

Trust Board

Date: 21 July 2015

Agenda Item: 18

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Presented by: Glyn Howells, Director of Finance

Sponsor: Glyn Howells, Director of Finance

Subject: Annual Report and Accounts

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

Executive Summary:

The Trust is obligated to produce an Annual Report and Accounts which includes its Annual Governance Statement.

The attached is the final draft of the Trust's 2014-15 Annual Report and Accounts which has now been laid before parliament.

It is also noted that both the Annual Governance Statement (section 5) and indeed, the Annual Report and Accounts as a whole, were submitted to the relevant regulators within the requisite timescales.

Recommendations:

The Board is asked to: Receive and note the Annual Report and Accounts

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: No

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	
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Provide innovative community services that deliver health and social care together	
Work as a valued partner in local communities and across health and social care	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
Manage public resources wisely to ensure local services remain sustainable and accessible	P

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

Reviewed by (Sponsor): **Glyn Howells**

Date: **7 July 2015**

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

The Audit and Assurance Committee has delegated responsibility for approving the Trust's Annual Report and Accounts on behalf of the Board.

Thus, the 2014-15 Annual Report and Accounts was approved by the Audit and Assurance Committee at an extraordinary meeting on 3 June 2015.

Explanation of acronyms used:

n/a

Contributors to this paper include::

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ANNUAL REPORT & ACCOUNTS 2014-15



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1. Statement from the Chair



During 2014-15, our second year as a standalone NHS organisation, I believe that we at Gloucestershire Care Services NHS Trust made significant progress towards making a reality of our vision, namely “To be the service that people rely on to understand them and to organise their care around their lives”.

This vision challenges us to always put the people and communities that we serve at the centre of our thinking. It's supported by our Trust strapline - Understanding You - which also charges us with aligning care to service users' own priorities and needs. I trust that this Annual Report and Accounts will ably demonstrate a number of tangible ways in which we have delivered upon these ambitions.

Understanding You

We are not undertaking this journey alone. During the last year, we worked closely with a wide range of partners and stakeholders locally, regionally and nationally. In doing so, we represented our CORE values, and as such were 'Open' and 'Responsible' in engaging with statutory agencies, elected representatives and third sector organisations: similarly, our work with the people who use our services sought to ensure that we deliver the most 'Caring' and 'Effective' community services possible.

This winter, with huge demands upon services, it was particularly evident that the whole health and social care system depends upon strong joint working and cooperation between all parts of our health and social care community.

With this in mind, I would like highlight the following activities in 2014-15:

- throughout the year, Paul Jennings, Chief Executive, and I prioritised our attendance at the Gloucestershire Strategic Forum, which provides an important opportunity to meet with leaders of health and social care organisations serving the county, and allows us to ensure alignment of our strategic plans with those of the wider health and social care community;

- we also regularly attended the Health and Care Overview and Scrutiny Committee (HCOSC) in order to be open to challenge about our Trust's performance and contribution to the wider health and social care system. I was also pleased to be able to work closely with other NHS Chairs and the Gloucestershire County Council Cabinet Lead for Adult Services to give the Committee assurance regarding our continued partnership working at times of pressure. Further, the Trust met informally with HCOSC members to keep them apprised of developments in our services;
- we maintained an open and positive relationship with Gloucestershire Clinical Commissioning Group (GCCG), our major commissioner. In addition to the many formal executive level meetings, the Chief Executive and I met regularly with the GCCG Chair and Chief Officer to assess progress on agreed joint priorities;
- within 2014-15, local NHS Boards, along with social care colleagues, gave time to learning and developing together through Board to Board seminars. This year, I organised one of these sessions on the theme of 'Integration' which was led by Professor Jon Glasby. Another was hosted by Professor Clair Chilvers when Chris Hopson, Chief Executive of NHS Providers led a session on national policy priorities and challenges;
- as an elected representative of Chairs of Community NHS Trusts, I was pleased to serve on the national board of NHS Providers. This gave me opportunity to influence the national agenda on key policy matters, and to ensure that the voice of community trusts generally, and providers in Gloucestershire specifically, was heard;
- Paul and I regularly attended national meetings of Chairs and Chief Executives, and I attended national and regional Chairs' meetings in order to keep abreast of relevant agendas.

Of course, we also work in partnership with a range of organisations and individuals who make significant contribution to local services, and we continue to be indebted to their energy and commitment. Examples of partnerships in 2014-15 included the following:

- we held regular meetings and dialogue with Healthwatch Gloucestershire which acts as the champion of people who use health and social care in the county, and provides them with a voice. In particular this year, I was pleased to share with Dr. Claire Feehily, Healthwatch Gloucestershire Chair, our Engagement Framework, which details our plans to ensure that the views and opinions of services users, their families and communities, inform every aspect of our work. I will continue to update Claire on our progress in implementing this framework;
- our community hospital Leagues of Friends and Friends of Lydney Hospital are a major part of our Trust's life, contributing as they do with volunteers, funds, helpful networks in the community and feedback on our services. Their input is enormous, and to name any one individual would be invidious, but they must know we owe them all a huge debt of gratitude. In 2014-15, I met Chairs of the Leagues, along with Paul, on a regular basis, and they are wonderful examples of 'critical friendship' at its best;



- during the year, I continued to extend the network of third sector organisations to whom we relate. Amongst others, this included meetings with Gloucestershire Voices, Two Rivers Housing Association, Open Door, the Deaf Association, Physical Inclusion Network Gloucestershire (PING) and the Independence Trust. Our longstanding partners from the voluntary sector and self-advocacy groups also continued their relationship
- most importantly, throughout 2014-15, we met with local service users, carers and families. Whether in small focus groups, or as part of a quality improvement or service redesign project, or on a more consultative basis at our Your Care, Your Opinion events, we continued to work with Gloucestershire people to understand them and reflect their needs within our plans for care delivery.

with us through regular meetings of the Your Care Your Opinion Programme Board, which gave us the opportunity to test our thinking and receive feedback from those who use our services;

- we were privileged throughout the year to hear from both frontline service providers and users about their experiences at our public Board meetings. This gave Board members a real insight into what matters to people using the services, and for us to learn more about how and where we can improve;
- throughout this year, Paul and I held a series of meetings with local District Council leaders in order to strengthen our mutual understanding and identify areas for greater joint working. Our schedule started with a visit to Gloucester City Council where we met with the lead for housing, health and leisure. Subsequently, we were welcomed in the Forest of Dean, Tewkesbury, Cheltenham and Stroud, enabling us to have open discussions about the future of services across the county. It also provided clear insight into how the Trust may be able to influence local strategic debates about economic development, employment and education, thereby helping us to play our part as good corporate citizens. We also held meetings during the year with local MPs;



Walkabouts

Another way in which I and my Board colleagues endeavour to engage with individuals is through our on-going programme of quality visits and walkabouts. These give us the chance to see colleagues in action, talk to them about how they are feeling, and speak to the people receiving care. Many of these walkabouts are conducted by the Non-Executive Directors who provide a balanced reflection on what they see on the frontline, and who have been able to identify some areas for quality improvement. In 2014-15, I was very pleased that these included visits to people's homes, which is where most of our services are delivered.

I would highlight the following three examples:

- following a superb presentation by Annie MacCallum, Head of Specialist Services, at one of our Board meetings, I was delighted to visit a clinic run by the Trust's heart failure service and listen to two individual consultations. Both service users provided extremely positive feedback about

their care, and whilst I already knew that our work in this field was nationally recognised, it was nevertheless still an inspiration to hear this directly from the people who matter most;

- in the autumn, I shadowed a care support worker with the children's complex care team, and visited a family with a very disabled small child at home. The visit showed me how highly this service is valued, and the extent of the compassion and skilled care delivered by our colleagues;
- subsequently, I was invited by the Integrated Community Team in Cheltenham to attend two home visits with physiotherapists. Once again, it was very impressive to see colleagues at work, enabling older people to maximise their independence following severe health difficulties.

Quality improvements

Although the examples of care above are really inspiring and a clear testament to the staff involved, the Trust does recognise that quality improvements still need to be made. Thus, in June 2015, we will be publishing our second Quality Account as a standalone Trust. This will look back on the achievements of the last year - particularly against the priorities that we set ourselves in June 2014. It will also identify five areas where we believe we could still do better. Thus, our quality priorities for 2015-16 are:

- to ensure full understanding and learning from the experiences of service users who fall in our community hospitals or who acquire a pressure ulcer;
- to ensure that service users have appropriate access to the highest quality musculoskeletal care;
- to improve our active two-way engagement with service users, carers and families, as well as with GPs, and ensure that everyone knows how they may provide feedback;
- to further develop and enhance our Integrated Community Teams, with particular emphasis given to supporting people in the community with dementia;
- to ensure that we recruit and retain the right staff in the right place at the right time in order to provide the highest possible quality care across Gloucestershire.



Of course, these five priorities, whilst being exceptionally important to us, are not the limit of our ambition - we will also continue to identify and respond to all opportunities to improve our services across the whole of the Trust, in order to deliver services that are caring, safe, responsive, effective and well-led, and that allow us to ensure best possible outcomes for service users, carers and families across Gloucestershire.



Board developments

This year has also seen a number of changes at Board level, which are detailed within this Annual Report and Accounts. I was delighted in 2014-15 to welcome to the Board table, Duncan Jordan in the new post of Chief Operating Officer and Jason Brown as our Director of Corporate Governance and Public Affairs. I was also pleased to welcome Dr Mike Roberts who joined us as interim Medical Director when Dr Joanna Bayley was selected to take part in a major national development programme for clinical leaders.

There were also changes within the Non-Executive Directors - Richard Cryer joined our ranks, whilst in the latter part of the year, Chris Creswick sadly decided to take his retirement. His experience and wisdom are missed, and we wish him well.

Finally, may I take this opportunity to thank and commend all Trust colleagues on a successful 2014-15. A great deal has been achieved for the people we serve, and I look forward to working with you all to build on this in the coming year.

Ingrid Barker

Ingrid Barker
Chair



2. Chief Executive's Report



2014-15 has been a year of exceptional challenge for the NHS nationally. However, I'm extremely proud that within that period, Gloucestershire Care Services NHS Trust has continued to make significant advances in the quality of its care, and has largely delivered against national and local targets.

Moreover, we have achieved these successes whilst maintaining our financial viability, and reporting an end-of-year surplus in line with our original plan. In the current climate, I trust that you'll agree this is some achievement indeed!

In broad terms, our accomplishments in the last twelve months have included the following:

- we continued to develop, implement, embed and refine our portfolio of organisational strategies, which are intended to articulate and steer the Trust's ambitions and activities over the next five years: performance against each of the strategy's quality goals is now routinely monitored, challenged and evaluated at relevant Board sub-Committees;
- we maintained our high-performing, high-quality health and adult social care services despite financial pressures and operational challenges including recruitment: thus in 2014-15, the Trust achieved 85.3% and 74.1% against national and local targets respectively. Whilst it is recognised that this represents a slight decrease in performance compared to 2013-14, the Trust is mindful that there are a number of related metrics which are impacting heavily upon overall scores - in particular, the metrics relating to the MSKCAT wait times (see section 3.4.9 below);
- the Trust's Integrated Community Teams (ICTs) were strengthened further, with countywide roll-out of the rapid response service which supports local people in their own homes. The success of this initiative is evidenced by the fact that on average in 2014-15, referrers advised that 82% rapid response interventions prevented an acute admission;
- we undertook regular acuity audits within our community hospitals so as to ensure that staffing levels were appropriate to need. Equally, we sought

to reaffirm the hospitals' unique place within their local communities - thus, for example, North Cotswolds Hospital recently launched a signposting service through a partnership with Cotswolds Volunteers North which enables people to access a wider network of services such as befriending and community transport. This supports our commissioner's objectives not only to ensure greater emphasis upon prevention and self-care, but also to better utilise the range of available community-based assets;

- we continued the rollout of the SystmOne clinical information system, which since April 2014, has been made available to a further 350 district nurses, 450 child health community workers and 230 occupational therapists and physiotherapists;
- we developed an Engagement Framework so as to ensure that the voice of local service users, carers and families is heard, especially when undertaking service redesign: this is best exemplified by the Trust's recent launch of focus groups initially exploring food and hydration practices. In line with commissioner intentions, this work seeks to both improve the experiences and outcomes for the population of Gloucestershire, but also represents best practice in service user engagement and involvement.



Milestones

Additional to the above, I would also like to reflect upon some of the key milestones of 2014-15 (NB our operational and financial performance in year are detailed in sections 3.4 and 3.5 below):

- I am pleased to report that in 2014-15, we did not have a single "Never Event", nor did we breach core quality standards relating to mixed sex accommodation or MRSA infection;
- throughout the year, we maintained clear oversight of our staffing capacity and capability in line with NHS England recommendations following the Mid Staffordshire Enquiry, and made this information widely available to the public so as to keep them best informed;
- on 22 April, the first group of colleagues to complete the Royal College of Nursing's Leading for Quality Care programme showcased their service improvement projects at a Trust event. Thereafter, throughout the rest of the year, regular cohorts of health and social care practitioners attended this programme which seeks to develop leadership and management skills to enable the improvements in safe, quality person-centred care, and then took learning back to their workplace. The culmination of this activity will be a Leadership Conference to be held in 2015-16;
- at a meeting with the NHS Trust Development Authority ("TDA") on 18 June, it was formally confirmed that the Trust's application to become a Foundation Trust had been approved, and that we were on the "pipeline" towards authorisation. Whilst Foundation Trust status continues to be a clear goal for the organisation, we are mindful that it is not a mission or preoccupation in its own right, but that instead, it will be achieved if we simply continue to focus upon delivering high quality, safe, sustainable health and social care services to the people of Gloucestershire;
- on 24 June, I received a letter signed by David Behan, Chief Executive of the Care Quality Commission, David Bennett, Chief Executive of Monitor, Catherine Dixon, Chief Executive of the NHS Litigation Authority, Simon Stevens, Chief Executive of NHS England, David Flory, Chief Executive of the NHS Trust Development Authority and David Dalton, Chief Executive of Salford Royal NHS Foundation Trust, inviting the Trust to join the Sign Up To Safety campaign, which aims to make the NHS the safest healthcare system in the world. Naturally, I was very happy to commit to this initiative, which continues to be implemented across the Trust;
- on 25 June, the Trust held its first Celebrating You staff awards, which recognised the skills, care and compassion of colleagues across the organisation;



- on 30 June, we seconded a Professional Team Lead for Community Nursing into our HR team, so as to lead a recruitment campaign for community nursing. To date, she has successfully recruited over 90 new nurses which has effectively reduced our reliance on bank and agency staff;
- on 24 November, we attended the local 7-Day Services Vision Workshop, which launched the countywide response to the national initiative to ensure increased service accessibility and improved weekend outcomes for service users: this work continues to be developed;
- during the summer, we successfully recruited to two new posts, namely the Head of Community Hospitals and the Head of Community Nursing. I believe that these posts, together with the strengthening of our Professional Team Leads across the Trust, will make a significant difference in providing expert clinical leadership to some of our core staff groups;
- in December and January, the health system in Gloucestershire was placed under significant pressure due to unprecedented levels of demand, especially upon the urgent care system. During this period, we responded in several ways including:
 - the opening of additional inpatient beds;
 - the introduction of new systems and processes to monitor activity on a daily basis and remain as proactive and responsive as possible;
 - making additional investment in our Integrated Discharge Team so as to move people from acute hospitals to community settings as soon as possible;
 - attending a number of cross-organisational meetings to address and resolve issues with partners in respect of best ways of working.
- on 14 October, we held our first Annual General Meeting (AGM) at Gloucester Rugby Club. This event included a range of interactive exhibitions and activities demonstrating our broad range of services, and was followed by a more formal session which outlined our achievements in our first year as a standalone NHS Trust. In total, over 200 people attended the AGM which proved to be a fantastic showcase for the Trust, as well as an important opportunity for us to engage with the local communities that we serve;

In particular, I would like to acknowledge the great efforts made by colleagues during this difficult time, to ensure that service users were effectively cared for at home, or were treated quickly and efficiently in a community hospital. Many staff worked additional hours and extra shifts, demonstrating both professionalism and pride in maintaining a focus on service user care and safety. I also wish to recognise that learning from last winter will now inform our planning for next year, and to ensure improves resilience and escalation processes;

- on 28 January, Her Royal Highness, The Princess Royal officially opened Tewkesbury Community Hospital, accompanied by Dame Janet Trotter, Lord Lieutenant of Gloucestershire. The Princess met colleagues and service users alike, and showed huge interest in the care that the hospital provides. This really was a special way to mark the formal opening of the hospital, and was an excellent opportunity to celebrate with colleagues, service users and local partners;
- starting in March, myself and the rest of the Executive Team, took turns to attend over 53 venues across the county in order to meet with colleagues, tell them about our future plans, and listen to their concerns and issues. I am determined that such widescale staff engagement events will become regular activity as we move forwards;
- on 26 March, we held a celebration event to thank colleagues for their work in delivering the Health Visitor Call to Action 2011-15 programme. This event recognised that in February, we had reached our annual target, with a workforce of 128.13 whole-time equivalent Health Visitors against the year-end target of 127.32 (we eventually achieved 131.19 by year end). The event also provided an opportunity to show the 15 service improvement programmes underway, demonstrating achievement not only in expanding the numbers of health visitors, but also in strengthening and modernising the delivery of health visiting services to help ensure that children and families have a positive start in life;
- in March 2015, we were pleased to report that we had achieved the required 95% standard for harm-free care, and that we had reported fewer cases of C. difficile infections across 2014-15 than the agreed threshold. This is a tremendous achievement by colleagues, and I would like to thank and commend everyone who contributed to both workstreams.

Organisational Development

Throughout 2014-15, we maintained a clear focus upon the continued implementation of our five year Organisational Development Strategy, in order to help create a sustainable Trust culture that can effectively support the delivery of high-quality, person-centred care across the whole of Gloucestershire.

To support this strategy, in January 2014, we launched the Listening into Action programme as a way of empowering staff to make changes and introduce innovations. The programme resulted in a wide range of quality improvement projects being run by colleagues across the year. Some of these sought to better the working life of staff, but the majority sought to improve the experiences of service users, carers and families.

I am glad to report that the programme was a resounding success, which was celebrated by a Pass It On event in November. More tangible, the Trust-wide survey that we undertook in December, when compared to the survey conducted at the programme start in January, showed that we had made improvement in all fifteen areas that were questioned. However, we do recognise that there is still significant work to do in order to engage and communicate well across the Trust, to support our colleagues in both their work and career development, and to recognise and respond where people are being prevented from working effectively.

For this reason, we are currently running a second year of Listening into Action in order to yield additional return. I am keen that at the end of the process, we will - like other Trusts - be able to demonstrate positive impact upon clinical outcomes, waiting times, mortality rates, staff morale, staff sickness levels, and leadership style and culture.



Looking to the future

In 2015-16, we will be seeking to build upon the successes and activities described above. In particular, we will be looking to:

- finalise our five year Integrated Business Plan and Long-Term Financial Model, ensuring that this is fully aligned with local commissioning intentions;
- achieve the best possible outcomes in the Chief Inspector of Hospitals assessment scheduled for June 2015, by demonstrating the excellent care that is provided by the Trust on a daily basis across the county;
- continue to extend Integrated Community Teams with workstreams dedicated to the introduction of mental health and well-being services, and adoption of a case management strategy;
- ensure a more integrated pathway approach to care delivery that transcends organisational boundaries, and represents true partnership working across all providers including the voluntary sector;

- continue to scope the most effective and efficient means to deliver relevant seven day services, focussing on the national clinical standards;
- explore innovative ways in which to recruit to newly redefined clinical positions which will best meet service user and business need, and thereafter offer the best possible professional development opportunities to colleagues so as to optimise appropriate retention.

I look forward to reporting progress against these priorities in next year's report.

Paul Jennings

Paul Jennings
Chief Executive

3. Strategic Report



3.1 Trust Establishment Order

The Trust is established under the Statutory Instrument (SI) 2013 No. 531 which came into effect at the time of the Trust's authorisation on 22 March 2013.

Subsequently, an Amendment Order was made, namely Statutory Instrument (SI) 2014 No. 358. This was issued on 17 February 2014 and came into force on 10 March 2014. It updated the original Establishment Order of 2013, by recognising that in addition to the Chair, the Trust then had four Executive Directors (voting) and six Non-Executive Directors (voting).

Both the Establishment Order and Amendment Order confirm that the accounting date of the Trust is 31 March.

3.2 Trust financial reporting standards

The accounting information within this Annual Report and Accounts has been prepared in line with the guidance contained in the Department of Health Group Manual for Accounts (MfA) 2014-15. The accounting policies of that Manual meet the Government Financial Reporting Manual (FReM) 2014-15 requirements, which in turn observe International Financial Reporting Standards (IFRS) and Companies Act mandates as appropriate.

The Trust is pleased to confirm that it has met all of its statutory financial duties for 2014-15, and that its financial performance is wholly in line with the plans and expectations approved by the Trust Board prior to the year start. The Trust believes that this demonstrates not only the financial strength of the Trust, but also the effectiveness and robustness of its financial planning, monitoring and control.

DID YOU KNOW THAT IN 2014-15...

...the Trust recorded 1,124,198 individual contacts with service users: this represents almost 2 contacts per person living Gloucestershire.

3.3 Overview of the Trust and its services

The Trust was established in March 2013, with the remit to provide high quality, accessible community and specialist NHS services across Gloucestershire. The Trust currently employs approximately 2,700 staff including nursing, medical and dental staff,

allied healthcare professionals, as well as support service, administrative and clerical workers. During 2014-15, the Trust also managed approximately 800 social workers and reablement workers from Gloucestershire County Council which enables the delivery of integrated adult health and social care services across the county.

DID YOU KNOW THAT IN 2014-15...

...96.4% people said that they would be "likely" or "extremely likely" to recommend the Trust's services (based on results of the Friends and Family Test which in 2014-15, surveyed 14,904 people across all of the Trust's settings and services).

The Trust's portfolio of services is delivered in people's own homes, community hospitals, community clinics, outpatient departments, schools and GP practices. The Trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings.

The Trust's services are principally commissioned by the Gloucestershire Clinical Commissioning Group (CCG), although income is also received from a number of other sources including NHS England and the Local Authority.



3.3.1 Local environmental, social and community issues

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

The county’s population stands at approximately 605,000, two fifths of whom live in the city centres of Gloucester and Cheltenham. Moreover, the population is rapidly increasing, with Gloucester accounting for the greatest growth in population size in the county.

Like the national average, the population profile in Gloucestershire is increasingly ageing, with people aged 65+ representing the fastest growing demographic in the county: indeed, it is anticipated that by 2021, people aged 65+ will constitute more than 22% of the county’s overall population (compared to 19% currently), and that there will be a significant increase in the number of people aged 85+.

An ageing population means that there will be an increasing number of people living in Gloucestershire with long-term health conditions such as heart disease, diabetes and dementia. This has significant implications for demand on health and social care services: for example, national statistics show that the care of people with long-term conditions accounts for 70% of the money spent on health and social care in England.

The ageing population is also likely to be a contributory factor in the increasing number of unpaid carers in the county. Census data from 2011 indicates that there are 62,600 informal carers in the county, equivalent to 10.5% of the population. Moreover, the number of carers has risen by 12.8% since 2001, and is projected to rise by a further 12% by 2017.

Overall, the health of the general population in Gloucestershire is good. Life expectancy is above the national average, and over the last ten years, mortality rates have fallen. However, there are significant variations in prosperity and health between different localities.

Thus, whilst Gloucestershire is a relatively prosperous county, there are distinct pockets of deprivation which are linked with poorer health outcomes and reduced life expectancy: this includes approximately 44,000 residents who live in areas that fall into the

20% most deprived in England (these are located mainly in Gloucester and Cheltenham). As a result, life expectancy is 7.9 years lower for men and 5.8 years lower for women in the most deprived areas of the county compared to the least deprived areas (data from 2010-12). Similarly, the three main causes of death locally - namely, circulatory diseases (heart disease and stroke), cancers and respiratory disease - are more prevalent in the deprived areas of Gloucestershire.

DID YOU KNOW...

The population of Gloucestershire includes:

- 51% women compared to 49% men, reflecting national averages;
- more people aged 65+ than the England average, particularly in the rural districts of the Cotswolds and Forest of Dean: this includes an estimated 8,667 people aged 65+ living with dementia;
- fewer people who are single or separated than the England average, but more who are married, divorced or widowed;
- a majority of new mothers aged 25-34, reflecting the national trend of later motherhood;
- nearly 92% people who classify themselves as White British, with the Black Minority Ethnic populations considerably smaller (under 5%) than the national average (14.6%). The travelling community represents 0.9% of the local population;
- a smaller proportion of disabled people than the England average (16.7% people with a long-term limiting illness or disability, compared with 17.6% in England: however, this rises to 19.6% in the Forest of Dean);
- 1 in 10 people who provide unpaid care to a friend or relative, which is equivalent to the England average;
- 7% of households which are deemed highly vulnerable to social isolation. These households tend to be associated with the main urban centres and the fringes of rural market towns, especially in the Forest of Dean and Cotswolds districts.

It is not just people living in areas of deprivation that are prone to poorer health outcomes. Certain individuals or groups of people also tend to be more vulnerable because of a combination of physical, mental and/or social factors. People with learning disabilities, for example, experience poorer health than the general population, but are less likely to seek or receive appropriate health care, and as a result, often die at a younger age. Other groups known to experience worse health outcomes, include the traveller community, offenders, people with mental health conditions and children in care.

Lifestyle factors also have a significant impact on the health and wellbeing of Gloucestershire’s population. Overall, the county’s levels of smoking, drinking, obesity and physical activity are similar or better than the national average: thus, 17.5% adults smoke in the county, 23.6% are drinking above the recommended levels, 24.7% are obese and 25.2% are classified as inactive. However as above, research suggests that there is a strong correlation between unhealthy lifestyle behaviours and deprivation, and so rates vary across localities and between groups of people i.e.:

- smoking rates rise to 28.2% in those working in routine and manual professions in the county, and are as high as 36.9% among routine and manual workers in Cheltenham;
- Gloucester and Cheltenham both have considerably higher rates of alcohol-related hospital admissions than the national average;
- In Tewkesbury, the percentage of adults classified as overweight or obese is well above the national average.

3.3.2 Integrated Community Teams

The Integrated Community Teams (ICTs) bring social workers and reablement workers from Gloucestershire County Council together with the Trust’s physiotherapists, community nurses and occupational therapists to make single teams.

These ICTs work closely with local GPs and provide care to service users at home or close to home. As such, they help people to be in control of their choices, and to maintain their independence safely and appropriately.

Teams are focused on:

- helping people manage their complex or long-term conditions at home;

- reducing unnecessary hospital admissions;
- providing high levels of support and monitoring during periods of recovery;
- enabling people to receive care at a time to suit them.

The ICTs also provide access to a rapid response service, which operates 24 hours a day, 7 days a week. This service offers assessment in the home for people who require urgent care within an hour, thereby avoiding the need for hospitalisation.

DID YOU KNOW THAT IN 2014-15...

- Within the Integrated Community Teams, community nurses alone cared for 20,996 individual service users.
- The average age of a service user seen by the Integrated Community Team’s community nurses was 78.3 years: this is an increase on the average age in 2013-14 which was 77.5 years, demonstrating the ageing population of Gloucestershire.
- The rapid response service received 1,381 referrals.
- 82% referrers (including GPs) reported that a referral to the rapid response service had avoided a hospital admission or attendance.



3.3.3 Community hospitals

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

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

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

Each community hospital provides the following services:

- community inpatient rehabilitation and semi-acute care beds;
- outpatient services including a varied range of nurse led and therapy services and clinics;
- X-ray facilities;
- Minor Injuries and Illness Units which can save people from unnecessarily attending the Emergency Departments in Gloucester and Cheltenham, and which can treat a range of less serious conditions and ailments such as sprains, simple fractures that may need x-rays and plastering, wounds that may need stitches, minor burns etc.

A number of the hospitals also provide access to day surgery / endoscopy services in partnership with other provider organisations.



DID YOU KNOW THAT IN 2014-15...

- The Trust recorded 68,560 inpatient bed days. This means that 94.2% available beds in community hospitals were occupied every single day.
- The average length of stay for 95% service users in a community hospital was 14.8 days.
- The average age of people admitted to the Trust's community hospitals was 82.2 years.
- There were 68,374 attendances at the Trust's Minor Injuries and Illness Units with 95.3% service users seen, treated and discharged in under 2 hours, and 99.8% seen, treated and discharged in under 4 hours.
- The average time from a service user's arrival at a Minor Injuries and Illness Unit to their treatment was 24 minutes.

3.3.4 Adult countywide and specialist services

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

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

• Specialist Services

The Trust's specialist nursing and social care teams provide expert care for people needing support with, for example, bone health, heart failure, respiratory conditions, tissue viability, Motor Neurone Disease, Parkinson's disease and homeless healthcare.

• Therapy Services

The Trust's specialist therapists provide physiotherapy, speech and language therapy, podiatry and occupational therapy, as well as MSKCAT (Musculoskeletal Clinical Assessment and Treatment) services which provide an alternative to surgery.

• Community Dental Services

The dental service provides special care dentistry on referral for people with significant special needs including complex medical conditions, specific learning needs, and physical or mental health impairments. The service also provides urgent pain appointments for people who do not have a regular dentist, or who experience an out-of-hours dental emergency. This is a nurse-led triaged service.

• Sexual Health Services

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

• Independent Living Services

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

• Health Improvement Services

The Healthy Lifestyles Team provides countywide advice and treatment to help people stop smoking. In addition, the team offers targeted interventions to support individuals and groups to adopt healthy lifestyles, and enables access to the Expert Patients' Programme which is a self-management programme for people living with chronic long-term conditions.



DID YOU KNOW THAT IN 2014-15...

- Trust specialist nurses had 59,354 contacts with 15,897 service users: this represents a 358% increase in contacts compared to 2013-14, and a 208% increase in the number of service users seen.
- Specialist nurses contacts included 10,088 contacts by the heart failure team, 9,163 contacts by the cardiac rehabilitation service and 6,514 contacts by the diabetes team.
- The podiatry service treated 22,296 individual service users.
- The dentistry service treated 11,616 service users.
- The sexual health service had 29,750 contacts with service users, and delivered 18,484 chlamydia screens to 15-24 year olds either through core services or with partner organisations (including GP's and pharmacies).

