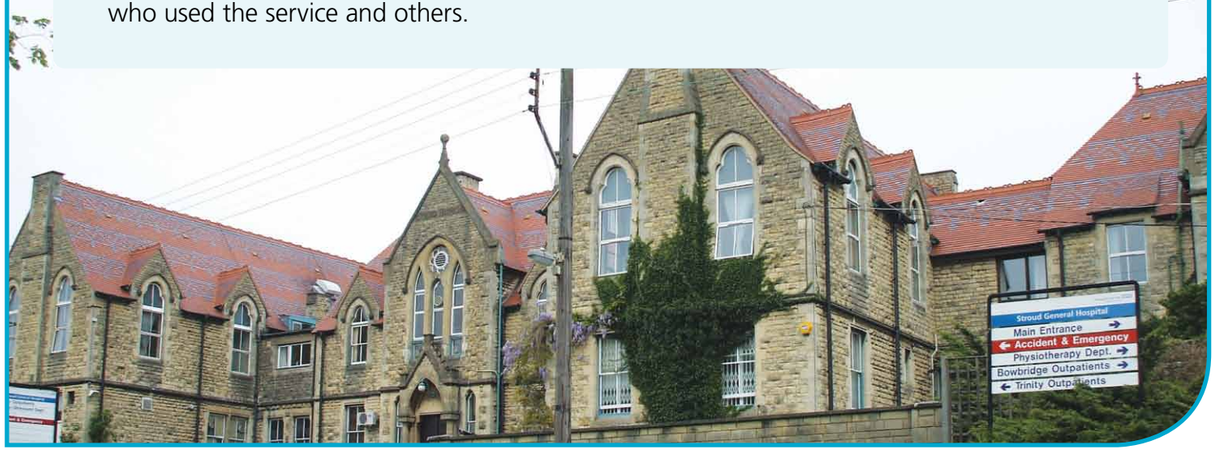
- **Care and welfare of people who use services:** We spoke with 19 people who were using the service. People told us the staff were all very kind and patient. Comments included **"I always say thank you"** and they say **"It's OK, it's our job"**, **"Nothing is too much trouble"**. One person told us about the physiotherapy they received daily, and they said **"I can see the physical improvement I have made in four weeks, that keeps me going"**. Another person told us they had requested to come to this hospital as they felt **"more comfortable here as it is smaller and not so intimidating"**.

- **Meeting nutritional needs:** People told us they were happy with the food provided, and we received the following comments; **"The meals have improved since my last stay as you now get a hot option at tea time"**, **"We always have drinks offered, there is plenty to drink"**, **"I can't complain as the food is very good really"**.

- **Cleanliness and infection control:** The hospital was clean and hygienic. Systems were in place to monitor infection prevention and control procedures.

- **Staffing:** There were enough qualified, skilled and experienced staff to meet people's needs. Bank and agency staff were being used to maintain the staffing levels. All the people we spoke with complimented the staff for the care they provided.

- **Assessing and monitoring the quality of service provision:** The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.






- Southgate Moorings Dental Services was inspected on 26 March 2014. During the inspection, care and treatment records were reviewed, staff were interviewed, and the inspectors talked to service users who accessed the dental service. As a result, the service was considered fully compliant with essential standards of care as detailed below:

## What the CQC said

- **Consent to care and treatment:** Before patients received any care or treatment, they were asked for their consent, and the provider acted in accordance with their wishes. A leaflet was given to patients prior to them seeing a dentist, which explained to them about consent. It stated it was the patient's decision whether they received the treatment offered to them. Patients told us they had signed forms to give their consent to treatment.

- **Care and welfare of people who use services:** Patient's needs were assessed, and care and treatment was planned and delivered in line with their treatment plan. During our visit, we spoke with three patients about the care and treatment they had received at the practice. All those we spoke with gave us positive comments about the treatment they had received. Patients we spoke with also confirmed that they had their treatment explained to them.

- **Assessing and monitoring the quality of service provision:** Patients who used the service and their representatives were asked for their views about their care and treatment and they were acted on. During our visit we found that arrangements were in place to assess and monitor the quality of service provision. The dental clinic had sought the views of patients through a satisfaction survey. This had been completed in 2013. The results of the survey had been evaluated and any areas for improvement had been identified and an action plan produced. The survey asked for responses from patients for such areas as respect and dignity, awareness of complaints procedures and staff hand hygiene.

- **Complaints:** Patients were made aware of the complaints system. This was provided in a format that met their needs. We were shown a copy of their leaflet called the '4C's'. This related to compliments, comments, concerns and complaints. This leaflet was on display in the waiting area. The leaflet told patients how to make a complaint about the service they received. It also mentioned how patients could request the information in other languages and formats, for example braille.

# 9.2. Local and national audits

## Local clinical audits

Local clinical audits have continued to be an integral part of the Trust's quality programme in 2013-14, enabling colleagues to review relevant aspects of their service and build upon good practice. The reports of 315 local clinical audits were reviewed in 2013-14 as detailed below:

| Locality | Current/ underway | Completed in 2013-14 |
|---|---|---|
| Gloucester and Stroud | 2 | 78 |
| Forest and Tewkesbury | 4 | 117 |
| Cheltenham and Cotswold | 2 | 79 |
| Urgent and capacity care | 8 | 8 |
| Countywide services | 28 | 24 |
| Children and young people | 8 | 9 |
| **Total** | **52** | **315** |

## National clinical audits and national confidential enquiries

During 2013-14, there were only two national clinical audits that related to NHS services provided by the Trust, and we actively participated with both. These national clinical audits were:

- the Sentinel Stroke National Audit Programme (SSNAP), which is a new programme of work which aims to include information from a service user's initial admission to their six month follow-up through all subsequent care settings (please note that reports are not expected to include results from non-inpatient teams until later in 2014);
- the National Chronic Obstructive Pulmonary Disease (COPD) audit, for which data collection began in February 2014 and which will continue into 2014-15.

100% required cases were submitted to the SSNAP audit: data collection is on-going in respect of the COPD audit.

No national clinical audit reports were reviewed by the Trust in 2013-14, and none were published.

It is noted that there were no national confidential enquiries in 2013-14 that related to Trust services.

An example of quality improvements made following the recommendations of local audit is the Trust's response to the audit of its clinical record-keeping practices. These improvements included:

- we revised our record keeping policy to address our increasing use of electronic information systems and requirements relating to social care;
- we agreed that an action plan will be developed within three months of starting all record-keeping audits;
- where audits demonstrate poor adherence to the requirements of the Trust's record-keeping policy, services will be required to re-audit those criteria within the year.



# 9.3. Incident reporting

An incident is any event which has given rise to actual harm or injury to an individual, or which has resulted in damage to, or loss of, property. This therefore includes service user or staff injury, assault and accident, as well as fire, theft and vandalism. It also includes harm from negligent acts, whether deliberate or unforeseen.

In 2013-14, the Trust re-evaluated its approach to the identification and management of incidents, and described this within its Risk Management Strategy. In summary, this approach now ensures that we follow thorough risk management processes that minimise the impact of adverse incidents. Most importantly, this means that we will see a reduction in negative effects upon the quality of our health and social care services, which in turn, will help improve service user safety and experience. It also ensures that decisions of the Trust can be taken with full consideration and awareness of the risk environment.

In 2013-14, the following incidents were reported:

| Incident by Type | Total 2013-14 |
|---|---|
| Incident at Point of Care Delivery (Clinical Incident) | 1,298 |
| Communication | 216 |
| Confidentiality, data and information governance | 164 |
| Discharge, Transfer, Admission, Appointment | 179 |
| Estates, Staffing, Infrastructure | 326 |
| Fire Incident | 28 |
| Personal Accident (Service User/Staff) | 1,469 |
| Security Incident | 230 |
| Violence, Abuse or Harassment | 189 |
| Vehicle Incident | 27 |
| Waste Environmental Incident | 53 |
| **Total** | **4,179** |

These incidents may be further categorised as follows:

| Incident by Type | Top Three Categories | Total 2013-14 |
|---|---|---|
| Incident at Point of Care Delivery (Clinical Incident) | Medication or drug error | 360 |
| | Pressure ulcers | 173 |
| | Treatment or procedure problem | 176 |
| Estates, Staffing, Infrastructure | Estates problem/issue | 90 |
| | Hotel / domestic services issue | 39 |
| | Staffing issues | 147 |
| Personal Accident | Hit by/against object | 119 |
| | Slip, Trip or Fall (Service User) | 1,131 |
| | Slip, Trip or Fall (Staff / visitor) | 54 |

Slips, trips and falls represent the highest number of recorded incidents (28% of all incidents in 2013-14). As a result, we are committed to ensuring quality improvements in our falls risk assessments and prevention work (see section 7.1 above). It is also noted that the majority of medication or drug errors, related to medications not being administered at the due time. Again, we are seeking quality improvements in this area, as detailed in section 7.4 above.

### Serious Incidents

A serious incident is principally described as an event by which a service user, member of staff, or member of the public suffers serious injury, major permanent harm or unexpected death (or the risk of death or serious injury) on either our premises, or whilst receiving our services. In 2013-14, we reported 10 serious incidents which are classified as below:

| Serious Incident Type | Number |
|---|---|
| Pressure Ulcers | 5 |
| Unexpected Death | 1 |
| Attempted service user suicide | 1 |
| Dentistry ('never event') | 1 |
| Missed diagnosis at a Minor Injuries Unit | 1 |
| Staff Assault | 1 |

Quality improvements made in relation to these serious incidents were as follows:

- as part of our quality drive to reduce pressure ulcers, we now automatically classify an acquired grade 3 or 4 pressure ulcer as a serious incident, which prompts an investigation (see also section 7.2 above);
- in respect of the unexpected death, a Modified Early Warning Score system was introduced so as to identify service users whose health may be deteriorating: the use of this system is reinforced with training and audit evaluation;
- in respect of the attempted suicide by a service user, new guidelines have now been developed to support Trust colleagues identify risk factors where there is a potential for self-harm;
- the 'Never Event' (i.e. a serious, largely preventable safety incident that should not have occurred if the available preventative measures had been implemented) related to wrong site surgery. As a result, a clinical protocol has been developed to reduce any possible future risk;
- in respect of the missed diagnosis, a root cause analysis and corresponding action plan is being undertaken at the time of writing;
- in respect of the staff assault, safe havens and escape routes have been identified, and a more robust process has been established to further support Trust colleagues.

We would note that the occurrence of serious incidents at the Trust is comparatively low: thus, NHS Trusts in the Aspirant Community Foundation Trust Benchmarking Group reported an average 3.1 serious incidents per month in 2013-14 (excluding all grades of pressure ulcers) compared to our average rate of 0.4 serious incidents per month (excluding pressure ulcers).



# 10. EFFECTIVE


*"The Trust is committed to consistently undertaking comprehensive evaluation of its care services, in order to assess the relative quality and effectiveness of its operations, and recognise opportunities for sustainable improvement where appropriate. This will result in tangible and measureable advancements in service delivery and organisational processes, which will ultimately lead to better health and social care outcomes for service users, carers and families across Gloucestershire."*

**Audit and Effectiveness Strategy, Gloucestershire Care Services NHS Trust, 2014**

# 10.1. Trust and staff accolades

In 2013-14, a number of the Trust's staff won highly prestigious awards and other accolades for their outstanding quality of care. These included the following:

- three separate Innovations and Best Practice Awards were won from the Community Hospitals Association, relating to projects that sought to:
  - improve the identification and early reporting of pressure ulcers (detailed in section 7.2 above);
  - ensure greater involvement of service users in their own care (see section 10.2 below);
  - increase the availability of beds so that GPs could refer service users directly to community hospitals: this project, which was led by Caroline Holmes, the Trust's locality manager for Cheltenham and Cotswolds, won the Overall Innovations and Best Practice Award in recognition of its success in bringing together colleagues from across our seven community hospitals in order to improve admission and discharge procedures;
- Julien Standing, a nurse in the outpatients' team at Stroud General Hospital, was awarded the Lois Barr Memorial Award for Outstanding Achievement. This award, from the Association of Orthopaedic Practitioners, is given at the end of each year to the student who has gained the highest overall marks in the British Casting Certificate examinations run by the British Orthopaedic Association;
- in May 2013, a paper entitled Telemonitoring for Heart Failure: Experience of the Gloucestershire Telehealth Programme was prepared in collaboration with Imperial College and published by the Primary Care Cardiovascular Journal. A poster based on the paper was accepted by British Cardiac Society, and presented at a meeting by one of the Trust's heart failure specialist nurses, Suzy Hughes;
- in summer 2013, an article entitled A Day in the Life - The Voice Clinic Cheltenham General Hospital was published in the British Voice Association magazine Communicating Voice, and featured the role of two specialist speech and language therapists from the Trust;

Paul Jennings, Chief Executive said: **"These awards are a testament to the work of everyone at the Trust to provide the highest quality care for the people of Gloucestershire. I believe that everyone working at the Trust should be given the opportunity to contribute their ideas, and that doing so, will allow us to continue to find creative solutions to the challenges we face."**

- five community nurses were given the acclaimed title of Queen's Nurse by the community nursing charity, The Queen's Nursing Institute. The title indicates a commitment to high standards of service user care, learning and leadership. Nurses who hold the title benefit from developmental workshops workshops, bursaries, networking opportunities, and a shared professional identity. This now brings the total number of Queen's Nurses working for the Trust to eleven;



- in July 2013, specialist nurse Adrian Strain was invited to give a 15 minute presentation on the Model of Mainstreaming Telehealth in a Rural Community as part of the 3rd Annual Telehealth and Telecare Conference at the King's Fund;
- in July 2013, our community-led work on dementia received national recognition, with a case study on the experiences of black, Asian and minority ethnic communities published in an All Party Parliamentary report entitled Dementia Does Not Discriminate. The case study, one of just seven, described how Asian, African and Chinese communities in Gloucestershire have become actively engaged and involved in sharing knowledge and understanding of dementia;
- in August 2013, Stephen Moore, tuberculosis nurse specialist, contributed to a submission for a paper to British Thoracic Society Winter Meeting 2013 on the identification of a cluster of TB cases over twenty years, and its possible effects on contact tracing;
- in January 2014, Gail Pasquall, the Trust's diabetes lead specialist nurse, was elected as chair for the Royal College of Nursing (RCN) National Diabetes Steering Group Committee. Gail's role is to highlight new developments in diabetes for nurses, working with the Department of Health and the RCN to develop policies, and shape the way diabetes services are delivered in the UK;
- also in January 2014, Karen Pudge, diabetes specialist nurse, was elected to the Patient Experience Diabetes Survey for Diabetes UK. Karen is the only community diabetes specialist nurse elected, and was specifically chosen for the project, part of the National Diabetes Audit commissioned by the Healthcare Quality Improvement Partnership and delivered by the Health and Social Care Information Centre in collaboration with Diabetes and Public Health England;
- in February 2014, Professor William Jeffcoate, a world-renowned expert in foot ulcers, visited our podiatry team based at Gloucester Royal Hospital, to hear about their work on a national diabetes clinical research trial. This project, which aims to establish whether there is a significant difference in the proportion of service users' ulcers which heal at six months, continues to help develop enhanced foot care services and improve the care of people with diabetes;

- in February 2014, Stephen Moore, tuberculosis nurse specialist, contributed to a submission to the European Respiratory Society Conference 2014;
- in March 2014, the Trust's heart failure service and its successful use of telehealth, was cited in a King's Fund research paper titled **Making our Health and Care Services fit for an Ageing Population**.

# 10.2. Service User Experience

As a publically accountable organisation, we are fully committed to increasing our communication and engagement with service users, as well as with their families and carers, in order to ensure that we truly understand and reflect their needs, and respond effectively and robustly to any concerns. This commitment is demonstrated by the Trust Board decision in November 2013, to make one of our core strategic objectives to "Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work" (see section 4 above).

## Friends and Family Test

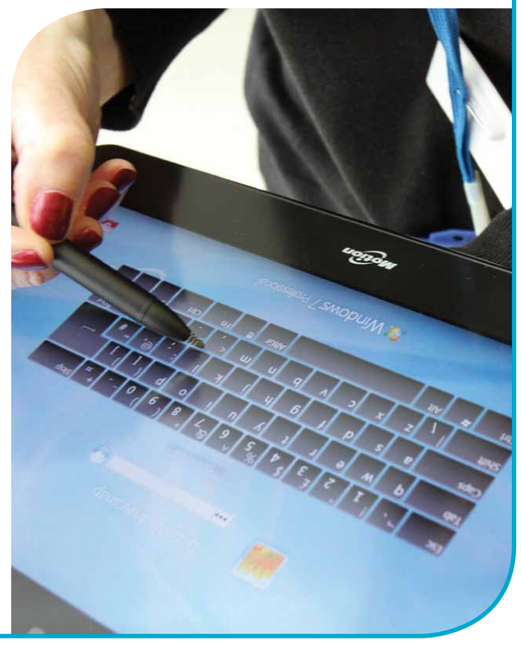
The NHS Friends and Family Test is an opportunity for service users to provide feedback on the care and treatment they receive, and therefore to provide critical information that can really help improve services. It was first introduced in April 2013 in inpatient wards and Minor Injuries Units, and asked people whether they would recommend us to their friends and family if they needed similar care or treatment. We felt that the scope of this survey was somewhat limited, and so with the input of service users, we designed a new questionnaire that included a number of additional quality monitoring questions. This was introduced in August 2013.

**In 2013/14, the Friends and Family Test was completed by 10,246 service users on their discharge from an inpatient ward or Minor Injuries Unit across all of our seven community hospitals.**

The results are shown in the table below. Most evident is that at any time, between 97% and 98% service users were extremely likely or likely to recommend our services. The table also shows the "Net Promoter Score". This is a score calculated by analysing responses and categorising them into people who would either (i) actively promote our services, (ii) actively not promote our services or (iii) remain neutral or passive. The net result of this calculation shows a swing either to the positive (maximum +100) or negative (-100). As can be seen below, in 2013-14, we achieved an average score of +83. This is a real success, and significantly higher than other Trusts against which we evaluate our services (thus, other organisations in the Aspirant Community Foundation Trust group reported an average Net Promoter Score of 79.5 in the period April 2013-January 2014).

**In 2014/15, we will be extending the availability of the Friends and Family Test across all services.**

| 2013-14 | Overall Net Promoter score | Overall % people who are "extremely likely" or "likely" to recommend our services |
|---|---|---|
| April | +80 | 97% |
| May | +86 | 98% |
| June | +81 | 97% |
| July | +82 | 97% |
| August | +85 | 98% |
| September | +85 | 98% |
| October | +83 | 98% |
| November | +83 | 98% |
| December | +84 | 97% |
| January | +84 | 98% |
| February | +83 | 97% |
| March | +84 | 98% |





## Service user surveys

To complement the Friends and Family Test, we also undertook a range of other surveys in 2013-14. These included the following:

- on a rolling basis across the year, each service undertook an annual survey in order to gain a "snapshot" view of public opinions at that moment in time. Feedback from previous years showed that people who had moved between services had been frustrated by having to complete a number of surveys at different times. Learning from this, in 2013-14, we merged surveys as appropriate, and reviewed the questions to better focus on the key information needed to evaluate service user experience. As a result, 36 surveys were completed during the year, which were assessed by the individual services, which then developed and implemented quality improvement action plans;

- on a continuous basis throughout the year, real-time service user surveys were conducted using electronic devices in community hospital inpatient words. The results of these surveys were reported to the Trust monthly to ensure that teams were informed and could respond promptly. Questions in relation to safety, hand washing and cleanliness scored consistently high across all areas, as did questions relating to staff courtesy and sensitivity. Feedback was given in each community hospital, so that service users who had taken the time to complete the surveys, understood that we had recognised and valued their comments;

- comment cards were made available in all services: as a result, we received over 2,000 responses. Those replying not only shared their thoughts and opinions with us, but many also registered their details in order that they could receive further information from us, and get more directly involved with the Trust's work;

- a "mystery shopper" exercise was piloted in 2013-14 in order to provide an alternative form of survey. This initially targeted children's services and sexual health services. The results of this approach are under review and, based on the analysis, a decision will be taken later in 2014-15 as to whether to extend this exercise across other services.

- our website (**www.glos-care.nhs.uk**) provides links to both the Patient Opinion website (**www.patientopinion.org.uk**) and the NHS Choices website (**www.nhs.uk**) so that people can directly feed back their views and experiences.

**In 2013/14, we surveyed 1,285 service users on inpatient wards: this represented 31% all people discharged from our seven community hospitals within the year.**

## Your Care, Your Opinion Programme Board

Throughout 2013-14, the Trust continued to develop its Your Care, Your Opinion Programme Board. This group, which is attended by Trust colleagues as well as members of the public, service users, and service user representatives including carers and support groups, currently meets quarterly in order to provide a forum for effective two-way communication between the Trust and local communities. To date, the group's work has been highly influential in helping to evaluate our communications materials, and provides a real insight into those elements of care delivery that service users tell us are important to them.

In 2013-14, and to complement the work of this group, we also held two Your Care, Your Opinion Information Events. Attended by a much broader group of public representatives, these two events both held at the Gloucester Rugby Club, focused on key aspects of the Trust's work, including our then emerging vision and values, Clinical and Professional Care Strategy, Communications and Engagement Strategy, five year business plans, and the content for this Quality Account. To encourage open and two-way conversation, these events were discussion-based rather than formal presentations, with staff facilitating groups to draw out a range of views and opinions. As a result, their challenges, contributions, compliments and concerns, have all helped to shape the Trust's thinking and direction.

## Engagements and networking

Throughout 2013-14, we have continued to work with a number of key partners so as to truly understand the views of all our communities and service user representative groups. These include:

- Gloucestershire Healthwatch;
- Gloucestershire County Council's Health and Care Overview and Scrutiny Committee;
- local Leagues of Friends linked to our community hospitals;
- the community development team which works closely with "seldom heard, seldom seen" population groups primarily in the urban areas of Gloucester and Cheltenham.

**"This was the best engagement event of its type that I have ever attended."**

Service user representative after Your Care, Your Opinion Information Event




## Other activities

So as to truly understand and improve service user experience, we also undertook a number of other key projects in 2013-14. These included the following:

- recognising that parents and carers, children and young people can find the need to make decisions about their health and social care quite overwhelming, we integrated the use of a Personal Decision Making Tool into children's occupational therapy services. This tool has helped people to become more involved in their care by making explicit the decisions that need to be made, providing information about the options and outcomes, clarifying personal values, helping plan next steps, and tracking progress in decision making. As such, the tool has proven to complement, rather than replace, support from a healthcare professional;
- the Community 15 Steps Challenge was trialled by our Integrated Community Teams, so as to enable better understanding of the experiences of new service users. Although in 2013-14, the number of participants in this Challenge was limited, having now listened to service users and colleagues, we are considering how this programme may be further developed;
- so as to ensure more robust support from the Trust, our Service Experience team, Patient Advisory and Liaison Service (PALS) and Complaints staff were all brought together to create a single Service Experience Team.

In 2014, one of the three Innovations and Best Practice Awards from the Community Hospitals Association was won by a team led by Michele Slater, senior sister at Dilke and Lydney Community Hospitals.

This was in recognition of a project carried out by the multi-disciplinary ward teams to improve service user involvement in planning their care, and standardising the clinical records used by nurses, occupational therapists, physiotherapists and social care staff.

A follow-up survey found that the proportion of service users who had felt involved in their care had risen from 40% to 100%, while the improvement in record-keeping has freed up more time for clinical staff to spend with service users.

