

Agenda

Trust Board – Part 1

Tuesday, 21st July 2015

9.30am-1.30pm

Cirencester Football Club, The Corinium
Kingshill Lane, Cirencester, Gloucestershire GL7 1HS

Agenda No.	Item.	Outcome	Ref No.	Presenter	Timings
1.	Service User Story - Gloucestershire Deaf Association	For information & learning			9.30am
Standing Items					
2.	Welcome and Apologies	To receive	37/0715	Chair	10.30am
3.	Confirmation the meeting is quorate	To note	38/0715	Chair	
4.	Declaration of Interests	To receive	39/0715	Chair	
5.	Minutes of the Meeting held on 19 May 2015	To approve	40/0715	Chair	
6.	Matters Arising (Action Log)	To note	41/0715	Chair	
7.	Forward Agenda Planner review	To approve	42/0715	Chair	
8.	Questions from the Public	For discussion	43/0715	Chair	
9.	Chair's Report	To receive and discuss	44/0715	Chair	10.50am
10.	Chief Executive's Report	To receive and discuss	45/0715	Chief Executive	11.00am
11.	Chief Operating Officer's Report	To receive and discuss	46/0715	Chief Operating Officer	11.15am
Governance, Quality and Safety					
12.	Board Assurance Framework – Corporate Risks	To discuss	47/0715	Chief Executive Officer & Head of Corporate Planning	11.35am
13.	Quality and Performance Committee Update	For assurance	48/0715	Director of Nursing and Quality	12.Noon
14.	Finance Committee Update	Verbal Update	49/0715	Director of Finance	12.05pm
15.	Workforce & OD Committee update	To discuss and note	50/0715	Director of HR	12.10pm
16.	Quality, Finance and Performance Report	To receive for assurance	51/0715	Director of Nursing and Quality, Chief Operating Officer	12.15pm

Lunch Break 12.45PM

Corporate					
17.	SystmOne update (benefits realisation presentation)	To discuss	52/0715	Director of Finance	1.15pm
Items for Information Only					
18.	Annual Report and Accounts	For Information	53/0715	Director of Finance	
19.	Annual Quality Account	For Information	54/0715	Chief Executive	
20.	Charitable Funds minutes 24 th April	To note	55/0715	Chair of Charitable Funds	
21.	Audit and Assurance minutes 13th May 2015, 3rd June 2015	To note	56/0715	Chair of Audit and Assurance	
22.	Register of Seals	To note	57/0715	Director of Corporate Governance & Public Affairs	
23.	Any other Business	To note	58/0715	Chair	
24.	<p>Date of Next Public Meeting</p> <p>The Subscription Rooms, George Street, Stroud, GL5 1AE</p> <p>Tuesday, 22 September 2015</p>				

Gloucestershire Care Services NHS Trust: Declaration of Interests 2015-16

Name and position	Any executive or non-executive directorship of a company	An interest or position held in any firm, company or business which is trading with the Trust or likely to be considered a potential trading partner with the Trust	An interest in an organisation providing health and social care services to the NHS	A position of authority in a charity or voluntary organisation in the field of health and social care	Any connection with any organisation, entity or company considering entering into a financial arrangement with the Trust including but not limited to lenders or banks
Richard Cryer Non-Executive Director	Trustee and Director of Action for Children (charity)	n/a	Action for Children is a provider to the NHS	Trustee and Director of Action for Children (charity)	n/a

Signature:

Richard Cryer

Date: 12/06/15

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

**Minutes of the Meeting held on Tuesday, 19th May 2015
at The Guildhall, 23 Eastgate Street, Gloucester,
Gloucestershire, GL1 1NS**

Part 1 - Public

Board Members	
Ingrid Barker (IB)	Chair (Voting Member)
Paul Jennings (PJ)	Chief Executive (Voting Member)
Joanna Scott (JS)	Non-Executive Director, Vice Chair (Voting Member)
Robert Graves (RG)	Non-Executive Director (Voting Member)
Richard Cryer (RC)	Non-Executive Director (Voting Member)
Susan Mead (SM)	Non-Executive Director (Voting Member)
Nicola Strother Smith (NSS)	Non-Executive Director (Voting Member)
Jan Marriott (JM)	Designate Non-Executive Director
Ian Dreelan (ID)	Designate Non-Executive Director
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive (Voting Member)
Elizabeth Fenton (EF)	Director of Quality and Nursing (Voting Member)
Dr. Joana Bayley (JB)	Medical Director (Voting Member)
Dr. Mike Roberts (MB)	Medical Lead
Duncan Jordan (DJ)	Chief Operating Officer
Susan Field (SF)	Director of Service Transformation
Candace Plouffe (CP)	Director of Service Delivery
Tina Ricketts (TR)	Director of Human Resources
Jason Brown (JBr)	Director of Corporate Governance & Public Affairs (Trust Secretary)
In attendance	
Rod Brown (RB)	Head of Corporate Planning
Sonia Pearcey (SP)	LIA Programme Lead
Claire Powell (CPo)	Quality and Safety Manager
Secretariat	
Louise Simons	Assistant Board Secretary
Jenny Goode	Minute Taker

Ref	Minute	Action
01/05/15	<p>Agenda Item 1: Patient Story – Gloucestershire Voices</p> <p>IB explained that the use of patient stories at Board and Committee level is seen as a positive way of regularly connecting people who use GCS's services with the Board.</p>	

	<p>IB introduced Tim Heaven (TH) and Janet Hawkins (JH) from Gloucestershire Voices, a user-led self-advocacy organisation for adults with learning disabilities, which provides support to vulnerable people across the county.</p> <p>TH and JH provided the Board with an overview presentation of the work of Gloucestershire Voices, and on behalf of the people they represent, posed the following three questions to the Board:</p> <p>Question 1: Has the Trust developed an action plan in response to the findings of the Confidential Enquiry into Premature Deaths of People with Learning Disabilities?</p> <p>In response, the Board confirmed awareness of the Confidential Enquiry, but clarified that there was no dedicated work stream being undertaken in this respect. This was identified as a gap. In particular, RC noted his concern that work to better support people with learning disabilities had not progressed with the requisite speed in 2014/15, and challenged the Trust to make improvement in this critical area of service delivery. EF was tasked with developing a documented and detailed plan.</p> <p>Question 2: Are there plans for the Trust to appoint liaison nurses to support people with learning disabilities who are transferred to community hospitals?</p> <p>In response, DJ stated that although the liaison nurses within Gloucestershire Hospitals NHS Foundation Trust have reported improvements in care delivery, the model would not necessarily be appropriate within community hospitals: however, DJ pledged that the Community Hospitals Development Group would consider this as a future agenda item.</p> <p>Question 3: Would the Trust consider commissioning the Gloucestershire Voices Drama Group to deliver a performance at a future event?</p> <p>In response, PJ invited Gloucestershire Voices to present one of their drama groups at the Trust's Annual General Meeting in October 2015.</p> <p>In summary, IB conveyed her thanks on behalf of herself and the Board to Gloucestershire Voices.</p>	<p>EF</p> <p>DJ</p> <p>JBr</p>
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002/05/15	<p>Agenda Item 2: Welcome and apologies</p> <p>IB welcomed the Board and members of the public to the meeting.</p> <p>In particular, IB welcomed ID and JM the newly appointed Designate Non-Executive Directors to their first Board meeting.</p> <p>There were no apologies.</p>	
003/05/15	<p>Agenda Item 3: Confirmation the meeting is quorate</p> <p>The meeting was confirmed as quorate by JBr.</p>	
004/05/15	<p>Agenda Item 4: Declarations of Interest</p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item.</p> <p>No interests were declared.</p>	
005/05/15	<p>Agenda Item 5: Minutes of the Meeting held on 17 March 2015</p> <p>The minutes of the Board meeting held on 17th March 2015 were Received and Approved as an accurate record, subject to some minor amendments.</p>	
006/05/15	<p>Agenda Item 6: Matters Arising (Action Log)</p> <p>The following matters were Discussed and Noted:</p> <p>TB110/14 – Complaints Policy to be ratified – this action will now be closed as it is due to be discussed at this Board meeting, agenda item 17.</p> <p>TB110/14 – Rapid Response Roll Out Report – this action is due to be closed as it forms part of the Chief Operating Officer's Report, agenda item 11.</p> <p>TB110/14 – SystmOne Update Report – this action is due to be closed at the July 2015 Board meeting.</p> <p>TB110/14 – Annual Accounts Update – this action will now be closed as it is due to be discussed at this Board meeting, agenda item 16.</p> <p>TB006/15 – Annual Mortality Report – this action will now be closed as it is due to be discussed at this Board meeting, agenda item 15.</p>	

	TB038/15 – Quality of Food Action Plan for North Cotswold Community Hospital to be received and discussed at the Quality and Performance Committee.	EF
007/05/15	<p>Agenda Item 7: Forward Agenda Planner review</p> <p>The Forward Planner was discussed and approved with minor changes as listed below:</p> <ul style="list-style-type: none"> the Quality Strategy metrics to be included within the Quality, Finance and Performance Report from July 2015; a Nurse Revalidation Report to be discussed at the September Board Meeting; the Quality and Performance Committee should receive an update report from CP in respect of the Social Care Governance Framework; all future COO Reports should include a social care/integration update; all future CEO Reports should include a section on regulatory change; all future CEO Reports should include a section on communications. 	<p>PJ(RB)</p> <p>EF</p> <p>CP</p> <p>DJ</p> <p>PJ</p> <p>PJ</p>
008/05/15	<p>Agenda Item 8: Questions from the public</p> <p>There were no public questions submitted prior to the Board meeting.</p> <p>However, IB did accept contribution from Bren McInerney (BM) (public representative) who thanked Gloucestershire Voices for their earlier presentation.</p> <p>Additionally, BM requested to meet with DJ to share feedback that he recently received from Trust colleagues in respect of the pending Care Quality Commission inspection. DJ agreed to meet with BM.</p>	DJ

009/05/15	<p>Agenda Item 9: Chair's Report</p> <p>IB presented her report and brought to the attention of the Board, the revised NED portfolios and asked the Board to support the appointment of RG as the new Vice Chair, and to agree that SM remains as the Senior Independent Director. She thanked Joanna Scott for her support as vice chair over the last two years.</p> <p>IB also brought to the attention of the Board the patient story procedure from the 2gether Trust. IB explained that the Trust will be adapting the procedure for GCS use.</p> <p>IB also reported that the Secretary of State issued a letter on 12 May 2015 which highlighted the Government's plans to provide seven day NHS services.</p> <p>The Board Received the Chair's Report.</p>	PJ(RB)
010/05/15	<p>Agenda Item 10: Chief Executive's Report</p> <p>PJ presented his report and summarised key national, local and Trust issues and developments. In particular, he commented on:</p> <p><u>Listening into Action</u></p> <p>PJ introduced SP, the LIA Programme Lead for the Trust. SP informed the Board that year two of the programme is about embedding LIA into the culture of the organisation, so that colleagues across the Trust become the drivers of change and improvement.</p> <p>SP also reported that 4 Big Conversations had been completed to date. The LIA Programme plans to end the Big Conversation with a WebEx for those colleagues who were unable to attend the events.</p> <p><u>Kate Lampard Lessons Learnt Report</u></p> <p>PJ reported that David Flory wrote to all CEOs of NHS Trusts in March highlighting the publication of a further 16 NHS investigation reports linked to the Jimmy Savile enquiry, as well as the Lessons Learnt Report authored by Kate Lampard.</p> <p>PJ asked the Board to consider the Trust's response to the report set out as an action plan.</p> <p>IB requested that PJ nominate a lead Executive Director to champion the Lessons Learnt Report programme of work. PJ responded that a progress report will be brought to the</p>	PJ

	<p>September Board which will also clarify clear lines of accountability.</p> <p><u>Board Departure</u></p> <p>PJ advised the Board that JB would be leaving the Trust at the end of May 2015. PJ thanked JB for her contribution during her time with the Trust.</p> <p><u>Preparation for the CQC inspection</u></p> <p>PJ reported that at the beginning of May, the Trust's Corporate Planning Team sent out a "Don't Panic" message across the Trust, which is something that he fully endorsed.</p> <p>PJ explained that the Trust hopes to receive positive feedback from the CQC in respect of the care that colleagues provide, although naturally there is some anxiety across the Trust given that inspections start on Monday 22 June 2015.</p> <p>JS commented that she had completed four unannounced preparatory visits with Jules Roberts from the Corporate Planning Team which she found to be very useful and informative.</p> <p>The Board Received the CEO's Report.</p>	
011/05/15	<p>Agenda Item 11: Chief Operating Officer's Report</p> <p>DJ presented his report which outlined key local and Trust issues and developments. In particular, he reported:</p> <p><u>Adult Social Care</u></p> <p>Positive out turns for 2014-15 show the total number for adult social care up 16% from 30,016 to 34,683. Service users in receipt of residential or nursing care fell 17% from a peak of 2,812 in April 2014 to 2,345 by March 2015, while Telecare support has risen steadily from 1,737 users in March 2013 to 2,061 in March 2014 to 2,457 by March 2015.</p> <p>However, DJ stated that on-going financial pressures in delivering adult social care have led Gloucestershire County Council to begin a restructure of the management of these services as the new financial year commences.</p> <p>SM expressed concerns that despite joint working between the Trust and the Council being in place since 2010, there were still not truly integrated teams in Gloucestershire. SM drew to the Board's attention to a number of Government reports which have highlighted that integration is considered better use of public money and also better for service user</p>	

	<p>experience and service delivery. In response, DJ directed the Board towards the further discussion that will take place in the private part of the meeting.</p> <p><u>Recruitment and retention</u></p> <p>DJ reported that exhibition stands had been booked at the Royal College of Nursing Recruitment Fares in Birmingham on 2-3 July 2015 and in London on 10-11 September 2015.</p> <p><u>Sickness compliance</u></p> <p>DJ stated that resources are being developed across the Trust, aimed at providing support and training for line managers to address sickness absence.</p> <p><u>Cost Improvement Programme (CIP)</u></p> <p>DJ reported that the Trust will be adopting the Dorset model for conducting Quality Impact Assessments against all CIP schemes and associated service developments for 2015/16.</p> <p>RC expressed his disappointment that a full and detailed CIP report had not been presented to the Board. IB reiterated that it is essential for these plans to receive full scrutiny by finance committee and Board. In response, DJ confirmed that the report would be discussed at the next scheduled Finance Committee and brought to the next board meeting.</p> <p><u>Tender process for Public Health Services</u></p> <p>DJ explained that a number of contracts for services commissioned by Gloucestershire County Council will be due for renewal, particularly in respect of (1) Stop Smoking (2) Health Improvement (3) Oral Health Promotion. Additionally, it was reported that a number of contracts will be coming up for tender to include (1) NHS Health Checks (2) Weight Management Services (3) Community Health Trainers and (4) Breastfeeding Support.</p> <p>RC asked whether the Trust had the appropriate expertise to produce successful tenders. In response, DJ stated that following discussion at the Transformation and Change Board meeting, it was decided that the Trust should invest in developing an in-house core capacity to deliver a tender writing and preparation service. PJ to explore with DJ.</p> <p><u>Homeless Healthcare Team</u></p> <p>DJ noted, as per the corporate risk register, that the Homeless Healthcare Team had raised concerns about their loss of a base of operations. However, GH reported that</p>	<p>DJ</p> <p>PJ/DJ</p>
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	<p>suitable accommodation had been found in Gloucester.</p> <p>The Board Received and Discussed the COO's Report.</p>	
012/05/15	<p>Agenda Item 12: Board Assurance Framework – Corporate Risks</p> <p>PJ presented the Board Assurance Framework (BAF) to the Board. In particular, he drew the Board's attention to the 16 risks within the BAF which were currently graded as 15+ and therefore represent the most significant operational challenges to the Trust as identified by colleagues across the organisation.</p> <p>IB asked Board to consider whether it is satisfied with the proposed mitigations, particularly in relation to these most significant 16 risks. In response:</p> <ul style="list-style-type: none"> • Executive colleagues confirmed that work to address each of the high level risks was currently underway; • RB confirmed that assurance could be provided to the Board by the fact that operationally, there is now good scrutiny of risks at a local level, and that this scrutiny is informed to, and endorsed by, senior Trust committees, in particular the Scheduled Care Governance Forum, and the Community Hospitals, Urgent Care and Capacity Group, chaired by CP and SF respectively; • SM confirmed that the Quality and Performance Committee now began each session with detailed review of the risks within the corporate risk register and that corresponding discussion and interrogation was held where appropriate. In this respect SM felt assurance that there was now good coverage of operational risks, and that necessary discussion was being held at the appropriate forums within the Trust's governance structure. <p>IB thanked RB for the work on the BAF, and concluded that the following actions need to be completed as agreed with the Board:</p> <ul style="list-style-type: none"> • the Board will require regular assurance that Executive colleagues discuss and review risks as appropriate to their areas of operation; • Committees must report their discussion of risk registers and associated mitigating actions within their minutes as presented to the Trust Board. 	<p>All Execs</p> <p>All Execs</p>

	The Board Approved the BAF.	
013/05/15	<p>Agenda Item 13: Quality and Performance Committee Update</p> <p>SM as Chair of the Quality and Performance Committee presented the minutes of recent meetings and in particular noted the following:</p> <ul style="list-style-type: none"> • there has been steady and sustainable progress in respect of delivering harm free care, reported with 60% improvement; • in relation to the Friends and Family Test (FTT), SM was pleased to highlight that over 95% of respondents were extremely likely or likely to recommend the Trust's services; • there was particular concerned regarding the continued failure to achieve necessary mandatory training rates; • similarly, SM noted disappointment that appraisal rates continue to underperform. In this respect, SM stated her belief that the workforce must be at the forefront of change and improvement, and to enable this the Trust needs an appraisal process that supports people within their job and enables ready identification of changes in roles, responsibilities and accountabilities, and allows colleagues to understand what is expected from them in the future. SM challenged the Executive Team to change existing processes in order to make appraisals easier. IB added additional challenge given the correlation between appraisals and service user safety, thereby noting the importance of making improvement to this critical function. TR responded by stating that the appraisal management process had already been streamlined but that she was continuing to work with operational colleagues to try and understand what precisely is preventing appraisal rates from improving. CP added concern that supervision rates are similarly an area for improvement, and requested that these be considered alongside appraisals. • SM reported that EF and TR are preparing a report on nurse revalidation to be discussed at the next Quality and Performance Committee meeting. <p>In summary of this discussion, IB acknowledged the progress made with harm free care and thanked colleagues for the</p>	<p>TR</p> <p>EF</p>

	hard work and contributions of the teams.	
014/05/15	<p>Agenda Item 14: Quality and Performance Report</p> <p>EF presented the report, summarising activity and performance under the five quality domains of Safe, Caring, Effective, Responsive and Well-led. Discussion focused upon the following issues:</p> <p><u>Safe</u></p> <p>EF informed the Board that the percentage of harm free care in March 2015 was 95%, which was a noticeable improvement upon past performance.</p> <p>SM requested that EF explain to the Board why there had been such a significant decline in the number of injurious falls and to confirm whether this trend was being seen in practice or was merely an issue of data quality. EF responded that colleagues across the Trust have been supported in better understanding of when and how to report an incident, and that this was therefore reflected in the information presented.</p> <p>EF also informed the Board that the three incidents of C.Diff which had occurred in March 2015 at the Dilke Hospital had been separate strains of the infection and were therefore unrelated.</p> <p><u>Caring</u></p> <p>IB raised a particular concern that response rates to the Friends and Family test in the MIIU at Lydney Hospital were too low and needed to show marked improvement. SF responded with commitment to investigate the matter.</p> <p>In respect of complaints, PJ challenged the total number of complaints over the year, which is shown in the report as 63. There is concern that the Trust is a significant outlier in this respect. In response, EF directed Board Members towards the revised Complaints Policy which was to be discussed later in the meeting, and which seeks to ensure that the public have thorough understanding of when and how to make a complaint and that colleagues are suitably supported to deal with the matter openly, honestly and effectively.</p> <p><u>Effective</u></p> <p>EF reported that the Staff Flu Vaccinations Programme in 2014/15 resulted in 42.5% of staff being vaccinated, an increase from 38.6% in 2013/14.</p>	SF

	<p>NSS challenged the validity and usefulness of the Quality Snapshot Dashboard. EF responded by stating that this was work in progress, and that the Trust was currently looking at the Salford Model, as an alternative means of early alert and/or assurance, and would report back to the Board with progress made.</p> <p>GH requested further assurance about the Trust's compliance with NICE guidance. EF reported that this is work in progress, and that a further report would be made at the next Board Meeting.</p> <p><u>Responsive</u></p> <p>CP was pleased to report that the Health Visitor Call to Action target was achieved by the end of March 2015.</p> <p>IB raised concern that the Trust was breaching one of its performance targets by the fact that there was a reported MIU unplanned re-attendance rate of 5.4% compared to target of <5%. In response, SF confirmed that she would provide an update for the next Board.</p> <p>CP highlighted a concern that the Trust's performance against the Adult Social Care Key Indicators was higher than is being reported. EF responded that she would look into this matter and report to the next Board.</p> <p><u>Well led</u></p> <p>IB asked for explanation as to why the Staff Friends and Family Test continued to yield comparatively low results for colleagues recommending the Trust as a place for work. TR asserted that there is a clear link between the low reported staff morale and sickness absence levels, mandatory training rates and appraisals, all of which continue to under-perform. GH stated that part of the problem was winter pressures - in the period January to March, colleagues were overwhelmed with increased workload, meaning that there was minimal capacity to undertake functions such as training and appraisals which would therefore have a knock-on effect on staff attitudes. IB suggested that the Trust give consideration to rescheduling some of these core HR functions and ensure more effective planning but also noted that these matters predated the winter pressures and are a longstanding problem. TR will explore this issue.</p>	<p>EF</p> <p>EF</p> <p>SF</p> <p>EF</p> <p>TR</p>
015/05/15	<p>Agenda Item 15: Annual Mortality Report</p> <p>JB presented the report. She noted that although the numbers of deaths reported across the Trust are comparatively low, which therefore does not easily enable trend analysis; this does however provide advantage in that it</p>	

	<p>allows the Trust to explore each individual case in detail. IB agreed with this perspective, and noted therefore the importance of maintaining a Mortality Review Group to ascertain all relevant learning from each death.</p> <p>MR added to the discussion by confirming that there is not a generally approved way of analysing mortality that is consistently applied across all community trusts. The Trust should therefore be commended for developing the new MIDAS system which could prove a useful asset to other organisations.</p> <p>RG challenged some of the information contained within the report and asked if it could be presented in an easier to read format. Equally, DJ noted that it was hard to analyse some of the data. JB responded that this would be explored for subsequent reports.</p> <p>The Board Noted the high level risks presented in the report and Approved the proposed actions.</p>	MR
016/05/15	<p>Agenda Item 16: Annual Accounts</p> <p>In respect of the Trust's Annual Report and Accounts, GH reported that he had already met with the outgoing and incoming chairs of the Audit & Assurance Committee in order to review the draft Accounts. A further meeting is arranged for 27th May 2015 which ID will also attend.</p> <p>RB is currently developing the Annual Report element of the document, and drafts are being circulated to Board Members.</p> <p>It was noted that the final Report and Accounts must be submitted to the Department of Health by 5th June, which does not allow time for the report to be discussed by Board. However, it was noted that the Audit and Assurance Committee has been delegated responsibility for approving the document on behalf of the Board, and that an extraordinary meeting of the committee had been scheduled for 3rd June in order to perform the necessary sign-off function, to include approval by the Trust's External Auditors. The meeting will be minuted for audit purposes.</p> <p>It was agreed that GH would continue to brief PJ and IB on any matters arising.</p> <p>The Board Noted the above.</p>	GH

018/05/15	<p>Agenda Item 18: Duty of Candour Policy and Implementation Plan</p> <p>EF presented the Duty of Candour Policy and introduced CPo to present the implementation plan.</p> <p>NSS requested that the Board confirm the Executive lead for Duty of Candour. PJ agreed to clarify accountability prior to the next Quality and Performance Committee in June.</p> <p>With specific reference to the policy:</p> <ul style="list-style-type: none"> • TR stated that section 5.8 should be strengthened to read “employees who are concerned about non-reporting or concealment of incidents, or about on-going practices which present a risk to patient safety, have a contractual duty to raise their concerns”: EF to update; • JS asked that the policy be more specific about health and social care provision: EF to update; • ID reminded the Board of the importance of ensuring that the wording in the Complaints Policy and the Duty of Candour Policy match in terms of their meaning: EF to validate; • TR also stated that the effectiveness of the policy should be monitored through robust key performance indicators. The Board agreed that a set of measures should be drafted and included within the report and discussed at the next Quality and Performance Committee meeting: EF to develop; • RG asked if the policy content was included within the Trust’s mandatory training. TR confirmed that it will be incorporated as part of the corporate induction process which will be discussed at the Workforce and OD Committee. <p>With regard to the implementation plan and in response to specific questions from SM, EF agreed to continue to update the Quality and Performance Committee at subsequent meetings.</p> <p>IB conveyed her thanks to CPo for the presentation. She noted that there had been a slow response to meeting the requirements of Duty of Candour and asked that quality committee be provided with assurance that any relevant cases since November have been reviewed and responded to.</p>	PJ
		EF
		EF
		EF
		EF
		TR
		EF
		EF

	<p>The Board Approved the policy subject to the above changes, and Agreed to review the policy at the Board meeting in November 2015.</p>	
019/05/15	<p>Agenda Item 19: Finance Report</p> <p>GH presented the Finance Report and advised the Board that the Trust has achieved the planned financial outturn of £1.5m surplus; and £3.9m against the adjusted capital expenditure target of £4.0m, and had a year-end cash balance of £2.8m.</p> <p>GH explained that looking forward the Trust has submitted a plan to the NHS Trust Development Authority which identifies a projected income of £106.5m and a surplus of £0.1m which includes the delivery of £3.9m QiPP, £1.9m CQUIN and £3.15m of CIP.</p> <p>GH stated that future reports will show cash reporting in more detail.</p> <p>IB congratulated GH for his contribution in helping the Trust achieve financial balance in 2014/15.</p> <p>The Board Discussed and Approved the report.</p>	GH
	<p>Items for Information</p> <p>The Board noted the following items for information:</p> <ul style="list-style-type: none"> (1) Workforce and Organisational Development Committee update report and minutes of the meeting held on 13 April 2015 (2) CQC Inspection Programme Board update. (3) Annual Governance Statement. 	
	<p>Any other Business</p> <p>GH reported that SystmOne will go live in Cirencester following the bank holiday.</p> <p>No other business was requested for discussion.</p> <p>IB thanked everyone for attending the meeting.</p> <p>The meeting was closed by the Chair.</p>	










	Date of Next Public Meeting It was Agreed that the next meeting of the Board be held on Tuesday, 21 st July 2015, at 9:30am at Cirencester Football Club, Cirencester.	
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Chair's Signature













Date


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PUBLIC TRUST BOARD Part 1 (July 2015) LIVE ACTION SHEET



Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
TB110/14	Receipt of Annual Accounts	To receive annual accounts	GH	May 2015		
TB006/15	IBP and Long Term Financial Model	To be included on September agenda	GH	September 2015		
TB038/15	Quality of food action plan	Quality of Food Action Plan for North Cots to be received and discussed at next QP committee and confirmed to board	SF (EF)	July 2015		
01/05/15(Service User Story)	Further support for people with Learning disabilities	RC requested improvement in this critical area of service delivery by developing a detailed and documented plan	SF (EF)	Sept 2015		
	Liaison nurses to support people with learning disabilities when transferred to community hospitals	Community Hospitals Development Group to consider as part of a future agenda item	DJ	July 2015		
	Gloucestershire Voices AGM presentation	PJ invited Glos Voices to present at AGM – JB to follow up	JB	July 2015	Meeting Scheduled August 2015	
007/05/15	Nurse Revalidation report	Report to go to Q&P and presentation to September board	SF (EF)	Sept 2015		
	Social care integration report	COO report to include social care integration update	DJ	July 2015		
	Quality Strategy Metrics	Going forward the report for Quality, Finance and performance produced for board is to now also include Quality Strategic metrics	PJ (RB)	July 2015		

	Regulatory Change	COO report to include section on regulatory change	DJ	Sept 2015	To be included on the Sept report	
	Communications	CEO report to include a section on communications	PJ	September 2015	To be included on the Sept report	
	Meeting request from member of public	BM requested a meeting with DJ to discuss recent feedback received whilst visiting a community hospital.	DJ	July 2015		
	Lesson Learnt Report Lead Exec	PJ to nominate an exec lead to champion the Lessons Learnt Report programme of work and respond to board in September	PJ	September 2015		
011/05/15	Cost Improvement Programme	DJ to present to next finance committee full and detailed CIP report with minutes to follow to board	DJ	September 2015		
	Tender process for Public Health Services	DJ stated that following a discussion at Transformation and Change Board meeting it was suggested that the Trust should invest in developing in house core capacity to delivery and write tenders .PJ and DJ to explore further	PJ/DJ	September 2015		
	BAF	Assurance required by Board members that executive colleagues review risks as appropriate to their areas of operation. Committees to report discussion of risk registers and any mitigating actions within mins as presented to Trust Board	All Execs	Ongoing		
013/05/15	Quality and Performance Committee update – Mandatory training rates	Executive team asked to change existing processes in order to make appraisals easier. TR working with operation colleagues to streamline processes further.	TR	July 2015 within TR report		
014/05/15	FFT Lydney	SF to investigate response rates for FFT at Lydney	SF	July 2015		

	Performance Exceptions	SF to look into the MIU unplanned re-attendance rate and provide update to board	SF	July 2015		
	Adult Social Care Key Indicators	Trust performance is reported to be higher than is demonstrated EF to look into matter and report back to Board	EF	July 2015		
	NICE Guidance	Further assurance was requested from GH regarding the Trust's compliance with NICE guidelines. EF to report back to board with update in July	EF	July 2015		
15/05/15	Mortality Report	Data contained within the report to be presented in an easier read format in future reports	MR	September 2015		
16/05/15	Annual Accounts	GH to continue to provide Chair and CEO on any matters arising following sign off from external auditors on 3 rd June	GH	Ongoing		
017/05/15	Complaints Policy	To be review at board in September 2015, ensuring narrative within the policy is appropriate	EF	September 2015		
	Complaints Policy	Communications within the literature submitted to Readers Panel and board requested feedback to inform future iterations	RB	September 2015		
018/05/15	Duty of Candour	To be introduced into mandatory corporate training	TR	July 2015		
018/05/15	Duty of Candour	PJ to confirm exec lead and accountability at July board	PJ	July 2015		
	Duty of Candour	Policy effectiveness to be monitored through Quality and Performance Committee	EF	September 2015		
	Duty of Candour	Policy to be reviewed at September board with appropriate narrative	EF	September 2015		
019/05/15	Finance Report	Future reports to show cash reporting in more detail	GH	July 2015		

B006/15	Membership Strategy	To be developed and presented to the Executive management team in November 2015 and presented to Board in January 2016	JBr	January 2016		
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Key to RAG RATING

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

Board Part 1 2015/16						
Month	19 May 2015	21 July 2015	22 September 2015	24 November 2015	26 January 2016	22 March 2016
Venue:	Guildhall	Cirencester FC	Stroud Subscription Rooms	Oxtalls Gloucester	EJC	Tewk - TBC
Standard Items						
	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies
	Patient Story - Gloucestershire Voices	Service User Story - Gloucestershire Deaf Association	Service User Story -Carers Gloucestershire and Prestbury Carers' Group	Service User Story- GlosCats - Transgender Community	Service User Story- TBC	Service User Story - TBC
	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate
	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
	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log	Matters arising action log
	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner	Forward planner
	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public
	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report
	Chief Executive's Report (to include FT Programme Board update)	Chief Executive's Report (to include Understanding You Events update)	Chief Executive's Report (to include FT Programme Board update)	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report
	COO Report	COO Report	COO Report	COO Report	COO Report	COO Report
Governance, Quality & Safety						
	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr	Board Assurance Framework - Corporate Risks JBr
	Quality and Performance Report - EF	Quality, Finance and Performance Report - EF (inc quality metrics)	Quality, Finance and Performance Report - EF	Quality, Finance and Performance Report - EF	Quality, Finance and Performance Report - EF	Quality, Finance and Performance Report - EF
	Quality and Performance Committee Update (Minutes and update from 8 May Meeting)	Quality and Performance Committee Update (8 May Minutes and update from 18 June Meeting)	Quality and Performance Committee Update (18 June Minutes and update from August Meeting)	Quality and Performance Committee Update (August Minutes and update from 22 October Meeting)	Quality and Performance Committee Update (22 October Minutes and update from 17 December Meeting)	Quality and Performance Committee Update (17 December Minutes and update from 25 February Meeting)
	Workforce and OD Committee Update (Minutes and update from 13 April Meeting)	Finance Committee Update (24 April Minutes and update from 13 July Meeting)	Finance Committee Update (16 July Minutes and update from 2 Sept Meeting)	Finance Committee Update (2 Sept Minutes and update from 3 Nov Meeting)	Finance Committee Update (3 Nov Minutes and update from 11 January Meeting)	Finance Committee Update (11 January Minutes and update from 7 March Meeting)
	Annual Mortality Reporting - JB	Learning Disability Steering Group Report - EF	Duty of Candour Policy Complaints Policy			

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 21 July 2015

Location: Cirencester Football Club, The Corinium Stadium, Cirencester.

Agenda item 9: Chair's report

I am sure the Board would like to join me in congratulating Annie McCallum on being honoured in the Queen's Birthday Honours list with a British Empire Medal in recognition of her services to nursing.

We are very proud of Annie, who is Head of Specialist Services at the Trust, for her leading edge and nationally recognised work in the field of community heart failure services as well as her excellent leadership of our specialist community nursing teams.

Working with our partners

- As you are aware, the Care Quality Commission's Chief Inspector of Hospitals' visits took place throughout the week of June 22. I would like to extend my appreciation and thanks to all my colleagues across the Trust for the very positive manner in which they prepared for, and engaged with, the visit. I have been able to visit a number of services since the visit to personally thank colleagues, and we look forward to the final report, feedback and recommendations as we look to continue to improve the care we provide.
- Partnership working with Gloucestershire Clinical Commissioning Group as our major commissioner continues to be a priority. As part of this regular commitment, the Chief Executive and I attended the recent Gloucestershire Strategic Forum meeting and had a further meeting of the chair and executive group to agree the planning assumptions for our five-year integrated business plan, which is due to be submitted in September.
- I held my quarterly meeting on 10th June with the Chair of Healthwatch, at which we discussed system-wide issues including discharge. This is the topic of a Healthwatch report which is to be published imminently. The Healthwatch Annual General Meeting took place on Thursday 18 June at which the Trust was represented by the Director of Nursing and Quality.

- At the County Council's Annual General Meeting in May a new Chair was appointed for the Health and Care Overview and Scrutiny Committee (HCOSC). Cllr Ian Dobie met with me on Wednesday 3 June to discuss his proposed approach to the committee and to understand more about our Trust and the services we provide. The first meeting under Ian's chairmanship is on Tuesday 14 July - I will give a verbal update to the Board regarding this meeting.
- The Chief Operating Officer and I met with Mark Harper, MP for the Forest who is also now the Chief Whip. We were able to update him on key issues relating to the Trust and he is keen to support us in promoting our community and home-based services in the local media. The Chief Executive and I are also due to see Baroness Jan Royall and to meet with Forest District Council Cabinet members ahead of this Board meeting.
- The Trust sponsored the 'Young Caring Hero' category at the 'Heart of Gloucestershire' awards ceremony organised by Local World, publisher of the Gloucestershire Echo, Gloucester Citizen and Stroud Life. We were particularly proud that Chloe Fitchett, a member of the Children's Complex Care team at the Trust, was nominated in the Public Sector Hero (non-uniformed) category by the mother of a small child she had cared for. I and several colleagues from the Trust attended the awards ceremony on Thursday 4 June at the Hatherley Manor Hotel.
- The Chief Executive and I met recently with the Chairs of the Leagues of Friends for our regular quarterly update session. We continue to benefit from their generosity, not just financially, but with networking and local intelligence in the communities we serve.
- I am pleased to report that I have recently been re-elected to serve a second three year term as a Board member of NHS Providers, representing the Chairs of Community Trusts. Board members will know that this is an important opportunity to influence national policy thinking and to feedback the views of colleagues in our sector to inform national debate. I recently attended the National NHSP Chair / Chief Executive meeting and board members have been briefed on the issues discussed.

Engaging with our colleagues

- Our 'Understanding You' Awards day took place on Thursday 21 May with three events taking place in Cirencester, Gloucester and the Forest to celebrate the achievements of colleagues across the Trust. I was delighted and encouraged by the 168 nominations, in which the excellent work of Trust colleagues is recognised and applauded by their peers.

The award categories focus on the CORE values of the Trust and nominators described caring, open, responsible and effective values in action. There was also an 'Understanding You' award to recognise work which demonstrates our vision of understanding the people we serve and organising services around their lives.

- Chair and Non-Executive Director (NED) quality visits are continuing, as can be seen in the Quality, Performance and Finance reports. My most recent visit was to the podiatry department based at Gloucestershire Royal Hospital. I would like to thank the NEDs and also Healthwatch members for giving a great deal of time and energy to the recent series of unannounced quality visits, which were of great value.
- The monthly NED meetings continue to take place in local services so that we can undertake a walkabout and meet colleagues and service users. Our most recent meeting was at Lydney Hospital where we were pleased to see the progress in creating a dementia friendly environment in the hospital.

Board Developments

- The first of three 'Five Year View' sessions proposed by the Chairs' group some months ago is to take place immediately prior to this Board meeting. Myself, the Vice chair, the Chief Executive and an Executive are to attend this system wide facilitated session and will be able to offer verbal feedback to board.
- Secretary of State for Health, Jeremy Hunt MP, has written to all NHS Trusts in England concerning the need for executive pay restraint. His letter is attached as an appendix to this report for information.



Department
of Health

*From the Rt Hon Jeremy Hunt MP
Secretary of State for Health*

*Richmond House
79 Whitehall
London
SW1A 2NS*

*Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk*

Chairs:
NHS Trusts
NHS Foundation Trusts
Clinical Commissioning Groups

Cc' ALB Chairs (for info)

- 2 JUN 2015

Dear Colleague,

Keeping control of the paybill while ensuring we can recruit and retain high quality staff is a crucial part of meeting the efficiency challenge. Reforming the way we pay for NHS staff is a very high priority and must include a review of the pay of the most senior staff in the NHS (Very Senior Managers – VSMs) – chief executives and executive directors. Although these staff do important jobs and deserve to be fairly rewarded, it is vital that we do not lose sight of the need to ensure that executive pay remains proportionate and justifiable. More junior staff subject to tight restraint over their pay have the right to expect this as do the public more widely.

Although we have reduced the number of senior managers across the NHS by over 1,800 the latest figures still suggest that more than half of all directors in provider trusts are paid between £100,000 and £142,500 with more than one fifth paid amounts over £142,500. At a time of financial pressure, it is right to question the need to pay so many NHS staff more than the Prime Minister. The overall reward package is not just about pay, but also includes deferred pay in the form of NHS pensions. It cannot be right to treat pension benefits as though they are entirely separate from the employment offer.

I am therefore writing today to outline the following:

- Firstly, to urge you all to urgently review your policies on executive remuneration and consider whether the amounts paid are necessary and publicly justifiable.
- To advise you that I shall extend to NHS Trusts the current requirement for ambulance and community NHS Trusts, to first seek the approval of the

Chief Secretary to the Treasury for appointments above the Prime Minister's salary of £142,500.

- I am also requesting that all FTs and CCGs seek the views of ministers via Monitor and NHS England respectively before making appointments to Boards/ Executive Boards with a salary higher than the Prime Minister's. In addition, that you advise me of those current salaries which are higher than the Prime Ministers and your justification.
- To highlight particular attention to the pay of interim Board members and ensure that you follow the relevant HMT guidance on interim appointees paid on an "off-payroll" basis. Treasury guidance on such appointments states very clearly that Board members should be on the payroll of the organisations they lead unless in exceptional, short-term cases. The same rules apply to senior officials filling roles with significant financial responsibility. Can you please ensure that HMT's guidance on "off payroll" appointments is rigorously followed.
- In addition, I believe the daily rates paid for such appointments amount, on an annual basis, to pay which is excessive and indefensible. Can you please ensure that where there are exceptions, the daily rates involved do not normally exceed what would be paid to substantive appointments.
- Clamping down on "retire and return" to ensure that very senior staff cannot gain financially, from this at a cost to the taxpayer. I have concerns that very senior staff use the retire and return provisions of the NHS pension scheme to access their full pension and lump sum and then continue in full-time work. The provisions were not designed for senior staff to gain financially. I will look to extend existing rules so employees' new salaries plus their pension on returning to employment cannot be more than the original salary prior to retirement. It is unacceptable, particularly for VSMs leading organisations receiving additional tax payer support, to be better off by taking their pension and returning almost immediately to the NHS.
- To set out my expectation that the new redundancy terms for NHS staff in England apply to all newly appointed VSMs (unless staff are on statutory redundancy terms) and existing VSMs where section 16 is referenced in their contracts. The new redundancy terms for NHS staff in England are now more effective than before and it would be wholly unacceptable to have very senior staff leaving on significantly better compensation packages than more junior colleagues.

The last Government legislated for the “claw back” of contractual redundancy benefits on return to public sector employment for staff earning £100k or more. The new law will be in place in April 2016. This Government will introduce an overall contractual redundancy cap of £95k. Alternative employment where ever possible must be the priority so we retain valuable skills. Redundancy should be the very last resort.

I have also considered options for better control of VSM pay across the system, and will be taking these forward in the coming weeks. These include the following:

- introducing a national VSM pay framework with benchmarked rates for executive roles, and a more effective approach to transparency and disclosure (e.g. central publication of VSM pay rates for each organisation alongside the benchmarked rate). If these measures cannot be implemented effectively on a voluntary, “comply or explain” basis, I will strongly consider taking additional legal powers. In addition, it is important that the new pay framework is informed by any relevant recommendations following publication of The Rose Review.

I recognise that effective leadership is crucial if we are to improve outcomes for patients. Getting this right is a team effort, and my expectation is that there should be no significant difference in the terms and conditions of senior leadership teams and those working on the front line. I do not believe it is acceptable that some senior managers experience the high levels of pay, with year on year increases, as a matter of course.

By the end of June I would very much welcome your plans and thoughts on:

- reviewing your policies on executive remuneration and whether the amounts paid are necessary and publicly justifiable;
- to note that NHS trusts will be required to seek the approval of the Chief Secretary to the Treasury on VSM pay which is more than the PM's - £142,500 - before making any appointments;
- via Monitor and NHS England, that FTs and CCGs should mirror the process in the rest of the NHS for appointing VSMs paid more than the PM;
- providing me with details of your current VSM salaries that are higher than the PM's and your justification;
- the introduction of a national pay framework for executive roles and how appropriate rates can best be benchmarked;
- assuring me that Board members and those filling roles with significant financial responsibility paid “off payroll” all meet the Treasury guidance and where they do not, the action you plan to take to rectify the situation.

In addition, I ask that you confirm to me in writing that you will personally scrutinise and approve any new VSM appointments in your organisation.

My officials will make contact with you as quickly as possible to provide further guidance about the information I have requested and will provide standard templates for your colleagues to complete.

I look forward to receiving your conclusions in June and continuing to work with you on this crucial aspect of the financial challenges we have to address.

Yours sincerely
Jeremy Hunt

JEREMY HUNT

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 21 July 2015

Location: Corinium Stadium, Cirencester

Agenda item 10: Chief Executive's Report

Leadership Conference

The Trust's first Leadership Conference was held on Tuesday 2 June, and it was encouraging to see so many colleagues present and hear the ideas, and the appetite there is within the organisation, for improvements in how we work.

The conference was an opportunity for colleagues who had undertaken service improvement through Listening into Action, Leading for Quality Care, or any other leadership scheme, to share their experiences and for others to pick up new ideas or think about how to adapt these improvements in their own service areas.

To give an indication of the breadth of workshops on the day, titles included:

- Through the Keyhole: How to make GCS the Trust everyone in the country wants to care for them or work for
- Influencing a multi-disciplinary case management model
- Connect to change: an example of working across boundaries for a creative solution
- Contraception Pathway for Vulnerable Women at Time of Delivery

More than 170 people attended the event, with around 100 providing feedback afterwards via an online survey. The reaction was:

- 94.3% colleagues said that they felt the event was good or excellent
- 91.1% colleagues would like the event to be run every year
- 93.1% colleagues would recommend their colleagues to attend the event
- 86.7% colleagues felt the workshops were good or excellent

Attendees felt the event provide a good opportunity to learn about developments across the Trust they might otherwise not have heard about, helped develop confidence in leadership, created confidence and a 'feel-good' factor and was an opportunity to network with peers.

If the day has areas for improvement it is to attract more front-line teams and colleagues – irrespective of banding or role – so that we can use the event to develop leadership and encourage new ideas at all levels within the Trust. We will encourage attendance from a more diverse audience at the next event, as well as using feedback to develop the format of the panel discussion.

Listening into Action

Within the framework of the Listening into Action (LiA) programme we are continuing to engage frontline colleagues and empower them to drive organisational change. In May I hosted six Big Conversations, which were arranged to give a voice to a representative cross-section of the organisation.

These events were open to all colleagues and supported by the Sponsor Group. Colleague feedback was paramount to gain an understanding of 'what matters' and 'what gets in the way'. This year these events focused on prescription rather than diagnosis of how we, as an organisation can make positive change happen.

Colleagues discussed four key themes at the six events; culture, technology, communication and integration. These topics were chosen following feedback from the Understanding You engagement events earlier in the year.

A total of 170 colleagues attended the Conversations and we have collated over 650 comments and ideas. The key themes have enabled the implementation of 'Quick Wins', Exec-Led Actions, clinical, patient-focused teams and enabling our people schemes. Currently there are 10 clinical teams and four enabling our people schemes which are progressing well. These will be showcased at the 'Pass It On' event in January 2016.

I am keen for the LiA programme to help us tackle the challenges that we will be facing in the coming months. It should be there to support high priority challenges, whether these are issues raised on board papers or by CQC Inspection report. With this in mind an 'acceleration event' is being planned in October, at which outcome-focused clinicians will form teams to tackle these priorities.

I know our LiA lead Sonia Pearcey is continuing to work with a wide range of colleagues to ensure that their good ideas are acted upon, and that in doing so they have the satisfaction of making genuine and demonstrable improvements to our Trust.

Once that becomes part of everyday culture, leadership and working practices I know we will see a positive shift in the 'Pulse Check' and staff survey results.

CQC round-up

During the week 22-26 June, we welcomed the Care Quality Commission (CQC) Chief Inspector of Hospitals team who undertook assessments, observations and interviews across the organisation in order to evaluate the quality of provided care. A summary of the preparation and week's activities is as follows:

- a data pack was developed by the CQC and delivered to the Trust on 22 May: following comments from Trust colleagues, a finalised pack was circulated to the CQC team on 4 June ahead of their inspection;
- 3 weeks before the inspection, 30 comment boxes were distributed across the Trust so that service users, carers and families could provide their thoughts on our services in confidence: in total, we understand that over 600 individual cards were completed and submitted;
- during the week of the visit, 37 inspectors attended the Trust including specialists in inpatients, urgent care, end of life care, children and young people's services and sexual health. It is noted that the inspection of dentistry services was deferred at this time due to unavailability of an inspection team: this service is due to be inspected within the next 2-6 months;
- I hosted the "Day Zero" presentation on Tuesday 23, a visual record of which has since been recorded and uploaded to the Trust intranet for colleagues to see what was delivered;

- 18 service leads were interviewed directly after the Day Zero presentation, so that the inspectors could understand the logistics and governance of services ahead of site visits;
- across Wednesday-Friday, 10 drop-in sessions were held across the county allowing all colleagues to share their views with the inspection teams: additionally, there were a number of focus groups including ones specifically for administrative staff, health visitors and Non-Executive Directors;
- as part of their inspection, the CQC teams visited all 10 community inpatient wards, together with 4 of the Minor Injuries and Illness Units: they also attended clinics and home visits with colleagues from the Integrated Community Teams, countywide services, specialist services, children and young people's services: they also interviewed staff across the Trust from the homeless healthcare team to the overnight nurses;
- to further elicit public feedback, the CQC telephoned a number of service users from across a range of services;
- the CQC team also interviewed all present Executive colleagues as well as the Chair and Sue Mead as Non-Executive Director with responsibility for quality;
- to support their learning from the above activities, the CQC lodged 269 individual information requests with our central CQC team: they also made 137 additional enquiries following site visits and staff interviews: this resulted in us indexing and sharing 1,670 separate documents.

Following the main assessment, the CQC made 4 further unannounced visits: thus on 4 July, they visited both the Stroud and Vale Minor Injury and Illness Units, and on 6 July, they attended Cirencester and Tewkesbury inpatients.

The Trust will now see the initial draft report on 20 August, and will have two weeks to respond with any factual amendments only.

The final Chief Inspector of Hospitals report will be published on 22 September, following a Quality Summit the day before.

Annual operational plan – feedback from the Trust Development Authority (TDA)

The Trust's one year operational plan was submitted to the TDA on Thursday 14 May, and I received a response on Friday 19 June.

Our operational plan has been developed in accordance with 'The NHS Forward View into action: partnership and planning for 2015/16' and 'Delivering in a challenging environment: Planning guidance for NHS Trust Boards.' It is assigned a set of ratings by the TDA, based on the oversight and support appropriate to deliver various aspects of the plan. The ratings assigned to the Trust are:

Quality: remains Amber

- Mortality review process is not currently considered compliant
- Further assurance is required in relation to the tackling violence programme

The amber risk rating means this element of the plan is reviewed on a quarterly basis.

Finance: Amber (previously Red)

Amber rating is mainly driven by small planned surplus and small underlying surplus resulting from a low level of CIPs (2.9% of expenditure).

Following assessment, our plan is categorised as low risk. However actions required include:

- An assessment of our Cost Improvement Programme in the light of the recent work by Lord Carter as well as looking at the Monitor NHS providers efficiency questionnaire
- Identifying the implications of the recent announcements regarding agency, consultancy and very senior manager expenditure

We will continue to engage with the TDA on a monthly basis as a minimum with more frequent contact between finance teams where necessary. This may be refined as the year progresses.

Performance: remains Green

- The Trust broadly performs well against targets and contract and the TDA has noted some improvements in our plans around demand and capacity, recovering MSKAT and chlamydia screening, and developing resilience plans as part of the system

The green risk rating means this element of the plan is reviewed on a bi-annual basis.

Overall: remains Amber

- This is broadly driven by the finance plans and the Trust's plans for moving from a 'holding year' in 2015/16 to developing a sustainable future in subsequent years.

As a result of this rating we will be subject to monitoring through the TDA's business as usual arrangements and the arrangements as well as those set out above. This feedback from the TDA will naturally feed into our five-year integrated business plan which is due to be published later in the year.

Director of Nursing update

I am pleased to announce that Sue Field, Director of Service Transformation for the Trust, has agreed to assume responsibility for the Director of Nursing and Quality vacancy whilst Liz Fenton is on secondment with Health Education England.