3.3.5 Children and young people's services

The Trust also offers a range of services tailored to the needs of children and young people, and provides a coordinated approach to children's health. Teams include:

- health visitors who help families with children aged 0-5 years, to lead as healthy a life as possible, both physically and emotionally;
- children's physiotherapy, occupational therapy and speech and language therapy, which provide specialist assessment, advice and treatment planned around the individual needs of the child and their family;
- children's community nurses who care for children with specific medical issues, including life-limiting conditions;
- school nurses who work with children and young people aged 5-19 years in the community, whether they attend school or not. These nurses play a vital role in children's development, carrying out immunisation and screening programmes, and acting as a point of contact for managing medical conditions such as allergies and anaphylaxis, asthma and epilepsy.

DID YOU KNOW THAT IN 2014-15...

- The Trust’s specialist therapy services treated 8,974 children and young people.
- The Trust’s Health Visitors conducted 8,181 two year checks.
- 2,952 girls aged 12-13 received their first HPV immunisations during the 2014-15 academic year (to the end of April 2015).
- 6,229 reception school year children (94.29%) and 5,521 year 6 school year children (87.63%) had their height and weight measured in the 2014-15 school year as part of the National Childhood Measurement Programme (to the end of April 2015).



3.3.6 Support services

The clinical and care services described in sections 3.3.2-3.3.5 above are supported by a range of corporate functions such as human resources, finance, performance, governance and risk management. Additionally, the service user experience team provides a key point of contact for service users, their families and carers.

3.3.7 Equal opportunities

The Trust is fully committed to ensuring equal opportunities, and this is reflected by both its accreditation by Investors in People and also its registration by Mindful Employer. It is also confirmed by the Trust’s Equality and Human Rights Policy, which articulates that:

- all recruitment takes place in accordance with the organisation’s Recruitment and Selection Policy and Procedure, which sets down how equal opportunities are implemented;
- advertising seeks to attract suitably qualified, skilled and experienced candidates from all sections of the community and the existing workforce;
- where there is an identified need, the Trust takes positive action to try and encourage a diverse range of applicants;

- everyone who applies for a job or promotion within the Trust receives fair treatment and is considered solely on their ability to do the job. Furthermore, no applicant is placed at a disadvantage by requirements or conditions that are not essential for the performance of the job;
- appropriate training is available to ensure that those responsible for making selection decisions do not discriminate, consciously or unconsciously, when making such decisions;
- all employees have access to regular supervision, an annual review of their performance, and a personal development plan which identifies their training needs;
- the reasons for choosing certain employees for training is clear and based on sound judgements;
- the Trust publishes equal opportunities monitoring information.

It is noted that as of 31 March 2015, the following gender distributions applied within the Trust:

- 53.3% Trust Directors (both Executive and Non-Executive) were female, and 46.7% were male;
- 82.1% senior managers (bands 8a to 8c) were female, and 17.9% were male;
- 91.1% Trust colleagues were female, and 8.9% were male.

3.4 Operational Performance 2014-15

Throughout 2014-15, the Trust continued to deliver a high quality of care, exemplified by the data in the tables 1-3 below. These show the Trust’s performance in year against a number of key criteria by which the organisation is measured and monitored both nationally and locally by its commissioners, Gloucestershire Clinical Commissioning Group. In summary, the Trust performance against targets in 2014-15 is as follows:

Table 1: Overall Trust performance 2014-15

Target	Red	Amber	Green	Total	Red	Amber	Green
National	3	2	29	34	8.8%	5.9%	85.3%
Local	4	3	20	27	14.8%	11.1%	74.1%
Total	7	5	49	61	11.5%	8.2%	80.3%

Specifically, these relate to the indicators below:

Table 2: Trust performance against national indicators 2014-15

National Indicator		Target	2014-15
CARING			
Friends and Family Test			
1	Percentage of people discharged from a Minor Injuries and Illness Unit who completed the Friends and Family Test (see section 3.4.1 below)	20%	19%
2	Percentage of people discharged from an inpatient unit who completed the Friends and Family Test	30%	40%
Mixed sex accommodation			
3	Number of non-exempt instances whereby a service user was not able to sleep in a same sex ward or bay	0	0
SAFE			
Infection control			
4	Number of cases of post 48 hour Clostridium difficile infection within community hospitals	21	17
5	Number of cases of MRSA bacteraemias infection	0	0
Venous thromboembolism (VTE)			
6	Percentage of relevant inpatients risk assessed for VTE	95%	98.2%
Safety Thermometer			
7	Percentage of people reported via the Safety Thermometer census as receiving harm-free care (see section 3.4.2 below)	95%	92.6%
RESPONSIVE			
Primary Care Centres			
8	Percentage of service users who were assessed as an emergency and who received a face-to-face consultation in a Primary Care Centre within 1 hour	95%	100%
9	Percentage of service users who were assessed as urgent and who received a face-to-face consultation in a Primary Care Centre within 2 hours (see section 3.4.3 below)	95%	93%
10	Percentage of service users who were assessed as less urgent and who received a face-to-face consultation in a Primary Care Centre within 6 hours	95%	98%

National Indicator		Target	2014-15
RESPONSIVE			
Minor Injuries and Illness Units (MIIUs)			
11	Percentage of service users who were seen, treated and discharged within 4 hours by an MIIU	95%	99.82%
12	Number of people who waited on a trolley in an MIIU for more than 12 hours	0	0
13	Average time spent by a service user in an MIIU from arrival to departure	Less than 4 hours	1 hour 58 minutes
14	Average time before the initial assessment for those arriving at an MIIU by ambulance	Less than 15 minutes	Average 11 minutes
15	Number of people for whom the handover from an ambulance to an MIIU was longer than 15 minutes and who waited more than 30 minutes	0	0
16	Number of people for whom the handover from an ambulance to an MIIU was longer than 15 minutes and who waited more than 60 minutes	0	0
17	Average time to treatment in an MIIU	Less than 60 minutes	Average 24 minutes
18	Percentage of people who re-attended an MIIU within 7 days of discharge where the second visit was unplanned and for the same minor injury / illness as the original visit (see section 3.4.4 below)	Less than 5 %	5.4%
19	Percentage of people who left an MIIU without being seen	Less than 5%	0.7%
HPV immunisations			
20	Percentage of 12-13 year old girls who have been given the 3-dose Human Papillomavirus (HPV) immunisation (NB this is an on-going measure as it relates to the whole of the 2014-15 school year)	70% at the end of March 2014	85.6%
Childhood Measurement Programme			
21	Percentage of children in reception school year whose height and weight have been recorded (NB this is an on-going measure as it relates to the whole of the 2014-15 school year)	95% at the end of March 2014	95.4%
22	Percentage of children in school year 6 whose height and weight have been recorded (NB this is an on-going measure as it relates to the whole of the 2014-15 school year) (see section 3.4.5 below)	95% at the end of March 2014	88.9%
Newborn hearing screening			
23	Percentage of newborn children whose hearing was checked	95%	100%
24	The percentage of well newborn children whose hearing was checked within their first 5 weeks of life	More than 95%	98.5%
Newborn bloodspot screening			
25	Percentage of newborn children whose blood was screened for rare but serious disease	95%	100%
26	Percentage of newborn children whose blood screening results were available by the child's 17th day of life	95%	95%
Health visitors			
27	Number of full-time Health Visitors employed by the Trust	127.32	131.19

National Indicator		Target	2014-15
RESPONSIVE			
Diagnostic wait times			
28	Percentage of service users who waited less than 6 weeks from referral for a diagnostic test provided by the Trust	More than 99%	100%
Cancelled operations			
29	Number of urgent operations that were cancelled twice	0	0
30	Number of service users who had their operation cancelled for non-clinical reasons and who were not offered another binding date within 28 days	0	0
Data quality			
31	Percentage of records from Minor Injuries and Illness Units that had a valid NHS number recorded for the service user	99%	99.6%
32	Percentage of records from inpatient units that had a valid NHS number recorded for the service user	99%	99.9%
33	Percentage of records from outpatients that had a valid NHS number recorded for the service user	99%	99.9%
34	Percentage of social care data sets held by the Trust for which valid NHS numbers were recorded	80%	81.4%

Table 3: Trust performance against local indicators 2014-15

Local Indicator		Target	2014-15
RESPONSIVE			
Adult community and therapy services - referral to treatment times			
1	Percentage of service users seen and treated by the speech and language therapy service within 8 weeks of referral (see section 3.4.6 below)	95%	92%
2	Percentage of service users seen and treated by the podiatry service within 8 weeks of referral (see section 3.4.7 below)	95%	90%
3	Percentage of service users seen and treated by the occupational therapy services within 8 weeks of referral	95%	99%
4	Percentage of service users seen and treated by the adult physiotherapy service within 8 weeks of referral	95%	97%
5	Percentage of service users seen and treated by the occasional wheelchairs service within 8 weeks of referral	95%	100%
6	Percentage of service users seen and treated by the Parkinson's nursing service within 8 weeks of referral	95%	99%
7	Percentage of service users seen and treated by the diabetic nursing service within 8 weeks of referral	95%	98%
8	Percentage of service users seen and treated by the bone health service within 8 weeks of referral (see section 3.4.8 below)	95%	93%
9	Percentage of service users seen and treated by the musculoskeletal service within 8 weeks of referral (see section 3.4.9 below)	95%	80%
Stop Smoking service			
10	Number of smokers who have successfully quit	1,632	1,646

Local Indicator		Target	2014-15
RESPONSIVE			
Musculoskeletal Clinical Assessment and Treatment Service			
11	Percentage of service users seen and then referred onto secondary care	Less than 30%	4%
12	Percentage of service users who were referred onto secondary care within 2 days of the decision to refer	100%	100%
13	Percentage of routine service users being referred and seen within 4 weeks of referral (see section 3.4.9 below)	95%	41%
14	Percentage of urgent service users being referred and seen within 2 weeks of referral (see section 3.4.9 below)	95%	79%
Single Point of Clinical Access			
15	Percentage of abandoned calls	Less than 5%	4.3%
16	Percentage of calls resolved with an agreed onwards plan within 20 minutes	95%	95.5%
Delayed transfers of care			
17	Average number of service users per month delayed for onwards transfer to another care setting (including home)	10	2
Early supported discharge			
18	Percentage of new service users assessed within 2 days of notification	95%	98%
19	Percentage of service users discharged within 6 weeks	95%	99%
Sexual health services			
20	Number of young adults (15-24 year olds) who had a positive screening for chlamydia (see section 3.4.10 below)	1,429	1,014
21	Percentage of service users seen and treated by the contraception service within 8 weeks of referral	95%	99%
22	Percentage of service users seen and treated by the HIV service within 8 weeks of referral	95%	100%
23	Percentage of service users seen and treated by the psychosexual service within 8 weeks of referral	95%	98%
24	Percentage of terminations carried out within 9 weeks and 6 days of gestation	80%	84%
Children and young people's services			
25	Percentage of service users seen and treated by the children's speech and language therapy service within 8 weeks of referral	95%	98%
26	Percentage of service users seen and treated by the children's physiotherapy service within 8 weeks of referral	95%	98%
27	Percentage of service users seen and treated by the children's occupational therapy service within 8 weeks of referral	95%	99.4%

Additionally, the Trust is required to report against the indicators of the Accountability Framework that is monitored by the NHS Trust Development Authority. Details of these indicators are given in section 5.7.2 below.

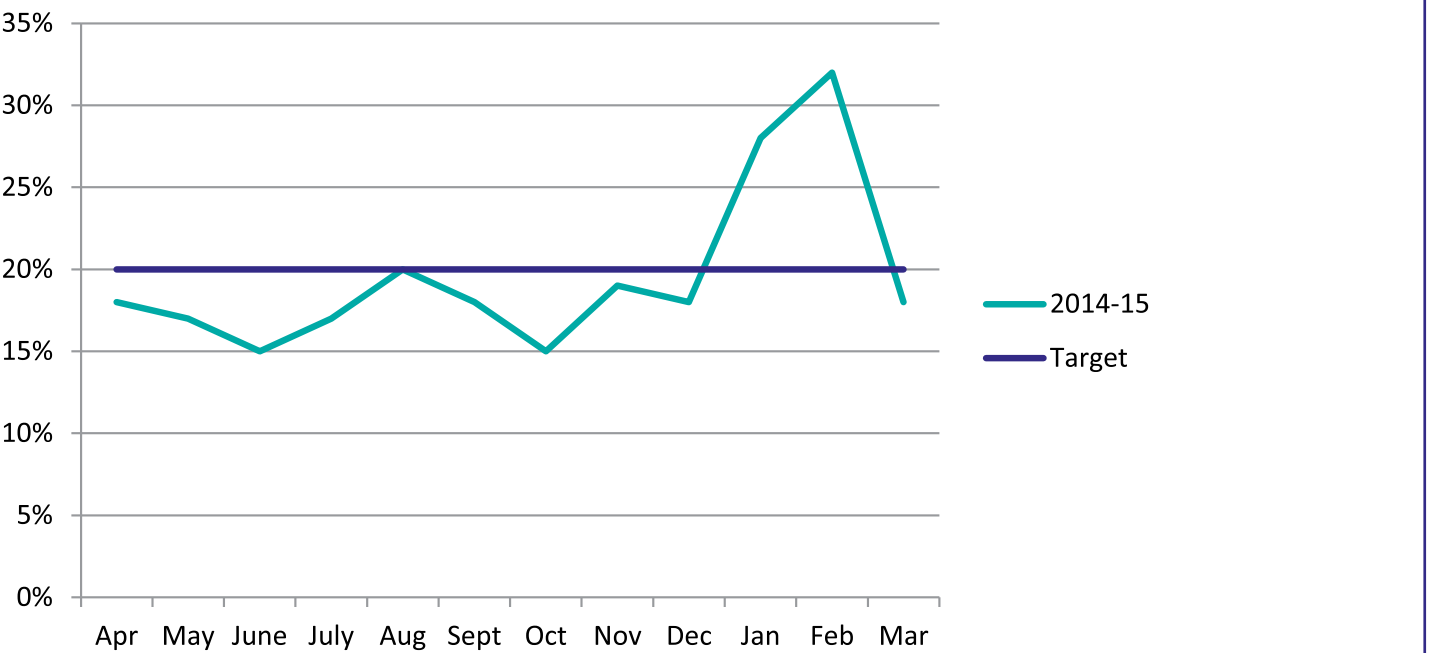
Given the above performance, there are a number of key areas which the Trust would wish to highlight, where it has achieved a result below its targeted level. Actions to improve performance in 2015-16 are therefore given in sections 3.4.1 - 3.4.10 below.

3.4.1 Friends and Family Test response rates

The Friends and Family Test is a survey that allows people to give feedback on the quality of care they have received. It is based on the use of one principal question: How likely are you to recommend our services to friends and family if they needed similar care or treatment?

Throughout the whole of 2014-15, the Trust asked service users to complete the Friends and Family Test following their visit to a Minor Injuries and Illness Unit. Response rates are shown below:

Chart 1: Friends and Family Test: Minor Injuries and Illness Units response rates 2014-15 against target



This clearly shows that for the first 9 months of the year, the Trust under-performed against its target of 20% response rates. However, by working closer with relevant staff in the Minor Injuries and Illness Units, the Trust was able to encourage them to more effectively promote the Friends and Family Test to all service users. This yielded significant results in January and February where the target was exceeded - it was therefore especially disappointing that in March, performance again dropped under the threshold.

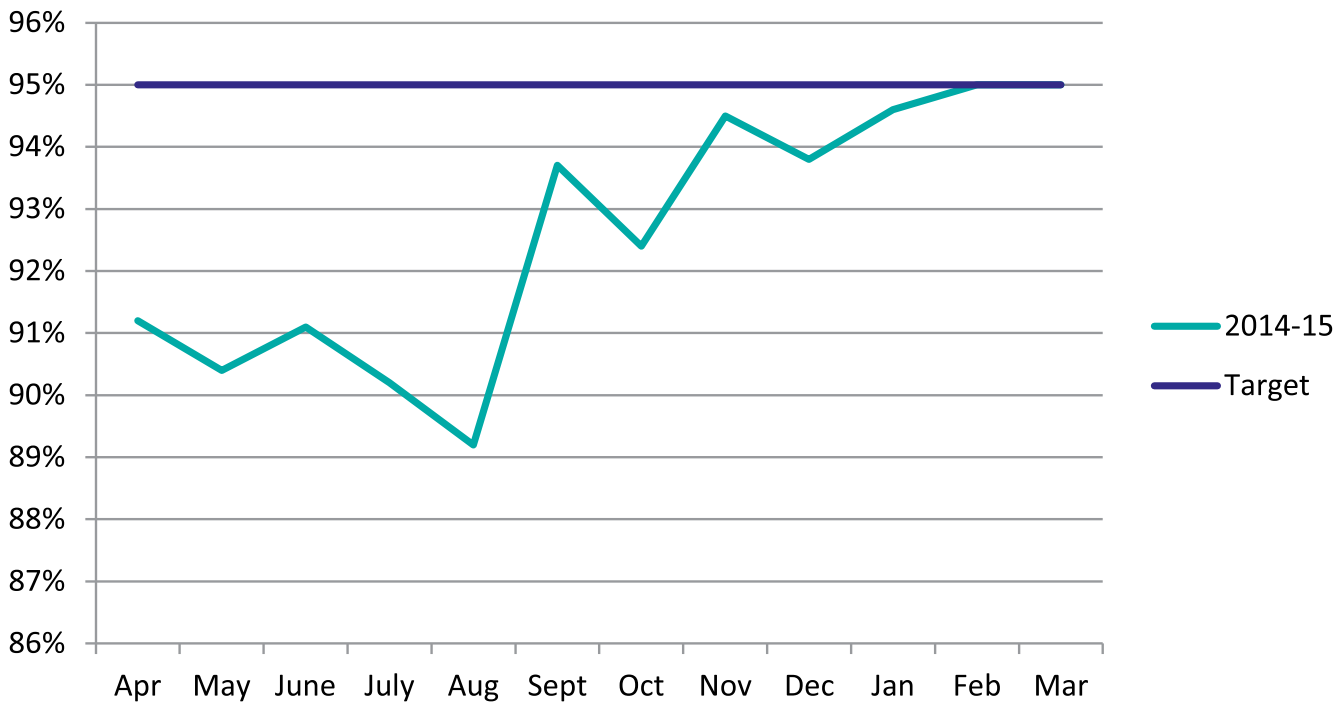
The Trust is now looking in more detail at those Minor Injuries and Illness Units whose performance does not compare against its peers (i.e. in March, Lydney Minor Injuries and Illness Unit only achieved 7% response rate compared to a 42% response rate in North Cotswolds). As a result, the Trust aims to provide increasingly targeted support to achieve sustainable improvement.



3.4.2 Safety Thermometer

The NHS Safety Thermometer is a national tool that provides a way to measure and compare performance in four key areas of service user safety, namely falls, pressure ulcers, venous thromboembolism and urinary tract infections in people with a catheter. The Trust’s performance against the Safety Thermometer target in 2014-15 is shown below:

Chart 2: Safety Thermometer performance 2014-15 against target



Thus, although the average performance for the Trust in 2014-15 was only 92.6% compared to the target of 95%, the Trust did reach the 95% target in both February and March. This followed a period in which the Trust had given particular scrutiny to this key indicator (NB the resultant improvement is also evident when compared to the Trust’s performance in 2013-14 of just 89.6%).

In order to maintain the 95% at minimum, and improve wherever possible, the Trust will be undertaking the following actions in 2015-16:

- reviewing and updating all relevant staff training, information and support in order to assist clinical teams in their understanding and application of Safety Thermometer harm-free standards;
- assessing Safety Thermometer data in relation to other organisational intelligence in order to identify themes and trends which will give better understanding about the overall quality of provided care;
- introducing ‘safety huddles’ at all community hospitals - these dedicated meetings will serve to review any safety incident, and ensure that resources are appropriately deployed to reduce risks;
- piloting the use of both alternative therapies and increased activities in community hospitals, so as to provide calm and occupation for agitated service users who are at increased risk of falls;
- ensuring that as SystmOne is rolled out into the community hospitals as the main electronic clinical system, it is able to automatically alert staff as to the requirement to complete the falls risk assessment upon the admission of inpatients;
- implementing the NICE Falls Care Pathway across all community hospitals. This will include the need to deliver improved information for service users and carers, and inform all other health and social care providers about the risk of falls when a service user is discharged;

- conducting environmental audits at all Trust sites in order to identify any changes which would reduce the risk of falls;
- classifying pressure ulcers that are deemed avoidable in the Trust’s care as a “Never Event”, signalling the significance that will be placed upon providing harm-free care;
- ensuring that the grading of pressure ulcers is increasingly consistent and accurate, and that all new national guidelines are observed.

3.4.3 Primary Care Centre wait times

During 2014-15, the Trust did not meet the target to provide 95% service users assessed as urgent with a face-to-face consultation in a Primary Care Centre within 2 hours: nevertheless, the Trust did meet the target to provide similar consultations for those assessed as an emergency (1 hour) and less urgent (6 hours). This was as a result of the following issues:

- the initial assessment as to whether emergency, urgent or less urgent response was required, was undertaken by NHS111, and did not always represent the actual level of a person’s need upon their presentation at a Primary Care Centre;
- there were an increasing number of divers from the Emergency Departments in the acute hospitals in Gloucester and Cheltenham to the community-based Primary Care Centres;
- across the community, there were a number of key GP retirements;
- there was uncertainty about the future of the out-of-hours service which was tendered by commissioners in 2014-15 and which therefore impacted upon GP commitment;
- the Trust experienced difficulty in filling shifts in the more rural Primary Care Centres such as that at the Dilke Memorial Hospital;
- national changes in GP pensions made it less attractive to work additional shifts in out-of-hours services.

It is noted however that despite periods of higher demand, the Trust continued to provide a consistent level of service at its Cheltenham, Gloucester, Stroud, Vale and North Cotswolds Primary Care Centres. Where services fell below target (namely, at Dilke, Tewkesbury, Cirencester and Lydney), the Trust maintained open dialogue with its commissioners. Moreover, service users who arrived at Primary Care Centres that were delayed, were seen by the Trust’s Minor Injuries and Illness Unit where appropriate, or directed via NHS 111 to a telephone triage consultation and subsequent Primary Care Centre appointment if appropriate: alternatively, and depending upon service user need, a home visit was booked or a referral was made to the rapid response service.

It is also noted that throughout the period of delay, there was no corresponding increase in the number of service user complaints or incidents, suggesting that there was minimal impact upon people’s experiences.

3.4.4 MIIU re-attendances

The data suggests that in 2014-15, the Trust experienced a higher percentage of people who re-attended a Minor Injuries and Illness Unit within 7 days of discharge where the second visit was unplanned and for the same minor injury / illness as the original visit. However, this data does not reflect that the majority of these re-attendances were for the routine practice of replacing dressings, which is activity that cannot be recorded as planned. Thus, the Trust does not believe that the reported rating reflects its performance, and so in 2015-16, will be looking to clarify this indicator, so that it is not similarly disadvantaged.

3.4.5 School measurement programme

The Trust is confident that it will meet the target to record the height and weight of year 6 school children by the end of the academic year (July 2015): the reported under-performance is due solely to the planned trajectory for delivery not aligning to the annual school schedule.

3.4.6 Speech and language therapy wait times

The speech and language therapy service first failed to meet its target to see 95% service users within 8 weeks of referral in November 2014. This was due to the resignation of several qualified staff, and the difficulty in recruiting specialist therapists who need to be dysphagia trained in order to aid the 70-80% service users on the caseload who require this particular support. The service was also heavily impacted by strong demand, especially in Stroud, Gloucester and Cheltenham.

Despite only a small dip in performance over the course of the year, a recovery plan was developed and shared with commissioners. Practical improvements were also made, including the recruitment of locum staff, with other members of the team providing cover wherever possible.

Additionally, the service is currently looking at more innovative ways of addressing the human resource issues including skill mixing of existing posts.

3.4.7 Podiatry wait times

In 2014-15, the podiatry service’s performance was negatively impacted by three issues: these were:

- a consistent increase in demand estimated at 3% year-on-year, coupled with additional complexity of service users;
- the introduction of the SystmOne clinical system which commenced in March 2014, and which temporarily reduced the appointment capacity to 50% to allow training to take place, a position from which the service subsequently struggled to recover;
- significant turnover of staff, staff sickness absence and challenge in recruiting suitably qualified staff to vacancies.

As a result, the average percentage of service users waiting to be seen less than 8 weeks after referral across 2014-15, was only 90%: however, it is noted that intense work by the administrative team to reduce the waiting list and match the correct number of available new slots to the individual specialists’ appointments, resulted in a position where by February, the service had recovered and was again reporting compliant wait times. In 2015-16, the service aims to maintain this position.

3.4.8 Bone health wait times

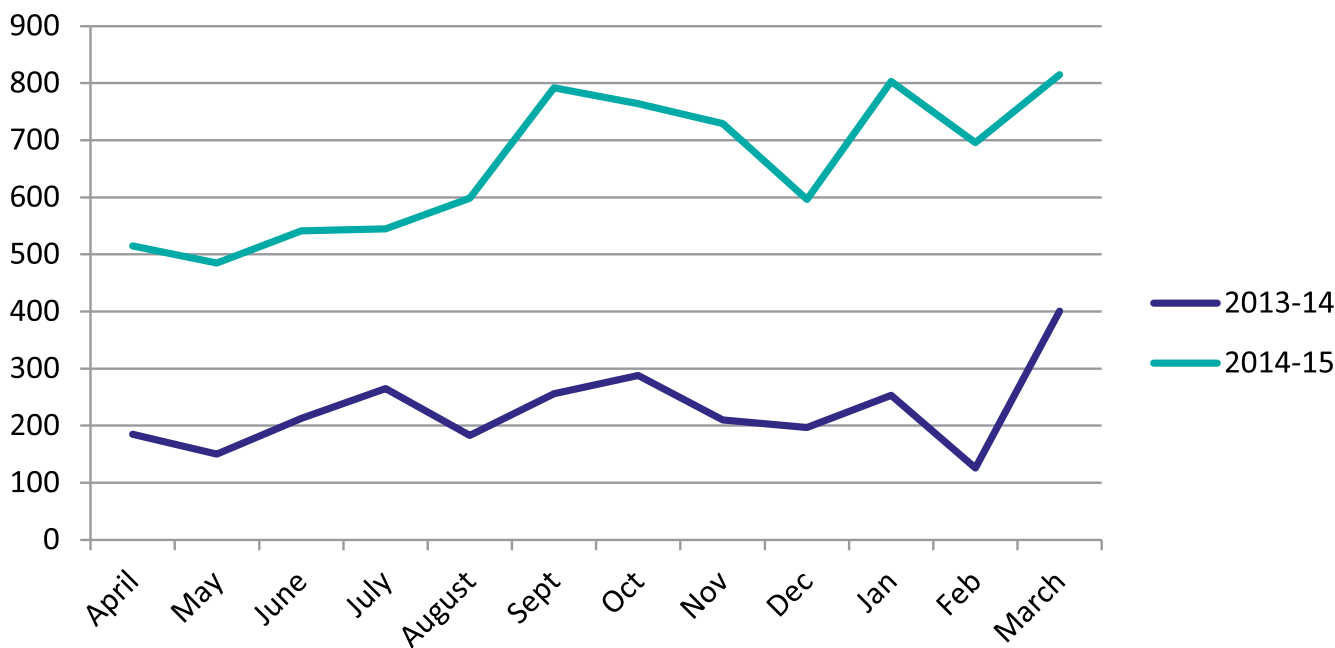
Although the bone health service only missed its target to see 95% service users within 8 weeks during the months of April - July, this did result in the service reporting overall under-performance for 2014-15. The failure was due partly to a change in data reporting regimes, and coincided with a key resignation and reduction in the workforce (NB the service is delivered by just two staff). However, since August, the service has been fully compliant with the requisite target.

3.4.9 MSKCAT service wait times

The MSKCAT (Musculoskeletal Clinical Assessment and Treatment) service which offers triage, review, diagnosis and treatment to service users with injuries and other conditions which affect their joints and bones, failed to achieve three of its targets in 2014-15.

However, it is noted that when it was first piloted, the MSKCAT service was only available to people in Gloucester and the Forest of Dean. However, when the service subsequently became available across the whole county from 1 April 2014 onwards, demand increased dramatically as demonstrated in chart 3.

Chart 3: MSKCAT activity 2013-14 compared to 2014-15



Although additional extended scope physiotherapists were recruited to address this increased demand, their long induction period meant that response could not be immediate. This therefore impacted upon the service’s ability to:

- treat service users within 8 weeks of referral;
- see routine service users within 4 weeks of referral; and
- see urgent service users within 2 weeks of referral.

Moreover in 2014-15, the SystmOne clinical system was implemented across the service which resulted in a drop in clinical capacity to allow for training time. Also within the year, the Individual Funding Request Policy changed for bunions and lesser toe deformities which generated yet further demand. Nevertheless, due to the actions taken by the service:

- the 8 week target again achieved trajectory from March onwards;
- urgent cases only exceeded the target of 2 weeks in the period April-July, with the service being compliant from August onwards.

In order to maintain this position, and also ensure that routine service users are seen within four weeks, the service is now looking to:

- further develop the capacity of teams by engaging an increased number of Extended Scope Clinicians;
- work with commissioners to develop pathways around 7 MSK conditions in order to make the most appropriate use of countywide services, thereby ensuring that people are always seen by the right clinician at the right time and in the right place;
- realise the benefits of using the SystmOne electronic clinical system: this should reduce the administrative burden within the service, increase working efficiencies, and enable the service to share critical information with partners, including GPs, much more quickly;
- introduce additional services to the core MSKCAT portfolio, such as ultrasound scanning and orthotics, so that service users only need attend one clinic to address all their needs, rather than having to travel to numerous appointments across the county.