# 10.3. Complaints, concerns and compliments

In 2013-14, we had over one million contacts with service users across the whole of Gloucestershire. In this time, we received 78 formal complaints. This represents a 10.3% decrease since 2012-13 as illustrated below.

| | 2012-13 | | 2013-14 | |
|---|---|---|---|---|
| **Service Area** | **Number of complaints** | **Complaints per 10,000 contacts** | **Number of complaints** | **Complaints per 10,000 contacts** |
| Adults | 55 | 3.36 | 52 | 2.80 |
| Childrens | 8 | 0.38 | 6 | 0.23 |
| Countywide | 24 | 0.38 | 20 | 0.29 |
| Total | 87 | 0.86 | 78 | 0.69 |

It is also noted that the number of complaints received, equates to one complaint per 1,000 budgeted staff. This compares very favourably to other community Trusts - thus, members of the Aspirant Community Foundation Trust group averaged a total of 4.6 complaints per 1,000 staff for the period April 2013-January 2014.

While we welcome the trend towards fewer complaints, we are not complacent. Any complaint is treated extremely seriously, and will receive a prompt and thorough response. Each complaint is investigated using a robust process, and all response letters are signed personally by the Chief Executive.

As a matter of course, the Complaints and Litigation Manager works closely with service leads across the Trust, to ensure that outcomes from investigations are shared, and that we are able to use this invaluable learning and insight into the experiences of our service users and their families, to directly help improve services. It is this aspect of our complaints management process that we intend to strengthen further in 2014-15, focusing specifically upon evidencing our remedial actions with a "You said, we did" approach, and reporting this to the Trust Board.

In summary, our quality improvements in 2013-14 that were instigated as a direct result of complaints were as follows:

- we strengthened our engagement with, and involvement of, families in decision making as a result of a communications review. This review included an audit of the training and communication skills of ward staff across all hospitals;
- as standard practice, we introduced a "first contact" meeting with service users and families within 48 hours of their admission to a community hospital in order to discuss their medical plans and identify discharge needs;
- we reviewed the use of observation charts used in inpatient wards, and standardised the frequency of observations;
- we developed a housing forum for families considering major adaptations to their property. The forum now provides key information including the specifics of the occupational therapy role whilst inviting guest speakers such as environmental housing officers to deliver presentations;
- we continued to develop the skill base of the complaints management team, ensuring efficiency and reducing key person dependency.



## Concerns and compliments

The Trust recognises that complaints are not the only form of feedback to which we should respond. Concerns are also important and, to this end, all concerns that are registered by service users, carers and families via the Trust's comment cards, are captured and reported to relevant Trust leads, so that corresponding quality improvement actions can be taken as appropriate.

**"Compliments and thanks to the Windrush Ward sister and all her staff for the care of our elderly, terminally ill mother prior to her death."**

Service user, Cirencester Hospital

**"I recently visited the new Tewkesbury Hospital and can I just say how pleasantly surprised I was. The care I received was fantastic and the Doctor who saw me was brilliant. Such a good experience. Thanks again!"**

Service user, Tewkesbury MIU


Similarly, the Trust notes and appreciates all the compliments that we receive, which are again fed back to staff on a regular basis, so that they know that they are valued not only by us as an organisation, but also by the service users for whom they provide care on a daily basis.

Most of the compliments received in 2013-14 related to the caring, friendly nature of staff, and the good care received by service users.

Examples include:

**"I used the out of hours service in Gloucester on Monday 7th October for the first time, and have nothing but praise for the efficiency of the service. I would like to express my thanks and appreciation for the way that I was treated. Having read so many things in the press, it was a very pleasant surprise."**

Service user

**"My partner was a patient on the Jubilee Ward for six weeks and we would like to take the opportunity to say a big thank you to all the staff for the excellent care they gave her and having a laugh and keeping her as happy as possible under the circumstances of her illness and working as hard as they did."**

Service user, Stroud General Hospital

## 10.4. Information Quality

Good quality information underpins the safe and effective delivery of service user care, and is essential to support improvements in care quality. To enable us to capture and report the most accurate and complete data in a way that is timely and reliable, the Trust invested in 2013-14, in a new electronic clinical system, which was selected via a national procurement process.

The switch to this new system is continuing across the organisation, and will continue throughout 2014-15: it will then significantly help to improve both our data collection and quality.

To evaluate our current data quality performance however, and in line with national benchmarking, we assess the completeness of a number of key data items, and compare our results to those of other Trusts. For 2013-14, this showed our performance and information quality as excellent, as indicated below:

**Information Governance is a framework used by the NHS to help manage all organisational information, but particularly personal and sensitive information about service users and employees. It allows us to ensure that personal information is dealt with legally, ethically, confidentially, securely, efficiently and effectively, in order to deliver the best possible care.**

**To assess our performance against national Information Governance standards, we look at 39 core requirements of good practice. In 2013-14, we achieved 59% compliance against these core requirements: our target is to achieve a minimum 66%.**

**To ensure the necessary improvement, we have developed an action plan for 2014-15. This will be supported by a data mapping programme, and the collation of a detailed information asset register.**

| Recording of service users' NHS Number | |
|---|---|
| Gloucestershire Care Services NHS Trust | 99% |
| Aspirant Community Foundation Trust target | 99% |
| Aspirant Community Foundation Trust average (April 2013-January 2014) | 92% |

| Recording of the ethnicity of service users | |
|---|---|
| Gloucestershire Care Services NHS Trust | 96% |
| Aspirant Community Foundation Trust target | 90% |
| Aspirant Community Foundation Trust average (April 2013-January 2014) | 73% |

| Recording of service users' GP Practice | |
|---|---|
| Gloucestershire Care Services NHS Trust | 99% |
| Aspirant Community Foundation Trust target | 99% |
| Aspirant Community Foundation Trust average (April 2013-January 2014) | 90% |



## 10.5. Quality and Performance

In 2013-14, the Trust reported as below against the national indicators required by the NHS Trust Development Authority who act as our regulators:

| Metric | | Trust Performance 2013-14 | Target (where applicable) | RAG |
|---|---|---|---|---|
| CQC concerns | Warning notice | None | n/a | n/a |
| | Civil and/or criminal action | None | n/a | n/a |
| | | | | |
| Access metrics | Referral to treatment within 18 weeks | n/a | n/a | n/a |
| | Delayed transfers of care | 5 (average weekly census per month) | 10 (average weekly census per month) | |
| | | | | |
| Outcome metrics | Incidence of MRSA | 0 | 0 | |
| | Incidence of C. difficile | 19 | 18 | |
| | E Coli and MSSA cases | 1 | n/a | n/a |
| | Harm free care (falls, pressure ulcers, venous thromboembolism and urinary tract infections in service users with a catheter) | 89.6% (Safety Thermometer): this figure rose throughout the year and was 90.9% for quarter 4 | 92% (TDA threshold) | |
| | Serious incidents | 10 (including the 1 Never Event below) | n/a | n/a |
| | Never events | 1 | n/a | n/a |
| | Venous thromboembolism risk assessments | 97% | 90% | |
| | | | | |
| Third party reports | Any relevant report including safeguarding alerts, serious case reviews, reports from MPs, General Medical Council, Ombudsman, Commissioners, litigation etc | None | n/a | n/a |

continued overleaf...

| Metric | | Trust Performance 2013-14 | Target (where applicable) | RAG |
|---|---|---|---|---|
| Quality governance | Patient satisfaction | 83 (Friends and Family Test net promoter score) | No national target | n/a |
| | Mixed sex accommodation breaches | 0 | 0 | |
| | Staff sickness/absence rate | 4.28% | 3% | |
| | Proportion temporary staff (clinical and non-clinical) | 1 temporary to 19 permanent | n/a | n/a |
| | Staff turnover | 11.71% | n/a | n/a |
| | Nurse to bed ratio | 1 nurse to 8 beds on day duty and 1 nurse to 10/11 beds at night | n/a | n/a |
| | Ratio of qualified to unqualified nurses | 1 qualified nurse to 1 unqualified nurse (based on community hospital inpatient wards only) | n/a | n/a |
| | Complaints | 78 | n/a | n/a |
| | Percentage of staff appraised | 80.45% | 95% | |
| | Patient and carer voice | 15% (Friends and Family Test response rate) | 15% | |

** Other performance measures include a readmission rate in 28 days of 9% against an internal target of 13.6%."*

Where there are red indicators, we have developed robust plans to ensure measured quality improvement in 2014-15.

We are also reviewing the ways in which we report information throughout the organisation, including up to Board, so as to provide suitable assurances at all levels of the Trust.

**"It is a lifeline - you cannot always get to a doctor, and the Dilke not only provides great care, but reassurance too."**

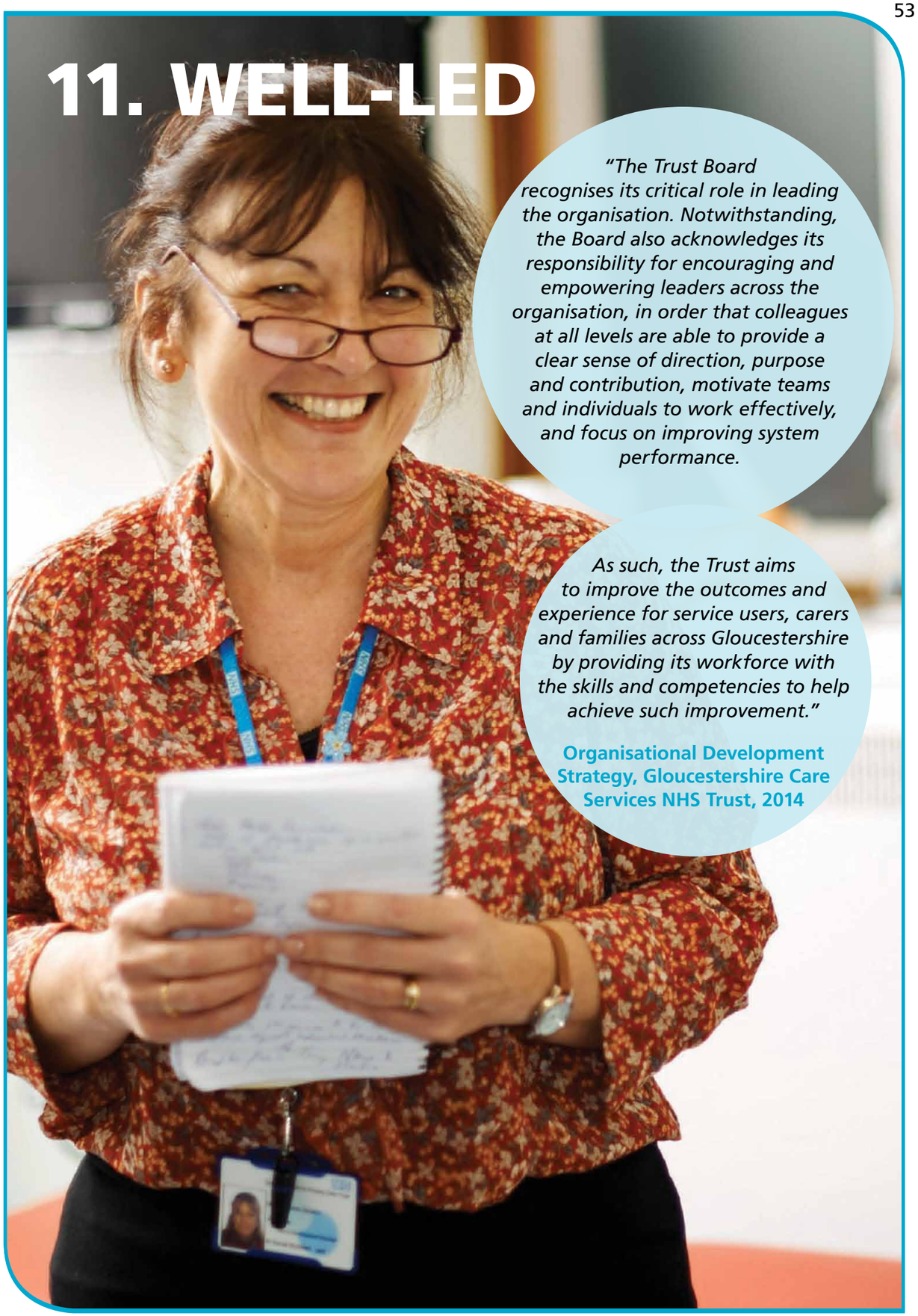
Service user, Dilke Minor Injuries Unit

**"Can't fault the treatment, everyone was excellent. I felt more like a family member than a patient!"**

Service user, Cirencester and Fairford Hospital



# 11. WELL-LED



*"The Trust Board recognises its critical role in leading the organisation. Notwithstanding, the Board also acknowledges its responsibility for encouraging and empowering leaders across the organisation, in order that colleagues at all levels are able to provide a clear sense of direction, purpose and contribution, motivate teams and individuals to work effectively, and focus on improving system performance.*

*As such, the Trust aims to improve the outcomes and experience for service users, carers and families across Gloucestershire by providing its workforce with the skills and competencies to help achieve such improvement."*

**Organisational Development Strategy, Gloucestershire Care Services NHS Trust, 2014**

# 11.1. Staff training

In 2013-14, the Trust continued to make both mandatory and local training available to all clinical and professional colleagues across the organisation, so that they may be equipped with the necessary knowledge and skills to provide the very highest standards of care quality. In doing so, the Trust's training programme observed the aims of the Workforce Skills and Development Strategy 2013-19 (Health Education South West, 2013), thereby ensuring that colleagues acquire a suitable balance of core and specialist training.

Of particular note in the last year, the Trust launched a nine month leadership and management development programme in association with the Royal College of Nursing (RCN). Leading for Quality Care provides the opportunity for health and social care practitioners to meet the challenges facing health and social services, and supports them in their implementation of the Health and Social Care Act (2012). As such, the programme helps staff to develop the skills and behaviours that are required of leaders and managers in the health and social care sector, both now and in the future.

Specifically, this leadership programme aims to:

- develop leadership and management capabilities to enable the provision of safe, quality person-centred care;
- equip leaders with the necessary knowledge and capabilities to:
  - effectively develop and manage individuals and the team in order to maximise the full potential of a diverse workforce;
  - understand commissioning and other financial processes that determine care delivery, and recognise their role within this process;
  - utilise the potential of information technology in care delivery and learning, including the use of metrics, data gathering and benchmarking to monitor and improve the quality of service provision;
- equip participants with the ability to influence and engage stakeholders in the processes of change, improvement and innovation;
- and ultimately, improve the experience and quality of care for those who use our services.



# 11.2. Advancing diversity

During 2013-14, we have reviewed how well we are advancing equality and embracing diversity, both as an employer and as a provider of community care services in Gloucestershire. This review concluded that:

- our services are used by people of all ages and walks of life. However, many services - such as community hospitals - are more likely to be used by people who experience health or social inequalities, such as older people and people with complex or long-term conditions;
- our integrated health and social care services are ideally suited to reducing inequalities and catering for people with extra or different needs;
- increasingly, we target some services (e.g. dental services, healthy living services) at people with greater need and those in vulnerable groups, such as people with learning disabilities, homeless people, and people from Black and Minority Ethnic (BME) groups;
- some local people have told us that they think we have excellent services which are effective at responding to their needs. However, they feel that this understanding and responsiveness responsiveness is not consistent across all services;
- our workforce is older, with higher proportions of women and 'White British' people than the national profile. This follows trends both in Gloucestershire and the NHS (especially community trusts). However, there are indications that these trends are reinforced by the people we are appointing, and those who are leaving the Trust.

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

- we need to improve our engagement with people in local communities, especially those who experience social and health inequalities. Some groups will need particular attention, as we do not have a full understanding of what they need from us. These groups include (i) children and young people, (ii) people with learning disabilities, physical disabilities and sensory disabilities, (iii) transgender people, (iv) people who are not 'White British' particularly those from Eastern Europe, and (v) people from the gypsy and traveller communities;
- we need more thorough understanding of who is using our services by disability, religion, and sexual orientation, in order to appreciate the experiences of specific groups in our communities, and recognise whether people experience the same high quality of care regardless of their personal characteristics;
- we should review the support mechanisms for staff who experience abuse or harassment on the front line, especially where this is largely unavoidable due to a clinical cause such as dementia;
- we need to ensure that in our workforce, we embrace diversity and see it as a positive opportunity to learn how to deliver a better service.

## 11.3. Staff survey

In 2013-14, the Trust participated in the National NHS Staff Survey, achieving a 56% response rate (compared to the 48% national average for community trusts). Possible scores ranged from 1 to 5 or a percentage, with a higher score in both cases indicating better performance. The table below shows how the Trust fared, and compared with other community trusts in respect of those questions which most closely related to quality of care:

| | National 2013 average for Community Trusts | Trust results |
|---|---|---|
| Overall staff engagement | 3.71 | 3.71 |
| Staff motivation at work score | 3.86 | 3.87 |
| Staff job satisfaction | 3.60 | 3.57 |
| Percentage of staff able to contribute towards improvements at work | 69% | 68% |
| Percentage of staff feeling satisfied with the quality of work and service user care they are able to deliver | 75% | 76% |
| Percentage of staff agreeing that their role makes a difference to service users | 91% | 89% |
| Staff recommendation of the Trust as a place to work or receive treatment | 3.59 | 3.61 |
| Percentage of staff appraised in last 12 months | 87% | 82% |
| Percentage of staff reporting errors, near misses or incidents witnessed in the last month | 92% | 90% |
| Percentage of staff saying hand washing materials are always available | 57% | 59% |

These findings will now be combined with the feedback from the Listening into Action Pulse Check survey and the Staff Conversation events (see section 11.4 below) so as to identify opportunities for quality improvement, and develop a comprehensive action plan for 2014-15.

**From May 2014, the Trust will be rolling out the national NHS Staff Friends and Family Test which will provide an additional quarterly assessment of staff opinion.**



## 11.4. Listening into Action

Claire Powell
Listening into Action Lead

**Launched by the Trust in January 2014, Listening into Action is a new way of listening to the views of staff, and using what they say to make our Trust a better place for our service users, and a better place to work.**

**It is a tried and tested approach within the NHS, that now uses the insight and learning from 100s of NHS Trusts and 100,000s of staff and leaders. Examples of the measurable impact of Listening into Action from other Trusts include improved clinical outcomes, reduced waiting times for service users, improvements to the environment, reduced mortality rates, improvements in staff morale, reduced staff sickness levels, and a positive shift in leadership style and culture.**

### Listening into Action is not an 'initiative' - it is a fundamental shift in the way we work and lead.

Led personally by the chief executive Paul Jennings and supported by a sponsor group of ten colleagues (mainly clinicians), Listening into Action began with a 'Pulse Check'. This was a short survey of 15 questions sent to all colleagues in February 2014, to which 1,339 responded. The results highlighted a range of issues, which were put forward for consideration and response.

Five Staff Conversations were then held involving more than 300 colleagues from across the Trust. These were lively, interactive events, that encouraged people to share their frustrations on the barriers to effective working, their ideas for 'Quick Wins' and ways we can improve multi-disciplinary working.

The next stage in the Listening into Action journey - planned for early summer 2014 - encourages colleagues to volunteer to join the first ten teams. These teams will be supported to deliver measurable results within 20 weeks to improve the quality and experience of care for service users. Colleagues will also start delivering some of the 'Quick Wins' that were identified as part of the Staff Conversations.

A 'Pass It On' event will be held in autumn 2014 to showcase stories and successes, and inspire others to adopt the Listening Into Action approach. In February 2015, the 'Pulse Check' survey will be repeated to find out how colleagues feel about the changes, both personally and in terms of the quality of care that they deliver.

Our progress in this journey will be reported in next year's Quality Account.

# 11.5. Volunteer Programme

Across the Trust, volunteers provide invaluable support, improving service users' experiences in hospitals, clinics and homes. These volunteers serve to build a stronger relationship between members of the local community and our services, help to tackle health inequalities, and promote healthy lifestyles. As a result, service user wellbeing is enhanced through the social interaction and the knowledge that the volunteers impart.

The Trust has a Volunteering Policy that in 2013-14, has effectively raised the profile of volunteering across the organisation. We now have a Volunteer Coordinator who ensures that recruitment checks and other processes are consistent across the county, and works with the Trust's services to provide new volunteering opportunities.

Activities at community hospitals are coordinated through Volunteer Supervisors to ensure that the roles provide the maximum benefit to both the volunteers and our service users.

In 2013-14, the number of people giving their time to volunteer across our services was:

| | |
|---|---|
| Children's services | 20 |
| Cirencester Hospital | 82 |
| Expert Patient Programme | 4 |
| Forest Hospital | 22 |
| North Cotswold Hospital | 18 |
| Podiatry | 1 |
| Speech and Language Therapy | 48 |
| Stroud Hospital | 28 |
| Tewkesbury Community Hospital | 41 |
| Vale Hospital | 14 |
| Homeless Healthcare | 2 |
| Pulmonary Rehabilitation | 1 |
| **Total** | **281** |

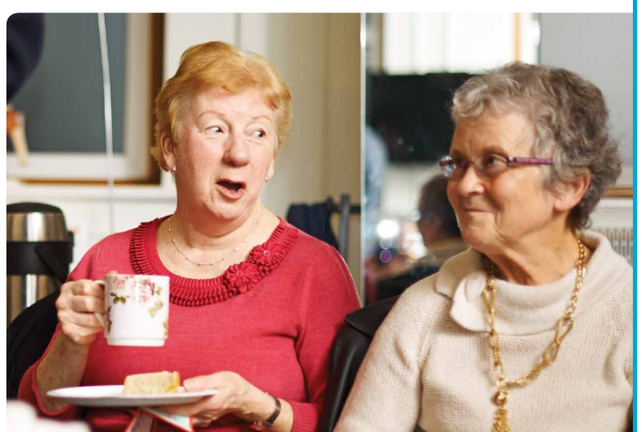
## Expert Patient Programme

The Expert Patient Programme is a perfect example of volunteers at work. Here, volunteers who themselves have a long-term condition, can become a Volunteer Tutor, and help support other service users to better self-manage and improve the quality of their lives. The results of this programme is proven - 45% service users say that they feel more confident after attending the programme, and there is a 16% decrease in service user attendances at A&E, 10% reduction in outpatients visits and 7% reduction in GP appointments.

Taking on the guidance and advice given from volunteers who truly understand their pain, fatigue and other symptoms is a huge benefit to service users as evidenced below:

**"I was always a lonely person, and when I was diagnosed with diabetes, I really just gave up. I thought this was my lot in life, and apart from my GP, I didn't really see anyone else. I felt that I was a bother. EPP has made me friendly, and helped me to improve my sleep which has had a huge impact. I also met other people on the course who had diabetes, and we now meet every month for a coffee. This has helped my confidence and self-esteem (I think I also got depressed), and I can now smile at people in the street, and sometimes they smile back."**

Miss C - Gloucester

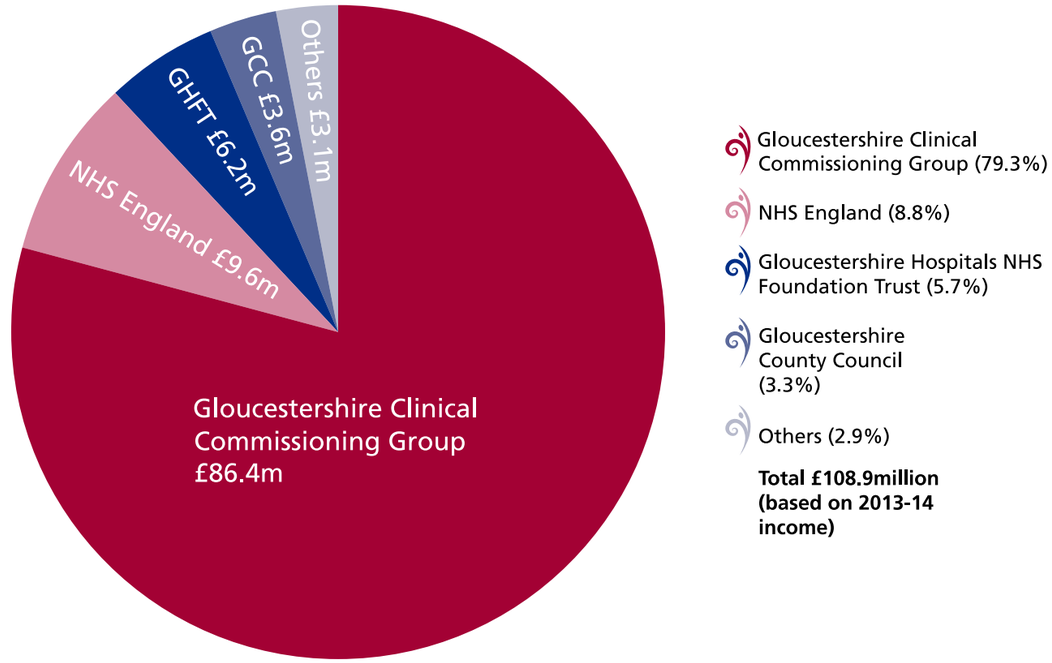




# 11.6. Financial Statement

During 2013-14, the Trust provided and/or sub-contracted 54 NHS services. The Trust has reviewed all the data available on the quality of care in these services, and the findings have helped inform this Quality Account.