Sue has demonstrated her ability, professionalism and pride since joining the Trust board in 2012 and although this will create a challenging expanded portfolio I have every confidence that Sue will make a valuable contribution as we look to continue building our clinical leadership, quality and safety record and an improved patient experience.

NHS Staff Survey Results 2014

NHS Employers have issued a Staff Survey Comparison tool (see appendix 1) which allows the Trust to benchmark its results against other Trusts within the Southwest and across England.

From the graph and tables it can be seen that GCS has improved in most areas compared to the 2013 results and is in the top 20% in a number of areas including equality & diversity training, equal opportunities and staff agreeing that their roles make a difference to patients.

The Trust is in the bottom 20% of organisations in one area: KF29 (the percentage of staff agreeing that feedback from patients/ service users is used to make informed decisions in their directorate/ department) but is implementing an engagement framework to improve in this area.

Overall the results show that the Trust is performing in line with the England average.

Letter RE Education England

On 3rd June 2015 Health Education England wrote to me and the Chair asking for the Trust to support two strategic frameworks for the development of the support workforce (Agenda for Change bands 1-4 and their equivalents):

- Talent for Care
- Widening participation

The Talent for Care framework focuses on three primary themes:

- Get in – opportunities for people to start their career in a support role
- Get on – supporting people to be the best they can be in the job that they do
- Go further – providing opportunities for career progression, including registered professions

The Widening Participation framework promotes action to build a diverse healthcare workforce that encourages people from all walks of life, and where success is based on merit, ability and motivation.

Gloucestershire Care Services NHS Trust has already been awarded a silver rating (out of bronze, silver or gold) for the level of activity that we are already achieving against these frameworks. The Trust is currently working towards gold level and progress will be monitored through the Workforce and OD Committee with a report scheduled for October 2015.

The Board is asked to commit to the following pledge, which once approved will be submitted to the Joint Negotiating and Consultative Forum for staffside's agreement:

Gloucestershire Care Services NHS Trust values its healthcare support staff who are critical in ensuring the high quality care of patients and delivery of services. We are committed to recruiting and developing our support workforce giving them new skills and competencies that will equip them for the future and provide real opportunities for those who wish to progress. We support the national strategic frameworks Talent for Care and Widening Participation and will work in partnership to deliver the key strategic intentions.

Providing for the future

NHS Providers has produced a programme for Parliament, entitled Providing for the Future: Building a Healthy NHS Around People's Needs. The document can be found at www.nhsproviders.org

Central Controls

In addition to the central controls around Very Senior Manager (VSM) pay, the Department of Health has written to all Trusts outlining controls that need to be implemented in two other areas. For Agency spend Trusts need to ensure that all spend is with Agencies that are on existing Framework agreements except in exceptional circumstances and these will be reviewed by the TDA. Additionally, there will be a cap on the amount that can be paid against a particular shift and again breaches of this cap will be monitored by the TDA. For providers in receipt of funding support or in Monitor special measures there will be a ceiling on the amount that a Trust can spend on Agency overall; GCS are not in that category.

Secondly, the Department is seeking to limit spend with management consultancies and so any contract more than £50,000 will need approval in advance from the TDA. The letter from the Department is attached to this report for your information. (Appendix 2)

Joining Up Your Information (JUYI)

Gloucestershire Clinical Commissioning Group has been leading a countywide piece of work overall Joining Up Your Care (JUYC) strategy. This piece of work has culminated in a successful bid for £1m of central funding to contribute to the costs of creating an integrated platform where all information about a patient is accessible to those professionals involved in their care. The Trust has been involved and supportive in the process to date primarily through the IT department; however, the project will be expanding shortly once the tender process, to select a technology partner has been completed. GCS will be signing a partnership agreement along with all other providers and commissioners in the County giving our commitment to working across the community to ensure the project's success. This is an important piece of work which will see the quality of care experienced by our patients improve through better information being in the hands of clinicians at the point of care.

STAFF SURVEY COMPARISON TOOL (2014) | MOST IMPROVED / DETERIORATED KEY FINDINGS

[Home page >](#)[Top / bottom 10](#)[Key findings summary >](#)[Graphs >](#)[Spider diagrams](#)

Response rate = 47.5%

RESET	
LEVEL 1	BY LETB
LEVEL 2	South West
LEVEL 3	THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST

ORGANISATION PROFILE

ORGANISATION TYPE	Community Trust
ORGANISATION CODE	R1J

TOP 10 MOST IMPROVED KEY FINDINGS FROM 2013 TO 2014

KEY FINDING	RELATIVE CHANGE FROM 2013	
KF26. % having equality and diversity training in last 12 mths	30.0%	Increase
KF7. % appraised in last 12 mths	7.2%	Increase
KF10. % receiving health and safety training in last 12 mths	5.4%	Increase
KF8. % having well structured appraisals in last 12 mths	3.9%	Increase
KF2. % agreeing that their role makes a difference to patients	3.8%	Increase
KF18. % experiencing harassment, bullying or abuse from patients / relatives in last 12 mths	3.4%	Decrease
KF12. % witnessing potentially harmful errors, near misses or incidents in last mth	3.2%	Decrease
KF20. % feeling pressure to attend work when feeling unwell in last 3 mths	3.2%	Decrease
KF11. % suffering work-related stress in last 12 mths	3.1%	Decrease
KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	2.4%	Decrease

BOTTOM 10 MOST DETERIORATED KEY FINDINGS FROM 2013 TO 2014

KEY FINDING	RELATIVE CHANGE FROM 2013	
KF13. % reporting errors, near misses or incidents witnessed in the last mth	0.5%	Decrease
KF6. % receiving job-relevant training, learning or development in last 12 mths	0.3%	Decrease
KF24. Staff recommendation of the trust as a place to work or receive treatment	0.0%	Decrease
#N/A	#N/A	#N/A

ADDITIONAL NOTES:

% INCREASE/DECREASE HAVE BEEN DERIVED BY CALCULATING THE % DIFFERENCE BETWEEN THE 2013 AND 2014 SCORES FOR EACH KEY FINDING.

SCORES OUT OF 5 HAVE BEEN CONVERTED TO A PERCENTAGE FOR THE PURPOSE OF THESE CALCULATIONS.

STAFF SURVEY COMPARISON TOOL (2014) | KEY FINDINGS SUMMARY

Home page >	Top / bottom 10 >	Key findings summary >	Graphs >	Spider diagrams	Response rate = 47.5%																		
RESET	LEVEL 1 BY LETB LEVEL 2 South West LEVEL 3 THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST LEVEL 4 ALL TRUSTS	RAG RATING: J. RANKING OF SCORE COMPARED AGAINST ALL TRUSTS IN ENGLAND Top 20% = KF ranked in the top 80-100% of organisations in England Mid 20-80% = KF ranked in 21-79% of organisations in England Bottom 20% = KF ranked in the bottom 0-20% of organisations in England RAG COUNT 9 20 1																					
PLEDGE 1 To provide all staff with clear roles and responsibilities and ensuring jobs fit people and individuals that make a difference to patients, their families and carers and communities.	THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST																						
South West ALL TRUSTS																							
ENGLAND ALL TRUSTS																							
Is a higher or lower score better?																							
2014 KF score																							
RAG RATING																							
Relative % change from 2013 to 2014																							
Comparison with 2013 score																							
SCORE RANGE																							
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RANKED #1 TRUST																							
SCORE RANGE																							
Lowest Mean Highest																							
National rank																							
RANKED #1 TRUST																							
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	Higher	78%	Mid 20-80%	1.6%	Improved	64%	76%	90%	8 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	49%	77%	92%	103 / 245	Royal Brompton and Harefield NHS Foundation Trust								
KF2. % agreeing that their role makes a difference to patients	Higher	93%	Top 20%	3.8%	Improved	84%	90%	95%	4 / 23	Taunton and Somerset NHS Foundation Trust	71%	90%	95%	19 / 245	Taunton and Somerset NHS Foundation Trust								
KF3. Work pressure felt by staff	Lower	3.10 / 5	Mid 20-80%	1.3%	Improved	2.73	3.10	3.32	10 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	2.61	3.07	3.65	145 / 245	Royal Brompton and Harefield NHS Foundation Trust								
KF4. Effective team working	Higher	3.82 / 5	Mid 20-80%	1.3%	Improved	3.28	3.76	3.95	8 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	3.18	3.76	4.08	66 / 245	NAVIGO								
KF5. % working extra hours	Lower	68%	Top 20%	2.3%	Improved	62%	71%	88%	6 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	57%	72%	89%	40 / 245	Caldenstones Partnership NHS Foundation Trust								
PLEDGE 2 To provide all staff with personal development, access to appropriate training for their jobs and life management support to balance	THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST																						
South West ALL TRUSTS																							
ENGLAND ALL TRUSTS																							
Is a higher or lower score better?																							
2014 KF score																							
RAG RATING																							
Relative % change from 2013 to 2014																							
Comparison with 2013 score																							
SCORE RANGE																							
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SCORE RANGE																							
Lowest Mean Highest																							
National rank																							
RANKED #1 TRUST																							
KF6. % receiving job-relevant training, learning or development in last 12 mths	Higher	80%	Mid 20-80%	-0.3%	Deteriorated	72%	80%	87%	14 / 23	Somerset Partnership NHS Foundation Trust	63%	81%	91%	150 / 245	Isle of Wight NHS Primary Care Trust (ambulance sector)								
KF7. % appraised in last 12 mths	Higher	90%	Top 20%	7.2%	Improved	61%	85%	92%	6 / 23	Cornwall Partnership NHS Foundation Trust	30%	84%	96%	51 / 245	Wirral Community NHS Trust								
KF8. % having well structured appraisals in last 12 mths	Higher	37%	Mid 20-80%	3.9%	Improved	18%	35%	43%	11 / 23	Northern Devon Healthcare NHS Trust	8%	38%	58%	147 / 245	Oxley NHS Foundation Trust								
KF9. Support from immediate managers	Higher	3.70 / 5	Mid 20-80%	0.4%	Improved	3.41	3.70	4.02	12 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	2.99	3.69	4.11	116 / 245	NAVIGO								
PLEDGE 3 To provide support and opportunities for staff to maintain their health, well-being and safety	THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST																						
South West ALL TRUSTS																							
ENGLAND ALL TRUSTS																							
Is a higher or lower score better?																							
2014 KF score																							
RAG RATING																							
Relative % change from 2013 to 2014																							
Comparison with 2013 score																							
SCORE RANGE																							
Lowest Mean Highest																							
Regional rank																							
RANKED #1 TRUST																							
SCORE RANGE																							
Lowest Mean Highest																							
National rank																							
RANKED #1 TRUST																							
KF10. % receiving health and safety training in last 12 mths	Higher	81%	Mid 20-80%	5.4%	Improved	47%	75%	87%	5 / 23	Northern Devon Healthcare NHS Trust	32%	75%	95%	58 / 245	Lincolnshire Community Health Services NHS Trust								
KF11. % suffering work-related stress in last 12 mths	Lower	36%	Mid 20-80%	3.1%	Improved	27%	40%	51%	5 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	27%	39%	59%	61 / 245	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust								
KF12. % witnessing potentially harmful errors, near misses or incidents in last mth	Lower	24%	Top 20%	3.2%	Improved	19%	33%	46%	5 / 23	20th NHS Foundation Trust	13%	31%	50%	35 / 245	Tavistock and Portman NHS Foundation Trust								
KF13. % reporting errors, near misses or incidents witnessed in the last mth	Higher	90%	Mid 20-80%	-0.5%	Deteriorated	77%	89%	97%	11 / 23	South Devon Healthcare NHS Foundation Trust	73%	90%	99%	162 / 245	King's College Hospital NHS Foundation Trust								
KF14. Fairness and effectiveness of incident reporting procedures	Higher	3.46 / 5	Mid 20-80%	0.1%	Improved	3.23	3.49	3.60	17 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	2.94	3.51	3.77	195 / 245	NAVIGO								
KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice	Higher	51%	Mid 20-80%	** NEW FOR 2014 **		0.27	0.51	0.73	14 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	0.15	0.54	0.77	175 / 245	Caldenstones Partnership NHS Foundation Trust								
KF16. % experiencing physical violence from patients / relatives in last 12 mths	Lower	11%	Mid 20-80%	2.1%	Improved	2%	16%	30%	2 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	2%	15%	39%	53 / 245	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust								
KF17. % experiencing physical violence from staff in last 12 mths	Lower	1%	Top 20%	0.8%	Improved	0%	2%	5%	4 / 23	Cornwall Partnership NHS Foundation Trust	0%	3%	8%	22 / 245	Isle of Wight NHS Primary Care Trust (ambulance sector)								
KF18. % experiencing harassment, bullying or abuse from patients / relatives in last 12 mths	Higher	30%	Mid 20-80%	3.4%	Improved	17%	29%	45%	13 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	11%	29%	55%	154 / 245	The Clatterbridge Cancer Centre NHS Foundation Trust								
KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	Lower	19%	Top 20%	2.4%	Improved	19%	24%	31%	1 / 23	The Gloucestershire Care Services National Health Service Trust	14%	23%	42%	41 / 245	Tees, Esk and Wear Valleys NHS Foundation Trust								
KF20. % feeling pressure to attend work when feeling unwell in last 3 mths	Lower	21%	Mid 20-80%	3.2%	Improved	15%	24%	38%	8 / 23	Cornwall Partnership NHS Foundation Trust	12%	25%	48%	59 / 245	Tavistock and Portman NHS Foundation Trust								
PLEDGE 4 To engage staff in decisions that affect them and the services they provide, individually through representative organisations and through local partnership working arrangements.	THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST																						
South West ALL TRUSTS																							
ENGLAND ALL TRUSTS																							
Is a higher or lower score better?																							
2014 KF score																							
RAG RATING																							
Relative % change from 2013 to 2014																							
Comparison with 2013 score																							
SCORE RANGE																							
Lowest Mean Highest																							
Regional rank																							
RANKED #1 TRUST																							
SCORE RANGE																							
Lowest Mean Highest																							
National rank																							
RANKED #1 TRUST																							
KF21. % reporting good communication between senior management and staff	Higher	25%	Mid 20-80%	0.7%	Improved	16%	28%	43%	17 / 23	Torbay and Southern Devon Health and Care NHS Trust	7%	30%	53%	200 / 245	NAVIGO								
KF22. % able to contribute towards improvements at work	Higher	69%	Mid 20-80%	0.8%	Improved	51%	68%	80%	9 / 23	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	28%	68%	83%	132 / 245	NAVIGO								
ADDITIONAL THEMES	THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST																						
South West ALL TRUSTS																							
ENGLAND ALL TRUSTS																							
Is a higher or lower score better?																							
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SCORE RANGE																							
Lowest Mean Highest																							
National rank																							
RANKED #1 TRUST																							

STAFF SURVEY COMPARISON TOOL (2014) | SPIDER DIAGRAM

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Key findings summary >

Graphs >

Spider diagrams

Response rate = 47.5%

RESET

LEVEL 1	BY LETB
LEVEL 2	South West
LEVEL 3	THE GLOUCESTERSHIRE CARE SERVICES NATIONAL HEALTH SERVICE TRUST

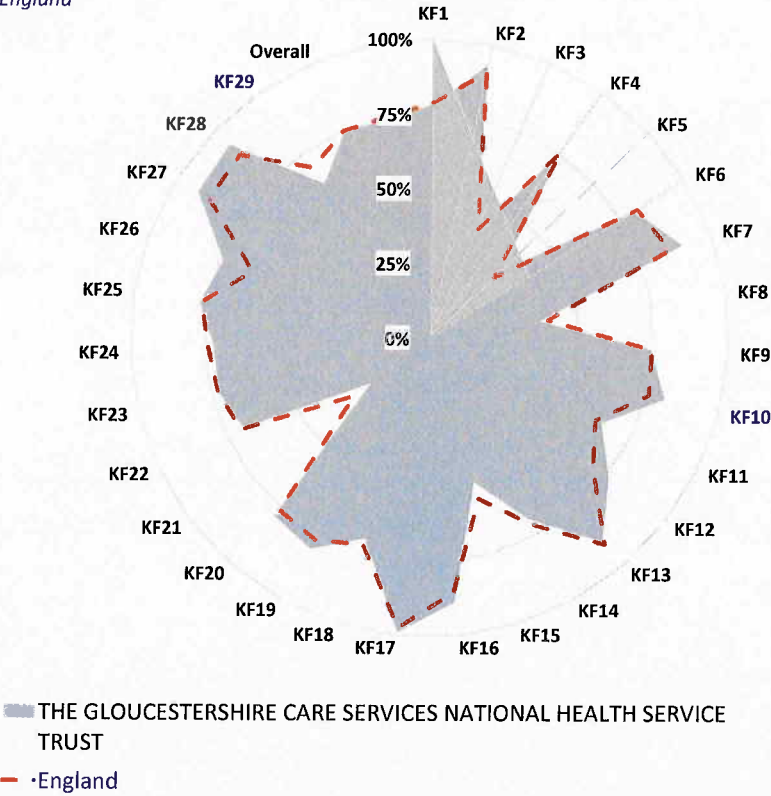
England

ORGANISATION PROFILE	
ORGANISATION TYPE	Community Trust
ORGANISATION CODE	R1J

PLEASE NOTE: all scores have been converted to a percentage and rebased on the same scale (i.e. 0% = worst, 100% = best score)

Spider Diagram | A ONE PAGE SNAPSHOT OF THE PROVIDER VS ENGLAND MEAN

Outside of dashed line is better than the England average



KF1. % feeling satisfied with the quality of work and patient care they are able to deliver
KF2. % agreeing that their role makes a difference to patients
KF3. Work pressure felt by staff
KF4. Effective team working
KF5. % working extra hours
KF6. % receiving job-relevant training, learning or development in last 12 mths
KF7. % appraised in last 12 mths
KF8. % having well structured appraisals in last 12 mths
KF9. Support from immediate managers
KF10. % receiving health and safety training in last 12 mths
KF11. % suffering work-related stress in last 12 mths
KF12. % witnessing potentially harmful errors, near misses or incidents in last mth
KF13. % reporting errors, near misses or incidents witnessed in the last mth
KF14. Fairness and effectiveness of incident reporting procedures
KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice (NEW 2014)

KF16. % experiencing physical violence from patients / relatives in last 12 mths
KF17. % experiencing physical violence from staff in last 12 mths
KF18. % experiencing harassment, bullying or abuse from patients / relatives in last 12 mths
KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths
KF20. % feeling pressure to attend work when feeling unwell in last 3 mths
KF21. % reporting good communication between senior management and staff
KF22. % able to contribute towards improvements at work
KF23. Staff job satisfaction
KF24. Staff recommendation of the trust as a place to work or receive treatment
KF25. Staff motivation at work
KF26. % having equality and diversity training in last 12 mths
KF27. % believing trust provides equal opportunities for career progression or promotion
KF28. % experiencing discrimination at work in last 12 mths
KF29. % agreeing that feedback from patients/service users is used to make informed decisions in their direction
Overall engagement score



Department
of Health

David Williams

Director General, Finance, Commercial and NHS
206 Richmond House, 79, Whitehall, SW1A 2NS
T **0207 210 5685**
E David.Williams@dh.gsi.gov.uk

BY EMAIL

NHS Foundation Trust Chief Executives
NHS Trust Chief Executives
Clinical Commissioning Group Accountable Officers

2 June 2015

As we all know, the NHS is facing substantial financial pressure over the next five years. The NHS has developed the Five Year Forward View which the Government has accepted and the Government has committed to provide the additional £8bn funding identified in the plan. NHS leaders, with our support, are focussed on planning how to deliver the £22bn efficiency savings identified in the plan. A collective effort across the whole NHS will be needed to deliver those savings.

2015-16 is a particularly challenging year. The NHS is facing increased prices for agency staff, pressures on the prices paid for clinical and non-clinical supplies and increased litigation costs, amongst other items. The current planned provider financial deficit is not sustainable and needs to be addressed.

Sound financial discipline is a necessary underpinning to the continued improvements in quality and performance that we all want to see. It is important that the NHS acts together to ensure we achieve the most from our collective bargaining power and work together to reduce these pressures where we can. Many of you have told us that your greatest concern is on the price of agency staff, where rates for individual shifts are rapidly reaching exorbitant levels.

This letter outlines some specific measures which we are taking to focus the collective bargaining power of the NHS, as well as a number of other initiatives designed to reduce cost pressures on litigation, procurement and increase the supply of nursing staff.

We have been working closely with NHS England (NHSE), Monitor and the NHS Trust Development Authority (TDA) on what specific measures to adopt. As a result, we will require providers who are receiving financial support from the Department to comply with these controls, along with all NHS Trusts, Foundation Trusts in breach of their licence and CCGs. The Department will continue to apply similar controls to all of its Arms' Length Bodies. However to have maximum effect, we are asking all other parts of the NHS to apply them. Indeed we expect all parts of the system to support these necessary measures and work with us to make them as effective as possible as we implement them. The Department has asked NHSE, Monitor and the TDA to support their sectors in moving towards financial balance and specifically to take the lead in introducing these controls.

NHSE, Monitor and the TDA will write later today setting out the details of the controls and how they relate to your organisations, but in summary:

- Organisations will be required to procure all agency staff from frameworks. Off-framework arrangements will not be permitted except in exceptional circumstances;



- NHS Trusts and Foundation Trusts in receipt of financial support or in breach of their licence will have a ceiling put on the level of spend they are able to incur on agency staff;
- A shift-based or day/hourly rate-cap will be set for agency staffing. Exceeding this cap will only be possible in exceptional circumstances;
- All professional services consultancy contracts above £50,000 will require sign-off from NHSE, Monitor or the TDA. Similar controls on these three bodies will continue to be exercised by the Department ;
- The Department will be writing separately to set out expectations on the remuneration of Very Senior Managers.

Monitor will also be consulting on changes to the regulatory regime for Foundation Trusts through its Risk Assessment Framework.

Implementation

The control over consultancy applies with immediate effect for all CCGs, Arms' Length Bodies, NHS Trusts and Foundation Trusts in receipt of financial support. The controls over agency staff will be rolled-out as soon as practicable from 1 July and be fully in place by the start of September. They will initially apply to nursing staff and then to other clinical and management staff. NHSE, Monitor and the TDA will be working with you over the next few weeks on how this control will operate.

Details about how the limits on agency spend and the use of non-framework suppliers will operate will be discussed with your regulators over the next few weeks, but we are clear that exceptions will be rare. However while the focus is necessarily on saving money, we are clear that this should not compromise patient safety. Where there is a high risk to patient safety the 'exceptions process' should be followed and we are consulting with Monitor and the TDA on how this will work.

We are also working on other initiatives designed to reduce the cost pressures on the system. There are three particular items where we are looking for your support to develop proposals and take the work forward:

- The Department and NHS Litigation Authority (NHSLA) are working with the Ministry of Justice and others in Government to review a number of issues including the potential to introduce fixed legal costs for clinical negligence and reviewing whether 'After the Event Insurance' costs should continue to be recoverable from the defendant in a clinical negligence claim.
- Health Education England (HEE) and the NHS system leaders are working to bring nurses back into the workplace. HEE have invested in training additional numbers of nurses which will begin to yield an increase in nursing staff numbers from 2017. In the interim, HEE and NHS leaders are investing in a continued major national campaign that will allow former nurses to return to the workforce. HEE's programme fast tracks experienced nurses back into the NHS in 3-6 months.
- We are looking to change how the NHS leverages better shared procurement options to maximise the benefit to the NHS. Our intention is that use of collective procurement channels will be mandatory for all providers in receipt of financial support, to apply from



later this financial year. However, we are looking to consult widely on how this will be developed.

Over the next few weeks NHSE, Monitor and the TDA will be working with you to develop these plans further, but we are looking to you for your collective support in delivering the efficiencies needed to ensure that the £8bn additional funding is used to best effect and we can deliver a sustainable NHS.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D Williams'.

DAVID WILLIAMS
DIRECTOR GENERAL, FINANCE, COMMERCIAL and NHS

ANNEX A

1. Agency Staff Controls

The total spend by providers on agency staffing was over £3.3bn in 2014-15 - an increase of more than 28% since the previous year. Much of the increase has been driven by individual provider assessments of the number of additional nursing staff required to meet safe staffing levels and which is met from the agency market. Agency staff are generally more expensive than employed or 'bank' staff. Agency staff engaged through framework arrangements often offer a good value and flexible resource, but there are an increasing number of agency engagements which are procured off-framework, at vastly increased rates. There is evidence that some agencies hold back agency staff at framework rates to force trusts into a situation where they have to engage off the framework. The controls we are putting in place are designed to improve the collective bargaining power of the NHS by requiring agency staff to be procured from a framework and at less than a maximum allowable rate per shift.

Use of Frameworks: All agency staff will be procured from existing framework agreements. Off-framework arrangement may only be used in exceptional circumstances. All providers have access to one or more local framework arrangements and all providers have access to a national framework operated by Crown Commercial Services. Requiring providers to use only these frameworks will reduce the average cost of agency nursing staff. Where providers wish to procure off-framework this will be in exceptional circumstances and will be overseen by the Trust Development Authority or Monitor. Similar controls already apply to the Department and its Arms' Length Bodies (ALBs) and will be extended to Clinical Commissioning Groups, with details to be worked out shortly.

Application of a shift based rate cap: There will be maximum rates set for grades and specialities of staff on a geographical basis. Breaking this cap will only be permitted in exceptional circumstances and will be overseen by one of the Trust Development Authority, Monitor, the Department or NHSE. Requiring providers to engage only at levels below this cap will reduce the average cost of agency staff. Initially this cap will apply to nursing staff, but will be extended to other clinical, medical and management/administrative staff. Capped rates will be reduced from the initially set level over time.

Setting of a ceiling for Agency spending by providers: There are currently no limits on the amount of resource which providers can spend on Agency resources. For providers in receipt of financial support or in breach of their Monitor licence, a maximum level of agency spend will be set. The level will be set locally by the TDA or Monitor based on reductions in current levels of spend, a percentage of overall nursing costs, geographical workforce factors, the relative size and nature of the trust the type of services that a trust delivers and the type of trust (acute, mental health, community, etc). Spend against the ceiling will be overseen by the TDA and Monitor who will consider what action is required if the cap is breached.



2. Management Consultancy

NHS providers spent £420m on consultancy services in 2014-15, with a further £160m spent by NHSE and clinical commissioning groups. Consultancy can be a good source of independent advice and provide additional capacity to support delivery, but this is not always the case.

For providers in receipt of financial support or in breach of their Monitor licence all consultancy contracts above £50,000 would require approval in advance from Monitor or TDA. An organisation intending to procure or let a consultancy contract will submit a request for approval to TDA or Monitor who will then consider whether in their view it represents good value for money. The decision on approval will be made by a panel of senior staff from Monitor or the TDA.

Approval would most likely be given for contracts which were in support of a national programme such as 'Vanguard' or internal/external audit. Monitor are developing guidance on behalf of the sector on the type of consultancy that is likely to be approved.

Consultancy which is approved will be subject to subsequent reporting on the value-added by that consultancy work and Monitor and TDA will maintain a database of the consulting work engaged by the sector to understand more fully what the sector is paying for.

Similar arrangements already apply to the Department and its ALBs and these controls will continue.

Application to bodies other than providers

The Department and its ALBs (including NHSE) are already subject to similar controls, and these will continue. The controls will also apply to CCGs.

3. Very Senior Managers Pay

Junior staff in the NHS are subject to tight restraint over their pay, but this is not always transparently the case for the pay of very senior managers. VSMs have some of the most important jobs in the country but it is vital that we do not lose sight of the need to ensure that executive pay remains proportionate and justifiable. Latest figures show that half of all directors in provider trusts are paid between £100,000 and £142,500, with more than a fifth over £142,500. The department is asking all provider remuneration committees to review their policies on executive remuneration and consider whether they remain justifiable. We are specifically asking remuneration committees to ensure that Treasury guidance on off-payroll engagements for senior staff are followed rigorously. This guidance requires all board members and all staff with significant financial responsibilities to be on payroll. We are also announcing a series of measures on transparency and disclosure, the use of retire and return provisions and that we will consult on a national VSM pay framework and benchmarked rates for executive roles. We are looking for these to be applied voluntarily but will consider taking additional legal powers if this is necessary.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 21 July 2015

Location: Corinium Stadium, Cirencester

Agenda item 11: Chief Operating Officer's Report

This report is intended to provide an executive summary of key operational projects, and any associated issues, across the Trust.

1. Adult Social Care

On the 1st August new operating arrangements for adult social care within the Integrated Community Teams (ICTs) will start. The revised responsibilities are shown at Appendix 1.

The service needs to be changed to meet the requirements of the Care Act and to ensure that it operates within budget. In the short term the county council has decided that it requires more direct control over the direction of the professional social care practice to effect these changes.

The council will expand the number of professional team leaders and change their role to professionally supervise senior social work practitioners. The council will also create a new Head of Service role for social care with overall accountability for the service and the budget.

The Trust continues to provide the overarching leadership and management of the ICTs.

2. Human Resources

2.1. Staff Friends and Family Test

At the last Board meeting a discussion took place about the results of the Staff Friends and Family Test in which only 52% of colleagues would recommend the Trust has a place to work.

To better understand the reasons for this rating, the Director of HR has undertaken a "deep dive" of the free text comments received for this survey during 2014/15 to ascertain whether the Trust's Organisational Development & Workforce Strategies are focused on the correct priorities.

From this analysis it can be seen that there is a high level of job satisfaction and teamwork across the Trust but that improvements need to be made with regard to supporting colleagues through change, with demand and capacity issues and

by strengthening line management support. A detailed report on this topic will be submitted to the Workforce & OD Committee in August 2015.

2.2. Workforce Scorecard

The workforce scorecard (Appendix 2) to the end of June 2015 shows that improvements have been made in the overall sickness absence rate, which has decreased to 4.82% (from 4.89% as at 31st March 2015) and that mandatory compliance rates continue to improve month on month with all but Fire Safety and Information Governance reaching the target rate of 80% by the end of June 2015.

The Executive Team continue to focus on appraisal completion rates particularly for the areas that are below the end of June target rate of 80%. Managers have been asked to identify a date for all outstanding appraisals and these will be entered onto the central database for monitoring.

3. Cost Improvement Programme (CIP)

The new Finance Committee has responsibility for oversight of the Cost Improvement Programme and received an update at its meeting on 16th July 2015. There is slippage in the programme due to pressures across the Trust, including the need to prepare for and facilitate the recent Care Quality Commission inspection.

The programme to further reduce costs in non-frontline roles needs to be modified in year and compensating savings identified to keep delivery of the overall savings target on track.

Attached at appendix 3 to this report for the Board's information are Quality Impact Assessments for five schemes (E-Rostering, Stock Management, Management Reporting, Patient Calling and Digital Dictation) which make up part of this year's CIP.

4. Commissioning for Quality and Innovation (CQUIN) and the Quality, Innovation, Productivity and Prevention programme (QIPP)

The Trust has been working towards achieving its Quarter 1 milestone for both programmes. There remains as previously reported a risk around QIPP scheme achievements.

5. Cirencester Community Hospitals

New arrangements for medical cover at Cirencester Hospital were approved by the Gloucestershire Clinical Commissioning Group's Governing Body on 28th May. The Minor Injury and Illness Unit (MIU) will become nurse led and continue to operate 24 hours per day. Speciality doctors will provide medical cover for inpatients during core hours and at other times it will be provided by the countywide out of hours service.

Care UK has a contract with Gloucestershire Clinical Commissioning Group (GCCG) for use of the theatre at Cirencester Hospital which will come to an end in October 2015. Care UK has decided not to continue to use the theatre. We are in discussions with other NHS providers about the use of the theatre facilities and I am confident that the facilities will be fully utilised.

SystmOne roll-out started at Cirencester Hospital in May as planned. There continues to be excellent engagement from colleagues in the implementation of the system and the MilU in particular has made a number of changes to the templates which will benefit all MilUs as the roll-out continues. Congratulations must go to the teams at Cirencester and the SystmOne project team for successfully introducing this significant change programme. Stroud Community Hospital is the next hospital to “go live” with SystmOne on Monday 13 July.

6. Minor Injury and Illness Units

MilU activity has seen a 5.5% increase this year across all the sites, which equates to a further 452 attendances. The average weekly attendances have increased from 1,033 to 1,090. Only Cirencester and Lydney have observed fewer attendances for the first 8 weeks of this year compared to last.

The Trust is preparing a business case for the implementation of a resource allocation model for MilUs. The work includes a robust allocation of resources matched with demand, staff training and a practitioner development programme. The current leadership and clinical governance structure is also under review to support the implementation of this programme of work.

7. Tender process for Public Health Services

As reported to the last Board meeting, a number of contracts for lifestyle behaviours currently commissioned through the county council come to an end in April 2016. It initially appeared that a process to commission services tackling poor diet, physical inactivity, smoking and alcohol misuse would begin later this year, potentially through an integrated health improvement contract with a single provider.

However, the council is delaying that process and new services are to be commissioned from January 2017. The Trust will continue its preparation for that tender process and explore the potential for collaborative working with community partners. There will also be discussions as needed about the arrangements for extending the existing contracts to cover until December 2016.

8. Rapid Response Service

The Rapid Response service continues to receive very positive feedback. A priority is to improve the referral rate which remains below the trajectory target with the weekly average currently 20 lower than anticipated. The service has developed an action plan to increase referral opportunities with the priority

being placed on clinical support to colleagues in Single Point of Clinical Access (SPCA) when applying the clinical triage criteria in receipt of GP referrals

9. Homeless Healthcare Team

As previously discussed at Board, Elim Housing, owner of the Vaughan Centre, in Southgate Street, Gloucester, gave the Trust notice, following their sale of the building, for the Homeless Healthcare Team to leave the premises by the end of July.

The Estates department has continued negotiations and have secured an extension allowing us to remain in the building until September. We have also identified a property close to the City Centre and Gloucestershire Royal Hospital which we are planning to share with another organisation which provides services to the same group of service users.

In the meantime we will be providing our normal clinics and services out of the Vaughan Centre, while outreach work has been carried out by the health improvement team at other sites in central Gloucester.

10. Chlamydia Screening

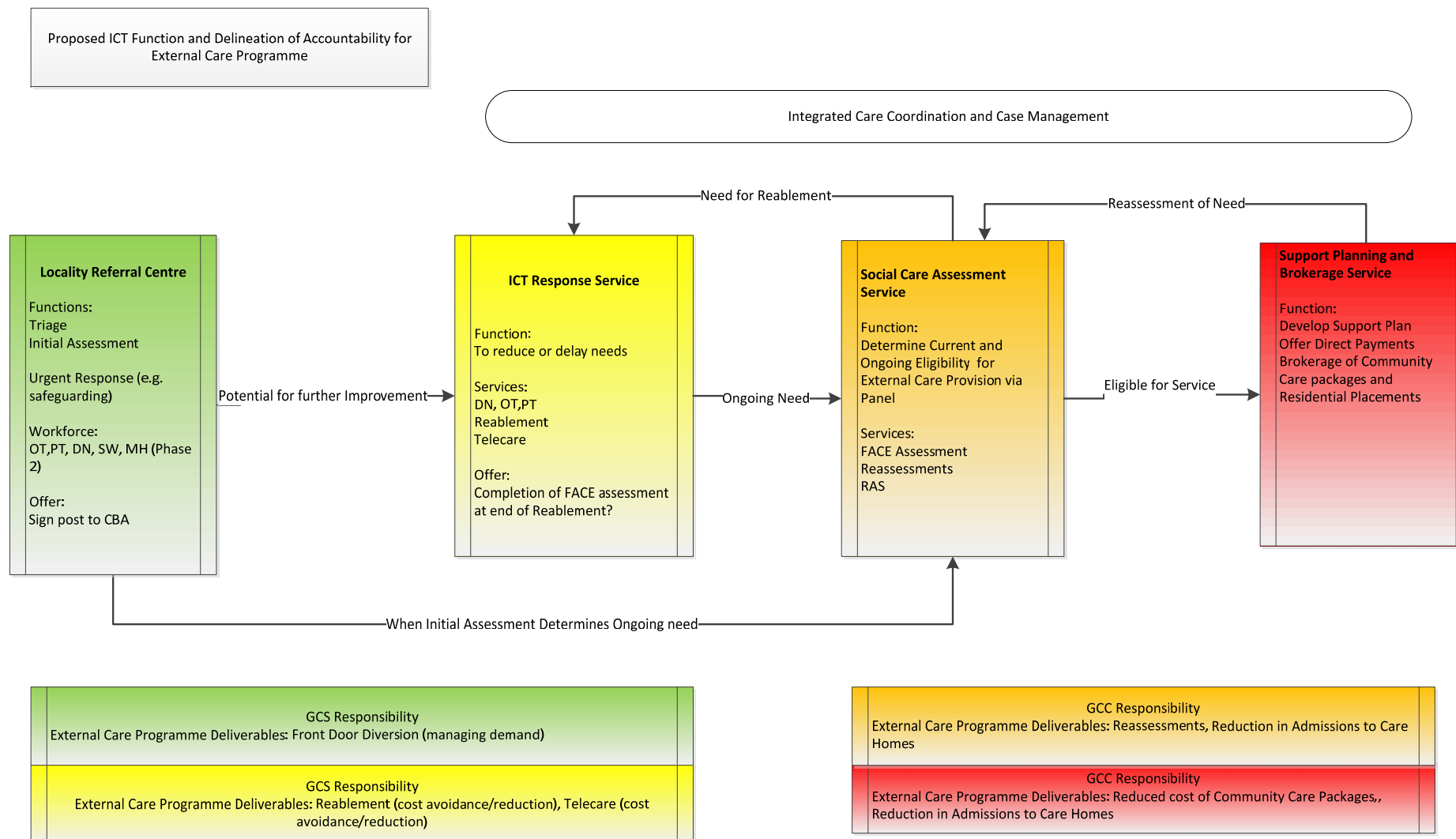
Ongoing work with the Public Health commissioners on service redesign has resulted in an agreed revised trajectory, which recognises the phased work planned to improve performance. For April the Chlamydia screening positivity rate target has not been achieved, however, it was only missed by 5 screens. We will be working to recover this position going forward as the service changes are implemented.

Contributions

Many thanks to the following for helping compile this report:

- Candace Plouffe, Director of Service Delivery
- Susan Field, Director of Service Transformation
- Tina Ricketts, Director of Human Resources
- Matt Blackman, Communications Specialist

ICT Operating Model



Human Resources Performance Report - To the End June 2015

		Trust Mandatory Training All Staff											Clinical Staff where a job requirement				
Directorates	Sub Divisions	Headcount	SICKNESS % rate - 12 month rolling average to end May 2015.	TURNOVER FTE % for 12 month period to the end of this month	STABILITY FTE % for 12 month period to the end of this month	APPRAISALS	% of qualifying staff with Up to Date Appraisal	MANDATORY TRAINING	% of staff with Up to Date Training - Health, Safety & Welfare.	% of staff with Up to Date Training - Fire Safety.	% of staff with Up to Date Training - Fire Equality & Diversity.	% of staff with Up to Date Training - Governance.	% of staff with Up to Date Training - Info Conflict Resolution.	% of staff completed Infection Control within Mandatory Training **	Clinical Skills where mandatory	Future development	Future development
Performance Target (Targets to be achieved by June 2015)			4.60%	11.00%	85.00%		80.00%		80.00%	80.00%	80.00%	80.00%	80.00%				
Chief Executive Office		12	4.94%	66.67%	80.00%		66.67%		16.67%	8.33%	33.33%	25.00%	25.00%	16.67%			
Corporate Governance & Public Affairs - Jason Brown		15	3.62%	19.48%	43.78%		73.33%		66.67%	60.00%	60.00%	93.33%	66.67%	66.67%			
Finance Directorate - Glyn Howells		256	4.43%	16.24%	82.64%		85.55%		90.63%	73.83%	85.16%	87.89%	79.69%	90.63%			
Medical Directorate - Jo Bayley/Mike Roberts		3	0.23%	14.07%	67.67%		100.00%		66.67%	66.67%	66.67%	100.00%	66.67%	66.67%			
Nursing & Quality - Liz Fenton		33	4.55%	16.48%	121.07%		72.73%		84.85%	75.76%	87.88%	69.70%	78.79%	84.85%			
Corporate - Paul Jennings Overall		319	4.34%	17.45%	83.03%		83.07%		85.89%	70.85%	82.13%	84.01%	76.80%	85.89%			
HR Directorate - Tina Ricketts	Human Resources	32	3.81%	27.15%	76.74%		90.63%		90.63%	96.88%	100.00%	93.75%	100.00%	90.63%			
	Bank *	279	-	-	-		52.33%		59.50%	48.03%	60.22%	41.94%	52.33%	59.50%			
Service Delivery - Candace Plouffe	Service Delivery	64	3.09%	13.66%	91.87%		70.31%		87.50%	68.75%	87.50%	82.81%	85.94%	87.50%			
	ICT	527	5.74%	15.91%	84.03%		74.00%		94.12%	78.94%	85.96%	75.52%	86.34%	94.12%			
	Children	472	3.92%	11.96%	97.86%		89.83%		90.89%	69.07%	85.81%	76.27%	83.90%	90.89%			
	Countywide	474	4.19%	13.36%	86.67%		78.06%		95.78%	86.08%	94.94%	85.44%	87.13%	95.78%			
Service Transformation - Sue Field	Service Transformation	148	3.24%	15.57%	89.23%		81.08%		95.27%	72.97%	89.86%	77.70%	89.19%	95.27%			
	Comm Hosps	Cirencester	164	6.00%	13.23%	85.82%		76.83%		90.24%	79.88%	87.80%	69.51%	85.98%	90.24%		
		North Cots	65	5.64%	11.20%	90.56%		87.69%		98.46%	84.62%	93.85%	81.54%	95.38%	98.46%		
		Forest	139	5.39%	12.23%	91.28%		88.49%		91.37%	76.26%	91.37%	82.01%	86.33%	91.37%		
		Tewkes	98	8.08%	9.68%	93.96%		83.67%		96.94%	83.67%	97.96%	84.69%	90.82%	96.94%		
		Stroud	133	4.88%	27.50%	82.89%		70.68%		91.73%	84.96%	92.48%	77.44%	87.22%	91.73%		
		Vale	51	7.06%	21.20%	81.21%		72.55%		94.12%	72.55%	90.20%	70.59%	90.20%	94.12%		
		Winchcombe	16	5.18%	4.40%	90.16%		93.75%		93.75%	81.25%	87.50%	87.50%	93.75%	93.75%		
		Fairford	1	0.00%	0.00%	100.00%		100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	Community Hospitals Total	667	5.99%	15.59%	87.71%		80.21%		92.95%	80.66%	91.75%	77.66%	88.46%	92.95%			
Operational Services - Duncan Jordan Overall		2663	4.87%	14.76%	88.48%		77.32%		89.79%	75.29%	86.71%	74.95%	83.33%	89.79%			
Trust Totals		2982	4.82%	15.06%	88.06%		77.93%		89.37%	74.82%	86.22%	75.92%	82.63%	89.37%			
Comparative information as at 31 March 2015		2970	4.89%	14.70%	89.35%		70.91%		79.83%	60.03%	72.93%	61.58%	72.69%	79.83%			
Comparative information as at 31 March 2014		2969	4.28%	11.71%	-		80.45%		88.37%	57.36%	50.20%	25.05%	65.90%	88.37%			

* Bank Staff are shown under Human Resources for the benefit of reporting however Bank staff are spread across the Trust and responsibility for achieving performance targets rest with their Line Managers

** Infection Control Training is that within Mandatory Training **ONLY**, and therefore the figures currently match. This may change if other Infection Control Courses are also included

Quality Equality Impact Assessment

Organisation: Gloucestershire Care Services

Population Served: 600,000

Date Completed:

Completed:

Notes:

[Click to return to menu](#)

Author and Review History

Title

Outpatient Calling System

[illegible]

Quality & Equality Impact Assessment

Instructions

There are 4 domains relating to patient care: **Safety, Effectiveness, Experience and Impacts and an Equality Impact Assessment in this tool. Begin the tool by**

completing this sheet and then complete Safety assessment first.

Please work through this tool to identify the impact of your proposed service changes against the status quo. Complete the four worksheets with either text or using the drop down boxes in highlighted in white. Calculations are then automated. You will also need to complete the Equality Impact Assessment (EIA) to demonstrate compliance with the Equality Act 2010.

Results are displayed in the summary sheet.

Menu

Goto Version and History using link below using link:

[Version & Notes](#)

Developed by NEW Devon Clinical Commissioning Group



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Northern, Eastern and Western Devon
Clinical Commissioning Group

Gloucestershire Care Services

Title:

Outpatient Calling System

Summary description of the change proposal:

Replace or upgrade current Outpatient calling system in 3 community hospitals and potentially introduce into the remaining 4 hospital sites along with facilities for self checkin. If there is enough benefit then this could be used at other clinic sites. Sites with the calling system would have screens in reception areas, as well as voice calling to call patients through to the relevant clinic room. Patients will be able to check in using an electronic self check in system or by visiting the reception desk where they could be checked in. All clinic rooms would be equipped with the required software on the PC's to allow clinicians to see the clinic list, who is waiting and to be able to call them through. It will also allow staff to track patients if they have been sent to other departments within the hospital site.

Completed by:

Ian Cole

Date:

27/05/2015

Initial or Review

Initial

Review Group

None

Outcome

Not Considered

Date:

01/01/2001

Notes

Complete

Summary of Quality & Equality Impact Assessment

Date of print: 03/07/2015
Quality Impact Assessment Overview

Gloucestershire Care Services

Title of change proposal

Outpatient Calling System

Summary description of the change Proposal

Replace or upgrade current Outpatient calling system in 3 community hospitals and potentially introduce into the remaining 4 hospital sites along with facilities for self checkin. If there is enough benefit then this could be used at other clinic sites. Sites with the calling system would have screens in reception areas, as well as voice calling to call patients through to the relevant clinic room. Patients will be able to check in using an electronic self check in system or by visiting the reception desk where they could be checked in. All clinic rooms would be equipped with the required software on the PC's to allow clinicians to see the clinic list, who is waiting and to be able to call them through. It will also allow staff to track patients if they have been sent to other departments within the hospital site.

Total Quality Impact

Total Quality Score	75	Improvement in overall quality
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Total Impact score (using absolute values)	200	Very High Impact
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Other Impacts Score	- 75	Negative effect on other impacts - look to mitigate
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Equality Impact

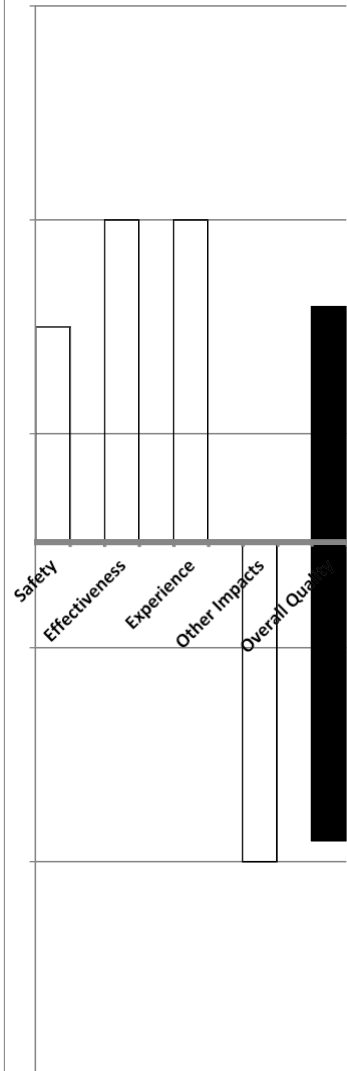
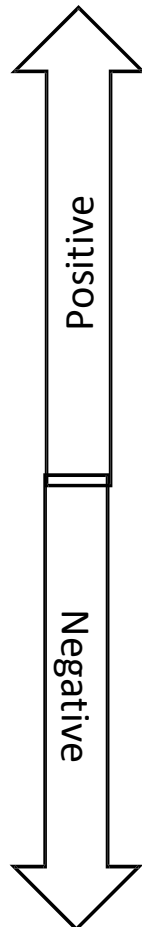
Equality Impact Assessment: Groups affected	2	Consider actions to mitigate
Sum of +ve and -ve impacts	-6	Equality Impact Assessment Complete

Completed by: Ian Cole None

Reviewed by: Not Considered

Outcome of Review: 01/01/2001

Date of Review:



[Click to return to menu](#)

Safety

Geography, hospital,
department or other area this
applies to:

Describe the change proposed and the clinical area(s) the change applies to.

Community Hospitals

Currently have outpatient calling system in 3 community hospitals outpatient departments. The aim of the proposal is to replace this system and introduce the same system to the remaining 4 hospitals, and possibly any other clinics that may benefit. For hospitals that do not currently have this system then they would get screens into reception areas as well as a self check in module. It will mean staff will not have to necessarily call and collect patients from the waiting area but can manage the waiting list from the clinic room.

Description

What is the impact on the SAFETY of patients of implementing the change proposed including any improvement actions?
(Please add a description of evidence)

Consider: Harm to
patients Impact of Human
Factors Infrastructure
Clean environment Safe
environment Training
Treatment procedures
Communication
Administration Attach key
documents

The system allows patient waiting times to be displayed better informing the patients of any delays.

Patients with hearing difficulties would benefit from having the text display on the screens as even face to face can lead to some confusion and patients mishearing their names. Currently check names when call the patient, but would need to do it in the clinic room.

Benefit for staff as patients may not get so frustrated if kept well informed. This could improve safety of staff as some patients can get frustrated and angry. Currently if there is a delay staff have to inform patients of the delay and this can make them feel quite vulnerable if they have to stand in front of all the patients in the waiting area to announce the delay.

Patients with hearing difficulties would benefit from having the text display on the screens as even face to face can lead to some confusion.

2

Total Impact Score for safety from -5 (Very High negative impact) to 5 (Very high positive impact)

5

Number of patients per week effected by proposed change from category 1 to 5.

>1000 patients

5

The number of weeks per year patients are effected by the proposed change from category 1 to 5

> 40 weeks

Impact Description

Minor benefit, requiring minor
intervention Reduction in
length of hospital stay by 1-3
days

Scoring matrix for no. of patients and timescale

1	1-50 patients	1	1 - 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

Effectiveness

Geography, hospital,
department or other area this
applies to:

Describe the change proposed and the clinical area(s) the change applies to.