3.4.10 Chlamydia screening

In 2014-15, the Trust failed to meet its target to report positive screens for chlamydia. This was due to a combination of factors including:

- reduced health promotion activity within schools;
- reduced capacity within the Trust to deliver effective outreach services;
- decreased interaction by the target group (15-24 year old girls) with the sexual health service;
- ineffectual communications and limited social marketing, thereby not addressing the core audience in the language and form that they most recognise;
- limited engagement with young people so as to better understand how to involve them, and motivate them to be screened.

Recognising these shortfalls, the Trust is seeking to ensure improvement in 2015-16 by way of the following:

- operating a number of focus groups to gain improved insight from young people on how to raise greater awareness of chlamydia, and elicit support for co-producing a communications campaign that will engage them appropriately and effectively: this will include the development of a new website;
- increasing the monitoring of activity, improving the timeliness of data, and then cascading that information to colleagues efficiently so as to ensure that where necessary, they are focused upon offering chlamydia screening within clinics;
- undertaking partnership working with the chlamydia screening team in Public Health England so as to help develop a strategy for target achievement that includes a review of comparable areas of best practice;
- implementing the GP shared pathway in order to contact all partners of people who are screened as positive.

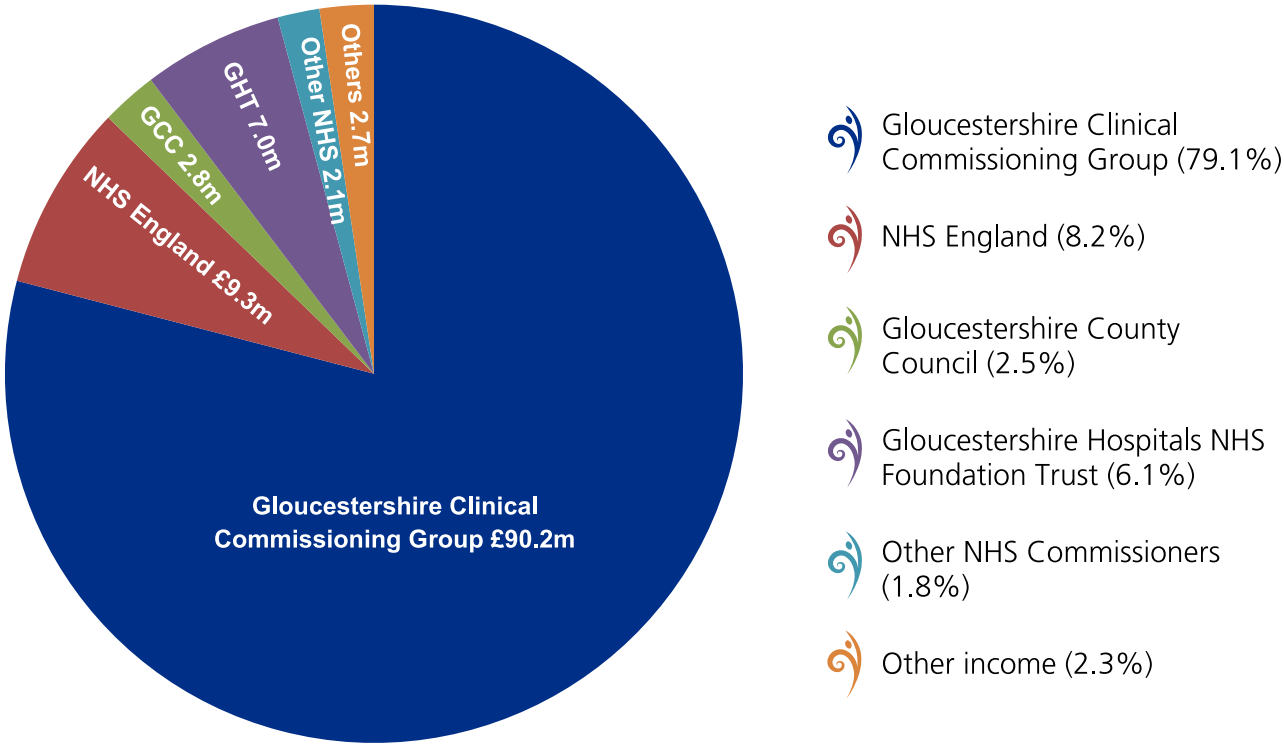


3.5 Financial Review

3.5.1 Summary of Trust income and expenditure

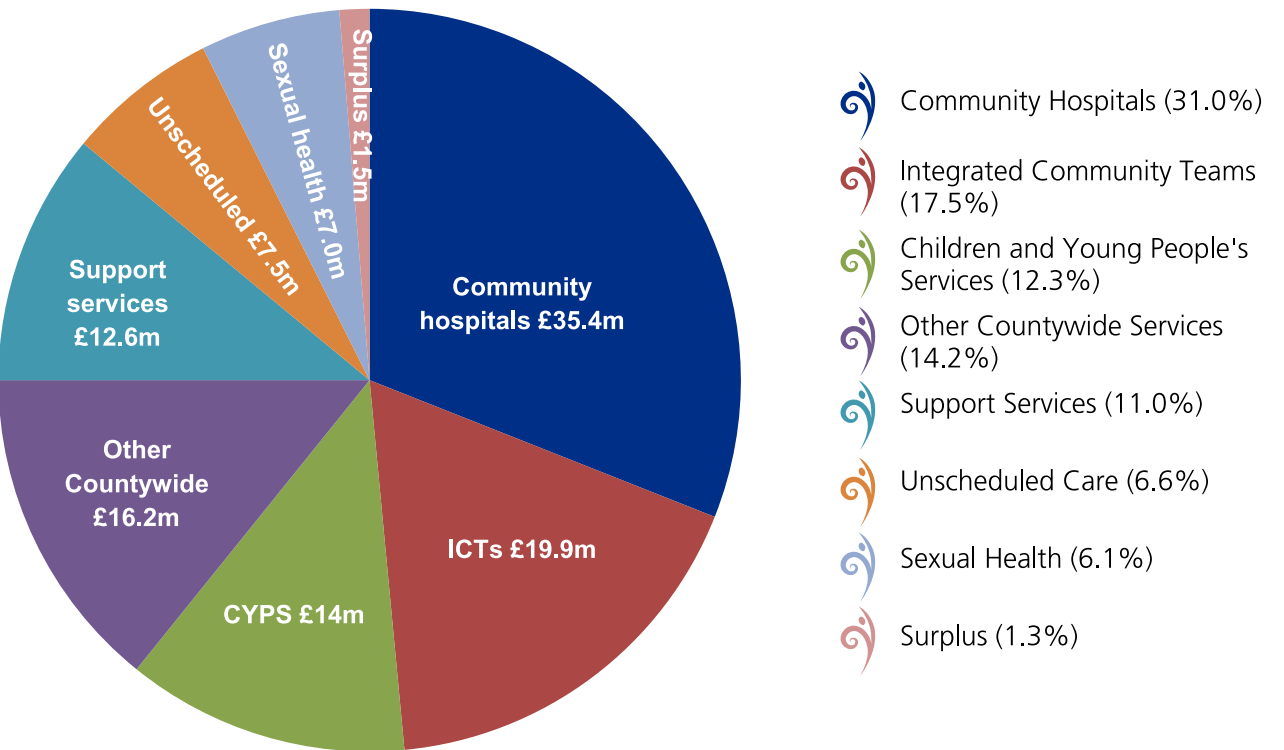
In 2014-15, the Trust received income totalling £114.1million. This was received from the following sources:

Chart 4: Trust income 2014-15



The total £114.1 million income was spent on services as per the below:

Chart 5: Trust expenditure 2014-15



3.5.2 Position of the business

In 2014-15, the Trust increased its income by £5.1 million compared to 2013-14, thereby receiving a total of £114.1 million.

Furthermore, the Trust achieved its planned surplus of £1.5 million.

At year-end, the Trust had a cash balance of £3.3 million after spending £3.7 million on capital items. This was below the planned cash balance due to some delays in billing and collection of cash relating to QIPP and CQUIN which was subsequently invoiced and received in full.

Within the capital spend of £3.7 million, the Trust completed the purchase and refit of a property in Cheltenham which will open early in 2015-16, and also refitted part of Cirencester Hospital to improve the rehabilitation and ambulatory care environments. The spend also enabled the continued rollout of SystmOne, the replacement electronic information system, which by year end, was available to over 1,500 colleagues across the Trust, allowing them to all use the same system to record their clinical activity: this implementation phase is set to continue into 2015-16 when the Trust’s Community Hospitals will adopt the system.

3.5.3 Carry vs market value

The Trust’s fixed assets were revalued at the end of 2013-14, which was the Trust’s first year as a standalone NHS provider organisation. During 2015-16, the Trust is planning to carry out a further and more detailed revaluation in order to ensure that assets remain in the accounts at market value.

3.5.4 Cost Improvement Programme

The Trust’s Cost Improvement Programme (CIP) comprises a series of long-term schemes to transform clinical and non-clinical services in order not only to achieve recurrent cost savings, but also to improve service user care, satisfaction and safety as well as working efficiencies.

All Trusts are required to deliver an effective CIP. In 2014-15, the Trust delivered £3.4million efficiency savings against a challenging target of £6.4million. The schemes that comprised the Trust’s Cost Improvement Programme are shown below:

Table 4: Cost Improvement Programme 2014-15

CIP Scheme	Plan £000s	Actual £000s	Variance £000s
Mobile working	1,000	105	(895)
SystmOne	2,000	0	(2,000)
Operational efficiency	1,000	545	(455)
Centralised booking	500	0	(500)
Skill mixing	250	95	(155)
Estates	250	236	(14)
Support services	250	231	(19)
Procurement (incl. NHS recharges)	750	608	(142)
Others	400	1,607	1,207
Grand Total	6,400	3,427	(2,973)

The main reasons for non-delivery against these schemes are as follows:

- in order to realise the mobile working target, the Trust needed to have a robust baseline of activity against which to compare its 2014-15 performance. However, the introduction of SystmOne into community-based teams in year showed that previous understanding of colleagues’ workload was under-estimated, making further efficiencies unattainable. This was further evidenced in 2014-15 by the publication of reference costs which unequivocally demonstrated that at 96.6% for peripatetic services, the Trust was already working with greater efficiency than other comparable community Trusts;
- the financial benefits associated with the introduction of SystmOne were synonymous with those for mobile working, and thus, the rationale for non-delivery against this scheme is also the same;
- to achieve the operational efficiency target, the Trust needed to significantly reduce the number of its district nurses: this was not a viable or sustainable option, and thus, the scheme was put on hold;
- the centralised booking project did not start in 2014-15, but is under review for implementation at a later date.

Learning from 2014-15 has informed the development of the Cost Improvement Programme for 2015-16, which is detailed below:

Table 5: Cost Improvement Programme 2015-16

CIP Scheme	Details	Plan £000s
System / process re-engineering	Creating efficiencies via increased automation and process improvement including the introduction / improvement of: <ul style="list-style-type: none">• e-rostering to better plan staffing requirements, and report on hours, overtime, sickness and annual leave;• call systems to enable service users to self-check into community hospital-based clinics;• an automated self-service management information tool so that data is more accessible to staff to enable planning;• a digital dictation solution;• improved deployment of SystmOne;• strategies to reduce administration spend;• improved HR processes.	1,500
Contracts and procurement	Efficiency savings made through the re-procurement and re-negotiation of existing contracts	400
Infrastructure management	Continued efficiency savings resulting from implementation of the Trust’s Estates and IT strategies	400
Smart working	Enhanced cost management processes and a new budgeting approach to increase accountability for expenditure and improve monitoring, review and challenge of spend	300
NHS contracts	Realignment of appropriate income and costs in line with agreed contracts	200
Asset management	Reviewing Trust assets to remove surplus and reduce depreciation and capital charges	650
Contingency		(300)
Total		3,150

3.5.5 Quality, Innovation, Productivity and Prevention (QIPP)

Each year, funds are withdrawn from the Trust’s income by commissioners, which the Trust then effectively seeks to earn back by evidencing that it has successfully delivered quality, innovation, productivity or prevention improvements across a number of services. These are known as Quality, Innovation, Productivity and Prevention (QIPP) schemes. These QIPPs can be measured either in terms of milestones achieved in delivering a project, or by key performance indicators (KPIs). In 2014-15, the Trust’s QIPP schemes were as follows:

Table 6: QIPP schemes 2014-15

QIPP schemes	Purpose
Integrated Community Teams (ICTs)	To develop and roll out ICTs across the county to include Rapid Response, and to reduce non-planned hospital admissions for service users with identified conditions
Integrated Discharge Team (IDT)	To bring together existing IDT teams to increase the number of service users being discharged to home, community hospitals or other community services
Community Hospital programme	To deliver seven projects to improve efficiencies in community hospitals including Minor Injuries and Illness Units
Use of Minor Injuries and Illness Units	To increase referrals to local Minor Injuries and Illness Units, including by the NHS 111 service
Musculoskeletal service	To develop clear, clinically agreed thresholds for musculoskeletal related procedures
Primary care in ED	To better understand changes in urgent care pathways
Physiotherapy and podiatry review	To review the service user pathway and improve outcomes
Other service changes	To (i) develop a leg ulcer service, (ii) undertake a rehabilitation service review, (iii) asses telehealth procurement, (iv) develop respiratory services outpatient pathways, (v) trial heart failure services

In 2015-16, the following QIPP schemes will apply:

Table 7: QIPP schemes 2015-16

QIPP schemes	Purpose
Integrated Community Teams (ICTs)	<ul style="list-style-type: none">• To continue to roll-out the ICT model across the county• To reduce non-planned hospital admissions for service users with identified conditions• To implement the Community Nursing Action Plan• To meet the reablement outcomes as identified within the Better Care Fund
Integrated Discharge Team (IDT)	To continue with the existing IDT programme and increase the flow of service users being discharged from the acute hospital to their home, community hospital or into other community services
Community Hospital programme	To deliver seven projects to improve efficiencies in community hospitals including Minor Injuries and Illness Units
Musculoskeletal pathways	To be fully engaged and involved with further development of musculoskeletal pathways
Single Point of Clinical Access	To increase reductions in acute hospital admissions and increase the use of appropriate alternative community services by simplifying the process of accessing services and actively re-directing requests to the most appropriate setting including social care
Leg ulcer	To establish a complex wound service that will support primary care in the management of both simple and complex leg ulcers
Service reviews	To contribute to service reviews of physiotherapy, rehabilitation and podiatry services

3.5.6 Commissioning for Quality and Innovation (CQUIN)

Each year, in line with NHS standard contracting, the Trust receives 2.5% of the value of its recurrent funding as a non-recurrent payment for achieving agreed improvements in quality. These improvements are known as Commissioning for Quality and Innovation (CQUIN) schemes, and represent a combination of national targets and local priorities. For 2014-15, the Trust’s CQUIN schemes were as follows:

Table 8: CQUIN schemes 2014-15

	Goal name	Purpose of goal	Plan £000	Actual £000	Variance £000
Gloucestershire Clinical Commissioning Group CQUINs					
1	NHS Safety Thermometer	To measure and reduce harm, and specifically to help understand the prevalence of pressure ulcers	91	91	0
2	Friends and Family Test	To make the Friends and Family Test available across all Trust settings	91	91	0
3	Person-centered coordinated care	To enable Integrated Community Teams to work closely with GPs to best identify and support people who are at risk of losing their independence	290	290	0
4	Trust development	To ensure that Integrated Community Teams see themselves as part of a wider community network, and know when to refer service users to other care providers	363	363	0
5	Service user discharge	To ensure that service users are appropriately supported upon discharge from hospital, enabling them to return home	291	291	0
6	Staff skills and competencies	To ensure that staff have the knowledge and capability to support service users with more acute healthcare needs	509	509	0
7	Service user records and documentation	To help improvements in record keeping practices	182	182	0
NHS England CQUINs					
8	Dental activity reporting	To ensure that there is detailed analysis and understanding of community dentistry activity	286	286	0
Total			2,103	2,103	0

For 2015-16, the following CQUIN schemes have been agreed:

Table 9: CQUIN schemes 2015-16

	Goal name	Purpose of goal	Plan £000
Gloucestershire Clinical Commissioning Group CQUINs			
1	Urgent Care	To improve the journey of inpatients through community hospitals, and prevent unnecessary waiting. This includes: <ul style="list-style-type: none">• ensuring daily senior (GP) reviews of inpatients: also daily discharge coordinator reviews of long-stay inpatients;• assuring that all inpatients have an expected discharge date;• ensuring that 95% inpatients are admitted in line with clear admission criteria;• managing effective discharge of inpatients.	349
2	Delirium	To develop and use an effective screening and assessment tool for inpatients with delirium	174
3	Transition	To improve outcomes and experiences for young people transitioning into adult services	349
4	Integrated care pathway for frail older people	To ensure safe, compassionate care for frail older people using an integrated care pathway, including improved screening, assessment and care planning	349
5	Positive risk taking	To empower staff, service users and carers to better understand and manage risk and enable service users to live as independently as possible	349
6	Acute Kidney Injury	To use a Modified Early Warning Score (MEWS) tool to assess and manage Acute Kidney Injury in community hospitals	174
NHS England CQUINs			
7	Dental activity reporting	To continue with the reporting on dental activity	161
Total			1,905

3.6 Sustainability report

3.6.1 Trust commitment

All public organisations currently face challenging times. Pressures on services are increasing, yet income is decreasing. This creates the need to work smarter and achieve more with less. However, even if money were plentiful, there would still be a clear rationale for reducing the demands of healthcare services on the planet’s finite resources, so as to ensure that enough remain to deliver care indefinitely.

To address this issue of sustainability, the Trust has developed a Corporate Social Responsibility (CSR) workstream, which involves both its workforce and the local community, and which is delivered through an annual CSR action plan.



3.6.2 Social values

Part of the CSR workstream in 2014-15 focused upon raising awareness and understanding about Social Values in line with the Public Services (Social Value) Act 2012. This Act aims to ensure that public sector organisations commission goods and services in a way which maximises the social benefit of the investment and delivery in the local area. The Act is now supported by additional guidance issued in January 2015 by Public Health England and NHS England which identifies the main benefits of social values to be:

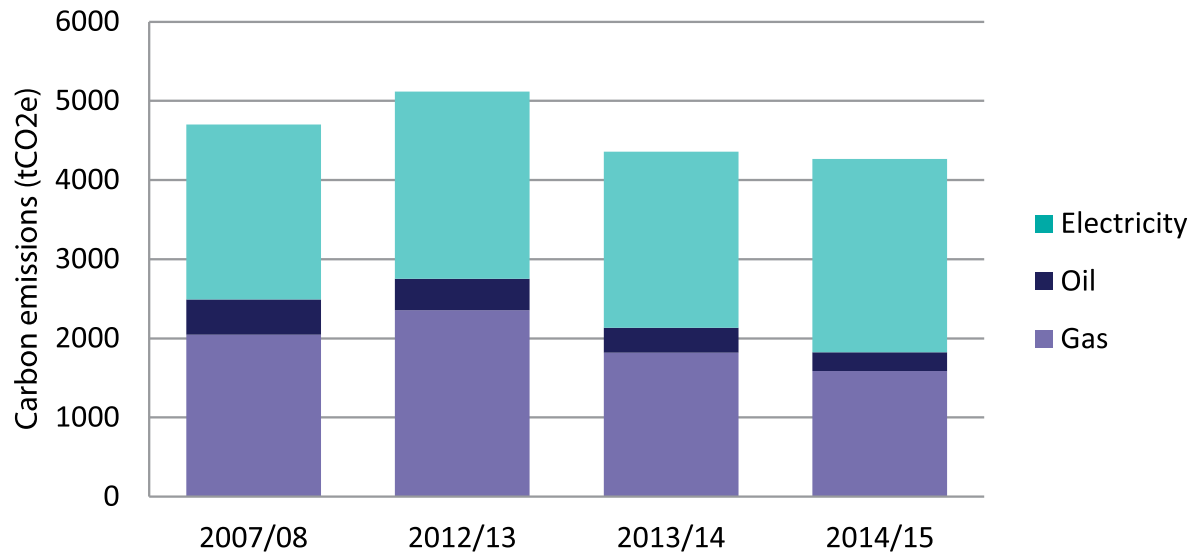
- economic value, through the generation of local economic activity and employment;
- social and cultural value, by contributing to social capital and community well-being for instance, by encouraging community cohesion and support, ensuring a living wage, encouraging apprenticeships, and tailoring services to local needs;
- political value, by encouraging community dialogue and active public participation and engagement. This means making sure that services are informed by public voice, and in particular groups with protected characteristics, through their design, delivery and evaluation;
- ecological value, by enhancing green spaces, local food production, reducing waste and protecting natural resources. This might also mean supporting energy efficient homes to improve health and reduce fuel poverty.

By embracing these values, the Trust seeks to ensure the sustainability not only of the organisation, but also of the wider community. As such, the Trust is now determining how quality goals identifying activities, achievements and successes in social values can be added to its range of strategies, so as to highlight need and measure performance across future years.

3.6.3 Carbon emissions

In 2014-15, the Trust achieved 2% reduction in its carbon footprint compared to 2013-14. This was the cumulative effective of the organisation’s reduced use of gas, electricity and oil over the twelve month period. More significantly, this now means that the Trust has achieved a 9% reduction in its carbon footprint compared to its 2007-08 baseline, and therefore suggests that the 10% reduction due by the end of 2015-16, will be met.

Chart 6: Tonnes carbon dioxide equivalent from Trust buildings 2014-15



A number of the projects which have led to this reduction are described in section 5.6.4 below.

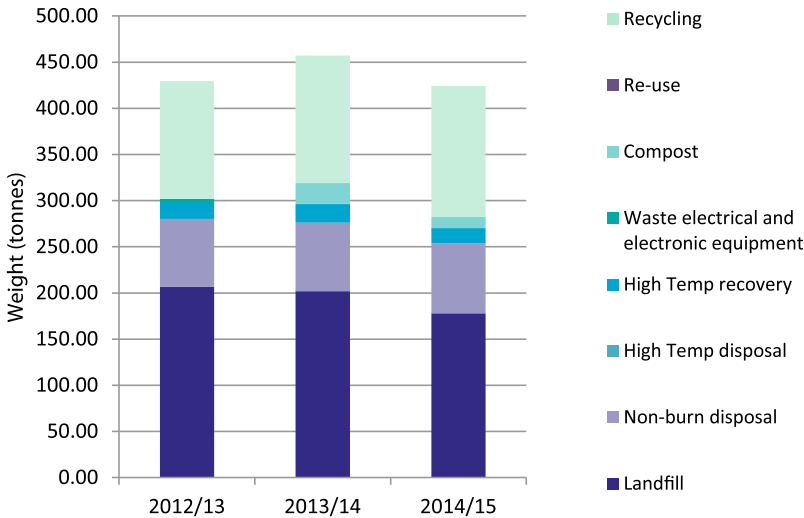
3.6.4 Water

The Trust’s water consumption decreased by over 10% in 2014-15 after several previous years of increases (i.e. there was a 1.6% increase in 2013-14 compared to 2012-13). This is largely attributable to leak abatement, and the continued adoption of water saving technologies - such as modern-style taps, toilets and showers - during refurbishment works.

3.6.5 Waste

The total amount of waste produced by the Trust in 2014-15 decreased by approximately 7%, and recycling increased to 33% of the total waste produced which is above the target threshold of 25%. Both of these actions are contributing to reduced carbon emissions and costs from waste.

Chart 7: Waste tonnes by waste type 2014-15



3.6.6 Travel

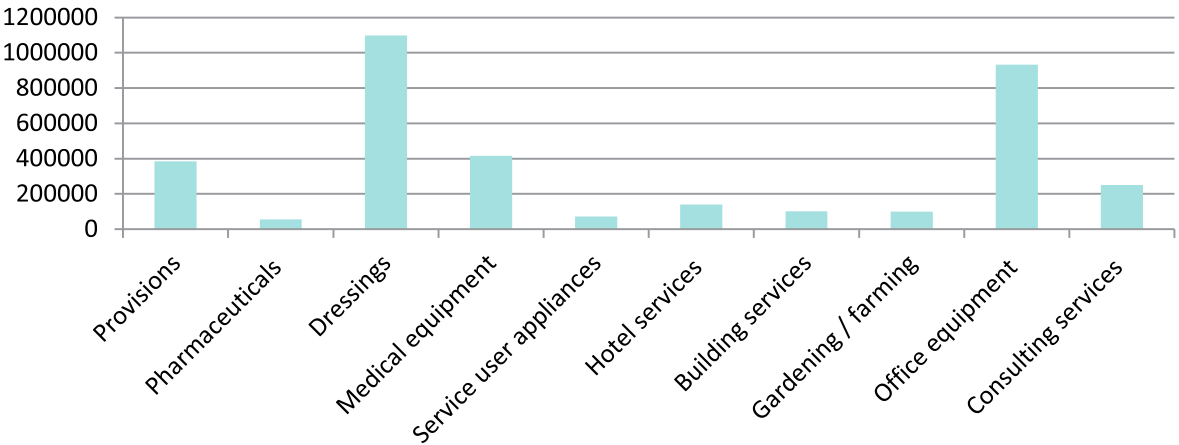
In 2014-15, the Trust accessed funding from the Local Sustainable Transport Fund to purchase 9 pool bikes for the use of staff at head office and in Gloucester City.

However, business mileage within the year increased by 3%. With the increasing use of Webex technology to enable meetings to be held remotely via laptops and PCs, and the continued rollout of mobile working and SystmOne which reduces the need for community-based staff to return to office to access electronic records, it is anticipated that this trend will be reversed in 2015-16.

3.6.7 Impact of procurement practices

In calculating the carbon footprint of the goods that were bought by the Trust in 2014-15, it is noted that dressings constituted the most significant impact. As a result, a stock control project will be instigated in 2015-16 in order to reduce waste and hence associated carbon emissions.

Chart 8: Procurement carbon footprint 2014-15 (carbon emissions in tonnes)



3.6.8 Green spaces and the community

The Trust is a keen supporter of the NHS Forest initiative and has already planted 1,500 trees, representing 45% of its target to plant a tree for every member of staff.

In 2014-15, the Trust won the national NHS Forest Award: Best Community Project for the work at Cirencester Hospital. The award recognised the diversity of people who have been involved in the Trust’s Green Gym including representatives from local schools and colleges, universities, voluntary agencies and councils. Additionally, the award acknowledged the health and wellbeing benefits of the project which supports physical activity and reduces social isolation for people living locally in Gloucestershire. Indeed, some of the volunteers’ lives have been transformed by attending the Green Gym and they now have employment in the horticultural sector.

The Trust was also highly commended for its the Most Pioneering Healthcare Professional Site, with the physiotherapy team recognised for its use of purpose built outdoor steps and exercise benches.

In 2014-15, volunteers continued to provide invaluable and much appreciated support throughout the Trust, whether helping in community hospitals or working across countywide services. Over the last year, the Trust was able to increase the range and variety of roles available to its volunteers, as a result of which, volunteer numbers rose by 17% compared to 2013-14.

New roles for volunteers in 2014-15 included:

- working within health records at Tewkesbury Hospital;
- assisting the social group on Coln Ward in Cirencester;
- helping with refreshment trollies;
- expanding the work of the Pets As Therapy (PAT) dog.



I hereby confirm that the above Strategic Report is a true and accurate representation of the described Trust activities in 2014-15.

Paul Jennings

Signed: Paul Jennings, Chief Executive
Date: 3 June 2015

4. Directors' Report



4.1 Board members

4.1.1 The Trust Board

In 2014-15, the Trust Board convened six public Board meetings, attendances at which are detailed in section 5.2.3 below. These meetings enabled the Board to fulfil its duties and obligations as prescribed within its Terms of Reference (summarised in section 5.2.1 below).

It is noted that at these meetings, Board members confirmed their commitment to abide by the Trust's Code of Conduct, which outlines their personal responsibilities to comply with all relevant best practice applicable to corporate governance in the health sector, including the Department of Health's Board Code of Conduct, the Monitor Code of Governance guidance, and the Nolan principles.

Additional to these public Board meetings, the Trust also called two extraordinary closed-session Board meetings in 2014-15, namely:

- 24 June, which followed the TDA's decision on 18 June to approve the Trust to work towards Foundation Trust status: thus, the extraordinary Board meeting focused upon a presentation by the Head of Corporate Planning in respect of strategic planning for future sustainability;
- 12 January, at which the Head of Corporate Planning presented the proposed submissions for the TDA Annual Planning Cycle for the approval of Board members.

In addition to the Board meetings, there were also seven Board Development sessions held in 2014-15, at which Board members were able to explore pertinent issues in an appropriate and conducive environment. Expert external attendees of these sessions included representatives from:

- the NHS South, Central and West Commissioning Support Unit, who provided information governance training in April;
- GE Healthcare Worldwide, who hosted a discussion based upon the Trust's SWOT (Strengths, Weaknesses, Opportunities and Threats) and PESTELI (Political, Environmental, Social, Technological, Economic, Legal and Industrial) analyses in August;
- Capsticks, who delivered insight into Board functions and roles in September; and

- DAC Beachcroft who updated the Board on the Duty of Candour in February.

In 2014-15, there were a number of changes in the Board composition, which are articulated in section 5.2.2 below. However, as of 31 March 2015, the Trust Board included the (voting) Chief Executive (Paul Jennings), three additional voting Executive Directors, and five non-voting Executive Directors, all of whom bring a wide range of skills in health and social care as well as significant business, financial and organisational development experience (NB a Board vote on 10 February approved the Chief Operating Officer to also be a voting member: this is currently awaiting Department of Health endorsement).

At 31 March 2015, the Trust Board also comprised the Trust Chair (Ingrid Barker) and five voting Non-Executive Directors, representing a variety of professional backgrounds, including corporate finance, commercial and business management and consultancy. Details of all Executive and Non-Executive Directors are given in section 4.1.2 below.

The Annual Governance Statement which is included within this Annual Report and Accounts (see section 5 below) contains information about the work of the Board's sub-committees.

It is also noted that in 2014-15, the Trust Board served as the Corporate Trustee for the Trust's charitable funds for which a separate report and accounts is available.



4.1.2 Board members' profiles

As of 31 March 2015, the following were members of the Trust Board:



Ingrid Barker - Chair (voting)

Since April 2011, Ingrid has been Chair of the entity known as Gloucestershire Care Services (part of NHS Gloucestershire until 22 March 2013), and was previously a Non-Executive Director on the NHS Gloucestershire Board for five years.