The income generated by the health and social care services provided by the Trust in 2013-14, represents 100% of its total income. This is illustrated below:




A proportion of the Trust's income in 2013-14 was conditional on achieving quality improvement goals agreed between the Trust and our commissioners through the Commissioning for Quality and Innovation (CQUIN) framework. As a result, the Trust received £2.05 million of a total potential payment of £2.08 million, given that £31,500 was retained as we did not fully achieve the dementia targets in quarter 3 of the year.

# PART THREE: DEVELOPING QUALITY CARE IN 2014/15

This part of the Quality Account looks forward to 2014-15, and the specific priorities that we will be working on throughout the next twelve months in order to deliver continuous quality improvement to the people of Gloucestershire. In deciding these priorities, we have reflected upon:

- our understanding of the health and social care needs of the local population, as evidenced by health profiles and other statistical analysis, as well as by direct feedback provided to us by service users, families and carers;
- guidance and directives issued nationally by the Department of Health;
- changes and advances in health and social care best practice issued by the Care Quality Commission, the National Institute for Health and Care Excellence (NICE), and other leading experts;
- the requirements of our local commissioners - the Gloucestershire Clinical Commissioning Group - which is led by GPs and other clinicians;
- our own vision for our direction of travel which has been shaped over the past year, and which is exemplified by our newly-developed range of strategies, which have been quoted throughout this Quality Account.

We have also validated that these priorities are achievable in line with our current and future resources, and that they firmly put the focus on quality first and foremost - for this reason, we have aligned our priorities to the five domains of quality referenced throughout this document. Thus, our priorities for 2014-15 are:

| Priority | | Quality Domain |
|---|---|---|
| One | To reduce the number of service users who fall in our community hospitals or who acquire a pressure ulcer | Safe |
| Two | To improve the experiences of service users, carers and families within our community hospitals | Caring |
| Three | To further develop and enhance our Integrated Community Teams | Responsive |
| Four | To improve our active two-way engagement with service users, carers and families | Effective |
| Five | To ensure that we maintain staffing levels as appropriate to the needs of service users | Well-Led |



## 12. Quality Priorities 2014/15

**Priority One**

**To reduce the number of service users who fall in our community hospitals or who acquire a pressure ulcer**

### Why is this a priority?

In sections 7.1 and 7.2 above, we described some of the work undertaken in 2013-14 to help improve service user safety by reducing the number of people who experience a fall or who acquire a pressure ulcer, including whilst within our community hospitals.

Both falls and pressure ulcers remain a priority for us for 2014-15, as we recognise that further work is necessary to ensure all service users' stays in our facilities are as safe as possible.

This priority most directly aligns to the quality dimension of safe, as service users who suffer a fall can lose their confidence, become socially isolated, and suffer a number of further clinical complications or infections as a result. Falls are also recognised to be the main cause of death from injury in the over-75s in the UK. Similarly, pressure ulcers are proven to represent a major burden of sickness, and reduce the quality of life for service users and their carers.

### What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- continue to conduct comprehensive risk assessments in respect of falls on all people admitted to a community hospital;
- routinely monitor our performance in minimising the harm from falls, whilst maintaining each service user's independence and supporting their rehabilitation;
- audit the effectiveness of our nutrition and hydration care planning in the support of service users who are at increased risk of falls;
- ensure that a specialist tissue viability nurse reviews and reports against all acquired grade 2, 3 or 4 pressure ulcers;
- reinforce to all staff that any grade 3 or 4 pressure ulcer that is acquired within our community hospitals is automatically classified as a serious incident which requires formal investigation (see also section 9.3 above);
- ensure consistent risk assessment, interventions and evaluation of service users at risk of developing a pressure ulcer using the national SSKIN tool. This tool seeks to assure that at-risk service users are always on the correct surface (whether a mattress or cushion), that skin inspections are regularly undertaken to quickly identify pressure damage, and that service users are encouraged to keep moving;
- increase the availability of training: this will include training in falls identification, assessment and management for staff who work within the community hospitals' Minor Injuries Units, and more face-to-face training in the prevention of pressure ulcers within clinical teams;
- increase the information about the prevention of falls and pressure ulcers that is available to service users, their families and carers.

### How will these actions be measured?

Measurements of this priority will include the following:

- completion of the NHS Safety Thermometer (see box-out in section 7.1 above) for 100% eligible service users each month at the point of care, with consideration for both falls and pressure ulcers;
- routine monitoring of the levels of harm-free care by service and type of harm to inform our future planning and targeted quality improvements, with the aim of achieving at least 95% harm-free care across all our community hospitals;
- reporting of the number and type of serious incidents at the Trust Board.

We will also compare our performance to that of other comparable community Trusts to determine if there are any lessons or best practice that can learnt from elsewhere.

### How will we monitor and report?

Reporting on falls and pressure ulcers will be made through the Trust's Quality and Safety Group, a sub-group of the Quality and Clinical Governance Committee, which in turn, reports to the Trust Board.

Additionally, we will produce quarterly reports and forward action plans on our progress against all elements of the NHS Safety Thermometer: these documents will be shared with the Gloucestershire Clinical Commissioning Group as part of the CQUIN framework (see section 13 below).

Progress will also be reported within next year's Quality Account.

## Priority Two

**To improve the experiences of service users, carers and families within our community hospitals**

### Why is this a priority?

In 2013-14, a new national service user-centred approach to assessing the quality of hospitals was launched. Thus, the new Patient-Led Assessments of the Care Environment (PLACE) did not scrutinise standards of clinical care, but instead, focused upon assessing service users' opinions of:

- how well hospitals are maintained;
- how hospitals enable and protect people's privacy and dignity;
- the quality of the food provided;
- the clarity of signage and ease of access;
- the general standards of cleanliness and hygiene.

Given that previous environmental assessments had always been extremely positive about our community hospitals, we were particularly disappointed to score below average in a number of areas, including:

- the quality of cleanliness at Cirencester Hospital, Stroud General Hospital and North Cotswolds Hospital;
- the standards of food and hydration at Cirencester Hospital;
- our ability to ensure people's privacy, dignity and well-being at Stroud General Hospital, Vale Community Hospital, Cirencester Hospital, Dilke Memorial Hospital, Lydney and District Hospital and North Cotswolds Hospital;
- the condition, appearance and maintenance at Lydney and District Hospital and Cirencester Hospital.



**This priority most directly aligns to the quality dimension of care, as the community hospitals in which we see and treat our service users, represent a critical element of our care package.**

**Moreover, it is a key principle of the NHS Constitution that services should be "provided in a clean and safe environment that is fit for purpose, based on national best practice".**

### What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- use the 2013 PLACE results as a baseline from which to learn, build and improve: in particular, we will seek to develop and implement a number of high-profile action plans against which we can monitor and evaluate the successes of quality improvements;
- ensure that review of cleanliness and hygiene becomes a key consideration of the Matrons' walkabouts;
- use audit processes in order to provide additional scrutiny and assessment of the working environment;
- involve service users, families, carers and students as part of our internal review processes, so that we can get a clear understanding of any problems through their eyes.

**This priority links to the following quality goal from our Clinical and Professional Care Strategy:** To deliver safe, compassionate and considerate care which ensures that service users remain safe from avoidable harm.

### How will these actions be measured?

A series of measurements will be detailed within the quality improvement action plans. Together, these plans will seek to ensure that within 2014-15, we address all outstanding issues and concerns so that we come in the top 25% Trusts nationally in next year's PLACE assessments.

### How will we monitor and report?

Improvements in estates will be monitored by the Performance and Resources Committee, which reports to the Trust Board. Improvements relating to cleanliness and infection control will be made through the Quality and Clinical Governance Committee, which also reports to the Trust Board.

The surveys that we conduct across the Trust (see section 10.2 above) will also seek to capture people's perceptions of our environments: the results of these surveys which will then be reported to either the Performance and Resources Committee or the Quality and Clinical Governance Committee as appropriate.

Progress will also be reported within next year's Quality Account.

To help support achievement of this, and other, quality priorities in 2014-15, we will be introducing Challenge and Support Visits. These will serve to assure that the Essential Standards of Quality and Safety as proposed by the Care Quality Commission (CQC) are being embedded in the day-to-day practice of our staff.

Thus, on a monthly basis, each community hospital will be subject to a Matron-led inspection. These inspections will look at staff's compliance with, and understanding of, a number of specific CQC standards in order to validate that the services provided are indeed effective, well led, safe, caring and responsive. Feedback will be provided to the host hospital which then be responsible for developing an action plan to address the learning. This action plan will be shared at the Quality and Safety Meeting and the Matrons' Meeting, with additional assurance or concerns being escalated to Quality and Clinical Governance Committee or the Trust Board as necessary.

Although the Challenge and Support Visits will focus initially upon the community hospitals, it is anticipated that they will also be rolled out to other community sites during 2014-15.

## Priority Three

To further develop and enhance our Integrated Community Teams

This priority most directly aligns to the quality dimension of **responsive**, as the Integrated Community Teams react with all appropriate urgency to the health and social care needs of people in local communities, so as to keep them clinically safe and independent at home.

### Why is this a priority?

As detailed in section 5 above, our Integrated Care Teams (which unite occupational therapists, social workers, physiotherapists, community nurses and reablement workers in single teams) are a key part of the Trust's business. These Teams aspire to offer truly joined-up health and social care services to people across Gloucestershire, representing best use of resources, and providing the highest quality care to local people.

In 2013-14, we built further on the success of these teams, adding rapid response and high intensity services. Thus, rapid response is available 24 hours a day, 7 days per week, to provide assessment at home for people who require urgent care within an hour, whilst the high intensity service delivers additional levels of support and monitoring during a person's recovery. These enhanced Integrated Community Teams with both rapid response and high intensity capabilities, were launched in Gloucester City from January 2014.

### What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- further develop our excellent working relationship with Gloucestershire County Council so that we can continue to deliver excellent standards of joined-up health and social care across the county using our Integrated Community Teams;
- ensure that our Integrated Community Teams continue to work in close partnership with local GPs for the maximum benefit of the service user;
- meet the challenge of recruiting highly talented staff to support the Integrated Community Teams, despite the national context of skills shortages;
- launch the enhanced Integrated Community Team in Cheltenham in May 2014, and then following a period of monitoring, agree a further programme of rollout, commencing in Tewkesbury in the autumn (subject to review).

This priority links to the following quality goal from our Clinical and Professional Care Strategy: To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient.



### How will these actions be measured?

Measurements of this priority will include the following:

- provision of a Integrated Community Team service across the county that:
  - responds to service user needs within agreed timescales;
  - reduces the numbers of inappropriate service user admissions to hospital;
  - enables people who do need to go into hospital, to leave as soon as possible and with appropriate support;
  - reduces the requirement for certain packages of care, including placements in care homes, by keeping people safe and independent at home;
  - protects and safeguards vulnerable people;
- implementation of the enhanced Integrated Community Team model in line with the timetable to be agreed with the Gloucestershire Clinical Commissioning Group following review;
- monitoring of the experiences and outcomes of all service users, families and carers who access the Integrated Community Teams, in order to use this learning as the service develops.

### How will we monitor and report?

Regular reports on the development and progress of the Integrated Community Teams will be provided to the Trust's Quality and Clinical Governance Committee, which in turn, reports directly to the Trust Board.

We will also continue to report both to Gloucestershire County Council, and to the Gloucestershire Clinical Commissioning Group

Progress will additionally be reported within next year's Quality Account.

## Priority Four

To improve our active two-way engagement with service users, carers and families

### Why is this a priority?

In section 10.2 above, we described some of the ways in which we collected information about the experiences and views of service users, carers and families in 2013-14. However, we believe that we can do more, not only to speak to an increased diversity of people, but also to better interpret the findings of our surveys and other engagements so that real quality improvements can be made.

In 2014-15 therefore, we need to look at more innovative ways to engage with all communities across Gloucestershire. We then need to make sure that there are robust processes to listen to what people are telling us, and then translate this learning into practical service redesign. That way, we can truly deliver health and social care services that reflect the needs and wishes of our local populations.

This priority most directly aligns to the quality dimension of **effective**: thus, by improving our communications with service users, carers and families, we will gain a fuller understanding of public needs, which will help us to deliver better, more focused care.

### What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- extend the Friends and Family Test, so that it is available within all services by December 2014;
- introduce new ways to gather service users' views, including focus groups and web-based questionnaires: these will complement our existing surveys, and will allow us to gather richer information;
- actively improve our dialogue with members of the Gloucestershire public who represent people with protected characteristics (namely, age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, and sexual orientation), as well as with people who have extra or different needs, and people who traditionally experience social and health inequalities (this responds to the opportunities identified in section 11.2 above);
- ensure that the information gathered from all forms of questionnaire or survey is available in as timely a manner as possible, and that results are available to both staff and the public;
- clearly demonstrate that the learning from service user engagements is recognised and reflected in actions made within Trust services.

This priority links to the following quality goal from our Clinical and Professional Care Strategy: To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient.

### How will these actions be measured?

Measurements of this priority will include the following:

- the number of service users who complete the Friends and Family Test on a monthly basis, as well as the cumulative Net Promoter Score (see section 10.2 above), and the percentage of people who are reported as being "extremely likely" or "likely" to recommend our services;
- completion rates of our agreed programme of surveys, with the aim to complete 100%;
- reported evidence of focus groups and other methods of service user engagement;`
- maintenance of an up-to-date map identifying all population groups within Gloucestershire and, in particular those populations which comprise people with specific health and social care needs;
- annual improvement in engagement with minority groups as evidenced in the Trust's Annual Equality Report;
- the number of quality improvements that are made within services as a direct result of public suggestions or proposals.

### How will we monitor and report?

The Trust has two committees at which this priority will be discussed in the first place: a Communications and Public Affairs Steering Group which reports directly to the Trust Board, and also the Your Care, Your Opinion Programme Board which comprises both staff and public members (see section 10.2 above for details of this committee).

Those elements that relate to the CQUIN framework (see section 13 below) will be reported to the Gloucestershire Clinical Commissioning Group.

Progress will also be reported within next year's Quality Account.



## Priority Five

To ensure that we maintain staffing levels as appropriate to the needs of service users

This priority most directly aligns to the quality dimension of **well-led,** as it requires the Trust Board to take clear ownership and responsibility for staffing levels across the organisation.

### Why is this a priority?

Following the Mid Staffordshire Public Inquiry, the Department of Health issued **Hard Truths: The Journey to Putting Patients First.** This key document clarified the requirement for all NHS organisations to ensure that every site and every shift has the staff needed to ensure that service users receive safe care.

The Hard Truths guidance was then complemented by further guidance from NHS England and the Care Quality Commission, which focused upon the need of Trusts to maintain a robust understanding of staff numbers, and make this information widely available (this is also in line with the National Quality Board guidance **How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time**).

As a result, this priority seeks to respond to these directives, together with the complementary research which shows that staffing levels are linked to the safety of care, and that staff shortfalls increase the risks of service user harm and poor quality care.

### What actions will we undertake in 2014-15?

In order to achieve quality improvements in 2014-15, we will:

- continuously review the actual versus the planned staffing on a shift by shift basis within all care settings, responding to gaps or shortages where these are identified, and using robust systems to make the most of resources and to optimise care;
- openly display information about the number and grade of care staff, both present and planned, in each clinical setting on each shift: this information will be clearly visible to service users, families and carers;
- produce a monthly report that demonstrates comprehensive planning and risk assessment in respect of staffing in all community settings, supported by demonstrable contingency planning, and incident reporting: moreover, we will make this report available to the public via the Trust's website and also via NHS Choices;
- produce a six monthly report for the Trust Board and the public, that details our current staffing capacity and capability, and which reflects an expectation of the impact of staffing on services.

This priority links to the following quality goal from our Clinical and Professional Care Strategy: To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient.

### How will these actions be measured?

Measurements of this priority will be included within the monthly and half-yearly reports detailed above.

### How will we monitor and report?

Reporting of this priority will be undertaken at Board level. We will also report routinely to the public, both through the production of the relevant formal reports, but also via the information boards to be displayed in Trust settings.

Progress will also be reported within next year's Quality Account.

## 13. Commissioning for Quality and Innovation (CQUINs)

CQUINs are a combination of nationally-mandated and locally-decided projects that are agreed between us and our commissioners each year. They focus upon areas where we are asked to achieve and demonstrate clear quality improvements.

A summary of the CQUINs for 2014-15 is shown in the table below, which also indicates where each of these projects either links to our own quality priorities as described in section 12 above.

| | Goal name | Purpose of Goal | Quality domain | Local or national goal | Link to quality priority |
|---|---|---|---|---|---|
| 1 | NHS Safety Thermometer | To measure and reduce harm, and specifically to help understand the prevalence of pressure ulcers | Safe | National | One |
| 2 | Friends and Family Test | To make the Friends and Family Test available across all Trust settings | Effective | National | Four |
| 3 | Person-centered coordinated care | To enable our Integrated Community Teams to work closely with GPs to best identify and support people who are at risk of losing their independence | Responsive | Local | Three |
| 4 | Organisational development | To ensure that our Integrated Community Teams see themselves as part of a wider community network, and know when to refer service users to other care providers | Responsive | Local | Three |
| 5 | Service user discharge | To ensure that service users are appropriately supported upon discharge from hospital, enabling them to return home | Responsive | Local | Three |
| 6 | Staff skills and competencies | To ensure that staff have the knowledge and capability to support service users with more acute healthcare needs | Well-led | Local | Five |
| 7 | Service user records and documentation | To help improvements in record keeping practices | Safe | Local | One |

Progress against these CQUIN projects will be reported in next year's Quality Account.

## 14. Response to Stakeholder feedback

As a result of the request from Healthwatch Gloucestershire to provide comparisons on serious incidents (reference page 73), we have added performance data on page 40.



# PART FOUR: CONCLUSION

At Gloucestershire Care Services NHS Trust, we are fully committed to ensuring that we can deliver continuous quality improvement across all our health and social care services.

Not because we are measured and monitored, and have targets to meet.

Not because there are policies, procedures, guidelines and directives in place.

Not because we are compelled to act.

**But because we care passionately about the health and well-being of all service users, families and carers across Gloucestershire.**

We know that in this year, we will be facing some very real challenges given current financial constraints. However, this makes us even more determined to ensure that nothing will prevent us from providing the very highest quality of care, that is truly safe, compassionate, responsive and effective.

We hope that the priorities that we have outlined in this Quality Account for 2014-15, will give you assurance of our commitment - and I aim personally to be able to demonstrate our successes and achievements in next year's report.

Paul Jennings

**Paul Jennings**
**Chief Executive**

# PART FIVE: STAKEHOLDER FEEDBACK

NHS
Gloucestershire
Clinical Commissioning Group

## NHS Gloucestershire Clinical Commissioning Group's response to Gloucestershire Care Services NHS Trust's Quality Account 2013-14

This is the first year that Gloucestershire Care Services NHS Trust ("the Trust") has been a standalone NHS community health and social care provider, and therefore correspondingly, this is the Trust's first Annual Quality Account. NHS Gloucestershire Clinical Commissioning Group ("GCCG") is delighted to be given the opportunity to pass comment.

It is clear that in 2013-14, good progress has been made by the Trust in developing quality community services. This is reflected by the excellent results from the Friends and Family Test, which show that 97% service users would recommend the Trust as a care provider. It is reassuring to know that the Friends and Family Test will be extended so as to be available across all services in 2014-15, enabling even more service users to participate.

The Trust has clearly set out its vision to organise care around service users' lives, and this is mirrored in the organisation's values and strategic objectives. The Trust has been open and transparent regarding its challenges and concerns, and GCCG has welcomed the opportunity to be represented at the Trust's Quality and Safety Committee to be part of the discussions.

The Trust has developed several specialist services that provide care in community clinics and in people's homes. In particular, it is noted that the development of the Integrated Community Teams has been well received by service users: these Teams have helped to minimise duplication, bring care closer to home, and reduce admissions to hospital. There is still more work to be done, but the preliminary response is very positive.

The Trust has also demonstrated an improvement in the safety, effectiveness and experience of people using community services, in particular around falls and dementia. However, as is the nature of health care, there is further work to do, specifically to increase the early identification of service users at risk of harm, and to improve end of life care.

Serious incident reporting has improved in 2013-14, and there are robust processes in place to ensure that lessons are learnt and future risks are minimised.

The Trust should additionally be commended for encouraging staff to achieve awards and other accolades for providing outstanding quality of care, particularly in light of increasing demand for services.



The Trust has worked hard to engage with stakeholders, service users and key partners in shaping the development of future services. It has also commenced a programme of staff engagement which is to be commended. It is important to continue with this work as we move towards more integrated community care provision.

Staff training and workforce development continues to be a high priority, as the focus of care moves away from hospitals and towards the community. The Trust has committed further funding to ensure that clinical staff are able to develop enhanced skills that will allow them to receive a wider range of sub-acute admissions directly from the community into community hospitals, and to care for service users with a higher acuity at home.

The staff survey results compare well with other community trusts, and reflect the period of recent change in the NHS. However, the Trust needs to develop a plan to improve the percentage of staff who have had an annual appraisal.

GCCG would also like to see improved results from the PLACE audit in 2014-15.

As there is considerable work being undertaken in respect of infection control, it was unfortunate that the 2013-14 target related to C. difficile was breached. Nevertheless, it is recognised that the target was exceeded by one case only, and that for next year, the target has been raised from 18 to 21 (based upon revised Department of Health guidance). Moreover, GCCG is reassured that the Trust has put in place a comprehensive action plan that was developed following a detailed root cause analysis, and that will help reduce the incidence of C. difficile in 2014-15.

It is clear that the Trust has come a long way over the past year, and must now focus upon future service developments.

In summary, GCCG confirms that the information presented in this Quality Account for 2013-14 is accurate, and provides a fair representation of the Trust's services. Equally, GCCG is suitably assured that the care delivered by the Trust is not only safe, but also of good quality.

Marion Andrews-Evans

**Marion Andrews-Evans**
**May 2014**

Joined up care
CCG

# Healthwatch Gloucestershire's response to Gloucestershire Care Services NHS Trust's Quality Account 2013-14

Healthwatch Gloucestershire (HWG) is pleased to have had the opportunity to comment on this Quality Account.

Healthwatch Gloucestershire is a new organisation, which has worked since April 2013 to gather and represent the views of people who live in Gloucestershire about their health and social care, and then to communicate them to those organisations that provide services, in this case Gloucestershire Care Services. Our contribution to this Quality Account is one of several ways in which we work with the Trust to provide independent, regular and continuous feedback from the public.

We have been encouraged during 2013/14 by the ways in which the Trust has welcomed the active involvement of our members in its 'Your Care, Your Opinion' initiative. We have visited the Trust and comments and themes from our public engagement work have been reported to the Trust's assurance committee. There have been regular meetings with the Trust Chair and senior managers where the public's feedback about services has been shared. We look forward to extending those connections during 2014/15 and beyond so that the Trust's performance continues to be genuinely informed by real patient experience.