Community Hospitals	Curently have outpatient calling system in 3 community hospitals outpatient departments. The aim of the proposal is to replace this system and introduce the same system to the remaining 4 hospitals, and possibly any other clinics that may benefit. For hospitals that do not currently have this system then they would get screens into reception areas as well as a self check in module. It will mean staff will not have to necessarily call and collect patients from the waiting area but can manage the waiting list from the clinic room.
---------------------	--

Description	What is the impact on the EFFECTIVENESS of care on patients, of implementing the change proposed including any improvement actions? (Please add a description of evidence)
Consider: Tangibles Leadership Competence Reliability Responsiveness Use of Evidence Attach key documents	<p>Aids communication between clinics and reception so any issues can be highlighted when a patient checks in</p> <p>Can keep clinics running if nurses are finishing with the previous patient, improving effeciency and smooth running of the clinic. Any improvement in effeciency would be an improvement for patients as less time would be spent waiting.</p> <p>Tracking of patients, would be improved as they can be followed through the process. Green slips (which are currently used in sites without a system) will be phased out when GHT move to electronic records later in the year.</p> <p>Will allow clinicians to manage the clinic waiting list and see who is waiting, this will also Keep the sequence so patients are seen in order, so nobody is left waiting</p> <p>Should make the nurse and consultant experience easier as there will be better methods of communication.</p>

3	Total Impact Score for effectiveness from -5 (Very High negative impact) to 5 (Very high positive impact)
---	---

Impact Description
Treatment has significantly improved effectiveness

[Click to return to menu](#)

Patient Experience

Geography, hospital, department
or other area this applies to:

Describe the change proposed and the clinical area(s) the change applies to.

Community Hospitals

Currently have outpatient calling system in 3 community hospitals outpatient departments. The aim of the proposal is to replace this system and introduce the same system to the remaining 4 hospitals, and possibly any other clinics that may benefit. For hospitals that do not currently have this system then they would get screens into reception areas as well as a self check in module. It will mean staff will not have to necessarily call and collect patients from the waiting area but can manage the waiting list from the clinic room.

Description

What is the impact on the EXPERIENCE of care on patients, of implementing the change proposed including any improvement actions?
(Please add a description of evidence)

Consider: Dignity
Informed Choice
Control of care
Responsiveness
Empathy & Caring
Family & Friends Test
Feedback complaints
Feedback from PALs
Attach key documents

The system could provide improved information in the event of complaints or for audit purposes on clinic times etc.

Better informed patients will enhance their experience. If running more efficiently could reduce the amount of time patients are waiting. There is a potential of reduced interaction for patients before getting to clinic room. This could be a disadvantage for nervous patients. The ability to self check in could reduce the queues waiting at reception desk A lot of GP's surgeries have introduced self check in, so patients are becoming more familiar with the process. GHNHSFT has also just purchased a patient call system. Patients will still be seen in the same way but will have a different method of communication

3

Total Impact Score for experience from -5 (Very High negative impact) to 5 (Very high positive impact)

Impact Description

Letter of praise to board
Local recognition
Repeatedly meets internal standards

Other Impacts

Geography, hospital, department or other area this applies to: A description of the clinical area(s) the change impacts on.

Community Hospitals	Curently have outpatient calling system in 3 community hospitals outpatient departments. The aim of the proposal is to replace this system and introduce the same system to the remaining 4 hospitals, and possibly any other clinics that may benefit. For hospitals that do not currently have this system then they would get screens into reception areas as well as a self check in module. It will mean staff will not have to necessarily call and collect patients from the waiting area but can manage the waiting list from the clinic room.	
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Description

Please describe how the change proposed may impact on other parts of the health and social care economy or other services or ability to deliver the change.
(Please add a description informing the score)

Consider: Social value (Social Value Act 2012) Impact Privacy Impact (Personal data) Impact on other health or social care services Impact on employees and other staff, contractual, Reputational, visitors and temporary residents, & carers. Is there sufficient change management in place?	<p>If green slips go when GHT move to electronic records then would be a higher risk of not being able to track patients through clinics, which could affect reputation. This would be an impact if we did not introduce the system.</p> <p>*The impact score is based on a system not being introduced</p>	
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Choose Impact Type

Adverse publicity/ reputation

-3

Total Impact Score from -5 (Very High negative impact) to 5 (Very high positive impact)

5

Number of other people or patients per week effected by proposed change from category 1 to 5.

>1000 patients

Impact Description

Medium-term reduction in public confidence. Moderate external criticism of organisation/individual by staff/GPs on social media. Local media coverage with criticism by another statutory organisation. Front page negative local media coverage Local negative lead broadcast item. National broadsheet coverage limited to inside pages. National broadcast news coverage. Trade (HSJ etc...) media coverage. Heavy increase in PALS/complaints contacts about issue. National negative broadsheet coverage of issue. Difficult MP enquiries and/or requests to meet to discuss/criticism. Escalation internally or externally to ministerial level. Difficult Healthwatch presentation with criticism/escalation. Difficult Health and Wellbeing Board presentation with criticism/escalation. Persistent and effective campaigning. OSC escalation to ministerial level. Loss of civil court proceedings due negligence or maladministration.

Scoring matrix for no. of patients and timescale

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

[Click to return to menu](#)

Measurement

How will the Impact of Safety, Effectiveness and Experience described above be measured?

Measurement Description		Current or New Measure	How will this be implemented and by whom?
	<i>Friends and family test</i>	<i>Current Audit</i>	<i>implemented by patient experience team</i>
	<i>Service Experience Monitoring</i>	<i>Current Audit</i>	<i>Implemented by feedback leaflets in hospitals</i>

Attach relevent documents or links in the upload attachements sheet by clicking below:

[Go to Upload Attachments](#)

[Click to return to menu](#)

Equality Impact Assessment

[Click here to go to Useful Links...](#)

In order to demonstrate compliance with the Equality Act 2010

Do I need to complete this analysis?

- If you are introducing change, you should complete this analysis.

What do I need to do?

- Be proportionate to your work - you will know the significance of the work you are carrying out
- Be reasonable in your judgement and completion of the analysis
- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues
- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan
- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this tool.

When considering the potential impact on those that share protected characteristics, think about:

- if there are any unintentional barriers to particular communities
- whether your project/ plan will bring about positive improvements
- if it creates good opportunities for accessing services
- will it improve personal choice for one particular group and not another
- the consequences for individual people; people can have more than one protected characteristic
- both people who use the service and staff **Have you identified any potential discrimination or adverse impact that cannot be legally justified?**

Area applied:		A description of the clinical area(s) the change impacts on.			
Community Hospitals		Currently have outpatient calling system in 3 community hospitals outpatient departments. The aim of the proposal is to replace this system and introduce the same system to the remaining 4 hospitals, and possibly any other clinics that may benefit. For hospitals that do not currently have this system then they would get screens into reception areas as well as a self check in module. It will mean staff will not have to necessarily call and collect patients from the waiting area but can manage the waiting list from the clinic room.			
Protected Groups	Potential People with protected characteristics	Impact Score	No's people affected	Score	Action to be taken / Evidence of action (should include engagement or consultation with the groups affected and/or any mitigation actions)
Sex / Gender	Women	0	5	0	
	Men	0	5	0	
Race / Ethnic Group	Asian	0	3	0	
	Asian British	0	3	0	
	Black	0	0	0	
	Black British	0	0	0	
	Chinese	0	0	0	
	Gypsy or Roma	0	0	0	
	Irish	0	3	0	
	Mixed Heritage	0	0	0	
	White	0	5	0	
	White British	0	5	0	
	other ethnic backgrounds	0	0	0	
Disability	Physical	0	0	0	Ongoing research with Healthwatch and service user to identify any potential issues
	Sensory (hearing and/or partial sight)	-1	3	-3	Ensure the system is easy to read and clear or alternatives are put in place, i.e. audio calling Ensure the system can be heard, and alternative options put in place.i.e. a hearing loop, visual calling
	Deaf people	-1	3	-3	
	Learning Disabilities	0	3	0	Ongoing research with Healthwatch and service user to identify any potential issues
	Mental Health	0	0	0	Ongoing research with Healthwatch and service user to identify any potential issues
	Dementia	0	0	0	Ongoing research with Healthwatch and service user to identify any potential issues
	Other long term conditions	0	0	0	
Sexual Orientation	Lesbian, gay men and bisexual	0	0	0	
Gender reassignment		0		0	
	Men to women	0	0	0	
	Women to men	0	0	0	
	Trans	0	0	0	
Age	<5 years old	0	2	0	
	5 - 18 years old	0	4	0	
	18 - 65 years old	0	5	0	
	65 - 80 years old	0	5	0	
	>80 years old	0	5	0	
Faith or Belief		0	0	0	
Maternity and Pregnancy		0	0	0	
Marriage and Civil Partnership		0	0	0	
Others	Asylum seekers and refugees	0	0	0	
	Travellers	0	0	0	
	Economically challenged	0	0	0	
	Rurally Isolated	0	0	0	
	Any others....	0	0	0	
Total number of groups affected		2		-6	
EIA Completed?		Yes			

Please upload your attachments in this workbook.

[illegible]

[Click to return to menu](#)

Guide to completion of the tool

A copy of the policy can be found here on the website.

1. Fullscreen. Sometimes it is easier to work in fullscreen mode to see as much as possible on the screen. Buttons to enter and exit fullscreen mode are on the main menu.

Navigation. Use the Hyperlinks or the buttons to navigate around the workbook - hyperlinks are always underlined in blue. These go purple after they have been clicked. You may then return to the main menu by clicking on the return to menu in the top left hand corner of the worksheet.

Work in turn on each worksheet from Safety, Effectiveness, Experience and other impacts using the NEXT buttons. Finally review the summary (which can be printed).

2. Any white area requires your input into the tool, either with narrative, inserting documents or using the drop down lists. Orange areas show information that has been entered or feedback from figures entered into scoring.

3. Where you add narrative please describe the evidence behind any assertions made or the score chosen. In addition detailed evidence such as papers, links to data etc may be added in each section by embedding the document as an object (see help files in excel to do this).

4. The calculation in the QIA matrix is designed to give a graphical view of the relative scores. Scores can be positive or negative - larger scores in either case will need to be considered in line with the thresholds for review here:

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
Rating	Low Impact	Medium Impact	High Impact	Very High Impact
Review & Approval Required by	Governing Body			

5. To ensure consistency of scoring please use the decision matrix tab which gives a narrative guidance to the score meaning.

Useful Links...

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85041/equality-duty.pdf

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

<https://www.gov.uk/equality-act-2010-guidance>

<https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty>

Review body - threshold for authorisation

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
Rating	Low Impact	Medium Impact	High Impact	Very High Impact
Review & Approval Required by	Governing Body			

	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Safety	Incident leading to death Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Moderate injury requiring professional intervention Requiring time off work for >14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident	Minor injury or illness, requiring minor intervention Requiring time off work for 1-3 days Increase in length of hospital stay by 1-3 days	Minimal injury requiring no/minimal intervention or treatment. No time off work	No effect either positive or negative	Minimal benefit requiring no/minimal intervention or treatment.	Minor benefit, requiring minor intervention Reduction in length of hospital stay by 1-3 days	Moderate benefit, requiring professional intervention Reduction in length of hospital stay by 4-15 days	Major benefit leading to long-term improvement/reduction in disability Reduction in length of hospital stay by >15 days Improvement in management of patient care with long-term effects	Incident leading to enhanced benefit Multiple permanent benefit or irreversible positive health effects
Effectiveness	Totally unacceptable level or effectiveness of treatment	Non-compliance with national standards with significant risk to patients if unresolved	Treatment or service has significantly reduced effectiveness	Overall treatment suboptimal	Peripheral element of treatment suboptimal	No effect either positive or negative	Peripheral element of treatment optimal	Overall treatment optimal	Treatment has significantly improved effectiveness	Compliance with national standards with significant benefit to patients	Totally acceptable level of effective treatment
Experience	Gross failure of experience if findings not acted on Inappropriate investigation Gross failure to meet national standards	Multiple complaints/independent review Low performance rating Critical report	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Formal complaint (stage 3) Local resolution Single failure to meet internal standards	Informal complaint/inquiry	No effect either positive or negative	Informal positive expression/inquiry	Letter of praise Local recognition Meets internal standards	Letter of praise to board Local recognition Repeatedly meets internal standards	Multiple letters of praise / positive independent review Repeatedly exceeds internal standards	Consistently exceeds local and national standards of experience verified by external scrutiny.
Patient Numbers						0	1-50 patients	51-200 patients	201 - 500 patients	500 - 1000 patients	>1000 patients

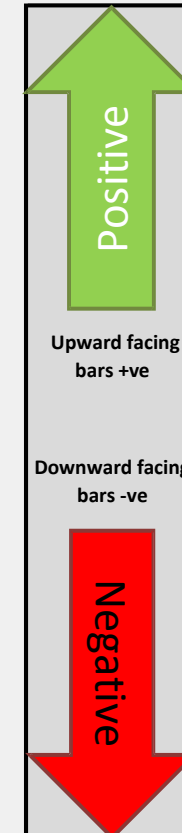
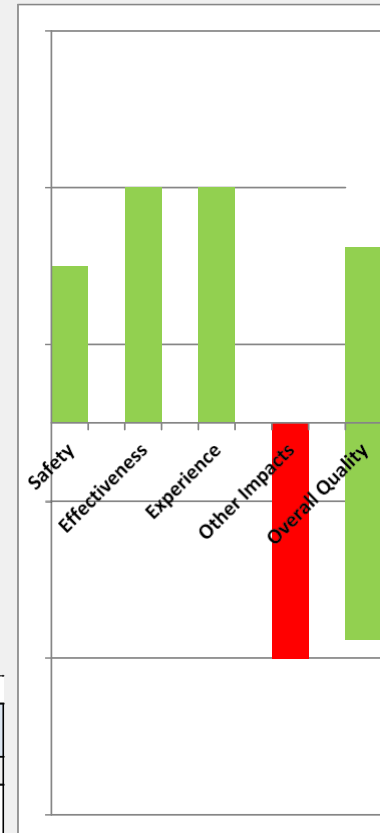
Other Impacts Scorer

	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Publicity & Corporate Finance and/or Claims	CATASTROPHIC Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	MAJOR Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	MODERATE Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	MINOR Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	NEGLEGIBLE Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	NEUTRAL Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	NEGLEGIBLE Positive publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance reclaims	MINOR Positive publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance reclaims	MODERATE Positive publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance reclaims	MAJOR Positive publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance reclaims	EXCELLENCE Positive publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance reclaims
Publicity & Locality Finance and/or Claims	CATASTROPHIC Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	MAJOR Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	MODERATE Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	MINOR Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	NEGLEGIBLE Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	NEUTRAL Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	NEGLEGIBLE Positive publicity / reputation PLUS Locality level over performance against budget AND/OR Finance reclaims	MINOR Positive publicity / reputation PLUS Locality level over performance against budget AND/OR Finance reclaims	MODERATE Positive publicity / reputation PLUS Locality level over performance against budget AND/OR Finance reclaims	MAJOR Positive publicity / reputation PLUS Locality level over performance against budget AND/OR Finance reclaims	EXCELLENCE Positive publicity / reputation PLUS Locality level over performance against budget AND/OR Finance reclaims
Adverse publicity/ reputation	Loss of public confidence. Sustained and open external criticism of organisation/individual by (named) staff/GPs on social media. Sustained criticism by MPs/ministers leading to resignation of chairman/ chief officer. Sustained external criticism of organisation/individual by staff/GPs on social media leading to resignation of chairman/ chief officer. Sustained criticism by MPs/ministers leading to resignation of chairman/ chief officer. Local and national broadcast/news coverage over more than seven days. PMQ discussion with Government and shadow parties critical of CCG. Political crisis as result of CCGs reputation/loss of criminal proceedings.	Long-term reduction of public confidence. Sustained criticism by MPs. Sustained external criticism of organisation/individual by staff/GPs on social media. Sustained criticism of organisation/individual by staff/GPs on social media. Sustained PAL/complaints contacts. National broadcast news coverage over more than two days. Local broadcast news coverage over more than three days. Front page trade press coverage. Front page broadcast coverage. Escalation and public comment at ministerial/PM level with intervention. Sustained criticism by Health and Wellbeing Board and intervention. National/international recognition of campaigning. OSC escalation to ministerial level with intervention. Loss of civil court proceedings due to self act. Criminal proceedings.	confidence. Moderate external criticism of organisation/individual by staff/GPs on social media. Local media coverage with criticism by another statutory organisation. Front page negative local media coverage. Local negative local broadcast item. National broadcast coverage limited to inside pages. National broadcast news coverage. Trade (PSI etc...) media coverage. Heavy increase in PAL/complaints contacts about issue. MP enquiry. Healthwatch questions/FOI request to present. Health and Wellbeing Board request to present. Overview and scrutiny committee interest or questions. Interest from campaigning organisations. Civil court proceedings.	Short-term reduction in public confidence. Internal criticism by staff. Local print media coverage limited to inside pages/email articles. Moderate social media comment with criticism by patient's and/or carer's. Increase in PAL/complaints contacts about issue. MP enquiry. Healthwatch questions/FOI request to present. Health and Wellbeing Board request to present. Overview and scrutiny committee interest or questions. Interest from campaigning organisations. Civil court proceedings.	Public awareness of issue. Discussion among staff. Questions from staff/other NHS organisation. Limited critical social media comment. Questions from public/FOI. Healthwatch interest or questions. Health and Wellbeing Board interest or questions. Overview and scrutiny committee interest or questions. Interest from campaigning organisations.	No effect either positive or negative	Public awareness of issue. Discussion among staff. Questions from staff/other NHS organisation. Limited supportive social media comment. Questions from patient's and/or carer's. Increase in PAL/complaints contacts about issue. MP enquiry. Healthwatch questions/FOI request to present. Health and Wellbeing Board request to present. Overview and scrutiny committee interest or questions. Interest from campaigning organisations.	Short-term improvement in public confidence. Internal support by staff. Local print media coverage limited to inside pages/email articles. Moderate social media comment with support by patient's and/or carer's. Increase in PAL/complaints contacts about issue. MP enquiry. Healthwatch questions/FOI request to present. Health and Wellbeing Board request to meet. Overview and scrutiny committee (OSC) presentation request. Active social media campaigning. Loss of civil court proceedings.	Moderate external improvement of organisation/individual by staff/GPs on social media. Local media coverage with positive comment by another statutory organisation. Front page positive local media coverage. Local positive local broadcast item. National broadcast coverage limited to inside pages. National broadcast news coverage. Trade (PSI etc...) media coverage. Heavy increase in PAL/complaints contacts about issue. National positive broadcast coverage of issue. Positive MP enquiries and/or requests to meet to discuss/support. Escalation of positive work internally or externally to ministerial level. Supportive Healthwatch presentation with positive/escalation. Positive Health and Wellbeing Board presentation with support/escalation. Persistent and effective campaigning. OSC escalation to ministerial level with intervention.	Long-term enhancement of public confidence. Sustained support by MPs. Sustained external support of organisation/individual by staff/GPs on social media. Sustained positive stories of organisation/individual by staff/GPs in media. Sustained PAL/complaints contacts. National broadcast news coverage over more than two days. Local broadcast news coverage over more than three days. Front page trade press coverage. Front page broadcast coverage. Escalation and public comment at ministerial/PM level with intervention. Sustained support by Health and Wellbeing Board and intervention. National/international recognition of campaigning. OSC escalation to ministerial level with intervention.	Enhancement of public confidence. Sustained and open external support of organisation/individual by (named) staff/GPs on social media. Sustained support by MPs/ministers leading to ministerial support of chair/chief officer. Sustained external support of organisation/individual by staff/GPs on social media leading to positive recognition of chair/chief officer. Sustained support of organisation/individual by staff/GPs in media leading to positive recognition of chair/chief officer. Local and national broadcast/print/trade news coverage over more than seven days. PMQ discussion with Government and shadow parties welcoming reputation of CCG. Political positive reform as result of CCG action.
Locality level % over performance against budget	>2.1% over performance against budget	1.51% - 2% over performance against budget	1% - 1.5% over performance against budget	0.51% - 1% over performance against budget	On budget	On budget	0 - 0.5% under performance against budget	0.51% - 1% under performance against budget	1% - 1.5% under performance against budget	1.51% - 2% under performance against budget	>2.1% under performance against budget
Finance including claims	Loss of 0.2% or more of budget £2m + Claims over £1million	Loss of 0.1% to 0.2% - 0.5% of budget £2m - £1m Claim(s) between £100,000 and £1million	Loss of 0.05% to 0.1% of budget £0.5m - £1m Claim(s) between £10,000 and £100,000	Small loss (less than 0.05% to 0.1% of budget) <£0.5million Claim less than £10,000	Less than 0.01% or £100k. Risk of claim remote	On budget	Saving of 0.01% or £100k. Potential claim awards	Small saving (less than 0.05% to 0.1% of budget) <£0.5million Claim awards less than £10,000	Saving of 0.05% to 0.1% of budget £0.5m - £1m Claim(s) awards between £10,000 and £100,000	Savings of 0.1% to 0.2% - 0.5% of budget £2m - £1million Claim(s) awards between £100,000 and £1million	Savings of 0.2% or more of budget £2m + Claims awards of over £1million
Corporate level % over performance against budget	>1.51% over performance against budget	1% - 1.5% over performance against budget	0.5% - 1% over performance against budget	0.26% - 0.5% over performance against budget	0 - 0.26% over performance against budget	On budget	0 - 0.25% under performance against budget	0.26% - 0.5% under performance against budget	0.5% - 1% under performance against budget	1% - 1.5% under performance against budget	>1.51% under performance against budget

[Click to return to menu](#)

Quality Impact Table and Weighting adjustment

0	1	2	3	4	5
Defect (-ve) / Benefit (+ve)	+ve / -ve impact score per pt (-10 to 10)	No. pts affected by defect / benefit (by band)	No. wks pt affected (max 52)	Weighting	Outcome Score
Safety	2	5	5	100%	50
Effectiveness	3	5	5	100%	75
Experience	3	5	5	100%	75
Total quality impact score (using absolute values)					200
Overall Quality (total include positive benefits score and negative disbenefits scores)					200
Other Impacts	-3	5	5	100%	-75
Global Quality Impact Score					125



[Decision Matrix Guidance](#)

(Use hyperlink to review detailed guidance)

Total Score				
Composite or any individual Quality score	<20	20-50	51-80	>80
Rating	Low Impact	Medium Impact	High Impact	Very High Impact
Review & Approval Required by	Governing Body			

Quality Impact Assessment (CIPs) (v0.2)

Gloucestershire Care Services NHS Trust (“the Trust”) recognises the unequivocal need to ensure that all Cost Improvement Programmes/Projects (CIPs) that are under the consideration of the organisation, will not impact negatively upon the quality of services or care provided by the Trust.

To this end, it is an explicit requirement of all Programme Leads for CIPs to complete the Quality Impact Assessment below as part of the CIP project’s development stage. As such, this Quality Impact Assessment will serve to complement the Business Case that must also be completed prior to project start.

In answering all questions within the Quality Impact Assessment, **Programme Leads are advised to seek as much supportive evidence as possible in order to ensure that their responses and proposed mitigations are based upon sound and tangible evidence.** This requires the Programme Leads to source both quantitative and qualitative data, and should also reference, where appropriate, analysis of current processes, KPI benchmarking and historical evidence.

Thereafter, both this Quality Impact Assessment and the associated Business Case will be submitted for scrutiny by relevant leads within the organisation, including the Director of Nursing and the Clinical Director, before the CIP project is finally approved. This process is in line with the Cost Improvement Programme Policy and the Assurance and Escalation Framework that is held by the Trust.

It is also noted that during the lifecycle of each CIP, this Quality Impact Assessment will be used on at least two further occasions (namely, and as a minimum, during the early stages of implementation and at project conclusion) so as to validate that quality has not been practically affected in a manner that was not envisaged or forecast prior to the project start.

The owners of this Quality Impact Assessment are the Director of Nursing and the Clinical Director, whilst the owner and executive lead for CIP’s within the Trust is the Chief Operating Officer.

Cost Improvement Programme Details:

Programme/ Project Title	Sponsor	Operational Lead	Project Manager	Date of Assessment
Implementation of new reporting system	Glyn Howells	Matthew O'Reilly	Steve Wood	13 th April 2015

Impact Scoring:

The Trust recognises the fundamental dimensions of quality as (i) service user safety, (ii) clinical effectiveness, and (iii) service user experience. This process therefore seeks to evaluate the above-named Cost Improvement Programme against these dimensions, in order to recognise, understand and mitigate where possible, any negative impacts that the CIP may have upon quality.

In line with the Trust's Risk Assessment and Management Policy, the scoring mechanism below should be used to evaluate the significance of any perceived negative impact that the implementation of a Cost Improvement Programme may have upon quality, based upon a calculation of the likelihood of the impact occurring measured against the consequence that such impact would create.

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Based upon this mechanism, the following categorisation should be applied:

1 – 3 LOW IMPACT	4-6 MODERATE IMPACT	8-12 HIGH IMPACT	15 and over SIGNIFICANT IMPACT
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Answer positive, negative or neutral for each impact. For positive and neutral impacts please give reasons and evidence for this statement. If an impact is negative, then rate the likelihood and consequence of the impact occurring and the severity of its impact, in the appropriate box, if the total score is more than 8, please detail the proposed mitigation to reduce or eliminate the impact.

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Service User Safety	Could the CIP impact upon the Trust's ability to provide safe care?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which will support operational leads with providing safe care. The system has been implemented by Leeds Teaching Hospitals NHS Trust who are reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
	Could the CIP impact upon the Trust's ability to prevent avoidable harm?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which will support operational leads with identifying and preventing avoidable harm. The system has been implemented by Leeds Teaching Hospitals NHS Trust who are reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
	Could the CIP impact upon the Trust's ability to provide care in clean and comfortable environments that are free from infection?	Neutral	The system will not provide this – there will be no change to existing processes				
	Could the CIP impact upon the Trust's responsibility for	Neutral	The system will not provide this – there will be no change to existing processes				

	safeguarding?						
	Could the CIP impact upon the number or severity of risks faced by the Trust, whether clinical or non-clinical?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which will support operational leads with identifying, mitigating and preventing risks. The system has been implemented by Leeds Teaching Hospitals NHS Trust who are reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
	Could the CIP impact upon the number or severity of incidents, hazards, or any other factors that may affect the possibility of service users facing harm?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which will support operational leads with identifying, mitigating and preventing incidents and hazards that may be identified through greater visibility of trend information				
	Could the CIP impact upon the Trust's ability to provide care in the most clinically appropriate setting?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which will support operational leads with identifying where patient contact occurs. It would then be an operational decision to assess whether this is the most clinically appropriate setting.				

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Clinical Effectiveness	Could the CIP impact upon the delivery of evidence-based care, appropriate clinical interventions or high quality standards?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which will support operational leads with identifying and evidencing interventions and quality standards of care delivered. The system has been implemented by Leeds Teaching Hospitals NHS Trust who are reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
	Could the CIP impact upon the variation of care provided countywide?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which clearly evidence where care is provided on a countywide basis, including any variations. This will assist operational leads with planning and delivery.				
	Could the CIP impact upon clinical leadership and/or engagement?	Positive	The system will allow greater visibility of data and reports, including dashboards and trend analysis which provide more robust reporting to inform decision-making by operational leads. This will empower leads and allow enhanced engagement.				
	Could the CIP impact upon the Trust's ability to maintain a skilled and capable workforce?	Positive	By including workforce data within the Trust's data warehouse to enable integrated reporting to be developed managers can be provided with more detailed reports that will				

			support maintaining skilled and capable workforce showing completion rates for appraisals, mandatory training and triangulating this with other relevant information will demonstrate the skills and capability of the workforce.				
	Could the CIP impact upon the Trust's ability to support people to stay well and independent?	Neutral	The system will not provide this – there will be no change to existing processes				
	Could the CIP impact upon the Trust's ability to promote self-care where appropriate?	Neutral	The system will not provide this – there will be no change to existing processes				
	Could the CIP impact upon readmission rates?	Positive	The system will allow trend analysis and dashboards to be produced that will allow comparison between Community Hospitals and identification of variances compared to target. This will provide visible information to allow management of readmission rates.				
	Could the CIP impact upon the ability to deliver care in line with an integrated model or pathway?	Positive	The system will allow reports to be produced that will allow visibility of care pathway allowing operational leads to manage and evidence the delivery of care.				
	Could the CIP impact upon the Trust's duty to the public to continuously drive quality improvement?	Positive	The system will allow reports to be produced that will allow visibility of quality improvement allowing operational leads to manage and evidence the delivery of care.				
	Could the CIP impact upon resource efficiencies or waste?	Positive	The system will produce reports that are more visible to operational leads and management that will enable comparison between units and				

			teams and identification of variances that should allow operational leads to identify and manage efficiencies The system once implemented will also allow review of structure within the Performance and Information Team and realisation of efficiencies through streamlined processes. The system has been implemented by Leeds Teaching Hospitals NHS Trust who are reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
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Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Service User Experience	Could the CIP impact upon the Trust's ability to provide personalised care that offers compassion, dignity and respect to service users?	Positive	The system will generate reports that are more visible to operational leads and management including service user experience feedback. This should allow operational leads to evidence feedback received and identify and manage service improvements.				
	Could the CIP impact upon choice offered to service users?	Positive	Whilst the system will not directly impact upon choice offered, reports can be generated to identify visit locations and any variances in terms of access times that exist within current service delivery models. This may then assist with service re-design.				

	Could the CIP impact upon the Trust's duty to promote equality and thus impact upon people with protected characteristics?	Positive	The system will generate reports that are more visible to operational leads and management including equality. This should allow operational leads to identify and manage any service changes if required.				<i>If the CIP will have high or significant negative impact upon equality, please complete the Equality Impact Assessment</i>
	Could the CIP impact upon the way in which service users have identified they would wish their care to be delivered?	Positive	The system will generate reports that are more visible to operational leads and management including service user experience feedback. This should allow operational leads to evidence feedback received and identify and manage service improvements, if necessary.				
	Could the CIP impact upon service user waiting times?	Positive	Whilst the system will not directly impact upon service user waiting times, reports can be generated to show waiting times within each service, location and clinic, comparison to target, and any variances that exist within current service delivery models. This may then assist with service re-design and improvement.				
	Could the CIP impact upon average length of stay in community or acute hospitals?	Positive	Whilst the system will not directly impact upon average length of stay within Community Hospitals, reports can be generated to show average length of stay within each Community Hospital, and each ward, comparison to target, and any variances that exist within current service delivery models. This may then assist with service re-design and improvement. The system has been implemented by Leeds Teaching Hospitals NHS Trust				

			who are reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
	Could the CIP impact upon the experiences of service users reported via surveys?	Positive	The system will generate reports that are more visible to operational leads and management including service user experience feedback reported via regular surveys. This should allow operational leads to evidence feedback received and identify and manage service improvements, if necessary.				
	Could the CIP impact upon the number of complaints received by the Trust?	Neutral	The system should not have any impact on the number of complaints received by the Trust. There will be no change to existing processes				
	Could the CIP impact upon the number of compliments received by the Trust?	Neutral	The system should not have any impact on the number of compliments received by the Trust. There will be no change to existing processes				

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Other	Could the CIP impact upon the Trust's strategic partnerships?	Neutral	The system is unlikely to an impact on Trust's strategic partnerships.				
	Could the CIP impact upon the Trust's drive to reduce health inequalities?	Positive	The system will generate reports that are more visible to operational leads and management including inequalities. This should allow operational leads to identify and manage any service changes if				

			required. The system has been implemented by Leeds Teaching Hospitals NHS Trust who are reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
	Could the CIP impact upon staff's willingness to recommend the Trust to family or friends?	Positive	The system is unlikely to directly impact upon this, however from giving greater exposure to reports and providing more visually understandable reports evidencing the quality of care provided by the Trust staff may be more likely to recommend the Trust.				
	Could the CIP impact upon staff satisfaction and morale?	Positive	The system is unlikely to directly impact upon this, however from giving greater exposure to reports and providing more visually understandable reports evidencing the quality of care provided by the Trust staff may report a higher level of satisfaction and morale.				
	Could the CIP impact upon staff turnover and absenteeism?	Positive	The system is unlikely to directly impact upon this, however from giving greater exposure to reports and providing more visually understandable reports evidencing the current level of turnover and absenteeism integrated with other metrics such as the cost of this to the organisation, then there may be an impact on absenteeism.				
	Could the CIP impact upon the Trust's reliance upon bank and agency staff?	Positive	The system will not provide this directly, however it would be possible to generate reports that are more visible to operational leads and management. This should allow operational leads to				

			identify and manage service improvements, if necessary.				
	Could the CIP impact upon the use of community hospital beds?	Positive	Whilst the system will not directly impact upon use of Community Hospital beds, reports can be generated to show key metrics such as average length of stay, utilisation, bed occupancy and throughput within each Community Hospital, and each ward, comparison to target, and any variances that exist within current service delivery model. This may then influence the pattern of use of the community hospital beds.				
	Could the CIP impact upon the availability of single sex accommodation?	Neutral	The system will not provide this – there will be no change to existing processes				
	Could the CIP impact upon the Trust's support services?	Positive	<p>There could be several impacts upon support services by implementing the system. The system will deliver enhanced reporting which will improve user experience of workforce, finance and performance and information team provision. This will also facilitate review of structures within performance and information team. The aim is to develop reports that allow users to be more self-sufficient and have more data and reports available in a more accessible manner.</p> <p>The system has been implemented by Leeds Teaching Hospitals NHS Trust who are</p>				

			reporting positive benefits from implementation; GCS are working with Leeds THNHST to share best practice.				
	Could the CIP impact upon corporate social responsibilities i.e. low carbon pathway?	Positive	If the relevant data items are loaded into the Trust data warehouse it would be possible to generate reports that are more visible to operational leads and management. This should allow operational leads to identify and manage service improvements, if necessary.				

Signature:	Designation: Director of Nursing / Clinical Director	Date:
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Quality Impact Assessment (CIPs) (v0.2)

Gloucestershire Care Services NHS Trust (“the Trust”) recognises the unequivocal need to ensure that all Cost Improvement Programmes/Projects (CIPs) that are under the consideration of the organisation, will not impact negatively upon the quality of services or care provided by the Trust.

To this end, it is an explicit requirement of all Programme Leads for CIPs to complete the Quality Impact Assessment below as part of the CIP project’s development stage. As such, this Quality Impact Assessment will serve to complement the Business Case that must also be completed prior to project start.

In answering all questions within the Quality Impact Assessment, **Programme Leads are advised to seek as much supportive evidence as possible in order to ensure that their responses and proposed mitigations are based upon sound and tangible evidence.** This requires the Programme Leads to source both quantitative and qualitative data, and should also reference, where appropriate, analysis of current processes, KPI benchmarking and historical evidence.

Thereafter, both this Quality Impact Assessment and the associated Business Case will be submitted for scrutiny by relevant leads within the organisation, including the Director of Nursing and the Clinical Director, before the CIP project is finally approved. This process is in line with the Cost Improvement Programme Policy and the Assurance and Escalation Framework that is held by the Trust.

It is also noted that during the lifecycle of each CIP, this Quality Impact Assessment will be used on at least two further occasions (namely, and as a minimum, during the early stages of implementation and at project conclusion) so as to validate that quality has not been practically affected in a manner that was not envisaged or forecast prior to the project start.

The owners of this Quality Impact Assessment are the Director of Nursing and the Clinical Director, whilst the owner and executive lead for CIP’s within the Trust is the Chief Operating Officer.

Cost Improvement Programme Details:

Programme/ Project Title	Sponsor	Operational Lead	Project Manager	Date of Assessment
Stock Control Management System	Glyn Howells	Julie Goodenough	Fiona Smith	14 April 2015

Impact Scoring:

The Trust recognises the fundamental dimensions of quality as (i) service user safety, (ii) clinical effectiveness, and (iii) service user experience. This process therefore seeks to evaluate the above-named Cost Improvement Programme against these dimensions, in order to recognise, understand and mitigate where possible, any negative impacts that the CIP may have upon quality.

In line with the Trust's Risk Assessment and Management Policy, the scoring mechanism below should be used to evaluate the significance of any perceived negative impact that the implementation of a Cost Improvement Programme may have upon quality, based upon a calculation of the likelihood of the impact occurring measured against the consequence that such impact would create.

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Based upon this mechanism, the following categorisation should be applied:

1 – 3 LOW IMPACT	4-6 MODERATE IMPACT	8-12 HIGH IMPACT	15 and over SIGNIFICANT IMPACT
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Answer positive, negative or neutral for each impact. For positive and neutral impacts please give reasons and evidence for this statement. If an impact is negative, then rate the likelihood and consequence of the impact occurring and the severity of its impact, in the appropriate box, if the total score is more than 8, please detail the proposed mitigation to reduce or eliminate the impact.

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Service User Safety	Could the CIP impact upon the Trust's ability to provide safe care?	Neutral	Other Trusts (i.e. Plymouth NHS Trust) have implemented stock management systems and they have not experienced any increase in risk to patient safety. An automated system will provide visibility of stock levels across the system ensuring appropriate levels are available at all times				
	Could the CIP impact upon the Trust's ability to prevent avoidable harm?	Neutral	Other Trusts have implemented stock management systems and there is no evidence of increased risk to patient safety. An automated system will provide visibility of stock levels across the system ensuring appropriate levels are available at all times				
	Could the CIP impact upon the Trust's ability to provide care in clean and comfortable environments that are free from infection?	Neutral	Other Trusts have implemented stock management systems and there is no evidence of increased risk to patient safety. An automated system will provide visibility of stock levels across the system ensuring appropriate levels are available at all times				
	Could the CIP impact upon the Trust's responsibility for safeguarding?	N/a					

	Could the CIP impact upon the number or severity of risks faced by the Trust, whether clinical or non-clinical?	Neutral	Other Trusts have implemented stock management systems and there is no evidence of increased risk to patient safety. An automated system will provide visibility of stock levels across the system ensuring appropriate levels are available at all times				
	Could the CIP impact upon the number or severity of incidents, hazards, or any other factors that may affect the possibility of service users facing harm?	Neutral	Other Trusts have implemented stock management systems and there is no evidence of increased risk to patient safety. An automated system will provide visibility of stock levels across the system ensuring appropriate levels are available at all times				
	Could the CIP impact upon the Trust's ability to provide care in the most clinically appropriate setting?	N/a					

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Clinical Effectiveness	Could the CIP impact upon the delivery of evidence-based care, appropriate clinical interventions or high quality standards?	N/a					
	Could the CIP impact upon the variation of care provided countywide?	Positive	An automated stock system will standardise stock ordering and usage across all sites and eliminate the inconsistencies countywide ensuring that consumables used in patient care are consistent				
	Could the CIP impact upon clinical leadership and/or	Positive	GCS will engage with clinicians in the stock choices and				

	engagement?		availability of items				
	Could the CIP impact upon the Trust's ability to maintain a skilled and capable workforce?	N/a					
	Could the CIP impact upon the Trust's ability to support people to stay well and independent?	N/a					
	Could the CIP impact upon the Trust's ability to promote self-care where appropriate?	N/a					
	Could the CIP impact upon readmission rates?	Na/					
	Could the CIP impact upon the ability to deliver care in line with an integrated model or pathway?	Positive	An automated stock system could provide the opportunity for stock items to follow the patient (i.e. move from coded to CH to community)				
	Could the CIP impact upon the Trust's duty to the public to continuously drive quality improvement?	Positive	Automated stock ordering and standard item choices ensure that best value is maintained. Enhanced visibility and reporting of stock continuously improves quality				
	Could the CIP impact upon resource efficiencies or waste?	Positive	The ability to using expiring items first will eliminate waste. Ensuring appropriate levels are continuously maintained at each site will stop 'hoarding' and having excessive stock levels on sites that does not get used. Plymouth have found a reduction in waste following the introduction of stock controls.				

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Service User Experience	Could the CIP impact upon the Trust's ability to provide personalised care that offers compassion, dignity and respect to service users?	N/a					
	Could the CIP impact upon choice offered to service users?	Neutral	No current choice				
	Could the CIP impact upon the Trust's duty to promote equality and thus impact upon people with protected characteristics?	Neutral	Choice is within limited stock items				<i>If the CIP will have high or significant negative impact upon equality, please complete the Equality Impact Assessment</i>
	Could the CIP impact upon the way in which service users have identified they would wish their care to be delivered?	Neutral	Choice is within limited stock items				
	Could the CIP impact upon service user waiting times?	N/a					
	Could the CIP impact upon average length of stay in community or acute hospitals?	N/a					
	Could the CIP impact upon the experiences of service users reported via surveys?	Negative	Service users may query the limited choice of high value consumables	1	1	1	Demonstrate GCS' best value of managing public money around the choice of consumables
	Could the CIP impact upon the number of complaints received by the Trust?	Neutral	No complaints have been received to date around consumables				
	Could the CIP impact upon the number of compliments received by the Trust?	Neutral	No compliments have been received around consumables				

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Other	Could the CIP impact upon the Trust's strategic partnerships?	Negative	GPs may not be happy with the decision making criteria around some consumables	2	1	2	Ensure robust communications with GPs to ensure they are aware of GCS criteria
	Could the CIP impact upon the Trust's drive to reduce health inequalities?	N/a					
	Could the CIP impact upon staff's willingness to recommend the Trust to family or friends?	N/a					
	Could the CIP impact upon staff satisfaction and morale?	Positive/ Negative	Staff may be uncertain that an automated system can provide adequate stock levels and still look to 'hoard'.	2	1	2	Ensure comms are in place. Continually review re-order levels to eliminate risks.
	Could the CIP impact upon staff turnover and absenteeism?	N/a					
	Could the CIP impact upon the Trust's reliance upon bank and agency staff?	N/a					
	Could the CIP impact upon the use of community hospital beds?	N/a					
	Could the CIP impact upon the availability of single sex accommodation?	N/a					
	Could the CIP impact upon the Trust's support services?	Positive	Improved visibility and reporting				

	Could the CIP impact upon corporate social responsibilities i.e. low carbon pathway?	Negative/ Positive	Potential for initial increase in transport (between sites) if re-order levels are not set correctly. Elimination of waste and better use of expiry dates will have a positive effect on CSR	2	2	4	As re-order levels become more robust this will reduce.
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Signature:	Designation: Director of Nursing / Clinical Director	Date:
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Quality Equality Impact Assessment

Organisation: Gloucestershire Care Services

Population Served: 600,000

Date Completed:

Completed:

Notes:

[Click to return to menu](#)

Author and Review History

Title

Digital Dictation

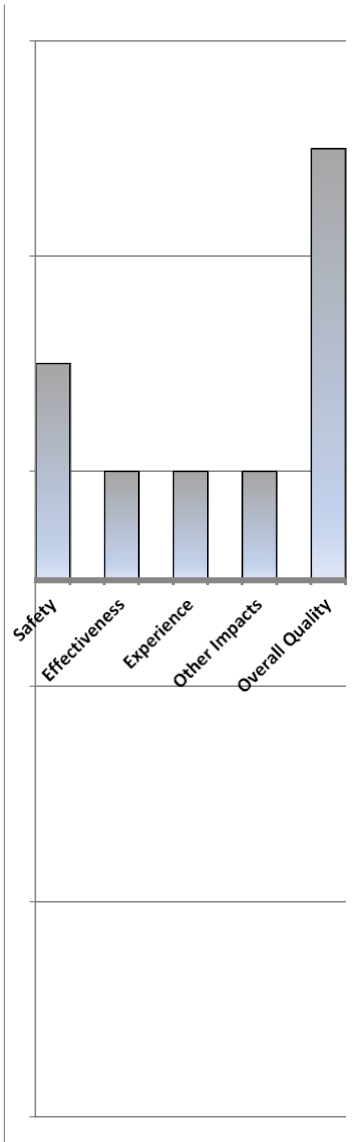
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Quality & Equality Impact Assessment		Gloucestershire Care Services										
Instructions		Title: Digital Dictation										
<p>There are 4 domains relating to patient care: Safety, Effectiveness, Experience and Impacts and an Equality Impact Assessment in this tool. Begin the tool by completing this sheet and then complete Safety assessment first.</p> <p>Please work through this tool to identify the impact of your proposed service changes against the status quo. Complete the four worksheets with either text or using the drop down boxes in highlighted in white. Calculations are then automated. You will also need to complete the Equality Impact Assessment (EIA) to demonstrate compliance with the Equality Act 2010.</p> <p>Results are displayed in the summary sheet.</p>		Summary description of the change proposal: Introduction of Digital dictation for Medical Secretaries, with the possibility of rolling out to other admin staff, replacing the current analogue system. The system will integrate with SystmOne and mean that notes can be accessed by staff no matter which site they are at, and reduce the need to pass notes between secretaries and sites. Dictations occur in real time, creating a voice file that staff can then access to type up any notes or letters All dictated files will be backed up on a centralised server limiting the risk of files being lost or corrupted, and be in a format that makes them clearer than using current equipment.										
Menu												
		<table><tr><td>Completed by:</td><td colspan="2">Ian Cole</td></tr><tr><td>Date:</td><td colspan="2">27/05/2015</td></tr><tr><td>Initial or Review</td><td colspan="2">Initial</td></tr></table>		Completed by:	Ian Cole		Date:	27/05/2015		Initial or Review	Initial	
Completed by:	Ian Cole											
Date:	27/05/2015											
Initial or Review	Initial											
		<table><tr><td>Review Group</td><td>None</td><td rowspan="2">Outcome</td><td rowspan="2">Not Considered</td></tr><tr><td>Date:</td><td>01/01/2001</td></tr></table>		Review Group	None	Outcome	Not Considered	Date:	01/01/2001			
Review Group	None	Outcome	Not Considered									
Date:	01/01/2001											
		Notes										
<p>Goto Version and History using link below using link: Version & Notes</p>												
<p>Developed by NEW Devon Clinical Commissioning Group</p> <div><div></div><div></div><div></div></div> <p>© New Devon Clinical Commissioning Group</p>		<p>Complete</p> <div></div>										
<p>NHS</p> <p>Northern, Eastern and Western Devon Clinical Commissioning Group</p>												

Summary of Quality & Equality Impact Assessment

Date of print: 26/06/2015

Quality Impact Assessment Overview



Gloucestershire Care Services

Title of change proposal

Digital Dictation

Summary description of the change Proposal Introduction of Digital dictation for Medical Secretaries, with the possibility of rolling out to other admin staff, replacing the current analogue system. The system will integrate with SystmOne and mean that notes can be accessed by staff no matter which site they are at, and reduce the need to pass notes between secretaries and sites. Dictations occur in real time, creating a voice file that staff can then access to type up any notes or letters All dictated files will be backed up on a centralised server limiting the risk of files being lost or corrupted, and be in a format that makes them clearer than using current equipment.

Total Quality Impact

Total Quality Score	25	Improvement in overall quality
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Total Impact score (using absolute values)	100	Very High Impact
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Other Impacts Score	25	Positive effect on other impacts
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Equality Impact

Equality Impact Assessment: Groups affected	-	Neutral effect
Sum of +ve and -ve impacts	0	Equality Impact Assessment Complete

Completed by: Ian Cole None

Reviewed by: Not Considered

Outcome of Review: 01/01/2001

Date of Review:  

[Click to return to menu](#)

Safety

Geography, hospital,
department or other area this
applies to:

Describe the change proposed and the clinical area(s) the change applies to.

Community Hospitals

Introduction of digital dictation, for recording clinic notes. This will allow clinicians to dictate to an electronic file that can be accessed by any medical secretary from any site. This would do away with the need to pass a physical recording around as they would be saved on the network. Voice files can then be accessed by the relevant staff and typed up as they are now. Initially this would impact medical secretaries within our community hospital sites as well as clinicians who will be dictating the notes, but will open up opportunities to roll out to other groups of staff as well as explore opportunities to centralise resources.

Description

What is the impact on the SAFETY of patients of implementing the change proposed including any improvement actions?
(Please add a description of evidence)

Consider: Harm to
patients Impact of Human
Factors Infrastructure
Clean environment Safe
environment Training
Treatment procedures
Communication
Administration Attach key
documents

Not all notes are typed at the same site as clinic, and get sent elsewhere to be typed. Having electronic notes will save sending the notes as they can be accessed on the system and will reduce any information governance risks.

There is potential that we would not need to have medical secretaries at each site and could have central pool of resource. Although this would be a disadvantage if hard copy letters need to be signed or sent out as they would need to go back to the clinicians.

The Current analogue system equipment is old and expensive to replace and also now difficult to obtain. Tapes can be overwritten and degrade with time leading to interference on the tapes which can make it difficult to understand certain notes.

Information Governance with sending tapes around. Waiting list cards, if notes typed up faster then can process the waiting list cards faster

2

Total Impact Score for safety from -5 (Very High negative impact) to 5 (Very high positive impact)

5

Number of patients per week effected by proposed change from category 1 to 5.

>1000 patients

5

The number of weeks per year patients are effected by the proposed change from category 1 to 5

> 40 weeks

Impact Description

Minor benefit, requiring minor
intervention Reduction in
length of hospital stay by 1-3
days

Scoring matrix for no. of patients and timescale

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

Effectiveness

Geography, hospital,
department or other area this
applies to:

Describe the change proposed and the clinical area(s) the change applies to.

Community Hospitals	Introduction of digital dictation, for recording clinic notes. This will allow clinicians to dictate to an electronic file that can be accessed by any medical secretary from any site. This would do away with the need to pass a physical recording around as they would be saved on the network. Voice files can then be accessed by the relevant staff and typed up as they are now. Initially this would impact medical secretaries within our community hospital sites as well as clinicians who will be dictating the notes, but will open up opportunities to roll out to other groups of staff as well as explore opportunities to centralise resources.
---------------------	---

Description	What is the impact on the EFFECTIVENESS of care on patients, of implementing the change proposed including any improvement actions? (Please add a description of evidence)
Consider: Tangibles Leadership Competence Reliability Responsiveness Use of Evidence Attach key documents	Possible quicker turnaround of notes as they would be instantly available, this in turn could speed up the sending of letters to GP's . If letters could be sent electronically to GP's as well this would further speed up process. SARS Process currently long winded, being electronic would speed up.

1	Total Impact Score for effectiveness from -5 (Very High negative impact) to 5 (Very high positive impact)
---	---

Impact Description
Peripheral element of treatment optimal

[Click to return to menu](#)

Patient Experience

Geography, hospital, department
or other area this applies to:

Describe the change proposed and the clinical area(s) the change applies to.

Community Hospitals

Introduction of digital dictation, for recording clinic notes. This will allow clinicians to dictate to an electronic file that can be accessed by any medical secretary from any site. This would do away with the need to pass a physical recording around as they would be saved on the network. Voice files can then be accessed by the relevant staff and typed up as they are now. Initially this would impact medical secretaries within our community hospital sites as well as clinicians who will be dictating the notes, but will open up opportunities to roll out to other groups of staff as well as explore opportunities to centralise resources.

Description

What is the impact on the EXPERIENCE of care on patients, of implementing the change proposed including any improvement actions?
(Please add a description of evidence)

Consider: Dignity
Informed Choice
Control of care
Responsiveness
Empathy & Caring
Family & Friends Test
Feedback complaints
Feedback from PALs
Attach key documents

Quicker notes could equal quicker care for a patient.

Referrals to other hospitals or clinics could be quicker as notes could be typed up faster..

Electronic documents are more secure and less likely to get lost.

1

Total Impact Score for experience from -5 (Very High negative impact) to 5 (Very high positive impact)

Impact Description

Informal positive
expression/inquiry

Other Impacts

Geography, hospital, department or other area this applies to: A description of the clinical area(s) the change impacts on.