Ingrid has undertaken national policy and service development roles through King's College, London and Birmingham University. She was Deputy Chief Executive of an NHS Trust in Surrey, and led Croydon Mental Health Unit as Unit General Manager, transforming institutional services to community provision.

A qualified social worker, Ingrid established a service for young homeless people in Central London and was Regional Director of MIND. Ingrid led the creation of the first mental health patients' councils and advocacy projects in Britain. She has published on topics including user empowerment, mental health and multidisciplinary teamwork.

In 2014-15, Ingrid served as Chair of the Trust Board, as well as Chair of the Trust's Remuneration and Terms of Service Committee, the Your Care, Your Opinion Programme Board and the Foundation Trust Programme Board.



Paul Jennings - Chief Executive (voting)

Paul has worked in the NHS for 37 years in a wide range of senior roles. Prior to joining Gloucestershire Care Services NHS Trust in summer 2013, Paul was Interim Chief Executive at Birmingham and Solihull Mental Health NHS Foundation Trust. He has a long history of managing community services, including services for people with a learning disability and mental health services.

Paul has held the role of Chief Executive for three Primary Care Trusts (North Birmingham PCT, NHS Walsall and, NHS Warwickshire). He has a strong track record of building partnerships, and leading organisations to deliver changes that make a positive difference to the health and care services people receive in their local community. He has always made it top priority to work closely with clinicians and service users to gain support for what have, on occasions, been innovative and challenging schemes.

Paul has led a number of significant pieces of work to address issues of health inequality, particularly for older people and newborn infants, and was made a Fellow of the Faculty of Public Health, by distinction, in 2012. Paul is a trustee of The Extra Care Charitable Trust, which provides high quality supported living for older people, and non-executive chair of Welcome CIC, which focuses on addressing health issues from Black and Minority Communities and Migrants.



Glyn Howells - Director of Finance and Deputy Chief Executive (voting)

Glyn has a wealth of experience in both operational finance and project management, and has previously worked as Finance Director for several organisations.

Glyn provides strong commercial finance support to the Trust, as well as guiding the development of its systems, processes and controls.

Glyn gained his Associate Chartered Management Accounting (ACMA) qualification whilst at Calor Gas where he worked in a series of accounting and systems roles before moving to ICL where he worked latterly as Financial Controller of the Desktop Services Division. He then moved to PricewaterhouseCoopers, where he worked as a consultant for 3 years before taking a Director level role in Medas, one of their joint ventures providing outsourced accounting services to the BBC. Subsequently, Glyn joined United Technologies Corporation working as Business Systems Director for Chubb Electronic Security, Director for Strategic Change for Chubb UK, Ireland and South Africa, Internal Audit Director for United Technologies Corporation in Europe, and Finance Director for Chubb Fire Ltd. Most recently, Glyn was Finance Director at the Richardson Group, where he worked alongside a new management team to integrate several businesses and provide improved management reporting and controls.



Dr Joanna Bayley - Medical Director (voting)*

**Jo is listed here as her place was on the Trust Board was substantive as at 31 March 2015: however at that time, she was on secondment as detailed below.*

Jo qualified as a doctor in 1997, and specialised in emergency medicine and intensive care before becoming a GP in 2005. She continues to work as a GP in central Gloucester. She is also the National Medical Advisor on Urgent Care to the Care Quality Commission, and the Chief Executive of Gloucester GP Consortium.

In June 2014, Jo temporarily left the Trust to take up a 10 month secondment to the Executive Fast-Track Programme set up by the Secretary of State for Health, which included study at the John F Kennedy School of Government at Harvard.

Dr Mike Roberts - Interim Medical Director (voting)



Mike joined the Trust in July 2014, deputising during Joanna Bayley's secondment.

Mike qualified as a Doctor in 1982 and worked in a number of hospital specialities before becoming a GP in 1989. He has worked as a GP in Gloucester (Rosebank Health) for 25 years.

Mike has extensive experience of health service management, having served as Professional Executive Chair for West Gloucestershire Primary Care Trust (PCT), Medical Professional Lead (and Responsible Officer) for Gloucestershire PCT and as a member of the Gloucestershire Local Medical Committee. Mike also has a particular interest in clinical governance and is a member of the Performance Advisory Group of NHS England, which deals with complaints and concerns about GP performance.

Mike has a special clinical interest in Sports Medicine, was Gloucester Rugby Club Doctor for 10 years, and continues as Stadium Doctor at Kingsholm.

Elizabeth Fenton - Director of Nursing and Quality (voting)



Liz qualified as a registered general nurse in 1981, starting her career working in a liver failure unit. Liz has worked in Gloucestershire since 1987, and has held various clinical and senior managerial posts in both community and secondary care settings. She moved to Gloucestershire Primary Care Trust in 2006 to be the Associate Director of Clinical Leadership. Liz was appointed as Head of Nursing in November 2011: this title subsequently changed to Director of Nursing and Quality in April 2014.

Liz has a special interest in the dissemination of best practice to develop the quality of clinical services, and acts as a specialist advisor to the Care Quality Commission. In addition, Liz participates in national and international peer accreditation programmes as a member of teams reviewing clinical services against best practice standards.

In her spare time, Liz is an elected member of the Community Hospital Association Committee, supporting innovation and sharing of learning.

Joanna Scott - Non-Executive Director and Vice Chair (voting)



Joanna joined the Trust in April 2013. An experienced communications professional with a strong private and public sector profile, Joanna had worked for leading national food trade bodies and multi-national food companies including, most recently, Kraft Foods based in Cheltenham.

Joanna graduated from the University of London with a Master's degree in Nutrition Science, and is a member of a number of professional bodies including the Chartered Institute of Public Relations.

In 2014-15, Joanna served as Chair of the Trust's Communications and Public Affairs Steering Group.



**Robert Graves -
Non-Executive Director
(voting)**

Rob has enjoyed an extensive career in the finance function of 3M Company (a component of the Dow Jones Industrial Average) including director level

positions in the USA, Belgium and the United Kingdom. A qualified accountant, he has significant experience of leading large finance teams, serving complex business units that span operational accounting and business planning functions, and has been instrumental in establishing a European shared service operation.

Rob joined the board of NHS Gloucestershire in 2006 as a Non-Executive Director and Audit Chair where he took an energetic and proactive approach in ensuring excellent governance. Since 2011, Rob has acted for as Non-Executive Director for Gloucestershire Care Services.

In 2014-15, Rob served as Chair of the Trust's Audit and Assurance Committee



**Susan Mead -
Non-Executive Director
(voting)**

Susan was formerly a Board member and Chair of the Quality, Performance and Resources Committee for the West Mercia Cluster of PCTs (2012-13) and

Non-Executive Director at Herefordshire PCT from 2004-12. Her background includes work at the Audit Commission, Assistant Director at Birmingham City Council, and work in the Lord Chancellor's Office.

At the Trust Board on 20 May 2014, Susan was formally appointed as the Trust's Senior Independent Director (SID).

In 2014-15, Susan served as Chair of the Trust's Quality and Clinical Governance Committee.



**Nicola Strother Smith -
Non-Executive Director
(voting)**

Nicola has 40 years' experience in the NHS, including clinical, operational management, improvement and strategic roles in local, regional and national organisations.

As National Director of NHS Diabetes and Kidney Care, she was responsible for implementation of national strategy in diabetes, kidney and liver disease and led the implementation of the NHS Health Check programme with the Department of Health. Regionally, Nicola was Director of the 3 Counties Cancer Network, leading implementation of the Calman-Hine report: a policy framework for commissioning cancer services and the NHS Cancer Plan across Gloucestershire, Herefordshire and south Worcestershire. Other experiences include: director in NHS Improving Quality; primary care management; oncology centre management and radiotherapy department superintendent.

Nicola was awarded a Master's degree in Public Administration (MPA) with distinction from the University of Warwick Business School. She is also a qualified therapy radiographer.

In 2014-15, Nicola served as the Chair of the Trust's Charitable Funds Committee. In February 2015, Nicola also assumed the role of Chair for the Human Resources and Organisational Development Committee given the retirement of the former Chair, Christopher Creswick.



**Richard Cryer -
Non-Executive Director
(voting)**

Richard joined the Trust in April 2014. He was previously Director of Finance at the University of London between 2006 and his retirement at the end of 2012. He

is currently Treasurer and a Trustee of Amnesty International UK, as well as of Hereford learning disabilities charity, Aspire Living. Additionally, Richard is a member of the finance committee of national learning disability charity Mencap and of the audit committee of the Institution of Civil Engineers.

In 2014-15, Richard served as the Chair of the Trust's Performance and Resources Committee.



**Duncan Jordan -
Chief Operating Officer
(non-voting)**

Duncan joined the Trust in April 2014 on secondment from Gloucestershire County Council, where he held the role of Group Director and Chief Operating Officer.

His role within the Trust gives him responsibility for all front-line services delivered by the Trust and leadership of an extensive programme of change, as health and social care services adapt to meet the challenges of a growing ageing population and increasing numbers of people with complex medical needs.

An engineering graduate and chartered civil engineer by training, Duncan began his career at East Sussex County Council in 1988, rising to the role of Deputy Director before joining Gloucestershire County Council in 2006 as Group Director for environment. His portfolio included economic development, planning, highways, transport and waste management, and Duncan was also appointed a director of the local enterprise partnership Gloucestershire First. In 2010, his portfolio was expanded to include the directorate for Children and Young People, where he led the successful turnaround of services.

Appointed to the Council's Chief Operating Officer in 2011, Duncan's portfolio expanded again to include Fire and Rescue as well as Adult Social Care Services. He also played a lead role in developing the organisation's strategy as a provider of services with a focus on outcomes for customers, and leading community focused programmes with key partners across the county.



**Susan Field - Director of
Service Transformation
(non-voting)**

Susan holds both managerial and clinical (nursing and mental health) qualifications, and has considerable Board level experience.

Her current role within the Trust includes leading transformational change and service improvement programmes of work across the Trust.

Additionally, Susan leads the delivery of high quality care within the Trust's seven Community Hospitals, as well as within the urgent care and capacity services.



**Candace Plouffe -
Director of Service
Delivery (non-voting)**

Candace qualified in 1986 as an occupational therapist, and specialised in Children and Young People's services, working in a variety of community settings in Canada and

New Zealand. Candace moved to Gloucestershire in 2000, where she worked in Swindon Borough Council Child Health team until moving to Gloucestershire Primary Care Trust in 2004. She was appointed as General Manager of Children and Young People's services in September 2011, before her substantive appointment as Director of Service Delivery in April 2014.

Candace holds a Bachelor's of Medical Rehabilitation (Occupational Therapy) from the University of Manitoba, Canada, and a Master's of Science (Special Education) from Minot State University, USA. She was a recipient of the Florence Nightingale Leadership Scholarship in 2010, which provided her with the opportunity to complete a postgraduate Diploma in Organisational Leadership, at the Saïd Business School, Oxford University. She obtained an Executive coaching and mentoring qualification from Institute of Leadership & Management in 2013.

Candace has previously held a number of Board positions and currently is a Board member for Active Gloucestershire, a local organisation whose aim is to promote sport and physical activity within the county.



**Tina Ricketts -
Director of Human
Resources (non-voting)**

Tina has held various HR managerial posts in both the public and private sector, and became a member of the Chartered Institute of Personnel and Development (CIPD) in 1999. She first joined the NHS by way of appointment to West Gloucestershire Primary Care Trust in 2003, after which she was promoted to the position of Associate Director of HR for Gloucestershire Care Services in 2007, and subsequently, to the Head of HR in 2011 and Director of HR in 2014.

Tina has secured the Investors in People accreditation for her last three employers, and has won both regional and county awards for HR best practice.

Tina has a special interest in leadership development, and is an accredited assessor for the NHS Leadership Framework, Leadership Qualities Framework, and Pi Coaching for Behaviour and Results. Tina is a Board member of the Southwest Leadership Academy.



**Jason Brown -
Director of Corporate
Governance and Public
Affairs (non-voting)**

Jason joined the Board in May 2014, having worked for the Trust since December 2012. In addition to his role responsibilities, Jason also assumed the statutory duties of Board Secretary in June 2014.

Previously, Jason had worked within the NHS for 22 years, providing corporate, strategic and operational management for a range of acute, community and mental health providers, as well as adult and children's social care in England. This included work as Associate Director with Central and North West London NHS Foundation Trust, as well as a long-term commission with County Durham and Darlington NHS Foundation Trust. Jason has also worked nationally on behalf of both the Department of Health supporting confidential enquiries, and the Health and Social Care Information Centre.

Jason is a member of the Chartered Institute of Secretaries and Administrators (ICSA).

Others

Within 2014-15, the following also served on the Trust Board: Simeon Foreman (Board Secretary) and Christopher Creswick (Non-Executive Director). Their departures are detailed in section 5.2.2 below.

In May 2015, Dr Jo Bayley resigned from the Trust, and Dr Mike Roberts was appointed as substantive Medical Director: more details will be available in the 2015-16 Annual Report and Accounts.

4.1.3 Directors' interests

The Register of Directors' Interests is available to view on the Trust's public website at www.glos-care.nhs.uk.

4.1.4 Statement as to disclosure to auditors

Each of the Trust's Directors has submitted that as far as they are aware, there is no relevant information relating to the organisation's operations or finances of which the Trust's auditors are unaware.

Each of the Trust's Directors has also confirmed that they have taken all necessary actions to make themselves aware of all relevant organisational information, and to establish that the auditors are equally aware of that information.

4.1.5 Audit and Assurance Committee

It is noted that in 2014-15, the following Board members were also members of the Trust's Audit and Assurance Committee:

- Rob Graves, Non-Executive Director (Committee Chair)
- Joanna Scott, Non-Executive Director
- Richard Cryer, Non-Executive Director
- Susan Mead, Non-Executive Director
- Nicola Strother Smith, Non-Executive Director
- Christopher Creswick, Non-Executive Director (until his retirement in January 2015)
- Glyn Howells, Director of Finance and Deputy Chief Executive
- Duncan Jordan, Chief Operating Officer
- Jason Brown, Director of Corporate Governance and Public Affairs

Additionally, the Committee was attended by Trust senior managers and external representatives as appropriate.

Details of the Committee's responsibilities are given in section 5.2.6 below.

4.2 Workforce

4.2.1 Workforce composition

The Trust's workforce at the end of 2014-15 comprised 2,132.59 whole time equivalent (WTE) posts, with a headcount of 2,706 workers excluding bank staff (NB there were 343 people on bank contracts as at 31 March 2015). Staff were allocated across the various professional disciplines as per the below:

Table 10: Workforce composition 2014-15

Staff Group	WTE	Headcount
Nursing	1,089.43	1,363
Allied healthcare professional	462.73	587
Administration	457.67	558
Ancillary staff	94.61	147
Medical and dental staff	28.15	51
Total	2,132.59	2,706

This represents a slight increase in staffing numbers compared to 31 March 2014 of 46.09 WTE posts and 7 headcount.

4.2.2 Staff turnover

The Trust's turnover of staff in 2014-15 is detailed below:

Table 11: Staff turnover 2014-15

Staff Group	Turnover
Nursing	13.66%
Allied healthcare professional	13.05%
Administration	17.41%
Ancillary staff	9.63%
Medical and dental staff	22.38%
Clinical support	16.55%
Total	14.70%

This represents a decrease in turnover from 15.76% in 2013-14 to 14.70% in 2014-15.

4.2.3 Staff training

Performance relating to the Trust's mandatory training as at 31 March 2015 is as below:

Table 12: Training rates 2014-15

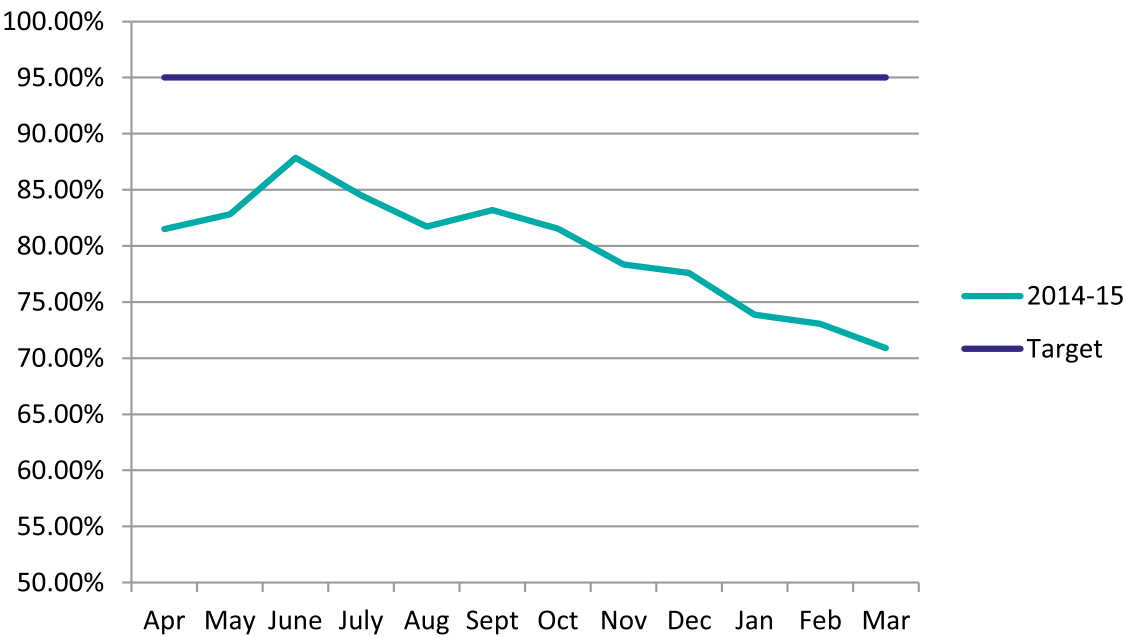
Programme	Target	Performance
Health, safety and welfare	95%	79.83%
Equality and diversity	95%	72.93%
Information governance	95%	61.58%
Conflict resolution	95%	72.69%
Induction for new starters	100%	100%

The above figures were largely impacted by significant under-performance in the latter half of the year: thus, it is acknowledged that winter pressures during this period prevented many colleagues from attending training. Nevertheless, the Trust is now exploring new ways to raise the profile of mandatory training so as to address this issue.

4.2.4 Staff appraisals

The Trust did not meet its appraisals target in 2014-15 as illustrated below:

Chart 9: Appraisal rates 2014-15



Thus, the appraisal completion rate at the end of March stood at 70.91%, which was 10% lower than the rate in 2013-14 (80.45%). It is however noted that last year’s data did not include staff on long term sick or on maternity leave, or bank staff as now required.

Nevertheless, it is evident that appraisal compliance rates have steadily fallen across the year. As a result, all line managers are now provided with a monthly report highlighting colleagues whose appraisal is overdue, or due by the end of that month. This seeks to facilitate the scheduling of appraisals, and to highlight those colleagues that need to be addressed as a priority.

4.2.5 Staff sickness absence

Staff sickness absence in 2014-15 is detailed below:

Table 13: Sickness absence 2014-15

Staff Group	Percentage
Nursing	5.44%
Allied healthcare professional	3.75%
Administration	4.32%
Ancillary staff	6.32%
Medical and dental staff	4.57%
Total	4.85%

This represents an increase of 0.57% compared to 2013-14. Whilst there were a range of reasons for colleagues’ sickness, it is noted that the highest percentage of calendar days lost due to sickness was attributed to “Anxiety / stress / depression / other psychiatric illnesses” which accounted for 28.4%, although only 8.74% total sickness episodes. The highest percentage of total sickness episodes was for “Cold / Cough / Influenza” which accounted for 23.39%, followed by “Gastrointestinal problems” at 22.40%.

Detailed reports are provided to managers to enable them to best support colleagues suffering sickness absence, and to enable on-going monitoring.



4.2.6 Employee consultation

The Trust continues to operate a Joint Negotiating and Consultative Forum (JNCF) that meets at least bi-monthly, where terms and conditions of employment and Human Resources policies are negotiated and discussed, and therefore that offers a forum for employee consultation. The Chief Executive, Director of Service Transformation, Director of Service Delivery, and the Director of Human Resources are all active members of the JNCF. The following trade unions are also represented: Unison, Unite, Chartered Society of Physiotherapy (CSP), Royal College of Nursing (RCN), British Dental Association (BDA), Society of Chiropractors and Podiatrists (SCP), and the British Medical Association (BMA).

Additionally, the Trust has a dedicated staff engagement programme, which seeks to ensure two-way dialogue with colleagues in order to motivate them to take ownership for activity within their respective spheres of influence, and inspire and empower them to deliver the highest quality of care. This includes specific actions to:

- raise understanding and awareness of the Trust’s core values, and ensure that they are effectively used to inform and support the growth of Trust culture;
- support the growth of a learning and supportive culture, that emphasises the importance of team working to achieve common goals;
- contribute to a measurable increase in the capacity and capability of leadership across the Trust, supporting a more engaged workforce that feels valued;
- empower and motivate colleagues to make a positive contribution to Trust planning and decision-making, and instil a sense of purpose and ownership at all levels of the organisation.

These activities are also supported by an on-going programme of communications that includes global emails and newsletters.

4.2.7 Commitment to equalities

It is fundamental to the Trust’s practice that equality of opportunity is advanced throughout its delivery of services and employment practices. This is evident by the following:

- information about equality amongst service users and Trust colleagues which is routinely gathered and shared, not least as part of the Annual Equality Report, a copy of which can be accessed via the Trust website;
- the Trust’s equalities objectives, which were agreed in July, and based upon the priorities identified within the Annual Equality Report as well as upon discussions with service users, local communities, and colleagues;
- equality impact assessments which are completed for each service design or redesign, in order to give assurance that associated decisions relating to service delivery and employment, have full and appropriate regard for the Equalities Act, and that no development in service delivery will have a negative impact upon people of protected characteristics or people from seldom heard, seldom seen communities;
- work to implement the NHS Equality Delivery System (EDS2) and the Workforce Race Equality Standard, for which the Trust’s Equalities Governance Group will oversee the strategic management;
- the Trust’s recruitment and selection process, which seeks to be as fair as possible and therefore uses the NHS Jobs system for recruitment in order to ensure that personal details are removed for the shortlisting stage. The Trust also operates a Guaranteed Interview Scheme, so that people with disabilities are guaranteed an interview as long as they meet the minimum criteria. In recognition of this work, the Trust holds Two Ticks and Mindful Employer status;
- the delivery of Equality, Diversity and Human Rights training as part of every new employee’s induction, and equality updates which are mandatory every three years: however, the Trust acknowledges some weakness in this area, and will be seeking to strengthen this training in 2015-16, including making equality training updates mandatory on an annual basis;
- the involvement of local communities in decisions which may affect them. Indeed, the organisation is particularly mindful of people who might have extra or different needs. As such, the Trust holds regular events to inform and involve community representatives.

Specific equalities activities in respect of disabled employees and equal opportunities are detailed in sections 4.2.8 and 3.3.7 respectively. For further information, please also refer to section 5.6.2 below which forms part of the Annual Governance Statement.



4.2.8 Disabled employees

The Trust’s Equality and Human Rights Policy confirms that the organisation fully embraces the philosophy and practice of making reasonable adjustments for people with disabilities. In particular, the Trust is committed to:

- taking positive steps to ensure that disabled people can access and progress in employment with the Trust;
- avoiding provisions, criteria or practices that put a disabled person at a substantial disadvantage, compared to those who are not disabled;
- removing or altering a physical feature, or providing a reasonable means of avoiding such a feature, where it puts a disabled person at a substantial disadvantage, compared to those who are not disabled;
- providing an auxiliary aid where a disabled person would otherwise be put at a substantial disadvantage, compared to those who are not disabled.

Specifically in terms of recruitment, the Trust can report the following in respect of responses to advertised posts:

Table 14: Register of disabled people throughout the recruitment process May 2014 - March 2015

	Applied	Shortlisted	Appointed
Disability	3.9%	3.5%	3.4%
No disability	94.5%	94.9%	95.2%
Undisclosed	1.5%	1.7%	1.4%

The Trust currently reports that 1.4% of its workforce are people with a disability. However, the disability status for 40% of the Trust’s staff is unknown, as many of colleagues have chosen not to declare. This means that the Trust is currently unable to conduct detailed analysis on the effect of disability on employment activities such as training, promotion, sickness absence and performance management. However, by way of comparison, the Trust notes that:

- 13% staff declared a disability in an anonymous 2014 staff survey (and none declined to declare their disability status);
- 16.7% people in Gloucestershire have a limiting long-term illness or disability.



4.3 Financial matters

4.3.1 Pension contributions

Existing employees of the Trust are covered by the NHS Pension Scheme, whilst for those staff who are ineligible to join, the Trust has signed up to the government’s National Employment Savings Trust (NEST).

In respect of new employees, the Trust complies with the mandatory requirement to automatically opt all new staff into the NHS Pension scheme.

The organisation also supports a small cohort of staff who transferred into the Trust from the Local Authority and who chose to remain in the Local Government Pension Scheme (LGPS). As this is a funded scheme, a valuation of assets and estimated values is required each year. This shows that as at 31 March 2015, the scheme was under-funded by £703,000 which was adjusted out into retained reserves. Further information is given in the notes to the accounts section 7.2.8.

4.3.2 Exit packages and severance payments

In 2014-15, eleven exit payments were paid totalling £176,434. For further details, please refer to section 7.2.8 below.

Table 15: Exit packages 2014-15

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Whole Numbers Only	£s	Whole Numbers Only	£s	Whole Numbers Only	£s	Whole Numbers Only	£s
Less than £10,000	3	16,543	3	10,733	6	27,276	-	-
£10,000-£25,000	3	50,226	1	11,426	4	61,652	-	-
£25,001-£50,000	-	-	-	-	-	-	-	-
£50,001-£100,000	1	87,506	-	-	1	87,506	-	-
£100,001-£150,000	-	-	-	-	-	-	-	-
£150,001-£200,000	-	-	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-	-	-
Totals	7	154,275	4	22,159	11	176,434	-	-

Redundancy and other departure costs were paid in accordance with the provisions of the Medical and Dental or Agenda for Change terms and conditions as appropriate.

Exit costs in this note are accounted for in full in the year of departure.

In 2014-15, the Trust did not agree any early retirements, so there are no additional costs to be met.

Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

The disclosure in table 16 below reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Table 16: Exit packages 2014-15

	Agreements Number	Total value of agreements £000s
Voluntary redundancies including early retirement contractual costs	None	0
Mutually agreed resignations (MARS) contractual costs	None	0
Early retirements in the efficiency of the service contractual costs	None	0
Contractual payments in lieu of notice*	4	22
Exit payments following Employment Tribunals or court orders	None	0
Non-contractual payments requiring HMT approval	None	0
Total	4	22

* Any non-contractual payments in lieu of notice are disclosed under “Non-contractual payments requiring HMT approval”.

No non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

4.3.3 External audit

Through its Audit and Assurance Committee, and following instruction from the Audit Commission, the Trust appointed KPMG as its external auditors in 2013-14.

KPMG has continued to support the Trust in this capacity throughout 2014-15. The fee for this external audit activity in year was £57,800 + VAT. The majority of this work related to formal audit of the 2014-15 accounts, on which the audit opinion is attached at section 7.3 below.

In 2014-15, KPMG also provided audit of the Trust’s charitable funds accounts for 2013-14 for which the charge was £4,000 + VAT.

4.3.4 Better Payment Practice Code / Prompt Payments Code

The Better Payment Practice Code was designed to promote an improved payment culture within the UK. Thus, the Code compels all organisations to adopt a responsible attitude and ensure that payments are made on time to all suppliers. The four fundamental principles of the Code are:

- to agree payment terms with suppliers at the outset of a transaction and stick to them;
- to explain payment procedures to suppliers;
- to pay bills in accordance with any contract agreed with the supplier or as required by law;
- to inform suppliers when an invoice is contested and settle disputes quickly.

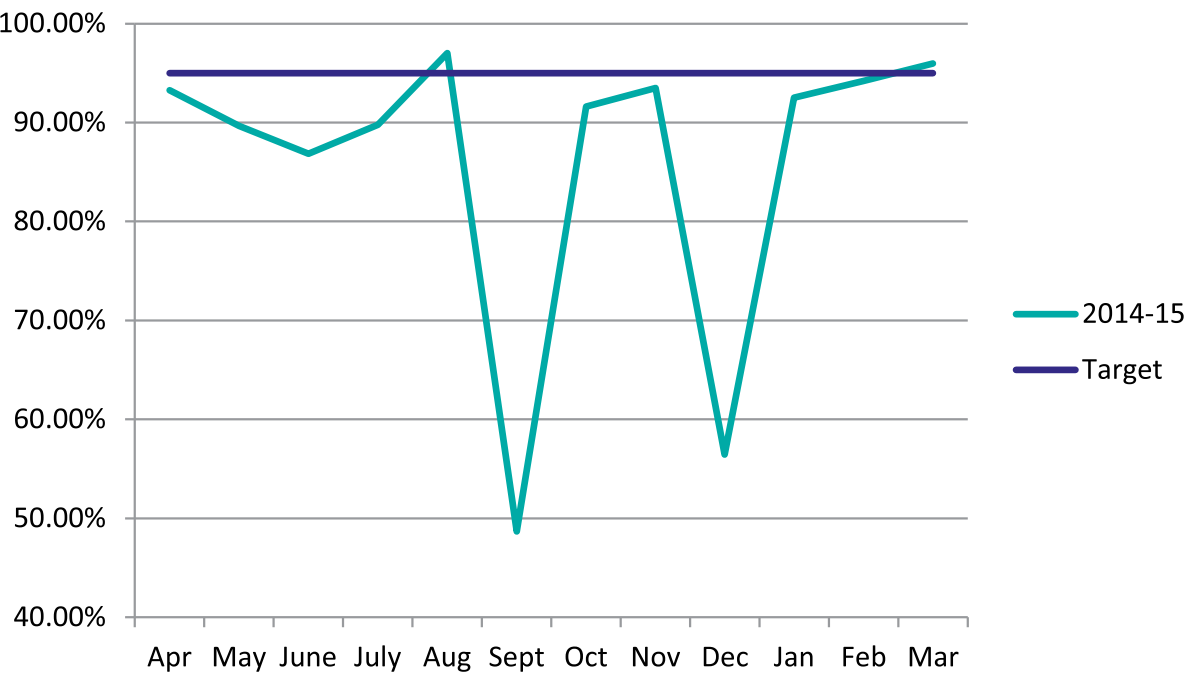
In practical terms, the Code requires organisations to pay 95% suppliers within 30 days of receiving a valid invoice.