At several points, the Quality Account explains the range of services that are provided by the Trust e.g. when it explains what care can be obtained in community hospitals and what the Trust means by the term Specialist Services. This is a valuable feature as we have encountered some confusion among users of services as to which organisation might be responsible for aspects of their care. The more clarity that can be provided, the better the public's understanding of their services will be. Generally, we were encouraged by the clear language that has been used, the question and answer format, and the effective use of illustrations and charts.

We congratulate the Trust for the high scores it has achieved in the Friends and Family Test and for the awards that have been received, acknowledging the high quality of care in Community Hospital settings.

We very much welcome the high priority that the Trust has given in this account to compassion, person-centred care and to the close involvement of people who use services, as well as their families and carers. At several points, the importance of the quality of each patient's experience is stressed. Phrases such as "This requires us to ensure that service users are the focus of everything that we do", and "...understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work" are unambiguous and very welcome. We at HWG have been one of the partner organisations asked to contribute to the Trust's vision and strategic objectives, and we have been encouraged by how the Trust has welcomed our independent role in the scrutiny of the quality of its services and responded to issues of concern when they have been raised. We are pleased to see that improvement of active engagement with service users remains as a high priority for 2014/15.

**Integrated Community Teams:** We look forward to continuing to work with the Trust to determine how the patient experience of care provided by these teams can best be obtained. The case studies within the Quality Account provide straightforward and readable information about how the services are organised and what people can expect when they use them. Such information is useful in building public knowledge and confidence and avoiding confusion.

**Quality Improvements:** We were pleased to see some of the achievements e.g. completion of risk assessments and of falls training for staff. In future, it will be valuable to see trends over time and levels of improvement compared to targets so that the levels and pace of improvement can be understood. (For example, what level of performance does 51% completion of falls training represent and what absolute number of falls would be a reasonable target for a Trust such as this one?) The data relating to pressure ulcers is more informative in this respect.

**Serious Incidents:** It is difficult to form an opinion about the Trust's performance here without reference to some comparisons with other similar organisations.

Claire Feehily

**Claire Feehily**
**Chair, Healthwatch Gloucestershire**
**June 2014**

# Health and Care Overview and Scrutiny Committee's response to Gloucestershire Care Services NHS Trust's Quality Account 2013-14

On behalf of the Health and Care Overview and Scrutiny Committee I welcome the opportunity to comment on the Gloucestershire Care Services NHS Trust Quality Account 2013/14. As a newly elected county councillor and newly appointed Chairman of the (new) Health and Care Overview and Scrutiny Committee (HCOSC) I have valued the attendance of the Trust at committee meetings to contribute to debate and respond to members' questions. During the course of this year the committee has developed a constructive working relationship with the Trust and I hope that this will continue. I would particularly like to thank Ingrid Barker, Paul Jennings and Susan Field for attending meetings and responding to members' many questions.

The Trust is very clear in this Quality Account that it recognises that the patient must be at the centre of care; and that the patient voice must be listened to and acted upon. Within this context it is especially good to note that the Trust has recognised the limitations of the national Friends and Family Test and has included additional questions to better inform about the experience of the actual service received. The committee will want to see that the positive feedback already received from patients and service users is maintained.

I am concerned that the data is showing that the Trust is not performing as expected with regard to staff sickness and the percentage of staff appraised. The committee is aware through discussions at committee meetings that the Trust values its staff; and members will therefore expect to see this situation improve over the next twelve months.

I am also concerned with regard to the scores from the PLACE assessments but note the actions being put in place to redress this situation; and look forward to seeing improvement in this area.

I am pleased to note the work being undertaken to promote diversity across the Trust and look forward to seeing how this has progressed in the Trust's next Quality Account.

I am also looking forward to seeing how the Listening Into Action work progresses; and whether it does have the expected outcomes.

Cllr Steve Lydon

**Cllr Steve Lydon**
**Chairman**



# PART SIX: GLOSSARY

**The following is a list of helpful abbreviations:**

**BME:** Black and Minority Ethnic Communities

**C. diff:** Clostridium difficile

**CQC:** Care Quality Commission

**CQUIN:** Commissioning for Quality and Innovation

**GCC:** Gloucestershire County Council

**GCCG:** Gloucestershire Clinical Commissioning Group

**GHNHSFT:** Gloucestershire Hospitals NHS Foundation Trust

**GWAS:** Great Western Ambulance Service

**HSCOSC:** Health and Social Care Overview and Scrutiny Committee

**LCP:** Liverpool Care Pathway for end of life care

**MEWS:** Modified Early Warning Score

**MIU:** Minor Injuries Unit

**MRSA:** Methicillin Resistant Staphylococcus Aureus

**NICE:** National Institute for Health and Care Excellence

**NHS:** National Health Service

**OT:** Occupational Therapy

**PALS:** Patient Advice and Liaison Service

**PLACE:** Patient-Led Assessments of the Care Environment

**SIRI:** Serious Incident Requiring Investigation

**SLT:** Speech and Language Therapy

**SPCA:** Single Point of Clinical Access

**TDA:** NHS Trust Development Authority

**VTE:** Venous-Thromboembolism (Deep vein thrombosis or pulmonary embolism)

If you have any comments about this Quality Account, please email **liz.fenton@glos-care.nhs.uk**. Alternatively, you can write to Mrs E J Fenton, Director of Nursing and Quality, at the address below.

**Gloucestershire Care Services NHS Trust**
Edward Jenner Court
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
Gloucestershire
GL3 4AW

Call: **0300 421 8100**

Email: **contactus@glos-care.nhs.uk**

Visit: **www.glos-care.nhs.uk**

Understanding You

# Gloucestershire Care Services NHS Trust Board

| | | | |
|---|---|---|---|
| **Title:** | Common Seal Report | | **Date of Meeting:** 15 July 2014 |
| **Agenda Item:** | 12 | | |
| **Purpose of Paper:** | To report the use of the Trust Common Seal between 1st April 2013 and 31st March 2014. | | |
| **Key Points:** | In line with the Trust's Standing Orders the Chief Executive and Director of Finance signed the documented numbered 04/13 – 22/13 on behalf of the Trust under the Common Seal during 1st April 2013 and 31st March 2014.<br><br>The Common Seal is used in order to execute a deed or agreement. | | |
| **Options and decisions required** | The Board is asked to note the record of documents signed under the Trust Common Seal. | | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | | x |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | | x |
| | 3. Provide innovative community services that deliver health and social care together | | x |
| | 4. Work as a valued partner in local communities and across health and social care | | x |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | | x |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | | x |
| **Next steps/future actions** | | | |
| **Author name and title** | Jason Brown, Director of Corporate Governance & Public Affairs | **Director Name and Title** | |

# Register of Sealing

Gloucestershire Care Services NHS Trust

| Seal Number | Date of Sealing | Document Description | No. of Copies | Document Signatory (1) | Document Signatory (2) | Attested by | Attested Date |
|---|---|---|---|---|---|---|---|
| 04/13 | April 2014 | Gloucestershire Primary Care Trust and Roberts Limbrick Limited – Deed of appointment | 1 at Solicitors, 1 in Trust safe | Jan Stubbings | Mary Hutton | Director of Corporate Governance and Public Affairs | May 2014 |
| 05/13 | April 2014 | Seddon Construction Limited & GCS NHS Trust & Joint Surgeries Group LLP – Contractor's Collateral Warranty | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 06/13 | April 2014 | GCS NHS Trust and NG Realisations One Limited (in Liquidation) and the Liquidators – Deed of Appointment | 2 at Solicitors 2I in safe | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 07/13 | April 2014 | Millbridge Project Management Limited and GCS NHS Trust and Joint Surgeries Group LLP – Collateral warranty | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 08/13 | April 2014 | Capita Symonds Limited and GCS NHS Trust and Joint Surgeries LLP – Collateral Warranty for professional services as CDM Co-Ordinator | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 09/13 | April 2014 | Clarkebond (UK) Limited and GCS NHS Trust and Seddon Construction | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, | Director of Corporate | May 2014 |

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|---|---|---|---|---|---|---|---|
| | | Limited – Collateral warranty | | | Chief Exec | Governance and Public Affairs | |
| 10/13 | April 2014 | Charter Commercial Windows & Doors Limited and GCS NHS Trust and Seddon Construction Limited _ Sub-Contractor's collateral warranty | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 11/13 | April 2014 | Maple Sunscreening Limited and GCS NHS Trust and Seddon Construction – Sub-Contractor's collateral warranty | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 12/13 | April 2014 | Acheson & Glover Precast Limited and GCS NHS Trust and Seddon Construction Limited – Sub-Contractor's collateral warranty | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 13/13 | April 2014 | Deed of Variation – The Land Registry | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 14/13 | April 2014 | Clearway Doors and Windows Ltd and GCS NHS Trust and Seddon Construction Limited – Sub-contractor's collateral warranty to the Employer | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 15/13 | April 2014 | Avalon Insulation Services Limited and GCS NHS | 3 at Solicitors | Glyn Howells, Finance | Paul Jennings, | Director of Corporate | May 2014 |

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|---|---|---|---|---|---|---|---|
| | | Trust and Seddon Construction Limited – Sub-contractor's collateral warranty to the Employer | | Director | Chief Exec | Governance and Public Affairs | |
| 16/13 | April 2014 | Roberts Limbrick Limited and GCS NHS Trust and Joint Surgeries Group LLP – Collateral warranty | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 17/13 | April 2014 | NG Realisations One Limited (In Liquidation) and Capita Property and Infrastructure Limited and GCS NHS Trust – Novation Deed | 2 at Solicitors 2 in safe | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 18/13 | April 2014 | NG Realisations One Limited (In Liquidation) and Capita Property & Infrastructure Limited and GCS NHS Trust | 3 at Solicitors | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |
| 19/13 – marked in safe version only | April 2014 | Gloucestershire Primary Care Trust and Clarkebond (UK) Limited – Deed of appointment | 1 at Solicitors and 1 in safe | Jan Stubbings | Mary Hutton | Director of Corporate Governance and Public Affairs | May 2014 |
| 20/13 – marked in safe version only | April 2014 | Gloucestershire Primary Care Trust and Couch Perry & Wilkes LLP – Deed of Appointment | 1 at Solicitors and 1 in safe | Jan Stubbings | Mary Hutton | Director of Corporate Governance and Public Affairs | May 2014 |
| 21/13 – marked in safe version only | April 2014 | Gloucestershire Primary Care Trust and Millbridge Management Limited – | 1 at Solicitors and 1 in safe | Jan Stubbings | Mary Hutton | Director of Corporate Governance and | May 2014 |

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|---|---|---|---|---|---|---|---|
| | | Deed of Appointment | | | | Public Affairs | |
| 22/13 – marked in safe version only | April 2014 | GCS NHS Trust and NG Realisations One Limited (in Liquidation) and the Liquidators | 1 at Solicitors and 1 in safe | Glyn Howells, Finance Director | Paul Jennings, Chief Exec | Director of Corporate Governance and Public Affairs | May 2014 |

# Gloucestershire Care Services NHS Trust Board

| | | | |
|---|---|---|---|
| **Title:** | Board Attendance Report | | **Date of Meeting:** 15 July 2014 |
| **Agenda Item:** | 13 | | |
| **Purpose of Paper:** | To provide the Board with oversight of the attendances at Board meetings for 2013-14. | | |
| **Key Points:** | The report illustrates that the total attendance of available members was 88% across the year. It is also noted that of the 12% non-attendances, a minimum of 33% were due to ill health.<br><br>Please note that this information is contained within the Trust's Annual Governance Statement, which forms part of the Annual Report and Accounts. However, the Corporate Governance Code requires that this report is noted as a standalone item at Board. | | |
| **Options and decisions required** | The Board is asked to note the Board Attendance Report | | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | | x |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | | x |
| | 3. Provide innovative community services that deliver health and social care together | | x |
| | 4. Work as a valued partner in local communities and across health and social care | | x |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | | x |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | | x |
| **Next steps/future actions** | | | |
| **Author name and title** | Jason Brown, Director of Corporate Governance & Public Affairs | **Director Name and Title** | |

| | 2013 | | | | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|---|
| | 9 Apr | 14 May | 09 Jul | 10 Sep | 12 Nov | 10 Dec | 14 Jan | 11 Mar | |
| **Voting Members** | | | | | | | | | |
| Ingrid Barker, Chair | ✔ | ✔ | ✔ | ✔ | X | ✔ | ✔ | ✔ | 88% |
| Penny Harris, CEO | ✔ | X | X | | | | | | 33% |
| Paul Jennings, CEO | | | X | ✔ | ✔ | ✔ | ✔ | ✔ | 83% |
| Robert Graves, NED | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 100% |
| Sally Sheen, NED | X | | | | | | | | 0% |
| Anne Noble, NED | X | ✔ | ✔ | X | | | | | 50% |
| Joanna Scott, NED | X | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 88% |
| David Harwood, NED | ✔ | ✔ | ✔ | X | ✔ | ✔ | ✔ | ✔ | 88% |
| Susan Mead, NED | | | | | ✔ | ✔ | ✔ | ✔ | 100% |
| Nicola Strother Smith, NED | | | | | | ✔ | X | ✔ | 67% |
| Chris Creswick, NED | | | | | | ✔ | ✔ | ✔ | 100% |
| Glyn Howells, Director of Finance | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 100% |
| Liz Fenton, Director of Nursing | ✔ | ✔ | ✔ | ✔ | ✔ | X | ✔ | ✔ | 88% |
| Joanna Bayley, Clinical Director | ✔ | ✔ | X | ✔ | ✔ | ✔ | ✔ | ✔ | 88% |
| **Non-Voting Members** | | | | | | | | | |
| Tony Hicks, GCC representative | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 100% |
| Duncan Jordan, GCC representative | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 100% |
| Susan Field, Director of Operations | ✔ | ✔ | ✔ | X | ✔ | ✔ | ✔ | X | 75% |
| Tina Ricketts, Head of HR | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 100% |
| Candace Plouffe, Director of Operations | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 100% |
| Andrew Hall, Director of Strategy | | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | 100% |
| Katie Norton, interim Board Secretary | ✔ | ✔ | | | | | | | 100% |
| Simeon Foreman, Board Secretary | | | ✔ | ✔ | ✔ | ✔ | X | X | 67% |
| Jason Brown, interim Board Secretary | | | | | | | ✔ | ✔ | 100% |

Gloucestershire Care Services NHS
NHS Trust

## Gloucestershire Care Services NHS Trust Board

| | | | |
|---|---|---|---|
| **Title:** | **Equality Objectives 2014-16** | **Meeting date: 15th July 2014** | |
| **Agenda Item:** | **14** | | |
| **Purpose of Paper:** | This paper details the proposed equality objectives for the Trust. | | |
| **Key Points:** | The Trust is legally obliged to publish one or more equality objectives under the Equality Act 2010.<br><br>The proposed objectives have been informed by findings from:<br>• The Trust's equality annual report<br>• Feedback from colleagues<br>• Feedback from service users, carers and community representatives<br>• By reviewing existing targets and plans (including the Trust's strategic objectives). | | |
| **Options and decisions required** | The Committee is asked to review and approve the equality objectives for publication. | | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | | ✓ |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | | ✓ |
| | 3. Provide innovative community services that deliver health and social care together | | ✓ |
| | 4. Work as a valued partner in local communities and across health and social care | | ✓ |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | | ✓ |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | | ✓ |
| **Next steps/future actions** | • Objectives will be published on the Trust's website following Board approval in July<br>• An action plan and governance framework will be drawn up subsequently which will be monitored by the Quality & Clinical Governance Committee | | |
| **Author name and title** | Lucy Lea, Equality & Diversity Manager | **Director Name and Title** | Tina Ricketts, Director of Human Resources |

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15th July
Location: Corinium Stadium, Kingshill Lane, Cirencester

**Agenda item**

## 1. Purpose

This paper describes the proposed Equality Objectives for the Trust.

The purpose of the Equality Objectives is to:

- Ensure compliance with our obligations under the Equality Act 2010 (Specific Duties) Regulations 2011;
- Reference existing work programmes that particularly benefit people who currently experience inequalities in health, care or work;
- Establish new practices or systems to benefit people who currently experience inequalities in health, care or work;
- Help deliver against the Trust's strategic objectives.

## 2. Recommendations

The Board is asked to

- **REVIEW** the proposed objectives and **APPROVE** them for publication in July 2014;
- **NOTE** that the Quality & Clinical Governance Committee has agreed to oversee the implementation of the objectives and monitor their progress.

## 3. Background

Under the Equality Act 2010 (Specific Duties) Regulations 2011, public authorities are required to publish one or more objectives necessary to eliminate discrimination, advance equality of opportunity, and/or foster good relations between different groups.

Gloucestershire Care Services NHS Trust published a small number of equality objectives in April 2014 which focused on our business practices and processes. At this time, we committed to publish further objectives with a more direct impact on people who use our services, our colleagues, and communities.

This paper presents the full list of objectives, including those already published and proposed new objectives. The objectives are based on:

- Evidence of need from our Equality Annual Report (Advancing Equality, Embracing Diversity, January 2014);
- Feedback from colleagues, service users, carers, and community representatives about what they see as priorities for us to focus on;

- Reference to existing targets, action plans and strategies which have an equality focus (e.g. they focus on the needs of people in vulnerable groups);
- The Trust's strategic objectives.

## 4. Discussion of Issues

The draft objectives have been grouped under four overarching aims, and are outlined in the table below. The table identifies the status of the objectives – whether they are already approved, or are new objectives – and existing strategies and programmes they link to.

The table also maps the proposed objectives against the outcomes of the NHS Equality Delivery System (EDS2). The EDS2 framework, its aims and outcomes is included as an appendix. Please note that each of the 18 EDS2 outcomes is covered by our proposed objectives.

The objectives span two years – 2014-16. A detailed implementation plan will set out milestones for each objective for the duration of this period.

## 5. Key Findings and Actions

The proposed aims and objectives are as follows:

| Ref. | Equality Objective | Lead | Notes | EDS2 Outcome cross-ref |
|---|---|---|---|---|
| **Aim 1: Address the health and care of people with extra or different needs by providing targeted, personalised support and information** | | | | |
| 1a | Increase identification of individuals who are at high risk of losing/ reducing their independence and put support in place to enable them to be cared for at home | Director of Service Transformation | Existing CQUIN for 2014-2015 | 1.2; 1.3<br>2.1 |
| 1b | Reduce the number and severity of pressure ulcers amongst service users | Director of Service Transformation | Existing CQUIN for 2014-2015 | 1.1; 1.2; 1.4 |
| 1c | Improve patients' experiences of care in the last days of life | Director of Service Transformation | Existing CQUIN for 2014-2015 | 1.2<br>2.3 |
| 1d | Respond effectively to gaps in the level of care provided to people with learning disabilities (LD) within Gloucestershire | Director of Nursing & Quality | Existing action plan | 1.1; 1.2; 1.3; 1.4<br>2.1; 2.2; 2.3 |
| 1e | Develop targeted communications materials for communities with distinct communication and/or health needs (about our services and/or their health) | Director of Service Delivery | New proposed objective. Expands on existing Health Living and Specialist Services initiatives | 1.1; 1.5<br>2.1 |
| 1f | Review settings, processes and communications materials to assess suitability for people with sensory loss. Focus for 2014-15 will be deaf people and people with hearing loss. | Equality & Diversity Manager | New proposed objective. Links to Comms & Engagement Strategy | 1.1; 1.2; 1.5<br>2.1; 2.2 |
| **Aim 2: Ensure decisions are based on sound evidence of their potential impact on people affected, with particular regard for people who are vulnerable or who have characteristics protected under the Equality Act 2010** | | | | |
| 2a | To report biannually on the profile of users of all services provided by GCS NHST by age, gender, ethnicity and disability | Head of Performance | Existing objective. | 1.1; 1.2 |
| 2b | To have a single equality impact assessment process for policies, plans and strategies, with robust arrangements for scrutiny and accountability | Equality & Diversity Manager | Existing objective. | 1.1; 1.2<br>2.1<br>4.2 |

| Ref. | Equality Objective | Lead | Notes | EDS2 Outcome cross-ref |
|---|---|---|---|---|
| **Aim 3: Enable people to influence decisions which affect them, with particular regard for people who are vulnerable or who have characteristics protected under the Equality Act 2010** | | | | |
| 3a | Publish a Communications & Engagement Strategy and implementation plan, which includes a systematic approach to involving external & internal stakeholders in decisions, including people with 'protected characteristics' and those in vulnerable groups | Communications & Engagement Manager | Existing objective. | 1.1<br>2.4<br>4.1 |
| **Aim 4: Support our colleagues to provide the best service they can so we can provide the best care to our diverse communities** | | | | |
| 4a | To publish an Organisational Development Strategy and implementation plan, which includes plans to nurture a caring and open culture amongst our workforce | Director of Human Resources | Existing objective. | 3.1; 3.2; 3.3; 3.4; 3.5; 3.6<br>4.1; 4.2; 4.3 |
| 4b | Ensure staff work within a culture which is designed to routinely connect or re-connect communities & individuals to the resources and assets within their community as part of a person- and family- centred approach to care | Director of Service Transformation | Existing CQUIN for 2014-2015 | 1.1; 1.2<br>3.3 |
| 4c | To introduce an annual equality & diversity training programme to promote better understanding amongst colleagues of the lives and needs of people who are different from the 'mainstream' | Director of Human Resources | New proposed objective. 'Understanding You' campaign is a 'Listening Into Action' project. | 1.2<br>2.3<br>3.3; 3.4<br>4.1; 4.3 |
| 4d | Introduce guidance and advice to support staff who face violence, abuse, and harassment from patients, relatives or the public, especially where this arises from patients who have a cognitive impairment | Director of Human Resources | New proposed objective. Links to Workforce Strategy. | 3.4<br>4.1; 4.3 |

## 6. Financial implications

Most of the proposed objectives can be achieved through existing resource. Some of the proposed new objectives may require additional funding, e.g. for communications materials or training programmes. Applications for this will be submitted in the usual manner for Executive Team scrutiny and approval.

## 7. Implementation and Review of Progress

Following approval, a detailed implementation plan will be developed, and this will act as the governance framework for the equality objectives. It will allow the Quality and Clinical Governance Committee to monitor and review progress.

Most of the objectives that are already approved either have action plans and milestones (e.g. CQUINs, Learning Disability Action Plan) or are under development (e.g. Organisational Development and Communications & Engagement Strategies). Objective leads would be responsible for ensuring there are detailed action plans, with defined milestones, outcomes and metrics for newly approved objectives.

We propose that the objective leads ensure that groups and committees are aware of any published equality objectives that affect – or are affected by – their work. We also recommend that these groups and committees review progress against these objectives as a standing item on their agenda.

The Equality & Diversity Manager would be responsible for collating updates on progress against the objectives, and reporting this on a quarterly basis to the Quality & Clinical Governance Committee.

## 8. Legal Implications

Publishing the objectives – and working towards them – helps ensure The Trust complies with its Public Sector Duties under the Equality Act 2010.

## 9. Risk Implications

Failure to publish equality objectives risks intervention – and possible legal action – by the Equality and Human Rights Commission. Failure to publish – or make progress against – equality objectives is also a reputational risk.

A number of the 'new' objectives require staff to have dedicated time to spend in scoping and delivery, particularly developing targeted communications materials (1e), reviewing practices for people with sensory impairments (1f) and developing guidance to support staff facing violence and abuse (4f). There is a risk that we may not achieve these objectives if appropriate resource is not identified

There is a specific risk relating to increasing equality and diversity training completion. This will add to the amount of mandatory training staff will need to complete. However, we will be reviewing the content, length of time, and format of the training to make sure it is as easy as possible for colleagues to complete it.

## 10. Equality and Quality Implications

If adopted and implemented, these objectives will help improve the quality of health, care, and work opportunities for people who face inequalities and/or are vulnerable.