Community Hospitals	Introduction of digital dictation, for recording clinic notes. This will allow clinicians to dictate to an electronic file that can be accessed by any medical secretary from any site. This would do away with the need to pass a physical recording around as they would be saved on the network. Voice files can then be accessed by the relevant staff and typed up as they are now. Initially this would impact medical secretaries within our community hospital sites as well as clinicians who will be dictating the notes, but will open up opportunities to roll out to other groups of staff as well as explore opportunities to centralise resources.
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DescriptionPlease describe how the change proposed may impact on other parts of the health and social care economy or other services or ability to deliver the change.
(Please add a description informing the score)

Consider: Social value (Social Value Act 2012) Impact Privacy Impact (Personal data) Impact on other health or social care services Impact on employees and other staff, contractual, Reputational, visitors and temporary residents, & carers. Is there sufficient change management in place?	If processing notes sooner then could have a positive impact on the patients care. If a backlog in typing notes then they can be shared easier to help bring down back log limiting the delays. Could focus on the speciality and send notes to the correct people who can type with the knowledge and experience of terminology used. This could lead to quicker typing as queries would be limited. Personal data and notes stored electronically so is backed up, this means less risk of misplacing or delaying information by having to transport physical notes
--	---

Choose Impact Type

Locality level% over performance

1

Total Impact Score from -5 (Very High negative impact) to 5 (Very high positive impact)

5

Number of other people or patients per week effected by proposed change from category 1 to 5.

>1000 patients

Impact Description

0 - 0.5% under performance against budget

Scoring matrix for no. of patients and timescale

1	1-50 patients	1	1 - 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

[Click to return to menu](#)

Measurement

How will the Impact of Safety, Effectiveness and Experience described above be measured?

Measurement Description		Current or New Measure	How will this be implemented and by whom?
	<i>Identify a cost per clinic measure</i>	<i>New KPI</i>	<i>Could identify how long a clinic would take to type up and apportion based on banding, not</i>
	<i>Curently have general guidelines for numbers of clinics typed in a week.</i>	<i>Current measure</i>	<i>This could be validated and monitored by Medical Secretaries or Admin leads</i>

Attach relevent documents or links in the upload attachments sheet by clicking below:

[Go to Upload Attachments](#)

[Click to return to menu](#)

Equality Impact Assessment

In order to demonstrate compliance with the Equality Act 2010

Do I need to complete this analysis?

- If you are introducing change, you should complete this analysis.

What do I need to do?

- Be proportionate to your work - you will know the significance of the work you are carrying out

- Be reasonable in your judgement and completion of the analysis

- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues

- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan

- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this tool.

[Click here to go to Useful Links...](#)

When considering the potential impact on those that share protected characteristics, think about:

- if there are any unintentional barriers to particular communities

- whether your project/ plan will bring about positive improvements

- if it creates good opportunities for accessing services

- will it improve personal choice for one particular group and not another

- the consequences for individual people; people can have more than one protected

characteristic

- both people who use the service and staff **Have you identified any potential**

discrimination or adverse impact that cannot be legally justified?

Area applied:		A description of the clinical area(s) the change impacts on.			
Community Hospitals		Introduction of digital dictation, for recording clinic notes. This will allow clinicians to dictate to an electronic file that can be accessed by any medical secretary from any site. This would do away with the need to pass a physical recording around as they would be saved on the network. Voice files can then be accessed by the relevant staff and typed up as they are now. Initially this would impact medical secretaries within our community hospital sites as well as clinicians who will be dictating the notes, but will open up opportunities to roll out to other groups of staff as well as explore opportunities to centralise resources.			
Protected Groups	Potential People with protected characteristics	Impact Score	No's people affected	Score	Action to be taken / Evidence of action (should include engagement or consultation with the groups affected and/or any mitigation actions)
Sex / Gender					
	Women	0	2	0	Mostly female staff. No change in work being undertaken, changes are with equipment used
	Men	0	1	0	
Race / Ethnic Group					
	Asian Asian	0	0	0	
	British Black	0	0	0	
	Black British	0	0	0	
	Chinese Gypsy	0	0	0	
	or Roma Irish	0	0	0	
	Mixed Heritage	0	0	0	
	White White	0	0	0	
	British	0	0	0	
	other ethnic backgrounds	0	0	0	
		0	0	0	
		0	0	0	
Disability					
	Physical Sensory (hearing and/or partial sight) Deaf people	0	0	0	
	Learning Disabilities	0	0	0	
	Mental Health	0	0	0	
	Dementia	0	0	0	
	Other long term conditions	0	0	0	
		0	0	0	
Sexual Orientation					
	Lesbian, gay men and bisexual	0	0	0	
Gender reassignment					
	Men to women	0	0	0	
	Women to men	0	0	0	
	Trans	0	0	0	
Age					
	<5 years old	0	0	0	
	5 - 18 years old	0	0	0	
	18 - 65 years old	0	0	0	
	65 - 80 years old	0	0	0	
	>80 years old	0	0	0	
Faith or Belief Maternity and Pregnancy Marriage and Civil Partnership					
		0	0	0	
		0	0	0	
Others					
	Asylum seekers and refugees	0	0	0	
	Travellers Economically challenged Rurally Isolated	0	0	0	
	Any others....	0	0	0	
		0	0	0	
Total number of groups affected		0		0	
EIA Completed?		Yes			

[Click to return to menu](#)

Please upload your attachments in this workbook.

[illegible]

[Click to return to menu](#)

Guide to completion of the tool

A copy of the policy can be found here on the website.

1. Fullscreen. Sometimes it is easier to work in fullscreen mode to see as much as possible on the screen. Buttons to enter and exit fullscreen mode are on the main menu.

Navigation. Use the Hyperlinks or the buttons to navigate around the workbook - hyperlinks are always underlined in blue. These go purple after they have been clicked. You may then return to the main menu by clicking on the return to menu in the top left hand corner of the worksheet.

Work in turn on each worksheet from Safety, Effectiveness, Experience and other impacts using the NEXT buttons. Finally review the summary (which can be printed).

2. Any white area requires your input into the tool, either with narrative, inserting documents or using the drop down lists. Orange areas show information that has been entered or feedback from figures entered into scoring.

3. Where you add narrative please describe the evidence behind any assertions made or the score chosen. In addition detailed evidence such as papers, links to data etc may be added in each section by embedding the document as an object (see help files in excel to do this).

4. The calculation in the QIA matrix is designed to give a graphical view of the relative scores. Scores can be positive or negative - larger scores in either case will need to be considered in line with the thresholds for review here:

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
Rating	Low Impact	Medium Impact	High Impact	Very High Impact
Review & Approval Required by	Governing Body			

5. To ensure consistency of scoring please use the decision matrix tab which gives a narrative guidance to the score meaning.

Useful Links...

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85041/equality-duty.pdf

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

<https://www.gov.uk/equality-act-2010-guidance>

<https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty>

Review body - threshold for authorisation		High Risk		Medium Risk	Low Risk	No Risk	
Total Score		<20		20-30	31 - 40	>40	
Composite or any individual Quality score		Low impact		Medium impact	High impact	Very high impact	
Rating		Low impact		Medium impact	High impact	Very high impact	
Review & Approval Required by		Governing Body					

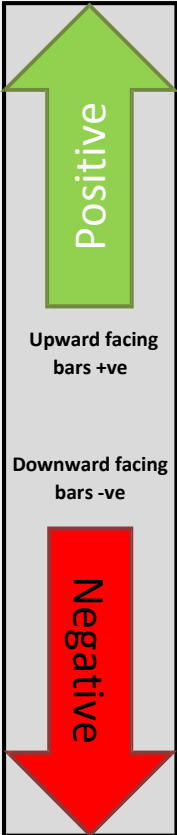
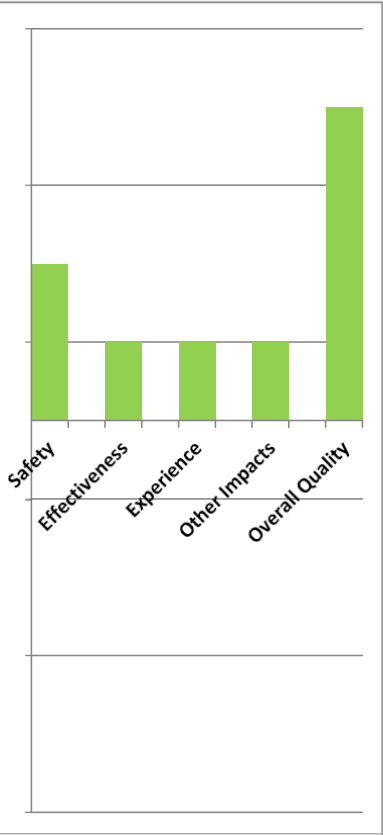
-5	-4	-3	-2	-1	0	1	2	3	4	5
Negative					Neutral	Positive				
Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Safety	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/Agency reportable incident	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Minimal injury requiring no/minimal intervention or treatment. No time off work	No effect either positive or negative	Minimal benefit requiring no/minimal intervention or treatment.	Minor benefit, requiring minor intervention Reduction in length of hospital stay by 1-3 days	Moderate benefit requiring professional intervention Reduction in length of hospital stay by 4-15 days	Major benefit leading to long-term improvement/reduction in disability Reduction in length of hospital stay by >15 days Improvement in management of patient care with long-term effects
Effectiveness	Totally unacceptable level or effectiveness of treatment	Non-compliance with national standards with significant risk to patients if unresolved	Treatment or service has significantly reduced effectiveness	Overall treatment suboptimal	Peripheral element of treatment suboptimal	No effect either positive or negative	Peripheral element of treatment optimal	Overall treatment optimal	Treatment has significantly improved effectiveness	Compliance with national standards with significant benefit to patients
Experience	Serious failure of experience if findings not acted on Irresolvable injury Grievs failure to meet national standards	Multiple complaints/independent review Low performance rating Critical report	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Formal complaint (stage 1) Local resolution Single failure to meet internal standards	Informal complaint/inquiry	No effect either positive or negative	Informal positive expression/inquiry	Letter of praise Local recognition Meets internal standards	Letter of praise to board Local recognition Repeatedly meets internal standards	Multiple letters of praise / positive independent review Repeatedly exceeds internal standards
Patient Numbers					0	1-50 patients	51-200 patients	201 - 500 patients	500 - 1000 patients	>1000 patients

Other Impacts Scorer										
-5	-4	-3	-2	-1	0	1	2	3	4	5
Negative					Neutral	Positive				
Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Publicity & Corporate Finance and/or Claims	CATASTROPHIC Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	MAJOR Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	MODERATE Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	MINOR Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	NEGIGIBLE Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	NEUTRAL Adverse publicity / reputation PLUS Corporate level over performance against budget AND/OR Finance claims	NEGIGIBLE Positive publicity / reputation PLUS Corporate level under performance against budget AND/OR Finance reclaims	MINOR Positive publicity / reputation PLUS Corporate level under performance against budget AND/OR Finance reclaims	MODERATE Positive publicity / reputation PLUS Corporate level under performance against budget AND/OR Finance reclaims	MAJOR Positive publicity / reputation PLUS Corporate level under performance against budget AND/OR Finance reclaims
Publicity & Locality Finance and/or Claims	CATASTROPHIC Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	MAJOR Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	MODERATE Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	MINOR Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	NEGIGIBLE Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	NEUTRAL Adverse publicity / reputation PLUS Locality level over performance against budget AND/OR Finance claims	NEGIGIBLE Positive publicity / reputation PLUS Locality level under performance against budget AND/OR Finance reclaims	MINOR Positive publicity / reputation PLUS Locality level under performance against budget AND/OR Finance reclaims	MODERATE Positive publicity / reputation PLUS Locality level under performance against budget AND/OR Finance reclaims	MAJOR Positive publicity / reputation PLUS Locality level under performance against budget AND/OR Finance reclaims
Adverse publicity/ reputation	Loss of public confidence. Sustained and open external criticism of organisation/individual by (named staff/GPs on social media. Sustained criticism by MPs/ministers leading to resignation of chair/chief officer. Sustained external criticism of organisation/individual by staff/GPs on social media leading to resignation of chair/chief officer. Sustained criticism of organisation/individual by staff/GPs in media leading to resignation of chair/chief officer. Local and national broadcast/news coverage over more than seven days. PMQ discussion with Government and shadow parties critical of CCG. Political crisis as result of CCG action/decision. Loss of criminal proceedings.	Long-term reduction of public confidence. Sustained criticism by MPs. Sustained external criticism of organisation/individual by staff/GPs on social media. Sustained criticism of organisation/individual by staff/GPs in media. Sustained PALS/complaints contacts. Front page trade press coverage over more than two days. Local broadcast news coverage over more than three days. Front page trade press coverage. Escalation and public comment at ministerial/PM level with intervention. Sustained criticism by Health and Wellbeing Board and intervention. National/international recognition of campaigning. OSC escalation to ministerial level with intervention. Loss of civil court proceedings due to health act. Criminal proceedings.	Medium-term reduction in public confidence. Moderate external criticism of organisation/individual by staff/GPs on social media. Local media coverage with criticism by another statutory organisation. Front page negative local media coverage. Local negative lead broadcast item. National broadcast news coverage limited to inside pages. Moderate social media comment with criticism by patients and/or carers. Increase in PALS/complaints contacts about issue. IP enquiry. Healthwatch questions/POI request to present. Health and Wellbeing Board request to meet. Overview and scrutiny committee (OSC) presentation request. Active social media campaigning. Loss of civil court proceedings.	Short-term reduction in public confidence. Internal criticism by staff. Local print media coverage limited to inside pages/small articles. Moderate social media comment with criticism by patients and/or carers. Increase in PALS/complaints contacts about issue. Public awareness of issue. Discussion among staff. Questions from staff/other NHS organisation. Limited critical social media comment. Questions from public/POI. Healthwatch interest or questions. Interest from campaigning organisation. Civil court proceedings.	No effect either positive or negative	Public awareness of issue. Discussion among staff. Questions from staff/other NHS organisation. Moderate social media comment with support by patient/s and/or carer/s. Increase in PALS/complaints contacts about issue. IP enquiry. Healthwatch questions/POI request to present. Health and Wellbeing Board request to meet. Overview and scrutiny committee (OSC) presentation request. Active social media campaigning.	Short-term improvement in public confidence. Internal support by staff. Local print media coverage limited to inside pages/small articles. Moderate social media comment with support by patient/s and/or carer/s. Increase in PALS/complaints contacts about issue. IP enquiry. Healthwatch questions/POI request to present. Health and Wellbeing Board request to meet. Overview and scrutiny committee (OSC) presentation request. Active social media campaigning.	Moderate external improvement of organisation/individual by staff/GPs on social media. Local media coverage with positive comment by another statutory organisation. Front page positive local media coverage. Local positive lead broadcast item. National broadcast news coverage limited to inside pages. National broadcast news coverage. Trade (HJL etc.) media coverage. Heavy increase in PALS/complaints contacts about issue. National positive broadcast coverage of issue. Positive MP enquiries and/or requests to meet in House/Support. Escalation of positive work internally or externally to ministerial level. Sustained support by Health and Wellbeing Board and intervention. Persistent and effective campaigning. OSC escalation to ministerial level with intervention.	Long-term enhancement of public confidence. Sustained support by MPs. Sustained external support of organisation/individual by (named staff/GPs on social media. Sustained positive stories of organisation/individual by staff/GPs in media. Sustained PALS/complaints contacts. Sustained external support of organisation/individual by staff/GPs on social media leading to positive recognition of chair/chief officer. Sustained support of organisation/individual by staff/GPs in media leading to positive recognition of chair/chief officer. Front page trade press coverage. Front page broadcast coverage. Escalation and public comment at ministerial/PM level with intervention. Sustained support by Health and Wellbeing Board and intervention. National/international recognition of campaigning. OSC escalation to ministerial level with intervention.	Enhancement of public confidence. Sustained and open external support of organisation/individual by (named staff/GPs on social media. Sustained positive stories of organisation/individual by staff/GPs in media. Sustained external support of organisation/individual by staff/GPs on social media leading to positive recognition of chair/chief officer. Sustained support of organisation/individual by staff/GPs in media leading to positive recognition of chair/chief officer. Front page trade press coverage. Front page broadcast coverage. Escalation and public comment at ministerial/PM level with intervention. Sustained support by Health and Wellbeing Board and intervention. National/international recognition of campaigning. OSC escalation to ministerial level with intervention.
Locality level % over performance against budget	<2.1% over performance against budget	1.51% - 2% over performance against budget	1% - 1.5% over performance against budget	0.51% - 1% over performance against budget	On budget	0 - 0.5% under performance against budget	0.51% - 1% under performance against budget	1% - 1.5% under performance against budget	1.51% - 2% under performance against budget	>2.1% under performance against budget
Finance including claims	Loss of 0.2% or more of budget £2m +	Loss of 0.1% to 0.2% - 0.5% of budget £2m -	Loss of 0.05% to 0.1% of budget £0.5m - £1m	Small loss (less than 0.05% to 0.01% of budget) <£0.5million	Less than 0.01% or £100k.	On budget	Saving of 0.01% or £100k. Potential claim awards	Small saving (less than 0.05% of budget) 0.01% of budget	Saving of 0.05% to 0.1% of budget £0.5m - £1m	Savings of 0.1% to 0.2% - 0.5% of budget £2m -
Corporate level % over performance against budget	>1.51% over performance against budget	1% - 1.5% over performance against budget	0.5% - 1% over performance against budget	0.26% - 0.5% over performance against budget	0 - 0.25% over performance against budget	On budget	0 - 0.23% under performance against budget	0.26% - 0.5% under performance against budget	0.5% - 1% under performance against budget	>1.51% under performance against budget

[Click to return to menu](#)

Quality Impact Table and Weighting adjustment

0	1	2	3	4	5
Defect (-ve) / Benefit (+ve)	+ve / -ve impact score per pt (-10 to 10)	No. pts affected by defect / benefit (by band)	No. wks pt affected (max 52)	Weighting	Outcome Score
Safety	2	5	5	100%	50
Effectiveness	1	5	5	100%	25
Experience	1	5	5	100%	25
Total quality impact score (using absolute values)					100
Overall Quality (total include positive benefits score and negative disbenefits scores)					100
Other Impacts	1	5	5	100%	25
Global Quality Impact Score					125



[Decision Matrix Guidance](#)

(Use hyperlink to review detailed guidance)

Total Score				
Composite or any individual Quality score	<20	20-50	51-80	>80
Rating	Low Impact	Medium Impact	High Impact	Very High Impact
Review & Approval Required by	Governing Body			

Title Digital Dictation

I / We approve this eQIA on behalf of Gloucestershire Care services

Signature.....

Designation: Director of Nursing

Signature.....

Designation: Medical Director

Date.....



Quality Impact Assessment (CIPs) (v0.2)

Gloucestershire Care Services NHS Trust (“the Trust”) recognises the unequivocal need to ensure that all Cost Improvement Programmes/Projects (CIPs) that are under the consideration of the organisation, will not impact negatively upon the quality of services or care provided by the Trust.

To this end, it is an explicit requirement of all Programme Leads for CIPs to complete the Quality Impact Assessment below as part of the CIP project’s development stage. As such, this Quality Impact Assessment will serve to complement the Business Case that must also be completed prior to project start.

In answering all questions within the Quality Impact Assessment, **Programme Leads are advised to seek as much supportive evidence as possible in order to ensure that their responses and proposed mitigations are based upon sound and tangible evidence.** This requires the Programme Leads to source both quantitative and qualitative data, and should also reference, where appropriate, analysis of current processes, KPI benchmarking and historical evidence.

Thereafter, both this Quality Impact Assessment and the associated Business Case will be submitted for scrutiny by relevant leads within the organisation, including the Director of Nursing and the Clinical Director, before the CIP project is finally approved. This process is in line with the Cost Improvement Programme Policy and the Assurance and Escalation Framework that is held by the Trust.

It is also noted that during the lifecycle of each CIP, this Quality Impact Assessment will be used on at least two further occasions (namely, and as a minimum, during the early stages of implementation and at project conclusion) so as to validate that quality has not been practically affected in a manner that was not envisaged or forecast prior to the project start.

The owners of this Quality Impact Assessment are the Director of Nursing and the Clinical Director, whilst the owner and executive lead for CIP’s within the Trust is the Chief Operating Officer.

Cost Improvement Programme Details:

Programme/ Project Title	Sponsor	Operational Lead	Project Manager	Date of Assessment
Development of E-Rostering System	Tina Ricketts, Dir of HR	Kieth Dayment	Marianne Thompson	15 April 2015

Impact Scoring:

The Trust recognises the fundamental dimensions of quality as (i) service user safety, (ii) clinical effectiveness, and (iii) service user experience. This process therefore seeks to evaluate the above-named Cost Improvement Programme against these dimensions, in order to recognise, understand and mitigate where possible, any negative impacts that the CIP may have upon quality.

In line with the Trust's Risk Assessment and Management Policy, the scoring mechanism below should be used to evaluate the significance of any perceived negative impact that the implementation of a Cost Improvement Programme may have upon quality, based upon a calculation of the likelihood of the impact occurring measured against the consequence that such impact would create.

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Based upon this mechanism, the following categorisation should be applied:

1 – 3 LOW IMPACT	4-6 MODERATE IMPACT	8-12 HIGH IMPACT	15 and over SIGNIFICANT IMPACT
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Answer positive, negative or neutral for each impact. For positive and neutral impacts please give reasons and evidence for this statement. If an impact is negative, then rate the likelihood and consequence of the impact occurring and the severity of its impact, in the appropriate box, if the total score is more than 8, please detail the proposed mitigation to reduce or eliminate the impact.

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Service User Safety	Could the CIP impact upon the Trust's ability to provide safe care?	Positive	Provides a level of assurance that the correct number of staff are in place for any shift Recording the necessary skill mix to facilitate the requirements of safe care.				
	Could the CIP impact upon the Trust's ability to prevent avoidable harm?	Neutral	E-Rostering ensures the skill mix/staffing numbers are such to prevent avoidable situations				
	Could the CIP impact upon the Trust's ability to provide care in clean and comfortable environments that are free from infection?	Neutral	E-Rostering ensures the provision of the correct staff on duty and provides evidence that this has been done				
	Could the CIP impact upon the Trust's responsibility for safeguarding?	Neutral					
	Could the CIP impact upon the number or severity of risks faced by the Trust, whether clinical or non-clinical?	Positive	Provides a level of assurance that the correct number of staff are in place for any shift and thereby reducing risk. It has been evidenced that providing the correct staffing levels and skill mix impacts positively to any risk element				
	Could the CIP impact upon the number or severity of incidents, hazards, or any other factors that may affect the possibility of	Positive	Provides a level of assurance that the correct number of staff are in place for any shift thereby reducing risk of incidents				

	service users facing harm?						
	Could the CIP impact upon the Trust's ability to provide care in the most clinically appropriate setting?	Neutral					

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Clinical Effectiveness	Could the CIP impact upon the delivery of evidence-based care, appropriate clinical interventions or high quality standards?	Neutral					
	Could the CIP impact upon the variation of care provided countywide?	Neutral	E-Roster provides reports of skill mix and hours of care provided enabling the Trust to ensure standardisation of care				
	Could the CIP impact upon clinical leadership and/or engagement?	Neutral	E-Roster provides management reporting to confirm leadership and engagement				
	Could the CIP impact upon the Trust's ability to maintain a skilled and capable workforce?	Positive	Provides a level of assurance that the correct number of staff with the correct skills are in place for any shift. Evidences and reports on continuous training and achievement of workforce				
	Could the CIP impact upon the Trust's ability to support people to stay well and independent?	Neutral					
	Could the CIP impact upon the Trust's ability to promote self-care where appropriate?	Neutral					
	Could the CIP impact upon readmission rates?	Neutral					
	Could the CIP impact upon the	Neutral					

	ability to deliver care in line with an integrated model or pathway?						
	Could the CIP impact upon the Trust's duty to the public to continuously drive quality improvement?	Neutral					
	Could the CIP impact upon resource efficiencies or waste?	Positive	Reporting on overstaffing/understaffing will have a positive impact on resource and efficiencies				

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Service User Experience	Could the CIP impact upon the Trust's ability to provide personalised care that offers compassion, dignity and respect to service users?	Positive	Having adequately resourced clinical teams providing care with enhance personalised care. One to One care requests can be utilised to ensure The Trust offers compassion, dignity and respect to service users				
	Could the CIP impact upon choice offered to service users?	Neutral					
	Could the CIP impact upon the Trust's duty to promote equality and thus impact upon people with protected characteristics?	Neutral					<i>If the CIP will have high or significant negative impact upon equality, please complete the Equality Impact Assessment</i>
	Could the CIP impact upon the way in which service users have identified they would wish their care to be delivered?	Neutral					
	Could the CIP impact upon service user waiting times?	Positive	Adequately resourced clinical teams providing care will				

			minimise waiting times.				
	Could the CIP impact upon average length of stay in community or acute hospitals?	Neutral	E-roster will avoid service users staying longer than required due to not providing appropriate staffing levels				
	Could the CIP impact upon the experiences of service users reported via surveys?	Positive	Occasionally service user's feedback that staff appear over-worked. Sufficient staff should be available to deliver care appropriately thereby reducing the likelihood of this experience.				
	Could the CIP impact upon the number of complaints received by the Trust?	Neutral	Sufficient staff should be available to deliver care appropriately thereby reducing the likelihood of complaints arising from this aspect of service delivery. We have not received any complaints to date around rostering.				
	Could the CIP impact upon the number of compliments received by the Trust?	Positive	We have not received any compliments to date around rostering, however, having sufficient staff available to deliver care appropriately increases the likelihood of compliments				

Dimension of quality	Impact	Positive, negative or neutral impact	If positive or neutral impact, please record evidence below	If negative impact is recorded, complete the below			
				Likelihood rating	Consequence rating	Overall impact score	Detail the proposed mitigation for impacts scored 8 or above
Other	Could the CIP impact upon the Trust's strategic partnerships?	Positive	In the context of the Trust ability to manage its own services and support the delivery of care for partnership organisations by evidencing the services provided				
	Could the CIP impact upon the Trust's drive to reduce health inequalities	Neutral					

	Could the CIP impact upon staff's willingness to recommend the Trust to family or friends?	Positive	In the context of a good, caring supportive organisation that is well managed and look to readily support their teams in delivering high quality services on an ongoing basis. Offering flexible bank working hours to facilitate staffs personal requirements				
	Could the CIP impact upon staff satisfaction and morale?	Positive	By ensuring teams are fully staffed supports staff satisfaction and ability to deliver own responsibility				
	Could the CIP impact upon staff turnover and absenteeism?	Positive	As there is less pressure on staff to pick up absent colleagues work. E-roster enables better visibility of absenteeism and therefore enables the Trust to act accordingly.				
	Could the CIP impact upon the Trust's reliance upon bank and agency staff?	Positive	Better management of working time including absence will allow for earlier intervention for the allocation of bank staff and reduced demand for agency workers				
	Could the CIP impact upon the use of community hospital beds?	Positive	By ensuring sufficient staff hospital beds should always be available. The system will also allow for additional staff to be requested allowing for increased staffing to meet any higher clinical demands				
	Could the CIP impact upon the availability of single sex accommodation?	Neutral					
	Could the CIP impact upon the Trust's support services?	Neutral					

	Could the CIP impact upon corporate social responsibilities i.e. low carbon pathway?	Neutral					
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Signature:	Designation: Director of Nursing / Clinical Director	Date:
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Trust Board

Date: 21 July 2015

Agenda Item: 12

Agenda Ref: 47/0715

Author: Rod Brown, Head of Corporate Planning

Presented by: Paul Jennings, Chief Executive

Sponsor: Paul Jennings, Chief Executive

Subject: Board Assurance Framework (BAF): Corporate Risks

This Report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☐ Assurance ☐ Information

Executive Summary:

The attached section of the BAF (i.e. that which forms the Corporate Risk Register) details the most significant operational risks as identified by staff across the Trust as at the end of June 2015.

It is noted that this month, the BAF is reporting an overall increase of 15 risks (i.e. there are 20 new risks, 1 risk has reappeared due to increased rating, whilst 6 have reduced in rating and therefore have been removed from the Corporate Risk Register). This rise in the number of identified risks is due, in part, to staff responding to the findings of the Care Quality Commission during the recent inspection.

Recommendations:

The Board is asked to: Review the identified risks in order to ensure that (i) these appropriately reflect the actuality and severity of risk across the organisation, and (ii) the proposed actions and mitigations are satisfactory to reduce the reported risks to acceptable levels.

Considerations:

Quality implications: **Implicit within relevant risks**

Human Resources implications: **Implicit within relevant risks**

Equalities implications: **Implicit within relevant risks**

Financial implications: **Implicit within relevant risks**

Does this paper link to any risks in the corporate risk register: **n/a**

Does this paper link to any complaints, concerns or legal claims: **Yes, and Implicit within relevant risks**

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

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

Reviewed by (Sponsor): Paul Jennings

Date: 13 July 2015

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

Operational risks are discussed with relevant forums, such as the Scheduled Care Governance Forum, the Community Hospitals, Urgent Care and Capacity Forum and the Quality and Performance Committee.

Explanation of acronyms used:

n/a

Contributors to this paper include::

Various

Board Assurance Framework:

Corporate Risk Register

JUNE 2015

Overview

This part of the Board Assurance Framework (BAF) describes the Corporate Risk Register as at the end of June 2015.

It therefore serves to detail the **most significant operational risks** faced by the Trust as identified by staff at all levels across the organisation and validated by senior managers.

Please note that the Trust's **strategic risks** are detailed in a separate document.

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2. Corporate Risk Register	
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1. Definitions

The risk scoring mechanism in this BAF uses the descriptions provided by the NHS National Patient Safety Agency. These are shown below:

1.1 Description of consequence

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of service users, staff or public (physical or psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident Impacts on a small number of service users	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of service user care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects Impacts on a large number of service users
Quality/ complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for service user safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major safety implications if findings are not acted on	Non-compliance with national standards with significant risk to service users if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of service user safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss with risk of claim remote	Loss of 0.1-0.25% of budget Claim less than £10,000	Loss of 0.25-0.5% of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5-1.0% of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1% of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/ business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

1.2 Description of likelihood

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

2. Corporate Risk Register (operational risks)

2.1 Categories

This section of the BAF details the most significant risks faced by the Trust as identified by staff across the organisation. To this end, it reflects Risk Registers that are held at local level and that detail risks in relation to the following services:

- a) scheduled care (to include integrated community teams, countywide / specialist services and children's and young people's services);
- b) unscheduled care (to include community hospitals and urgent care services);
- c) the Nursing and Quality directorate (including clinical governance, medicines, safeguarding and infection control);
- d) human resources (including workforce);
- e) corporate governance (including information governance and legal services);
- f) IM&T (including clinical systems);
- g) financial management;
- h) transformation and change;
- i) performance and information;
- j) Foundation Trust programme.

2.2 At a glance

Risks rated 12+ on all local Risk Registers as of the end of June 2015 are:

Area	Ref	Risk	New risk
Scheduled care to include integrated community teams, countywide / specialist services and children's and young people's services	SD1-ICT	Community nurse staffing pressures	
	SD3-ICT	Occupational Therapist and Physiotherapist vacancies	
	SD4-SXH	Inability to achieve Chlamydia screening target	
	SD5- CWS	Increasing demand for specialist services	
	SD6- CWS	Tendering of the integrated healthy lifestyle service	
	SD7-CWS	Unclear governance, accountability and reporting for Medical Devices	
	SD9- CWS	Lack of a Decontamination Lead	
	SD12-ICT	Ability to meet demand for care home reassessments	
	SD13-ICT	Lack of independent provider domiciliary care in the Cotswolds	
	SD14-CWS	Decrease in medical staffing in sexual health services	
	SD15-ICT	Nursing provision into Cirencester leg club	X
	SD16-CYP	Suspension of FHSA Link	X
	SD17-CWS	Ongoing issues with the transition of pharmacy contract	X
	SD18-CWS	Capacity of sexual health administrative team to answer telephone calls into the service	X
	SD19-CWS	Sexual assault referral centre has significant waiting times to access counselling	X
	SD20-CWS	Access to MSCKAT service for routine appointments are not being met	X

Unscheduled care to include community hospitals and urgent care services	ST6-RR	Increased demand for overnight community service - nursing and rapid response	
	ST8-MliU	Recruitment and retention in MliUs	
	ST9-MliU	Migration of out-of-hours work to MliUs	
	ST10-MliU	MliU's ability to deliver services consistently across the county	
	ST11-RR	Rapid response service's ability to deliver the trajectory of activity set out in contract	
	ST12-EPPR	Trust resilience in providing effective information about capacity, demand and flows	
	ST13-CH	Inconsistent approach to recording deaths on MIDAS	X
	ST14-CH	Lack of reception staff at community hospitals	X
	ST15-CH	33% vacancies in trained nurses at North Cotswolds Hospital	X
	ST16-CH	Forest hospitals continue to require extensive capital funding and ongoing maintenance	X
	ST17-CH	Reduced staffing in the MliU cover	X
	ST18-CH	Financial impact on continued high usage of agency staff	X
Nursing and Quality Team	NQ1	The Trust's low rate of incident reporting may result in missed learning opportunities	Return
	NQ3	Ability to evidence safeguarding training	
	NQ5	Staff competencies in MliUs	X
Human Resources	HR1-414	No robust understanding of contingent workforce demand and supply issues	
	HR3-409	High number of nursing vacancies	
	HR4-413	Lack of a joint workforce plan across health and social care	
	HR5-404	Current sickness absence rate above NHS average and benchmark group	
	HR6-406	Appraisal completion rates are below target	X
	HR7-315	Insufficient workforce information is masking recruitment hotspots	X

Corporate Governance	CG1	Inconsistent record-keeping means that allegations of negligence cannot always be refuted	
	CG2	Ability to evidence compliance with new Registration Authority requirements	
IM&T	IT1	Poor service delivery from countywide IT service provider	
	IT2	Service user status alerts are not displayed on the mobile working module	
	IT3	Removal of PAS system	
Financial management	FIN1	Ability to deliver CIPs against pay costs	X
	FIN2	Ability to deliver CIPs against non-pay costs	X
	FIN3	Ability to control and reduce agency spend	X
Transformation and change	TC1	Ability of the External Care programme to deliver to target	
	TC2	Ability to deliver £3.15m cost savings as set out in CIP Plan	
	TC3	Ability to deliver full £3.9m agreed QIPP schemes	
	TC4	Ability to deliver multiple milestones across a number of schemes alongside BAU	
Performance and information	PI1	Ability to robustly report workforce information	X
	PI2	Mixed understanding of waiting list information	X
FT programme	FT1	Inability to identify required targets or cost savings across a five year period	

Risks reduced in the previous period and therefore no longer on the Corporate Risk Register:

- SD2-ICT - loss of base for Homeless Healthcare Team
- SD10-CWS - management vacancies in countywide services
- SD11-ICT - observations not being taken prior to IV Therapy administration
- ST5-CH - rising trend of reported falls at Community Hospitals
- NQ4 - ability to adequately deliver clinical skills training
- IT6 - clinicians are challenged to produce prints when support is not available

2.3 In detail

a) Scheduled Care

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD1-ICT	08 July 2014	Community nurse staffing pressures	Current staffing shortfalls in a number of localities (Tewks, Cots, Glos), particularly in band 6 leadership roles, impact on the leadership and support of the community nurses. This has put undue pressure on the remaining staff potentially leading to increased sickness absence and/or more staff leaving. Potential impact on ability to maintain current levels of activity	Controls and actions are described in a detailed District Nursing action plan. Reviewed regularly at the Quality and Performance Committee and with commissioners	Consistent communication with both clinical staff and GPs to provide confidence that work is underway to address ongoing issues	4	4	16	Candace Plouffe / Margy Fowler / Dawn Porter / relevant community manager	Recruitment initiatives continue. Band 5 staffing at full complement. Waiting for agreement from CCG for additional fund to support 2020 Training. Proposal to improve position of DN (Band 6) staffing.	3	4	12	30 June 2015
SD3-ICT	26 March 2015	Occupational therapist and physio-therapist vacancies	Recent resignations from both Band 5 OTs and physios who are moving to Band 6 positions both within and outside the organisation have put Gloucester ICT under slight pressure as the recruitment process may impact on the waiting list	Reviewing all cases pre-allocation to re-align existing allocated cases that require further work to staff	Lack of robust action plan similar to the nursing plan to address ongoing retention issues	4	3	12	Margy Fowler / Dawn Porter / relevant community manager	Recruitment continues. Plan to review establishment and management structures of therapy services in the community	4	3	12	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD4-SXH	26 June 2014	Chlamydia screening target	There is a risk that the service will not achieve the Chlamydia screening target	Meetings with Public Health Commissioners to review progress and agree a way forward. Performance and action plan being monitored by Quality and Performance Committee	Uncertainty on whether the population in the county is such that achieving higher target is possible	5	3	15	Elaine Watson / Rona McDonald	Target missed across last 2 months by 10 screens, however trajectory increases as new service is in place	4	3	12	30 June 2015
SD5-CWS	09 July 2014	Increasing demand for specialist services and lack of clinical governance support	Demand for service is increasing beyond the original business case especially for IV therapy nurses, Tissue Viability and Home Oxygen Services, leaving services and service users at risk	Specialist services clinicians doing extra bank work to meet demand where they have reduced capacity. Team is recording capacity issues both in their teams and supporting teams e.g. DN. Links have been made with Rapid Response and unscheduled care. Service specifications and issues have been discussed with the Trust Executive, Board and Commissioners. Medical lead for GHT writing governance paper. Meeting with Governance lead to highlight issues and find solution to reduce governance risk to service	Funding for all services from block contract and therefore inability to recruit as required to meet demand No feedback from clinical governance lead	5	3	15	Andrea Darby	Recruitment progressing for wound meeting service. Issues identified with Diabetes Service (upcoming vacancies) and action plan drafted to minimise disruption to service provision	5	3	15	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
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SD6 - CWS	10 February 2015	Integrated healthy lifestyle tender	The Trust has been served notice that the Health Improvement Function of the business is due to be tendered by the County Council commissioners	The Trust has attended early engagement sessions and has fed back to its Senior Management	Initial sessions seem to indicate that County Council is looking for greater involvement of third sector providers in provision of this type of service	5	4	20	James Curtis	Ongoing networking with third sector providers. Proposal to jointly host network session with Independence trust. Formally notified that tender has been delayed, potentially by 9 months with service transfer now proposed December 2016.	4	4	16	30 June 2015
SD7- CWS	20 February 2015	Medical devices	There is unclear governance accountability and reporting for Medical Devices into the Quality and Performance Committee. There is no recognised Medical Devices Lead with clear role and responsibilities	Medical Devices Group in place currently chaired by Chris Boden/Mark Parsons	Unclear accountability at senior level	4	4	16	Chris Boden	A proposal to resolve this issue has been agreed by the Trust Executive Team, but has yet to be implemented	4	4	16	30 June 2015
SD9 - CWS	20 February 2015	Decontamination	The Trust requires a recognised Decontamination Lead (as per MRHA guidelines) with appropriate qualifications and experience	Decontamination issues reported at Infection Control and Prevention Committee	No clear direction decided yet by Executive in terms of overall lead for this area, continues to be shared across Clinical Development and Quality and Operations	4	4	16	Chris Boden	Still not resolved. Further discussion around resources needed to support this area	4	4	16	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
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SD12-ICT	26 March 2015	Care home re-assessments	Inability to meet demand for volume of Care Home reassessments within a year, both in and out of County. This results in increasing number and length of overdue assessments	Staff reassessing the most overdue cases as a priority Staff have been utilising a proportionate based assessment rather than full assessment where appropriate	Capacity modelling to consider impact of Care Act on assessments required for this year	4	4	16	Melanie Getgood	Analysis work continues as does the transition to GCC management responsibility from August	4	4	16	30 June 2015
SD13-ICT	21 May 2015	Lack of domiciliary care from independent providers in the Cotswolds	Unable to source domiciliary care to progress people from reablement and hospital care to home	Issue raised with GCC commissioning. Using spot purchasing in the interim. Using reablement whenever possible. Using temporary residential care when appropriate.	Cost of spot purchasing is putting pressure on external care budget. Creates blockage in patient flow through reablement impacting on overall capacity. Using temporary residential care is not optimum pathway for independent living.	4	4	16	Dawn Porter	Outcome of tender not yet shared with the Trust. Ongoing monitoring and escalation to Commissioners continues	4	4	16	30 June 2015
SD14-CWS	25 May 2015	Decrease in medical staffing in sexual health services	A combination of vacancies and sickness has resulted in capacity issues in sexual health services, particularly for the pregnancy advisory service. Some of the SAS doctors who are leaving are trainers which will impact on ability to deliver coil / implant training that the Trust is commissioned to provide	Use of locums. Outsourcing terminations to an authorised independent provider	This creates a financial pressure for the service, and may result in poorer service user experience	4	4	16	Elaine Watson	Commissioners have been informed, and consulted on contingency planning Recruitment is underway, and in the interim, consultant sessions being purchased from GHT	4	4	16	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD15-ICT NEW	01 June 2015	Nursing provision into Cirencester leg club	Cirencester leg club is run by a third sector provider (Ellie Lindsay Foundation) and historically, the Trust's DN service worked with them to provide this service. The new complex wound management service will result in changes to how service users with complex leg wounds will receive nursing support. Concerns have been raised by both the Ellie Lindsay Foundation and GHT about the lack of engagement with this new service model, which has been given approval from the CCG.	Service user engagement sessions arranged CCG taking the lead in discussing the new service model with GHT Regular meeting with the CCG to monitor the service changes Briefing report to be discussed at Executive meeting ICT management and community nurses monitoring the situation and reporting where disruption or concerns noted	New service not yet up and running, as recruitment underway No clear responsibilities between CCG (as Commissioner) and the Trust as new provider in managing wider communications	4	4	16	Dawn Porter	The Trust and CCG have given notice to Ellie Lindsay Foundation. Staff, volunteers and service users have been informed by letter. Service user sessions being planned by the Engagement Team re arrangements for transfer of care. Leg club will cease to operate in September. In the meantime, community nursing continues to staff and deliver the clinical care until each service user is transferred to alternative. A view is needed on accepting new referrals. Recent CCG shadowing of Cotswolds nursing to establish activity that might be transferred to new services – report due shortly	4	4	16	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD16-CYP NEW	01 June 2015	FHSA link	<p>The FHSA Link has been suspended as incompatible with SystmOne and new third party provider needed to restore the link.</p> <p>In the interim, the Trust is unable to identify movements into area in a timely manner via the link and therefore consequently unable to identify cohort for NB4 KPI and perform NBBS in appropriate timeframe</p>	All GP surgeries requested to inform CHIS of movements in to county weekly.	Link still not restored SystmOne team providing regular updates and report some progress	5	3	15	Janet Mills	SystmOne team report that technical solutions have nearly been achieved	4	3	12	30 June 2015
SD17-CWS NEW	01 June 2015	Pharmacy provision	Ongoing issues with the transition of Pharmacy contract to new provider, resulting in sexual health services not having timely access to medication required to meet service user needs, and delivering a reduced service user experience	Trust lead for the pharmacy contract is aware of the situation.	Current pharmacy service specification may have underestimated pharmacy requirements for sexual health services	4	4	16	Elaine Watson / Val Welsh	Contract meeting being scheduled to discuss ongoing issues and timely resolution	4	4	16	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
SD18-CWS NEW	01 June 2015	Telephone system	Issues raised with capacity of sexual health administrative team to answer telephone calls into the service, particularly at peak times (e.g. 9:00-10:00 am)	New telephone system infrastructure in place, which allows for service to monitor response rates	As new telephone system infrastructure only recently in place, do not yet have data to confirm that current administrative resource can be realigned to address this issue	4	3	12	Elaine Watson / Val Welsh	Review administrative capacity and reception team, to delineate role functions with clear expectations around response times to telephone calls	4	3	12	30 June 2015
SD19-CWS NEW	01 June 2015	Access to SARC services	Sexual Assault Referral Centre (SARC) has significant waiting times for service users to access counselling, resulting in negative impact on service user experience	Service working with referrers on setting clear protocols for accessing counselling and priority framework for service provision	Current service specification does not specify waiting time for service or priority for the service provision	4	4	16	Elaine Watson / Val Welsh	Ongoing discussions with commissioners regarding referral criteria	4	4	16	30 June 2015
SD20-CWS NEW	01 June 2015	Access to MSKCAT services	Access to MSKCAT service for routine appointments (i.e. 4 weeks) is not being met	Detailed action plan agreed with Commissioners to improve action Modelling of capacity required to meet demand has been undertaken	Target previously an average wait, has been agreed to move to 95% all service users requiring routine appointment to be seen in 4 weeks. Service design potentially flawed, and more resources required to meet this access target	4	4	16	Chris Boden	Further recruitment has improved the situation greatly in May 2015	3	4	12	30 June 2015

b) Unscheduled Care

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST6-RR	1 August 2014	Appropriate referral and admission criteria into unscheduled care service	Increased demand for overnight community service - nursing and rapid response. This is a finite resource available to respond to appropriate unscheduled care work and not routine work	Routine review of demand. Internal shift review. Securing GCCG funding for additional rapid response staff	Inappropriate level of staff resource to meet increased demand	3	4	12	Helen Hodgson	<p>Ongoing analysis of activity.</p> <p>Executive sign off for revised shift patterns for ICTs.</p> <p>Business case for funding shift patterns to be signed off.</p> <p>Rapid Response team recruitment to additional staff for overnight.</p> <p>EDNs management arrangements aligned with rapid response team</p>	3	4	12	22 June 2015
ST8-MliU	22 April 2015	Safe staffing levels in MliUs	Risk to recruitment and retention in MliUs	Develop integrated workforce to enhance flexibility. Improved efficiencies to utilising staff i.e. charting of service users with complex needs. Enhance bank skill set. Undertake training needs analysis and develop urgent care competency framework.	Staff who are not confident and competent in some areas of service delivery	4	3	12	Helen Hodgson	<p>Additional bank staff recruited.</p> <p>Competency framework for urgent care practitioners finalised and being implemented.</p> <p>Minor illness training underway</p>	4	3	12	22 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
ST9-MliU	22 April 2015	Migration of out-of-hours work to MliUs	The new out-of-hours provider may potentially transfer out-of-hours cases to MliUs	Codes for reporting added to Patient First. Local operating procedures in place. Incident reporting.	Unable to identify source of referrals to MliUs	4	3	12	Helen Hodgson	<p>Renewing the leadership and governance arrangements for MliUs. Paper to be presented to Execs in June.</p> <p>MliU clinical governance reporting to Community Hospitals.</p> <p>Work underway to renew resource allocation to MliUs</p> <p>Operating procedures in place to manage DOS closure for MliU out of hours.</p> <p>Incidents and Datix reviewed via Community Hospitals Group</p> <p>Areas for learning identified and shared</p>	4	3	12	22 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
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ST10-MliU	22 April 2015	MliU's ability to deliver services consistently across the county	MliU staff require mentorship and training to support increase in referrals for illness management. The level of service currently being delivered is inconsistent across the county	Review of DOS Profile. Reiterated communication to MliUs. Capacity and Service Improvement Manager in post to support MliUs.	Viable opening times in MliUs across the county	4	3	12	Helen Hodgson	Training needs analysed. Portfolio competency based training. Review MliU handbook. Programme of work to monitor effectiveness	4	3	12	22 June 2015
ST11-RR	22 April 2015	Rapid response service	Rapid response service's ability to deliver the trajectory of activity set out in contract. Aspire to see 998 service users per annum, target is 1,300	Performance data and monitoring. GP communication. Pathway integration	Current referral rate is below trajectory	4	3	12	Helen Hodgson	Re-communicate to Stroud GP about RRT and their service offer. Review access pathway through SPCA. Develop integrated work with ICTs. Briefing paper with implementation plan being prepared for sharing with CCG.	4	3	12	22 June 2015
ST12-EPPR	22 April 2015	Capacity and demand	Trust resilience in providing up to date, effective information about capacity, demand and service user flows 24/7, 365 days a year	Alamac team. Alamac dashboards. IT and Information. Medworxx (when introduced). On call arrangements	Lack of resources to monitor performance and analyse data – this to be raised with the Performance and Information Team.	4	3	12	Helen Hodgson	Review of capacity rota and role clarification. Trust kitbag revised and in place. Provisional date agreed with IT and Performance team to review urgent care dashboard. Medworxx team onsite in Trust. Project team first meeting set up.	4	3	12	22 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
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ST13-CH NEW	15 June 2015	Mortality reviews	Inconsistent approach to recording deaths on MIDAS and reporting learning from deaths at community hospital governance forums	Email alert to be sent to Matrons when death reported on MIDAS. Matrons to ensure discussions take place at hospital governance meetings. Mortality reviews to be standing item on community hospital clinical quality and safety meetings - report to be produced for Clinical Senate and the unscheduled care directorate meeting	New reporting structure to be set up - not yet in place	4	3	12	All matrons	First bimonthly report due to be presented at Community Hospital, Urgent Care and Capacity meeting on 9 July 2015	4	3	12	22 June 2015
ST14-CH NEW	01 April 2015	OOH reception cover	Hospital reception not manned out of hours, and no reception staff provided by SWAST for the out of hours service. Risk that people will be waiting for a GP with nobody aware and no visual observation. MliU staff unaware as busy attending service users in their department	DATIX completed. Meetings held with SWAST, Ian Main, Matron and MliU Team Manager. Action agreed by SWAST, review meeting/conference call booked for July; MliU staff continue to observe reception as much as possible.	There may be a delay in resolving the issue	4	3	12	Linda Edwards	Meeting date agreed for July 2015	4	3	12	22 June 2015
ST15-CH NEW	01 June 2015	North Cotswolds hospital staffing	33% vacancy level of trained nurses at the North Cotswolds Hospital. Not all shifts may achieve safe staffing levels and high use of bank and agency nurses	Action plan in progress for recruitment; escalation process for safe staffing levels and use of bank and agency nurses	Lack of applicants - recruitment issues	4	3	12	Linda Edwards	Action plan in progress for recruitment; escalation process for safe staffing levels and use of bank and agency nurses	4	3	12	01 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
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ST16-CH NEW	24 June 2015	Environment - Forest Hospitals	<p>Forest hospitals continue to require extensive capital funding and on-going maintenance issues including heating, plumbing, roofing, decorating, damp, electrical and ventilation.</p> <p>No estates personnel on site: constant communication to team and awaiting visits and action.</p>	Band 4 Admin TL managing all issues with Estates team, James Walker and Mark Parsons. Areas of priority identified by Mark Parsons, other areas avoid use.	Old buildings - not possible to remedy all estates issues	3	4	12	Mandy Hampton	<p>Position statement to be presented to Exec Board highlighting issues across both sites including what works well, what is failing and where development could be achieved.</p> <p>Paper being written for September Board. Review costs of maintenance and capital regularly with Mark Parsons.</p>	3	4	12	24 June 2015
ST17-CH NEW	04 April 2014	Reduced staffing in MliU cover	<p>Reduce staffing levels in the Forest MliUs may result in one unit being shut.</p> <p>MliU operational budget is over spent by £60,000. The units are already below the required hours needed to run the service. Bank staff needed to maintain current hours and cover both units. Bank staff an additional pressure on budget</p>	Agency staff to be utilised in the event of no bank staff available. Rotas to be produced within sufficient time to plan cover of gaps. To be agreed by senior management that in the event that an ENP cannot be identified to cover the shift a Band 5 will be utilised in the department to triage and signpost service users appropriately	May not be possible to identify appropriate bank or agency staff to cover	3	4	12	Michelle Slater	To look at each unit and establish an earlier closure time for one or both unit. Identify options for consideration. Finance to calculate the cost savings to the budget of the proposed plans for earlier closure. To review the staffing levels and skill mix of the units to establish a safe effective service coverage	3	4	12	24 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
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ST18-CH NEW	23 June 2015	Financial	Financial impact of continued high usage of agency staff leading to significant budget overspend and resulting reduced flexibility to manage and move budget around to meet changing service user need.	Continue to recruit to vacant positions. Escalation process for use of bank and agency in place - includes exec sign off for use of any agency off framework. Use of e-rostering to enable management of annual leave and proactive booking of bank.	Difficulty in recruiting may lead to ongoing use of bank and agency in order to achieve safe staffing levels	3	4	12	Julie Goodenough / Matrons	Ongoing recruitment to reduce vacancies. E-rostering in place across all inpatient units - plans to produce reports underway. Information capture around number of requests for 121/specialising under discussion.	3	4	12	23 June 2015