The Prompt Payment Code, which is administered by the Institute of Credit Management on behalf of the Department for Business, Innovation and Skills, requires organisations to:

- pay suppliers on time within the terms agreed at the outset of the contract, without attempting to change payment terms retrospectively, and without changing practice on length of payment for smaller companies on unreasonable grounds;
- give clear guidance to suppliers in respect of payment procedures, ensuring there is a system for dealing with complaints and disputes which is communicated, and advising suppliers promptly if there is any reason why an invoice will not be paid to the agreed terms;
- encourage good practice by requesting that lead suppliers promote adoption of the code throughout their own supply chains.

The Trust is fully supportive of the Better Payment Practice Code and is also signed up to the Prompt Payment Code. However during 2014-15, performance against the above requirements was not of the expected standard, averaging 85.79% across the year as illustrated below:

Chart 10: Invoice payments with 30 days 2014-15



This was due to the following reasons:

- lost paperwork and delays in scanning invoices by SBS, the Trust’s supplier of accounting services;
- low numbers of purchase orders which meant that a higher number of invoices required coding and approval following submission.

In 2015-16, initiatives to enable improvement will include:

- increasing colleagues’ use of purchase orders;
- validating that the scanning issue is fully resolved;
- starting the process to identify a new supplier and move away from SBS.

4.3.5 Off-payroll engagements

In 2014-15, the Trust employed 9 people whose charges exceeded £220 per day and whose contract lasted longer than six months. All these engagements were suitably assessed to assure that the individuals concerned were paying the right amount of income tax and National Insurance.

These engagements are shown in the tables below:

Table 17: Off-payroll engagements as at 31 March 2015, for more than £220 per day and that last longer than six months

	Number
Number of existing engagements as of 31 March 2015	8
Of which, the number that have existed:	
for less than one year at the time of reporting	7
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0
Confirmation that all existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought	YES

Table 18: Off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than six months

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	9
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	9
Number for whom assurance has been requested	9
Of which:	
assurance has been received	9
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

Board off-payroll engagements

Number of off-payroll engagements of Board members and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed “Board members and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements	18

4.4 Information governance

4.4.1 Charges for information

In 2014-15, the Trust complied fully with HM Treasury’s guidance on setting charges for information. Thus, the Trust reserved the right to charge for disclosures under the terms of the Freedom of Information Act 2000 whereby work to fulfil that disclosure would exceed the cost limit laid down in the Fees Regulations: however, in practice, none of the enquiries received by the Trust in 2014-15 were that substantial that a corresponding charge had to be levied.

With regards to Subject Access Requests, the Trust’s charges range from £10 - £50 for copies of records, but any such charge is made clear to requesters in advance.

4.4.2 Confidentiality breaches

All incidents that may, or do, result in loss of data or breach of confidentiality are taken extremely seriously by the Trust, irrespective of whether such loss or breach relates to either the person-identifiable information about a service user or member of staff, or whether it relates to sensitive or confidential information relating to the Trust’s business or operations.

To this end, the Trust classifies all such incidents using the criteria recommended within the Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation (IG SIRC) issued by the Health and Social Care Information Centre (HSCIC).

The results of this classification for confidentiality breaches in 2014-15 are as below:

Table 19: Classification of information breaches

Category	Breach Type	IG Scale Point	Scale Point Type	No	Mitigating Actions
A	Corruption or inability to recover electronic data	0	Limited clinical information corrupted within the clinical system	1	The responsible service identified the corrupted information and corrected the details from information held within the medical record
B	Information disclosed in error	0	Basic demographic information disclosed in error to third party	37	Colleagues referred to Information Governance refresher training
C	Information lost in transit	0	Limited clinical information plus basic demographic data lost in transit between organisations	6	Colleagues referred to Information Governance refresher training following a full investigation.
		1	Detailed children’s clinical information lost in transit between organisations	1	Colleagues made aware of information security policy
D	Lost or stolen hardware	0	Lost mobile phone holding limited demographic data and no clinical information	2	Colleagues made aware of confidentiality code of practice and referred to Information Governance refresher training

Category	Breach Type	IG Scale Point	Scale Point Type	No	Mitigating Actions
E	Lost or stolen paperwork	0	Basic demographic information and limited clinical information lost	23	The responsible services reproduced the lost information in order to reduce the risk. Each team member was referred for Information Governance refresher training
F	Non-secure disposal of hardware	0	Basic demographic data at risk - information found on CD	1	Colleagues referred to Information Governance refresher training
		1	Unauthorised disposal of clinical system server containing limited clinical information	1	The Director of Finance held an emergency meeting with the countywide provider of IT support, and introduced measures to prevent this reoccurring
G	Non-secure disposal of paperwork	0	Limited clinical information at risk including basic demographic information	1	The manager was made aware of the situation and the team was referred to additional Information Governance refresher training. Additionally, the team was made aware of the Trust’s information destruction rules
H	Information uploaded to website in error	N/A	N/A	0	None occurred
I	Technical security failing	1	Detailed clinical data lost including sensitive children information	1	Colleagues were required to re-enter the information from existing notes back onto the system. In cases of uncertainty, colleagues contacted the service users by telephone to clarify that the correct information was being recorded
J	Unauthorised access/disclosure of information	0	No clinical data at risk. Limited demographic data disclosed.	36	Colleagues referred to Information Governance refresher training
K	Other	0	Incorrect data entered onto clinical system	16	The team manager was made aware of the situation and asked to correct the data entered onto the system
Total				126	

Thus, as shown above, in 2014-15, there were 126 breaches of data confidentiality, although none were of such significance that it needed to be reported to the Information Commissioner.

In order to deliver improvement in 2015-16, the Trust has developed a suite of information leaflets covering a variety of topics for colleagues’ education. Additionally, detailed guidance will be available to colleagues via the Trust intranet, and there will be a strengthened process for receiving and resolving information governance queries.

For further information, please refer to section 5.5.6 below.

4.5 Health and safety

In 2014-15, the Trust reported 2,099 health and safety incidents which are shown in table 20 below. In this context, an incident is defined as any event which has given rise to actual harm or injury to an individual, or which has resulted in damage to, or loss of, property. This therefore includes service user or staff injury, assault and accident, as well as fire, theft and vandalism. It also includes harm from negligent acts, whether deliberate or unforeseen.

Table 20: Health and safety incidents 2014-15

Incident by type	Total
Personal accident (service user/staff)	1,307
Estates, staffing, infrastructure	375
Security incident	205
Violence, abuse or harassment	193
Fire incident	19
Total	2,099

The largest category of incidents, namely personal accidents, can be broken down further as below:

Table 21: Top 3 categories of personal accident 2014-15

Incident type	Top 3 categories	Total
Personal accident (service user/staff)	Slip, trip or fall (service user)	958
	Hit by/against object	97
	Slip, trip or fall (staff / visitor)	53

As shown above, slips, trips and falls represent the highest number of recorded accidents. As a result, the Trust is committed to ensuring quality improvements in its falls risk assessments and prevention work.

The Trust notes that in 2014-15, it did not receive any improvement notice from the Health and Safety Executive in respect of poor practice or reported concerns.

It is also noted that in 2014-15, there were 13 RIDDOR incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reported as a result of a work-related accident. 9 of these incidents affected staff, 2 affected service users and 2 affected members of the public. This is considerably fewer than other Trusts with whom comparisons are shared. Nevertheless, the Trust will continue to monitor any such incidents, and seek to take remedial actions where corresponding weaknesses in health and safety systems or processes are identified. Moreover in respect of the 13 RIDDOR incidents reported in 2014-15, the following actions have already been taken:

- the falls risk assessment process was reviewed and updated in light of a service user suffering a fracture as a result of a fall;
- procedures for the manual handling of service users were reviewed and updated;
- staff received retraining on door security procedures;
- llighting was repaired and improved in a clinical area after a fall;
- staff were reminded of the need to assess the working area before commencing treatment: equally, staff were reminded to be aware of trip hazards while they were working.

4.6 Fraud prevention

The Trust maintains a Counter Fraud and Corruption Policy and Response Plan which serves to regulate its activities in respect of fraud prevention and management.

The Trust also uses the Gloucestershire Local Counter Fraud Service to represent the organisation in all matters of fraud. This service undertakes work in relation to countering fraud and corruption across the eight areas of counter fraud activity, namely culture, deterrence, prevention, detection, investigation, sanction, redress and management / mandatory arrangements.

On behalf of the Trust Board, the Audit and Assurance Committee assumed corporate responsibility in 2014-15 for ensuring that the Trust maintained an appropriate fraud response, and more specifically:

- reviewed the policies and procedures for all work related to the detection of wrong-doing, fraud or corruption;
- evaluated the Trust’s systems and controls for the prevention of bribery;
- assessed the arrangements in place for countering fraud; and
- considered and monitored the annual plan for the Gloucestershire Local Counter Fraud Service’s work, validating the efficiency and effectiveness of this function.

For further information, please refer to section 5.5.5 below, which forms part of the Annual Governance Statement.

4.7 Emergency preparedness

During 2014-15, the Trust gave particular focus to ensuring the resilience of its services. This included the development of a Business Continuity Strategy. Additionally, the Trust Board tasked the Emergency Preparedness and Resilience Group with reviewing the organisation’s existing business continuity plans, and raising awareness of Emergency Preparedness, Resilience and Response (EPRR) across the organisation. As a result, there were presentations and workshops at the Trust’s Leadership Group, and active work with operational teams so as to ensure the implementation of an effective communications plan to support the Trust’s continued working with key partners such as Gloucestershire County Council.

In 2015-16, the Trust will focus upon implementation of its Business Continuity Strategy, which will include enhancing service level business impact and continuity plans. It will also require the Trust to undertake training and exercising for potential disruptions to services such as a sudden major transport or industrial accident, an outbreak of infection, or a terrorist incident, in order to ensure that colleagues are clear on their roles and responsibilities should the Trust be required to provide support to the wider Gloucestershire health and social care community. This will also serve to embed the principles of EPRR, and will be supported by a number of associated internal plans regulating the Trust’s actions given potential disruption to services or staff such as adverse weather, fuel shortage, pandemic flu etc.

In undertaking this work, the Trust will continue to co-operate, contribute and liaise closely with all its key partners in the Gloucestershire Local Health Resilience Partnership and the Gloucestershire Local Resilience Forum so as to ensure consistent and coordinated response countywide, and maintain compliance with the Civil Contingencies Act 2004 and key EPRR guidance. It will also ensure that the Trust maintains its EPRR alignment to the Gloucestershire System Resilience Group (SRG) activities.

4.8 Complaints management

The Trust is committed to providing remedies for any injustice or hardship which may result from maladministration or poor service. As such, the Trust observes the following processes in line with the Principles for Remedy advised by the Parliamentary and Health Service Ombudsman (2009):

- **Getting it right**

The Trust is committed to acknowledging quickly any right case of maladministration or poor service, accepting responsibility where appropriate, and seeking to put matters right. Thus, an explanation and apology will always be offered where there is cause, an offer of further discussion will be made, and compensation will be considered if the Trust is unable to return a complainant to the position they were before the maladministration or poor service occurred.

- **Being customer focused**

The Trust will undertake full, thorough and timely investigations in respect of any incident, and where investigations identify failures, the Trust will acknowledge these, apologise, accept responsibility, and provide a clear explanation of why the failure occurred. The Trust also recognises the importance of managing complainants’ expectations so they understand clearly what the Trust is able to do in any situation.

In respect of formal complaints, the apology and explanation will be sent from the Chief Executive. With concerns, response may come from the Head of Service, or in some cases where appropriate, a Senior Manager or Director may contact the complainant by telephone. Where complaints involve other local organisations, the Trust will work with its partners to agree who will lead on the complaint, and who will be the point of contact for the complainant.

The Trust will carefully consider the wishes and needs of the complainant in deciding an appropriate remedy, evaluating all the circumstances to offer a solution that is fair, impartial, appropriate, professional and respectful to the complainant.

- **Being open and accountable**

The Trust’s complaints policy makes clear what remedies may be available in any given circumstance. The Trust will also discuss openly with complainants, any remedies that may be available to them. In offering a remedy, the Trust will explain to the complainant how any decision was reached, and will keep a record of the decision and reasons for it.

- **Acting fairly and proportionately**

The Trust is committed to be fair, reasonable and proportionate to injustice or hardship suffered, and will consider the circumstances of each case on its own merits, assessing how a complainant may have been affected.

Previous decisions relating to similar cases will be referenced when deciding a remedy in order to ensure consistency. The Trust is also mindful of the proper protection of funds, and will ensure that legal powers are not exceeded when deciding an appropriate solution.

- **Putting things right**

Where possible, the Trust aims to return each complainant to the position they were before the maladministration or injustice took place. In cases where financial remedy is appropriate, this will include assessment of how much the complainant has lost by the incident, and the impact of the event upon the individuals concerned, such as any contribution to ill health or other inconvenience or distress.

Incidents will also result in the Trust taking remedial action such as reviewing procedures, training or supervising staff, or reviewing or changing a decision on the service.



- **Seeking continuous improvement**

The Trust is committed to learning, and will identify and inform complainants of the actions taken to prevent the reoccurrence of maladministration or poor service. The Trust also reports all incidents through its governance structures, so that information is learnt and suitably cascaded organisation-wide, so that ultimately, all Trust services can be improved.

Further to the above, it is recognised that in 2014-15, the Trust updated its complaints policy. This sought to strengthen processes to:

- ensure that the Trust’s desire to listen to, and learn from, feedback is realised;
- implement a complaints management procedure that is easy to understand, accessible to everyone and simple to use;
- ensure that people are not treated differently as a result of making a complaint or raising a concern;
- provide robust assurance that complaints are effectively managed and lessons can be learnt so as to improve services;
- support colleagues to conduct investigations which are thorough, fair, responsive and open.

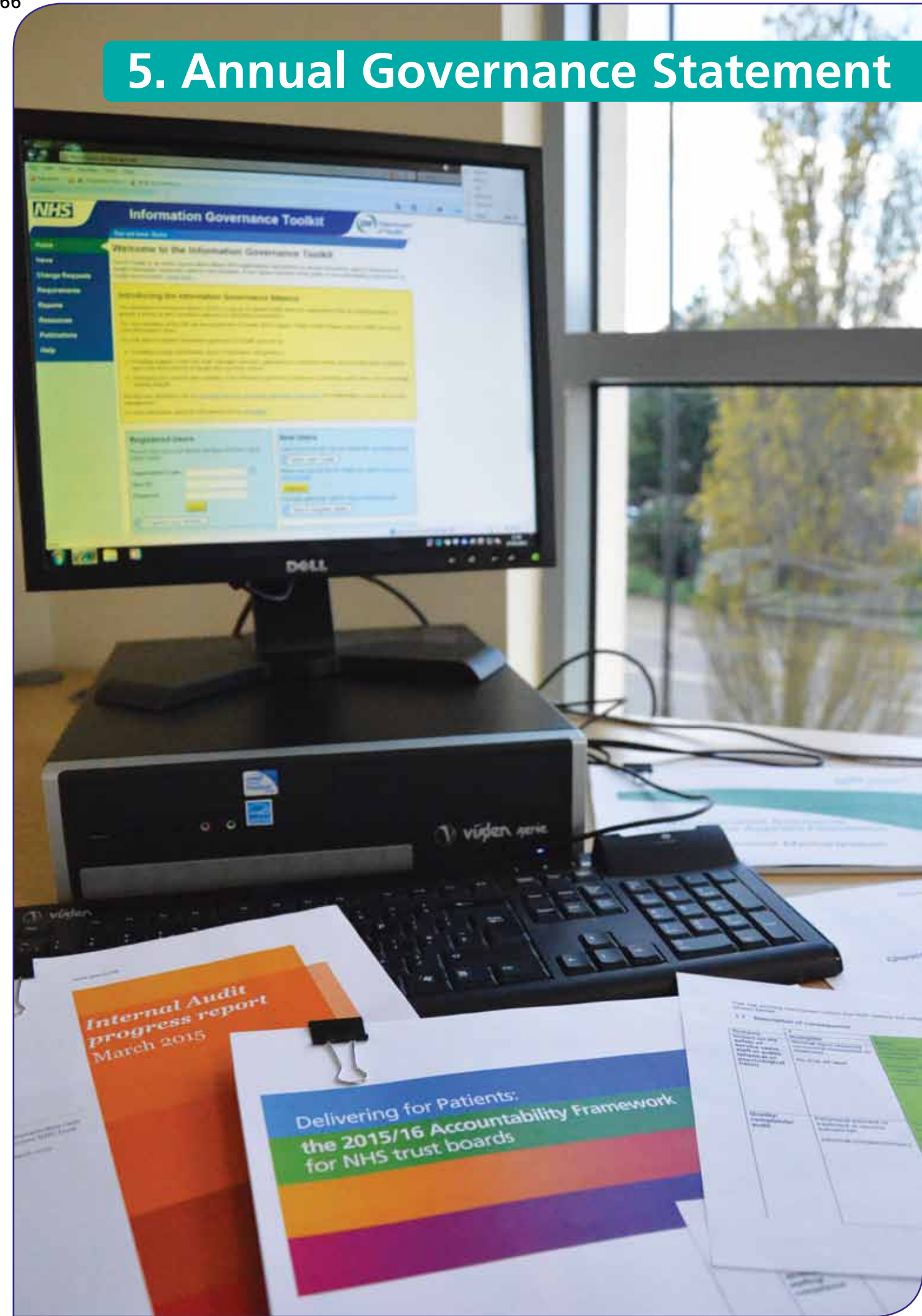
More specifically, the policy sought to ensure equity in the Trust’s approach, giving particular consideration to people who may find it harder to engage with the complaints management process. These include: people with learning disabilities, hearing loss, sight loss, communication difficulties and other disabilities; people who do not speak and/or read English; people who are new to the NHS; people who are more likely to face, or fear, prejudice including transgender people, gypsies and travellers, lesbians, gay men and bisexual people, and people from black and minority ethnic communities.

I hereby confirm that the above Directors’ Report is a true and accurate representation of the described Trust activities in 2014-15.

Paul Jennings

Signed: Paul Jennings, Chief Executive
Date: 3 June 2015

5. Annual Governance Statement



5.1 Scope of responsibility

As Chief Executive of Gloucestershire Care Services NHS Trust ("the Trust"), I hereby affirm my belief that this organisation ably and routinely demonstrates its clear commitment to the principles and practices of corporate governance, and that this commitment is evident both in our outcomes and this Annual Governance Statement. I also assert that this Trust's activities in all areas of governance, be it corporate governance, clinical governance, financial governance or information governance, are undertaken fully in accord with our organisational values of Caring, Open, Responsible and Effective.

Moreover, I recognise that as Accountable Officer, I have ultimate responsibility for ensuring that the Trust maintains a robust system of governance and internal control that facilitates achievement of our organisational vision and strategic objectives. I also acknowledge that I have personal responsibility for safeguarding public funds and optimising the use of organisational assets: thus, I am committed to ensuring that the Trust is administered by the most economical and prudent means possible, and that all resources are applied with maximum efficiency. As best example of this efficiency, I would note that as at the end of the financial year 2014-15, the Trust remains financially sustainable, returning a surplus of £1.5million in line with our plan, despite the financial challenges and constraints that are apparent across the national health and social care landscape.

I additionally recognise my personal responsibilities for overseeing the achievement of quality standards across this organisation, not only throughout all aspects of provided care, but also within the support functions that serve to enable the Trust's health and social care services. To this end, I would claim that overall, this Trust delivers excellent standards of care across the whole of Gloucestershire. This is demonstrated by, for example, our achievement of the Safety Thermometer standard for harm-free care in February and March 2015, and our consistently low rates of infections. I therefore welcome the opportunity to showcase this excellence as part of the assessment by the Chief Inspector of Hospitals that is scheduled for June 2015.

Finally, I confirm my compliance with all requirements and obligations as determined within the Accountable Officer Memorandum, and reflected within the Trust's Standing Orders, Scheme of Reservation, Scheme of Delegation of Powers, and Standing Financial Instructions.



This includes being accountable through the NHS Accounting Officer to Parliament for the stewardship of the Trust's resources, and for ensuring that all Trust managers have a clear view of their personal and team objectives, and are duly provided with the means and information to assess their achievements in relation to those responsibilities.

In summary therefore, I trust that this Annual Governance Statement shows the significant successes that the Trust has achieved in 2014-15, whilst also recognising the work necessary to achieve future quality improvement.

Paul Jennings

Paul Jennings, Chief Executive

Date: 3 June 2015

5.2 Board / corporate governance

5.2.1 Responsibilities of the Board

- The Terms of Reference for the Trust Board made clear its responsibilities for 2014-15. These responsibilities encompassed:
- governing the organisation effectively, and maintaining public and stakeholder confidence in the Trust’s continued quality and sustainability;
 - managing, and continuously appraising, the strategic development, integrated governance and on-going financial and operational performance of the Trust in line with all prevailing mandatory and statutory guidelines;
 - ensuring the delivery of safe, effective, high quality health and social care services at all times, that are wholly responsive and accessible to the public, and that have been shaped both directly and indirectly by service user experience and opinion;
 - overseeing investment in appropriate resources that deliver optimal health and social care outcomes, and enable public money to be spent in a way that is both efficient and effective;
 - upholding the values of the Trust and the NHS Constitution.
- More specifically, the Terms of Reference charged the Trust Board with responsibility for:
- **providing leadership:** in particular, this included responsibility for formulating the overarching direction for the Trust, ratifying all documented strategies, and shaping a positive culture for the Board and Trust as a whole;
 - **ensuring quality:** this required the Board to receive the Quality and Performance Report for comment and/or direction, and validate that no programme of transformational change or other variation to process or activity, would result in negative impact upon the quality of provided care;
 - **maintaining control:** this included responsibility for ensuring that financial probity and effective financial controls were in place, and scrutinising the Board Assurance Framework (BAF) to advise upon all strategic and operational risks;

- **introducing innovations:** as such, the Board was responsible for ratifying all business development opportunities recommended by the Performance and Resources Committee, and approving all business cases that required capital investment, ensuring that these would minimise financial and clinical risk, and increase service effectiveness and efficiency;
- **promoting integrity:** this required the Board members to set the standard for the Trust, act in accordance with the CORE values of the organisation, and observe the seven Nolan Principles, namely selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Prior to the start of the financial year 2014-15, the Trust updated its Standing Orders, Scheme of Reservation, Scheme of Delegation of Powers and Standing Financial Instructions. Together, these documents articulated how the Trust would seek to fulfil and discharge its statutory functions throughout the year, and how these functions would be directed and managed by the Trust Board.



5.2.2 Board changes

In 2014-15, there were a number of changes at Board level as detailed below. These changes were undertaken with the full support of the NHS Trust Development Authority (“TDA”).

- **Duncan Jordan, Chief Operating Officer**
Duncan joined the Trust in April 2014 on secondment from Gloucestershire County Council, where he previously held the role of Group Director and Chief Operating Officer. Duncan’s role within the Trust gives him responsibility for all front-line services delivered by the organisation, and leadership of an extensive programme of change.

Duncan’s appointment prompted additional changes in the titles and portfolios of two other Trust Directors, namely:
 - Candace Plouffe, previously Director of Operations - Countywide, Children’s and Young People’s Services, became Director of Service Delivery with responsibility for the management of all scheduled care activity i.e. that supported by the Trust’s Integrated Community Teams, Countywide and Specialist Services as well as Children and Young People’s Services;
 - Susan Field, previously Director of Operations - Adult Services, became Director of Service Transformation with responsibility for the management of all unscheduled care activity i.e. that supported by the Trust’s community hospitals and urgent care services: Susan is also responsible for managing the Transformation and Change Team;
- **Elizabeth Fenton, Director of Nursing and Quality**
In April 2014, Elizabeth’s job title changed from Director of Nursing to Director of Nursing and Quality.
- **Tina Ricketts, Director of Human Resources**
In April 2014, Tina’s job title changed from Head of HR to Director of HR.
- **Richard Cryer, Non-Executive Director**
Richard joined the Board in April 2014, having previously served as Director of Finance at the University of London between 2006 and his retirement at the end of 2012.

- **Dr Joanna Bayley, Medical Director**
In June 2014, Jo took up a ten-month secondment with the NHS Leadership Academy as one of just 35 clinicians from across the UK who was selected to join the NHS Fast Track Executive Programme.
- **Dr Mike Roberts, Interim Medical Director**
In Dr Jo Bayley’s absence, Mike joined the Board in July 2014. Mike has worked as a GP in Gloucestershire for 25 years, and has also held a number of leadership positions across the county, including Clinical Lead, Interim Medical Director, Chair of the Gloucester City Executive, and representative for the Gloucestershire LMC.
- **Simeon Foreman, Board Secretary**
In June 2014, Simeon stood down as Board Secretary to pursue new opportunities elsewhere: upon his departure, the statutory responsibilities of Board Secretary passed to Jason Brown.
- **Jason Brown, Director of Corporate Governance and Public Affairs**
Jason joined the Board in May 2014, having previously worked within the NHS for the past 22 years, providing corporate, strategic and operational management for a range of acute, community and mental health providers, as well as adult and children’s social care in England. Jason had also worked nationally on behalf of both the Department of Health supporting confidential enquiries, and the Health and Social Care Information Centre.
- **Nicola Strother Smith, Non-Executive Director**
In July 2014, Nicola’s status changed from designate (non-voting) Non-Executive Director to Non-Executive Director (voting).
- **Christopher Creswick, Non-Executive Director**
Christopher retired from his post in January 2015.

Please note: in 2013-14, Councillor Tony Hicks and Duncan Jordan (then at Gloucestershire County Council) attended Trust Board meetings in a non-voting capacity, given that the Trust manages some of the Council’s budgets under joint management arrangements. This oversight is now obtained through joint contracting arrangements with Gloucestershire Clinical Commissioning Group under a Collaborative Commissioning Arrangement, and as a result, Gloucestershire County Council representatives no longer attend Trust Boards.

5.2.3 Board attendance

The table below provides details of Executive and Non-Executive Directors’ attendance at the Trust Board throughout 2014-15. This illustrates that the total attendance of available members was 94% across the year: this represents a 6% increase in attendance compared to 2013-14. It is also noted that the majority of Board absences were due to Board members being elsewhere on critical Trust business.