## 11. Consultation and Communication including Public Involvement

These objectives have been developed in collaboration with colleagues, partner organisations, service users, carers and community representatives.

The following groups have been invited to comment on the draft equality objectives:

- The Joint Negotiating & Consultative Forum;
- The Staff Council and Staff Forums;
- Colleagues from services/ teams who will be involved in their delivery;
- Attendees from the Your Care Your Opinion group held on April 1st 2014.

## 12. Links to:

CQUINs
Learning & Development action plan
Organisational Development Strategy & action plan
Communications & Engagement Strategy & action plan
Workforce Strategy & action plan
Listening into Action programme

**Prepared by:** Lucy Lea, Equality & Diversity Manager

**Presented by:** Tina Ricketts; Director of Human Resources

Appendix: Equality Delivery System (EDS2) aims and outcomes

**Appendix 1: Equality Delivery System (EDS2) aims and outcomes**

| Goal | Ref. | Description of outcome |
|---|---|---|
| Better health outcomes | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities |
| | 1.2 | Individual people's health needs are assessed and met in appropriate and effective ways |
| | 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed |
| | 1.4 | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse |
| | 1.5 | Screening, vaccination and other health promotion services reach and benefit all local communities |
| Improved patient access and experience | 2.1 | People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds |
| | 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care |
| | 2.3 | People report positive experiences of the NHS |
| | 2.4 | People's complaints about services are handled respectfully and efficiently |
| A representative and supported workforce | 3.1 | Fair NHS recruitment and selection processes lead to a more representative workforce at all levels |
| | 3.2 | The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations |
| | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff |
| | 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source |
| | 3.5 | Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives |
| | 3.6 | Staff report positive experiences of their membership of the workforce |
| Inclusive leadership | 4.1 | Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations |
| | 4.2 | Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed |
| | 4.3 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination |

# Gloucestershire Care Services NHS Trust

| | | |
|---|---|---|
| **Title:** | **Finance Report** | Meeting date: 15th July 2014 |
| **Agenda Item:** | **15** | |
| **Purpose of Paper:** | To advise the Board on the year to date actual and forecast full year out-turn position for the Trust at month 2 and also to provide updates regarding financial risks and priorities. | |
| **Key Points:** | For Health budgets, the Trust has planned for a full year surplus of £1.5m. The current forecast for the full year is in line with budget.<br><br>Note that the table in section 7 is different to what went to Performance and Resources Committee as it now includes updated figures for reserves and capital charges and aligns fully to the month 2 TDA return.<br><br>QIPP Schemes have been agreed at £3.9m and CQUINS agreed with the main commissioner (Gloucestershire CCG) of £1.7m. The values of schemes of a further £300k have been agreed with other commissioners but the detail of the schemes to be delivered is outstanding.<br><br>CIP schemes of £6.4m are currently assumed to deliver in full and remain the biggest risk.<br><br>Gloucestershire County Council (GCC) expenditure figures for 2014/5 are not yet available as they are still going through audit of year end. | |
| **Options and decisions required** | The board is asked to note the current position and implications for the Trust. | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | |
| | 3. Provide innovative community services that deliver health and social care together | |
| | 4. Work as a valued partner in local communities and across health and social care | X |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | |

| | | |
|---|---|---|
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | X |

| | | | |
|---|---|---|---|
| **Next steps/future actions** | • Amend reporting hierarchy to reflect new operational structures<br>• Align corporate function budgets to new areas of responsibility<br>• Bed in the revised Performance Management Framework<br>• Support all CIP owners with required analyses<br>• Support QIPP and CQUIN plan development | | |
| **Author name and title** | Stuart Bird<br>Deputy Director of Finance | **Director Name and Title** | Glyn Howells<br>Director of Finance |

**Board Meeting of Gloucestershire Care Services NHS Trust**
To be held on: 15th July 2014
Location: Corinium Stadium, Kingshill Lane, Cirencester

## Agenda item 15: Finance Report

### 1. Purpose

To advise the board of both the year to date and full year forecast out-turn positions for Gloucestershire Care Services NHS Trust at Month 2 and to highlight risks and plans to mitigate them.

### 2. Recommendations

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

### 3. Background

GCS is now fully operational as a separate trust.

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

The budget for Social Care Service Level Agreement (SLA) spend is set at £18.0m for 2014/5, but due to later year end activity and related audits, there is no update to this at this time.

Capital of £6.4m is available for use in year including rolling forward the £1.5m from 2013/4 relating to finding an alternative site in Gloucester to consolidate our existing sites and Cheltenham to get out of Cheltenham Royal Hospital where we have been served notice.

A recovery plan for Gloucestershire County Council External Care spend will normally be detailed in this report but we have not yet received Month 2 figures.

### 4. Discussion of Issues

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

1. Delivery of £6.4m CIP
2. Delivery of £3.9m of QIPP schemes
3. Delivery of £1.7m GCCG CQUINS and agreement with commissioners and subsequent delivery of the remaining £0.3m of CQUINs.
4. Recruiting required staff to reduce reliance upon agency staff with related premiums.
5. Delivery of the External Care recovery plan of >£6.5m
6. Developing an initial Long Term Financial Model (LTFM) to support the 5 year plan submission

7. Developing a more detailed LTFM to support the Integrated Business Plan to underpin the Foundation Trust Application process.
8. Develop the 5 year Financial Management Strategy including:
    a. Cash Management
    b. Capital Spend
    c. Procurement
    d. Commercial Arrangement
    e. Performance Management Framework
    f. Budget management
    g. Efficiency / Productivity management

## 5. Key Findings and Actions

### Financial Performance

### Annual Plan

The Trust submitted a plan to the TDA for 2014/5 that shows income of £111.4m and a surplus of £1.5m (health figures alone).

As at Month 2 it is still believed that these numbers reflect the position that the Trust will achieve with delivery of the CIP as the biggest risk.

### Budget Monitoring

Performance against budget is tracked and reported against individual localities and cost centres. Budget monitoring reports are now generated from ESSBASE each month with “books” of management accounting information produced for the operational directors and locality managers. All reports are being cascaded down through the organisation so budget holders and their managers will receive consistent performance to date and full year forecast out-turn positions. These reports need to be amended to reflect the recent changes in both operation structures and corporate services areas of responsibility.

Management accountants are allocated a set of cost centres that they are responsible for supporting each individual’s coverage of these budget holders with respect to meetings held to discuss are monitored monthly and reported up through the Audit and Assurance Committee. The allocation of Management Accountants to operational units is being reviewed to ensure the correct level of support for each function.

In addition to the usual budget monitoring reports, an extensive set of additional reports have now been developed to enable a shift of focus towards better monitoring of efficiency and effectiveness.

As at month 2, the only significant cost pressure that the Trust has identified is agency spend in hospital inpatient areas where a targeted team are focussed on reducing the need for this spend by ensuring the Trust is recruited to its substantive positions.

## Performance in Achieving Cost Improvement Plans

For 2013/14 the CIP target is £6.4m of recurrent savings summarised as below and detailed in Appendix 1.

| Cost Improvement Programs | Q1 £000s | Q2 £000s | Q3 £000s | Q4 £000s | Total 2014/15 £000s |
|---|---|---|---|---|---|
| **Description of scheme** | | | | | |
| **Savings schemes 2014/15** | | | | | |
| Productivity | | | | | |
| - Reduce New / Follow up ratios | 80 | 120 | 150 | 150 | 500 |
| - Improve face to face / telephone ratios | 80 | 120 | 150 | 150 | 500 |
| Mobile Working | 160 | 240 | 300 | 300 | 1,000 |
| Systm1 (productivity) | 320 | 480 | 600 | 600 | 2,000 |
| Central Booking (productivity) | 80 | 120 | 150 | 150 | 500 |
| Cost effectiveness (skill mixing) | 40 | 60 | 75 | 75 | 250 |
| Estates Savings | 40 | 60 | 75 | 75 | 250 |
| Support Services (incl. IT licence savings) | 40 | 60 | 75 | 75 | 250 |
| Procurement (incl. drugs) | 125 | 125 | 125 | 125 | 500 |
| Inter NHS recharges | 63 | 63 | 63 | 63 | 250 |
| Others | 0 | 100 | 150 | 150 | 400 |
| | | | | | 0 |
| **Total** | **1,028** | **1,548** | **1,913** | **1,913** | **6,400** |

Due to changes in exec leadership on schemes some of the larger schemes are starting a little later than originally planned which will impact on delivery in year. This is being quantified and will be presented back at a later meeting.

A sub-group from execs now meets monthly to review CIPs, progress being made and any additional support required and it is expected that the operational grip in this area will improve over the next 2 months to give the Board more comfort in the achievement of these savings.

As at month 2, the Trust has achieved the required level of CIP savings but not all recurrently, a reporting process will be agreed through the exec sub-group and proposed to Board at the July meeting.

## QIPP

The Trust is in a much better position than last year in that all schemes are now agreed with the commissioner. There is significant risk around non-delivery on one of the schemes where there is shared responsibility for delivery across the health community. To mitigate this GCS has agreed that over delivery on other schemes can be used to offset this and additionally, GCS has identified additional QIPP schemes that the commissioner will also allow to be added.

QIPP schemes for 2014/5

| QIPP Programme | GCS Risk Share KPIs (Activity) (£000s) | KPIs / Milestones (£000s) | Total (£000s) | Rating (as at 28/5/2014) |
|---|---|---|---|---|
| Integrated Community Teams | £625 | £1,035 | £1,660 | High risk |
| Integrated Discharge Team | | £265 | £265 | Medium risk |
| Community Hospital Programme: Service Model Workstream | | £300 | £300 | Low risk |
| Community hospitals - maintenance of MIU opening hours & availability of community hospital beds | | £275 | £275 | Low risk |
| Community Hospital Programme: Staffing Workstream | | £400 | £400 | Low risk |
| Use of MIU's (Including SWAST and NHS 111 Clinical Advice project) | £75 | £50 | £125 | Medium risk |
| MSK Interface Service | £200 | £200 | £400 | Low risk |
| MSK Clinical Pathway & Thresholds | | £100 | £100 | Low risk |
| Paediatrics | | £125 | £125 | High risk |
| Sub-Total | **£900** | **£2,750** | **£3,650** | |

| Service changes | GCS Risk Share KPIs (Activity) (£000s) | KPIs / Milestones (£000s) | Total (£000s) | Rating (as at 28/5/2014) |
|---|---|---|---|---|
| Physiotherapy & Podiatry Review | | £250 | £250 | Low risk |
| Sub-Total | **£0** | **£250** | **£250** | |
| | | | | |
| Grand Total | **£900** | **£3,000** | **£3,900** | |

Detailed scorecards are being prepared to track delivery of each of these elements and ensure overall delivery of the £3.9m of income.

## CQUIN

Total CQUIN income in current plan and budget is £2.0m made up of £1.8m from Gloucestershire CCG which is detailed and the remainder from NHS England where the quantum has been agreed but the detailed schemes are still outstanding. This is expected to be resolved before the end of July.

Gloucestershire CCG CQUIN schemes are summarised below:

| CQUIN Goal | % of CQUIN schemes | Expected Financial Value | Rating (as at 28/5/2014) |
|---|---|---|---|
| 1) NHS Safety Thermometer | 5% | £87,500 | No Risk |
| 2) Patient Experience Friends and Family | 5% | £87,500 | No Risk |
| 3) Patient Experience Person-centred coordinated care | 16% | £280,000 | Medium Risk |
| 4) Patient Experience / Organisational Development | 20% | £350,000 | Medium Risk |
| 5) Patient flow / Discharge | 16% | £280,000 | Low Risk |
| 6) Patient Safety Staff Skills and Competencies | 28% | £490,000 | Low Risk |
| 7) Patient Safety Patient records and documentation | 10% | £175,000 | Low Risk |
| Total | 100% | £1,750,000 | |

## New Business

The request from the CCG that the Trust expand the level of the services in Integrated Community Teams that was referred to in the previous finance report has now been confirmed in writing. Detailed plans are being drawn up within the Trust and once all recruitment trajectories have been finalised a variation to the contract will be drawn up. In year this is likely to be around £2.0m but will be £3.9m recurrently. Detailed planning has identified some funding gaps that are being discussed with commissioners.

The GCS response to the tender process for Out of Hours GP services has been communicated to Board and a review of the proposed solution is being taken to part 2 Board today due to commercial sensitivity.

## Capital Spend

The Trust plans to spend £6.4m on capital items through the year which are summarised as below, please note this includes the £1.5m that was rolled over from 2013/4 in agreement with the TDA relating to New Property for Countywide services.

The prioritisation of this spend is managed through the CAPEX steering group and the IM&T Steering Groups.

| Description | £000s |
|---|---|
| Backlog Maintenance Programme | 256 |
| Premises and Plant refurbishments 2014/15 | 1,765 |
| Medical - Equipment | 530 |
| Community Health System | 500 |
| IM&T | 1,795 |
| Furniture and Fittings & 10 yr Items | 54 |
| New property for countywide services | 1,500 |
| | |
| Total | 6,400 |

## GCC SLA

GCC has not yet reported Month 2 figures which will be provided to Board as soon as they are available.

## 6. Financial implications

Against the risks of delivering £6.4m of CIP, £3.9m of QIPP and £2m of CQUIN plus any other cost pressures the trust is holding £2m of reserves.

From the middle of the year, failure to deliver CIP at close to the level required net of contingency, will mean spend each month will start to exceed income each month and so start to eat into cash reserves. This would then have a knock on impact into capital spend program which would need to be reassessed. At this point the Board would need to seriously review actions to ensure viability with both our main commissioner and the TDA.

Additionally, the Trust continue to spend circa £300k per month on agency spend of which around a third is a premium to the agency on top of the budgeted amount. This needs to be minimised as a matter of urgency as it is unbudgeted expenditure.

## 7. Implementation and Review of Progress

### Income and expenditure position

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

**2014/15 Year to Date and Forecast Full Year Out Turn**

| | YTD | | | Full Year OT | | |
|---|---|---|---|---|---|---|
| | **Act** | **Plan** | **AvP** | **Act** | **Plan** | **AvP** |
| Income | **18,503** | **18,277** | **226** | **108,610** | **111,167** | **-2,557** |
| Pay before CIPs | 13,662 | 13,530 | **132** | 81,640 | 83,984 | **-2,343** |
| Pay CIPS | -500 | -500 | **0** | -5,400 | -5,400 | **0** |
| Net Pay | 13,162 | 13,030 | **132** | 76,240 | 78,584 | **-2,343** |
| Non Pay (pre CIPs) | 5,024 | 5,097 | **-73** | 29,974 | 30,073 | **-99** |
| Non Pay CIPs | -150 | -150 | **0** | -1,000 | -1,000 | **0** |
| Net Non Pay | 4,874 | 4,947 | **-73** | 28,974 | 29,073 | **-99** |
| Total Expenditure exc reserves | **18,036** | **17,977** | **59** | **105,214** | **107,657** | **-2,443** |
| Reserves | 307 | 303 | **4** | 1,960 | 2,010 | **-50** |
| Surplus | **160** | **-2** | **162** | **1,436** | **1,500** | **-64** |
| *Memo New Business Income* | *0* | *0* | ***0*** | *0* | *2,500* | ***-2,500*** |

The trust is currently showing a surplus of £160k for the first 2 months of the year. This is a good performance and is £162k better than the planned level of -£2k. The full year position is currently forecast at planned levels.

The main variance to plan is that the new business income of £2.5m included in the original plan is no longer being forecast. This shortfall explains £2.5m of the £2.55m income variance to plan and also the £2.35m pay cost variance to plan as well.

The year to date underspend has been driven through vacancy control in the short term though high levels of agency usage are impacting on all the localities. The position also reflects the fact that CIP savings targets are smaller in the early months (see table on page 3 of this report or appendix 2 for phasing details).

The full year position needs to be updated to reflect latest views on CIP savings but is currently showing a balanced position and delivery of the budgeted surplus of £1.5m. As noted earlier in the report reserves of approx. £2m are currently being held to offset any potential under delivery of CIP, QIPP or CQUIN.

Agency usage is forecast at high levels throughout the year as a result of increased staffing levels on the wards and the rapid rollout of the enhanced ICTs. If recruitment can happen quickly there is a possibility that costs will be lower than forecast.

**Working capital and cash**

Cash position is ahead of plan with regularly updated forecasts and robust cash collection procedures in place to bring monies due to the trust in from commissioners. Over 95% of monthly trust income is now received on or before the twelfth working day of the month. End of May cash balance was £8.8m compared to plan level of £6.8m

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

## 8. Legal Implications

None

## 9. Risk Implications

Failure to deliver CIPs, QIPP or CQUIN Schemes will make achievement of the planned surplus unlikely and will need flagging to TDA and commissioners.

Executive is to prioritise the development of firm plans to ensure delivery of:

a. CIPS
b. QIPP Schemes
c. CQUIN schemes

## 10. Implications for Health Inequalities

None

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

None

## 12. Consultation and Communication including Public Involvement

None

## 13. Links to:

Objectives 5 and 6.

**Prepared by:** **Stuart Bird**

**Presented by:** **Glyn Howells**

## Appendices

Appendix 1 CIP Schemes Phased Monthly / Quarterly
Appendix 2 Full year plan summary

**Finance Report Appendix 1**
**GCS June 2014 CIPS**

| | Cost Improvement Programs | 14/15 Monthly Profile (in Year Savings only) | | | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Apr £000s | May £000s | Jun £000s | Jul £000s | Aug £000s | Sep £000s | Oct £000s | Nov £000s | Dec £000s | Jan £000s | Feb £000s | Mar £000s | 2014/15 £000s |
| | **Description of scheme** | | | | | | | | | | | | | |
| | **Savings schemes 2014/15** | | | | | | | | | | | | | |
| | Productivity | | | | | | | | | | | | | |
| PAY | - Reduce New / Follow up ratios | 25 | 25 | 30 | 35 | 40 | 45 | 50 | 50 | 50 | 50 | 50 | 50 | 500 |
| PAY | - Improve face to face / telephone ratios | 25 | 25 | 30 | 35 | 40 | 45 | 50 | 50 | 50 | 50 | 50 | 50 | 500 |
| PAY | Mobile Working | 50 | 50 | 60 | 70 | 80 | 90 | 100 | 100 | 100 | 100 | 100 | 100 | 1,000 |
| PAY | Systm1 (productivity) | 100 | 100 | 120 | 140 | 160 | 180 | 200 | 200 | 200 | 200 | 200 | 200 | 2,000 |
| PAY | Central Booking (productivity) | 25 | 25 | 30 | 35 | 40 | 45 | 50 | 50 | 50 | 50 | 50 | 50 | 500 |
| PAY | Cost effectiveness (skill mixing) | 12 | 13 | 15 | 18 | 20 | 23 | 25 | 25 | 25 | 25 | 25 | 25 | 250 |
| NON PAY | Estates Savings | 12 | 13 | 15 | 18 | 20 | 23 | 25 | 25 | 25 | 25 | 25 | 25 | 250 |
| PAY | Support Services (incl. IT licence savings) | 12 | 13 | 15 | 18 | 20 | 23 | 25 | 25 | 25 | 25 | 25 | 25 | 250 |
| NON PAY | Procurement (incl. drugs) | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 500 |
| NON PAY | Inter NHS recharges | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 250 |
| PAY | Others | 0 | 0 | 0 | 33 | 33 | 34 | 50 | 50 | 50 | 50 | 50 | 50 | 400 |
| | **Total** | **324** | **327** | **378** | **463** | **516** | **569** | **638** | **638** | **638** | **638** | **638** | **638** | **6,400** |
| | **PAY** | **249** | **251** | **300** | **383** | **433** | **484** | **550** | **550** | **550** | **550** | **550** | **550** | **5,400** |
| | **NON PAY** | **75** | **76** | **78** | **80** | **83** | **85** | **88** | **88** | **88** | **88** | **88** | **88** | **1,000** |

| Cost Improvement Programs | Q1 £000s | Q2 £000s | Q3 £000s | Q4 £000s | Total 2014/15 £000s |
|---|---|---|---|---|---|
| **Description of scheme** | | | | | |
| **Savings schemes 2014/15** | | | | | |
| Productivity | | | | | |
| - Reduce New / Follow up ratios | 80 | 120 | 150 | 150 | 500 |
| - Improve face to face / telephone ratios | 80 | 120 | 150 | 150 | 500 |
| Mobile Working | 160 | 240 | 300 | 300 | 1,000 |
| Systm1 (productivity) | 320 | 480 | 600 | 600 | 2,000 |
| Central Booking (productivity) | 80 | 120 | 150 | 150 | 500 |
| Cost effectiveness (skill mixing) | 40 | 60 | 75 | 75 | 250 |
| Estates Savings | 40 | 60 | 75 | 75 | 250 |
| Support Services (incl. IT licence savings) | 40 | 60 | 75 | 75 | 250 |
| Procurement (incl. drugs) | 125 | 125 | 125 | 125 | 500 |
| Inter NHS recharges | 63 | 63 | 63 | 63 | 250 |
| Others | 0 | 100 | 150 | 150 | 400 |
| **Total** | **1,028** | **1,548** | **1,913** | **1,913** | **6,400** |

**Appendix 2**

**GCS 2014/15 Full Year Plan Summary**

**Plan**

| | Q1 | Q2 | Q3 | Q4 | Full Year |
|---|---|---|---|---|---|
| Income | **27,416** | **27,766** | **27,565** | **28,421** | **111,167** |
| Pay before CIPs | 20,315 | 20,877 | 20,958 | 21,834 | **83,984** |
| Pay CIPS | -800 | -1,300 | -1,650 | -1,650 | **-5,400** |
| Net Pay | 19,515 | 19,577 | 19,308 | 20,184 | **78,584** |
| Non Pay (pre CIPs) | 7,655 | 7,566 | 7,396 | 7,455 | **30,073** |
| Non Pay CIPs | -228 | -248 | -263 | -263 | **-1,000** |
| Net Non Pay | 7,428 | 7,319 | 7,134 | 7,193 | **29,073** |
| Total Expenditure before reserves | **26,943** | **26,895** | **26,442** | **27,377** | **107,657** |
| Reserves/Contingency | 454 | 454 | 544 | 559 | 2,010 |
| Surplus | **19** | **417** | **579** | **485** | **1,500** |
| *Memo New Business Income* | *0* | *350* | *650* | *1,500* | *2,500* |

Plan overview demonstrates phasing of CIP savings through the year
New business revenue (excluding ICT enhancement) included in the plan is shown as a memo line

# Gloucestershire Care Services NHS Trust Board

| | | | |
|---|---|---|---|
| **Title:** | **Quality and Clinical Governance Committee Report** | | **Date of Meeting: 15th July 2014** |
| **Agenda Item:** | **16** | | |
| **Purpose of Paper:** | To provide the Board with a summary of the key issues and actions arising from the meeting of the Quality and Clinical Governance Committee (previously the Integrated Governance and Quality Committee) held on 12th June 2014. | | |
| **Key Points:** | The report sets out the key points discussed and the approved minutes of the meeting held on 10th April 2014 are attached for information. | | |
| **Options and decisions required** | The Board is asked to receive the report and the approved minutes of the 10th April 2014 meeting for information and assurance. | | |
| **Fit with strategic objectives** | Achieve the best possible outcomes for our service users through high quality care | | X |
| | Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | | X |
| | Provide innovative community services that deliver health and social care together | | X |
| | Work as a valued partner in local communities and across health and social care | | X |
| | Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | | X |
| | Manage public resources wisely to ensure local services remain sustainable and accessible | | X |
| **Next steps/future actions** | The approved minutes from the Quality & Clinical Governance Committee of June 2014 will be presented to Board at the next meeting. | | |
| **Author name and title** | **Liz Fenton<br>Director of Nursing and Quality** | **Director Name and Title** | **Sue Mead<br>Non-Executive Director and Chair of QCGC** |

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15th July 2014
Location: Corimium Stadium, Kingshill Lane, Cirencester, GL7 1HS

**Agenda item 16**

## 1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Quality & Corporate Governance Committee meeting held on 12th June 2014. The approved minutes of the 10th April 2014 meeting are attached for information.