c) Nursing and Quality Directorate

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ1	01 March 2015	Incident Governance	<p>The Trust's low rate of incident reporting may result in missed learning opportunities from safety incidents leading to an increase of safety incidents up to and including moderate harm.</p> <p>This risk was highlighted by the CQC who noted that staff do not always recognise the thresholds for reporting incidents</p>	<ul style="list-style-type: none"> Incident reporting system Incident Reporting Policy Quality Team Incident reporting is a standing item on in the Scheduled Care Governance Forums and Community Hospital, Urgent Care and Capacity Group 	<ul style="list-style-type: none"> The user-interface of the Trust's datix system may have become an obstacle due it being cumbersome Reliable incident governance through the governance structures Limited detailed scrutiny of incidents at service level 	5	3	15	Michael Richardson	<ul style="list-style-type: none"> Approach to incident governance reviewed with improvement actions underway that include new incident policy and redesign of user interface with Datix incident module Re-launch new approach to incident governance being rolled out in Q1 2015/16 To support more accurate determination of the level of harm, the roll-out will have a renewed focus on the use of risk ratings when reporting and reviewing incidents across Trust services 	4	3	12	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ3	29 May 2015	Safe-guarding	The Trust may be unable to evidence safeguarding training, leading to non-compliance with the Children Act 2004 and the Care Act 2014	<p>Agreed training matrix.</p> <p>Structured training plan tailored to core role.</p> <p>Safeguarding Adults and Children Training Policy. Safeguarding team database of present training (links to ESR).</p> <p>Sign-up to countywide workforce development programmes.</p> <p>Reporting to countywide workforce development groups and GSAB and GSCB.</p> <p>Strategic Safeguarding Ops Group, reporting to Clinical Senate and the Quality and Performance Committee.</p>	<p>Organisation wide database with robust links to ESR (or by using ESR)</p> <p>Measuring training by percentage of staff groups</p>	3	4	12	Sarah Warne	Gap in controls noted to be inability to measure training by percentage of staff group	3	4	12	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
NQ5 NEW	30 June 2015	Service user safety	Insufficient staff competencies in MliUs may result in incidents with up to and including severe harm	Agreed set of competencies. Matron oversight of management of MliUs	Schedule of competency training. On-site education facilitator (replicating approach in Community Hospitals)	3	4	12	Anita Underwood	MliU education Development Project Plan and MliU Training Schedule in place; this is being led jointly by Professional Practice Leads and Capacity and Service Improvement Manager. Plan includes developing and implementing targeted training plan around core skills based on skills gap analysis.	3	4	12	30 June 2015

d) Human Resources

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR1-414	01 June 2014	Contingent workforce strategy	Further understanding of contingent workforce demand and supply issues is required. Centralised bank function not being utilised effectively	Monitoring of budgets and agency spend.	There are no gaps in controls	4	3	12	Kieth Dayment	Developing the strategy and operational policies. Review of centralised bank function – detailed project plan in place Roll out of e-rostering to wards has now helped to stabilise requests for additional staff	4	3	12	10 June 2015
HR3-409	10 May 2013	Nurse recruitment and retention	There are a high number of nursing vacancies: for example, the number of vacancies for Band 6 community nurses has increased since August 2014	Weekly vacancy monitoring and reporting to Workforce Steering Group and Workforce and OD Committee	There are no gaps in controls	4	4	16	Lindsay Ashworth	Centralised recruitment. Dedicated post to lead on nurse recruitment. Preceptorship programme. Return to practice programmes. Nurse recruitment open days. Exit interview analysis. Detailed Work Programme monitored through Workforce Steering Group	4	4	16	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR4-413	01 June 2014	Workforce planning across health & social care	A lack of a joint workforce plan across health and social care may impact on ensuring the Trust has the right staff with the right skills in the right place at the right time. Lack of workforce information available for social care	Monitoring of turnover rates and analysis of staff leaving Joint workforce plan has now been developed	Lack of joint workforce planning	4	3	12	Tina Ricketts	Joint workforce plan needs to be implemented	4	3	12	10 June 2015
HR5-404	10 May 2013	Sickness absence rates	Current sickness absence rate above NHS average and benchmark group	Monthly reports to managers	There are no gaps in controls	3	4	12	Lindsay Ashworth	Recruitment of Band 5 HR Attendance Management Advisor to support line managers in managing short term sickness Absence management workshops for managers. Detailed action plan to improve rates monitored through the Workforce and OD Committee. Review of policy and production of management toolkit and guidance	3	4	12	10 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
HR6-406 NEW	10 May 2013	Appraisals	Completion rates below target of 95%	Monthly compliance reports to managers	No gaps in controls	3	3	9	Tina Ricketts	Pay progression policy updated and linked to appraisal policy. Report with actions by directorate to be presented to Quality and Performance Committee April 2015. Appraisal policy and procedure under review to embed core values framework Trajectories introduced to achieve compliance by end March 2016	4	3	12	10 June 2015
HR7-315 NEW	10 May 2013	Insufficient information to facilitate monitoring	There is a risk that insufficient workforce information is masking further recruitment hotspots	The Trust needs to further develop the Recruitment and Retention scorecard across the whole of the Trust to ensure all establishments and the in-post position is being monitored.	No gaps in controls	4	3	12	Kieth Dayment	Progress option to further develop these reports with the Trust Information team	4	3	12	10 June 2015

e) Corporate Governance

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
CG1	04 March 2015	Lack of clear evidence of practice	There are some gaps and inconsistencies in record-keeping, meaning that the Trust is not always providing care based on the most up to date information: additionally, the Trust may then not be able to refute allegations of clinical negligence	Clinical policies Clinical record keeping policy Clinical governance policies	Due to some instances of poor record-keeping, the Trust is not always able to present counter arguments to clinical negligence claims, resulting in costs and damages	4	4	16	Jason Brown	Work is on-going to update all clinical and clinical governance policies A training programme will be carried out to confirm that colleagues have read and understood amendments to the processes	4	4	16	30 June 2015
CG2	9 June 2015	Ability to evidence compliance with new Registration Authority requirements	The Trust is at risk of losing its level 2 compliance with the Information Governance Toolkit requirements should it be unable to demonstrate documented evidence of compliance with Registration Authority guidelines regulating position-based access to IT systems: this would result in the Trust having to return a Board Statement showing Non-Compliance with a critical standard	Access rights are in place across the Trust, but these are not formalised or documented as required	A policy and implementation plan is required against the Registration Authority standards	4	3	12	Tina Ricketts	The relevant team has been notified of the need to produce the requisite policy and implementation plan	4	3	12	30 June 2015

f) IM&T

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
IT1	1 January 2015	Poor service delivery from the Countywide IT Service (CITS) provider	The Trust receives a poor level of service in terms of support for IT systems and IT enabled transformation projects	A service improvement programme is currently being put together by CITS based on the service metrics that the Trust has put forward	Performance is not at the required standard per the existing contract. Project delays are not reported as "red" issues in CITS project management reporting	3	4	12	Glyn Howells	Metrics to be monitored alongside the CITS Performance Plan. Update due to go to the IM&T Steering Group on 08 June 2015.	3	4	12	1 June 2015
IT2	1 May 2014	Service user status alerts	SystmOne service user status alerts are not displayed on the disconnected working module used by mobile workers	Staff must review the live system before leaving on appointments	Due to workload and capacity, there is chance that staff may miss necessary alerts	4	5	20	Bernie Wood	Glyn Howells is writing to TPP's Clinical Director for immediate resolution	4	5	20	22 June 2015
IT3	3 Nov 2014	Removal of PAS system	The Hospitals Trust PAS system is due for replacement in the next 12-18 months alongside the Trust introducing SystmOne in community hospitals. Due to these two system changes, a number of activities that occurred on one system will now work across two	Both of these new hospital trust system project groups are aware of this and the SystmOne community hospitals project group are aware of this with a sub group being set up led operationally to identify and resolve possible issues	Not all clinical activities are mapped, leaving a risk that as part of the system's replacement, a clinical function will be missed	4	4	16	Kevin Gannaway -Pitts	PAS Action plan progressing, GHT holding meetings with services to establish requirements	3	4	12	22 June 2015

g) Financial management

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FIN1 NEW	01 June 2015	Ability to deliver CIPs against pay costs	<p>The Trust is finding it difficult to deliver the £1.5m of administrative pay cost savings targeted in the current year. Need to identify tasks no longer required since implementation of SystmOne (and other IT solutions) and agree which posts are no longer required.</p> <p>Ability to reduce pay costs of clinical roles is impacted by input based commissioning and poor historic record keeping which means that no contract base line has been established and agreed.</p>	<p>CIP Programme Board regularly reviews opportunities and is responsible for service transformation needed to deliver savings.</p> <p>Finance engaged with process to agree budget reductions as savings are identified</p>	Lack of clarity on commissioned services and volumes means that efficiency savings can be absorbed and lost.	4	4	16	Glyn Howells / Duncan Jordan	£285k of £1.5m of pay cost savings banked so far (end June 15). Need to identify other opportunities for savings	3	4	12	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FIN2 NEW	01 June 2015	Ability to deliver CIPs against non-pay costs	£1m of current year CIP target is based on non-pay savings targets which focus on service recharges from GHFT, capital charges and depreciation on property and drugs costs from Lloyds	Contract board with GHT to review costings and agree which services are to be reviewed / revised Valuer appointed to revalue properties based on latest guidance Regular contract reviews (with head of medicines management) to agree changes to formulary and buying practices	GHT contract board meets infrequently with no agreed reciprocal costing principles Unsure of valuations that will result Need to agree budget reductions to stop unit cost savings being offset by additional volumes	4	4	16	Glyn Howells / Duncan Jordan	£300k of £1m already delivered, plans underway on property and drugs. GHT not progressing as planned and will now be escalated.	3	4	12	30 June 2015
FIN3 NEW	01 June 2015	Ability to control and reduce agency spend	Fixed staffing levels combined with high levels of sickness/staff turnover and recruitment difficulties mean that the Trust is still paying large sums (approx.. £350k per month) for agency staff. This is compounded by lack of competent framework suppliers and cost effective supply rates. Staffing scarcity is driving up the rates being charged Additional service user complexity is increasing required staffing levels above those that are funded.	Agency staff booked through central point to make sure bank used where possible and best rates obtained Central controls (through DH) being implemented to ensure that only framework rates are paid.	Staffing levels not reported on a "live" basis and reasons for agency usage not tracked. No process for agreeing additional income due from commissioners where higher service user need has led to increased staffing levels	4	4	16	Duncan Jordan / Tina Ricketts	New agency agreements being sought. Roster pro being rolled out so staffing levels are more visible	3	4	12	30 June 2015

h) Transformation and change

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC1	11 Dec 2014	External Care	Ability of the External Care programme to deliver to target	<p>External care delivery programme with dedicated workstreams, reports to the External Care Programme Board.</p> <p>Dedicated Senior Manager and support to oversee this programme, regular meeting of an External Care management committee.</p> <p>Dedicated performance support to this programme</p> <p>Work plan in place with operational teams to shift to a new way of working to be able to deliver savings required</p>	<p>Current IT systems are not able to accurately forecast savings and demonstrate budgetary control.</p> <p>Manual systems have been put in place impacting on operational teams</p>	5	4	20	D Porter / M Fowler	An audit has been completed, which found a lack of effective internal control. Suggested actions to mitigate this are now being discussed	4	4	16	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC2	1 April 2015	CIP	Ability to deliver £3.15m cost savings as set out in CIP Plan	Robust project structure and governance framework to ensure continual monitoring and reporting with clear escalation pathway. Financial targets agreed at the outset between operations and finance. A clear communications plan to ensure that staff understand the importance of managing cost and its direct link to quality improvement	Delay in planning for 2015/16 programme Lack of clear evidence-based intelligence/ operational modelling upon which to build CIP plans and determine associated targets	4	4	16	Duncan Jordan	Clear CIP workplan is now in place overseen by a CIP Steering Group	4	4	16	30 June 2015
TC3	1 April 2015	QIPP	Ability to deliver full £3.9m agreed QIPP schemes	Robust project structure and governance framework to ensure continual monitoring and reporting with clear escalation pathway	Challenges in milestone negotiations with GCCG, resulting in delays with delivery of programme	4	4	16	Susan Field	Continued focus on QIPP negotiations to mitigate risk as much as we are able, given that we have signed a variation stipulating the total funding and risk share split. Setting up the Quality Steering Group to monitor delivery	4	4	16	30 June 2015

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
TC4	1 April 2015	QIPP	Ability to deliver multiple milestones across a number of schemes, alongside BAU as well as CQC inspection and continued roll-out of SystmOne (especially in community hospitals)	The Trust's transformation and change work programme has been developed to explicitly identify the level of work across the multiple T&C programmes, including CIP, QIPP, and CQUIN, as well as additional requirements such as CQC and SystmOne. This should support Executives to prioritise work and ongoing negotiations with GCCG	Contract signed and financial risk limits the Trust's ability to prioritise work programme deliverables across any of the three major change programmes (CIP, QIPP & CQUIN) Limited financial leeway (£100k forecast surplus) to employ additional resource to support delivery of schemes	3	4	12	Susan Field	The Trust work programme developed and updated to identify quantum of work and to support decisions re priorities and how these will be resourced.	3	4	12	30 June 2015

i) Performance and information

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
PI1 NEW	24 June 2015	Workforce reporting	Transfer of staff and workload into Performance and Information team has identified a number of issues: (i) capacity compared to demand, (ii) lack of shared knowledge, and (iii) inefficient processes	Review processes to identify short- term gains; develop reporting via OBIF solution	Not enough capacity to provide response to all requests for workforce information or to respond in a timely manner	3	4	12	Matthew O'Reilly	Risk identified however capacity within team is blocker to achieving short term progress. Action plan to be developed. This will include making workforce information available through new reporting tool currently being implemented.	3	4	12	30 June 2015
PI2 NEW	24 June 2015	Waiting lists	Mixed understanding of specialist nursing waiting lists at local and corporate level.	Head of Performance and Information to develop action plan in agreement with Head of Specialist Services	Gap: that there may be inconsistent information provided and that this may differ to locally held information	3	4	12	Matthew O'Reilly	Performance team to review all waiting list reporting with Head of Specialist Services. Regular report to be provided to Head of Specialist Services to clearly identify corporate held data for waiting lists and ensure this is consistent with local data.	3	4	12	30 June 2015

j) Foundation Trust programme

Ref	Date opened	Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Manager	Progress (Action Plan Summary)	Current risk			Review date
						Likelihood	Consequence	Risk Score			Likelihood	Consequence	Risk Score	
FT1	11 Sept 2014	Un-sustainable future projections	There is risk that the Trust's Integrated Business Plan (IBP) and Long-Term Financial Model (LTFM) will not be able to identify required targets or cost savings across a five year period: in particular, inability to identify £20million CIP efficiencies	The IBP and LTFM are being developed with oversight of the TDA. The Trust is also working more closely with the CCG so as to ensure that plans align, and that opportunities for cost efficiencies are recognised and realised	The annual commissioning intentions of the CCG remain unclear, and there is lack of clarity over long-term ambitions	3	4	12	Rod Brown	The Trust's current and projected financial position suggests that costs savings are not being achieved, which may lead to financial instability	4	4	16	30 June 2015

Trust Board

Date: July 21st 2015

Agenda Item: 13

Agenda Ref: 48/0715

Author: Trust Board

Presented by: Sue Mead, Non- Executive Director

Sponsor: Sue Mead, Non-Executive Director

Subject: Quality and Performance Committee Update

This Report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

To provide the Board with a summary of the key issues and action arising from the meeting of the Quality and Performance Committee Governance held on 18th June 2015.

The Board is asked to:

To receive the report and the approved minuted of the Quality and Performance Committee held on the 8th May 2015 meeting for information and assurance.

Recommendations:

The Board is asked to:

To receive the report and the approved minutes of the Quality and Performance Committee held on the 8th May 2015 meeting for information and assurance.

Considerations:

Quality implications: This report draws on discussions and decision at the Quality and performance Committee and therefore has significant quality implications throughout.

Human Resources implications:

Equalities implications: Specifically discusses Equality System

Financial implications:

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

Does this paper link to any complaints, concerns or legal claims: No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
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	P
Manage public resources wisely to ensure local services remain sustainable and accessible	

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

Reviewed by (Sponsor): Sue Mead, Non-Executive Director

Date: 13th July 2015

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

Quality and Performance Committee 18th June 2015

Explanation of acronyms used:

Contributors to this paper include::

Sue Mead, Non-Executive Director
Christopher Brooks-Daw, Interim Deputy Director of Nursing

Quality and Performance Committee June 2015 Report

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Quality and Performance Committee meeting held on 18th June 2015.

The approved minutes of the 8th May 2015 meeting are also attached for assurance.

2. Quality Matters

The Quality and Performance Report was presented to the Committee by the Deputy Director of Nursing and Quality (interim). This was the first presentation of a new format structured around the Trust's Strategic Objectives. It was noted that this format is in development and will be further enhanced for future iterations.

Assurance from the Quality and Performance Report was underpinned by the reports received from the Unscheduled and Scheduled Care Directorates enhancing the reporting from the point of care. The aspects presented for particular attention by the Committee were:

- In April 2015 the Trust is reporting 85.2% compliance with national targets and 66.7% compliance with local health targets. This is on a par with the performance reported for March 2015.
- The Committee welcomed the continuing improvement to the FFT response rate. FFT has been extended across all GCS services since January 2015. In April, 2096 responses were received through a range of modes of collection including face to face interview, SMS messaging, comment cards and on line survey. 96.4% of respondents stated they were likely or extremely likely to recommend our services.
- Safety thermometer: the Committee noted the positive position in relation to harm free care. 98.5% of teams completed reports with the average performance achieving 95.9%. There remains evidence of unexplained variation across sites but also recognition of the balance between old and new harms. The committee discussed the challenge of achieving a consistent approach to safety thermometer countywide as the definition of categories can differ across organisations. Sue Field, Director of Service Transformation, will hold discussions with colleagues in GHFT to attempt to achieve consistency.
- Pharmacy service: as a result of a competitive tendering process, Lloyds Pharmacy started providing pharmacy services across the organisation from 1st May 2015. The new contract for the first time will provide an equitable service across all of our Community hospitals and strengthen support to Community based services.
- The Staff Friends and Family Test is positive in terms of colleagues

recommending the Trust as a place for treatments; however, there is opportunity to improve the Trust's recommendation as a place to work. Tina Reid, Director of Human resources, is presenting a 'Staff FFT deep dive' report at the next Workforce and OD Committee meeting on 20 August 2015.

Scheduled Care Report:

- Progress is being made but that there are ongoing issues with Community Nursing that could affect the quality and perceptions of the service. These issues have potentially wider implications for ICT's. The Committee agreed that this should be escalated to Board for further discussion; on part 2 of the Trust Board agenda for 21 July 2015.
- Recruitment continues to show the trend of an improving position for Community staff nurses, and at best a static position in relation to District nurses.

Unscheduled Care Report

- Highlighted that in November 2014, Jane Cummings (Chief Nursing Officer for England) published 'Safer Staffing: A Guide to Contact Time'. This is being piloted at Stroud Hospital and the results from the "test & learn" audit will be reported to the next Quality and Performance Committee with a full report including all hospitals to follow.

2. Incident Governance Policy

The Committee approved the new Incident Governance Policy.

The new policy for incident governance pulls together the systems and processes relating to incident identification, reporting, investigating and learning and includes SIRIs and notifiable incidents.

The policy focuses on driving a learning culture and a systematised approach to incident governance.

3. Quality Account

The Committee received and approved the Quality Account 2014/2015. The Trust will be publishing its final Quality Account through NHS Choices on 30 June 2015.

4. Implementation Plans for Duty of Candour and Complaints policies

The Complaints Policy and Duty of Candour Policy were ratified in May 2015.

The committee received updates on the implementation plans for Duty of Candour Policy and Complaints Policy.

The Committee noted the significant work done so far to embed these policies and the Quality and Performance Committee Report/GCS Board/July 2015

underpinning systems and processes.

As part of the Complaints Policy implementation plan, the Committee received the draft terms of reference for the Complaints and Concerns Oversight Group which will be chaired by Mr. Ian Dreelan, Non-Executive Director.

The committee will receive regular updates.

5. Corporate Risk Register

The risk register was presented to the Committee. The Committee will receive this at each meeting and key risks will inform future agendas and the forward planner.

The Committee discussed and approved the Corporate Risk Register.

6. Trust Clinical Audit Programme (15/16)

The committee received the proposed Trust Clinical Audit Programme for 2015/16.

The paper outlined the proposed Trust programme of mandatory and proactive clinical audits for 2015-16. The Committee ratified and approved the Programme.

7. Equality Delivery System (EDS2)

The report on Equality Delivery System EDS2 was presented to the committee. It set out the two standards, outlining the proposed approach to implementation.

The Committee noted the changes to the EDS framework and approved the proposals for implementation of the Equality Delivery System and the Workforce Race Equality Standard.

8. CQC inspection update

The committee received the minutes from the CQC Programme Board and heard an update on the final preparations for the CQC inspection commencing on the following Tuesday.

9. Conclusions and recommendations

The Board is asked to:

- Note this report
- Receive the approved minutes of 8th May committee for information and assurance

Report prepared by: Christopher Brooks-Daw, Deputy Director of Nursing and Quality

Report Presented by: Sue Mead, Chair, Quality and Performance Committee

Quality and Performance Committee
Board Room - 8 May 2015
1.30pm - 4.30pm

Committee Members present:

Sue Mead (SM) The Chair
Glyn Howells (GH) Director of Finance
Candace Plouffe (CP) Director of Service Delivery
Elizabeth Fenton (EF) Director of Nursing & Quality
Susan Field (SF) Director of Service Transformation
Tina Ricketts (TF) Director of Human Resources
Nicola Strother Smith (NSS) Non-Executive Director
Duncan Jordan (DJ) Chief Operating Officer
Helen Chrystal (HC) Deputy Director Nursing and Quality, GCCG
Richard Cryer (RC) Non-Executive Director
Rod Brown (RB) - Head of Corporate Planning
Jason Brown (JB) Director of Corporate Governance (Trust Secretary)
Louise Simons (LS) Assistant Board Secretary

In attendance:

Claire Powell (CPo) Quality & Safety Manager (Scheduled Care)
Julie Ellery (JG) Matron, Tewkesbury Hospital
Barbara Millar (BM) Minute Taker

Reference	Agenda Item	Action
15/QP001	<p>Welcome and Apologies</p> <p>The Chair welcomed the members of the Committee.</p> <p>Apologies were Received from Jo Bayley, Rob Graves and Matthew O'Reilly.</p>	
15/QP002	<p>Confirmation that the meeting is quorate</p> <p>The meeting was confirmed as quorate by the Director of Corporate Governance (Trust Secretary).</p>	
15/QP003	<p>Declarations of Interests</p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.</p>	
15/QP004	<p>Terms of Reference (ToRs)</p> <p>The Chair proposed not to go through the ToRs in detail but noted that there was an Appendix of sub committees and groups to be added. JB confirmed that the Appendix had now been finalised and would be circulated to Committee members following the Quality and Performance Committee meeting.</p>	JB

	<p>The Chair asked whether the Quality and Performance Committee members felt that the Committee had the relevant mechanisms in place to achieve the purpose of the ToRs as set out in the document. Also that an adequate framework was in place for information fed into the Committee by the various sub-committees and groups. JB confirmed that mechanisms were in place, that the Corporate Governance team from herein would review/monitor all new national requirements/legislative guidelines and bring this to the attention of the Board and which would then be cascaded to all relevant committees and groups.</p> <p>The Chair asked whether the Director of Finance was content to be a member of the Quality & Performance committee. GH confirmed that he would attend initial meetings, but then Stuart Bird, Deputy Director of Finance, would takeover.</p> <p>The Committee Agreed the ToRs.</p>	
15/QP005	<p>Minutes of the Meeting:</p> <p>The minutes of the held on the following dates were Received and Approved as an accurate record:</p> <ul style="list-style-type: none"> • Quality and Clinical Governance Committee held on 26 February 2015; • Performances & Resources Committee held on 17 February & 16 March 2015. 	
15/QP006	<p>Matters arising (Action log)</p> <p>The following matters were Discussed and Noted:</p> <p>QC&C 6 – Complaints Policy and NED oversight of complaints. EF confirmed that ToRs would be presented at the next Quality and Performance meeting.</p> <p>QC&C 7 – Medicines Management. This item was closed</p> <p>QC&C 7 - Review NICE standards. This item was closed</p> <p>Diabetes Report – further work was to be pursued. CP confirmed that she would include this in the report for the next Committee meeting</p> <p>QC&C 12 - Mortality Annual Report – SM apologised to the Committee that it had not been presented. SM confirmed that there would be an out of committee process agreed that would ensure the Report would be <u>approved prior to going to the May Board</u>.</p> <p>QC&C106/14 – Flu vaccination. EF confirmed that following completion of the vaccination programme, a survey was carried out to capture information on those who had received vaccinations from their GP and which provided useful feedback surrounding how to encourage more uptake of the vaccination.</p> <p>QC&C13/14 – Social Care Framework. CP confirmed that she would update the Committee at the next meeting.</p>	<p>EF</p> <p>CP</p> <p>JB</p> <p>CP</p>

	<p>QC&C5 – Understanding You. SM confirmed that this initiative had been fast moving and touched at least 50% of the workforce to date. There was a question surrounding those members of staff who worked unconventional hours. EF confirmed that another round of sessions was scheduled for September and it was hoped to capture night staff, etc. RB confirmed that 53 events had taken place to date.</p> <p>The Chair commended the work carried out to date. RB assured the Committee that all the actions which had been captured during those sessions had been acted upon in various ways.</p> <p><u>TDA Committee Observation</u> - The Chair confirmed that expected feedback from the visit of the TDA earlier in the year would be delayed. However there were 3 themes the emerged from discussion with the TDA of concern of which the Quality & Performance needed to be aware, namely:</p> <ul style="list-style-type: none"> • The need to be more disciplined about report writing, the focus of the reports and the follow-up actions. • Balance of discussion throughout the agenda was not always clearly reflective of priorities and that closer adherence to timings of agendas would be beneficial. • Need to reflect on the differing roles of NEDs and the Executive in the meeting. <p>JB confirmed that, going forward, all Board reports would be checked, that all meetings would be minuted in case of challenge and all actions would be monitored.</p>	
15/QP007	<p>Forward Agenda Planner</p> <p>The Forward Agenda Planner was Discussed and Noted with minor changes as listed below:</p> <p>The Chair asked the Committee to look at the June Agenda in particular and invited comments. RB confirmed that the entire Corporate Risk Register would be coming to the Committee as a standing agenda item.</p> <p><u>Adult Mortality Review procedure.</u> EF confirmed that there would be a presentation on the a new MIDAS tool at the next meeting.</p> <p><u>Complaints and Duty of Candour Policies.</u> Implementation plans will be reviewed at regular intervals by the Committee, and included for an update in the June Committee.</p> <p><u>Statutory Compliance.</u> RC asked whether there should be a standing item on the agenda for statutory compliance. The Chair confirmed that it would be an enhanced part of the Quality and Performance Committee report.</p>	JB
15/QP008	<p>Corporate Risk Register</p> <p>The Chair felt that a good start had been made and invited</p>	

	<p>suggestions/comments from the Committee in respect of how the register should be utilised with regards to the work of the Quality & Performance Committee.</p> <p>The Chair invited the Head of Corporate Planning to outline the background to the process surrounding this register.</p> <p>On receiving the Register, the Chair highlighted concern over the Base for the Homeless Healthcare service. CP confirmed that a potential site had been identified, that a minimal amount of work was required and that it was close to Gloucester Royal, therefore the risk will be reduced in respect of this item.</p> <p>Chlamydia screening target. CP confirmed that screening continued to progress and close monitoring was taking place and CP confirmed that the risk was reducing. The Chair suggested that this be included in future routine reports by CP.</p> <p>In terms of Integrated Healthy Lifestyle tender. CP confirmed that partners were being identified to work with especially within the third sector. GH confirmed that a number of multi agencies would be supplying the service overarched by GCS.</p> <p>CP noted that progress would be made for the next Quality & Performance meeting in respect of governance accountability and reporting for Medical Devices.</p> <p>Call bells. JE confirmed that there was an issue. The Chair invited comment from EF. EF felt that the teams were doing everything possible to minimise risk and that the concern would be escalated to the Estates Service..</p> <p>GH raised concern over the replacement of the PAS system by GHNHSFT and the potential impact on GCS services. Across the county there has been an integrated solution for patients, test results, etc., however at the same time as GCS is moving to SystmOne, the acute hospitals are changing their PAS systems. There needs to be a level of understanding as to how these systems interlink. A working group has been set up to understand and explore this area, however it is just beginning to discover how complex and multi-layered it is.</p> <p>The Chair asked which committee was tasked with responsibility for this. It was confirmed that the Finance Committee was responsible.</p> <p>The Chair emphasised that the Quality & Performance Committee needed to be aware of a mechanism in place to seek assurance that the introduction of SystmOne was supporting quality. EF confirmed that a large amount of work was going on around information sharing. JB confirmed that Corporate Governance was developing information sharing agreement arrangements which were safe and appropriate.</p> <p>RC queried whether there was any indication of when this item would come out of the red zone. It was confirmed that this item would remain red for at least another 6 months. GH asked whether there was another method whereby users could access information, without using PAS. CP gave assurance that this was being addressed. CP confirmed that she would include this in her next report to the Quality &</p>	<p>CP</p> <p>CP</p> <p>CP</p> <p>CP</p> <p>CP</p>
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	<p>Performance Committee.</p> <p>The Chair thanked the Head of Corporate Planning for presenting the Corporate Risk Register which was Discussed and Approved.</p>	
15/QP009	<p>Quality and Performance Report</p> <p>The Director of Nursing and Quality gave an overview of the report.</p> <p>The Chair asked for comments from the Committee.</p> <p>The Chair highlighted the significant drop in the numbers of injurious falls. EF confirmed that this was aligned to the work undertaken to review the rating of all incidents to assure definitions align to the NRLS definitions and that these are consistent. EF assured the Committee that the figures were a true reflection and suggested that in future meetings a comparison against previous years be included. The Committee agreed.</p> <p>The Chair highlighted that the figure of 95% in relation to harm free care should be recognised as a positive landmark and congratulated everyone in achieving this level of performance.</p> <p>NSS highlighted confusion around Question 4465 (call button) in the FFT Inpatient Survey. NSS sought clarification as to what 5.6 referred (ie wait in minutes).</p> <p>The Chair thanked the Director of Nursing & Quality for presenting the report.</p>	EF
15/QP010	<p>Unscheduled Care Report</p> <p>The Director of Service Transformation provided an overview of the report.</p> <p>SF confirmed that there were a number of audits currently taking place with regards to patient transfers and admissions to/from acute/community hospitals.</p> <p>SF also highlighted that this Committee needed to see quality aspects of the 2015-16 CQUIN and QIPP activities and suggested that they could be incorporated into future directorate reports.</p> <p>The Chair thanked the Director of Service Transformation for presenting the report.</p>	
15/QP011	<p>Scheduled Care Report</p> <p>The Director of Service Delivery gave an overview of the report.</p> <p>RC queried where GCS stood in comparison to other organisations re: Chlamydia. CP confirmed that in respect of Chlamydia screening compared with the national average, GCS were at the midway point.</p> <p>CP confirmed that she would include recruitment for therapists in the next report for the Committee.</p>	CP

	The Chair thanked the Director of Service Delivery for presenting the report.	
15/QP012	<p>Falls Review</p> <p>The Chair invited the JE to give a brief overview of the report.</p> <p>JE highlighted that single rooms proved to be challenging when tackling this issue.</p> <p>The Chair confirmed that the Committee was concerned, however recognised that it there would always be some risk. When service users are admitted for rehabilitation it is critical that the potential risk be discussed and that actions to minimise harm are in place.</p> <p>JE confirmed that frailty was a contributing factor, along with the rehabilitation process. Environment is a further factor for consideration as an at home service user can use furniture to lean on to help them get around.</p> <p>JE confirmed that they were making good progress in terms of the Action Plan and that all parties were engaged with it.</p> <p>CP asked whether there was any comparative international data available.</p> <p>The Chair raised positive benefit to privacy and dignity in single rooms but recognised there was a challenge to be met re: the risk of falls here.</p> <p>The Chair asked whether there was any indication regarding falls when moving to new environments. It was acknowledged there was enhanced risk following a move to a new environment.</p> <p>GH felt that hand rails were not a viable solution, but that moveable furniture could be used helpfully to assist patients getting around.</p> <p>JE confirmed that they were trying different ways of combatting this and sited more engagement with family members and educating them.</p> <p>JE confirmed that adoption of many of the initiatives mentioned in the report were already underway.</p> <p>The Chair thanked the Head of Community Hospitals and invited her to join the Q&P Committee at the September meeting to report back on progress.</p>	
15/QP013	<p>Complaints Policy</p> <p>The Chair indicated there had already been discussion and comments on this policy and invited EF to point out where amendments had been made.</p> <p>The Chair asked the Director of Nursing and Quality to bring the implementation plan back to the next Quality & Performance meeting with the plan on page 2 expanded to include accountabilities and timescales.</p>	EF

	<p>The Chair thanked the Director of Nursing and Quality presenting the policy.</p>	
15/QP014	<p>Duty of Candour (DofC)</p> <p>The Chair asked the Quality & Safety Manager (CPo) to focus around the implementation issues rather than policy issues.</p> <p>The Quality & Safety Manager gave a brief outline and highlighted that whilst the majority of staff were fully engaged, there was a lack of understanding around the terminology.</p> <p>CPo confirmed that some 30 colleagues attended Being Open Lead training. CPo has contacted all the attendees to explain next steps for them in terms of cascading information to their respective teams.</p> <p>CPo circulated relevant promotional literature to support the campaign being currently rolled out countywide.</p> <p>CPo also confirmed the DofC would now be part of the corporate induction training.</p> <p>The Chair asked when the organisation would be compliant in respect of DofC.</p> <p>EF confirmed that GCS was already compliant in terms of incident reporting and records evidenced really good practice. There was need to ensure a robust audit trail be in place that ensured that GCS could evidence effective communication with the patients and their families. This is being established through the rebuild of the Datix module.</p> <p>CP offered assurance to the Committee that good practice in terms of being open can be evidenced however the term Candour may not be readily recognised.</p> <p>RC asked what the position was in respect of GCC staff working for GCS. EF confirmed that the council has the same duty and would have its own policy and process, however where GCC staff were involved in delivering services on behalf of GCS, GCS would have to evidence understanding of and compliance of those members of staff.</p> <p>The Chair thanked the Manager of Quality & Safety and asked her to report back to the Quality & Performance Committee in June on progress re: the implementation plan.</p>	CPo
15/QP015	<p>Quality Account</p> <p>The Chair invited the Head of Corporate Planning to give his verbal presentation.</p> <p>RB gave a brief outline and confirmed that by the following week a mocked up version of the document would be circulated to all members of the Board/NEDs for comments/amendments before review by stakeholders.</p> <p>There were no comments from the Committee.</p>	

	<p>The Chair thanked the Head of Corporate Planning for his verbal presentation.</p>	
15/QP016	<p>Appraisals and Mandatory Training</p> <p>The Director of Human Resources gave a brief outline and recognised the concerns the Committee had surrounding mandatory training, appraisals and sickness absence and why this report had been requested.</p> <p>TR gave a brief overview of the report and highlighted a number of issues surrounding the main areas of appraisals; mandatory training; sickness and absence.</p> <p>In respect of mandatory training it was acknowledged that the level of e-learning was sometimes onerous, with issues around access to computers. Also there was no automatic reminder for training which was overdue.</p> <p>TR confirmed that GCS was looking to purchase some software which would help to improve access to this type of training, send automatic flags when training was overdue, as well as assisting with the appraisal process. In addition the software would be able to generate reports so that managers could monitor the appraisal process. TR confirmed that GHFT currently have this tool.</p> <p>The system would also help with consistency of the appraisal process.</p> <p>TR confirmed that they were working to understand why GCS sickness absence is higher than the national average. It was acknowledged that there was an increase in stress related sickness absence and additional HR support will be provided to help managers in this regard.</p> <p>CP confirmed that there was a disconnect between the appraisals process and uploading the information. DJ emphasised the need to have a flexible and appropriate approach to appraisals, especially in respect of timing. DJ highlighted bank staff (as a case in point) who were required to have an appraisal, but who did not have an immediate line manager.</p> <p>NSS highlighted the trajectory of the appraisal process.</p> <p>EF highlighted some of the challenges facing the revalidation process of nurses but this may have a positive impact on appraisal rates among nurses.</p> <p>The Chair asked whether more work could be done to minimize the bureaucracy of appraisals. TR felt it was more a question of appraisals not being carried out in a timely fashion, rather than undue bureaucracy. The Chair felt that this was a critical part of the 'Understanding You' initiative.</p> <p>RC confirmed that he had received positive feedback from people surrounding the appraisal process.</p> <p>TR confirmed that there would be improvements in this area and sited HR's initiative in this regard last year and its positive outcome.</p>	

	The Chair thanked the Director of HR for the presentation and looked forward to seeing an action plan linked to the trajectory of improvement.	
15/QP017	<p>Staff Survey Results</p> <p>The Chair invited the Director of HR to give a short report on Staff Engagement.</p> <p>RC felt that this report did not reflect the impression he had gained from speaking with staff and that there was a high level of engagement.</p> <p>DJ felt that sometimes it was how questions were framed which dictated the responses received.</p> <p>The Chair recognised the results of this survey were disappointing and asked whether the results would be seen by the CQC. It was confirmed that it would form part of the information pack.</p> <p>The Chair thanked the Director of HR for the presentation.</p>	
15/QP018	<p>Infection Control Committee</p> <p>The Chair asked the Committee for any comments. No comments were received.</p> <p>The Committee received the Director of Nursing and Quality's report.</p>	
15/QP019	<p>Clinical Senate Report</p> <p>The Chair invited the Director of Nursing and Quality to give a brief update.</p> <p>DJ asked about QIAs which had been signed off by the Clinical Senate. EF confirmed that 4 QIAs had been signed off.</p> <p>The Committee received the Director of Nursing and Quality's report.</p>	
15/QP002	<p>CQC Inspection Programme Board Minutes</p> <p>The Chair invited the Head of Corporate Planning to give his report.</p> <p>RB confirmed that the process was working well. Three of the four weeks of mock inspections had been carried out and feedback was being sent out. RB confirmed that PWC would be carrying out one mock inspection.</p> <p>NSS felt that a huge amount of work had taken place and commended in particular the work of Jules Roberts in respect of unannounced Quality Visits. The Committee agreed.</p> <p>The Committee received the Head of Corporate Planning's update.</p>	
15/QP021	<p>Any Other Business</p> <p>No other business was requested for discussion.</p>	

	<p>The Chair thanked everyone for attending the meeting.</p> <p>The meeting was closed by the Chair at 4.30 pm</p>	
15/QP022	<p>Date of the next meeting</p> <p>It was agreed that the next meeting of the Quality & Performance Committee be held on Thursday 18th June 2015, the Boardroom, Edward Jenner Court, Brockworth, GL3 4AW.</p>	

Gloucestershire Care Services NHS Trust

Minutes of the Finance Committee Boardroom, Edward Jenner Court – 13.30pm 27th May 2015	
<p>Committee Members present:</p> <p>Rob Graves (RG) – Non-Executive Director (Chair) Glyn Howells (GH) – Director of Finance Duncan Jordan (DJ) – Chief Operating Officer Candace Plouffe (CP) – Director of Service Delivery Richard Cryer (RC) – Non-Executive Director Sue Field (SF) – Director of Service Transformation Ian Dreelan – Non-Executive Director Jason Brown - (JB) Director of Corporate Governance (Trust Secretary)</p> <p>In attendance:</p> <p>Johanna Bogle (JBo) – Head of Operational Finance Kate Calvert (KC) – Head of Programmes – Transformation and Change</p> <p>Christine Thomas (CT) - Minute Taker</p>	

Item	Minute	Action
15/FC001	<p>Welcome and Apologies</p> <p>The Chair welcomed everyone to the first Finance Committee meeting</p> <p>Apologies were Received from Sue Mead and Stuart Bird</p>	
15/FC002.	<p>Confirmation that the meeting is quorate</p> <p>The meeting was confirmed as quorate by the Director of Corporate Governance (Trust Secretary).</p>	
15/FC003	<p>Declarations of Interests</p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.</p>	
15/FC004	<p>Minutes of the previous Performance & Resources Committee meeting held on 17 February 2015 and 16 March 2015</p>	

	<p>The minutes of the meeting held on 17 February were Received and Approved as an accurate record.</p> <p>The minutes of the part 1 extraordinary meeting held on 16 March were Received and Approved as an accurate record.</p> <p>The minutes of the part 2 extraordinary meeting held on 16 March were Received and Approved as an accurate record. It was noted that all future private meetings should be noted as closed. JB agreed to send out a communication to all NEDs and Execs on how confidential and commercially sensitive matters including tenders should be dealt with at Committee meetings.</p>	JB
15/FC005	<p>Matters arising (action log)</p> <p>The following matters were Discussed and Noted and agreed as complete:</p> <p>P&R 87/14 - SB to progress moving GHFT outpatient clinic activity based billing and charging for high cost consumables used in outpatient clinics.</p> <p>P&R 89/14 - Director of Service Delivery to write to GCCG in January re Locum and additional staffing. Chlamydia performance paper to be taken to next Committee – 17 February 2015 – Closed</p> <p>P&R 94/14 - KC to circulate a position report for the months September, October and November. Committee advised that the Estates CIP was secure with no emerging risks. – Closed</p> <p>P&R 95/14 - Director of Finance (GCS) to meet with Head of Finance (GCC) to review external care financial controls and establish where the authority lies regarding the making and stopping of payments. GH/MS to review the budget post 2015/16. Committee requested data on spends by month - Closed</p> <p>P&R 96/14 - PricewaterhouseCoopers (PWC) with the county council's auditors are to undertake an audit of the budget which will highlight areas for further investigation – Closed</p> <p>P&R004/15 - Forward Plan to be provided to the new Committee to ensure that no items are overlooked – Closed</p> <p>P&R007.3/15 - Processes for moving to activity based billing on GHNHSFT outpatient clinics to go live on a phased basis from 1 April 2015 – Closed</p> <p>P&R009/15 - The Committee agreed to a special meeting taking place in March 2015 – Closed</p> <p>P&R010/15 - A detailed report to be presented to the Quality and</p>	

	<p>Clinical Governance Committee – Closed</p> <p>P&R013/15 - SF/HH to meet to discuss how the Trust can best use the information currently being received through the Alamac system - Closed</p>	
15/FC006	<p>Terms of Reference</p> <p>The Terms of Reference were Discussed and GH asked if there should be an additional line to show that the Finance Committee were authorised to approve items delegated to them by the Board. It was agreed that JB would add this.</p> <p>Subject to this change the Terms of Reference were Approved with a provision to review at the September Finance Committee meeting to ensure they were still suitable. JB to add to the forward agenda.</p>	<p>JB</p> <p>JB</p>
15/FC007	<p>Forward Agenda Planner</p> <p>The Forward Planner was Discussed and Approved with additions and changes as listed below.</p> <p>It was discussed that it would be good for some of the key budget holders to present to the Committee so that the Committee could hear how the big money value items were being spent. It was agreed this should also deal with areas of particular complexity and size. JB and RG agreed that they would discuss how this information should be presented to the Committee.</p>	<p>JB</p>
15/FC008	<p>CIPs Report</p> <p>KC presented the CIPs report, noting the following areas:</p> <p>There is a £1.5m risk due to the number of Whole Time Equivalent posts that need to be removed in order to achieve this saving.</p> <p>The CIPs strategy had been developed and was due to come to the Finance Committee</p> <p>ID raised, on behalf of SM, the continuing problem of attending services with no receptionist. KC advised that the QIA had been developed and will come to this Committee. This had already been ratified by the Clinical Senate and would also feed into the Quality and Performance Committee.</p> <p>ID also raised, on behalf of SM, the need to ensure ownership of CIP viability. DJ gave assurance that there are lead officers for all CIPs plans for example TR leads on reduction of posts and provides additional Exec level support to the programme. KC gave some assurance that e-rostering will help with making</p>	<p>KC</p>

	<p>these savings, though GH acknowledged that it was very difficult to track CIPs. The Mutually Agreed Resignation Scheme (MARS) had now also been launched and it was hoped that this would generate savings.</p> <p>It was agreed that a phased plan and analysis to come to the Committee each quarter. KC also advised that a business case would be prepared for each CIP. If it was found that the outcomes were not possible then they would review these individually.</p> <p>The Committee were not able to approve the CIP Strategy because it was not attached to the Committee papers, and agreed that this would be presented to the next meeting. The Committee Noted the update on CIPs and the risks presented and Approved the CIP plan for 2015/16.</p>	<p>GH</p> <p>KC</p>
15/FC009	<p>CQUIN & QIPP Update</p> <p>SF highlighted to the Committee the latest status of CQUINs and QIPPs.</p> <p>The CQUIN programme for this year was very clinical and service focused and there were two national CQUINs. £1.9m would be paid quarterly, dependent on reaching milestones.</p> <p>QIP would be more challenging to achieve around deliverability, though since writing the report some of these risks had been addressed.</p> <p>There is a £650k risk as GCS are required to demonstrate that they had avoided hospital admission. A meeting has taken place with the CCG and it has been agreed that any avoided patient can be attributed to the 60 required a week.</p> <p>The Committee Discussed and Noted the update</p>	
15/FC010.	<p>Budget 2015/16</p> <p>GH highlighted to the Committee the latest status of 2015/16 Budget. The Board had approved the high level budget.</p> <p>JBo advised that an email had gone to all budget holders. This email contained each budget holders budget, they had each been asked to email agreement to these. Work was currently underway to ensure that the budget holders understood and were comfortable with their budgets. It was agreed that at the next meeting they would review where they were with individual budget holders agreeing to their budget. There was concern that this timeframe may be too long so it was agreed that should there appear to be a problem by the 16th June then an additional meeting would be held to discuss further.</p> <p>The Committee Approved the high level budget but not the</p>	<p>JBo</p> <p>GH</p>

	lower level budgets until more detail was known.	
15/CF011	Cost control/Budget monitoring process This was discussed within item 10 above	
15/CF012	Matters for other Committees There were no other matters to raise	
15/CF013	Minutes from the GCS Programme Board The Board Noted the update and acknowledged the points raised by the Committee	
15/CF014	Any other Business No other business was requested for discussion. The Chair thanked everyone for attending the meeting	
15/CF014	Date of the next meeting It was agreed that the next meeting of the Committee be held on 16 th July 2015, Boardroom, Edward Jenner Court, 10.00 – 11.30	

Gloucestershire Care Services NHS Trust Board

Title:	Workforce & Organisational Development Committee Update
Agenda Item:	Item 15
Purpose of Paper:	The objective of this report is to provide the Board with an overview of the key agenda items considered by the Workforce & OD Committee at its meeting on 1 st June 2015.
Key Points:	<p>In order to seek assurance regarding the key workforce and organisational development risks, the agenda items considered by the Committee at its June meeting were:</p> <ul style="list-style-type: none"> • Nurse recruitment and retention • Education & Training Annual Report • Annual workforce report • Appraisals – deep dive • Sickness absence - deep dive <p>Nurse recruitment continues to be a challenge for the organisation particularly regarding band 6 Community Nurses and Band 5 Community Hospital Staff Nurses. The Director of Service Delivery has submitted a business case to the Clinical Commissioning Group to enable the Trust to “grow its own” Community Nurses. In addition the Trust is undertaking a number of recruitment initiatives, such as the local “meet the matron campaign” and attendance at a Royal College of Nursing conference.</p> <p>The annual education and training report submitted to the Committee detailed the vast array of learning opportunities provided by the Trust during 2014/15 from pre-registration practice placement to advanced practice programmes. GCS colleagues were offered opportunities in seventy five clinical subjects over 842 sessions which includes resuscitation and medicines management. The focus for 2015/16 is the launch of a suite of aspiring programmes which will create clear career pathways that are accessible to all colleagues.</p> <p>The annual analysis of the Trust’s workforce identified 13 hotspots. 10 of which were identified in the earlier review in January 2015. The three new hotspots (1) insufficient information could be masking further recruitment hotspots (2) increase in anxiety, stress or depressive illness within the Nursing staff group (3) hard to recruit roles within Allied Health Professionals have been added to the workforce risk register.</p> <p>The appraisal deep dive report identified a number of actions the</p>

	<p>Trust has already undertaken to improve performance and a number of further actions that are planned. The latest workforce scorecard issued on 15th June 2015 confirms that the overall appraisal completion rate for the Trust is 78%.</p> <p>The sickness absence deep dive report highlighted that performance in this area had deteriorated over the last 12 months. The report identified a number of actions the Trust has already undertaken to improve performance and a number of further actions that are planned.</p>		
Options and decisions required	The Board is asked to note the actions being taken to mitigate the key workforce and organisational development risks		
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		
	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		
	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 requested “deep dive” reports on mandatory training and the staff friends and family test for its next meeting in August 2015.		
Author name and title:	Tina Ricketts Director of HR	Named Sponsor and Title:	Nicola Strother Smith Non Executive Director and Chair of the Committee

Meeting of Gloucestershire Care Ser

To be held on: 21st July 2015

Location:

Agenda item

1. Purpose

The objective of this report is to provide the Board with an overview of the key agenda items considered by the Workforce & OD Committee at its meeting on 1st June 2015.