Table 22: Board attendances 2014-15

Table 22: Board attendances 2014-15	2014				2015		
	20 May	15 July	16 Sep	25 Nov	20 Jan	17 Mar	
Voting Members							
Ingrid Barker, Chair	✓	✓	✓	✓	✓	✓	100%
Paul Jennings, Chief Executive	✓	✓	✓	✓	✓	✓	100%
Robert Graves, Non-Executive Director	x	✓	✓	✓	✓	✓	83%
Richard Cryer, Non-Executive Director	✓	✓	✓	✓	✓	✓	100%
Joanna Scott, Non-Executive Director and Vice Chair	✓	✓	✓	✓	✓	✓	100%
Susan Mead, Non-Executive Director	✓	✓	✓	✓	✓	✓	100%
Nicola Strother Smith, Non-Executive Director	✓	✓	✓	✓	✓	✓	100%
Christopher Creswick, Non-Executive Director	✓	✓	✓	✓	✓		100%
Glyn Howells, Director of Finance and Deputy Chief Executive	✓	✓	✓	✓	✓	✓	100%
Elizabeth Fenton, Director of Nursing & Quality	✓	✓	✓	x	x	✓	66%
Dr Joanna Bayley, Medical Director	✓						100%
Dr Michael Roberts, Interim Medical Director			✓	✓	✓	✓	100%
Non-Voting Members							
Duncan Jordan, Chief Operating Officer	✓	✓	✓	✓	✓	✓	100%
Susan Field, Director of Service Transformation	x	✓	✓	✓	✓	✓	83%
Tina Ricketts, Director of HR	✓	✓	✓	✓	✓	✓	100%
Candace Plouffe, Director of Service Delivery	✓	✓	x	✓	✓	✓	83%
Simeon Foreman, Board Secretary	x						0%
Jason Brown, Director of Corporate Governance and Public Affairs	✓	✓	✓	✓	✓	✓	100%
Total							94%

5.2.4 Board effectiveness and evaluation

Following the Trust Board meeting in March 2015, Board members took opportunity to reflect upon successes and achievements, measured against the Board responsibilities as detailed in section 5.2.1 above. In summary, this Board effectiveness evaluation concluded as follows:

Table 23: Board evaluation 2014-15

	Evaluation	Development opportunities
How effectively has the Trust Board fulfilled its responsibilities as prescribed in its terms of reference?	<ul style="list-style-type: none">There was clear development and greater stability of the Board in 2014-15The Board faced up to a number of considerable challenges to the Trust, and addressed these effectivelyThere was good scrutiny and improved reporting of key issues with a firm focus on performance, quality and safetyGovernance structures supporting the Trust Board were suitably strengthened	<ul style="list-style-type: none">Increase visibility of service user experience / opinionEnsure more alignment to risk, and make risks the impetus for papers / agendaUndertake full appraisal of new initiatives or service transformationsIncrease debate on key clinical issuesReflect on assessments from the NHS Trust Development Authority and other external agencies
What were the Board’s biggest achievements in 2014-15? What could have been done better?	<ul style="list-style-type: none">There were a number of detailed and productive discussions regarding the Trust’s strategic directionSome critical service user safety issues saw performance improvement as a consequence of Board focusSimilarly, there were improvements in staff engagement, satisfaction and motivation as directed by BoardThe Board saw improved service user / service delivery stories at beginning of sessions	<ul style="list-style-type: none">Further enhance the Board Development programmeEnsure better focus upon the Cost Improvement Programme (CIP)Understand challenges in achieving key national performance targetsIncrease scrutiny of HR hotspotsBuild better relationships with local commissionersEnsure that the Duty of Candour is suitably embedded across the Trust
Does the Trust have the right balance of skills around the Boardroom? Where are the gaps?	<ul style="list-style-type: none">There was an appropriate skills balance within the Executive Directors’ team: in particular, this was strengthened by the appointment of the Chief Operating OfficerStrong assembly of Non-Executive Directors, all with relevant, rounded backgrounds	<ul style="list-style-type: none">Additional clinical Non-Executive Director input would be beneficialDue to the recent retirement of one of the Non-Executive Directors, additional NED expertise is needed in respect of the HR/OD agenda
What style of leadership does the Board use? How successful is the Board in promoting this style of leadership across the Trust?	<ul style="list-style-type: none">The Board adopted a democratic, collaborative and inclusive approach, championed by the ChairBoard members committed to leading by example, and aimed to build a Trust culture of open engagement, empowerment and involvementThere was clear acceptance of accountability and responsibility as appropriate	<ul style="list-style-type: none">Less focus on reassurance, and increased emphasis upon assurance at BoardOpportunity for a more outward-facing approach so as to ensure wider horizon scanning, leading to clear direction setting for the TrustGreater visibility of Executives around the Trust so that all staff have opportunity to interact

	Evaluation	Development opportunities
How do colleagues, service users, the public and other stakeholders perceive the Board? Is the Trust doing enough to listen to their views? Is the Trust doing enough to inform others about its work?	<ul style="list-style-type: none">• In 2014-15, the Board updated the way it heard service user / service delivery stories, and this will evolve further in 2015-16• Service user experience was included in the Board Quality and Performance Report albeit not comprehensively• The Trust developed an Engagement Framework with the support of stakeholders, to stimulate improved dialogue• Attendance at Board by the public was very limited: equally, few staff attend• The Annual General Meeting was well attended and received by public and partners• Much work was undertaken in 2014-15 to raise the Trust profile with partner agencies	<ul style="list-style-type: none">• Extend coverage of service user experience within Board reporting• Provide clear evidence to the Board and other stakeholders of examples of where service change has been informed by service user feedback• Promote Board meetings more widely so as to encourage increased attendance by a range of stakeholders• Improve communications and engagement with key stakeholders, in particular, local GPs
Does the Board agenda adequately reflect the things that the Trust needs to give attention to? Are there sufficient opportunities for Board members to influence the agenda?	<ul style="list-style-type: none">• In 2014-15, the Board discussed the Forward Plan at each meeting giving opportunity for all members to contribute• Non-Executive Directors also had opportunity via the NED meetings and one-to-one discussions with the Chair to influence future agendas• The new Board format whereby NEDs presented summaries of sub-committees brought better balance to the Boardroom	<ul style="list-style-type: none">• Increase the level of discussion held at public Board rather than in private• Increase the level of discussion in respect of risk and risk mitigations• Enact the agreed plan to hold regular Board planning meetings between the Chair, Chief Executive and Director of Corporate Governance and Public Affairs
Are the Trust's governance structures effective? Do Committees provide sufficient assurances to the Board? Should the Board be reviewing certain information that is currently delegated to its Committees?	<ul style="list-style-type: none">• At the end of 2013-14, it was agreed that Board sub-committees which were established in April 2013, should operate for a further year prior to assessment: this time has now passed and analysis has been undertaken, resulting in a revised governance structure for 2015-16• The introduction of Committee reviews of progress against strategy and operational risk registers were welcome• The revised format of the Board, whereby summaries of subcommittees were presented, provided suitable assurances	<ul style="list-style-type: none">• Embed the revised Board sub-committee governance structure, ensuring that there is absolute clarity of remit, role and responsibilities so as to avoid any potential duplications or omissions: equally, ensure that membership of these subcommittees is appropriate so as not to overburden Executive and Non-Executive Directors

	Evaluation	Development opportunities
Does the Trust know enough about the quality of care delivered to service users and their carers and relatives?	<ul style="list-style-type: none">• Compared to concerns raised in 2013-14, the Trust Board felt more assured that it understood where quality care was being delivered in Gloucestershire, and equally where there were opportunities for improvement: in particular, the Quality and Performance Report significantly improved• Benchmarking data was increasingly available to compare Trust performance against other similar Trusts	<ul style="list-style-type: none">• Increase the number of quality visits by Executive and Non-Executive Directors to places of care, including service users' homes• Build upon recent improvements in Friends and Family Test response rates• Continue to increase the triangulation of information in Board reporting• Routinely receive and act upon Healthwatch feedback
Does the Trust meet the needs of its most vulnerable service users, and does the Board have sufficient assurances that they are safe from harm and receiving high-quality care?	<ul style="list-style-type: none">• The Trust continued to monitor how best to meet the needs of all people for whom it cares and mitigate against any unforeseen consequences of change (thus, for example, the increase in single inpatient rooms has led to higher numbers of falls in community hospitals)• The Trust Board was assured of significant improvements in work with people with dementia	<ul style="list-style-type: none">• Greater support is needed for people with learning disabilities as insufficient progress was made in 2014-15 by the Learning Disabilities Steering Group• The eQuality Impact Assessment tool needs further strengthening so as to provide appropriate assurance in respect of service developments

5.2.5 Compliance with the UK Corporate Governance Code

In March 2015, the Trust undertook self-assessment against the main principles of The UK Corporate Governance Code (Financial Reporting Council, September 2012). A summary of this assessment is as follows:

Table 24: Compliance with the UK Corporate Governance Code

Code Requirement	RAG	Trust Response
Leadership		
Every Trust should be headed by an effective Board which is collectively responsible for the long-term success of the organisation		<p>The Trust Board has very clear Terms of Reference which establish its remit, duties and responsibilities (see summary at section 5.2.1 above). Moreover, these responsibilities are reiterated within the organisation's Standing Orders.</p> <p>Throughout 2014-15, the Trust continued to update and maintain its Board composition matrix which it routinely used to assess members' skills, talent and capabilities so as to inform their annual objectives and personal development plans, and thereby ensure a high-performing Board.</p> <p>In 2014-15, the Trust also assessed and ensured its absolute compliance with the requirements of the Fit and Proper Persons Test (Regulation 5 of the Health and Social Care Act 2008 (Regulation of Regulated Activities) (Amendment) Regulations 2014).</p>

Code Requirement	RAG	Trust Response
Leadership		
There should be a clear division of responsibilities at the head of the Trust between the running of the Board and the executive responsibility for the running of the Trust's business. No one individual should have unfettered powers of decision		There is clear demarcation between the responsibilities of the Chair and the Chief Executive, which is articulated in their respective job descriptions and enforced within the Trust's Standing Orders. Thus, the Chair is pivotal in creating the conditions for Board and for ensuring the effective contribution of all individuals, whilst the Chief Executive is responsible for leading and managing the Executive Directors.
The Chair is responsible for leadership of the Board and ensuring its effectiveness on all aspects of its role		The Chair is paramount in setting the tone, style and agenda for the Board, taking into account, the concerns of the Executive and Non-Executive Directors. Supported by the Director of Corporate Governance and Public Affairs, the Chair also ensures that the Board receives accurate, timely and clear information on all relevant issues, enabling Board members to make sound judgements and decisions, and monitor the Trust's performance. Additionally, the Chair encourages active engagement and constructive challenge by all Board members.
As part of their role as members of a unitary Board, Non-Executive Directors should constructively challenge and help develop proposals on strategy		<p>Throughout 2014-15, the Trust's Non-Executive Directors made crucial contribution to the development of Trust strategy and policy. This was directed through Trust Board, Board Development sessions, Board sub-committees, and where appropriate, one-to-one engagement with Executive Directors and other senior Trust colleagues.</p> <p>The Chair meets formally on a monthly basis with the Non-Executive Directors, independent of the Trust's Executive Directors, to debate pertinent issues.</p> <p>In September 2014, led by the Senior Independent Director, the Non-Executive Directors undertook a detailed appraisal of the Trust Chair.</p>
Effectiveness		
The Board and its committees should have the appropriate balance of skills, experience, independence and knowledge to enable them to discharge their respective duties and responsibilities effectively		<p>Throughout 2014-15, the Trust Board was actively supported by a number of Committees and other key forums as illustrated in section 5.2.6 below. The Terms of Reference for these groups sought to ensure an appropriate balance of attending Executive and Non-Executive Directors supported by other Trust colleagues.</p> <p>At the start of each Board meeting, the Chair ascertains whether there are any changes to the Declarations of Interest already formally lodged by each Executive and Non-Executive Director. Any such change would be formally recorded by the Director of Corporate Governance and Public Affairs, and used to determine the independence of the associated individual.</p> <p>Throughout 2014-15, Non-Executive Directors represented over 50% voting members of the Board.</p>

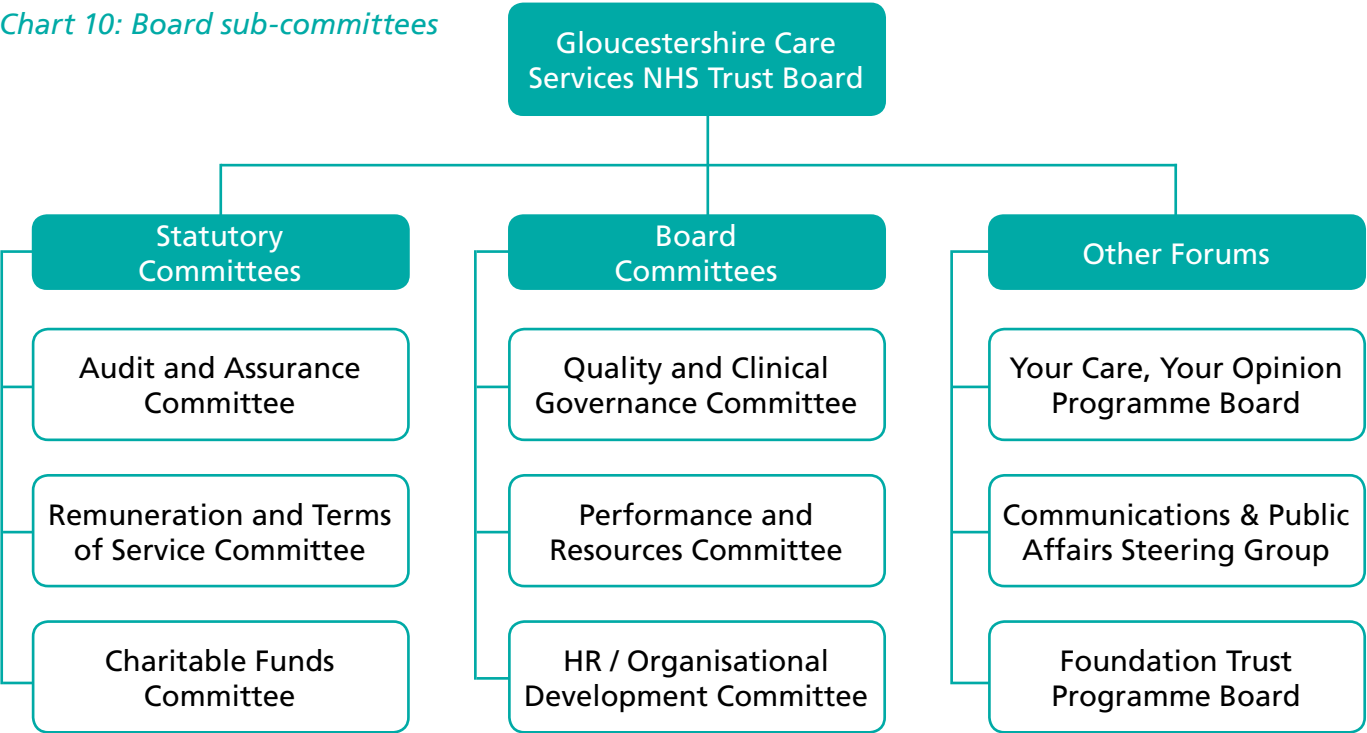
Code Requirement	RAG	Trust Response
Effectiveness		
There should be a formal, rigorous and transparent procedure for the appointment of new directors to the Board		The Trust observes a formal process for the appointment of Board members which explores each prospective candidate's competencies, attributes, knowledge and experience linked to the corresponding role. Moreover, the TDA's input on key positions has always been sought, and TDA representatives have participated in relevant recruitment exercises. Overall, the recruitment process for Board Directors is overseen by the Remuneration and Terms of Service Committee so as to ensure transparency, openness and accountability.
All directors should be able to allocate sufficient time to the Trust to discharge their responsibilities effectively		The Chair and all Non-Executive Directors are made formally aware at appointment, the time commitment expected of them. In 2014-15, all individuals made contributions well in excess of these requirements, demonstrating their commitment to their roles.
All directors should receive induction on joining the Board and should regularly update and refresh their skills and knowledge		The Trust maintains a clear induction programme so as to provide appropriate support to new Executive and Non-Executive Directors. This is complemented by an induction manual which provides a wealth of information materials. The Directors' personal development plans identify how they are expected to update and refresh their skills: moreover, all Directors are actively encouraged to attend both local and national conferences.
The Board should be supplied in a timely manner with information in a form and of a quality appropriate to enable it to discharge its duties		In 2014-15, the Trust's Director of Corporate Governance and Public Affairs ensured that through the Chair, all Executives and Non-Executive Directors received the necessary information and reports appropriate to their individual roles and responsibilities. The Director of Corporate Governance and Public Affairs was also responsible for advising the Trust Board, via the Chair, of all relevant governance matters.
The Board should undertake a formal and rigorous annual evaluation of its performance and that of its committees and individual directors		<p>Both at the start of 2014-15, and also at the end of the financial year, the Board undertook formal assessment of its performance and that of its Committees (see also sections 5.2.4 above and 5.2.7 below).</p> <p>The results of the 2013-14 Board self-assessment were included within the Trust's 2013-14 Annual Report and Accounts.</p> <p>Throughout 2014-15, both the Trust Board as a whole, and also the Board's Executive Directors, have benefited from external assessment of their individual and collective skills and performance.</p>
All directors should be submitted for re-election at regular intervals, subject to continued satisfactory performance	N/A	This principle is not relevant to NHS Trusts.

Code Requirement	RAG	Trust Response
Accountability		
The Board should present a fair, balanced and understandable assessment of the Trust's position and prospects		Via the Annual Report and Accounts which was issued in June 2014, the Trust made clear its position and prospects. This document was approved as a true reflection of the Trust's financial status by the Chief Executive as Accountable Officer and the Director of Finance, and was additionally validated and endorsed by the organisation's External Auditors. Moreover, at each Board, a Finance Report is presented that identifies the Trust's most up-to-date position.
The Board is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The Board should maintain sound risk management and internal control systems		<p>In March 2015, the Trust Board received and debated the Board Assurance Framework, which identified the most salient strategic risks aligned to the organisation's strategic objectives as proposed by the Executive and Non-Executive Directors. As a result of this first draft, Executive Directors were charged with refining the document further, and bringing it to the Board Development session in April 2015 for final ratification.</p> <p>Thereafter, the Board Assurance Framework will become a living document to be routinely reviewed and revised by both the Audit and Assurance Committee and the Trust Board.</p> <p>This is part of a systematic ongoing process of improvement in the Trust's risk management procedures.</p>
The Board should establish formal and transparent arrangements for considering how it should apply the corporate reporting, risk management and internal control principles and for maintaining an appropriate relationship with the company's auditors		<p>In 2014-15, these arrangements and responsibilities were clearly and formally delegated to the Trust's Audit and Assurance Committee, which is open to all of the organisation's Non-Executive Directors. The key roles of this Committee are described in section 5.2.6 below.</p> <p>It is noted in particular however, that in June 2014, the Audit and Assurance Committee was responsible for approving the organisation's draft Annual Report and Accounts on behalf of the Trust Board. Additionally, the Audit and Assurance Committee maintained overview of the Trust's whistleblowing policy and activity throughout 2014-15.</p> <p>Moreover, the Audit and Assurance Committee was responsible for overseeing the work of both internal and external audit: this included responsibility for considering the major findings of all internal and external audit work (and management response), and ensuring suitable coordination between the auditors to optimise audit response.</p>

Code Requirement	RAG	Trust Response
Remuneration		
Levels of remuneration should be sufficient to attract, retain and motivate directors of the quality required to run the Trust successfully, but no more than is necessary for this purpose. A significant proportion of executive directors' remuneration should be structured so as to link rewards to corporate and individual performance		<p>In 2014-15, scrutiny of remuneration for the Trust's Very Senior Managers was delegated to the Remuneration and Terms of Service Committee.</p> <p>Thus, this Committee agreed individual Directors' remuneration arrangements including their salaries, benefits and allowances, giving due regard to the policies and recommendations of the Department of Health and the NHS Trust Development Authority, and adhering to all relevant laws, codes and regulations.</p>
There should be a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual directors. No director should be involved in deciding his or her own remuneration		In determining the remuneration, allowances and other terms and conditions of office for the organisation's Very Senior Managers, the Trust's Remuneration and Terms of Service Committee acted wholly in accord with the requirements of the NHS Codes of Conduct and Accountability, the Higgs report, and the Trust's Standing Financial Instructions. It is noted that the Committee's membership comprised the Trust's Non-Executive Directors only, thereby ensuring that no Director was directly involved with discussion regarding their own remuneration.
Relationships with Stakeholders		
There should be a dialogue with stakeholders based on the mutual understanding of objectives. The Board as a whole has responsibility for ensuring that a satisfactory dialogue with stakeholders takes place		<p>Throughout 2014-15, the Trust held regular on-going dialogue with all professional stakeholders: thus, for example, the Trust met with its Commissioners formally on a regular basis as part of the Contract Monitoring Board, and was an active participant in all relevant cross-organisational committees including the Gloucestershire Strategic Forum (attended by senior Trust representatives including the Chair and Chief Executive), and the Joining Up Your Care Group which sought to identify ways in which provider and commissioner organisations could jointly fulfil the vision of the Gloucestershire Strategic Forum. Additionally, there were regular meetings with local MPs, the Health and Care Overview and Scrutiny Committee and local elected members.</p> <p>Service users, carers, families, community representative groups and the local Gloucestershire public were consulted as part of a number of events, including the Your Care, Your Opinion Programme Board, and its larger consultative sub-group.</p>
The Board should use the AGM to communicate with stakeholders and to encourage their participation		In October 2014, the Trust hosted its inaugural Annual General Meeting. The event was attended by over 200 staff and external stakeholders including the public and representatives from provider and commissioner organisations. Presentations were given by a number of the Board members, and questions were received from those in attendance. The AGM was well received, and plans are already underway to stage a similar event in October 2015.

5.2.6 Board sub-committee structure

In 2014-15, the Trust Board’s sub-committee structure was as per the schematic below:



The main sub-committees, and the primary focus of this Annual Governance Statement, are the six Statutory and Board Committees. To this end, it is noted that their key responsibilities were as follows:

- the Audit and Assurance Committee was responsible for providing an independent and objective review of the Trust’s financial systems, financial information, financial governance and compliance in accordance with all relevant laws, guidance and regulations governing the NHS. It was also delegated responsibility for overseeing the Trust’s corporate governance functions, and thus assured an effective system of governance, risk management and internal control, which covered the whole of the Trust’s activities, and supported achievement of the Trust’s strategic objectives;
- the Remuneration and Terms of Service Committee was responsible for overseeing the appointment, remuneration, allowances and other terms and conditions of office of the Trust’s Very Senior Managers (VSMs);
- the Charitable Funds Committee was responsible for advising the Corporate Trustee on all matters relating to charitable funds, and for decision-making on fund allocations in order to provide appropriate benefit to Gloucestershire service users and Trust colleagues;

- the Quality and Clinical Governance Committee was responsible for providing clear assurance on all issues pertaining to clinical and professional care, clinical governance systems, clinical risk management, and all prevailing regulatory standards related to quality and safety;
- the Performance and Resources Committee was responsible for reviewing the fiscal and service delivery activities of the Trust, agreeing and monitoring action plans where remedial steps were necessary to improve performance. The Committee was additionally responsible for making recommendations in respect of business development opportunities and business cases that required capital investment;
- the Human Resources / Organisational Development (HR/OD) Committee was responsible for overseeing workforce strategy, planning and organisational development, in order that the Trust could achieve exemplar clinical and professional outcomes and best experiences for local service users and Trust colleagues.

Each of these Committees reported directly to the Trust Board, provided a mechanism for escalation of risks and other issues, and ensured that the Trust Board had a clear and overarching role in assurance and performance monitoring.

In summary, the other three forums that supported the Trust Board in 2014-15 were:

- the Your Care, Your Opinion Programme Board which provided opportunity for two-way communication with representatives of service users and local communities in order to create real engagement, and enable planned service transformations to be informed by learning from service user experience;
- the Communications and Public Affairs Steering Group which assured the Trust’s effective communications with the organisation’s colleagues, service users, carers, families and the wider Gloucestershire public, as well as with all of the Trust’s professional stakeholders;
- the Foundation Trust Programme Board which oversaw the management and delivery of all work necessary to enable the Trust to progress its Foundation Trust application, subject to agreement with the Trust Development Authority and Monitor as appropriate.

5.2.7 Annual committee statements

As part of their delegated responsibility, relevant Board Committees were required to identify the key highlights of their performance in 2014-15, and provide these by means of a formalised statement to the Board. These statements also included a look forward to planning actions and developments in 2015-16: however, for the purposes of this Annual Governance Statement, it is deemed appropriate to include the past year’s review only, namely:

Table 25: Annual committee statements

Audit and Assurance	Routinely reviewed financial reports including analysis of the service provided by SBS (the Shared Business Support service), standing orders and waivers, budget holders’ cost centre status, debtors and write-offs, special payments and “Better Payment Practice” performance
	Reviewed the Trust’s estate (both freehold and leasehold) in regard to compliance with building regulations and requirements
	Received reports from the Local Counter Fraud Team and reviewed activity including all cases under investigation: also received updates about incidence of whistleblowing
	Approved the internal audit plan, reviewed all issued reports, considered all major findings and requested supplementary work where appropriate
	Reviewed the external audit plan and was assured that the necessary liaison between the finance team and internal / external audit was in place in order to ensure that statutory obligations were met
Charitable Funds	Supported people from across the county at their time of need, crisis or illness, aided by the generous donations and legacies of local people
	Provided food hampers for vulnerable service users in the community and commenced planning with local food bank organisations in respect of emergency food parcel distribution
	Clarified ownership of historic sizeable legacy and commenced development of plans to realise the benefits
	Approved grants in order to make a real difference to service users, carers and staff, particularly in respect of support of specialist clinical studies and research
	Commenced work to rebrand the Charitable Funds’ identity and to reshape its proposition in association with the Charities Commission

Quality and Clinical Governance Committee	Strengthened the levels of challenge and assurance in relation to the delivery of safe care and reduction in harm, with a particular focus upon Harm Free Care (Safety Thermometer) as well as safe and suitable staffing across hospital and community nursing services
	Provided assurance to the Trust Board that incidents were robustly investigated and that learning was shared across the organisation
	Maximised opportunities to hear the voice of the service user, their families and carers
	Strengthened and refined reporting structures to support challenge in relation to all aspects of care quality at Executive and Committee level
	Improved the breadth and depth of information available by which to judge quality, ensuring appropriate triangulation of information on costs, activity, outcomes and service user views, and improved use of benchmarking and trend analysis
Performance and Resources Committee	Reviewed the performance of the Trust's health and social care services
	Reviewed the performance and financial impacts of the Trust's Cost Improvement Programme (CIP), the Quality, Innovation, Productivity and Prevention (QIPP) programme and the Commissioning for Quality and Innovation (CQUIN) programme
	Reviewed progress against the External Care programme for adult social care managed by the Trust on behalf of Gloucestershire County Council
	Reviewed the Trust's financial performance including the capital programme and business development opportunities
	Provided initial scrutiny of the budget for 2015-16
HR/OD Committee	Oversaw continued implementation of the Organisational Development Strategy in order to perpetuate a supportive and learning culture across the Trust: this resulted in improvement in all areas of the NHS Staff Survey compared to 2013-14
	Requested and received assurance in respect of plans for staff engagement, in addition to plans for Year 2 of the Listening into Action programme
	Oversaw continued implementation of the Workforce Strategy in order to improve workforce planning and processes
	Requested and received improved workforce information through updated dashboards and scorecards
	Received, approved and monitored remedial action plans in respect of deterioration in workforce metrics (i.e. sickness absence, turnover, mandatory training rates)

5.2.8 Board Governance Assurance Framework

Throughout 2014-15, the Trust continued to monitor its on-going compliance with all requirements of the Board Governance Assurance Framework. This resulted in a programme of work which saw significant improvements in the Trust's performance against the Framework's criteria, specifically in respect of:

- Board evaluation, development and learning, given the Trust's commitment to increased internal and external assessment of Executive and Non-Executive Directors' strengths and capabilities;
- Board insight and foresight, which has improved, in part due to improved information reporting as evidenced by Board members' responses to the Board evaluation detailed in section 5.2.4 above.

Notwithstanding, the Trust aims to achieve further improvement to its compliance with the Board Governance Assurance Framework in 2015-16.

5.3 Quality / clinical governance

5.3.1 Quality Governance Assurance Framework

Throughout 2014-15, the Trust regularly re-assessed its position against the ten criteria of the Quality Governance Assurance Framework. Initially, these reviews suggested a continued and positive decrease in overall scores, moving the Trust towards the required target of 4. However, a more formalised reappraisal in December 2014, informed by external authorities including representatives of the NHS Trust Development Authority and Monitor who identified the need for greater triangulation in Trust responses, suggested to the Trust Board that a more cautious and conservative stance should be taken. Although this yielded a higher score, implying a worsening position, this reflection did enable the Trust to more clearly identify areas in which quality improvements were required, and to attribute corresponding remedial plans.

As a result, and since the time of the reassessment, work has been targeted at key areas, namely:

- ratification of the overarching Quality Strategy by Board in January 2015, and on-going monitoring of performance against identified goals, aligned to the organisation's strategic objectives and Quality Account priorities;
- implementation of improved risk management processes resulting in the presentation of a full Board Assurance Framework in March 2015, now designed as a live document to be updated and reviewed at every subsequent Board meeting;
- development of a Core Values Framework so that colleagues across the Trust can easily recognise their personal responsibilities for adhering to the Trust values and associated behaviours;
- agreement to a Team Performance Framework which sets the standard for performance management within each operational service delivery team across the Trust;
- publication of the Trust's Engagement Framework which details a variety of methodologies and approaches by which the organisation will realise its commitment to improved two-way dialogue with local service users, carers and families, as well as the wider Gloucestershire community;
- development of an Internal Engagement Implementation Plan which specifies the activities to be undertaken in 2015-16 in order to improve communications with colleagues, and thus ensure their active involvement in Trust decision-making.

The Trust is now confident that it can more reliably undertake renewed assessment of compliance, and that the results will evidence the significant progress made.

5.3.2 Quality Account

In June 2014, the Trust published its first Quality Account as a standalone NHS provider. This public-facing document summarised the organisation's quality achievements in 2013-14, and looked forward to activities in the coming year which would ensure continuous improvement and achieve quality outcomes for local people. Thus, the quality goals which were identified for 2014-15 were:

- to reduce the number of service users who fall in community hospitals or who acquire a pressure ulcer;
- to improve the experiences of service users, carers and families within community hospitals;
- to further develop and enhance Integrated Community Teams;
- to improve active two-way engagement with service users, carers and families;
- to ensure that staffing levels are maintained as appropriate to the needs of service users.

Progress against these goals has been continuously monitored throughout the year via a dedicated dashboard which has been regularly presented at the Quality and Clinical Governance Committee.

The Trust's second Quality Account will be published in June 2015: this aims to build upon the successes of the previous year in order to further develop the delivery of safe, effective, caring, responsible and well-led care services.

5.3.3 Clinical audit

At the beginning of 2014-15, service managers and commissioners agreed a programme of clinical audit to enable them to identify opportunities to increase service effectiveness, reduce risks, and improve the experiences of service users, carers and families. A number of these audits are described below:

- children's speech and language therapy: this audit identified that one in six service referrals did not actually require therapy and were discharged after initial assessment. As a result, the Trust introduced a telephone triage service which has subsequently ensured appropriate service referrals only. This has been supported by the publication of additional referral advice for parents, health visitors and schools on the Trust's website;

- children’s occupational therapy: sling clinics were introduced to special schools in 2013 in order to provide guidance in respect of the moving and handling of children who need hoisting. This audit demonstrated the benefit for parents of regular contact with therapists, and the need to make slings more readily available by holding them as stock items;
- podiatry: in response to an increasing number of referrals for domiciliary podiatry, an audit was undertaken to review whether all staff were assessing service users against the same criteria, thereby ensuring equity of provision. The audit identified disparity of assessment, and has since led to the establishment of a telephone triage service for all new referrals;
- integrated discharge team: the IDT supports service users in the local acute hospitals who require healing time, but who cannot return home due to physical or environmental issues. An audit looked at the opportunities for securing placements to Non Weight Bearing Beds (NWBB) in care homes, and concluded that NWBBs were both a cost-effective and safe alternative to people remaining in hospital. As a result, a revised management process enabled more prompt discharge of service users;
- diabetes: an audit of Diabetes, Food and You, a new programme designed to provide dietary education to people with type 2 diabetes, showed a significant improvement in attendance rates compared to the previous education programme, and an improvement in diabetes control for the majority of those who attended;
- pulmonary rehabilitation: an audit of outcomes achieved by people attending the pulmonary rehabilitation programme was undertaken in 2014, so as to better support service users in future;
- dementia: a monthly audit of dementia case finding and care planning was undertaken in 2014-15 throughout all community hospitals and community nursing teams in order to ensure continued prompt identification of memory loss, and onwards referral for investigation and appropriate care planning;
- record-keeping: a programme of record-keeping audits in 2014-15 enabled the Trust to address areas of weaker performance, especially important in the move from paper documentation to electronic data capture.

Additionally during 2014-15, the Trust participated in all four national clinical audits relevant to the services provided by the organisation. These were:

- the Sentinel Stroke National Audit Programme (SSNAP), which aims to review information from a service user’s initial admission to six month follow-up through all subsequent care settings;

- the National Audit of Intermediate Care, which allows the Trust to benchmark its home-based rehabilitation and reablement services with equivalent services delivered by other providers;
- the National Chronic Obstructive Pulmonary Disease audit, which will continue into 2015-16;
- the National Diabetes Foot Care audit, for which data collection also continues into 2015-16.