## 2. Quality Matters

The Quality Report was presented to the Committee and areas presented for particular attention by the Committee were:

- Overnight movement between hospitals had been reviewed and late transfers from GHNHSFT to Community Hospitals had been highlighted as an issue. This was suggested to be largely due to transport issues and has been discussed at the cross organisational governance committee. The transport issues have been escalated to Commissioners.
- Falls remain the highest reported incident and a number of interventions were discussed that are being tested within the hospital setting in order that learning may be shared. Particular "spikes" in numbers can be correlated to the moves to the new hospital sites where colleagues and patients are unfamiliar with the single room layout. This impact now appears to have reduced.

## 3. Review and Management of Risk

An extract of clinical risks from the Corporate Register was reviewed by the Committee. The Director of Nursing and Quality highlighted the issues raised by categorising risks and that extracting risks defined as clinical excluded aspects that may impact on care. Work on finalising the risk register has been delayed by a vacancy within the Director of Corporate Governance's team and the requirement of an electronic recording system which has now be installed on Datix. The Committee expressed concern regarding the delay and an additional meeting of a small number of members is being arranged to review this.

## 4. Quality Account 2013/14

The feedback from stakeholders was discussed by the Committee along with the collated list of proposed amendments from the previous draft for consultation. It was agreed that with those amendments and inclusion of the stakeholder feedback that the document be published as planned on June 26th 2014.

## 5. Clinical and Care Audit

The Annual Clinical Audit programme was presented to the Committee by the Clinical Audit Manager. This programme reflects a diverse plan of activity for 2014/15 and includes participation in national audits, projects defined through CQUINs and other local priorities as well as that agreed through the locality Clinical Governance Groups.

The Committee discussed and agreed the plan which will be monitored through the Clinical Audit Group and progress reported to the Committee as part of the Quality Report.

## 6. GCS Clinical Senate

The Committee approved the Terms of reference for the newly established GCS Clinical Senate and agreed to receive regular reports of the activity of that group.

## 7. NQB Safer Staffing Group

The Committee received the Terms of Reference of the NQB Safer Staffing Group; this group will report to the Performance and Resources Committee however the QCGC will receive reports relating to staffing matters through the Quality Report. This will include the nationally mandated staffing data and exception reporting.

It was also agreed that as the NICE guidance is published this will be considered by the Committee and views provided to the P&R Committee

## 8. Clinical and Professional Care Strategy

The implementation plan for year one of the five year Clinical and Professional Care Strategy was agreed by the Committee, recognising that this will need to remain a “live” document. This will be further developed and enhanced as the Integrated Business Plan and key service specifications such as for Community Hospitals are agreed with the CCG.

The plan will be owned by the Clinical Senate and progress reported to the QCGC to ensure key milestones are met and that areas of concern are escalated.

## 9. Other reports presented to the Committee

- GCS Equality Objectives
- Service user experience report including some GCC reporting
- Rapid Response Service outcome measures
- Pressure ulcer presentation – reducing harm

## 10. Conclusions and Recommendations

The Board is asked to:

- **Note** this report

- **Receive** the approved minutes of 10th April 2014 meeting for information and assurance

Report prepared by: Liz Fenton, Director of Nursing and Quality
Report Presented by: Sue Mead, Chair, Quality and Clinical Governance Committee

Appendix 1: Approved minutes of the Quality and Clinical Governance Committee on 10th April 2014

# Meeting of the Quality and Clinical Governance Committee

## Thursday 10th April 2014, 2.00-5.00pm

## Minutes of Meeting

| **Committee Members:** | |
|---|---|
| Sue Mead (SM) | Non-Executive Director (Chair) |
| Ingrid Barker (IB) | Trust Chair |
| Nicola Strother Smith (NS) | Non-Executive Director |
| Richard Cryer (RC) | Non-Executive Director |
| Jo Bayley (JBa) | Medical Director |
| Liz Fenton (EF) | Director of Nursing and Quality |
| Glyn Howells (GH) | Director of Finance |
| | |
| **Committee Attendees:** | |
| Susan Field (SF) | Director of Service Transformation |
| Tina Ricketts (TR) | Director of HR |
| Melanie Rogers (MR) | Head of Clinical Governance |
| Deborah Greig (DG) | Head of Social Care |
| Lucy Lea (LL) | Equality and Diversity Manager |
| | |
| **In attendance:** | |
| Mandy Hampton (MH) | Matron, Dilke and Lydney Hospitals |
| Sarah Warne (SW) | Named Nurse – Safeguarding Adults |
| Lucy Woodhouse (LW) | Clinical Quality Manager |
| Jenny Goode | Minute Taker |

| **Ref** | **Minute** | **Action** |
|---|---|---|
| **24/14** | **Agenda Item 1: Apologies**<br><br>Apologies were received from Duncan Jordan (DJ), Simeon Foreman (SAF), Mark Parsons (MP), Candace Plouffe (CP) and Jason Brown (JBr).<br><br>It was noted that GH had to leave the meeting at 3pm. | |

| | | |
|---|---|---|
| **25/14** | **Agenda item 2: Minutes of Meeting held on 20th February 2014**<br><br>A number of amends were requested to the minutes as presented:<br><br>• (06/14) Health, Safety and Security Strategy: minutes to be amended to reflect that this document will now be presented at the Trust Board meeting on 20 May 2014 for ratification;<br><br>• (07/14) Risk Management Strategy – minutes to be amended to reflect that this document will now be presented at the Trust Board meeting on 20 May 2014 for ratification. Minutes also to be amended to recognise the Committee's concern that despite the strategy, the Trust does not in practice, observe a consistent approach to clinical risk management, and that this issue should be flagged to the Board.<br><br>**Subject to the above, the minutes were APPROVED as an accurate record.** | JBr<br><br>JBr |
| **26/14** | **Matters Arising and Action Log**<br><br>The Action Log was reviewed by the Committee and the following updates were given for those items that were either not closed or that featured on this meeting's agenda:<br><br>**IGQ&C 77/13** – the Committee expressed concern about the ambiguous wording in the action log. EF to check. EF also to request that JBr circulate the Policy on Policies to the group.<br><br>**IGQ&C 78/13** – the audit programme is being discussed at Locality Boards in June.<br><br>**IGQ&C 80/13** – IT issues had been cleared and are due for roll-out in the next couple of weeks.<br><br>**IGQ&C 9/14** – EF confirmed that the Safe Staffing report will cover all nationally mandated requirements, and will be presented to the June Committee. TR asked if a small group of members should meet to review the report prior to it being discussed at Committee. EF confirmed that she is discussing the report with DJ and SM.<br><br>**IGQ&C 12/14** – EF confirmed the safeguarding report will be included within the Quality Report that she is developing with the Head of Information and Performance.<br><br>**IGQ&C 14/14** – SF confirmed that an outcomes report on the Rapid Response service will be presented to the June Committee. | EF / JBr<br><br>EF<br><br>EF<br><br>SF |

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| **27/14** | **Agenda Item 4 – Forward Agenda Planner**<br><br>The Committee discussed the Forward Planner. The key outcomes of this discussion were:<br><br>• SM stated that she felt the phrase "deep dive" should be reserved for when there is a requirement for a more forensic look at a service. However, the ethos of these in-depth monitoring reviews should be retained, and should always consider (i) the nature of the service under review, (ii) the number and profile of people receiving the service, (iii) what and how we report against the service, (iv) what are its outcomes, (v) how much it costs, and (vi) what people think about it, vii) points for discussion/issue log, viii) future developments. EF to develop a standardised template;<br><br>• SM requested that UTIs be included within the schedule of in-depth monitoring reviews (October): also, that pressure ulcers be discussed at the next meeting in June, and that review of falls also be escalated to August. Moreover, it was agreed that the proposed review of sexual health services could be deferred, but that heart failure and diabetes should stay as currently scheduled;<br><br>• IB recommended that a specific report on Service User Experience be routinely presented to the Committee, although it was acknowledged that such a report also goes to the Communications and Engagement Steering Group and the Your Care Your Opinion Programme Board. Nevertheless, it was agreed that service user experience would form an integral part of the Q&CG Committee's Quality Report;<br><br>• SF raised concerns that quality aspects of both her services and those managed by CP, were not reflected in the forward agenda – EF to meet with both SF and CP to identify any omissions;<br><br>• SF suggested that a horizon scanning item be included so as not to lose sight of external issues;<br><br>• other issues upon which the Committee wants future assurance:<br>o the appropriateness of the governance structure that supports the Q&CG Committee (MR to provide an in-depth report in August);<br>o the quality of the Rapid Response service (SF to report in June);<br>o the quality of reablement services (SF to report in August);<br>o the Trust's Equality Objectives (LL to report in June). | EF<br><br>EF<br><br>EF<br><br>EF<br><br>EF<br><br>JBr<br><br>MR<br>SF |

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| **28/14** | **Clinical and Professional Care Strategy: implementation plan**<br><br>The Committee was asked to note the need for a detailed implementation plan to support the five year Clinical and Professional Care Strategy. The first draft of this implementation plan as presented to Committee, had been developed by JBa/EF.<br><br>SM asked that the implementation plan should clarity priorities, and associated milestones and metrics. EF responded that the priorities were those within the Strategy itself, but suggested adding an outcomes column to highlight on-going improvements. However, TR commented that she knew that Rod Brown (RB) was working on a revised implementation plan template that would be including RAG rating to show progress against plan. EF to discuss with RB.<br><br>SM asked EF to bring an updated implementation plan to the next meeting in June.<br><br>**The Committee NOTED the report and actions for the next meeting.** | EF<br><br>EF |
| 29/14 | **Committee Annual Statement 2013-14**<br><br>SM presented the Committee's draft Annual Statement for 2013-14 (NB this was under the Committee's previous title of the Integrated Governance and Quality Committee). Committee members gave the following comments:<br><br>• IB noted that the Trust's actions in light of the Francis Report should be included in the accomplishment section;<br><br>• TR noted that equality actions should be included;<br><br>• RC noted that the statement should end with a conclusion;<br><br>• RC noted that references to "Monthly" activities should be changed to "Regular" as the Committee does not convene each month;<br><br>• SF noted a lack of visibility for some services;<br><br>• MR noted that there should be inclusion of the Trust's primary objective i.e. to provide quality care.<br><br>As a result, EF agreed to make the amends and forward to the Chair.<br><br>**Subject to the above amends, the Committee NOTED the Annual Statement.** | EF |

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| 30/14 | **Terms of Reference**<br><br>SM presented the Terms of Reference. IB noted that these were already approved, and that therefore, they should be subject to discussion only. However, to inform future updates, the following comments were raised:<br><br>• SF suggested that the Terms of Reference should include clear reference to Gloucestershire County Council;<br><br>• it was suggested that the reference to "NICE" be amended to "National Institute for Health and Care Excellence".<br><br>**The Committee NOTED the Terms of Reference and future amends.** | |
| 31/14 | **Dementia Report**<br><br>SM welcomed MH to the meeting to present the Dementia Report for the Committee's consideration. As the Trust's CQUIN lead for dementia, MH emphasised the excellent work that has been undertaken recently across the Trust in respect of dementia care.<br><br>Issues raised by the presentation included:<br><br>• MH recommended that the Trust should have an identified dementia lead. She also recommended that a Dementia Board be established with representatives from across the organisation (NB as part of this discussion, NS confirmed that she is the Non-Executive Director who acts as the Trust's nominated Dementia Champion);<br><br>• concerns were noted that there is currently no mandatory dementia training in the Trust, although MH explained how she felt it important that all colleagues should understand the impact of dementia: in particular, MH recommended that Dementia Link Workers be given a day a month to concentrate on training;<br><br>• MH also suggested that the Trust make better use of its facilities, including its community hospitals, so as to create familiar environments where staff and volunteers can engage with service users, and provide access to activities in communal rooms;<br><br>• LL noted that increasingly, colleagues are facing abuse, and service user dementia is often attributed to the cause of such outbursts. LL therefore noted the need to provide support for staff in such circumstances. EF endorsed this.<br><br>SM summarised the discussion and agreed that via SF, the following recommendations should be made to the Trust's Executive Team for their authorisation: | SF |

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| | • that increased and more visible focus be given to dementia care within all services: in particular, services should assess how reasonable adjustments may be made to service delivery, treatments and interventions in order to better support people with dementia;<br><br>• that the Trust should actively support the development of a clearer dementia pathways both internally and with partner organisations;<br><br>• that training needs and resources be evaluated and corresponding actions taken.<br><br>**The Committee RECEIVED the report, and tasked EF with taking forward its recommendations.** | |
| 32/14 | **Draft Quality Account – Template Overview / Revised Timeline**<br><br>EF apologised to the Committee for not being able to present the full first draft of the Quality Account, but in its place, tabled a timeline identifying the process by which the document will be produced. SM noted the timeline and requested that if any potential for delay is identified, it should be reported immediately. EF agreed, and noted that the first full draft will be sent to the Non-Executive Directors by 22 April 2014.<br><br>**The Committee RECEIVED the report.** | EF |
| 33/14 | **Pressure Ulcers Overview Presentation**<br><br>SM welcomed SW and LW to the meeting to present an overview of pressure ulcers. However, this presentation as included as part of the discussion of the Quality and Safety Report (see item 34/14 below). | |
| 34/14 | **Quality and Safety Report**<br><br>The Committee was asked to note the format of the report and endorse its continued development. In particular, EF noted the Trust's recent purchase of the Health Assure system, which will aid the further development of the report, and enable information to be presented in a more visual way. The Committee noted its approval of the work to date, and recommended that following additional refinement, the report be presented at the Trust Board.<br><br>Discussion of specific issues raised by the report included the following:<br><br>• **Incidents**: EF is working with the Head of Information and Performance to more easily identify incidents by type. JBa stated that she felt there are some errors in the current classifications; MR explained that Datix does not always record the necessary detail. MR to review; | EF<br><br>MR |

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| | • **Falls**: it was noted that year-on-year, the Trust is experiencing fewer falls, demonstrating that the work being undertaken is having an impact. SM noted that this was a very helpful section of the report;<br><br>• **Pressure Ulcers**: SW and LW presented an overview of their work to the Committee. In doing so, they confirmed that they are both members of the Acute Trust Pressure Ulcer Group where learning is shared. SM thanked them for a very helpful presentation;<br><br>• **Safeguarding**: EF explained that SW recently took the lead in developing a Safeguarding and Pressure Ulcer Policy, for which she had won an award from the Community Hospital Association. In terms of the report, EF explained that this was the first time that data in respect of safeguarding and referrals had been reported. SW noted that the Trust's safeguarding alert rate was comparable to other providers in the county, and that generally, Gloucestershire is seeing a annual doubling of alerts. To this end, RC asked if a person could be counted twice by different agencies – EF confirmed that this was a possibility. In summary, SM requested further work on this section of the report with separate focus on safeguarding of adults and children;<br><br>• **Service user experience**: IB noted concern that other Trusts are reporting a 30% response rate to the Friends and Family Test, but that the Trust is currently at only 15%. EF responded by noting that the team is currently awaiting new national guidance to provide the necessary steer;<br><br>• **Clinical Audit Programme 2014-15**: this section was for information only, and was duly noted by the Committee;<br><br>• **Listening into Action**: the report contained highlights from the Pulse Check staff survey. June's Committee report will contain feedback from the Big Conversations.<br><br>In summary, SM felt that the report showed that the Trust was heading in the right direction. EF explained that in addition to the development of the report's presentation, she needed to work with JBr to ensure that the content was appropriate and was not duplicating that reported to other Committees. As Chair of the Performance and Resources Committee, RC offered to be the link between the Q&CQ and P&R Committees.<br><br>**The Committee NOTED the report and suggested that EF attend to the identified actions. The Committee also APPROVED the presentation of the report to the Trust Board.** | EF |

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| 35/14 | **CQC Inspections – verbal update by the Director of Nursing and Quality**<br><br>EF described the eight recent visits to the Trust's Dental Clinics by Trust leads including NS.<br><br>EF also tabled a copy of the Care Quality Commission's recent report on Southgate Moorings Dental Clinic, and explained that the Trust needs to respond to any factual inaccuracies by 17 April. EF to coordinate.<br><br>Additionally, EF explained that the CQC had recently carried out an inspection of Looked After Children Services across the county. This had involved speaking to 99 children, and had also included conversations with their parents, families and carers. Some positive feedback has been received. The report's publication is imminent, and will be circulated to Committee members as soon as possible. EF explained that the responder will be the Gloucestershire Clinical Commissioning Group, but that the Trust would be given an opportunity to comment.<br><br>**The Committee NOTED the verbal report.** | EF<br><br>EF |
| 36/14 | **Infection Control and Decontamination Committee – Update Report and approved minutes of previous meeting**<br><br>**The Committee NOTED the report.** | |
| 37/14 | **AOB**<br><br>EF updated the Committee on a current child protection case. | |

**Chair's Signature** ……

**Date** ……

# Gloucestershire Care Services NHS Trust Board

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| **Title:** | **Performance & Resources Committee Report** | | **Meeting Date: 15th July 2014** |
| **Agenda Item:** | **17** | | |
| **Purpose of Paper:** | To provide the Board with a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 2nd July 2014 | | |
| **Key Points:** | The Committee approved the minutes of the meeting held on 15th April 2014.<br><br>Other key points discussed at the meeting are outlined in the report. | | |
| **Options and decisions required** | The Board is asked to **NOTE** the report and the approved minutes for information and assurance. | | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | | x |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | | x |
| | 3. Provide innovative community services that deliver health and social care together | | x |
| | 4. Work as a valued partner in local communities and across health and social care | | x |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | | x |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | | x |
| **Next steps/future actions** | The Committee has agreed a forward programme which will be reviewed on an on-going basis. | | |
| **Author name and title** | **Duncan Jordan**<br>**Chief Operating Officer** | **Director Name and Title** | **Richard Cryer**<br>**Non-Executive Director** |

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15th July 2014
Location: Corinium Stadium, Kingshill Lane, Cirencester, GL7 1HS

## Agenda item 17: Performance & Resources Committee update

### 1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 2nd July 2014. The approved minutes of the meeting held on 15th April 2014 are attached for information.

### 2. Service Transformation – SystmOne

The Locality Manager for Gloucester and Stroud (Rosi Shepherd) presented a report on SystmOne updating the Committee on the continued roll out of the new system.

There are some concerns re implementation, but the problems are considered to be short-term. One of the problems faced was the longer time needed to implement records electronically rather than by paper. There was also a cultural shift needed in colleagues moving away from paper based systems, although it was felt that staff did want to make this work and realised it was needed to move forward. The Committee were advised that the quality of reporting was not there yet, but would improve over time.

The Committee NOTED the report and requested that it came back to the Committee for a further update.

### 3. Quality & Performance Report

The report was presented to the Committee by the Head of Performance & Information (Matthew O'Reilly).

The Committee's attention was drawn to the performance of MSKCAT and Health. There had been a reduction in capacity due to SystmOne and this had meant an increase in Service User waiting time. Adult Social Care Data was discussed and that there was an increased risk around supporting the External Care programme.

The Director of Finance (Glyn Howells) advised that work has been done by the External Care Programme to identify what proportion of GCC staff provides support services to GCS.

The Committee was reassured by the actions and improvement made and was pleased to see these developing.

The Committee NOTED the report.

## 4. Finance Performance Report

The Director of Finance (Glyn Howells) presented the report and gave a brief overview to the Committee. The Committee were advised that the updates at this meeting on key areas such as QIPP, CQUINS & CIPs would need to be reflected in the financial forecast to Board.

The Committee were advised that agency usage was still significant and currently not improving. The Director of HR (Tina Ricketts) advised that there was now a focus group in place to look at recruitment in both hospitals and in the Integrated Community Teams.

The Chair (Richard Cryer) summed up and noted the assumptions made within the report and that potential liquidity issues had been identified.

The Committee NOTED the content of the plan and the risks around CIPs.

## 5. External Care Update Report

The Locality Manager for Cheltenham & Cotswolds (Caroline Holmes) presented the External Care report. The report looks forward to what is being planned for the future and built on the previous report which went to the Board in May.

Two new workstreams have been added to the delivery plan. It was noted that Gloucester localities have had issues in meeting budgets in the last few years. A complex case panel has also been recently set-up and this has been very positive and will mean more consistent funding.

The Committee NOTED and APPROVED the content of the report.

## 6. Commissioning for Quality and Innovation (CQUIN) Report

The Head of Performance & Information presented the report and gave a brief overview to the Committee; he also advised the Committee that the CQUINs Steering Group would be meeting that day. The Chief Operating Officer (Duncan Jordan) advised the Committee that there is ongoing work around the risks and that the Director of Service Transformation (Sue Field) is now leading this.

The Committee NOTED and RECEIVED the report.

## 7. Quality, Innovation, Productivity and Prevention (QIPP) Report

The Director of Finance gave a verbal update, noting that there was £0.65m worth of risk. All milestones have been agreed until the end of month 4.

The Committee NOTED the report

## 8. Capital Schemes – approvals and progress review

The Director of Finance presented the Capital Scheme Report and provided the Committee with a brief update. It was advised that £6.4m in budget includes £1.5m from last year.

## 9. Business Development Tracker

The Director of Finance presented the Business Development Tracker Report. One of the key areas is the Out of Hours service. The Committee were also advised that GPs no longer needed to do complex leg ulcer removal and the cost to the Trust for doing this could be up to £1m, but we would charge for this service.

The Committee NOTED the content of the report

## 10. CIP Update

The Chief Operating Officer (Duncan Jordan) tabled a paper and updated the Committee on CIPs. £6.4m is the total savings target, but there is a high risk of a savings shortfall in year. There was still ongoing work needed on the analysis and options. A detailed report will be presented to the Committee at its next meeting and the Board in September 2014.

The Governance has been strengthened including the implementation of a new executive Programme Board and the planned appointment to a new post for Head of Programmes: Transformation and Change.

The Committee NOTED the current position and agreed for this to go to Board

## 11. IT Strategy Implementation Plan

The Head of IT, Developments and Operations (Bernie Wood) presented the IT Strategy Implementation Plan to the Committee.

The Committee ACCEPTED the IT Strategy Implementation Plan

## 12. Estates Strategy Implementation Plan

The Head of Estates, Safety, Security and Facilities (Mark Parsons) presented the Estates Strategy Implementation Plan to the Committee.

The Committee ACCEPTED the Estates Strategy Implementation Plan

## 13. Long Term Financial Model

The Director of Finance presented the Long Term Financial Model.

The Committee NOTED the paper

## 14. Update on Workforce Outliers

This item was received for information and presented by the Director of HR. The Committee were advised that this was a report that had gone to the last Human Resources and Operational Development Committee meeting. This would be used to help develop the workforce strategy and the workforce risk register.

The Committee RECEIVED the report

## 15. Information Management & Technology Steering Group

This item was received for information and presented by The Director of Finance. The Committee were advised that this Group was similar to the Capex group and would be clinically and operationally led.

The Committee ratified the Terms of Reference

## 16. Conclusion and Recommendations

The Board is asked to:

- **NOTE** this report
- **RECEIVE** the approved minutes of 15th April 2014.