2. Recommendations

The Board is asked to note the actions being taken to mitigate the key workforce and organisational development risks

3. Background

As a reminder to the Board, the high impact risks (scoring 12 or above) as detailed in the corporate risk register are:

Reference	Risk Title/ Theme	Current Risk Rating
SD1-ICT	Band 6 Community Nursing Vacancies	16
SD3-ICT	Occupational Therapist & Physiotherapist vacancies	12
SD10-CWS	Senior Management vacancies with Sexual Health Services	16
ST1-CH	Community Hospital Staffing Levels	16
HR1- 414	Contingent workforce strategy	12
HR3 - 409	Nurse recruitment and retention	12
HR4 - 413	Workforce plan across health and social care	12
HR5 - 404	Sickness absence rates	12
HR6 - 406	Appraisal completion rates	12
HR-3/15	Insufficient workforce information to identify vacancy/ recruitment hotspots	12

In order to seek assurance regarding these risks the key agenda items considered by the Committee at its June meeting were:

- Nurse recruitment and retention
- Education & Training Annual Report
- Annual workforce report
- Appraisals – deep dive
- Sickness absence - deep dive

4. Discussion of Issues

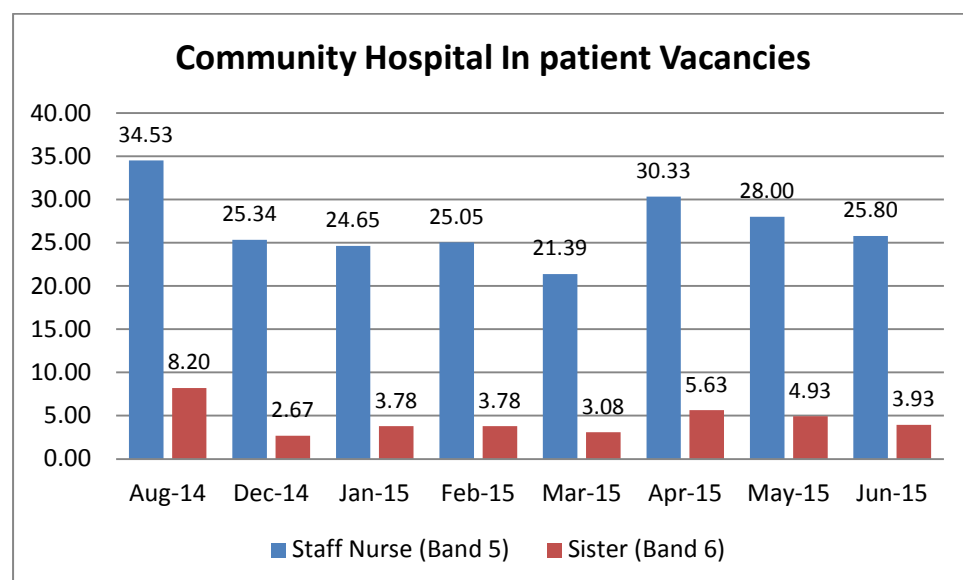
4.1 Nurse recruitment and retention update

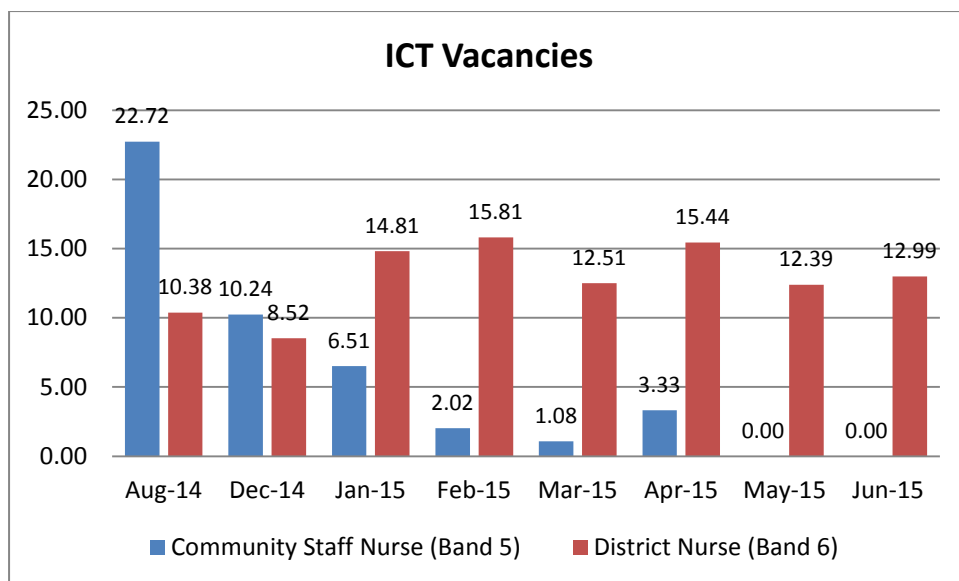
The Head of Human Resources presented the Committee with a detailed report which included information setting out the national context for nurse recruitment and retention:

- South West workforce intelligence predicts that the NHS will have a 20,000 nursing shortfall in the UK by 2020
- The community nursing group are the professional group ageing most rapidly
- Managers in 103 trusts recruited 5,778 overseas (mostly Spanish) nurses in the year to September 2014 indicating the insufficient numbers of home-grown nurses and Health Education England's commissioned training places have only increased modestly (HSJ, 124, 6428, p4-5)
- One in ten nursing posts are vacant (HSJ, 124, 6399, p15)

The Trust's recruitment and retention initiative which started in July 2014 has achieved a reduction of band 5 and 6 vacancies of 37.77 wte (49%) at March 2015. However, the Trust's ratio of vacancy to establishment is 1:9 which is slightly worse than the national average of 1:10.

The graph below shows the vacancy position by community hospital / community and by band – August 2014 to indicate the starting position for the recruitment and retention initiative and then the changes realised each month from December 2014 to date.





Source: Finance and ESR. Please note from April 2015 the figures are taken from the HR staffing spreadsheets which are used to inform recruitment. The funded establishment is from finance, the in post figures from ESR, recruitment in progress from the recruitment team and local intelligence from managers.

Current initiatives include the 5 week 'Meet the Matron' recruitment campaign in the Gloucester Echo which commenced on 22nd April 2015 and will cover the 7 community hospitals, the RCN Recruitment Fair in Birmingham on 2nd and 3rd July 2015 and recent registration for the University of the West of England recruitment fair in October 2015..

4.2 Education & Training Annual Report

The Interim Head of Professional Practice & Education presented the annual report which detailed the current arrangements for the provision and commissioning of education and development programmes for the Trust. The report summarised the vast array of learning opportunities provided throughout the organisation during 2014/15 from pre-registration practice placement to advanced practice programmes.

The report confirmed that an Education Forum has been established as a sub group of the Clinical Senate which brings together representatives of all the professions. This group will ensure that the annual education plan is aligned to practice ensuring support for service development, sustainability and improving quality. The role of the group is to monitor and provide assurance of compliance, delivery and access, while supporting and agreeing actions for improvement. The Workforce and OD Committee requested that the minutes of this forum be shared with the Committee as a regular agenda item.

Currently there is not one central record or co-ordinated oversight of education, learning and development activity within the Trust, at present this is shared between the Director of Nursing and Quality, the Medical Director and Director of Human Resources. This has recently been addressed by the bringing together of the education, learning and development functions into a

single team under the leadership of the Head of Professional Practice and Education with the new appointee commencing in August 2015.

During the year in addition to learning and education opportunities commissioned from a range of providers GCS colleagues were offered education and training opportunities in 75 clinical subjects over 842 sessions which includes resuscitation and medicines management.

The focus for 2015/16 is the launch of a suite of aspiring programmes which will create clear career pathways that are logical and accessible to all colleagues. Some elements of the programmes are already in existence, delivered by one of our local university providers. The aspiring programmes have been influenced by the OD & Workforce strategies, vision and values of being Caring, Open, Responsible and Effective and also national strategies for example; Compassion in Practice; Two Years On (2014).

There are four programmes in development:

Aspiring to Care - This programme is aimed at the unregistered workforce and the objective is to strengthen and complement the Care Certificate. This programme will;

- Develop those skills that are fundamental to care
- Understand how care delivery improves the outcomes and satisfaction for the patients
- Influences behaviours and values that are a credit to the professions and the Trust
- Enrich knowledge and skills in areas of need including Dementia and re enablement,
- Understand the frail elderly
- Care for the deteriorating patient

Aspiring towards Clinical Leadership – this programme is aimed at nurses at Band 5, this programme will build on the Preceptor programme and prepares colleagues to;

- Prepare for clinical leadership
- Embed clinical skills
- Revalidation (for nurses)
- Exercise clinical reasoning and judgement
- Encourage clinical decision making
- Prepare for a prescribing role
- Understand non-medical discharging
- Develop leadership skills
- Understand management process
- Budget and financial management

Aspiring Leaders – this programme is aimed at colleagues at Band 6 this programme will;

- Develop advanced practice skills

- Take clinical leadership to the next stage
- Support and take on the prescribing role
- Provide specialist practitioner skills training and supervision
- Develop the team management skills such as appraisals, sickness management
- Facilitate clinical supervision
- Understand performance reporting
- Develop the art of investigation
- Take a 'being open' lead
- Manage risk, risk registers
- Challenge poor practice
- Prepare for recruitment and retention

Aspiring to Drive Quality and Influence Positive Change -this programme is developed for those within management and/or leadership roles across the Trust at band 7 and 8, the module will contain a suite of masterclasses that drive quality in two directions. Delegates may be aiming to raise clinical skills and knowledge by taking their clinical practice to advanced practice level or may be driving quality from a corporate seat, developing leadership skills and embedding knowledge in finance, risk, quality management and transformational leadership. This programme will enhance skills in;

- Report writing
- Facilitating action learning
- Clinical supervision
- Advanced leadership
- Advanced budget management
- Interviewing techniques and skills
- Project management techniques
- Advanced clinical skills
- Teaching techniques
- Public health outputs
- The role of the commissioner
- Medicines management

4.3 Annual workforce report

The Committee was provided with a detailed analysis of the Trust's workforce for the period 1st April 2014 to 31st March 2015. The report identified 13 hotspots:

- Limited workforce information available for GCC staff
- Lack of a clear contingent workforce plan
- The ageing workforce profile particularly in Community Nursing
- A risk that insufficient information could be masking further recruitment hotspots
- Inability to recruit sufficient Specialist Community Nurses due to national shortage
- Sickness absence rate above the national target of 3%

- 28.4% of total sickness absence calendar days lost were due to stress/ anxiety/ depression
- Increase in anxiety, stress or depressive illness within the Nursing staff group
- Ethnicity of workforce is not representative of the local community
- The time taken from advert to start date requires improvement
- Hard to recruit roles – Qualified Nursing & Allied Health Professionals
- Mandatory training rates below target of 95%
- Appraisal completion rate below target of 95%

Ten of the hotspots were consistent with those identified in the previous report to the Committee in January 2015. The three new hotspots, which have been added to the risk register are:

- A risk that insufficient information could be masking further recruitment hotspots
- Increase in anxiety, stress or depressive illness within the Nursing staff group
- Hard to recruit roles – Allied Health Professionals

For each hotspot the Committee was provided with a summary of the actions that have been taken to date and the further actions that are planned to improve performance in these areas. The Committee requested that “deep dives” be undertaken for each hotspot and these will be scheduled into the Committee’s forward planner.

4.4 Appraisals – deep dive

The Committee was informed that the overall appraisal completion rate for the Trust as at 31st March 2015 was 70% against a target of 95%.

One of the barriers identified was the lack of forward planning of appraisals in that managers and colleagues were only reminded of the appraisal due date through monthly reports. It was agreed that a short life working group would be set up to look at whether all appraisals should be undertaken during a set period of the year e.g. April to June.

The Committee was informed of the actions that had been taken to date to improve performance:

- Audit undertaken by HR team to check records with line managers
- Review of appraisal paperwork and guidance notes
- Appraisal training workshops for line managers
- Introduction of Pay Progression Policy (appraisal review must have taken place for colleagues to be able to receive their incremental salary increase)
- Nurse Revalidation policy launched by Nursing and Quality Directorate
- Improved monthly reports for budget holders which combine mandatory training compliance and appraisal records

Further action in progress or planned includes:

- Further development of Pay Progression Policy to add additional criteria for all colleagues and to include the introduction of mandatory line manager objectives e.g. to achieve 95% appraisal completion rate
- Pilot of CORE Values Framework commencing in May before organisation-wide launch
- Direct communication with colleagues setting out personal responsibility for ensuring appraisal takes place
- Staff briefing note from Executive Team highlighting importance of appraisals and encouraging colleagues to escalate any concerns to appropriate Director if their appraisal has not taken place
- Directors will report progress for their services through service performance reports to the Quality and Performance Committee
- Business case developed to purchase learning and performance management software that will allow colleagues and managers to access to have 'real time' training and appraisal records data

4.5 Sickness absence - deep dive

The current 12 month rolling average percentage rate for the Trust is 4.85% (data to end March 2015) which is significantly above the nationally set target of 3%. The Trust has recently set a trajectory to support performance improvement which sets out a target absence rate of 4.6% by 31 March 2016 and 4.3% by end March 2017.

The Trust's percentage 12 month rolling sickness absence rate has continued to increase over the last 12 months compared to the rate of 4.28% as at end March 2014.

The committee was informed of the actions that had been taken to date to improve performance:

- Development of online toolkit and guidance notes for line managers
- Sickness absence workshops for line managers, including joint with Gloucestershire County Council for Integrated Community Team managers
- Targeted invite to line managers to attend workshop where team absence rate for their team is above target
- Improved monthly reporting for budget holders and guidance for managers on what reports they can access
- Introduction of Day 1 referral to Occupational Health for any stress related absence (work or non-work related stress)
- Case management of all long term sickness cases by HR Advisor

- Short term funding to recruit HR Attendance Management Advisor to provide coaching and dedicated support to line managers in managing short term sickness
- Further guidance for managers on how to complete monthly SBS Absence reports

Further action in progress or planned include:

- Policy review to include introduction of self-certification form and revision of return to work interview pro-forma and development of individual absence record sheet
- Stress Management workshops for line managers
- Stress Management Policy review
- Staff awareness communication about the Sickness Absence Management Policy
- 'Drop in sessions' held by HR Attendance Management Advisor across the county to provide additional support for line managers
- Guidance for managers on how to develop local absence reporting protocols
- Review of template letters to support line managers
- Pilot Absence Call Service for 6 months with Care First speaking to all colleagues who are absent from work. Care First will challenge absences where appropriate but also identify ongoing support for colleagues.

5. Implementation and Review of Progress

The Committee has requested "deep dive" reports on mandatory training and the staff friends and family test for its next meeting in August 2015.

6. Legal Implications

None Identified.

7. Risk Implications

This paper seeks to provide assurance regarding the following high impact risks:

Reference	Risk Title/ Theme	Current Risk Rating
SD1-ICT	Band 6 Community Nursing Vacancies	16
ST1-CH	Community Hospital Staffing Levels	16
HR3 - 409	Nurse recruitment and retention	12
HR4 - 413	Workforce plan across health and social care	12
HR5 - 404	Sickness absence rates	12
HR6 - 406	Appraisal completion rates	12
HR-3/15	Insufficient workforce information to identify	12

	vacancy/ recruitment hotspots	
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8. Implications for Health Inequalities

None identified

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

None identified

10. Consultation and Communication including Public Involvement

Not relevant

11. Links to:

The Trusts Workforce and Organisational Development strategies

Prepared by: Tina Ricketts, Director of HR

Presented by: Nicola Strother Smith, Non-Executive Director

Trust Board

Date: 21st July 2015

Agenda Item: 16

Agenda Ref: 51/0715

Author: Matthew O'Reilly - Head of Performance and Information

Presented by: Duncan Jordan, Chief Operating Officer

Sponsor: Duncan Jordan, Chief Operating Officer

Subject: Quality, Finance and Performance Report

This Report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

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

The report aligns with the Trust's strategic objectives and provides a high level overview of our progress towards meeting those commitments. During 2015/16 it will be further developed to provide clear and robust assurance through reporting, triangulation and analysis of the quality, performance and financial metrics.

Recommendations:

The Board is asked to:

Consider the reported position for the quality, performance and finance metrics.

Considerations:

Quality implications: n/a

Human Resources implications: n/a

Equalities implications: n/a

Financial implications: n/a

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

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

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

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

Reviewed by (Sponsor): Duncan Jordan

Date: 13 July 2015

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

Quality and Performance Committee

Explanation of acronyms used:

Contributors to this paper include::

Duncan Jordan, Chief Operating Officer
Glyn Howells, Director of Finance
Susan Field, Interim Director of Nursing
Rod Brown, Head of Corporate Planning
Matthew O'Reilly, Head of Performance and Information

Quality, Finance and Performance Report

21st July 2015

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Report Overview (1/3)

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

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

The report aligns with the Trust's strategic objectives and provides a high level overview of our progress towards meeting those commitments, illustrated via dashboards within this report.

The key themes related to year to date performance up to end of May 2015 are as follows:

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

1. Falls: Higher rate of falls in an inpatient setting compared to benchmarking group.
2. Serious Incidents Requiring Investigation (SIRI): Lower rate of SIRIs reported compared to benchmarking group.
3. Incidents: Lower rate of incidents reported compared to benchmarking group.
4. Duty of Candour: applies to 8 incidents in 2015/16.
5. Harm Free Care: Safety Thermometer data evidenced reduction in Harm Free Care to 93.9%: 1.36% new harms compared to national average of 2.2%
6. Clostridium Difficile: number of cases remains below agreed tolerance level
7. Performance targets: Trust is reporting 85.2% compliance with national targets and 66.7% compliance with local targets. Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target was achieved in May 2015.

Report Overview (2/3)

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

1. Friends and Family test: increase in response rate with 96.6% saying they would recommend the Trust.
2. Mixed-sex accommodation: No breaches.
3. NHS Choices: 11 NHS Choices comments in May; 4 positive and 7 negative.
4. Complaints: 6 complaints received in May. 85.7% responded to within agreed timescale .
5. Mortality reviews (Community Hospitals): Saturday appears as an outlier in terms on number of deaths, however this is only based on 2 months' data.

Strategic Objective 3 Provide innovative community services that deliver health and social care together

1. Rapid response: referrals received remain below the target level.
2. Adult Social Care: 3 key indicators are rated red
3. Reablement : Contact time, cases progressed within 6 weeks and sickness rate are not achieving target; however, average length of Reablement service (4.4 weeks) is below target of 6 weeks.

Strategic Objective 4 Work as valued partner in local communities and across health and social care

1. Admissions to Community Hospitals between 23:00 and 05:59: number increased in May, both Direct admissions and Transfers.
2. Pharmacy: Lloyds Pharmacy started providing services across the organisation in May.

Report Overview (3/3)

Strategic Objective 5 Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

1. Monitor compliance statements: full compliance evidenced.
2. Board statements: full compliance evidenced.
3. Staff Friends and Family test: positive in terms of recommending the Trust as a place for treatment (Q4, 81%), however far lower recommendation in terms of place to work (Q4, 49%).
4. Sickness absence: improving, but remains above target (3.98% in may compared to target of 3%).
5. Appraisals: rate of reported completed appraisals remains behind trajectory.
6. Mandatory training: Infection Control, Health and Safety, Equality and Diversity, Conflict resolution are now ahead of trajectory; however Fire Safety and Information Governance remain behind trajectory.

Strategic Objective 6 Provide innovative community services that deliver health and social care together

1. Legal claims: increase in number received.
2. CIP, CQUIN, QIPP: currently rated as high risk.
3. Finance: on plan although overspending on agency costs, there remains a reliance on agency use that is putting a cost pressure on the Trust, which is being offset by non-recurrent savings.
4. All major contracts have been agreed and signed; the contract with Gloucestershire County Council has been agreed verbally and will be varied into the contract during July (this relates to transfer of Health Visitor funding from NHS England to the local authority from 1st October 2015).

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

Strategic Objective 1 Achieve the best possible outcome for our service users through high quality care (1/2)

- Falls within the Community Hospital in-patient setting remains the highest reported incident (158) by type and of these (112) resulted in no harm (see page 20). *GCS has a higher rate of falls with harm per 1,000 bed days at 3.8 compared to the average of the Trusts within the Aspirant Community Foundation Trust group at 2.4. The Vale and North Cotswolds hospitals have a significantly higher rate of falls per 1,000 bed days compared to the other hospitals.*
- The Trust has reported 3 SIRIs in May, 1 in an In-patient setting (The Vale, patient fall), 2 in Community setting (medication error and grade 4 pressure ulcer)(see page 16). *GCS is reporting a lower rate of SIRIs (2.4 average per month) compared to the average of the Trusts within the Aspirant Community Foundation Trust group (3.9).*
- The Trust surveyed 1,107 patients episodes for the May Safety Thermometer report. Of these 1,039 (93.9%) were harm free. 68 harms were reported, of which 15 were new harms (see pages 17-19). *This means that GCS reported 1.36% new harms compared to national average of 2.2% new harms. The national average for harm free care was 94.0%.*
- There was one case of Clostridium Difficile infection reported in May at Dilke Hospital. The Trust remains below the agreed tolerance for 2015/16 with one case reported compared to threshold of four cases (see page 22). *The case in May was a relapse but fell outside of the 28 day tolerance period. The Lead Nurse for Infection Control is reviewing whether this was an avoidable case.*

Strategic Objective 1 Achieve the best possible outcome for our service users through high quality care (2/2)










- On a year-to-date basis (April to May 2015) the Trust is reporting 85.2% compliance with national targets and 66.7% compliance with local health targets. *This is on a par with the performance reported for April 2015.*
- Details of actions in respect of areas of under-performance are included within the report (see pages 11 to 13)
- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target was achieved in May 2015. This means that all indicators for the MSKCAT service are on target.

Quality Strategy metrics 2015-16 against strategic objective 1

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Harm-free care in community hospitals and ICTs	More than 95%	95.9%	93.9%										
Reduction in incidents that result in serious harm	Less than 12	0	1										
Service users recommending the Trust as a place of care	More than 90%	96.4%	96.6%										
Not exceeding threshold of C. diff infections	Less than 18	0	1										
Achieving agreed staffing levels in community hospitals	80-120%	105.2%	104.1%										
Increasing the number of service users who die in their place of choice*		Not available	Not available										
Increasing the number of service users who feel treated with dignity and respect	Equal or more than 98%	98%	98%										

*The Trust is currently exploring whether this can be consistently captured on SystemOne

Summary of health performance key indicators - May year to date

	May cumulative year-to-date (with comparators to April)							April cumulative year-to-date		
	Red		Amber		Green		Total	Red	Amber	Green
National	1 3.7%		3 11.1%		23 85.2%		27	0 0.0%	4 14.8%	23 85.2%
Local	5 18.5%		7 25.9%		18 66.7%		30	3 11.1%	6 22.2%	18 66.7%
Total	6 11.1%		10 18.5%		41 75.9%		57	3 5.6%	10 18.5%	41 75.9%

National indicators

Red	Safety Thermometer Harm Free Care	Page 11
Amber	Minor injury and Illness Unit (MIU) unplanned re-attendance rate	Page 11
	HPV Immunisation	Page 11
	Completion of NHS number in Social Care datasets	Page 11

Local indicators

Red	Rapid Response – Number of referrals	Page 12
	Integrated Discharge Team – Number of avoided admissions	Page 12
	Chlamydia Screening –positives	Page 12
	Average number of discharges from Community Hospitals (weekend & weekday)	Page 12

Local indicators

Amber	Speech and Language Therapy (Adult) – referral to treatment	Page 13
	Occupational Therapy (Adult) – referral to treatment	Page 13
	Physiotherapy (Adult) – referral to treatment within 8 weeks	Page 13
	Single Point of Clinical Access - % of Calls abandoned	Page 13
	Single Point of Clinical Access - % of calls resolved with agreed pathway within 20 minutes	Page 13
	% of terminations carried out within 9 weeks and 6 days	Page 13
	MSKCAT service – referral to treatment within 8 weeks	Page 13

Performance exceptions – Year-to-date 2015 National targets

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
Safety Thermometer Harm Free Care		Performance in May declined to 93.9% from 95.9% in April, year to date performance is 94.9% (target 95%)	All harms reported have been reviewed and validated. Focus next month will be more in-depth review of new harms reported and shared learning.	June 2015 (dependant on patient harms reported)
Completion of valid NHS number in Social Care data sets held by GCS		Performance in May improved to 79.4% from 79.0% in April, year to date performance is 79.2% (target 80%)	GCS Performance and Information team working with GCC Data and Performance Team to identify patients with no NHS number on ERIC system and trace the demographic data to identify a valid NHS number utilising the Demographic Batch Service (DBS) provided by Health and Social Care Information Centre (HSCIC)	June 2015
Minor injury and Illness Unit (MiIU) unplanned reattendance rate within 7 days		Performance in May declined to 5.8% compared to 5.6% in April, year to date performance is 5.7% (target less than 5%)	The main issue is MSS Patient First system recording issues which is expected to resolve with implementation of SystemOne.	To be confirmed – transition to SystemOne is expected to resolve the MSS Patient First issues
HPV 1st Immunisation		Performance in May was consistent with that reported in April at 86% compared to trajectory of 90%	As at 31/5/2015, 141 girls require immunisation to achieve the 90% target. Details of all girls not immunised provided to Immunisations team on fortnightly basis to enable follow-up and catch-up sessions to be held	July 2015

Performance exceptions – Year-to-date Local

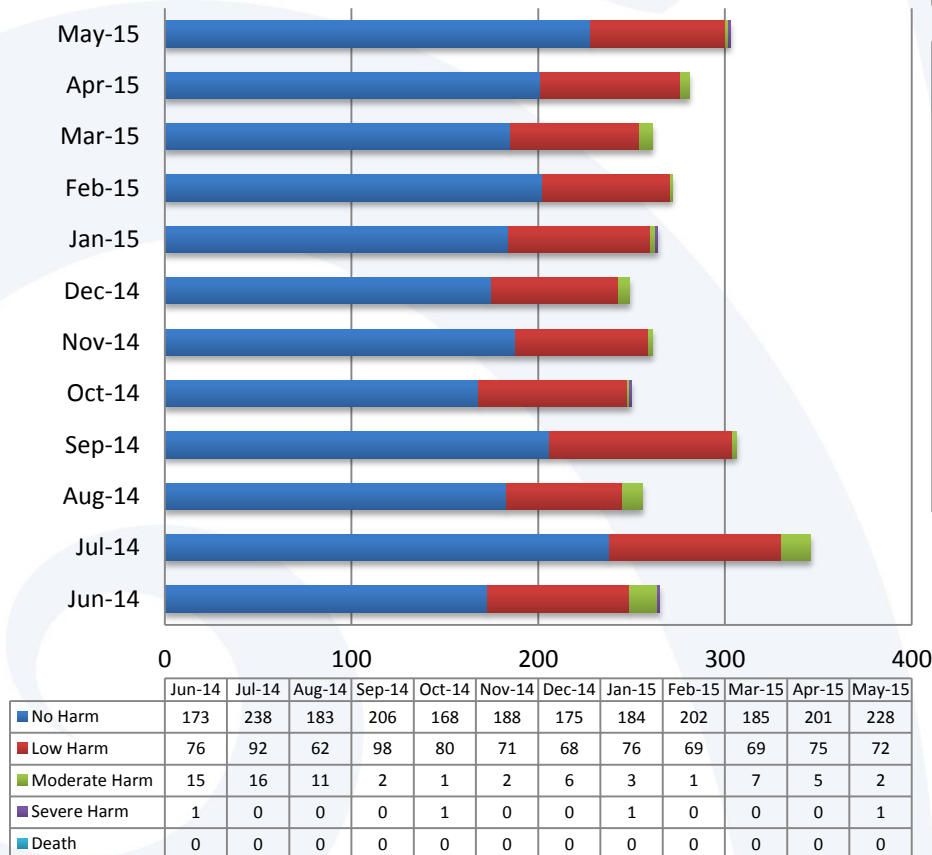
Indicator	YTD RAG	Performance	Actions	Project date of remedy
Rapid response – number of referrals		Performance in May was 174 referrals compared to a target of 266, year to date performance of 320 referrals compared to target of 520	<p>The service is not receiving the volume of referrals needed to achieve the target (based on 60 per week throughout the year). To improve patient flow into the service, Case Finding priorities have been identified to be followed on daily basis:</p> <ul style="list-style-type: none"> • Liaise with Single Point of Clinical Access (SPCA) to direct cases to the rapid response service • Contact with Integrated Discharge Team (IDT) at each change of shift to facilitate discharges • Presence in Locality Referral Centres to facilitate alternative clinical pathways into rapid response • Locality rapid response leads to contact local GP surgeries to raise awareness and increase referrals • Calls to South Western Ambulance Service NHS Foundation Trust (SWAST) and Clinical Support desk to ensure potential SWAST referrals can be directed to rapid response • Daily update to Urgent Care Clinical Leads 	To be confirmed
Integrated Discharge Team (IDT) – number of avoided admissions		Performance in May was 138 avoided admissions compared to a target of 310; year to date performance of 295 referrals compared to target of 610	Service is working with health community service providers to review out of hours and reablement pathways to identify any scope for increase in IDT involvement. System resilience funding to be used to increase 'front door' staffing by 3 WTE to increase capacity.	To be confirmed following modelling of additional capacity
Chlamydia Screening - number of positive screens		Performance in May behind trajectory by 10 positive screens, (150 positive screens recorded compared to trajectory of 160)	<p>The service have an action plan in place to achieve the number of positive screens which has been shared with Commissioning lead.</p> <p>Service engaging with National team to ensure that focus is on areas expected to realise largest return of positive screens and identify any shared learning. Performance is behind trajectory but 5 screens ahead of the same period in 2014/15.</p>	To be confirmed
Average number of discharges per day from Community Hospital (weekends)		Performance on a year to date basis is an average of 5 discharges at weekend compared to target of 10	Number of discharges are currently behind target. The number of discharges have been impacted by an increased average length of stay within the Community Hospitals.	To be confirmed
Average number of discharges per day from Community Hospital (weekdays)		Performance on a year to date basis is an average of 11.4 discharges on weekdays compared to target of 20	This is being investigated by Head of Community hospitals.	To be confirmed

Performance exceptions – Year-to-date Local

Indicator	YTD RAG	Performance	Actions	Project date of remedy
Adult Speech & Language Therapy - referral to treatment within 8 weeks		Performance in May was 91% compared to a target of 95%; year to date performance of 92%	Service has struggled to fill vacancies which has an impact upon capacity. Staff are moved between locations to cover outpatient work where possible. Service action plan to include review of structure and skill-mixing to mitigate recruitment difficulties	To be confirmed
Adult Occupational Therapy - referral to treatment within 8 weeks		Performance in May was 84% compared to a target of 95%; year to date performance of 92%	There were 45 patients seen outside of 8 weeks. Data continues to be reviewed with service following SystmOne go-live to ensure consistency and validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target.	To be confirmed
Adult Physiotherapy Service - referral to treatment within 8 weeks		Performance in May was 90% compared to a target of 95%; year to date performance of 92%	The under-performance reported is within the MSK and ICT Physiotherapy service areas. 148 patients were seen and treated outside of the 8 weeks, with maximum wait of 14 weeks. Staff vacancies continue to impact on delivery of this target.	To be confirmed
Single Point of Clinical Access % of calls abandoned		Performance in May was 5.3% compared to a target of less than 5%; year to date performance 6.4%	The target was not achieved due to demand. There were 2,536 calls received in May, 134 were abandoned. This equates to 8 calls abandoned above the threshold.	To be confirmed – in month performance related to demand
Single Point of Clinical Access % of calls resolved with agreed pathway within 20 minutes		Performance in May was 93.3% compared to target of 95%; year to date performance 93.5%	The target was not achieved due to demand. There were a total of 88 calls resolved that had an agreed pathway but outside of the 20 minute target.	To be confirmed – in month performance related to demand
% of terminations carried out within 9 weeks and 6 days of gestation		Performance in May was 74% compared to 80% target; year to date performance 76%	The 80% target was missed by 6 patients in May 2015. This was due to patient choice where appointments within the timeframe were not accepted and capacity issues within the service due to absence of a doctor.	To be confirmed
MSKCAT service - referral to treatment within 8 weeks		Performance in May was 96% compared to a target of 95%; year to date performance of 92% due to under-performance in April	Target achieved in May as predicted.	In-month May 2015, year-to date by end of September 2015

Incidents by category of harm

Incidents by Category of Harm



Duty of Candour

Duty of Candour applies to 8 incidents during April and May. Patients/relatives have received a verbal apology and a written response is underway.

Incident reporting

The Incident Governance Policy was ratified at the Quality and Performance Committee in June. An implementation plan will be shared at the next meeting detailing the roll out of this Policy Trust-Wide.

Work is underway to establish formal reporting of incidents, including trends and lessons learnt, in Scheduled Care Governance Group and Community Hospitals, Urgent Care and Capacity Groups. This will further build on the lines of assurance and reporting through the Quality and Performance Committee to Trust Board.

Benchmarking

Number of incidents (GCS)	130.1 per 1,000 WTE staff	June - May 2015
Number of incidents (Aspirant Community Foundation Trust Group)	187.6 per 1,000 WTE staff	October - March 2015

Incidents by type (top 5 only)

Category of harm /Type of incident - <u>Patients</u> (top 5 categories)	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	12-month total
Slip, Trip or Fall (Patient)	63	87	80	79	69	94	81	87	81	69	96	73	960
Medication or drug error	10	21	14	18	19	14	17	21	16	16	14	32	212
Treatment or procedure problem	16	20	11	19	11	9	6	9	10	11	7	19	148
Pressure Ulcer	11	7	4	4	8	5	11	13	12	10	21	20	125
Medical device or equipment	12	10	7	9	5	5	6	5	4	9	8	7	87
Total (All)	179	236	181	211	177	193	249	198	201	186	201	226	2438

Category of harm /Type of incident - <u>Staff</u> (top 5 categories)	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	12-month total
Staffing issues	11	21	9	16	16	11	4	4	8	11	7	14	132
Verbal/written abuse	9	8	9	9	4	6	4	7	5	7	5	5	78
Premises / buildings	5	6	6	9	4	5	3	7	6	7	7	3	68
Property	6	10	6	6	3	4	4	5	4	3	4	4	59
Communication between staff, teams and departments	11	9	3	5	4	4	2	1	2	4	3	4	52
Total (All)	82	117	76	100	78	75	67	72	76	79	82	76	980

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

There have been 2 RIDDOR reportable incidents this year to date. Both were staff incidents. These are reviewed by the Health and Safety Committee.

RIDDOR Actions taken

Staff reminded of process for cleaning

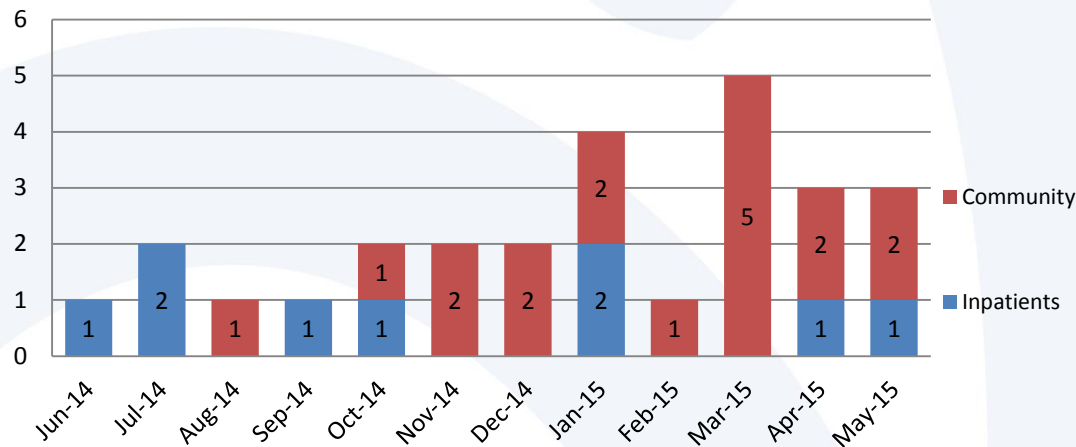
Lone working protocols reinforced and care provider to update control process

Clinical Alert System (CAS)

No overdue CAS alerts this year.

Serious Incidents Requiring Investigation And Never Events

SIRIs by Service Area



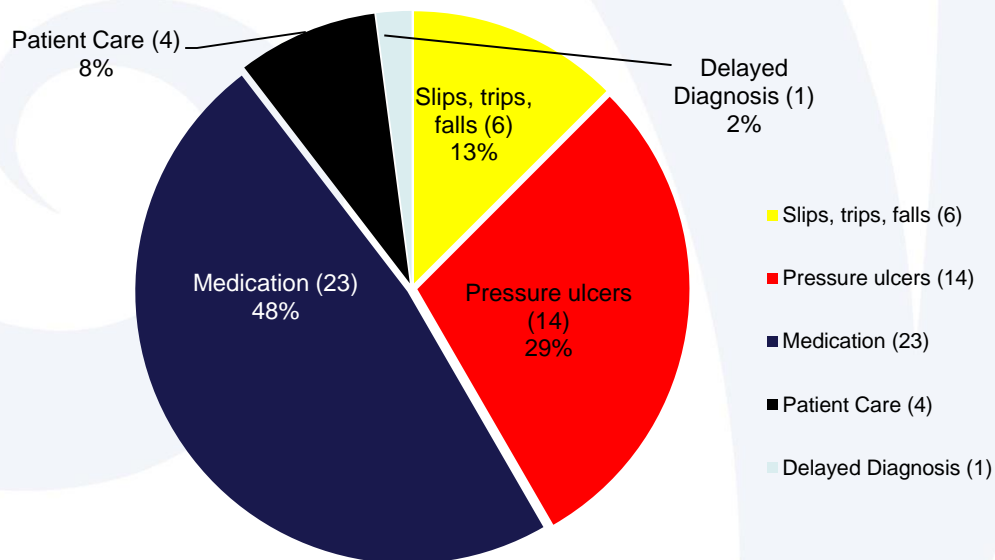
SIRIs

The Quality and Safety Team will work with colleagues to identify and share learning from incidents. This will be an ongoing process with signposts along the way that include:

- Quarterly Quality and Safety newsletter
- Provision of reports (regular and ad-hoc).
- Comparison to themes and lessons from complaints and concerns.
- The use of internal "safety alerts" as required.
- Quality checks/inspections to test the implementation of agreed actions

No Never Events have been reported in May.

SIRIs by type (June – May 2015)

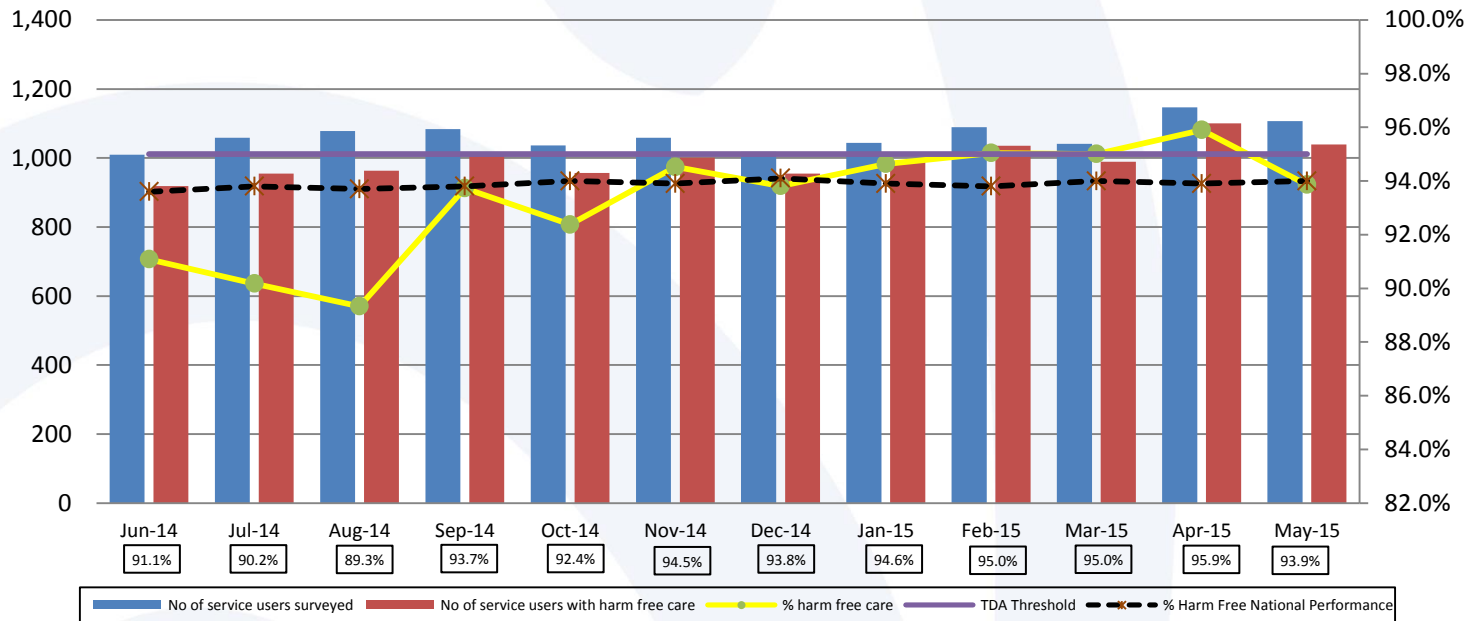


Benchmarking

New SIRIs (GCS)	2.4 average per month, June – May 2015
New SIRIs (Aspirant Community Foundation Trust Group)	3.9 average per month, October – March 2015

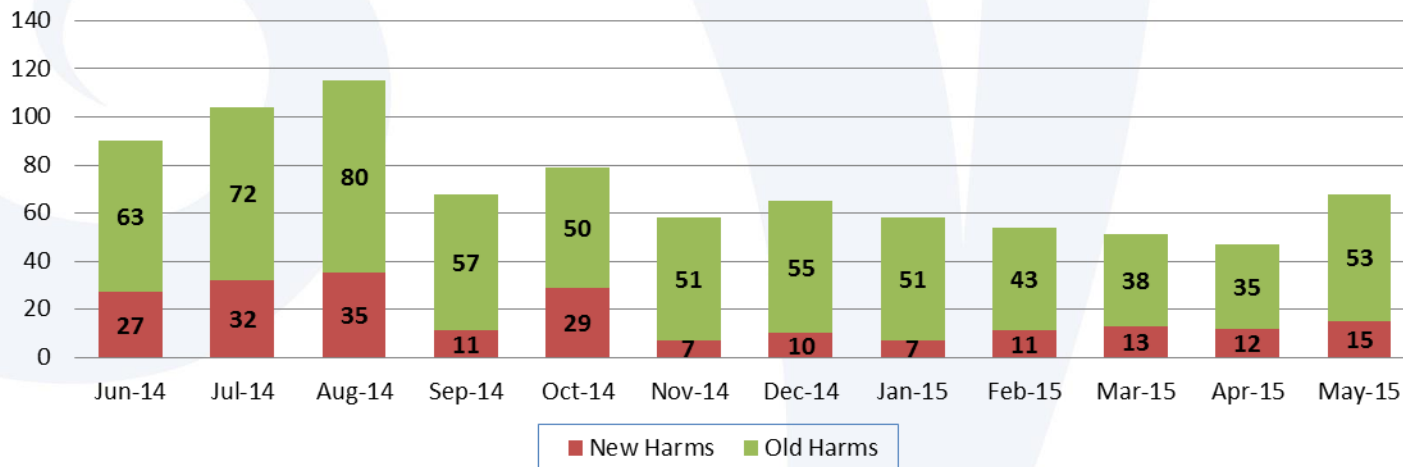
Harm-free care / Safety Thermometer

Safety Thermometer 2015/16

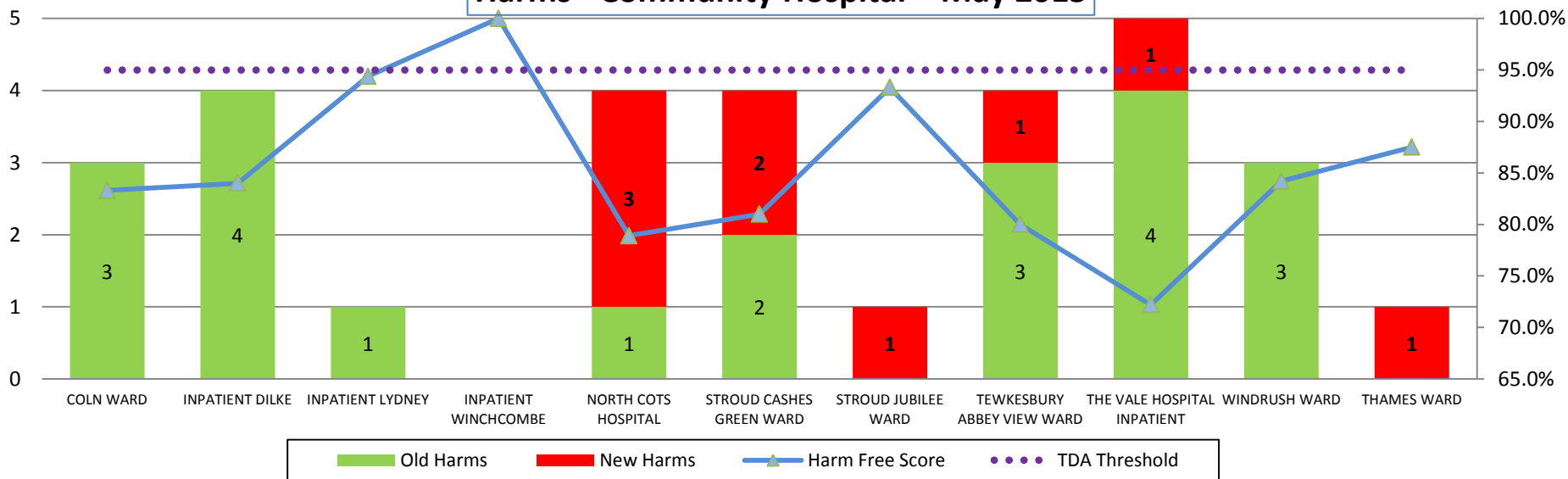


- 100% of teams submitted survey data in May
- Achievement of 93.9% harm free with variation of 72.3% - 100% across teams
- Focus remains on the key areas of falls and pressure ulcers looking at those patients who experienced harm and working across the health community to further reduce this risk

Total Harms 2015/16



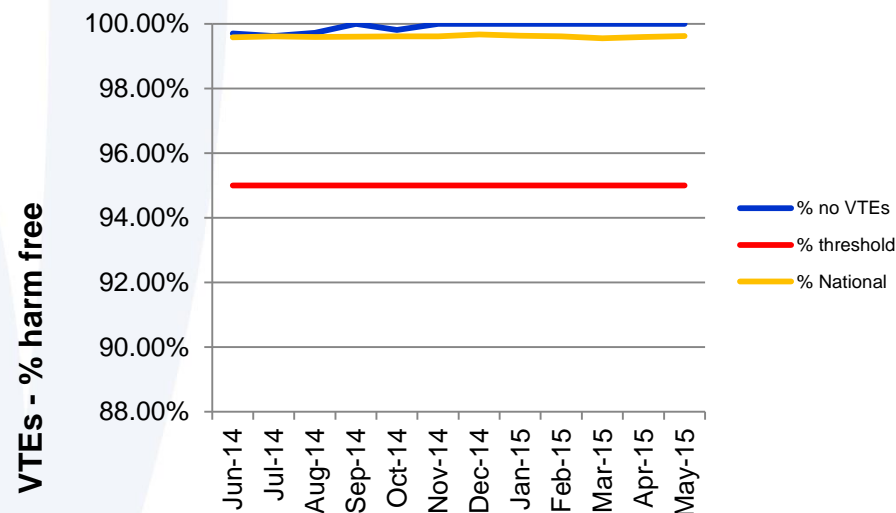
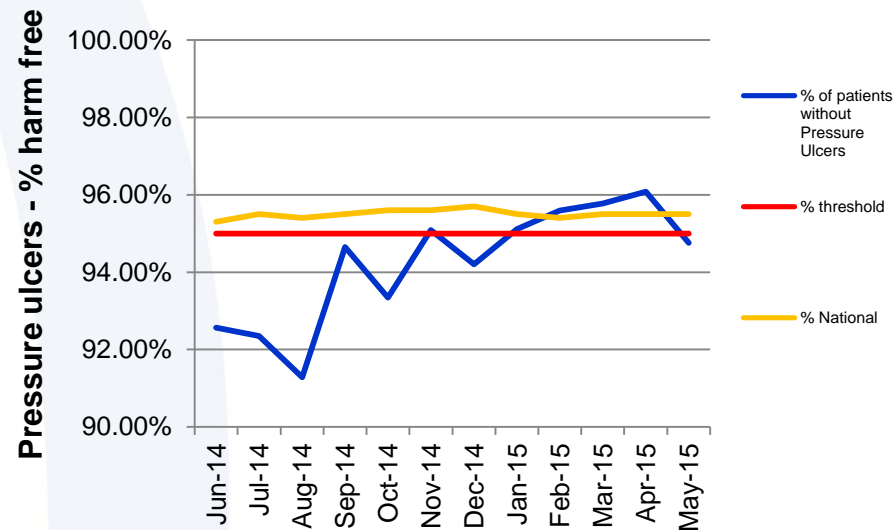
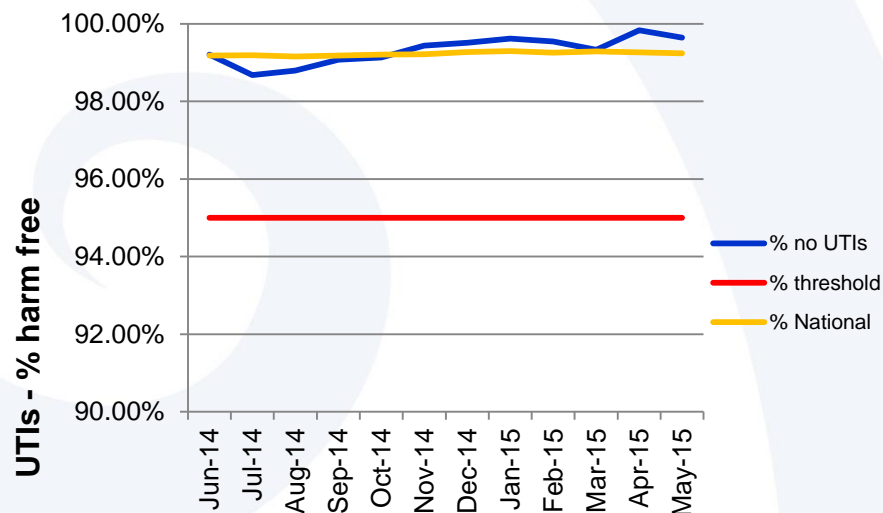
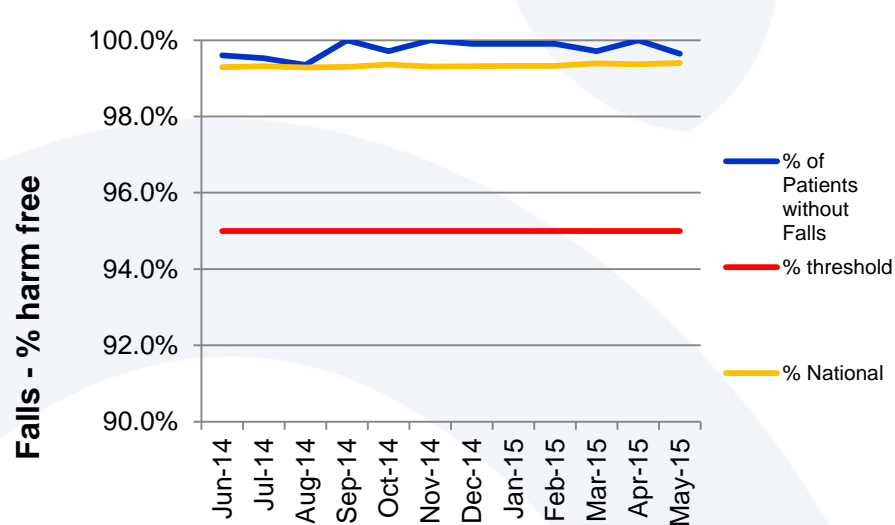
Harms - Community Hospital – May 2015