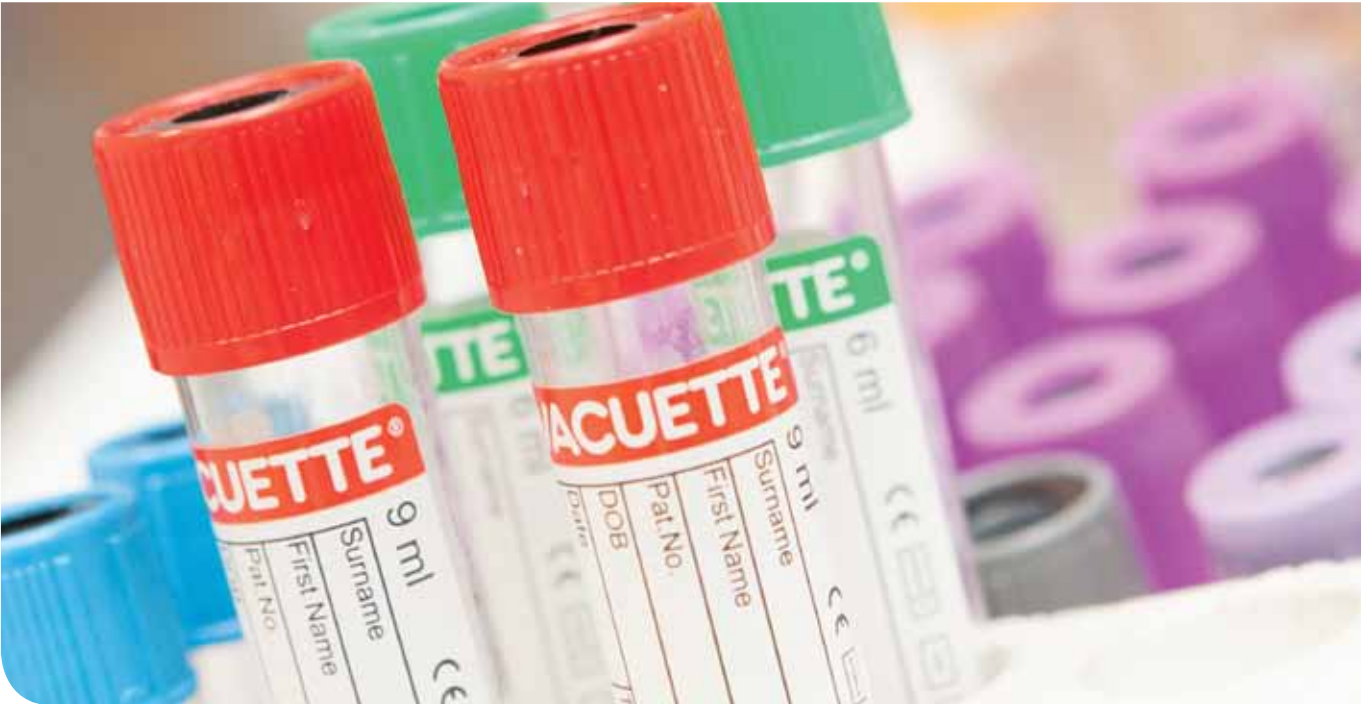
5.3.4 Clinical governance

During 2014-15, the Trust made significant progress in its clinical governance performance. This included:

- greater focus on the need to provide harm-free care and optimum service user safety. Success in this initiative was measured by the use of the Safety Thermometer, which detailed the incidence of pressure ulcers, falls, urinary tract infections (UTIs) and venous thromboembolism (VTEs). This showed that in both February and March 2015, the Trust achieved the 95% target for harm-free care as required nationally. Notwithstanding, the Trust is not complacent in this matter, and will undertake further work in 2015-16 so as to ensure no harm to any of its service users;
- revision of incident management processes, given that barriers to incident reporting were identified by the Trust. Moreover, additional support and training was provided to frontline clinical teams in order that they could fully understand the need for, and benefit of, robust reporting to enable continuous quality improvement;
- fewer cases of Clostridium difficile than the agreed threshold, in that only 17 cases of infection were recorded in year against a threshold of 21;
- launch of the “Hello, my name is” campaign within the Trust, based on the national initiative to ensure that staff always introduce themselves to service users, carers and families, and thus improve care experiences;
- update of the Trust’s Complaints Policy and process, supported by education and training so that it is easier for service users, carers and families to lodge a complaint should they wish to do so;
- initiation of bi-annual service user dependency audits as a tool by which to review staffing levels across the Trust;
- implementation of the Friends and Family Test across all Trust services and locations;
- management of response to the 27 Serious Incidents Requiring Investigation (SIRIs) that occurred in 2014-15, which were as follows:

Table 26: Serious Incidents Requiring Investigation 2014-15

SIRI Type	No	Remedial Actions
Pressure Ulcer	13*	Learning from the investigations included improvements in the use of wound care charts; better assessment, planning, implementation and evaluation of care; earlier identification of service users at higher risk with clear plans of management; and timely reporting of incidents in order to foster continual improvement. <i>* As at the end of October 2014, 8 of these pressure ulcers were found to be unavoidable following independent review</i>
Hip fracture following fall	9	An action plan developed from the recommendations of all falls investigations is currently being implemented by the Head of Community Hospitals. This includes the roll-out of a new falls risk assessment which includes the NICE Falls Pathway and introduces “safety huddles” at all community hospitals
Potentially incorrect management of VAC therapy leading to harm to a service user	2	Two similar incidents have been declared as separate SIRIs: however, one investigation is considering both cases. The resulting report will be reviewed by a panel independent to the service in order to consider the findings and recommendations. The service users are being kept informed, and apologies have been made both verbally and in writing
Possible delay in transfer to acute Trust	1	The service user was prescribed IV antibiotics which were not stock items, leading to a delay in administering the drugs. Initially, the service user declined transfer to the local acute hospital; however, as vital signs began to deteriorate, the service user was transferred. The investigation recommended ensuring the availability of drugs that are recommended for use at ward level; standard operating procedure for handover to ensure ward responsibilities can be managed safely and communication is effective; review of deteriorating patient pathway as a multi-disciplinary team
Mistaken reuse of a needle during a Human papilloma virus immunisation clinic	1	At the time of writing, this investigation is ongoing. Immediate actions include close working with the young people and families involved in order to offer support and apologies



5.4 Financial governance

Throughout 2014-15, the Trust continued to monitor its on-going compliance with the Financial Governance component of the Board Governance Assurance Framework. The actions resulting from this review provided direction on the Trust's in-year priorities in respect of financial management, supported by the recommendations of the financial systems audit (see section 5.7.1 below) and the priority goals identified in the Trust's Financial Management Strategy which was ratified by the Board in January 2015. Thus, the principle control mechanisms that were introduced or enhanced in 2014-15 were as follows:

- the Trust's emerging Long Term Financial Model, which built upon projections made at the time of the Trust's authorisation in 2013, and which will be finalised in 2015-16;
- the Trust's Financial Management Strategy which sought to further develop financial management systems, and thereby enable the organisation to maintain financial sustainability whilst continuing to deliver high quality care. To this end, the Strategy identified a number of priority goals to:
 - ensure that relevant financial management activities demonstrate clear engagement with commissioners, colleagues and other stakeholders as appropriate, so as to increase understanding of, contribution to, and recognition for, financial decision-making. This includes requirement for the Trust to promote an environment in which queries relating to finance can be discussed openly and honestly;
 - maintain stringent financial planning processes, regulated by strong governance and accountability arrangements, in order to ensure appropriate scrutiny in advance of all spending. This requires the production of clear, credible and realistic financial plans which are thoroughly evaluated via the Trust's established committee structure;
 - implement effective financial controls across all relevant parts of the organisation. This includes responsibility for developing robust mechanisms and systems to ensure efficient cash management and capital spend processes, and safeguard against fraud and corruption;
 - maintain effective purchasing practices in order to reduce expenditure, facilitate the delivery of high quality care, provide support to budget holders, and enable the Trust to benefit from best value. This requires the Trust to develop a more consistent and systematic procurement service, and create closer working with service

- budget holders and clinical staff;
- ensure that the Trust's responsibilities and obligations under all forms of enforceable agreement, are appropriately recognised, documented and managed;
- scrutinise and challenge all proposed business developments so as to validate that they are financially robust and sustainable, ethically sound, and represent appropriate use of financial resource;
- ensure that all Trust financial modelling and performance analysis is based upon the most accurate, timely, relevant and complete information and intelligence;

- the Trust's Cost Improvement Programme (CIP), which regulated the specific transformational changes designed to release cost-efficiencies in-year, and which utilised eQuality Impact Assessments to ensure no detrimental impact upon service provisions or service users.

Although this programme under-achieved in its target of £6.4million efficiency savings in 2014-15 by only reaching a total of £3.4million, this was countered by the publication of reference costs which unequivocally demonstrated that at 96.6% for peripatetic services, the Trust was already working at greater efficiency than other comparable community Trusts;

- plans for the Trust to comply fully with the recommendations of the Better Procurement, Better Value, Better Care programme, and in particular, the requirement to ensure the implementation of GS1 coding where appropriate;
- the Trust's Standing Financial Instructions, which provided details on how the resources of the organisation were to be managed within an agreed governance framework. These included an emphasis on budgetary management, and ensured that service developments were implemented with appropriate financial controls. Financial governance arrangements were further supported by both internal and external audit, in order to secure the economic, efficient and effective use of all resources that were at the Trust's disposal;
- the Finance Report, which was presented at each Trust Board in order to provide relevant financial information to allow Board members to discharge their duties effectively (NB it is noted that in months when the Trust Board did not convene, the Finance Report was presented at the Performance and Resources Committee for information and guidance);

- the internal and external audit reviews and reports;
- the Audit and Assurance Committee, which in 2014-15, provided scrutiny of financial reporting and financial controls (see sections 5.2.6 and 5.2.7 above).

In summary, weaknesses that were identified by the above processes related mainly to deficiencies in working practices between the Trust and the Shared Business Support service which undertakes much of the Trust's financial administration. Thus, there were no significant inadequacies in the Trust's own internal financial management practices, nor in its use of public resources.

5.5 The internal control system

5.5.1 Purpose of the internal control system

The role of the Trust's internal control system is to provide a formal and consistent basis for the identification, evaluation and prioritisation of all risks to the Trust's quality, operations, effectiveness and sustainability, in order to gain assurance that these are properly controlled, managed and/or mitigated, and thereby ensure safe and effective care. This includes both operational risks (both clinical and non-clinical) as well as strategic risks.

It is noted however that the internal control system is designed to manage all prevailing risks to a reasonable level only: thus, the Trust recognises the impracticality of aiming to completely eliminate all risks to the organisation's capacity and/or capability to fulfil its vision, values and strategic objectives.

In summary, the Trust's internal control system is based on an on-going process that serves to:

- identify and prioritise all operational and strategic risks;
- evaluate the likelihood and impact of those risks being realised;
- manage all identified risks efficiently, effectively and economically, and within agreed tolerances;
- ensure a measurable reduction in the detrimental impact of risk upon the quality of health and social care services provided across Gloucestershire, thereby improving service user safety and experience;
- enable decisions of the Trust to be taken with full consideration and awareness of the risk environment.

This system of internal control is designed to sit within an integrated governance framework, whereby salient risks are aligned to the key domains of corporate governance, clinical and quality governance, information governance, financial governance and research governance. By contextualising risks via this approach, the Trust not only enables its systems to work together holistically,

but it also helps ensure that the Trust's services continue to be safe, caring, responsive, effective and well-led.

In the 2013-14 Annual Governance Statement, the Trust recognised that it needed to commit further time and focus towards ensuring that this internal control system became fully embedded across the organisation, so as to move from a strategic and aspirational model to daily practice. In 2014-15, this ambition has been realised, although the Trust would concede that significant progress was made in the latter half of the year only. Notwithstanding, there are now clear risk reporting and governance structures in place, which will be improved further in the coming year.

5.5.2 Leadership of the internal control system

The Trust recognises that clear leadership in the area of risk management is critical to the establishment and maintenance of a robust internal control system as articulated above. The Trust is therefore committed to ensuring that the organisation encompasses the necessary skills, expertise, controls and resources to provide this leadership.

The Trust's Risk Management Strategy (initially ratified by the Trust Board in March 2014) details the organisation's overall responsibility for ensuring the effective management of all risks that may otherwise impact detrimentally upon the quality of provided care across Gloucestershire. Furthermore, the Strategy identifies that specific personal accountabilities are delegated on behalf of the Chief Executive as follows:

- the Trust's Executive and Non-Executive Directors maintain shared responsibility for the oversight of strategic risks (see section 5.5.3 below), and for ensuring that adequate responses, actions and/or mitigations are in place and monitored via the Board Assurance Framework (NB management of the Board Assurance Framework which captures strategic risks is the responsibility of the Director of Corporate Governance and Public Affairs);

- the Director of Corporate Governance and Public Affairs maintains overarching responsibility for the oversight of all operational (non-clinical) risks, and for ensuring that suitable and effective corporate risk management processes are in place;
- the Director of Nursing and Quality maintains overarching responsibility for the oversight of all operational (clinical) risks, and for ensuring that suitable and effective clinical risk management processes are in place;
- the owner of each operational risk (clinical and non-clinical) is one of the Trust’s Executive Directors, with assigned ownership relative to each Executive’s individual areas of expertise;
- the lead for each operational (clinical and non-clinical) risk is a nominated colleague of suitable authority within the Trust who is responsible for practically managing the necessary actions that arise from each identified risk.

Leadership in respect of risk is also provided through the Trust’s Board Committee structure, wherein all Board Committees are chaired by Non-Executive Directors and attended by appropriate Executive Directors and senior Trust managers (see also section 5.2.6 above). Thus, the Terms of Reference for each of these Committees makes clear its responsibility for identifying all operational risks as appropriate to the respective Committee’s remit, enacting all mitigations as may be relevant, and/or making suitable recommendations to the Trust Board in respect of the management of risks that are outside the particular Committee’s sphere of influence.

5.5.3 Risk prevention and management

Strategic risks

Responsibility for the oversight and management of strategic risks is allocated to the Trust’s Executive Directors. This includes responsibility for identifying all strategic risks, evaluating these risks, and ensuring that adequate responses, actions and/or mitigations are in place and monitored.

The Trust classifies strategic risks as those risks which, as a result of inadequacies in the operation of controls or insufficient assurances, may threaten or impede achievement of the Trust’s strategic objectives.

To support understanding and facilitate mitigation of these risks, the Trust is committed to the maintenance of an active Board Assurance Framework which documents all strategic risks. Additionally, the Board Assurance Framework identifies the most significant operational risks that require the input and direction of the Board (these risks are detailed below).

The Board Assurance Framework also provides structured assurances about where risks are being managed, and ensures that objectives are being delivered to time and budget. This allows the Board to determine how to make the most efficient use of resources, and address the associated issues in order to improve the quality and safety of provided care.

The Board Assurance Framework is evaluated by the Trust Board every two months. This includes review, assessment and update of the Board Assurance Framework’s content as appropriate. The evaluation also serves to provide assurance of the effectiveness of the controls and actions that have been implemented in order to manage or mitigate the identified strategic and high-level operational risks. The Board Assurance Framework is also evaluated annually by the Audit and Assurance Committee in order to ensure its consistent use to inform risk-based Board decision-making.

At the end of March 2015, the principle strategic risks recorded in the Board Assurance Framework, were as follows:

Table 27: Strategic risks as at 31 March 2015

Strategic Objectives	Strategic Risks
Achieve the best possible outcomes for our service users through high quality care	<ul style="list-style-type: none">• Under-reporting of incidents may compromise service user safety• Lack of robust risk management processes may restrict the Trust’s ability to respond quickly and effectively to concerns about care quality• Continued increases in demand for services may restrict the Trust’s flexibility and capacity to provide services in other settings, and in particular, may limit aspirations to deliver greater preventative interventions
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	<ul style="list-style-type: none">• Inconsistent engagement practices with service users, families and carers may result in the public’s voice not being heard or used to inform Trust decision-making
Provide innovative community services that deliver health and social care together	<ul style="list-style-type: none">• The under-defined service delivery model for Integrated Community Teams (ICTs) may prevent the Trust from undertaking effective planning for one of its most critical services• Threats to the delivery of integrated services with Gloucestershire County Council may prevent an effective joined-up approach to health and social care
Work as a valued partner in local communities and across health and social care	<ul style="list-style-type: none">• A developing relationship with the Gloucestershire Clinical Commissioning Group which needs to increase its focus on long-term strategic planning• Unclear relationships with local partner organisations may reduce the potential for effective system-wide planning and service delivery
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	<ul style="list-style-type: none">• Failure to develop a learning and supportive culture that engages, inspires and motivates colleagues, may impact upon the Trust’s recruitment and retention, and its ability to deliver the highest standards of care quality• Lack of assurance that colleagues have the clinical skills and managerial competencies to create a workforce with the necessary knowledge and expertise to deliver best care• Inability of the Trust to recruit and retain staff with the right skills may be detrimental impact upon the quality of provided care• The lack of robust formalised succession planning may lead to Board instability should senior staff leave or become unavailable for any extended period• The Trust’s financial management processes and structures do not consistently provide budget managers and senior management with the financial information needed to address all relevant issues
Manage public resources wisely to ensure local services remain sustainable and accessible	<ul style="list-style-type: none">• Failure to deliver a successful CIP, CQUIN and QIPP programme• Ability to operate against a small planned surplus• Inability to maintain independence as a NHS provider may threaten the future provision of community health and social services across Gloucestershire• A breakdown in internal control / governance systems may lead to reputational loss and long-term sustainability

Operational risks

All Trust colleagues have explicit responsibility for identifying operational risks relevant to their service, team and/or working environment. These risks may be apparent as a result of colleagues’ observations, or they may require the triangulation of information from a range of sources including all internal or external evaluations (see section 5.5.4 below).

A range of tools and resources are maintained to support colleagues in the identification, assessment and escalation of these risks, including a comprehensive portfolio of fully documented risk management policies and other control documents that are readily available via the Trust intranet.

An essential element of the risk management process employed by the Trust is the Corporate Risk Register. This systematically gathers together all service delivery, team and project risk registers in order to portray the total extent of operational (clinical and non-clinical) risks across the Trust. The Corporate Risk Register is then used to inform operational management, and is subject to regular review and monitoring as part of the Trust’s governance arrangements, in particular via the Scheduled Care Governance Forum and the Community Hospitals, Urgent Care and Capacity Group, which in 2014-15, both reported to the Quality and Clinical Governance Committee.

It is also noted that the Trust maintains a standardised process by which all operational risks are effectively analysed, evaluated, managed and mitigated. This process includes the nomination of a relevant lead and Executive owner for each risk as described in section 5.5.2 above. It also enables each identified risk to be evaluated so as to determine the risk score, based upon the comparative likelihood and consequence of that risk’s occurrence. Thereafter, the Trust ensures that:

- risks that are attributed a 4-10 risk rating are subject to regular review at local level via the relevant Trust forum;
- risks that are attributed a 12-14 risk rating have a formal action plan developed, and are monitored and reviewed every 6 months at either the Scheduled Care Governance Forum or the Community Hospitals, Urgent Care and Capacity Group as appropriate;
- risks that are attributed a 15+ risk rating have actions identified which must be implemented within 3 months and audited until under control.

As a result of Trust processes, the following significant operational risks were identified as at the end of March 2015:

Table 28: Significant operational risks as at 31 March 2015

Domain	Issue	Mitigations
Scheduled care to include integrated community teams, countywide / specialist services and children’s and young people’s services	The Homeless Healthcare team may no longer have a base of operation as the charity hosting the service is having to respond to financial pressures by selling its building for redevelopment	Working to source an alternative inner city location. Potential has already been identified to rent additional space from a building already used in part by the Trust
	County Council commissioners have tendered the Health Improvement Service and there is risk that this business may therefore be lost	The Trust is working towards its response to the tender application
	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	This issue has been raised at the Clinical Senate. There is on-going discussion between the Director of Nursing and Quality and the Director of Service Delivery in order to resolve
	The Trust requires a recognised Decontamination Lead (as per Medicines and Healthcare Products Regulatory Agency (MRHA) guidelines) with appropriate qualifications and experience	Discussions are on-going to agree a Decontamination Lead. Dental services and Endoscopy are currently challenged to demonstrate full compliance with standards although both services have an agreed action plan

Domain	Issue	Mitigations
	There are a number of vacancies in senior management posts within Sexual Health services, including the service manager. This has led to senior colleagues taking on additional management duties, which has made it difficult for them to complete their usual clinic based work	Interviews are being held at the end of March 2015, although as any new member of staff will take time until settled in post, continued support from colleagues will be needed
Unscheduled care to include community hospitals and urgent care services	Staffing shortfalls in inpatient units are exacerbated by the escalation beds that remain open. There are insufficient numbers of bank nurses to fill the gaps leading to increased use of agency nurses which increases cost, decreases quality and continuity of care, and puts extra pressure on substantive staff	Substantive staff are currently covering clinical shifts, although this is not sustainable. The introduction of rotational posts linked to the preceptorship programme and competency frameworks, will alleviate. There is also a centralised recruitment campaign, headed by a dedicated lead on nurse recruitment
	The removal of the integrated Patient Administration System by Gloucestershire Hospitals NHS Foundation Trust will commence in May 2015, resulting in information not necessarily being available electronically to Trust colleagues	A working group has been set up in collaboration with the local acute Trust, and a robust deployment plan is in place
Corporate governance	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	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
Transformation and change	Non-delivery of the External Care programme may result in continued overspend by the County Council and loss of confidence in the Trust to maintain responsibility for this area of work	All performance in relation to External Care for 2014-15 is showing trends which would indicate achievement of the savings plan albeit in contrast to the County Council’s current view
Foundation Trust programme	There is risk that the Trust’s Integrated Business Plan and Long-Term Financial Model will not be able to identify required cost savings across a five year period	The Trust’s current and projected financial position suggests that costs savings are not being achieved, which may lead to financial instability

In determining the above operational risks, the Trust utilises the scoring mechanism (based upon a calculation of likelihood versus consequence), as well as the corresponding definitions, provided by the NHS National Patient Safety Agency. As such, all operational risks are reviewed in terms of their actual or potential impact upon:

- the safety of service users, staff or the public (including both physical and psychological harm);
- the quality of Trust services (which may be measured by complaints or audit);
- human resources / organisational development (to include considerations of staffing levels and competencies);
- the Trust’s statutory duty or the result of inspections;
- business objectives or projects;
- the Trust’s finances including claims;
- disruption or interruption to Trust services;
- the local environment.

Training and learning

To support staff in their understanding of operational risk identification and management, the Trust is committed to delivering a range of training programmes. Thus currently, all colleagues joining the Trust receive training in risk management as part of their mandatory induction. As additional support, colleagues are directed to the Trust’s portfolio of risk management policies, including the Risk Assessment and Management Policy, the Incident Reporting and Management Policy and the Serious Incident Management Policy.

In 2015-16, the Trust will continue to disseminate learning from its risk experiences, including learning from how risks occurred, how they were identified, mitigated, and resolved or accepted within agreed tolerance levels.

Moreover, it is noted that the Trust has recently identified 24 Risk Champions across all operational delivery areas and support services in order that colleagues within frontline and back office teams can help raise the profile and understanding of risk management across the Trust. This network will now support the Trust’s risk management processes which seek to ensure that:

- where an identified risk is deemed to be pertinent or applicable to staff across the Trust, the Champions will oversee the escalation of all transferable learning to all relevant teams so as to prevent or reduce the likelihood of the same or similar risk occurring;
- all changes to practice that result from risk learning, are effectively communicated to the Trust’s professional partners and other stakeholders in order to evidence the organisation’s integrity and commitment to continuous quality improvement;
- formal analyses in respect of operational (clinical and non-clinical) risks will be routinely shared with relevant Committees in order to facilitate the identification of trends, and enable proactive measures to be taken to reduce the potential of repeated risks occurring in future.

5.5.4 Internal and external sources of assurance

The assurances used in 2014-15 in order to validate the effectiveness of the Trust’s internal controls, were derived from a range of internal and external sources as shown below (NB these lists are indicative only and not exhaustive):

- Internal assurance, including:
 - internal audit reports and Head of Internal Audit opinion;
 - local performance scorecards;
 - the Quality and Performance Report (includes benchmarking);
 - Quality Visits by the Executive and Non-Executive Directors;
 - Matron-led peer reviews
 - the Finance Report;
 - local counter fraud reviews;
 - clinical and care audit reports;
 - Friends and Family Test;
 - local service user satisfaction surveys / site specific surveys;
 - Serious Incident Requiring Investigation (SIRI) reviews;
 - incident reviews;
 - the Quality Account;
 - Annual Report of the Director of Infection Control;
 - Cost Improvement Programmes reviews;
 - the Safety Thermometer;
 - Mortality Tool;
 - Report on Controlled Drug Incidents;
 - health and safety reviews;
 - sickness absence / mandatory training rates / appraisals completion.

- External assurance, including:
 - Care Quality Commission reports;
 - Audit Commission reports;
 - NICE guidance;
 - compliments and complaints;
 - safeguarding reviews (adults or children’s) that are initiated by Gloucestershire County Council;
 - external audit and annual letter;
 - private meetings between Chair of the Audit and Assurance Committee and NED colleagues with the Heads of Internal and External Audit;
 - Health and Safety Executive reviews;
 - National Confidential Enquiries into Patient Outcome and Death;
 - Rule 43 Reports;
 - national audits;
 - peer reviews;
 - Information Governance Toolkit submissions;
 - NHS Protect reports;
 - Patient-Led Assessment of the Care Environment (PLACE) inspections;
 - national staff surveys;
 - NHS Trust Development Authority returns;
 - Department of Health returns;
 - Information Centre for Health and Social Care returns;
 - Secondary Uses Service (SUS) submissions.

An example of external assurance was the Review of Health Services for Children Looked After and Safeguarding in Gloucestershire published by the Care Quality Commission in July 2014. This multi-agency assessment provided five clear recommendations, of which the following were pertinent to the Trust:

- ensure that appropriately trained individuals undertake health assessments and implement a robust monitoring system to ensure consistently good quality of health assessments for looked after children and young people who are living in placements either in or out of county;
- ensure that care leavers receive good quality health information, advice and guidance, and are provided with a full summary of their healthcare history in a format suitable to their needs;
- develop and implement robust monitoring systems for the safeguarding responsibilities of all independent contractors.

To address these recommendations, a detailed action implementation plan was developed for monitoring by appropriate committees within the Trust, and to provide assurance to the Board.

5.5.5 Deterrents to fraud

The Trust is committed to observing General Condition 6 of the NHS Standard Contract which sets out the clauses relating to counter fraud. Of particular note in 2014-15:

- the Trust obtained its counter fraud, bribery and corruption service from the Gloucestershire Local Counter Fraud Service (GLCFS) which provided regular updates on activity to the Audit and Assurance Committee;
- the organisation undertook a fraud risk assessment in April 2014 using the Self-Review Tool provided by NHS Protect;
- as a result of the Self-Review, the Trust drew up a comprehensive action plan, comprising a full range of activity to follow on from that undertaken in 2013-14 covering four areas, namely (i) Strategic Governance, (ii) Inform and Involve, (iii) Prevent and Deter, and (iv) Hold to Account;
- the Trust reviewed its counter fraud, bribery and corruption policy to ensure compliance with legislation;
- in August 2014, the Trust was visited by the Quality and Assurance Team from NHS Protect who undertook an assessment of the Trust’s counter fraud arrangements and activities relating to the Prevent and Deter standards. As a result of the progress the Trust had already made to strengthen procedures which had previously rated “red” in the 2013-14 Self-Review Tool and “amber” in 2014-15, the assessors uplifted both ratings to “green”, giving the Trust an overall “green” rating for Prevent and Deter;
- the GLCFS delivered fraud awareness presentations as part of induction and at departmental meetings, and used newspaper articles of successful prosecutions as a deterrent to would-be fraudsters;
- the Trust adopted a robust response to anyone found to have committed fraud and ensured all appropriate sanctions were considered, including prosecution, internal and professional disciplinary action, and financial recovery. Outcomes from investigations included two criminal prosecutions (one guilty plea with a sentence of 120 hours community service; one case withdrawn as the subject had left the country), in addition to three resignations and one written warning following internal disciplinary action. £13,169.89 was recovered.

5.5.6 Information Governance breaches

The Trust maintains robust processes to identify all possible and actual risks to robust information governance, and thus, the occurrence of any incident which may threaten the safety, security, confidentiality, integrity, availability or accessibility of any person-identifiable or other confidential information held under the Trust’s guardianship, whether such information relates to the Trust’s service users, employees or business critical matters.

Throughout 2014-15, the Trust used the Datix system to report and monitor all such information governance incidents. In summary, these were as follows:

Table 29: Summary of information breaches 2014-15

Breach Type	Number of incidents
Corruption or inability to recover electronic data	1
Information disclosed in error	37
Information lost in transit	7
Lost or stolen hardware	2
Lost or stolen paperwork	23
Non-secure disposal of hardware	2
Non-secure disposal of paperwork	1
Information uploaded to website in error	0
Technical security failing	1
Unauthorised access/disclosure of information	36
Other	16
TOTAL	126

All of the above 126 incidents received internal investigation: however, none were of such severity that they required escalation to the Information Commissioner.

The principal success of 2014-15 in terms of information governance was the achievement of Level 2 compliance with the requirements of the Information Governance Toolkit. The Trust now plans to aim for Level 3 compliance in those areas where this is practical and achievable.

5.5.7 Future risks

Whilst the individual risk registers in operation across the Trust already anticipate some future

risks, additional potential concerns are held within the organisation’s SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis, which is routinely reviewed at Board. These additional risks / threats include:

- potential disinvestment from Commissioners which, if too significant, could undermine the Trust’s continued financial sustainability;
- increased competition from other providers both from within Gloucestershire and outside;
- an ageing clinical workforce profile which could, in the medium- to long-term, impact upon staffing numbers and therefore the ability to deliver commissioned care;
- pressures on services due to national and local requirements for increased 7 day working practices without corresponding financial investment;
- increasing health inequalities between the least and most disadvantaged in Gloucestershire society.