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

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

## Appendices

Appendix 1: Approved minutes of the Performance and Resources Committee on 15th April 2014

# GLOUCESTERSHIRE CARE SERVICES NHS TRUST
# PERFORMANCE AND RESOURCES COMMITTEE

## Minutes of the Meeting held on Tuesday, 15 April 2014 at 2.00pm in the Boardroom, Edward Jenner Court

**Present:**

**Members:**

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| Richard Cryer (RC) | Non-Executive Director (Committee Chair) |
| Rob Graves (RG) | Non-Executive Director |
| Chris Creswick (CC) | Non-Exec Director |
| Ingrid Barker (IB) | Trust Chair |
| Duncan Jordan (DJ) | Chief Operating Officer |
| Glyn Howells (GH) | Director of Finance |
| Sarah Curtis (SC) | HR Business Partner (deputising for Tina Ricketts, Director of HR) |

**In Attendance**

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| Bernie Wood (BW) | Head of IT, Developments and Operations |
| Matthew O'Reilly (MO) | Head of Performance & Information |
| Mark Parsons (MP) | Head of Estates, Safety, Security and Facilities |
| Rod Brown (RB) | Foundation Trust (FT) Programme Manager (for agenda items 11, 12 and 13) |
| Jason Brown (JBr) | Interim Board Secretary |
| Jill Rowell (JR) | Board Administrator |

| Item | Detail | Action |
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| P&R 21/14 | **Agenda Item 1: Welcome & Apologies**<br><br>Richard Cryer, the newly appointed Chair of the Performance & Resources Committee, introduced himself to those present. He advised that Executive lead support will be provided by the Chief Operating Officer (DJ) going forward and thanked the previous lead, the Director of Finance (GH), for his contribution to the Committee.<br><br>Apologies were noted from Susan Field, Tina Ricketts (deputy in attendance), Liz Fenton and Paul Jennings. | |
| P&R 22/14 | **Agenda Item 2: Minutes of 13 February 2014 meeting**<br><br>The Minutes were reviewed and, subject to minor amendments, | |

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| | agreed as an accurate record. These will now be signed off by the Chair.<br><br>**Resolution: The Minutes were NOTED and APPROVED.** | **JBr** |
| P&R 23/14 | **Agenda Item 3: Matters Arising**<br><br>The Committee reviewed the Action Log and agreed to close items 40, 42 and 43. Update on actions were provided as follows and will be recorded on the action log for future meetings;<br><br>Action 29 – Monthly expenditure column will be included in the papers and the Committee recommended it be presented to Board, as the appropriate reporting route.<br><br>Action 34 – Slippage in rolling out laptop training to the NEDs has resulted in a delay to the completion of the electronic board paper trial.<br><br>Action 41 – Recommended the HR Business Partner and the Director of Finance take forward the request for information on Workforce outliers and provide an update for the Committee.<br><br>Action 44 – Recommendation from the last Committee meeting the Director of Service Transformation restructure the Urgent Care Action Plan, as considered too detailed.<br><br>It was brought to the Committee's attention an action from February's meeting had been omitted from the Action Log. The Committee had recommended the Director of Nursing be invited to attend a future meeting to provide an overview on the falls pathway and provide comparisons around number of incidents occurring in single bed units within Community Hospitals.<br><br>**Resolution: The Committee APPROVED the updates and closure of actions and RECOMMENDED the falls pathway action is included on the Matters Arising log and included as an agenda item at the next meeting.** | **GH**<br><br>**JBr**<br><br>**SC/GH**<br><br>**SF**<br><br>**JBr**<br><br>**JBr** |
| P&R 24/14 | **Agenda Item 4: Review of Forward Agenda Plan**<br><br>The Interim Board Secretary presented the forward agenda plan for the Committee's comment and debate. Proposed items from Committee members included Cost Improvement Plans, QuIPP & CQUIN as a recurrent item and Service Transformation, linking to the Director's (SF) programme of work.<br><br>**Resolution: The Committee NOTED the Forward Agenda Plan and RECOMMENDED:** | **JBr** |

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| | **(1) The Interim Board Secretary leads on mapping the identified forward agenda topics across the Board and its Committees and takes to a Board Development session for discussion.**<br><br>**(2) DJ and EF champion Safe Staffing.**<br><br>**(3) The revised Forward Agenda is brought to the next Committee meeting.**<br><br>The Head of Estates, Safety, Security and Facilities (MP) joined the meeting at this juncture. | **JBr**<br><br>**DJ**<br><br>**JBr** |
| P&R 25/14 | **Agenda Item 5: Health, Safety and Security Strategy**<br><br>The FT Programme Manager (RB) presented the latest draft of the Strategy, incorporating the changes recommended by the Quality & Clinical Governance (previously Integrated Governance and Quality) Committee.<br><br>The Committee discussed the Strategy in detail and their amendments were noted by RB.<br><br>**Resolution: The Committee APPROVED the strategy, subject to minor amendments.** | **RB** |
| P&R 26/14 | **Agenda Item 6: IT Strategy Implementation Plan**<br><br>The Head of IT, Developments and Operations (BW) presented the IT Strategy Implementation Plan as a work in progress. Each goal had been assessed and priority actions factored into the plan.<br><br>The Committee reviewed and considered the plan. Although comprehensive, the Chair suggested the Committee would find it more meaningful to see a high level summary report of the key points with identified timelines, milestones and what the implications are for the Trust going forward. The Interim Board Secretary (JB) proposed to work with GCS' Strategy Implementation Plan leads to produce a consistent summary report template.<br><br>**Resolution: The Committee NOTED the content of the plan.** | **JB** |
| P&R 27/14 | **Agenda Item 7. Estates Strategy Implementation Plan**<br><br>The Head of Estates, Safety, Security and Facilities (MP) presented a work in progress Estates Strategy Implementation Plan to the Committee and stated that the final version will be presented at the next meeting.<br><br>**Resolution: The Committee NOTED the content of the plan.** | |

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| P&R 28/14 | **Agenda Item 8: Quality & Performance Report**<br><br>The Head of Performance & Information (MO) presented the exception report, highlighting where GCS's performance is showing red or amber against national and local targets.<br><br><u>HPV Immunisation</u><br>MO was delighted to report the HPV immunisation programme has made progress and targets for first and second immunisations are now rated as green. Performance in March was recorded at 42% and the no consent rate is currently under 5%.<br><br>The Chair commended all those responsible for this achievement.<br><br>**<u>National Targets</u>**<br><br><u>Number of post 48 hour – Clostridium Difficile Infections in Community Hospitals</u><br>The Trust remains above target for number of C.diff infections in its Community Hospitals, however, GCS' target for 2014/15 is expected to be a more realistic figure of 21 cases.<br><br><u>Sexual Health – Psychosexual Medicine</u><br>The new administration/triage process in Psychosexual Medicine has increased the level of patients receiving treatment within 8 weeks of referral and a 100% target was achieved in February.<br><br><u>Number of acquired Pressure Ulcers</u><br>A deep dive around pressure ulcers and falls has been commissioned by the Quality & Clinical Governance Committee.<br><br><u>Social Care</u><br>MO reported no real change in performance in February, however, there has been an improvement in the daily data themes from GCC to GCS's data warehouse, which will give more flexibility on reporting.<br><br>**Resolution: The Committee NOTED the content of the report** | |
| P&R 29/14 | **Agenda Item 9: Finance Performance Report**<br><br>The Director of Finance presented the report and gave a brief overview to the Committee. He advised the Trust had achieved a £2M surplus and would need to deliver £6.4M CIP in 2014/15.<br><br>**Resolution: The Committee RECEIVED the report, NOTED the urgency and SUPPORTED the CIP initiatives.** | |

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| P&R 30/14 | **Agenda Item 10: Safe Staffing**<br><br>This item was withdrawn from the agenda. | |
| P&R 31/14 | **Agenda Item 11: Capital Schemes – approvals and progress review**<br><br>The Director of Finance (GH) presented the Capital Scheme Report and provided the Committee with a brief update.<br><br>The Director of Finance proposed that the minutes of the Capex Committee (Capital Expenditure Committee) are brought to the Performance & Resources Committee for consideration.<br><br>**Resolution: The Committee NOTED the report and RECOMMENDED the minutes of the Capex Committee are received on a regular basis** | **GH** |
| P&R 32/14 | **Agenda Item 12: Business Development Tracker**<br><br>The Director of Finance presented the Business Development Tracker Report and advised that a formal business development process is in place.<br><br>**Resolution: The Committee NOTED the content of the report** | |
| P&R 33/14 | **Agenda Item 13: Committee Terms of Reference**<br><br>The Terms of Reference were received, and the Committee was requested to forward their comments to the Interim Board Secretary.<br><br>**Resolution: The Committee DELEGATED final review of the Terms of Reference to the Chair and Interim Board Secretary** | **ALL**<br><br>**RC/JB** |
| P&R 34/14 | **Agenda Item 14: Committee Annual Statement for Trust Board**<br><br>The Committee's Annual Statement for Trust Board was received and the Committee was requested to forward their comments to the Interim Board Secretary.<br><br>**Resolution: The Committee DELEGATED final review of the Annual Statement to the Chair and Interim Board Secretary** | **ALL**<br><br>**RC/JB** |
| P&R 35/14 | **Agenda Item 15: Independent Health Group Contract Report**<br><br>The Director of Finance presented the Independent Health Group Contract Report to the Committee for approval. | |

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| | The Committee discussed and debated the procedures IHG wish to perform at GCS' community hospitals and the associated cost implications and risks to the Trust. The Director of Finance will seek responses to the specific questions raised by the Committee and provide feedback when available:<br><br>1. Are all patients NHS?<br>2. What happens to post-operative care and rehabilitation?<br>3. What happens if patient deteriorates whilst in surgery?<br><br>**Resolution: The Committee NOTED the content of the contract and REQUESTED feedback on the questions raised.** | **GH** |
| P&R 36/14 | **Any Other Business**<br><br>There were no items for discussion. | |
| P&R 37/14 | **Date of Next Meeting**<br><br>**The meeting on 17 June is to be re-scheduled** | |

# Gloucestershire Care Services NHS Trust Board

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| **Title:** | **Audit and Assurance Committee Report** | **15th July 2014** |
| **Agenda Item:** | **18** | |
| **Purpose of Paper:** | To provide the Board with a summary of the key issues and actions arising from the meeting of the Audit and Assurance Committee (AAC) held on 14th May and 4th June 2014. | |
| **Key Points:** | The Committee approved the minutes of the meeting held on 19th March 2014.<br><br>Other key points discussed at the meetings are outlined in the report. | |
| **Options and decisions required** | The Board is asked to **RECEIVE** the report and the approved May minutes for information and assurance. | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | |
| | 3. Provide innovative community services that deliver health and social care together | |
| | 4. Work as a valued partner in local communities and across health and social care | |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | |
| **Next steps/future actions** | The Committee has agreed a forward programme which will be reviewed on an on-going basis. | |

| | | | |
|---|---|---|---|
| **Author name and title** | **Glyn Howells**<br>**Director of Finance** | **Committee Chair** | **Rob Graves**<br>**Non-Executive Director** |

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15th July 2014
Location: Hesters Way Community Resource Centre, Cheltenham

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## Agenda item 18: Report of the Audit and Assurance Committee

### 1. Introduction

This report provides a summary of the meetings of the Audit and Assurance Committee held on 14th May and 4th June 2014. The approved minutes of the 19th March 2014 meeting are attached for information.

### 2. Key Issues

### From the meeting on 14th May 2014

**2.1 Annual Governance Statement**

The annual governance statement was reviewed and approved by the committee for inclusion in the Annual Report and Accounts. The Internal auditors commented that it was a comprehensive and well presented document.

**2.2 Internal Audit**

The Committee **RECEIVED** two reports from the Internal Auditors and two more were tabled. The Internal Audit Annual Report was reviewed and the Committee noted the content but asked that the wording of the overall opinion be reviewed as they felt it did not reflect the true position of the Trust.

The internal audit plan for 2014/5 was received by the committee and discussed.

**2.3 Standing Orders, Standing Financial Instructions, Schemes of Reservation and delegation**

The Committee approved the Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation subject to minor changes noted in the meeting.

**2.4 Board Assurance Framework**

The committee received the Board Assurance Framework and noted the risks contained within it.

**2.5 Draft Accounts**

The Committee received and reviewed the draft annual accounts recognising that they were still subject to audit.

**From the meeting on 4th June 2014**

**2.6 Procurement Review and Policy**

The Interim Procurement manager presented a report showing the current low levels of purchase order use and highlighted the risks associated with this remaining at this level. A draft procurement policy was then reviewed and discussed. The committee noted that this would be wrapped up in the overall Financial Management strategy but asked that a simplified version was made available to all staff.

**2.7 Annual Report and Accounts**

The Committee **RECEIVED** the final Annual Report and Accounts and approved their publication.

**2.8 Internal Audit**

Subject to the one minor amend the report was formally RECEIVED as part of the assurance process. [Post meeting notice: amended wording was received and agreed outside of the meeting by the Chair and Director of Finance]

**2.9 External Audit**

The Committee RECEIVED the audit report and noted the assurance from the External Auditors regarding the figures reported in GCS' annual accounts.

**2.10 Counterfraud**

The Committee **RECEIVED** the Counter Fraud Annual Report.

Other items that were discussed are detailed in the minutes to the relevant meeting.

**3. Recommendations**

The Board is asked to:

- **NOTE** this report
- **RECEIVE** the approved minutes of the 14th May and 4th June 2014 meetings

**Report prepared by: Glyn Howells, Director of Finance**

**Report Presented by: Robert Graves, Committee Chair**

**Appendices:**

Appendix 1: Approved Minutes of the Audit and Assurance Committee held on 14th May 2014

Gloucestershire Care Services NHS
NHS Trust

# GLOUCESTERSHIRE CARE SERVICES NHS TRUST
# AUDIT AND ASSURANCE COMMITTEE

## Minutes of Meeting held on 14 May 2014
## in the Boardroom, Edward Jenner Court

| | | |
|---|---|---|
| **Present:** | Robert Graves - Chair (RG) | Non-Executive Director |
| | Sue Mead (SM) | Non-Executive Director |
| | Chris Creswick (CC) | Non-Executive Director |
| **In attendance:** | Glyn Howells (GH) | Director of Finance |
| | Johanna Bogle (JB) | Financial Accountant |
| | Paul Dalton (PD) | Internal Audit, PWC |
| | Duncan Laird (DL) | External Audit, KPMG |
| | Jon Brown (JBr) | External Audit, KPMG |
| | Jason Brown (JaB) | Director of Corporate Governance & Public Affairs |
| | Stuart Bird (SB) | Deputy Director of Finance |
| | Rod Brown (RB) | FT Programme Manager |
| **Secretariat:** | Christine Thomas (CT) | |
| **Apologies:** | Richard Cryer (RC) | Non-Executive Director |
| | Joanna Scott (JS) | Non-Executive Director |
| | Sallie Cheung (SC) | Local Counter Fraud Specialist |
| | Simeon Foreman (SF) | Board Secretary |

| Ref | Minute | Action |
|---|---|---|
| **A&A 28/14** | **Agenda item 1. Apologies**<br><br>The Chair welcomed colleagues to the Meeting and apologies were accepted from Joanna Scott, Richard Cryer, Sallie Cheung and Simeon Foreman. | |
| **A&A 29/14** | **Agenda item 2. Minutes of the previous meeting held on 19th March 2014**<br><br>The Committee **RECEIVED** the unconfirmed minutes of the meeting held on 19th March 2014.<br><br>**Resolution: Subject to minor amendments the Committee APPROVED the minutes of 19th March 2014.** | |
| **A&A 30/14** | **Agenda item 3. Action Log and Matters Arising**<br><br>The Committee **REVIEWED** the action log and the following amendments were noted. | |

| Minute Reference | Action Agreed | Lead Exec | Status |
|---|---|---|---|
| 34. 19/9/12 – item 8 | IT strategy | Glyn Howells | Closed |
| AA39/13 | Committee requested a review of clinical record keeping by Internal Audit in the near future | Paul Dalton/Board Secretary | Closed |
| AA57/13 | Research the disposal process of hard drives | Board Secretary/Internal Auditor | Closed |
| AA64/13 | Embellish and build trends into Budget Holders' Cost Centres report | Deputy Director of Finance | Closed |
| AA07/13 | Risk Assessment and Plan 2014/15 – The Committee reviewed the report and recommended a number of amendments which LP will incorporate | Director of Finance | Closed |
| AA10/14 | The Committee received and endorsed the Board Statements and escalated to the Trust's Chair and Chief Executive for signature and implementation | Director of Corporate Governance & Public Affairs | Closed |
| AA11/14 | The Committee noted the Annual Governance Statement and approved the latest draft, subject to minor amendments, and recommended more focused internal audits are conducted on the vast number of items included in the statement | External Auditor/Director of Finance | Closed |
| AA15/14 | The Chair reported the Annual Committee Statement will be completed in light of today's discussion and circulated to members for comment | Chair | Closed |
| AA17/14 | The Committee approved the Board and Committee Charter for circulation to all Committee Chairs and Trust Directors | External Auditors | Closed |

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|---|---|---|---|---|---|
| | AA18/14 | Following a review of the Scheme of Reservation and the Scheme of Delegation the Committee was asked to submit comments to the Interim Board Secretary before the final drafts are completed in May | All | Closed | |

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

**A&A 31/14**

**Agenda item 4. Review of forward agenda 2014/15**

The Forward Agenda Plan was reviewed by the Committee and the following changes agreed:

(1) The reporting of Waivers to be added as a standing item.
(2) Reviews of the Corporate Registers to be included on future agendas.

It was requested that the meaning of deep-dive should be clarified. The Director of Corporate Governance & Public Affairs agreed to circulate the framework that had been presented to the Quality & Clinical Governance Committee. **JaB**

**A&A 32/14**

**Agenda item 8. Auditors' Response to the Annual Governance Statement**

RB presented the Annual Governance Statement to the Committee. The Statement records the stewardship of the organisation to supplement the annual accounts. It also provides an overview of how successfully the Trust has coped with the challenges it faced during the previous year. Additionally, the FT Programme Manager reported that the Statement draws together the position statements of the Trust and evidence on both corporate and quality governance, risk management and controls and reporting mechanisms.

The Committee welcomed the Annual Governance Statement and it was supported by the External Auditor.

**Resolution: The Committee APPROVED the Annual Governance Statement.**

**A&A 33/14**

**Agenda item 7. Internal Audit Reports**

The Committee **RECEIVED** two reports from the Internal Auditors and two were tabled, presented by the Internal Auditor.

Annual Report 2013 – 14

The Chair stated that he felt that the wording used on the Opinion Page

| | | |
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| | didn't reflect the achievements of the Trust and came across as negative. RC had advised the Chair in his absence that he felt the wording was a harsh interpretation of the facts and should be changed to reflect the level of risk that Internal Audit has expressed at Committee Meetings.<br><br>The Internal Auditor agreed that he would take the Committee's suggestions back to the Head of Internal Audit for discussion. It was stated that a teleconference could be held between members of the Committee and the Internal Auditors to discuss the wording.<br><br>**Resolution: The Committee NOTED the content of the report and REQUESTED that Internal Audit review the opinion.**<br><br><u>Internal Audit Risk Assessment and Plan 2014/15</u><br>The Annual Plan and indicative timeline was received by the Committee.<br><br>**Resolution: Committee RECEIVED the report.** | **RG/JaB/ Finance** |
| **A&A 34/14** | **<u>Agenda item 5. Standing Orders, Scheme of Reservation, Scheme of Delegation, Standing Financial Instructions</u>**<br><br>JaB presented the proposed Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation. JaB explained that these documents represent a significant update on last year's submission.<br><br>It was noted that the Scheme of Reservation and Scheme of Delegation were presented at the last Audit and Assurance Committee meeting and were approved. However, they are represented to the Committee in a context of the Standing Orders and Standing Financial Instructions, and so as to provide a complete set of documents for the Committee's review.<br><br>It was noted that the Board Composition numbers were not quite correct. JaB agreed to make the amendment within the documentation to ensure that it reflected the correct Board membership.<br><br>The Internal Auditor and External Auditors had no comments or suggestions for changes to the documentation.<br><br>**Resolution: The Committee APPROVED the Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation subject to minor changes.** | **JaB** |
| **A&A 35/14** | **<u>Agenda item 6. Board Assurance Framework (BAF)</u>**<br><br>JaB presented the BAF to the Committee, and explained that the BAF is a comprehensive method for the effective and focused management of corporate risk within the organisation. Through the BAF the Board gains assurance from the Executive Directors that risks are being appropriately managed throughout the organisation. | |

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| | JaB highlighted the high risk scores within the BAF in respect of (1) Cost Improvement Programmes and (2) Demand and Population Growth, i.e. capacity planning and service development planning. These issues were noted by the Committee.<br><br>**Resolution: The Committee NOTED the Board Assurance Framework.** | |
| **A&A 36/14** | **Agenda item 9. GCS Draft Account Reviews**<br><br>SB advised the Committee that as per previous discussions GCS has achieved its planned surplus of £2m. SB then took the Committee through the bridge from the statutory reported deficit of £3m to the operating surplus of £2m.. The Chair asked if there were any potential contentious issues and was advised there were not.<br><br>**Resolution: The Committee RECEIVED and APPROVED the GCS Draft Accounts subject to External Audit's comments and thanked staff for their work on the report.** | |
| **A&A 37/14** | **Agenda item 10. Draft Annual Report Update**<br><br>GH presented the draft report to the Committee and advised there would be a public version produced for the AGM.<br><br>**Resolution: The Committee NOTED the draft Annual Report and agreed to provide feedback to RB outside of the committee meeting.** | **ALL** |
| **A&A 38/14** | **Agenda item 11. SBS Annual Update**<br><br>GH provided an update on the current performance and status of the finance and accounts service outsourced to SBS. The Committee was asked to review the summary of service issues that had been experienced by the Trust during the year. It was noted that the service costs the Trust approximately £28k per month.<br><br>Given dissatisfaction with the current SBS service, GH explained that initial talks were taking place with an alternative provider, but that these discussions are in the early stages. Moreover given other commitments, it is not necessarily deemed a priority to change provider at this time. RG asked for this matter to be kept under review, and GH advised that he would bring a summary paper to a future Committee meeting.<br><br>**Resolution: The Committee NOTED the SBS Annual Update.** | **GH** |
| **A&A 39/14** | **Agenda item 12. Any Other Business**<br><br>There was no other business.<br><br>The Chair closed the meeting. | |

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| **A&A 40/14** | **Date of next meeting:**<br><br>The next meeting will take place at 10.00am on Wednesday, 4th June 2014 in the Boardroom. | |

Chair's signature ……..

Date ……..

# Gloucestershire Care Services NHS Trust Board

| | | | |
|---|---|---|---|
| **Title:** | Human Resources & Organisational Development Committee Update | **Meeting date:** 15th July 2014 | |
| **Agenda Item:** | 19 | | |
| **Purpose of Paper:** | The purpose of this paper is to provide the Board with a summary of the key issues and actions arising from the Human Resources and Organisational Development Committee meetings held on 7th April 2014 and 19th June 2014. | | |
| **Key Points:** | The key issues discussed by the Committee are as follows:<br>1. Trust Development Authority requirements for Human Resources & Organisational Development<br>2. Organisational Development Strategy Implementation Plan<br>3. Staff engagement<br>4. Draft Workforce Plan<br>5. A review of the Trust's current workforce profile and 2013 NHS Staff Survey results to inform the Workforce Strategy<br>6. Update on Sickness Absence/ Appraisal completion rates/ Mandatory Training completion rates<br>7. Draft Workforce Strategy | | |
| **Options and decisions required** | The Board is asked to **NOTE** the report and the approved minutes for information and assurance. | | |
| **Fit with strategic objectives** | 1. Achieve the best possible outcomes for our service users through high quality care | | x |
| | 2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | | x |
| | 3. Provide innovative community services that deliver health and social care together | | x |
| | 4. Work as a valued partner in local communities and across health and social care | | x |
| | 5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | | x |
| | 6. Manage public resources wisely to ensure local services remain sustainable and accessible | | x |
| **Next steps/future actions** | The Committee has agreed a forward programme which will be reviewed on an on-going basis. | | |
| **Author name and title** | **Tina Ricketts, Director of Human Resources** | **Director Name and Title** | **Tina Ricketts, Director of Human Resources** |

**Meeting of Gloucestershire Care Services NHS Trust Board**
To be held on: 15th July 2014
Location: Corinium Stadium, Kingshill Lane, Cirencester, GL7 1HS

## Agenda item 19: HR&OD Committee Update

### 1. Purpose

The purpose of this paper is to provide the Board with a summary of the key issues and actions arising from the Human Resources and Organisational Development (HR & OD) Committee meetings held on 7th April 2014 and 19th June 2014. The approved minutes of 7th April 2014 are attached for information.