Harms - Community - May 2015



Harm-free care by type / Safety Thermometer



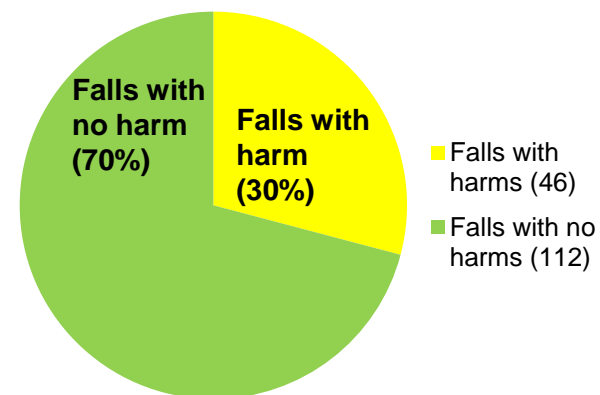
VTE risk assessment:

Performance in May showed 98% VTE risk assessments were completed against a target of 95%

Falls in an inpatient setting

Hospital	Total Falls				Falls with harm			
	2015/16 Year to Date		2014/15 Total		2015/16 Year to Date		2014/15 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
The Vale	25	21.2	157	22.7	10	8.5	34	4.9
North Cotswolds	24	19.6	214	12.5	5	4.1	65	3.8
Cirencester	45	15.2	74	9.0	11	3.7	23	2.8
Dilke	19	12.8	85	11.3	7	4.7	24	3.2
Tewkesbury	14	11.7	138	18.5	4	3.3	44	5.9
Lydney	14	11.3	117	16.8	3	2.4	26	3.7
Stroud General	17	7.2	97	7.8	6	2.5	28	2.2
TOTAL	158	13.6	882	13.2	46	4.0	244	3.7
FORECAST	948				276			
Benchmarking								
Falls with harm per 1,000 inpatient occupied bed days (GCS)					3.8 average per month (12 month average, June – May 2015)			
Falls with harm per 1,000 inpatient occupied bed days(Aspirant Community Foundation Trust Group)					2.4 average per month, October 2014 to March 2015			

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

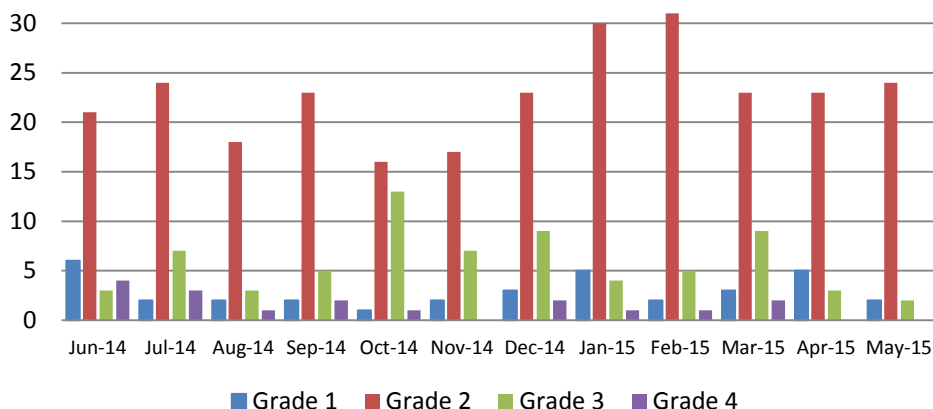


Actions undertaken:

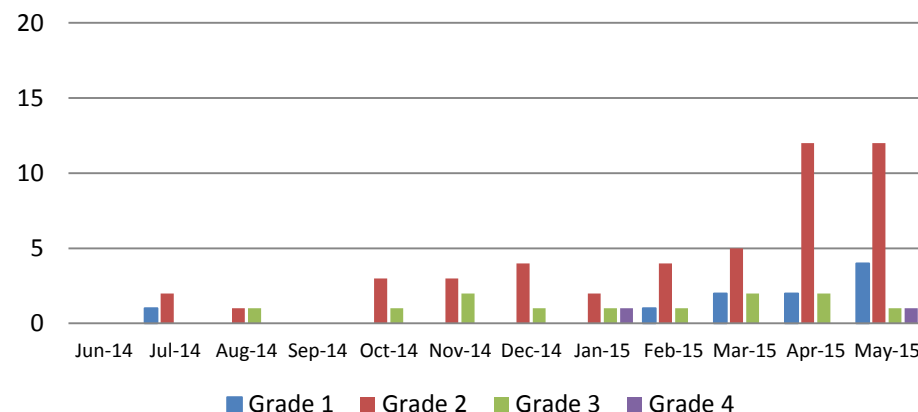
- Review of the Falls Prevention Policy
- Development of an action plan focussed on sharing best practice and learning by Matrons
- Standardisation of falls alert signage in line with NICE guidance

Pressure ulcers

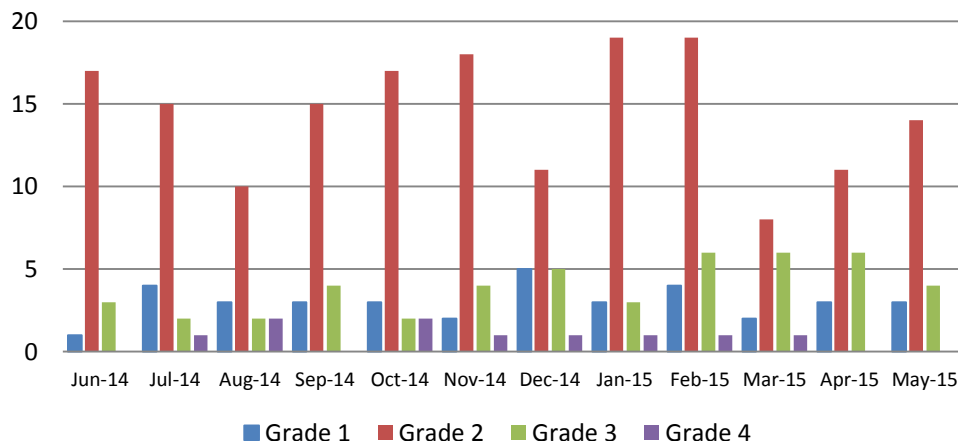
Inherited Pressure Ulcers - Community



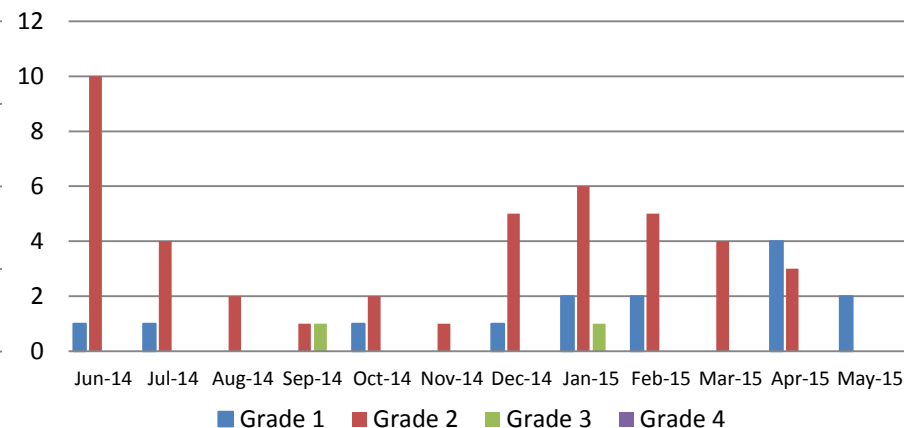
Acquired Pressure Ulcers - Community



Inherited Pressure Ulcers - Hospitals



Acquired Pressure Ulcers - Hospitals



Increase in Community acquired pressure ulcers in April and May 2015 under investigation.

Actions undertaken:

- Focus on heel blisters (grade 2) with use of hydrofilm dressing as preventative measure
- Learning events with teams to share best practice

Benchmarking

New Grade 2, 3 & 4 pressure ulcers (GCS)	11.3 average per month, June – May 2015
New Grade 2, 3 & 4 pressure ulcers (Aspirant Community Foundation Trusts)	13.9 average per month, October – March 2015

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

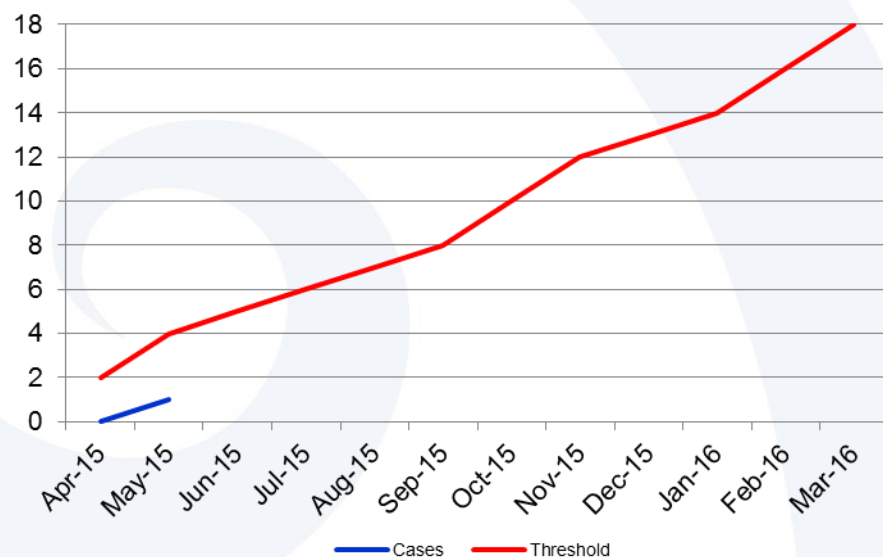
1 C Diff in May (Dilke CH):

- Patient transferred from an acute Trust following knee surgery and had a long hospital stay where he was treated with a number of antibiotics

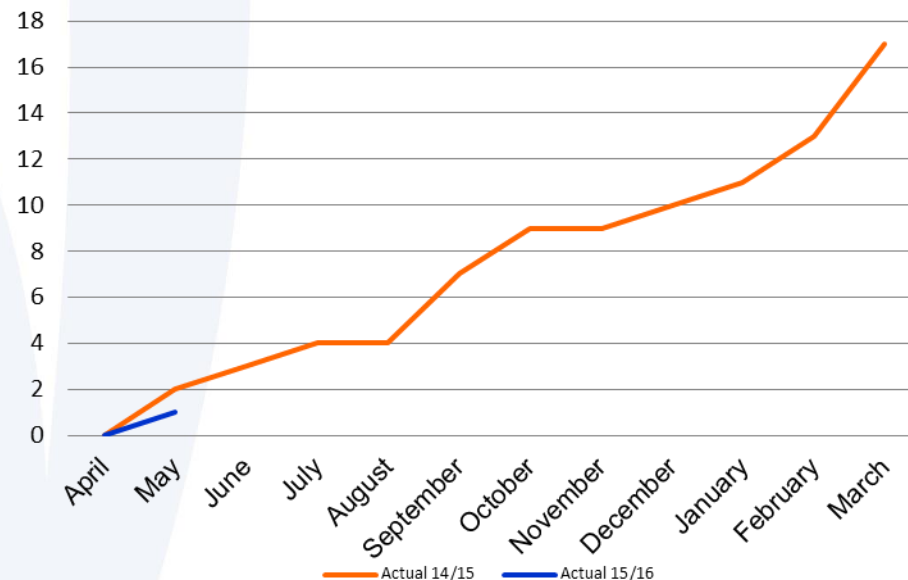
2 Outbreaks in May:

- **Lydney** 26th May – 2nd June: Involved 6 patients and 3 member of staff - No organism identified
- **Cirencester** 18th to 27th May: 15 patients and 8 members of staff affected – confirmed Norovirus

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



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



Hand hygiene observation audits including the 'Bare below the Elbows' initiative for May evidenced an average of 90% compliance

Medicines management

Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2015-16	14	32											46
2014-15	22	26	12	21	14	21	27	16	15	23	20	18	235

Medication incidents by sub-category (2015/16)	Number
Medication administered in error/incorrectly	15
Omitted or delayed administration	12
Controlled drugs issue	6
Illegible or unclear information	3
Medication missing	3
Failure to follow-up or monitor	2
Prescribed with known allergy	2
Medication dispensed incorrectly	1
Information to patient wrong or omitted	1
Failure to discontinue medication or treatment	1
Total	46

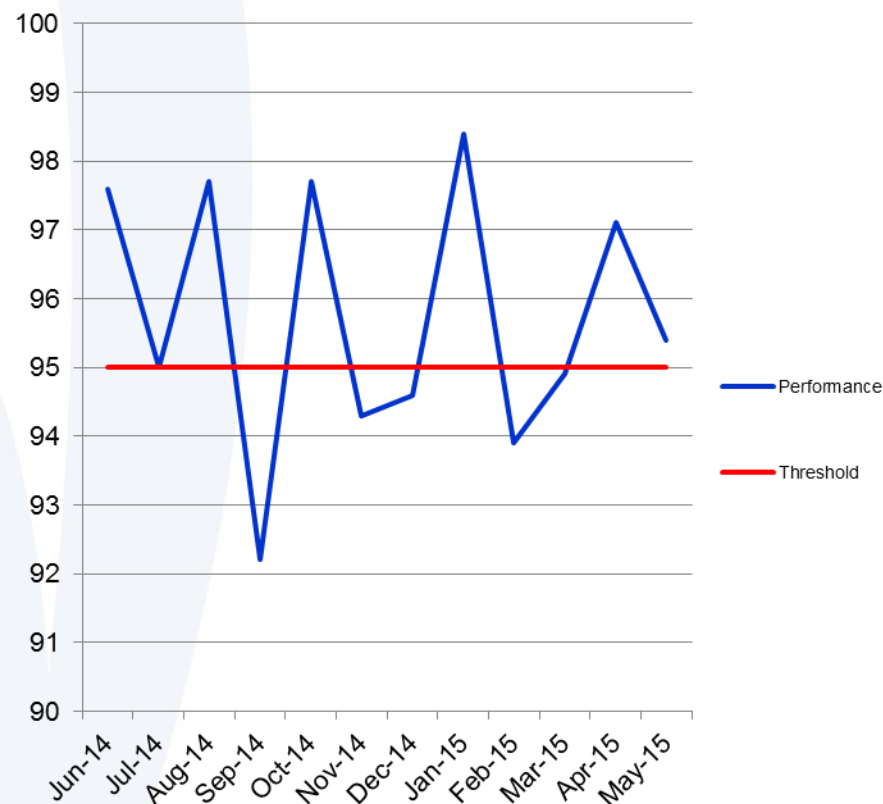
Controlled Drug Issues (6)

- 3 incidents were unaccounted losses
- 2 incidents related to incorrect counting or measuring of Controlled Drugs
- 1 incident involved incorrect storage (not following policy)

Hospital Antibiotic Prudent Prescribing Audits

- Results in 2015/16 are ahead of threshold

HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits



Safer staffing – May 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	97.8%	127.6%	100.0%	146.8%	90.4%
	Windrush Ward	98.9%	96.8%	103.2%	98.4%	96.4%
	Thames Ward	101.6%	100.0%	103.2%	96.8%	98.1%
Dilke Memorial	The Ward	86.3%	114.9%	84.3%	116.4%	93.2%
Lydney and District	The Ward	102.7%	98.2%	100.0%	103.0%	93.3%
North Cotswolds	NCH Ward	97.3%	98.6%	98.4%	100.0%	95.6%
Stroud General	Cashes Green Ward	96.8%	118.6%	100.0%	134.4%	95.2%
	Jubilee Ward	100.0%	122.6%	100.0%	138.7%	95.4%
Tewkesbury Community	Abbey View Ward	79.6%	108.8%	100.0%	100.0%	98.3%
Vale Community	Peak View	98.9%	100.9%	100.0%	101.6%	98.2%
TOTAL		94.9%	109.4%	97.5%	114.4%	94.4%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	11.9%	25.5%
	Windrush Ward	10.2%	27.7%
	Thames Ward	19.3%	18.7%
Dilke Memorial	The Ward	8.4%	19.7%
Lydney and District	The Ward	8.4%	11.0%
North Cotswolds	NCH Ward	12.4%	10.2%
Stroud General	Cashes Green Ward	6.9%	31.6%
	Jubilee Ward	10.8%	26.4%
Tewkesbury Community	Abbey View Ward	5.5%	6.5%
Vale Community	Peak View	15.2%	11.2%
TOTAL		10.2%	19.2%

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

- Coln Ward– Additional HCAs utilised due to patients requiring 1:1 care
- Dilke Memorial– Additional HCAs utilised due to patients requiring 1:1 care
- Cashes Green - Staffing levels increased to meet care need
- Jubilee Ward - Staffing levels increased to meet care need

Following the reconfiguration of Stratton Ward at Cirencester Hospital, the inpatient area in the new facility has been renamed as Thames Ward. Reporting from April 2015 reflects this change.

Safer staffing – April 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	103.9%	119.5%	101.7%	123.3%	98.5%
	Thames Ward	116.7%	91.7%	100.0%	103.3%	99.5%
	Windrush Ward	95.6%	110.5%	100.0%	100.0%	99.5%
Dilke Memorial	The Ward	98.3%	122.7%	100.0%	177.4%	90.1%
Lydney and District	The Ward	96.1%	97.8%	100.0%	100.0%	92.7%
North Cotswolds	NCH Ward	97.8%	95.7%	100.0%	101.7%	96.0%
Stroud General	Cashes Green Ward	99.4%	120.5%	100.0%	136.7%	96.5%
	Jubilee Ward	103.3%	114.8%	100.0%	123.3%	96.8%
Tewkesbury Community	Abbey View Ward	81.1%	111.4%	100.0%	101.7%	98.1%
Vale Community	Peak View	99.4%	99.0%	98.3%	101.7%	97.7%
TOTAL		97.7%	109.3%	100.0%	113.7%	95.8%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	8.9%	27.4%
	Thames Ward	7.5%	11.3%
	Windrush Ward	10.5%	23.9%
Dilke Memorial	The Ward	7.9%	14.4%
Lydney and District	The Ward	14.0%	22.0%
North Cotswolds	NCH Ward	9.0%	9.8%
Stroud General	Cashes Green Ward	7.8%	26.3%
	Jubilee Ward	13.6%	30.1%
Tewkesbury Community	Abbey View Ward	8.6%	5.6%
Vale Community	Peak View	15.2%	9.5%
TOTAL		10.4%	18.7%

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

- Cashes Green – Additional HCAs utilised due to patients requiring 1:1 care
- Jubilee Ward – Staffing levels increased to meet care need
- Dilke Memorial– Additional HCAs utilised due to patients requiring 1:1 care
- Coln Ward - Staffing levels increased to meet care need

Following the reconfiguration of Stratton Ward at Cirencester Hospital, the inpatient area in the new facility has been renamed as Thames Ward. Reporting from April 2015 reflects this change.

Quality Snapshot – Community Hospital Inpatient Care May 2015

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers	Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month	
								No Harm	Minor	Moderate	Major	Death		Grade 1 & 2	Grade 3 & 4		RNC	HCA	RNC	HCA		RNC
SGH	Cashes Green	21.6%	8	100.0%	0	0	81.0%	5	1	0	0	0	0	0	97.6%	122.2%	2	2.13% (11.59)	11.42% (14.21)	100.00 %	100.00%	⬆️
SGH	Jubilee	59.1%	13	100.0%	0	0	93.3%	1	0	0	0	0	0	0	100.0%	126.2%	0	0.63% (9.00)	4.73% (15.21)	63.64%	68.42%	↔️
NCH	North Cotswold	22.9%	8	100.0%	0	0	78.9%	10	3	0	0	0	0	0	97.6%	98.9%	5	4.97% (12.33)	9.95% (13.97)	56.25%	57.89%	↔️
VLH	Peak View	42.3%	11	100.0%	0	0	72.2%	3	6	1	0	0	1	0	99.2%	101.1%	3	9.97% (11.56)	8.46% (15.45)	93.33%	78.95%	↔️
DLK	Dilke	37.5%	12	100.0%	2	1	84.0%	5	2	0	0	0	0	0	85.8%	115.2%	2	1.62% (19.99)	7.44% (15.23)	96.00%	95.00%	⬇️
TWK	Abbey View	45.8%	11	100.0%	0	0	80.0%	3	1	0	0	0	1	0	84.7%	106.8%	28	5.32% (15.64)	15.73% (17.55)	95.00%	80.95%	↔️
LYD	Lydney	26.9%	7	100.0%	0	0	94.4%	6	1	0	0	0	0	0	102.0%	99.3%	7	10.14% (13.00)	10.32% (16.92)	75.00%	86.36%	⬇️
CIR	Coln	30.3%	10	100.0%	0	0	83.3%	7	2	0	0	0	0	0	98.4%	131.9%	1	2.15% (16.17)	16.52% (13.03)	89.47%	75.00%	↔️
CIR	Windrush	17.0%	8	87.5%	0	0	84.2%	7	1	0	0	0	0	0	100.0%	97.1%	6	8.56% (12.09)	11.41% (13.42)	64.29%	70.59%	⬇️
CIR	Thames	58.3%	7	100.0%	0	0	87.5%	0	0	0	0	0	0	0	102.2%	98.9%	0	2.27% (5.07)	22.06% (92.93)	50.00%	0.00%	⬇️

Quality Snapshot - Community Teams May 2015

Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	96.60%	0	1	0	0	(4.08%) 71.1	45.45%	0	↑
Cotswold	95.30%	1	4	0	0	(6.53%) 73.3	88.76%	0	↔
Forest	97.20%	1	2	0	0	(6.34%) 60.5	73.33%	0	↓
Gloucester	95.00%	2	2	1	1	(9.41%) 87.5	66.99%	0	↓
Stroud	96.50%	0	2	0	0	(4.72%) 91.3	75.23%	0	↔
Tewkesbury	93.40%	0	1	0	0	(8.87%) 55.8	73.13%	0	↓

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

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

- The Trust is committed to providing care in an environment that protects privacy and dignity. This is supported by providing care in a single sex environment. No breaches have been reported year-to-date (April to May 2015).
- The Friends and Family Test question asks service users “how likely are you to recommend our services to your friends and family”. During May 2015 there were 2,509 responses (6.9%) from a total of 36,179 patients accessing GCS services throughout the month (see page 31). *This is an increase from the 5.6% (2,096 responses) response rate recorded in April 2015. The highest rate of responses were received from Inpatients (37%) and Minor Injury units (26%); these units have been collecting this feedback for the longest duration compared to other services which began to survey their patients in January 2015.*
- Of those that responded, 96.6% said they were extremely likely or likely to recommend us (see page 31). *This represents an increase from the 96.4% reported in April 2015. Within Inpatient units, 99% said they were extremely likely or likely to recommend us.*
- 11 NHS Choices comments were received in May; 4 positive and 5 negative comments. *All 5 negative comments were directed to the service experience team to discuss the concerns further. Comments were also shared with the Matron/Service lead.*
- Complaints: 6 complaints received in May. 85.7% responded to within agreed timescale .

Quality Strategy metrics 2015-16 against strategic objective 2

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Measured increase in the number of service users who feel appropriately involved in their care and treatment	Equal or more than 95%	95%	95%										
Increased response rates of service users completing the Friends and Family Test	More than 4.6%	5.6%	6.9%										
Number of people enrolled as members of the Trust*	1% within first year of enrolment	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Increase in the number of public focus / discussion groups per quarter	Two topics per quarter	2											

**Not applicable until the Trust begins its membership recruitment / public consultation on FT status*

Friends and Family Test – Community Health May 2015

The tables below show the Friends and Family test data collected across all services during May 2015. The national guidance also changes the user satisfaction score to % Extremely Likely / Likely from the Net Promoter score previously in place.

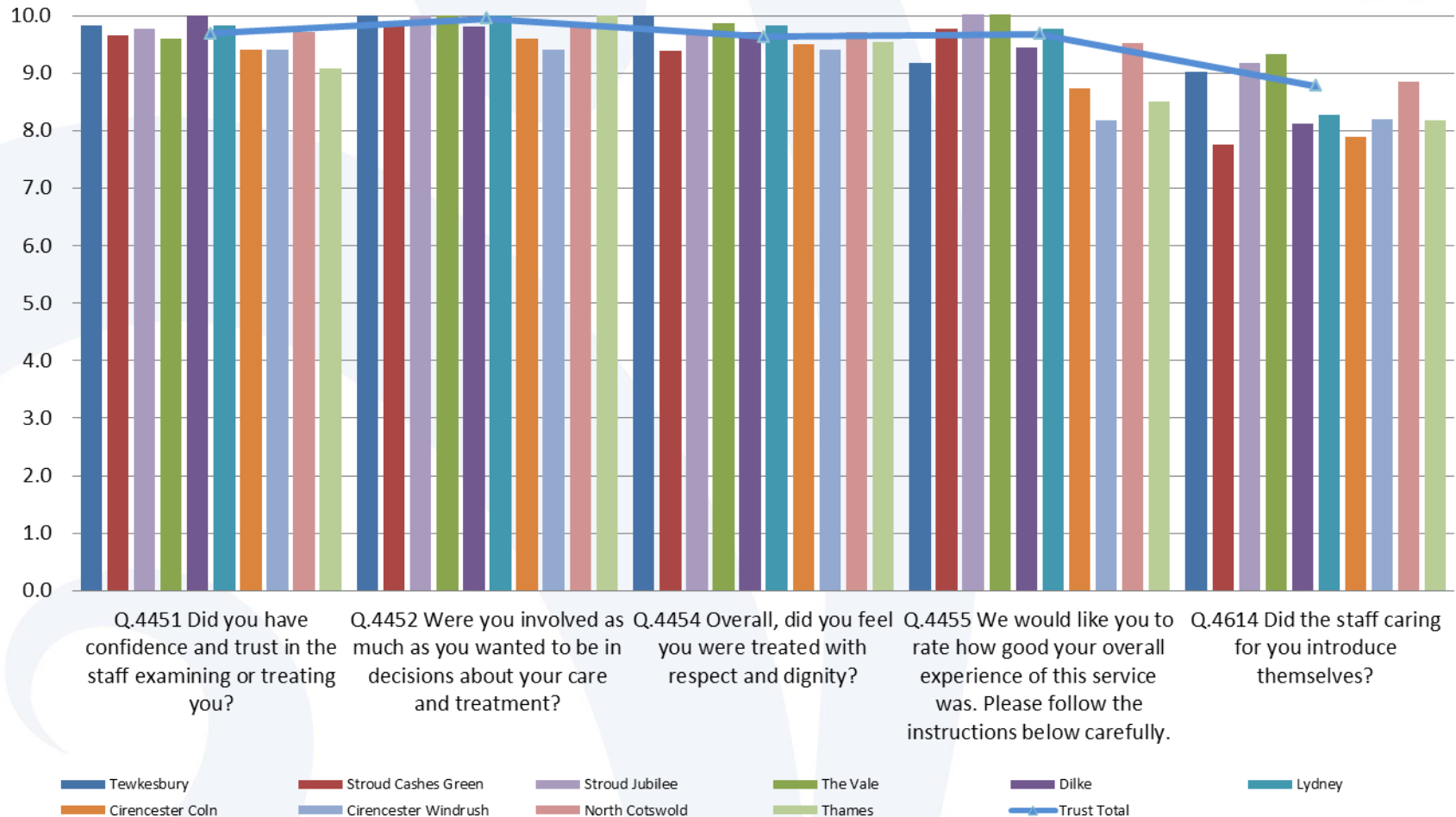
Response rates are expected to increase as processes become embedded during 2015/16.

Number of Unique Patients accessing Services During the Month	Number of responses received via each mode of collection								
	SMS / Text / Smartphone app	Electronic tablet/kiosk	Paper / Postcard in care / at discharge	Paper survey sent to home	Telephone survey	Online survey	Other	Total responses	Response rate
36,179	129	0	1,983	61	47	195	94	2,509	6.9%

Service area	Total responses in each category for Community Health						Total responses	Response rate	% Extremely Likely / Likely
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know			
Community Inpatients	81	17	1	0	0	0	99	37.1%	99.0%
Community Nursing	40	14	2	0	0	0	56	0.8%	96.4%
Rehab & Therapy Services	261	104	13	2	7	2	389	4.4%	93.8%
Specialist Services	240	50	5	1	2	1	299	5.8%	97.0%
Children & Family Services	33	14	0	0	1	0	48	0.5%	97.9%
Community Healthcare Other	1,382	187	20	6	21	2	1618	26.1%	97.0%
Total	2,037	386	41	9	31	5	2,509	6.9%	96.6%

'Community Healthcare Other' includes Minor Injury and Illness Units and Homeless Healthcare as per national guidance.

Inpatient survey – Core questions (Cumulative)

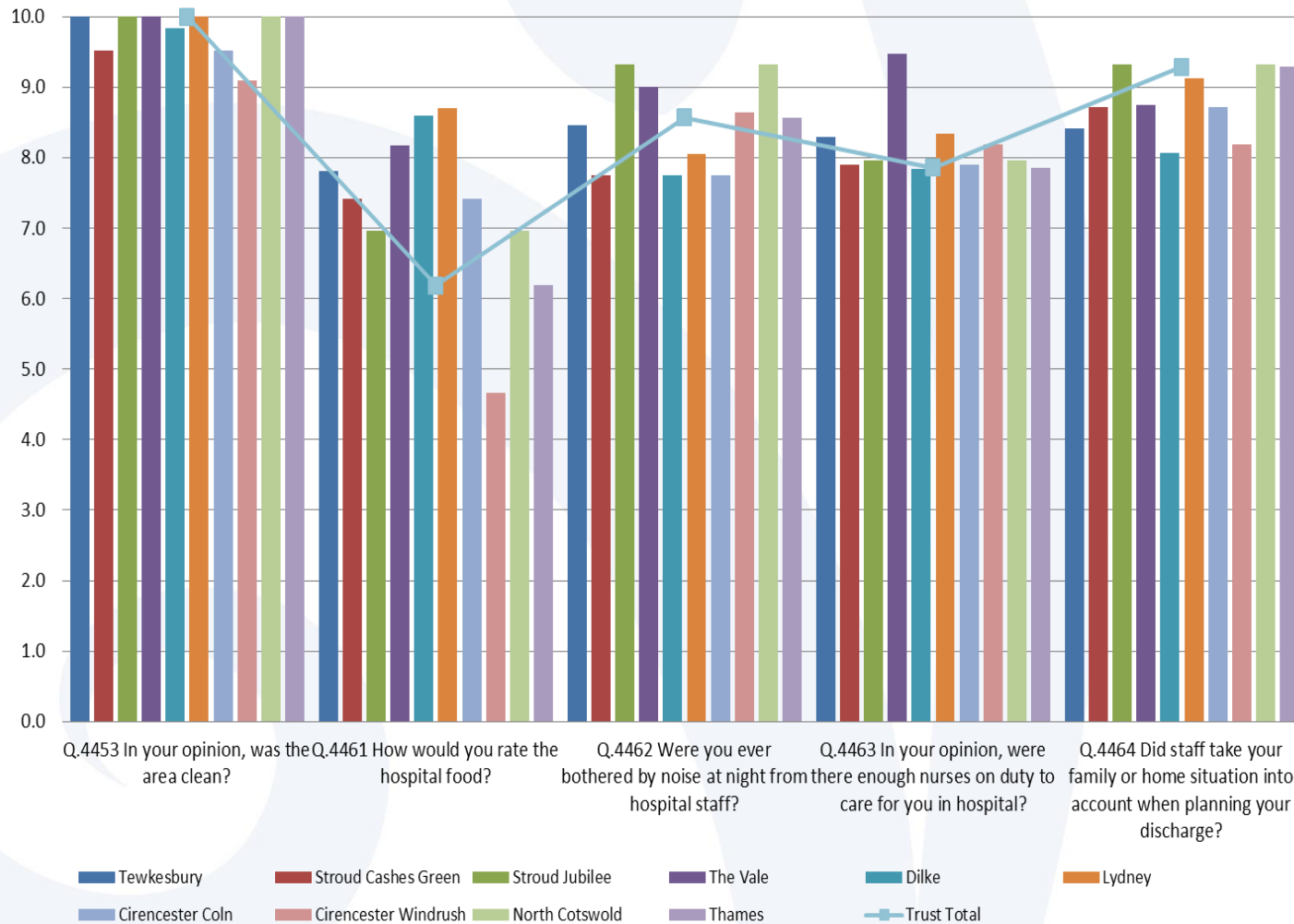


Patients are given the Friends and Family Test questionnaire to complete before discharge from hospital. This can be completed by the patient alone or with the help from a carer/family member or a hospital volunteer. CoMetrica collate the results and provide weekly comments reports to service leads as well as monthly reports on the results achieved.

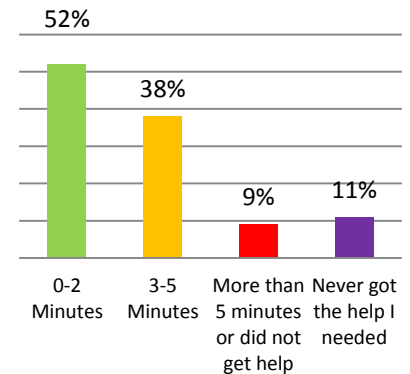
Scores are an average score (maximum 10).

Q.4452: Discharge audit to take place during 2015/16. Patient engagement will be incorporated within the audit and any actions plans that follow.

Inpatient survey – Experience questions (Cumulative)



Q.4465 How Long did you have to wait for the call to be answered?



Scores are an average score (maximum 10).

NHS Choices

We received 11 NHS Choices comments in May 2015:

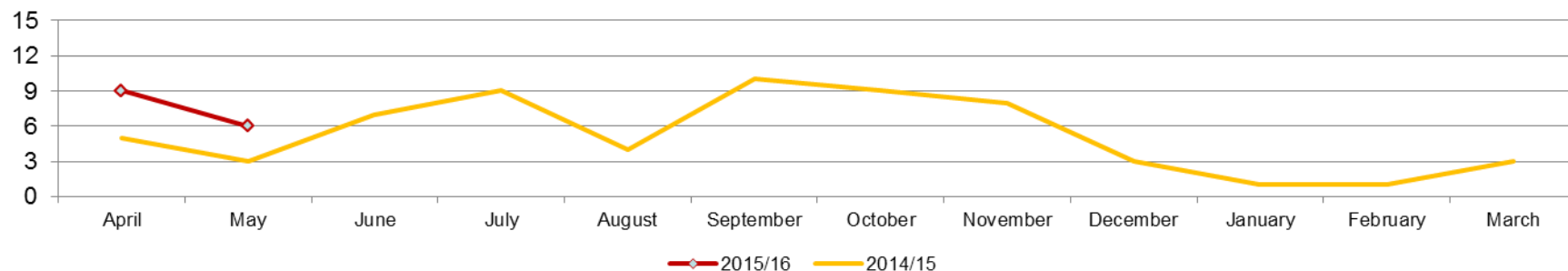
Service	Themes	Positive	Negative
Dental	Long waiting times to appointment, rude staff, lack of compassion, poor service, rude receptionist, refused opportunity to speak to manager	1	5
North Cotswolds Hospital	The forms/telephone conversations required to book a physiotherapy appointment are overcomplicated and time-consuming	0	1
Cirencester Hospital	Website misleading regarding MIU opening hours	0	1
Stroud Hospital	Reassuring staff, fast service, great experience	1	0
Tewkesbury Hospital	Amazing service, friendly staff, clean and well equipped ward, seen quickly	2	0

All five negative comments were directed to the service experience team to discuss their concerns further: also, these comments were shared with the Matron/service lead. Responses/outcomes from negative comments were as follows:

- **Dental Service** - The dental service is currently being restructured, which includes developing a new triage service to increase the accessibility of the service. Alongside this, there has been training with colleagues on customer service following feedback about rude receptionists and staff
- **North Cotswolds Hospital** - The comment received a full response from the Head of Adult Physiotherapy regarding the systems and how to access the physiotherapy service
- **Cirencester Hospital** - The information on the NHS Choices website has been made clearer regarding MIU opening hours – notwithstanding, the Trust has experienced consistent problems with NHS Choices and the website changing information regularly, but this seems to have been resolved after work with the service desk.

Complaints

	Jun-14	July-14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	April-15	May-15	12 Month Total
Number of complaints	7	9	4	10	9	8	3	1	1	3	9	6	70
Adults											7	5	
Children's											0	0	
Countywide											2	1	



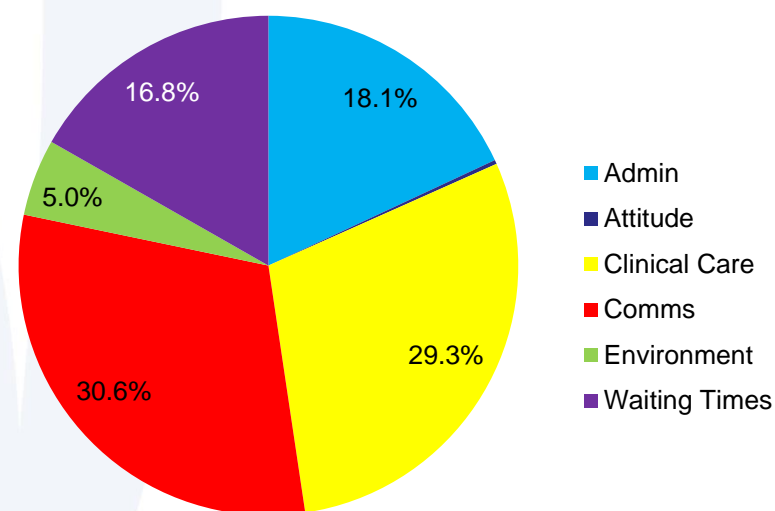
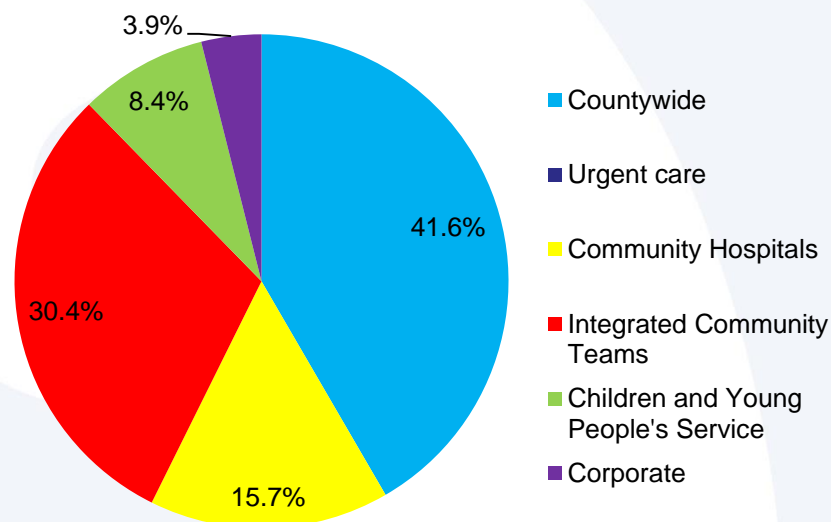
Response Time	2015/16 April –May (snapshot 1 st June 2015)	
	Number of responses	% of responses
Target time within agreed timescale	6	85.7%
%Over the agreed timescale by 1-3 days	0	0.0%
Over the agreed timescale in excess of 4 days	1	14.3%
Awaiting /under investigation	(8)	n/a
Total	15	100%

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	2.7 average per month, June- May 2015
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.2 average per month, October – March 15

Concerns (cumulative)

Concerns	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Rolling 12-month total
Community Hospitals	7	5	2	4	9	5	8	4	4	5	4	3	60
Urgent Care	0	0	0	0	0	0	0	0	0	0	0	0	0
Countywide	15	26	1	15	16	14	1	11	15	18	19	8	159
Integrated Community Teams	7	21	10	16	13	5	10	12	9	8	2	3	116
Children Young People's Services	1	3	1	4	3	1	3	3	3	1	3	6	32
Corporate	0	1	2	3	2	0	1	1	3	0	0	2	15
Total	30	56	16	42	43	25	23	31	34	32	28	22	382

Concerns	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Rolling 12-month total
Admin	7	18	3	6	5	7	3	2	5	8	2	3	69
Attitude	0	1	0	0	0	0	0	0	0	0	0	0	1
Clinical Care	10	13	5	14	11	10	7	13	7	12	7	3	113
Comms	8	10	4	9	18	6	9	9	14	7	13	10	117
Environment	1	3	0	5	2	2	2	1	2	0	0	1	19
Waiting Times	4	11	4	8	7	0	2	6	6	5	6	5	64
Total	30	56	16	42	43	25	23	31	34	32	28	22	382



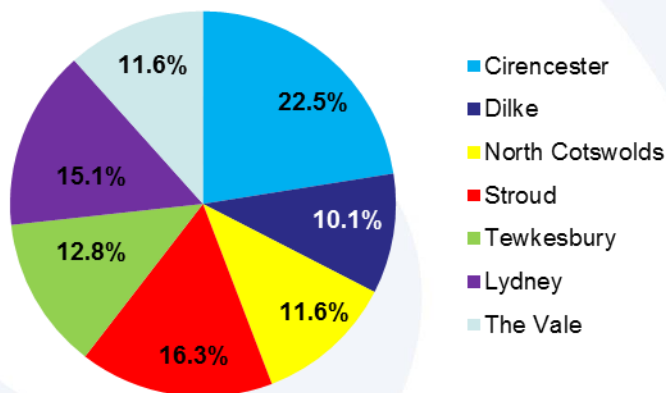
The revised complaints policy was approved by the Trust Board in May and the implementation plan is being overseen by the Quality and Performance Committee.

Mortality Reviews: Community Hospitals

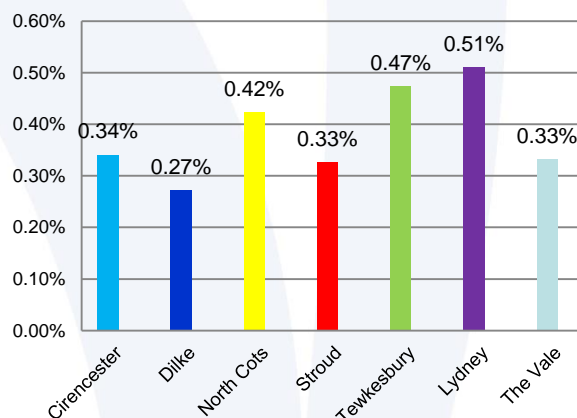
Number of Discharges from Community Hospital where discharge reason is as a result of death

Hospital Site	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Rolling 12 month total
Cirencester	4	2	7	7	9	3	3	8	6	2	2	5	58
Lydney	1	2	4	2	2	4	7	5	1	4	5	2	39
Stroud	2	2	2	2	2	3	7	3	4	4	6	5	42
North Cotswolds	2	4	2	1	4	3	4	2	5	1	0	2	30
The Vale	2	1	1	2	2	2	7	5	2	3	2	1	30
Dilke	2	3	2	2	3	0	4	2	3	1	2	2	26
Tewkesbury	4	4	1	0	2	4	3	4	1	5	2	3	33
Total	17	18	19	16	24	19	35	29	22	20	19	20	258

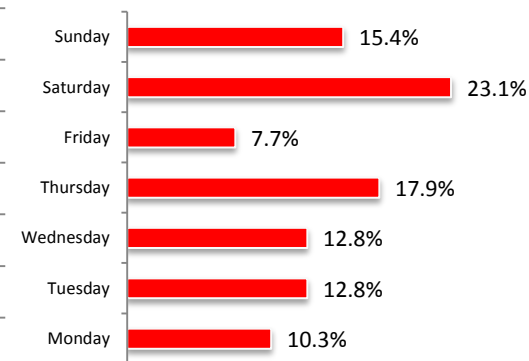
Number of deaths per Community Hospital (%)



Number of Deaths as % of Occupied Bed Days per Hospital



Number of Deaths (%) per Weekday



- The revised data capture tool (MIDAS) is now fully implemented
- The annual mortality report was presented to Trust Board in May 2015
- The review process has noted some improvement in the recording of DNaF conversations

- On a year-to-date basis, Saturday shows as an outlier in terms of deaths per weekday (23.1%, 9 deaths). In 2014/15 there was no weekday that was a significant outlier, Saturday was the highest with a rate of 17.0%

Non-Executive Directors (NED) Quality Visit Schedule (2015)

Date	Who	Service	Location	Status	Feedback From Visit
19 th February	<u>Nicola Strother Smith</u> (Sally King, Respiratory Physio)	Pulmonary Rehabilitation	The Health and Well-Being Suite, Marina Court, Tewkesbury	Visit completed	<ul style="list-style-type: none"> All of the patients indicated that their general wellbeing had improved with their attendance at the classes. Concern regarding waiting time to join the class. Question regarding what level of training staff have with dealing with distressed patients.
4 th March	<u>Nicola Strother Smith</u> Matrons	Community Hospital	Tewkesbury Hospital	Visit Completed	Available in Separate Report
5 th March	<u>Ingrid Barker</u> <u>Angela Hemus</u>	Immunisation and Vaccination Services	Lakers School, Forest of Dean	Visit Completed	<ul style="list-style-type: none"> Impressed by the efficiency and kindness shown by the team. Feedback sought from almost half of the girls; all said that the information provided was very clear

Non-Executive Directors (NED) Quality Visit Schedule (2015)

Date	Who	Service	Location	Status	Feedback From Visit
5 th March	<u>Joanna Scott</u> (Sue Trigg Clinical Nurse Specialist)	Bone Health Waiting Room	Gloucestershire Royal Hospital	Visit Completed	<ul style="list-style-type: none"> The clinic was small with only five appointments, of which three did not attend. No specific waiting area and therefore not possible to talk to patients before their appointment NED observed (with consent) two of the consultations.
16 th March	<u>Richard Cryer</u> Matrons	Community Hospital	Cirencester Hospital	NED to join Head of Community Hospitals' walkabouts	
18 th March	Matrons	Community Hospital	Lydney Hospital	NED to join Head of Community Hospitals' walkabouts	
18 th March	Matrons	Community Hospital	Dilke Hospital	NED to join Head of Community Hospitals' walkabouts	
27 th March	<u>Rob Graves</u> Matrons	Community Hospital	North Cotswolds Hospital	NED to join Head of Community Hospitals' walkabouts	

Non-Executive Directors (NED) Quality Visit Schedule (2015)

Date	Who	Service	Location	Status	Feedback from Visit
31 st March	<u>Nicola Strother</u> <u>Smith</u> Matrons	Community Hospital	Vale Hospital	NED to join Head of Community Hospitals' walkabouts	All visits were very positive and encouraging. Positive feedback from patients on quality of care and environment (particularly in the new hospitals). Some areas found that need addressing were documentation, out of date signage and concern around high levels of bank and agency staff and the impact of this on patient care.
31 st March	<u>Nicola Strother</u> <u>Smith</u> Matrons	Community Hospital	Stroud General Hospital	NED to join Head of Community Hospitals' walkabouts	
16 th April	<u>Sue Mead</u> Stacey Rees and Kim Morris	Children's Physiotherapy Service	Stroud	Visit Completed	Regarding the views of patients and parents, the service was seen as friendly, professional and overall highly regarded;

Non-Executive Directors (NED) Quality Visit Schedule (2015)

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

Non-Executive Directors (NED) Quality Visit Schedule (2015)

Date	Who	Service	Location	Status	Feedback from visit
9 th June	<u>Ingrid Barker</u> Gareth Bright	Community Nursing Service (ICT)	Rosebank Surgery, Gloucester	Visit confirmed	-
1 st July	<u>Rob Graves</u> Chris Teague	Community Nursing Service (ICT)	Health Centre, Cinderford	Visit confirmed	-
8 th July	<u>Ingrid Barker</u> Alex Harrington	Podiatry	Gloucester Royal Hospital	Visit confirmed	-
9 th July	<u>Richard Cryer</u> Debbie Gray	Integrated Discharge Team	Cheltenham General Hospital	Visit confirmed	-
22 nd July	<u>Nicola Strother</u> <u>Smith</u> Louise Bevan	MSKCAT	Gloucester Access Centre	Visit agreed	-
26 th August	<u>Ingrid Barker</u> Rachel Bucknell	Community Nursing Service (ICT)	Heathville Surgery, Gloucester	Visit confirmed	
10 th September	<u>Ingrid Barker</u> Steve Carpenter	Stroke Coordinators	Gloucester	Visit agreed	-
14 th September	<u>Sue Mead</u> Lee Harrison	Children's Community Service	Cheltenham	Visit agreed	-

Non-Executive Directors (NED) Quality Visit Schedule (2015)

Date	Who	Service	Location	Status	Feedback from visit
13 th October	<u>Ingrid Barker</u> Holly Gittings	Telecare	TBC	Visit agreed	-
5 th November	<u>Richard Cryer</u> Sandra Major	Dental service	Redwood House, Stroud	Visit agreed	-
26 th November	<u>Ingrid Barker</u> Sue Watts (clinical nurse specialist)	Parkinson's/MND	TBC	Visit agreed	-
October /November	<u>Sue Mead</u> Tina Craig	Podiatry/MSKCAT	Cirencester	Awaiting confirmation on date	-

**Strategic Objective 3:
Provide innovative community services that deliver health and
social care together**

Strategic Objective 3 - Provide innovative community services that deliver health and social care together

- Pharmacy service: as a result of a competitive tendering process Lloyds Pharmacy started providing pharmacy services across the organisation from 1st May 2015.
 - Robust key performance indicators have been agreed with the new provider which will detail drug usage and ordering frequency by all sites and services. This information will be shared monthly with Heads of Service and will be reviewed by the Medicines Management committee. This will strengthen governance of medicine usage across the organisation.
 - The new contract will for the first time provide an equitable service across all of our Community hospitals and strengthen support to Community based services.
- There are three social care indicators currently rated red, which are of particular priority for the Trust, and Adult Social Care Commissioners (see page 51). But there are ongoing concerns with the accuracy of the data provided to the Trust.
 - Reablement indicators have been added to this report (see page 53).
- Rapid response referrals remain behind target.