### 2. Recommendations

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

### 3. Background

The governance structure of the Trust was reviewed in March 2014 and it was identified that a formal committee should be established to provide the Board with assurance in respect of all aspects of workforce strategy, planning and organisational development. The formal committee replaced the HR & OD Programme Board that was established in 2013.

In accordance with its terms of reference the HR & OD Committee is responsible for:

- The oversight of the application of the Trust's Organisational Development Strategy and the Workforce Strategy.
- The routine review of the implementation plans relating to the above strategies.
- Ensuring that the Trust's agreed establishment is appropriately resourced, supported, equipped, skilled and trained so as to assure that there is sufficient staffing capacity and capability across the organisation.
- Monitoring the culture of the Trust through the review of the annual NHS Staff Survey, internal staff surveys, exit questionnaires, turnover rates, staff grievances (including allegations of bullying and harassment) and all other appropriate workforce indicators.
- Reviewing all activities designed to encourage a supportive and learning culture including actions which seek to embed the Trust's CORE values across the organisation.
- Ensuring that the Trust responsibly promotes Human Rights, challenges all discrimination, and ensures appropriate equity in service delivery and employment.

- The development and maintenance of a comprehensive workforce scorecard to include all necessary performance indicators and targets, and make recommendations for remedial actions where there is underperformance.
- Monitoring compliance with the Trust's obligations defined in the Learning and Development Agreement.
- Reviewing the Trust's arrangements for colleagues to raise concerns, in confidence, about possible wrongdoing in clinical care or any other matter. To ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action including that allegations from whistle-blowers are escalated as appropriate to the Audit and Assurance Committee.
- Ensuring that there are robust processes to elicit colleagues' involvement with, and positive contribution to, all relevant Trust planning and decision-making.

## 4. Summary of Key Issues

### 4.1 Trust Development Authority Requirements for Human Resources and Organisational Development

A report was provided summarising the Trust's key organisational development and workforce requirements which would be monitored by the Trust Development Authority (TDA) on a regular basis. It was agreed that this report would be updated in light of the revised TDA Accountability Framework and that a gap analysis would be submitted to the committee meeting in August 2014.

### 4.2 Organisational Development Strategy Implementation Plan

The Committee reviewed the implementation plan in detail and recommended that the template be revised to include guidance on the application of the RAG rating so that this would be consistent across all plans. In addition, it was recommended that the outcomes/key performance indicators be further developed in order that progress against the plan could be easily measured by way of a performance scorecard.

An updated plan was submitted to the June meeting and the Committee was informed of the actions being taken to address the two red RAG rated items relating to appraisal completion rates and equality impact assessments.

### 4.3 Staff Engagement

The Committee was updated of the recent discussions that had taken place at the Staff Council. According to its terms of reference, the purpose of the Staff Council is to enable staff "to have a voice in the development of the organisation and its services". The Staff Council is supported by a network of nine Staff Forums. These fora were set up to increase staff engagement across the organisation but experience over the last twelve months would suggest that the Staff Council is not achieving its terms of reference based on:

- Attendance at both the Staff Council and Staff Forums is varied. Some forums only attract attendance of 2 to 3 members making it difficult for staff council representatives to support two way communications across the organisation.
- Some staff members have stated that they do not understand the purpose of the staff council and staff forums as they feel that they can discuss and raise issues at their locality/service team meetings.
- Staff council representatives are of the view that staff do not know who they are or understand their role.

The Committee supported the Staff Council's recommendation that a set of criteria be established in terms of what could make staff engagement activities more effective across the organisation. It was agreed that current staff engagement activities should be reviewed against these criteria, once agreed. Furthermore, the Committee requested that other engagement activities, such as those undertaken by other Community Trusts, also be reviewed against these criteria to establish whether the Trust would benefit from introducing other options.

### 4.4 Workforce Plan

The Committee was informed that a two year workforce plan had been submitted to the TDA in April and that a five year plan was due to be submitted in June. It was confirmed that the Trust had taken a top down (long term financial plan) and bottom up approach (service planning cycle) to the workforce plan and that meetings with service leads had been undertaken to ensure each service had a detailed workforce plan for 2014/15.

The Committee was presented with the draft narrative to support the workforce plan and was asked to review its contents. The Committee requested that further work be undertaken on the report to include additional graphical information on the changes to the future workforce profile. An updated version of the report would be reviewed by the Committee at its meeting in August 2014.

### 4.5 A review of the Trust's current workforce profile and 2013 NHS Staff Survey results to inform the Workforce Strategy

The Committee reviewed a detailed workforce report and the results of the 2013 staff survey which identified the following areas of development to be put in place/undertaken in the Workforce Strategy:

a) A joint workforce plan across health and social care
b) A contingent workforce strategy and plan
c) A career progression/succession planning framework to address the ageing workforce – 74% of our nursing staff are aged 40 or over
d) A cost and benefits review of the Trust's full-time to part-time ratio – 60% of staff are on part-time contracts

e) A review of the Trust's recruitment and retention plan specifically around employee turnover
f) A healthy workforce plan to reduce sickness absence – current rate 4.38% against a target of 3%
g) A review of the Stress Management Policy – 26% of total calendar days lost in 2013/14 were due to stress/anxiety/depression
h) A review of the Trust's recruitment & retention plan specifically around the ethnicity of the Trust's workforce when compared to the local community.
i) A review of the recruitment process to minimise any delay in the time taken from advert to start date
j) A review of the recruitment and retention plan specifically around hard to recruit roles (qualified nurses and allied health professionals)
k) A review of the mandatory training policy to improve the level of completion rates
l) A review of the appraisal and pay progression policy to improve the quality of appraisals and the level of completion rates – appraisal rate currently 87% against a target of 95%
m) A review of the support available to staff who experience harassment and bullying from service users

It was agreed that the above areas would be the focus of the Committee this year and that progress would be monitored through the Workforce Strategy Implementation Plan.

**4.6 Update on Sickness Absence/Appraisal completion rates/ Mandatory Training completion rates**

The Committee was provided with a detailed update on the actions that are being taken to improve sickness absence rates, appraisal completion rates and mandatory training rates across the organisation.

It was confirmed that the metric definitions are as follows:

Percentage of staff completing mandatory training: Number of staff with completed training as a percentage of total headcount. With effect from 1st June 2014, in line with a TDA requirement this metric now includes all staff such as those on career breaks, maternity leave and long term sickness previously the Trust has excluded these staff as they are away from the workplace.

Percentage of staff with annual appraisal: The number of staff with a completed review in the last 12 months as a percentage of the total headcount. With effect from 1st June 2014, in line with a TDA requirement this metric now includes all staff as indicated above

Percentage of staff completing mandatory training: Number of staff with completed training as a percentage of total headcount

Percentage of staff with annual appraisal: The assignments with completed review in the last 12 months as a percentage of the total assignments. With effect from 1st June 2014 this metric now includes staff with "inactive" assignments such as those on career breaks, maternity leave and long term sickness.

Trust level total sickness rate: The number of sickness days recorded as a percentage of the total number of FTE days

### 4.6.1 MANDATORY TRAINING - Current performance (May 2014)

| | | |
|---|---|---|
| Health and Safety | 93.51% | (face to face) |
| Fire | 94.14% | (e-learning) |
| E&D | 77.69% | (e learning) |
| Information Governance | 70.46% | (e-learning) |
| Conflict Resolution | 74.49% | (face to face) |

Positively there has been steady improvement over last six months which can be linked to the introduction of the Pay Progression Policy. Furthermore, since January 2014 all new starters are required to attend an induction prior to commencing in their role which includes all non-clinical mandatory training requirements.

Further actions being taken**:**

- A more proactive approach is being taken to book colleagues on mandatory training (i.e. they are being booked on specific dates for the training rather than relying on them to book sessions themselves)
- The training team are contacting colleagues who have not competed one or more training requirements to highlight this to them and confirm that it is mandatory and may impact on their pay in line with the Pay Progression policy.
- Phase 2 of the Pay Progression policy will include a requirement for managers to ensure that their teams have achieved 95% mandatory training. If this target is not achieved it may impact on their pay in line with the Pay Progression policy.

### 4.6.2 Appraisal completion rates

Performance as at 19th June is 87.06%.

With the new arrangements that long term sickness and maternity leave will not be excluded from the reporting, a requirement for staff going on maternity to have an appraisal (if due during the planned leave) will be introduced and added to the appraisal policy and payroll forms. For some staff who have planned absence (e.g. for an operation) it may be possible to ensure that their appraisal is completed prior to the period of absence.

The HR team are working directly with budget holders to ensure that appraisals are recorded correctly, are up to date or booked where overdue. This has seen an improvement of 102 appraisals with a number booked in June and July 2014.

Further actions being taken**:**

- To ensure sustained performance is achieved, a survey will be shortly issued to colleagues across the organisation to seek feedback on what gets in the way of them completing a high quality annual appraisal.
- Phase 2 of the Pay Progression policy will include a requirement for managers to ensure that their teams have had an appraisal in the last 12 months. If this is not achieved it may impact on their pay in line with the Pay Progression policy.

### 4.6.3 Sickness absence

Latest % - May 2014 (12 month rolling average 4.38%)

As at the 17th June 2014 there were a total of 54 long term sickness cases (of a month or more) across the Trust. All of these cases are being pro-active managed and supported by HR.

The workforce team are currently working with SBS to improve sickness absence reporting as cases of both under and over reporting have been identified.

Further actions being taken to improve short term sickness absence include:

- A presentation is planned at the Leadership Group meeting on 26th June 2014 to ensure managers are clear on their responsibilities to manage sickness absence. This will be followed by a series of focus groups and sickness absence management workshops across the organisation.
- An action plan has been developed to reduce the number of staff absent due to stress, anxiety or depression. This includes a review of the Stress Management Policy and risk assessment process, workshops for managers and a support leaflet for staff.
- HR are developing an easy read guide for line managers on managing short term sickness which includes myth busting, local reporting protocols and regular monitoring.

## 4.7 Draft Workforce Strategy

A draft of the Workforce Strategy was presented to the Committee in the form of a PowerPoint presentation. The presentation contained details of the current strengths and areas of development (as summarised in section 4.5

above), the proposed quality goal areas and priority actions all of which were supported by the Committee.

It was agreed that the final draft of the Workforce Strategy would be considered by the Committee at its August meeting prior to being submitted to the Board for approval.

## 5. Implementation and Review of Progress

Progress against identified actions will be monitored through the OD Strategy and Workforce Strategy Implementation plan.

The Committee has agreed a forward programme which will be reviewed on an on-going basis.

## 6. Links to:

The Trust's Organisational Development Strategy and Implementation Plan.

**Prepared by:** Tina Ricketts, Director of Human Resources

**Presented by:** Tina Ricketts, Director of Human Resources

# GLOUCESTERSHIRE CARE SERVICES NHS TRUST
# HUMAN RESOURCES / ORGANISATIONAL DEVELOPMENT COMMITTEE

## Minutes of Meeting held on 7th April 2014

| | | |
|---|---|---|
| **Present:** | Chris Creswick | Non-Executive Director |
| | Tina Ricketts | Director of HR |
| | Duncan Jordan | Chief Operating Officer, GCS |
| | Jason Brown | Acting Board Secretary |
| | Nicola Strother-Smith | Non-Executive Director |
| **In attendance:** | Susan Field | Director of Service Transformation |
| | Liz Fenton | Director of Nursing and Quality |
| | Sarah Curtis | HR Business Partner |
| **Secretariat:** | Jenny Goode | |
| **Apologies:** | Candace Plouffe | Director of Service Delivery |
| | Simeon Foreman | Board Secretary |

Chris Creswick (Chair) opened the meeting by welcoming Duncan Jordan who joined GCS on 1st April 2014 as Chief Operating Officer on secondment from Gloucestershire County Council.

He explained that this was the inaugural meeting of the Human Resources / Organisation Development (HR & OD) Committee as part of the organisation's wider governance review. As this is the first meeting, there are no minutes of the previous meeting to review.

| Ref | Item | Action |
|---|---|---|
| **HR/OD 1** | **Agenda Item 2. Terms of Reference**<br><br>The Committee was asked to approve the Terms of Reference subject to any observations. The Committee discussed the Terms of Reference and made the following comments:<br><br>SF commented that there is very little or no reference to Gloucestershire County Council (GCC) in the Terms of Reference. As GCS manages a significant number of GCC staff, this should be reflected in the document to show co-alignment.<br><br>The Chair agreed that this should be captured in Section 1 (Purpose) as item 1.2, and current item 1.2 to read 1.3. JB to amend the Terms of Reference accordingly. | **JB** |

| | | |
|---|---|---|
| | The Committee recognised the need to ensure that its organisational development and workforce policies are effectively delivered in relation to staff employed by GCC working or line managed under a contract to GCS.<br><br>Subject to the amendment required under Section 1, the Committee **APPROVED** the Terms of Reference. | |
| **HR/OD 2** | **Agenda item 3. TDA Requirements for HR&OD**<br><br>TR presented the report to the Committee. The Committee was asked to note the TDA requirements which were due to be discussed in more detail under agenda item 4, the Committee's Forward Plan.<br><br>TR summarised the report which gives information on what the organisation will be scrutinised against by the TDA. The Committee made the following comments:<br><br>The Chair felt it may be useful to include a further column on the right hand side of the document showing GCS's current position with the TDA requirements (a tick box).<br><br>The Chair said there may be a need for a simplified model in due course which captures TDA requirements.<br><br>SF raised the issue that it is closely aligned to Commissioner intentions, but there is no mention of the Five Year Plan.<br><br>The Workforce Plan / Risk Register is discussed in at least three other sub-committees and LF and JB to investigate the possibility of producing a single document to be used for all sub-committees.<br><br>The Chair summed up by saying that this was a useful report and thanked Tina Ricketts for producing it. TR to take forward with LF and JB.<br><br>Subject to the above comments, the Committee **NOTED** the report. | **TR/LF/JB** |
| **HR/OD 3** | **Agenda item 4. Forward Agenda Map**<br><br>TR presented the Forward Agenda Map to the Committee and summarised the document. She pointed out that the Workforce development is missing.<br><br>The Committee discussed the document and agreed that not only does it need to reassure GCS Board, but also to challenge and support in terms of the way forward in order to be more than a monitor. | |

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| | JB was asked to identify items relevant to this Committee by the use of coloured text.<br><br>SF raised a point about the Family and Friends Test and also the Exit Survey for staff. This will help to inform our own development. | **JB** |
| **HR/OD 3.1** | NS-S raised a query about the staff forum options appraisal. TR confirmed it has been missed off and will add it on.<br><br>The Chair summed up by saying that this was a useful start, but is work in progress. The points made need to be taken on board and look at simplifying it as we move forward.<br><br>Subject to the above comments, the Committee **NOTED** the report. | **TR** |
| **HR/OD 4** | **<u>Agenda item 5 – Organisational Development Strategy Implementation Plan 2014-15</u>**<br><br>TR presented the report to the Committee. The Committee was asked to approve the Organisational Development Strategy Implementation Plan and to note the progress made to date.<br><br>TR explained that the Organisational Development strategy had been approved by the former HR & OD Programme Board in January with a request for some amendments and the report presented to the Committee is an updated version. Updates are shown in the document in red, rather than add a separate column into the document.<br><br>The colour coding in the document was clarified:<br><br>Green – complete<br>Amber – started<br>Red - not started<br><br>The Committee discussed issues around the RAG rating position and agreed that this will be revised as we gain experience of monitoring.<br><br>DJ suggested including an “at risk” or “difficulty” rating.<br><br>Subject to the above comments, the Committee **NOTED** the report. | **TR** |
| **HR/OD 5** | **<u>Agenda item 6. – Listening into Action, progress report</u>**<br><br>TR passed on apologies to the Committee from Claire Powell who was unable to attend the meeting for this item and gave a verbal update on her behalf. | |

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| | To date two "conversations" had taken place: there were 35 attendees at the first, and 70 at the second. The third was due to take place on 7th April.<br><br>Feedback from the first session was disappointing. The second session was more positive.<br><br>Comments included:<br><br>• Recruitment process takes too long<br>• Questions raised about HR processes<br>• Mandatory training issues.<br>• IT systems not being compatible – causing problems.<br><br>10 blockers have been identified and teams will be asked to discuss and report back. Feedback will be shared with the Committee and across the organisation in due course.<br><br>TR to bring a more detailed report to the next meeting on the 10 themes and quick wins.<br><br>Subject to the above comments, the Committee **NOTED** the report. | **TR** |
| **HR/OD 6** | **<u>Agenda item 7 – The effectiveness of the Staff Council and Staff Forums</u>**<br><br>TR presented the report. The Committee were asked to discuss the issues identified in the paper and to propose alternative staff engagement strategies for further consideration.<br><br>Whilst the Terms of Reference remain valid, as these groups were set up when GCS had the Community Interest Company (CIC) in mind, the question was asked whether the time was right to now look again at these groups. The Committee agreed that it did not want to do away with these groups, but possibly to move to alternative methods.<br><br>The Committee agreed that not everyone is able to make use of the team brief feedback facility and JB suggested maybe it would be better to arrange focus groups.<br><br>TR to draw together an options appraisal and will put this to Staff Council for their views. TR to also raise the idea of a Task and Finish group involving members of staff forums and staff council.<br><br>Subject to the above comments, the Committee **NOTED** the report. | **TR** |

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| **HR/OD 7** | **<u>Item agenda 8. Workforce Plan</u>**<br><br>TR presented the draft narrative of the Integrated Workforce Plan to the Committee. The Committee was asked to review the draft narrative and to propose any amendments / actions.<br><br>TR advised that the plan template had been submitted to the Trust Development Authority in March 2014. TR explained that it was difficult to write with the need for a top down (TDA) and bottom up approach (service planning cycle) – with the two meeting in the middle. Meetings have been held with service leads; there is still some work to do and this is currently continuing.<br><br>The plan is to produce a detailed workforce plan each year. The returns will need to be signed off, either through HR & OD Committee or Performance and Resources Committee.<br><br>It was noted that the workforce figures on page 13 require amendment - they were based on figures produced on 4th April and had since changed. Also an additional column is to be added to show GCC staff figures<br><br>As this organisation is unique in the way that it delivers its services, the Committee agreed that further discussions need to be held with the TDA regarding integration and interpreting data.<br><br>The Chair felt that there was a need for a simpler model and hoped to see developing something more graphic rather than tabular. This series of charts would, over time, show the numbers we have in different services broken down by groups to reflect skill mix requirements with the inflationary demand to show where recruitment is to take place in order to move ahead.<br><br>Referring to Appendix 2 (page 24), TR asked members of the Committee to review the key measures and go back to her asap with any further KPIs or amendments.<br><br>Subject to the above comments, the Committee **NOTED** the report. | **TR/ALL** |
| **HR/OD 8** | **<u>Agenda item 10. Workforce Scorecard</u>**<br><br>TR presented the report to the Committee and the Committee was asked to note the progress being made against each of the key workforce performance indicators.<br><br>TR pointed out that the report needs further development in terms of the Organisational Development Plan and Workforce Planning in order to give an update on current position. | |

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| | Online training is being reviewed and it is proposed that it will be more classroom based and more role specific.<br><br>The Chair said that the overall trend shows that there has been an improvement, but also a greater degree of consistency achieved in relation to closing the gap. There appears to be closer attention to team performance. It would be useful to highlight those areas where figures are pointing to problems by comparison to the rest.<br><br>The Chair suggested that the following issues were investigated:<br><br>• Is there a case for distinguishing between separately required mandatory training when people would be deemed to be at risk?<br>• Building in a degree of flexibility for mandatory training in relation to timing or renewal<br>• Delivery mechanism - taking on board that some of it is challenging and e-learning is not the best way to engage<br>• Comparability – if you have done this in one form you shouldn't need to do it in other forms<br><br>TR agreed to look into these points.<br><br>Subject to the above comments, the Committee **NOTED** the report. | **TR** |
| **HR/OD 9** | **<u>Agenda item 9 – Integration on Closer Working</u>**<br><br>TR gave a verbal update to the Committee and confirmed that GCS is still going through the engaged phase, but further work was needed on policy processes, this will come through System1.<br><br>SF said she felt that it will come to a head because of GCC staff moving to the GCS platform – this is potentially going to happen by October.<br><br>DJ and SF to give an update to the next meeting of the Committee.<br><br>The Committee **NOTED** the report. | **DJ/SF** |
| **HR/OD 10** | **<u>Agenda item 11. Appraisal Completion Rates</u>**<br><br>SC presented the report to the Committee. The Committee was asked to note the content of the paper and to discuss whether there are any specific actions arising as a result for the HR & OD Committee.<br><br>The Chair commented that there seemed to be extraordinary local | |

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| | variability.<br><br>SC is currently awaiting the final data, but stressed the significant progress that has been made over the last 12 months. SC undertook to circulate the data to members of the Committee as soon as it was available.<br><br>The Committee **NOTED** the report. | **SC** |
| **HR/OD 11** | **<u>Agenda item 12. Sickness Absence Management</u>**<br><br>SC presented the report to the Committee. The Committee was asked to note the issues identified in the paper and to discuss whether there were any specific actions arising as a result for the HR and OD Committee.<br><br>The Committee noted that progress has been made; there has been a reduction in the last 12 months from 4.43% to 4.31% but expressed concern about the high sickness absence figure relating to anxiety, stress and depression.<br><br>The Committee **NOTED** the report. | **SC** |
| **HR/OD 12** | **<u>Agenda item 13. Staff Awards process</u>**<br><br>JB explained to the Committee that he had recently met with Ingrid Barker, Paul Jennings and Liz Fenton to discuss this further and the proposal is to hold an awards ceremony, probably over two separate dates in June and in different locations across the County presenting awards to various people. A more detailed paper will be circulated to the Committee as soon as possible and JB invited the Committee to send comments to him.<br><br>The Committee **NOTED** the report. | **JB/ALL** |
| **HR/OD 13** | **<u>Agenda item 14. Operational HR Policy Development</u>**<br><br>SC presented the report to the Committee. The Committee was asked to note the progress made to date in respect of reviewing all operational HR policies and the review schedule attached (Appendix 1).<br><br>The Chair said “ratification” was not the right word because the policy has been agreed by JNCF and this Committee was being asked to take note of it. However, there was a view that this Committee should be given the opportunity to comment on plans and there is a need to be clear about the sequence of events. | |

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| | The Committee asked SC to work with JB on this.<br><br>The Committee NOTED progress to date. | **SC/JB** |
| **HR/OD 14** | **<u>Agenda item 15. Equality and Diversity</u>**<br><br>JB presented the Statement to the Committee and explained that this has been approved by the Audit and Assurance committee. SF requested that GCC be included in the statement. JB to change.<br><br>Subject to that change, the Committee **RECEIVED** and **NOTED** the Trust Board Statement. | **JB** |
| **HR/OD 15** | **<u>Agenda item 16. Executive and NED Recruitment process</u>**<br><br>The report will be presented by JB to the next meeting of this Committee. The Committee also recommended that the report should be presented to the FT Programme Board and also the Remuneration Committee. | **JB** |
| **HR/OD 16** | **<u>Agenda item 17. Any other business</u>**<br><br>None | |
| **HR/OD 17** | **<u>Date of next meeting</u>**<br><br>The next meeting will be held on Thursday 19th June 2014 – 14.00 – 16.00 in the Boardroom, Edward Jenner Court | |

There being no further business the meeting closed at 1.05 p.m.

Chair's signature: …….

Date: …….