Quality Strategy metrics 2015-16 against strategic objective 3

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Decrease in the number of permanent admissions of people aged 65+ to residential and nursing care homes per 100,000 population	Less than 731.90	840.8	778.5										
Number of referrals accepted by Rapid Response service	60 per week	145 (total)	173 (total)										
Number of avoided admissions as a result of ICT intervention	80%+	95.9%	69.9%										
Increase in the percentage of service users who have had a full re-assessment of their needs within the last 12 months	80.0%+	80.2%	77.5%										

Effective – NICE Quality standards

Trust compliance with NICE Quality Standards published June 2010 to May 2015

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Minimal Concern	Partially Implemented - Moderate Concern	Fully Implemented	Not Applicable	Yet to be reviewed by Clinical Senate
Quality Standards	26	0	1 (QS19 Bacterial meningitis and meningococcal septicaemia in children and young people)	5 (QS6 Diabetes: QS10 COPD: QS 43 Smoking cessation: QS54 Faecal incontinence: QS64 Feverish illness in children under 5)	10	43	5

The Trust applies:

- A compliance rating for each Quality Statement in each Quality Standard.
- A “non-assessed” overall rating will apply where one or more statements remain unassessed. A “not implemented” overall rating will apply where one or more statements are considered not implemented.
- Clinical leads are identified to review each piece of guidance under the leadership of the Medical Director.
- A full report related to progress to implementation and requirements under newly published guidance is submitted to each Clinical Senate meeting.

Effective : Management of NICE Guidance

The Clinical Senate approved the Trust's [policy on the management of NICE guidance](#) at their meeting in June.

Following a recent update to NICE Assure each service can now evidence their implementation and compliance with cross-cutting NICE guidance e.g. infection control guidance, falls guidance, etc for all guidance issued since 2010 and with all NICE Quality standards. This functionality was only available for guidance issued in 2013 -2015 previously.

Trust compliance with NICE guidance published May 10 to May 15

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Minimal Concern	Partially Implemented - Moderate Concern	Fully Implemented	Not Applicable	Yet to be reviewed by Clinical Senate
NICE guidance	23	0	15	3	30	437	24

Moderate concern - the guidance below is currently declared as being partially implemented.

Clinical guidelines	Lead clinician	Supporting information
Partially implemented - moderate concern		
CG102 Bacterial meningitis and meningococcal septicaemia	Jules Roberts, Caroline Osborne	The Nov 2014 MliU Feverish Illness in Under 5s audit, indicated a lack of baseline observations recorded. Required baseline observations circulated to relative clinical areas. Awaiting results of May re-audit .
CG119 Diabetic foot problems - inpatient management	Chris Boden	Recent Peer Review Report from NHS England highlighted the non-compliance with this standard i.e. lack of Multi-Disciplinary inpatient team. Work underway with Acute Trust and Commissioners to identify resource required to satisfy the NICE guidance. The Acute Trust have a CQUIN to achieve this and we are working with them on this.
CG160 Feverish illness in children	Jules Roberts,	The MliU audit did not evidence compliance. Guidelines have been sent to staff. Awaiting results of May re-audit.

Effective : Trust compliance with NICE guidance published May 10 to May 15

Minimal concern - the guidance below is currently declared as being partially implemented.

Clinical guidelines	Lead clinician	Supporting information
Partially implemented - minimal concern		
CG101 Chronic obstructive pulmonary disease	Sally King	
CG115 Alcohol dependence and harmful alcohol use	Rebecca Robson	Awaiting assessment by homeless healthcare
CG117 Tuberculosis	Stephen Moore	Revised guidance due to be published October 15.
CG140 Opioids in palliative care	Laura Bucknell	Recommendations may be implemented in some sites. Trust guidance not in place to ensure best practice across all sites.
CG147 Lower limb peripheral arterial disease	Chris Boden	Most of this guideline refers to secondary care. As this guidance is developed further a greater onus on prevention will appear. At this stage a primary care multi-disciplinary vascular team is not in place. Podiatrists and tissue viability nurse undertake some of this work but not in a formal MDT.
CG 191 Pneumonia	San Sumathipala	SystemOne to include a template to be filled by clinicians for patients with lower respiratory tract symptoms to ensure that risk scores are captured.
NG003 Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period	Val Welsh	Currently updating benchmark information
NG006 Excess winter deaths and morbidity and the health risks associated with cold homes	Dawn Allen	

Effective : Trust compliance with NICE guidance

published May 10 to May 15

Minimal concern - the guidance below is currently declared as being partially implemented.

Public health guidance	Lead clinician	Supporting information
Partially implemented - minimal concern		
PH033 Increasing the uptake of HIV testing among black Africans in England	Garry Woodcock	Recent audit indicated some African women who came in just for contraception were not coded as being offered an HIV test
PH034 Increasing the uptake of HIV testing among men who have sex with men	Garry Woodcock	First HIV audit since introduction of P1C coding and fully integrated as Contraception and Sexual Health on Mill Systems
PH037 Tuberculosis - hard-to-reach groups	Stephen Moore	To be incorporated with CG117 Tuberculosis into revised guidance on tuberculosis – October15
PH041 Walking and cycling	Georgina Smith	Further organisational consideration needs to be given to the feasibility of fully implementing the guidance given that staff time will need to be dedicated .
PH044 Physical activity: brief advice for adults in primary care	Clare Charlton	There is a need for clarity on the role of GCS staff have to play in providing brief advice on physical activity as part of the prevention agenda.
PH048 Smoking cessation - acute, maternity and mental health services	James Curtis	Implemented within Acute and Maternity settings but not in the 2gether trust (2g). Due to the high prevalence of smoking in mental health populations and the nature of care, historically smoke free policy has been hard to implement. It will take time to change the ethos and culture. A steering group has been formulated with Director support. GCS Stop Smoking Service is working with 2g in completing a Public Health England self assessment to look at areas where 2g are not compliant.
PH051 Contraceptive services with a focus on young people up to the age of 25	Garry Woodcock	Planning with commissioning re mapping areas of need across Glos. through intelligence gathering.

Adult Social Care Key Indicators

Target description	2013/14 Outturn	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Target
% service users who have been asked at initial assessment whether they have a carer		98.4%	67.3%	67.1%	81.6%	81.6%	81.9%	81.6%	81.5%	81.5%	81.2%	80.9%	80.9%	100.0%
Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population	885.87	830.34	794.31	770.22	933.1	907.3	894.8	897.3	894.8	874.9	865.8	840.8	778.5	Smaller is better 731.90
% service users who have had a full re-assessment of their needs within the last 12 months	80.8%	88.3%	87.4%	86.1%	89.3%	88.3%	87.2%	85.9%	84.8%	83.5%	82.4%	80.2%	77.5%	80.0%

The above 3 indicators are those that have been agreed between the Trust and Gloucestershire County Council (GCC) as highest priority. Service areas above will be returning to Local Authority management from 1st August.

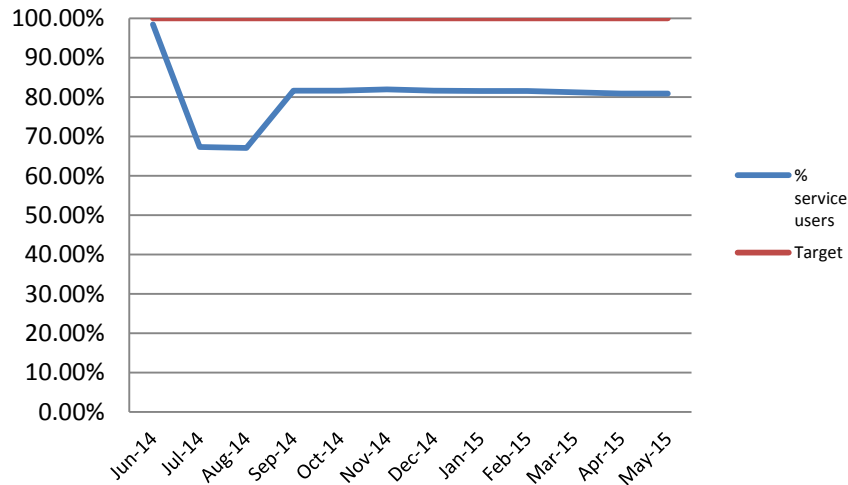
% service users who have been asked at initial assessment whether they have a carer – Figures are taken from GCC's Adult Social Management Team (ASMT) scorecard. The values reported by GCC have fluctuated significantly in consecutive publications but GCS has been unable to obtain an explanation for the changes in reported values. Work is continuing to understand the basis on which this indicator is reported and has been amended.

Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population – Figures are taken from GCC's ASMT scorecard. The values reported by GCC have fluctuated significantly in consecutive publications. Work is underway to understand the reason for the fluctuating values but as yet is not understood.

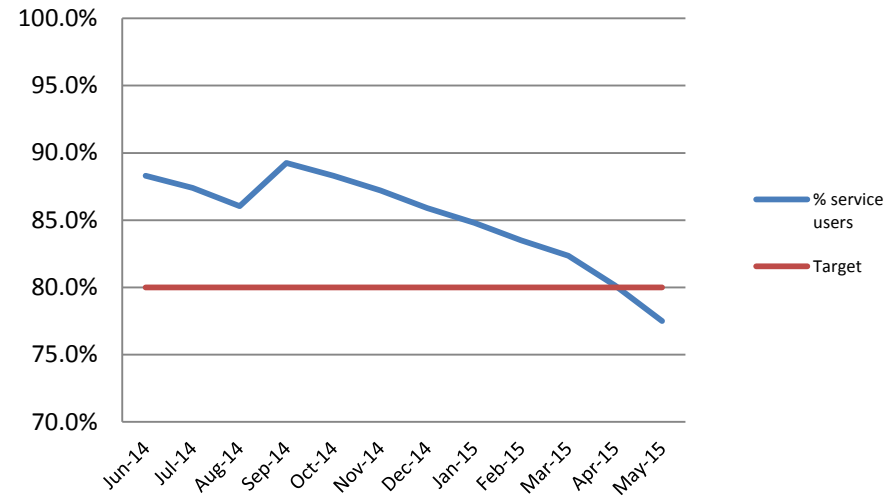
% service users who have had a full re-assessment of their needs within the last 12 months - Figures are taken from GCC's ASMT scorecard and are different from how the GCS performance team calculate this figure; GCS value is 78.2%. Actions being undertaken to improve this include reallocating long-standing incomplete allocated reassessments to other workers with available capacity.

Adult Social Care Key Indicators

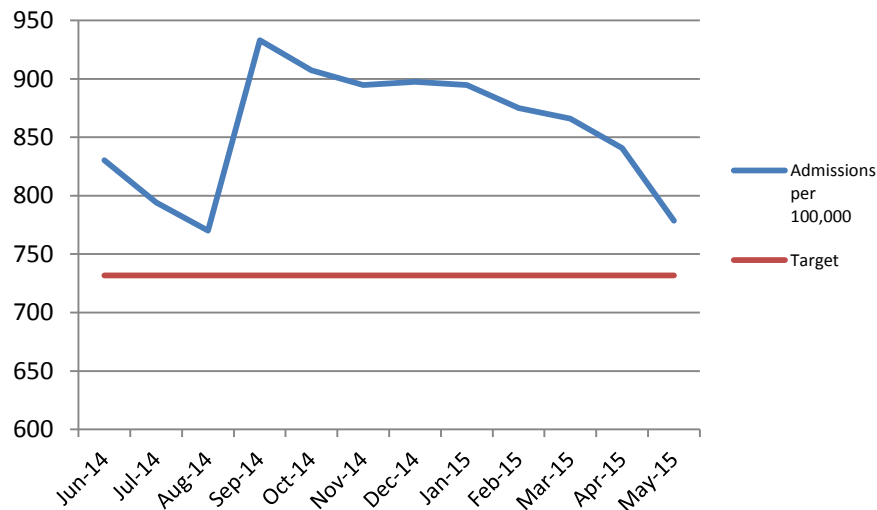
% service users who have been asked at initial assessment whether they have a carer



% service users who have had a full re-assessment of their needs within the last 12 months



Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population



% service users who have been asked at initial assessment whether they have a carer – Figures are taken from GCC's ASMT scorecard. The values reported by GCC have fluctuated significantly in consecutive publications but GCS has been unable to obtain an explanation for the changes in reported values. Work is continuing to understand the basis on which this indicator is reported and has been amended.

Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population – Figures are taken from GCC's ASMT scorecard. The values reported by GCC have fluctuated significantly in consecutive publications (was 700s, now 900s). Work is underway to understand the reason for the fluctuating values but as yet is not understood.

% service users who have had a full re-assessment of their needs within the last 12 months - Figures are taken from GCC's ASMT scorecard and are different from how the GCS performance team calculate this figure; GCS value is 78.2%. Actions being undertaken to improve this include reallocating long-standing incomplete allocated reassessments to other workers with available capacity.

Reablement Service Key Indicators

Target description	2014/15 Outturn	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Target 2015/16
Proportion of older people still at home 91 days after discharge	Not yet available (13/14 Outturn 70.4%)	Annual data collection												(Comparator Group) 81.3%
Proportion of people aged 65+ offered Reablement services after hospital discharge	Not yet available (13/14 Outturn 3.7)	Annual data collection												(Comparator Group) 3.3
% Contact Time	34.9%	31.3%	31.3%	29.3%	32.0%	36.1%	43.2%	42.2%	37.0%	41.3%	35.6%	39.0%	37.7%	40%-60% by Mar 16 Target this month: 42%
Number of Community Reablement Starts (ERIC)	257	280	286	264	274	298	316	317	367	276	296	322	275	
Number of Current Cases open longer than 6 weeks	106	Report not produced until Oct 14				94	99	121	96	data not available	118	73	62	0
% of cases progressed within 6 weeks (from those closing this month)	81.1%	85.0%	82.0%	80.1%	81.7%	78.6%	79.8%	82.7%	83.1%	83.2%	73.8%	85.0%	82.0%	100%
Average Length of Reablement Service (weeks)	4.0	3.7	3.8	3.7	3.7	4.1	3.5	3.6	4.8	4.0	5.9	3.3	4.4	6.0
Sickness rate in Reablement Workforce	6.9%	7.7%	7.9%	6.6%	5.9%	5.6%	7.0%	7.2%	5.4%	6.1%	6.6%	7.7%	7.9%	3%

Rapid Response - Key Indicators

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16	14/15 Outturn
Number of referrals accepted (plan)	Target	254	266	256	266	265	256	265	257	263	263	246	263	520	
Number of referrals accepted	Actual	145	173											318	1381
% of patients with assessment initiated within 1 hour	95%	94.1%	89.7%											91.9%	92.4%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%											100%	100%
% of patients where the direct referrer reports that rapid response intervention avoids hospital admission		95.9%	69.9%											95.9%	82.0%
Number of referrals where the direct referrer reports that rapid response intervention avoids a hospital admission		139	121											260	1154

Rapid response referrals:

Number of referrals remain behind trajectory. To improve patient flow into the service, case finding priorities have been identified to be followed on a daily basis:

- Liaise with SPCA to direct cases to the rapid response service
- Contact with IDT at each change of shift to facilitate discharges
- Presence in Locality Referral Centres to facilitate alternative clinical pathways into rapid response
- Locality rapid response leads to contact local GP surgeries to raise awareness and increase referrals
- Calls to SWAST and Clinical Support desk to ensure potential SWAST referrals can be directed to rapid response
- Daily update to Urgent Care Clinical Leads

Strategic Objective 4:
**Work as a valued partner in local communities and across
health and social care**

Strategic Objective 4 - Work as a valued partner in local communities and across health and social care

- The Trust is performing well against its data quality targets. In respect of the validity of 45 data indicators that are submitted to the Secondary Uses Services (SUS), Trust performance is 99.2% against a target of 96% (*not referenced elsewhere*) based on the latest data available from the Health and Social Care Information Centre (HSCIC) (April 2014 to March 2015). The National average is 96.2%, regional average 94.7%.
- The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. We are continuing to work with colleagues within service delivery teams to be able use the data as information to drive action - leading to more measurable improvements (see page 58).

Quality Strategy metrics 2015-16 against strategic objective 4

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Increase in the number of GP practices that feel appropriately engaged with the Trust*	More than 52%	Not available	Not available										
Decrease in underutilised capacity in community hospitals by working in partnership with both private and third sector partners**	TBC	Not available	Not available										
Increase in the number of services that utilise shared pathways with partner organisations***	TBC	Not available	Not available										

**Awaiting further GP surveys*

***Scoping of this metric is still underway*

****Requires a more tangible metric to be developed*

Alamac – Gloucestershire Health Community reporting (1/3)

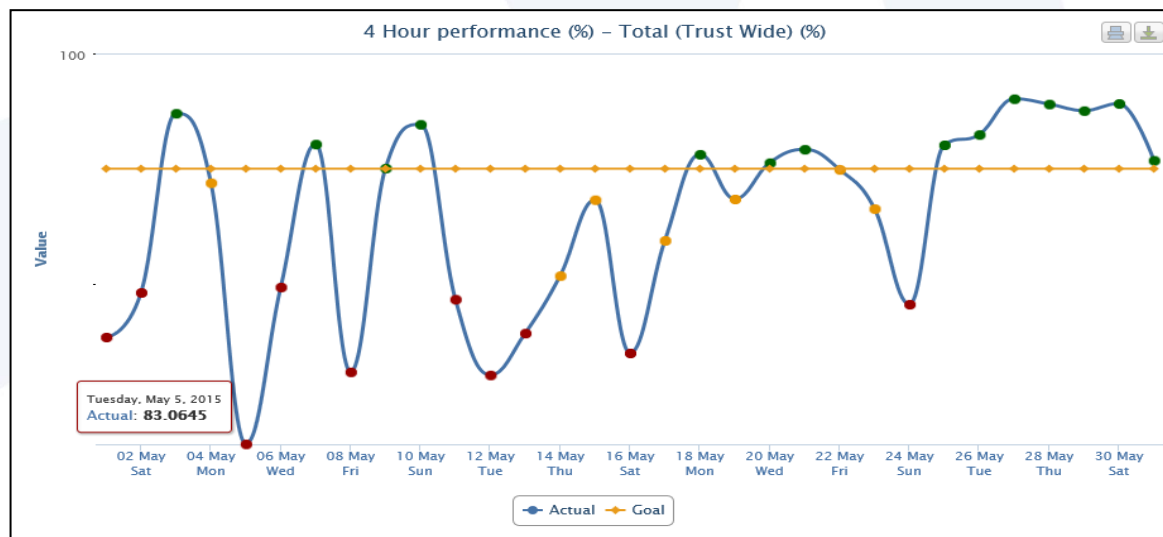
The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. This approach has been commissioned by the CCG and adopted by a number of other NHS providers including GHFT and SWASTFT. It has been in place for approximately 6 months.

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

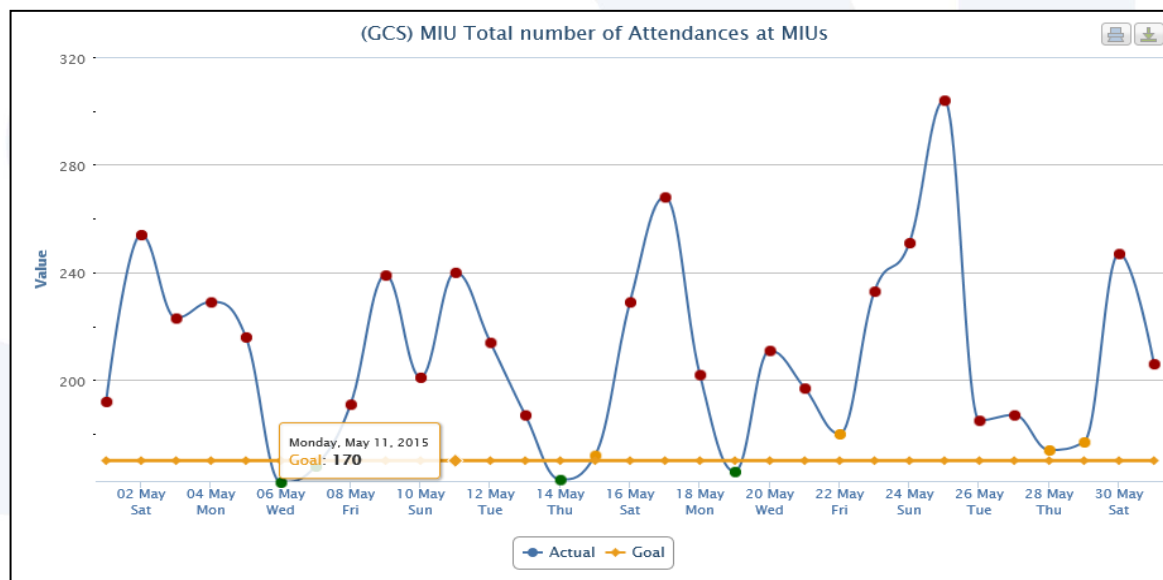
The long-term aim has been to create behavioural and cultural change alongside our partner organisations, creating improvements which can be measured, monitored and managed in real-time. This involves a daily “diagnosis” on system-wide issues and helps to inform actions (via daily conference calls) and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

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

Alamac – Gloucestershire Health Community reporting (2/3)

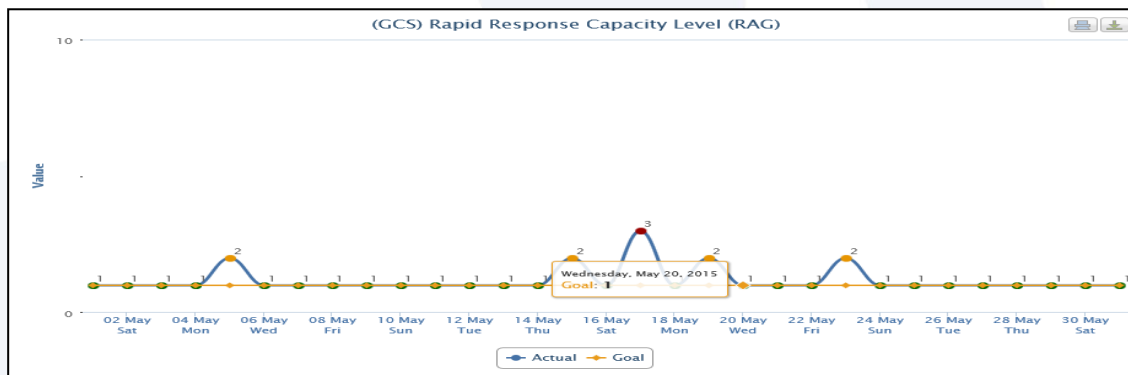


Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target – showing low of 83% on Tuesday 5th May, but achievement from 25th May.



GCS Minor Illness and Injury unit attendances during May 2015. This shows number of attendances to be consistently above the goal, or target of 170, peaking on 25th May with in excess of 300 attendances.

Alamac – Gloucestershire Health Community reporting (3/3)



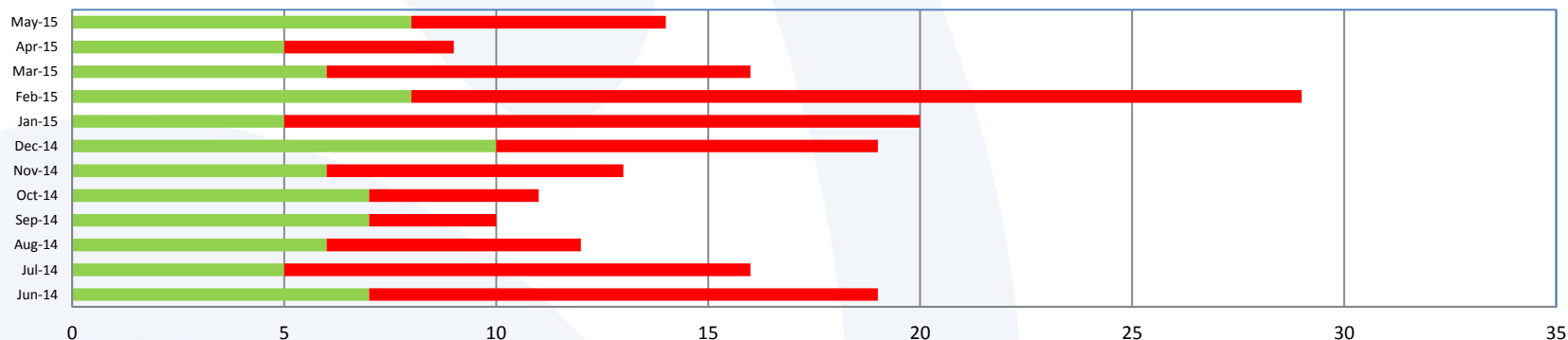
GCS Rapid response capacity levels were escalated to amber or red levels on 5 occasions during May 2015.

Integrated Discharge Team key system measures reported through Alamac on a daily basis:, used to inform workflow and partnership working:

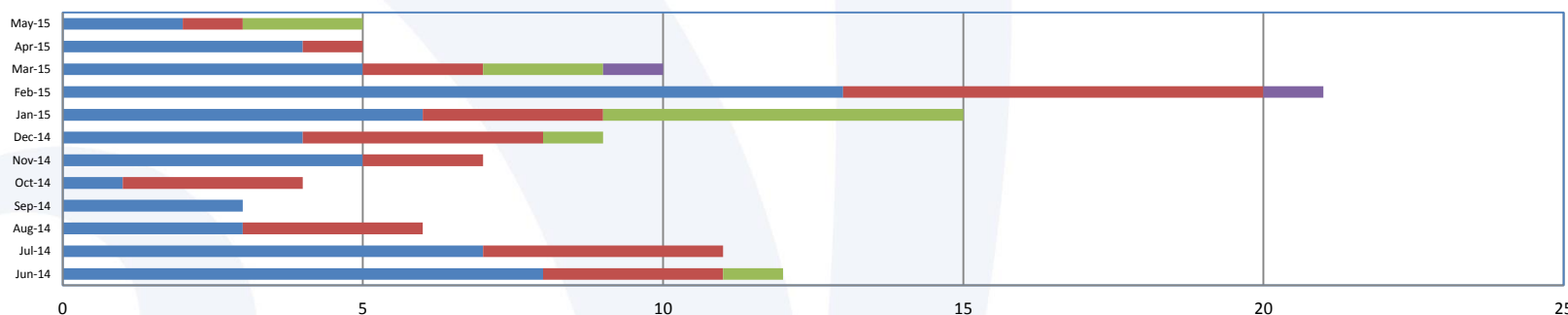
System Performance - Integrated Discharge Team	Average Daily Activity (May)
Measure	
Number of Medically fit (= \geq 1 day) - from IDT report (excluding those that are on a closed ward)	55
Number of Medically fit (= \geq 1 day) - from IDT report that are on a closed ward	1
Number of Medically fit (= \geq 1 day) - with IDT	6
Number of Medically fit (= \geq 1 day) - with Care Home Select	6
Number of Medically fit (= \geq 1 day) - safeguarding assessment	0
Number of Medically fit (= \geq 1 day) -In assessment (stat period)	2
Number of Medically fit (= \geq 1 day) - number waiting in assessment	10
Number of Medically fit (= \geq 1 day) - with locality	3
Number of Medically fit (= \geq 1 day) - 2Gether assessment	0
Number of Medically fit (= \geq 1 day) - with CCG	2
Number of Medically fit (= \geq 1 day) - with palliative care	0
Number of Medically fit (= \geq 1 day) - number waiting community hospital	8
Number of Medically fit (= \geq 1 day) - number of Package of care	3
Number of Medically fit awaiting ward actions > 1 day	9
Number of medically fit patients waiting for reablement and Dom Care	3
Number of medically fit patients added to the list yesterday	13
Number of medically fit patients discharged from the list yesterday	12

Service user transfers*

**transfers into community hospital inpatient wards between 23:00 and 05:59*



	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Direct Admission	7	5	6	7	7	6	10	5	8	6	5	8
Transfer	12	11	6	3	4	7	9	15	21	10	4	6



	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Transfer from GRH	8	7	3	3	1	5	4	6	13	5	4	2
Transfer from CGH	3	4	3	0	3	2	4	3	7	2	1	1
Transfer from other	1	0	0	0	0	0	1	6	0	2	0	2
Internal transfer	0	0	0	0	0	0	0	0	1	1	0	0

Working with GHNHSFT and Arriva, the Trust is undertaking an audit of all transfers that result in an admission (after 21:00) to understand at what point in the transfer delays are occurring. The October audit suggested the delays are often (but not always) due to the patient having to wait several hours for the arrival of the ambulance to transport then to the community hospital. The audit is continuing, reviewing the late transfers in the three months from November 2014 to January 2015. Data from GHNHSFT and Arriva required additional data validation. Analysis is currently underway. In October and November, one in two of these transfers occurred at the weekend. This proportion had fallen to one in four in December 2014 and January 2015.

**Strategic Objective 5:
Support individuals and teams to develop the skills, confidence
and ambition to deliver our vision**

Strategic Objective 5 - Support individuals and teams to develop the skills, confidence and ambition to deliver our vision

- Monitor compliance statements: full compliance evidenced (see page 65).
- Board statements :evidences full compliance evidenced (see pages 66-67).
- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatments; however, there is opportunity to improve the Trust's recommendation as a place to work (see page 68)
- Sickness absence: remains above target (3.98% in May compared to target of 3%) (see page 69).
- Appraisals: rate of reported completed appraisals remains behind trajectory (see page 69).
- Mandatory training: Infection Control, Health and Safety, Equality and Diversity, Conflict resolution are now ahead of trajectory; however Fire Safety and Information Governance remain behind trajectory (see page 69).

Quality Strategy metrics 2015-16 against strategic objective 5

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Increase in the number of staff self-reporting that their appraisal was of a high quality	More than 33%	39%	39%										
Staff recommending the Trust as a place to work	More than 60%	49%	49%										
Completion of a Service Development Plan for each clinical and corporate service with coverage of the workforce profile	To be quantified												
Identification of Competency Framework for each role within service delivery teams	To be quantified												
Annual staff appraisals	More than 95%	72.1%	78.2%										
Completion of all mandatory training	100%	78.4%	81.2%										

Monitor compliance statements

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Condition G4: Fit and proper persons as Governors and Directors												
Condition G5: Having regard to Monitor guidance												
Condition G7: Registration with the CQC												
Condition G8: Patient eligibility and selection criteria												
Condition P1: Recording of information	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Condition P2: Provision of information	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Condition P3: Assurance report on submissions to Monitor	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Condition P4: Compliance with the National Tariff	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Condition P5: Constructive engagement concerning local tariff modifications	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Condition C1: The right of patients to make choices												
Condition C2: Competition oversight												
Condition IC1: Provision of integrated care												

Board statements (1/2)

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients												
The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements												
The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the Trust have met the relevant registration and revalidation requirements												
The Board is satisfied that the Trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time												
The Board will ensure that the Trust remains at all times compliant with regard to the NHS Constitution												
All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner												
The Board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks												

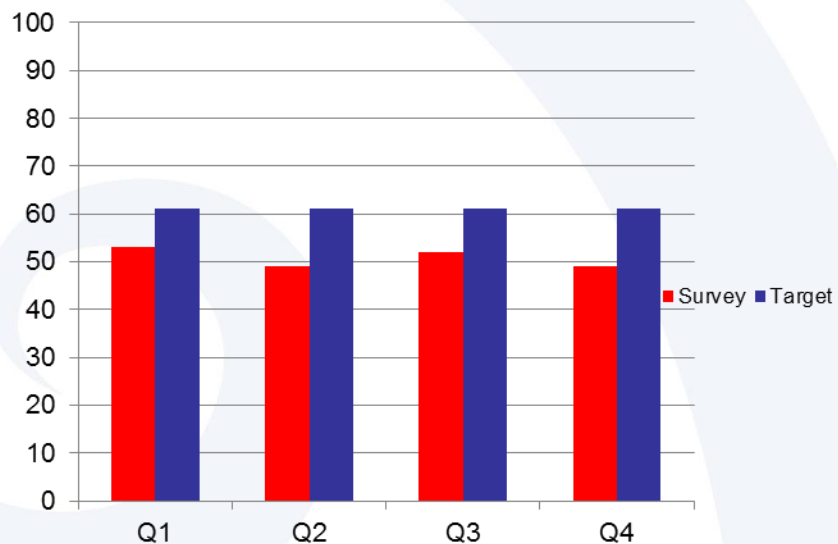
Board statements (2/2)

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the Board are implemented satisfactorily												
An Annual Governance Statement is in place, and the Trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury												
The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant TDA quality and governance indicators; and a commitment to comply with all known targets going forwards												
The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit												
The Board will ensure that the Trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Board of directors; and that all Board positions are filled, or plans are in place to fill any vacancies												
The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability												
The Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan												

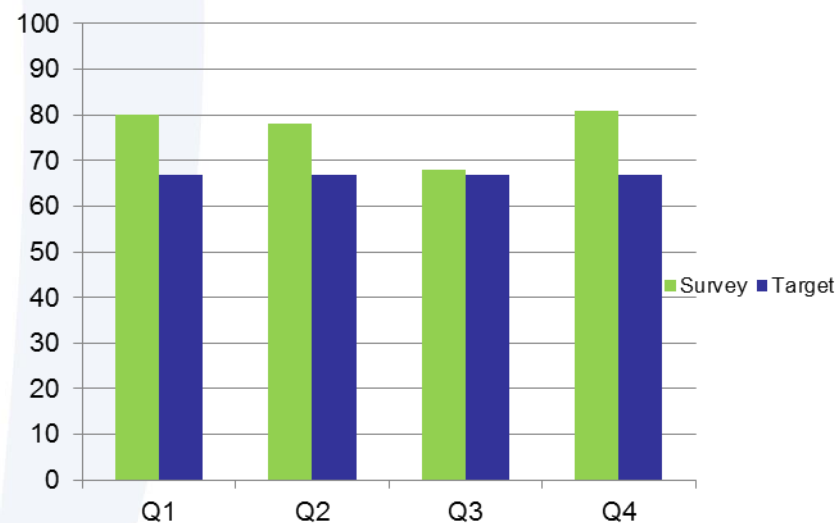
Staff Friends and Family Test

	Q1	Q2	Q3	Q4
Percentage of staff who would recommend the Trust as a place of work	53%	49%	52%	49%
Percentage of staff who would recommend the Trust as a place to receive treatment	80%	78%	68%	81%

Place of work



Place of treatment



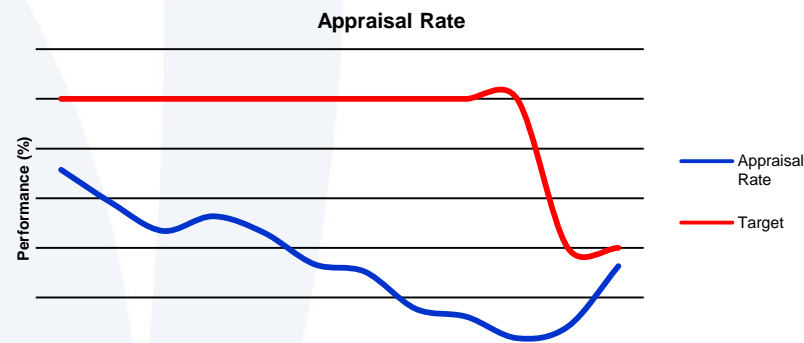
Full analysis of the data is being undertaken. Report to Workforce & OD Committee.

Sickness absence / mandatory training / appraisals

	Jun -14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Target
Sickness absence average % rolling rate - 12 months	4.45	4.55	4.59	4.59	4.59	4.73	4.8	4.92	4.89	4.85	4.86	4.82	3.00
Sickness absence % rate (1 month only)	4.88	5.43	4.94	4.34	4.69	4.83	5.15	5.35	4.54	4.11	4.56	3.98	3.00

Mandatory training course	Target (End June 2015)	Health performance
Infection Control	80%	88.81%
Health & Safety	80%	88.81%
Equality & Diversity	80%	84.23%
Conflict Resolution	80%	81.28%
Fire Safety	80%	72.54%
Information Governance	80%	71.30%

Appraisal rate	Target	Performance
May	80%	78.16%



Appraisal rates remain behind target across all service areas and continue to decline. Regular reports are produced by the workforce team to highlight to managers the staff that have appraisals due in future months to allow them to be appropriately scheduled. The onus is on managers to ensure appraisals are scheduled and completed.

Strategic Objective 6: Manage public resources wisely to ensure local services remain sustainable and accessible

- *This section includes the new format finance report*

Strategic Objective 6 - Manage public resources wisely to ensure local services remain sustainable and accessible

- Legal claims: increase in number received
- CIP, CQUIN, QIPP: currently rated as high risk
- The Trust has submitted a plan with income of £106.5m, a surplus of £0.1m which includes the delivery of:
 - QIPP £3.9m
 - CQUIN £1.9m
 - CIP £3.15m (this has increased from earlier versions due to the impact of depreciation on revalued assets which is discussed on page 73)
- As at month 2 the Trust is on plan although is overspending on Agency costs some of which is the last month or so of winter escalation beds for which we are seeking funding; however there remains a reliance on Agency usage that is putting a cost pressure on the Trust which is being offset by non-recurrent savings.
- CIP delivery is on track as at month 2 but the savings rate starts to increase significantly from month 3.
- All major contracts have been agreed and signed; the contract with Gloucestershire County Council has been agreed verbally and will be varied into the contract during July (this relates to the transfer of Health Visitor funding from NHS England to the local authority from 1st October 2015).

Quality Strategy metrics 2015-16 against strategic objective 6

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Achievement of agreed CIP, CQUIN and QIPP targets in year	To be quantified												
Completion of a Quality and Equality Impact Assessment as part of each business case that quantifies service change / development	To be quantified												
Measured reduction in the number of legal claims received by the Trust	103 in year	37	20										
Financial sustainability via a continuity of services risk rating	2.5 or more	2.5	2.5										

2015/16 CIPs

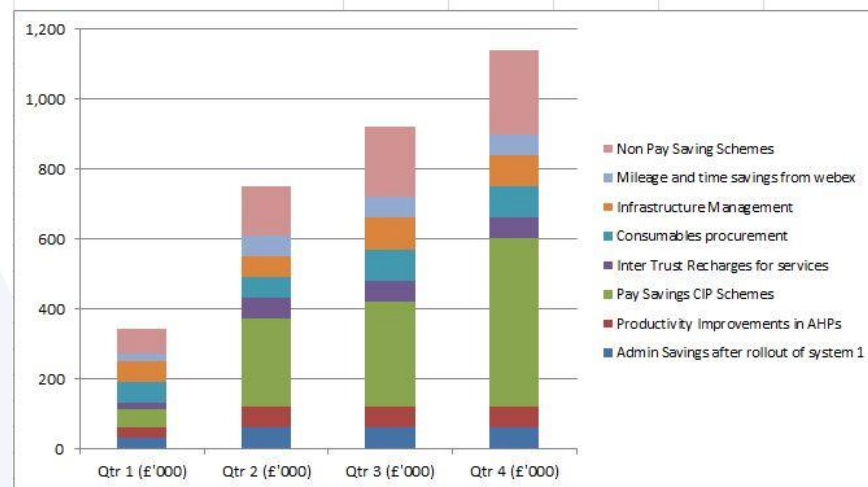
As at month 2 the Trust needed to deliver £150k which was achieved.

The table to the right shows the required CIP savings profile through the year.

CIP full year requirement is £3.15m, delivery of these savings remains the biggest financial risk to the Trust.

During the 2014/15 close, we became aware that the impact of depreciation on revalued assets added an additional £650k to the trust's recurrent cost base. To maintain the planned recurrent position at the end of 2015/16, an additional CIP has been started to offset this increase

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



2015/16 QIPP and CQUIN

The Trust needs to deliver £3.9 of QIPP schemes and £1.9m of CQUIN schemes to achieve its £100k surplus.

Delivery against these schemes is detailed in the COO reports and so the financial impact only is shown here.

As with CIP schemes a significant amount of the risk is in the latter quarters of the year.

As at month 2 schemes are all on track with the largest risk being risk share element of QIPP (£900k). This risk share element is dependent on reduced admissions to the Acute hospital where some elements sit outside of the Trust's control.

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

2015/16 QIPP and CQUIN (2)

There are detailed plans with milestones scheduled for delivery against each of the CQUIN schemes.

As at month 2 schemes are all on track.

Scheme	£k Target Total
Advanced Kidney Infection	174
Urgent Care	349
Delirium	174
Transition	349
Frailty	349
Positive Risk Taking	349
NHS England (Dental Reporting)	150
Total	1,894

Income and Expenditure

As at month 2 income and expenditure are both circa. £240k higher than plan.

CIP schemes are on plan at the end of month 2.

The main variance is around pay cost (£240k over budget) driven by agency usage in community hospitals. This is offset by additional income from commissioners for escalation beds.

Statement of Comprehensive Income		Current Year to Date	
	Plan (mc 02) £000s	Actual (mc 03) £000s	Variance (mc 04) £000s
Gross Employee Benefits	(13,412)	(13,652)	(240)
Other Operating Costs	(4,122)	(4,119)	3
Revenue from Patient Care Activities	17,427	17,654	227
Other Operating Revenue	346	346	0
OPERATING SURPLUS/(DEFICIT)	239	229	(10)
Dividends Payable on Public Dividend Capital (PDC)	(459)	(448)	11
RETAINED SURPLUS/(DEFICIT) FOR THE PERIOD	(220)	(219)	1
Reported NHS Financial Performance		Current Year to Date	
	Plan (mc 02) £000s	Actual (mc 03) £000s	Variance (mc 04) £000s
Retained Surplus/(Deficit) for the Period (as above)	(220)	(219)	1
Donated/Government grant assets adjustment	20	20	0
Adjusted Financial Performance Retained Surplus/(Deficit)	(200)	(199)	1

Capital Expenditure

Capital Analysis of Projects	Year to Date (Month 2)			Forecast Full Year Outturn			15/16 Capital Plan by Quarter			
	Plan	Actual	Variance	Plan	Forecast	Variance	Q1	Q2	Q3	Q4
	£000s	£000s	£000s	£000s	£000s	£000s				
Backlog Maintenance Programme	40	40	0	250	250	0	60	60	60	70
Premises and Plant refurbishments	160	160	0	1,000	1,000	0	240	240	240	280
Medical - Equipment	80	80	0	500	500	0	120	120	120	140
COIN (Community IT Network)	200	200	0	400	400	0	400	0	0	0
IM T 2015/16	200	247	47	1,400	1,400	0	300	300	300	500
Gloucester Premises	0	0	0	2,300	900	0	0	0	1,000	1,300
Unidentified Projects	0	0	0	0	1,400	1,400	0	0	0	0
	680	727	47	5,850	5,850	1,400	1,120	720	1,720	2,290

- Year to date spend is £727k out of a full year forecast of £5.85m
- The capital plans allow for the receipt of £600k for land on the Tewkesbury Hospital site. This money is now expected before the end of August 2015
- Capital spend in year will include approximately £1m of spend on projects started and committed in 2014/15 (Milsom Street and Stratton ward)
- A property in Gloucester has been identified and this is likely to come as a business case at a lower value than the £900k included in the plan at present.
- Business cases and proposals are still being received for spend in 2015/16 so forecast remains at £5.85m even though the available funding hasn't been fully allocated at present.

Cash Position

- The Trust actively manages its cash position to ensure that funds are available to meet obligations as they fall due.
- At the end of month 2 the actual balance of cash on hand was £6.63m compared to a plan of £6.64m
- Capital spend is £47k above plan at £727k

All figures £000s	Opening Balance 01/04/2015	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Cash and Cash Equivalents	2,812	7,941	6,641	6,841	6,541	6,741	5,741	5,941	6,141	5,841	6,041	6,241	5,485
Actual	3,328	5,796	6,630										

Contracts

- All main commissioning contracts are signed
- All elements in the contract with the local authority have now been agreed verbally and will be varied into the contract in July. Delays were down to:
 - Health Visitor service transferring from NHS England to the Local Authority from 1st October 2015.
 - Funding for OT laptops and inflations / CIP requirements in s76 OT services
- Recharges to / from Gloucestershire Hospitals NHS FT remain to be agreed through repeated cancellation of contract meetings / calls to resolve (including the £170k disagreement on year end balances). If this is not resolved in July it will be escalated further.

- All current finance risks went to the Performance committee on 16th July.
- The main ones (residual risk above 12) that the Board should be aware of are as below:

Title/ Theme	Description	Controls in place	Gaps in controls	Initial risk			Progress (Action Plan Summary)	Current risk		
				Likelihood	Consequence	Risk Score		Likelihood	Consequence	Risk Score
CIP Delivery failure – Pay Costs	The trust is finding it difficult to deliver the £1.5m of admin pay cost savings targeted in the current year. There is as need to clearly identify tasks no longer required since implementation of system 1 (and other technology solutions) and agree which posts no longer required. Ability to reduce pay costs of clinical roles is impacted by input based commissioning and poor historic record keeping which means that no contract base line has been established and agreed.	CIP Programme board regularly reviews opportunities and is responsible for service transformation needed to deliver savings. Finance engaged with process to agree budget reductions as savings are identified	There is a lack of clarity on commissioned services and volumes means that efficiency savings can be absorbed and lost.	4	4	16	£285k of £1.5m of pay cost savings banked so far (end June 15). Need to identify other opportunities for savings	3	4	12
CIP Delivery failure – Non Pay Costs	£1m of current year CIP target is based on non pay savings targets which focus on service recharges from GHFT, capital charges and depreciation on property and drugs costs from Lloyds	Regular contract board with GHFT to review costings and agree which services are to be reviewed / revised Valuer appointed to revalue properties based on latest guidance Regular contract reviews (with head of medicines management) to develop/agree changes to formulary and buying practices	GHFT contract board meets infrequently with no agreed reciprocal costing principles Unsure of valuations that will result Need to agree budget reductions to stop unit cost savings being offset by additional volumes	4	4	16	£300k of £1m already delivered, plans underway on property and drugs. GHFT not progressing as planned and will now be escalated.	3	4	12
Unable to control and reduce agency spend	Fixed staffing levels combined with high levels of sickness/staff turnover and recruitment difficulties mean that the trust is still paying out large amounts of money each month (apprx £350k per month) for agency staff Issue is compounded by lack of competent framework suppliers and cost effective supply rates. Staffing scarcity is driving up the rates being charged Additional patient complexity is increasing required staffing levels above those that are funded.	Agency staff booked through central point to make sure bank used where possible and best rates obtained Central controls (through DH) being implemented to ensure that only framework rates are paid.	Staffing levels not reported on a “live” basis and reasons for agency usage not tracked. No process for agreeing additional income due from commissioners where higher patient need has led to increased staffing levels	4	4	16	New agency agreements being sought. Roster pro being rolled out so staffing levels are more visible	3	4	12

Change request log

Change Request Log

Number	Who	Description of change	Page Number	Report Change applied to
1	Workforce Team	Change of format of Operational Services contained within template	48	25 th February 2015
2	Director of Nursing	Safety Thermometer snapshot added showing patients with old and new harms within Hospital and Community Settings	12	25 th February 2015
3	Director of Nursing	Removed Safer Staffing Alert Level table and incorporated into Quality Snapshot	34	25 th February 2015
4	Director of Nursing	Inclusion of Medicine Management – ward /department medicine security checklist	20	25 th February 2015
5	Director of Nursing	Inclusion of “ <i>hello my name is...</i> ” campaign narrative	26	25 th February 2015
6	Head of Performance and Information	Friends and Family Test pages revised to reflect revised National reporting requirements	27-29	17 th March 2015
7	Director of Nursing	Non-Executive Directors Quality visit schedule reformatted to show all future visits scheduled including those to be confirmed	54-55	17 th March 2015
8	Director of Nursing	Mortality reviews table updated to include data for 2013/14 to allow comparison with 2014/15	34	17 th March 2015
9	Head of Performance and Information	Inpatient survey expanded to show Core questions and Experience questions	30-31	17 th March 2015

Page numbers refer to page number within the specific report identified that report change applied to

Change Request Log

Number	Who	Description of change	Page Number	Report Change applied to
10	Workforce Team	Change of format of Operational Services and data items contained within template	51	17 th March 2015
11	Head of Performance and Information	Introduction of 'word cloud' provided by CoMetrica to provide visual illustration of Friends and Family Test feedback received in January	28	17 th March 2015
12	Interim Deputy Director of Nursing	Falls in inpatient setting terminology change from injurious falls to falls with harm, and non-injurious falls to falls with no harm	14	17 th March 2015
13	Director of Finance	Charts added to illustrate Mortality reviews as % of Occupied Bed Days per Hospital site and also % of Mortality reviews per Day of the week	33	8 th May 2015
14	Director of Finance	Graphical representations of Key Adult Social Care Indicators	53	8 th May 2015
15	Director of Nursing and Quality	Addition of details of Internal Audit – Clinical Record Keeping	39-41	8 th May 2015
16	Director of Nursing and Quality	Details on National Audit of Intermediate Care benchmarking completed May to August 2014	42-43	8 th May 2015
17	Director of Nursing and Quality	Executive Summary added	3	8 th May 2015
19	Director of Nursing and Quality	NED Quality Visit schedule expanded to include feedback from visit	60-63	8 th May 2015
20	Head of Workforce Transformation	Appraisal and Mandatory Training targets adjusted to 95%	59	8 th May 2015

Page numbers refer to page number within the specific report identified that report change applied to

Change Request Log

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

TPP SystmOne Benefits

Bernie Wood

Head of IT & Clinical Systems Lead

SystmOne Programme Manager

July 2015

TPP SystmOne Benefits

A centralised clinical system that provides healthcare professionals with a complete management system including electronic patient records, patient bookings and referrals.

There are 35 Services on SystmOne and 1,896 staff have been trained

Adult MSKCAT	Child Speech & Language	Heart Failure Team	School Nursing (including IMMs Team)	Children's Community Nursing	IV Therapies Team
Children's Physio	Home Oxygen Assessment Service	Diabetes Team	Children OT	ODNS	Parkinson's Team & Motor Neurone Disease Team
The Key (GCC only)	Adult Speech & Language	Cardiac Rehab	ICT OT & Physio Staff	ICT Cheltenham	ICT Stroud
Home Safety Team	Palliative Care OT's	Respiratory Team	Health Visiting	ICT Cotswolds	Stroke ESD & Stroke Co-ordinators
Tissue Viability Team	CHIS	ICT Tewkesbury	Tissue Viability Team	Complex Care Team	Bone Health Team

Benefits Criteria

9 Key Benefits (please note this list is not exhaustive)

1. Single System

Greater visibility for Clinicians, better communication, improved patient care.

2. Service User Safety

Following a patient's care is easier.

3. Staff Safety

Awareness and knowledge

4. Safeguarding

Safety for the child or adult

5. Clinical Effectiveness

Consistency

Benefits Criteria - continued

6. Reporting and Quality improvements

Richer clinical data capture.

7. Finance and waiting times

Accurate invoicing and improved waiting time management.

8. Carbon footprint

More robust planning.

9. Face to Face and telephone contacts

Improved recorded efficiency.

Service	Activity	13/14	14/15	YOY increase/decrease
Cardiac Rehab	Face to Face	1520	4432	2912
Heart Failure	Telephone Contact	2858	3538	680
IV Therapy	Face to face	415	1124	709
MSK Physiotherapy	DNA	5367	4857	-510

Further Developments to support benefits?

- Re-engineering
- Electronic referrals between systems
- Cameras for videos etc., e.g. Child Gait
- Speech recognition
- Patient portal

Thank you
Any Questions?