The Trust will continue to monitor all these possible eventualities as part of its routine evaluation of its SWOT, and transfer to the Board Assurance Framework as risks when appropriate.

5.6 Other controls

5.6.1 Public and stakeholder involvement

The Trust is committed to partnership working with all local professional stakeholders including the Gloucestershire Clinical Commissioning Group, Gloucestershire County Council, Gloucestershire Hospitals NHS Foundation Trust, 2gether NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust. Equally, the Trust works closely with a range of organisations from the voluntary sector including Sue Ryder, Carers Gloucestershire, the Gloucestershire Deaf Association etc.

Moreover, the Trust actively seeks service user involvement and feedback, not only through formal surveys and consultations, but also proactively through the established Your Care, Your Opinion Programme Board which is attended by a range of public and service user representatives including Healthwatch Gloucestershire and the Learning Disability Partnership Board.

The most visible public event in 2014-15 was the Trust’s first Annual General Meeting (AGM) which was held in October 2014. This welcomed over 200 members of the public, professional partners and staff, and celebrated the work of the Trust with a large-scale interactive exhibition.

5.6.2 Equality, diversity and human rights

The Trust maintains dedicated processes and controls so as to gain assurance that the organisation complies appropriately with all relevant equalities and human rights legislation and regulations. These controls include:

- the publication of an Equality Annual Report in January 2015 to demonstrate how the Trust meets the Public Sector Equality Duties under the Equality Act 2010;
- equalities objectives and detailed implementation plans to address priorities identified both within the Equality Annual Report and as evidenced by the Trust’s communities and colleagues;
- the use of detailed eQuality Impact Assessments (eQIAs) to support policy creation and revision, and all service change initiatives;
- an Equality and Human Rights Policy which sets out the responsibilities of all colleagues, and which is available on the Trust’s internet and intranet;
- a reporting line into the Quality and Clinical Governance Committee in order to provide assurance that equality and human rights considerations are embedded throughout the Trust;
- mandatory Equality, Diversity and Human Rights training that is made available for all Trust colleagues.

5.6.3 NHS pension scheme

As an employer whose workforce is entitled to membership of the NHS Pension Scheme, the Trust maintains necessary control measures to ensure that all obligations contained within the Scheme’s regulations, are fully embedded in policy and procedure. These control measures include formal processes to verify that deductions from salary, as well as employer’s contributions and payments into the Scheme, are made in accordance with the Scheme’s rules, and that members’ records are updated accurately in accordance with the timescales detailed within the regulations and associated guidance.

The Trust also offers the NEST pension scheme to staff who do not qualify for the NHS pension scheme.

5.6.4 Corporate social responsibility

As part of its Corporate Social Responsibility (CSR) policy, which recognises that the Trust has an explicit responsibility to act as a Good Corporate Citizen, the Trust is wholly committed to reducing its environmental impact whilst contributing positively to local communities. Key achievements in 2014-15 have included the following:

- reduction of carbon footprint from building energy use by 2%;
- reduction of water consumption across Trust sites by 5%;
- refurbishment of the Thames Ward, Cirencester Hospital, and addition of LED lighting;
- installation of smart LED lighting at the Trust’s head office;
- implementation of an inverter project to reduce the energy consumption of air handling at Cirencester Hospital by 50%;
- promotion of active healthy lifestyles with a cycling event and the provision of 9 pool bikes for use by school nurses for appointments, and office staff for meetings;
- increase in the use of Webex for meetings across the Trust to reduce unnecessary travel across the county;
- encouragement of volunteers to plant an additional 500 trees across Trust sites in order to increase physical activity and reduce carbon emissions;
- refresh and re-launch of the Trust’s Charitable Funds so as to increase the awareness and understanding of ways in which the Trust can help some of the most vulnerable service users in Gloucestershire.



5.7 Trust performance

5.7.1 Internal audit results

In 2014-15, seven internal audits were conducted in respect of key aspects of the Trust’s control system i.e. performance reporting, clinical systems, payroll, staffing escalation, staff overpayment, core financial systems and corporate governance (NB an additional audit on External Care spend commenced in March 2015, but will not report until later in the year). The risks and issues highlighted by these audits are shown below, together with details of the Trust’s mitigating actions.

Table 30: Internal audits 2014-15

Subject of audit	Level of risk	Identified risks	Trust mitigation	Current level of risk
Performance Reporting System (quarter 1)	Medium	There is no defined control framework for managing and controlling changes to system configurations	A process is currently being embedded to ensure a control framework is introduced. To date, the evolution of Essbase (the Trust’s reporting tool) has been developmental; however the need for this framework is crucial as this continues	Low
		There is currently no requirement for teams performing data validation to confirm the number of records corrected, the root causes of the data problems, or retain any evidence of their activity	A process has now been established to ensure validation of load data. This formalises the checks that currently take place and establishes a documented procedure to provide an audit trail and ensure consistency	Low
	Low	There is not a consistent process of access authorisation to ensure that user access is reviewed on a periodic basis and therefore that access remains commensurate with job roles and responsibilities	An authorisation process has been fully established and embedded	Good practice
		Formal training is not regularly provided to users who require technical skills and knowledge as part of their job role	This will be embedded into the Essbase System Manager role. The need for more complex, technical training for key individuals will also be reviewed. Moreover, all users of the Trust’s new business intelligence reporting tool (OBIF) will have full system training	Low

Subject of audit	Level of risk	Identified risks	Trust mitigation	Current level of risk
Clinical System Project Management (quarter 1)	High	There is no clear documentation which outlines how non-financial benefits will be measured	The Trust is currently developing a document to outline non-financial benefits and how they will be measured. The Trust will also be implementing a mechanism for monitoring and reporting	Medium
	Medium	The Trust would benefit from a review of the project scope against deliverables to ensure that the project is still in alignment and ‘scope creep’ has not occurred	The Trust continues to review the project scope to ensure that it is still in alignment with the needs of the Trust	Good practice
	Low	The project organisational structure chart is out of date	The Trust has updated the organisational, reporting and governance structure, so that the project configuration is appropriate	Good practice
		Stakeholders were originally defined within the Project Initiation Document: however, there is no clear stakeholder engagement strategy, plan or responsible role. As such, their expectations and needs may not be met	The Trust has mapped all stakeholders, and has clear processes and governance arrangements to ensure that all relevant internal and external parties are involved and engaged via participation in forums, routine communications etc	Low
		There may be an opportunity for key members of the project team, such as the Senior Project Manager, to undertake formal project management training	The Senior Project Manager is suitably qualified and has clear documented objectives	Good practice
		Risk and opportunities management could be reviewed to provide assurance of the quality and effectiveness of the risk processes	Risk management processes have been significantly improved with reporting and review through established governance arrangements, and robust escalation procedures to alert senior colleagues of any salient concerns	
	Opportunities for further review	A more detailed audit may enhance project outcomes and provide control operating effectiveness assurance to the Project Board	This opportunity will be reviewed as the project continues	

Subject of audit	Level of risk	Identified risks	Trust mitigation	Current level of risk
Payroll Review (quarter 2)	High	Employees are able to submit duplicate or inaccurate timesheets which could result in an overpayment to the employee	Staff will receive training on fraud awareness, and will be reminded of the importance of diligently reviewing time sheets. Analysis is already being undertaken of payroll each month to highlight the largest variances for further review. It is noted that the introduction of e-rostering will eliminate the potential for duplication	Medium
	Medium	There is no list of authorised signatories to determine whether or not an authorisation is appropriate and legitimate	The Trust will maintain a list of authorised signatories. All amendment forms will be agreed by an authorised signatory before processing	Medium
		In respect of starters, leavers and amendments, forms are not always provided in good time to the Workforce team or are appropriately dated	All starters, leavers and amendment forms will be authorised and dated in good time. Line managers will be held to account where this process is not followed	Medium
	Low	The Trust's leavers' process has existed since January 2012, and as such, may not meet the needs of the Trust	The Trust has reviewed and updated its procedures, and ratified these through agreed governance structures	Good practice
		It is possible for members of the Trust's Workforce team to amend their own payroll details within the payroll system	To reduce risk, the payroll team sends records to SBS for authorisation: once completed, analysis is forwarded to the Director of Finance highlighting variances from the previous month to enable further validation	Low
		The log which records and tracks errors made by SBS is not reviewed or approved by senior members of Trust staff	The query log will be periodically reviewed by the ESR Systems Manager, who will escalate necessary issues to senior management	Low
		The Trust does not review final payment calculations to ensure that these have been made correctly	The Workforce team will check the accuracy and completeness of a sample of pay information each month	Low
		There are no KPIs for processing new joiners or leavers	Reporting, KPIs and metrics are now included in workforce reports	Good practice
	Advisory			

Subject of audit	Level of risk	Identified risks	Trust mitigation	Current level of risk
Staffing Escalation (quarter 2)	Medium	There is limited sharing of information between central support service teams, with budget holders regularly receiving duplicate requests for information from teams	A formal feedback loop will be established to ensure relevant central functions receive appropriate information from monthly finance and performance review meetings with service managers: this will form part of the new formalised finance governance guidelines	Medium
		Cost Improvement Plans (CIPs) should include guidance and support on implementation to enable budget holders to get a better understanding of how they can achieve savings within their teams	CIP training (together with CQUINs and QUIPPs) will be provided where a need is identified	Medium
		Quality and equality impact assessments are not completed by budget holders before any changes are made to establishment	The Trust will ensure that each operational plan is supported by a workforce plan and subject to an eQuality Impact Assessment	Medium
		Budget holders do not always ensure that the HR team is provided with timely leaver information to ensure that final payroll calculations can be met and overpayments avoided	All leavers information will be authorised and dated in good time. Line managers will be held to account where this process is not followed	Medium
		Workforce planning changes are not clearly communicated to teams and there is not sufficient collaboration with budget holders during development	When relevant, workshops for service leads will be held to provide guidance and instruction on the development of workforce plans in line with both operational and strategic organisational goals	Medium
		There appears to be a lack of clarity around the need to either hold open or recruit staff to vacant posts	The quality of feedback provided for rejected requests has been enhanced with more detailed explanations provided	Good practice
		Budget holders should raise concerns regarding staffing levels into Datix and to line managers on a daily basis if required	There is greater understanding and escalation of staffing risks: this needs to be an on-going focus to reinforce its importance	Low

Subject of audit	Finding (NB not risk rated)	Trust actions
Staff Overpayment (quarter 2)	The Trust's leavers' process has existed since January 2012, and as such, may not meet the needs of the Trust	The Trust has reviewed and updated its procedures, and ratified these through agreed governance structures
	Upon someone leaving the employ of the Trust, it is the line manager's responsibility to email the workforce team. The Workforce team should then check that this person has been removed from the payroll system	All starters, leavers and amendment forms will be authorised and dated in good time. Line managers will be held to account where this process is not followed
	Budget holders' review of monthly budget reports should identify if costs in relation to a leaver, are still being processed inappropriately	Budget holders are reminded of the need to fully interrogate their budgets to ensure that all pay and non-pay costs incurred within their budgeted responsibility, are appropriate
	Payslips are distributed to employees at their work address. If more than one month's payslip is sent to a directorate, the budget holder should become aware that an overpayment may have been made to an ex-employee	Budget holders are reminded to check payslips upon receipt. Moreover, staff should be reminded not to send payslips to employee's home addresses unless given appropriate authorisation to do so
	Should an overpayment occur, there should be a process to systematically communicate this back to the budget holder	The Workforce team will liaise with budget holders in the event of an overpayment to ensure that all relevant parties are aware of the issue
	There is evidence that the Trust has previously advised SBS that a member of staff was being paid through the incorrect annual fee rate, but that the responsible officer in SBS was unavailable, so a colleague acted on their behalf but missed the Trust instruction	The Trust will seek assurance from SBS that should responsible officers within SBS be unable to fully undertake their duties, an appropriate officer will be assigned
	SBS send follow up letters to client employees if overpayments are made. However, it is not standard practice for SBS to inform clients, such as the Trust, if an overpayment is made to a client's employee	The Trust should liaise with SBS to agree monetary amount above which all correspondences related to overpayment are discussed with the Trust before issue. This recommendation could be expanded to include all staff members on the red list

Subject of audit	Level of risk	Identified risks	Trust mitigation	Current level of risk
Core Financial Systems (quarter 3)	Medium	There is currently no control in place to confirm the completeness of the list of journals which have been printed and stored in paper files for review	The Trust has implemented a formal monthly review to reconcile the list of journals posted into the ledger with those in the paper files. This review will be retained in case any further investigation is required	Good practice
		The procurement process requires multiple quotes to be obtained for certain purchases. These are not retained on a shared drive leaving management unable to establish when a Procurement Waiver Form should be signed by the Director of Finance	Quotes obtained for purchases will be retained on a shared drive. These will be reviewed centrally to identify cases where a Procurement Waiver is required	Medium
	Low	The Trust does not maintain a Signatory List of the finance staff who review documents and journals	The Trust will maintain a signatory list of all members of staff who may authorise journals or review information received by SBS. This list will be used to confirm that authorising signatories are appropriate	Low
	Advisory	There are no reports provided and no monitoring of the performance SBS against contract KPI's	Monitoring of SBS against contract KPIs is undertaken on a weekly basis	Good practice

Subject of audit	Level of risk	Identified risks	Trust mitigation	Current level of risk
Corporate Governance (quarter 4)	Medium	The Information Governance team structure and cost is not in line with other Trusts who scored highly on the Toolkit	The Trust is currently reviewing structures for Information Governance support, with a view to delivering the most efficient and cost-effective service	Medium
	Low	The job descriptions for Information Governance roles require review, ensuring that there are no duplicate tasks, and there is clear definition of the responsibilities for each role	Job descriptions have now been reviewed supported by the HR team in order to ensure that there is clarity of purpose, role, remit and responsibility	Good practice

5.7.2 TDA Accountability Framework indicators 2014-15

For 2014-15, the Trust’s performance against the relevant indicators within the NHS Trust Development Authority (TDA) Accountability Framework was as follows:

Table 31: TDA Accountability Framework performance 2014-15

Metric		Trust Performance 2014-15	Target (where applicable)	RAG
Caring	Inpatient scores from Friends and Family Test *	+69 (April-December)	+60	
	A&E scores from Friends and Family Test *	+80 (April-December)	+46	
	Complaints	63	n/a	n/a
	Inpatient Survey: Q68 Overall I had a very poor/good experience?	83%	n/a	n/a
	Mixed sex accommodation breaches	0	0	
Well-Led	Inpatients response rate from Friends and Family Test	40%	30%	
	A&E response rate from Friends and Family Test	19%	20%	
	Data quality of Trust returns to the HSCIC	99.2%	96%	
	NHS Staff Survey: Percentage of staff who would recommend the Trust as a place of work	52%	61%	
	NHS Staff Survey: Percentage of staff who would recommend the Trust as a place to receive treatment	68%	67%	
	Trust turnover rate	14.70%	n/a	n/a
	Trust level total sickness rate	4.89%	n/a	n/a
	Total Trust vacancy rate	5.5%	n/a	n/a
	Temporary costs and overtime as % total payroll	7.9%	n/a	n/a
	Percentage of staff with annual appraisal	70.91%	n/a	n/a
Effective	Emergency re-admissions within 30 days	10.7%	n/a	n/a
Safe	C. diff (variance from plan)	17	<21	
	MRSA	0	0	
	Never Event incidence	0	0	
	Medication errors causing serious harm	1	0	
	Harm Free Care **	92.6%	95%	
	Proportion of patients risk assessed for VTE	98.2%	95%	
	Serious Incidents	27	0	
	Patient safety events that are harmful	14	0	
	Overdue CAS alerts	2	0	

Metric		Trust Performance 2014-15	Target (where applicable)	RAG
Responsive	Number of diagnostic tests waiting longer than 6 weeks	0%	1%	
	A&E 4 hour waiting time (all types)	99.82%	95%	
	A&E 12 hour trolley waits	0	0	
	Urgent ops cancelled for second time	0%	0%	
	Proportion of patients not treated within 28 days of last minute cancellation	0%	0%	
	Delayed transfers of care	1.0%	7.5%	

*These two measures ceased nationally in December 2014, to be replaced by a calculation of the percentage of people reporting that they were either “Likely” or “Extremely Likely” to recommend the Trust to friends and family: Trust results against this revised metric for the three months to March 2015 showed 91% recommendations in respect of inpatient units and 97.9% recommendations in respect of A&E (i.e. Minor Injuries and Illnesses Units).

**Performance against this target increased throughout the course of the year, with the Trust achieving the requisite 95% in both February and March 2015.

5.8 Review of effectiveness

As Accountable Officer, I have ultimate responsibility for reviewing the effectiveness of the Trust’s Board/ corporate governance, quality/clinical governance, financial governance and internal control systems. My review of 2014-15 however is informed by the contribution and perspective of the Trust’s Executive and Non-Executive Directors, as well as senior managers, who each have individual responsibility for contributing to the maintenance and quality of these functions.

In developing this Annual Governance Statement, I have also drawn upon the wealth of information that has been reported to the Trust Board and/or its Committees over the past twelve months, together with self-assessments, peer and external reviews. Additionally, my assessment is underpinned by the work of both the internal and external auditors in their various reports.

Finally, I have been advised on the implications of my review by the Trust Board and its appropriate Committees, and would note that a plan to address all identified weaknesses, and thereby ensure continuous quality improvement, is already in place.

To this end, I would note that the following actions have been highlighted as requiring additional focus in 2015-16:

- reflect upon the feedback received by the NHS Trust Development Authority as well as other independent assessors, in order to strengthen Board and subcommittee practices;
- validate that the implemented improvements to incident reporting processes are successfully encouraging colleagues to highlight areas of concern so that corresponding quality improvements can be made;
- maintain the momentum in building improved risk management processes and practices that have already resulted in the development of a detailed Board Assurance Framework;
- ensure consistent use of a more robust eQuality Impact Assessment tool so as to understand the potential consequence of service change upon all stakeholders and populations, especially those who are most seldom seen and seldom heard.

Notwithstanding, in light of the information within this Annual Governance Statement, I conclude that the Trust has a sound system of governance practice and internal control that with the above adjustments, will facilitate achievement of the organisation’s vision, values and strategic objectives within the coming years.

Paul Jennings

Chief Executive
Date: 3 June 2015

6. Remuneration Report



6.1 Remuneration and Terms of Service Committee

Throughout 2014-15, the Trust maintained a Remuneration and Terms of Service Committee, which was designated responsibility by the Trust Board for determining the organisation’s broad remuneration policy, giving due regard to the recommendations of the Department of Health and the Trust Development Authority, and adhering to all relevant laws, codes and regulations.

More specifically, the Committee was responsible for deciding the remuneration, allowances and other terms and conditions of office - including benefits, allowances and termination arrangements - for the organisation’s Very Senior Managers, in line with the requirements of the NHS Codes of Conduct and Accountability, the Higgs report, and the Trust’s Standing Financial Instructions (NB the definition of “Very Senior Managers” is based upon the Department of Health’s Very Senior Managers Pay Framework, and therefore refers to the Trust’s Chief Executive and the Executive Directors, except those who are eligible to be on the Consultant Contract by virtue of their qualification and the requirements of their post).

Additionally, the Committee had explicit duty to monitor and evaluate the performance of the Trust’s Chief Executive and Very Senior Managers against their personal objectives for the previous year and note forward objectives.

The Committee was chaired by the Trust Chair and attended by all of the Non-Executive Directors. Additionally, the Chief Executive, the Director of HR and the Director of Corporate Governance and Public Affairs were regularly in attendance, except when issues regarding their own positions were discussed. Other directors were invited to attend by the Chair as required.

6.2 Salary and pension entitlements of Directors 2014-15

The total remuneration of the Trust’s Executive Directors and Non-Executive Directors in 2014-15 is given in table 32.



Table 32: Directors’ salary entitlements 2014-15

2014-15

	Salary (bands of £5,000) £000	Expense payments (taxable) total to nearest £1,000 £000	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	Total (bands of £5,000) £000
Ingrid Barker, Chair	20-25	4	-	-	-	25-30
Paul Jennings, Chief Executive	150-155	6	-	-	-	160-165
Glyn Howells, Director of Finance and Deputy Chief Executive	110-115	2	-	-	-	115-120
Elizabeth Fenton, Director of Nursing and Quality	75-80	4	-	-	-	80-85
Dr Joanna Bayley, Medical Director	5-10	1	-	-	-	5-10
Dr Michael Roberts, Interim Medical Director	25-30	0	-	-	-	25-30
Duncan Jordan, Chief Operating Officer	130-135	1	-	-	-	130-135
Susan Field, Director of Service Transformation	90-95	2	-	-	-	90-95
Candace Plouffe, Director of Service Delivery	75-80	1	-	-	-	75-80
Tina Ricketts, Director of HR	70-75	1	-	-	-	70-75
Simeon Foreman, Board Secretary	10-15	0	-	-	-	10-15
Jason Brown, Director of Corporate Governance and Public Affairs	65-70	5	-	-	-	70-75
Robert Graves, NED	5-10	2	-	-	-	5-10
Richard Cryer, NED	5-10	3	-	-	-	5-10
Joanna Scott, NED and Vice Chair	5-10	0	-	-	-	5-10
Susan Mead, NED	5-10	1	-	-	-	5-10
Nicola Strother Smith, NED	5-10	2	-	-	-	5-10
Christopher Creswick, NED	5-10	2	-	-	-	5-10

2013-14

Ingrid Barker, Chair	20-25	4	-	-	-	20-25
Paul Jennings, Chief Executive	35-40	0	-	-	-	35-40
Glyn Howells, Director of Finance and Deputy Chief Executive	110-115	3	25-30	-	-	140-145
Elizabeth Fenton, Director of Nursing and Quality	75-80	2	-	-	-	80-85
Dr Joanna Bayley, Medical Director	40-45	2	-	-	-	40-45
Dr Michael Roberts, Interim Medical Director	-	-	-	-	-	-
Duncan Jordan, Chief Operating Officer	-	-	-	-	-	-
Susan Field, Director of Service Transformation	85-90	2	-	-	-	85-90
Candace Plouffe, Director of Service Delivery	65-70	1	-	-	-	65-70
Tina Ricketts, Director of HR	65-70	1	-	-	-	65-70
Simeon Foreman, Board Secretary	50-55	1	-	-	-	50-55
Jason Brown, Director of Corporate Governance and Public Affairs	-	-	-	-	-	-
Robert Graves, NED	5-10	2	-	-	-	15-20
Richard Cryer, NED	-	-	-	-	-	-
Joanna Scott, NED and Vice Chair	5-10	1	-	-	-	5-10
Susan Mead, NED	0-5	0	-	-	-	0-5
Nicola Strother Smith, NED	0-5	0	-	-	-	0-5
Christopher Creswick, NED	0-5	0	-	-	-	0-5

Table 32 includes all costs incurred by the Trust relating to pay, bonuses, benefits in kind (including relocation) or other remuneration relating to Directors. Furthermore, it is noted that where Directors’ salaries increased in year, this was due to incremental rises in basic pay scales awarded under the national Agenda For Change framework which is equally applicable to all colleagues across the Trust.

Table 33 shows the pension contributions for Executive Directors in 2014-15. As Non-Executive Directors do not receive pensionable remuneration, there are no corresponding entries for these individuals. It is also noted that neither the Trust’s Chief Executive nor the Director of Corporate Governance and Public Affairs is participating in a pension scheme at present.

Table 33: Pension contributions 2014-15

	Real increase in pension at age 60 (Bands of £2,500)	Real increase in pension lump sum at aged 60 (Bands of £2,500)	Total accrued pension at age 60 at 31 March 2015 (Bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2015 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Real increase in Cash Equivalent Transfer Value £000	Employer’s contribution to stakeholder pension £000
Paul Jennings, Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Glyn Howells, Director of Finance and Deputy Chief Executive	0 - 2.5	5 - 7.5	5 - 10	-	55	78	22	16
Elizabeth Fenton, Director of Nursing and Quality	0 - 2.5	0 - 2.5	20 - 25	60 - 65	407	448	30	11
Dr Joanna Bayley, Medical Director	0 - 2.5	0 - 2.5	5 - 10	25 - 30	131	143	7	11
Dr Michael Roberts, Interim Medical Director	2.5 - 5	12.5 - 15	5 - 10	25 - 30	52	186	88	9
Duncan Jordan, Chief Operating Officer *	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Susan Field, Director of Service Transformation	0 - 2.5	2.5 - 5	20 - 25	60 - 65	345	386	32	13
Candace Plouffe, Director of Service Delivery	0 - 2.5	5 - 7.5	10 - 15	30 - 35	148	192	41	11
Tina Ricketts, Director of HR	0 - 2.5	2.5 - 5	10 - 15	30 - 35	173	197	20	10
Simeon Foreman, Board Secretary	(0 - 2.5)	(0 - 2.5)	10 - 15	35 - 40	161	171	1	2
Jason Brown, Director of Corporate Governance and Public Affairs	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

* Duncan received a pension contribution banded £30,000-35,000 which was paid into a fully-funded scheme.

The definition of terms used in table 33 includes:

- **Cash Equivalent Transfer Values:** a Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.
- **Real Increase CETV:** this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

6.3 Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation, and the median (average) remuneration of the organisation’s workforce.

In accordance with the guidance published within HM Treasury’s Financial Reporting Manual (FReM), this calculation is based upon the cost of the most highly-paid individual in post at the end of the period, scaled up to show the amount that would have been paid by the Trust had that individual been in post for the whole financial year.

The mid-point of the banded remuneration of the highest paid director of the Trust in the financial year 2014-15 was £152,500 (2013-14, £142,500). This was 5.9 times (2013-14, 5.6 times) the median remuneration of the workforce which was £25,970 (2013-14, £25,783).

In 2014-15, no employees (2013-14, also no employees) received remuneration in excess of the highest paid director. Employee remuneration ranged from £15,100 to £153,953 (2013-14, £14,294 to £142,500).

Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

In respect of the above, it is noted that there have been no significant changes to the overall workforce this year. In general, staff salaries were increased by 1% in April 2014 in line with government policy. Senior managers and Executive Directors were excluded from these arrangements, so did not receive any increase during the year with the exception of incremental pay increases due under the Agenda For Change Framework as detailed in section 6.2 above.

6.4 Terms of service

The agreed terms of service for the Trust’s Executive and Non-Executive Directors who were in post as of 31 March 2015 are as below:

Table 34: Directors’ terms of service

Name and title	Terms of service and/or notice period
Chair	
Ingrid Barker	Until 31 March 2017
Non-Executive Directors	
Robert Graves	Until 19 June 2016
Joanna Scott (Vice Chair)	Until 26 April 2017
Nicola Strother Smith	Until 30 June 2016
Susan Mead	Until 10 November 2017
Richard Cryer	Until 31 March 2017
Executive Directors	
Paul Jennings, Chief Executive	6 months
Glyn Howells, Director of Finance and Deputy Chief Executive	6 months
Duncan Jordan, Chief Operating Officer	3 months
Elizabeth Fenton, Director of Nursing and Quality	6 months
Dr Joanna Bayley, Medical Director	3 months
Dr Michael Roberts, Interim Medical Director	Until 31 July 2015
Susan Field, Director of Service Transformation	3 months
Candace Plouffe, Director of Service Delivery	3 months
Tina Ricketts, Director of HR	3 months
Jason Brown, Director of Corporate Governance and Public Affairs	3 months

I hereby confirm that the above Remuneration Report is a true and accurate representation of the described Trust activities in 2014-15.

Paul Jennings

Signed: Paul Jennings, Chief Executive

Date: 3 June 2015



7. Primary Financial Statements

7.1 Primary Financial Statements

7.1.1 Statement of Comprehensive Income (SoCI) for year ended 31 March 2015

Income and Expenditure

	NOTE	2014-15 £000s	2013-14 £000s
Gross employee benefits	7.2.8	(82,023)	(77,614)
Other operating costs	7.2.6	(28,056)	(35,058)
Revenue from service user care activities	7.2.3	112,427	107,367
Other operating revenue	7.2.4	1,684	1,613
Operating surplus/(deficit)		4,032	(3,693)
Investment revenue	7.2.10	19	19
Finance costs	7.2.12	(15)	0
Surplus/(deficit) for the financial year		4,036	(3,674)
Public dividend capital dividends payable (*)		(2,650)	0
Transfers by absorption - gains		0	903
Transfers by absorption - (losses)		0	(253)
Net Gain/(loss) on transfers by absorption		0	650
Retained surplus/(deficit) for the year		1,386	(3,024)

Other Comprehensive Income

	2014-15 £000s	2013-14 £000s
Impairments and reversals taken to the revaluation reserve	0	(2,177)
Net gain/(loss) on revaluation of property, plant & equipment	0	9,623
Other gain/(loss) (**)	55	0
Net actuarial gain/(loss) on pension schemes	(329)	32
Total comprehensive income for the year	1,112	4,454

Financial performance for the year

Retained surplus/(deficit) for the year	1,386	(3,024)
Impairments (excluding IFRIC 12 impairments)	0	5,845
Adjustments in respect of donated gov't grant asset reserve elimination	122	(165)
Adjustment re absorption accounting	0	(650)
Adjusted retained surplus/(deficit)	1,508	2,006

(*) Public dividend capital dividends were payable in 2014-15 for the first time following a holiday in the Trust's first year of operation 2013-14 as is standard practice.

(**) Value of assets donated to the Trust in year.

The notes in section 7.2 below form part of this account.

7.1.2 Statement of Financial Position (SoFP) as at 31 March 2015

		31 March 2015 £000s	31 March 2014 £000s
	NOTE		
Non-current assets:			
Property, plant and equipment	7.2.13	81,691	81,760
Total non-current assets		81,691	81,760
Current assets:			
Inventories	7.2.16	225	0
Trade and other receivables	7.2.16	10,384	8,235
Cash and cash equivalents	7.2.17	3,328	6,717
Sub-total current assets		13,937	14,952
Non-current assets held for sale	7.2.18	600	0
Total current assets		14,537	14,952
Total assets		96,228	96,712
Current liabilities			
Trade and other payables	7.2.22	(11,320)	(13,276)
Provisions	7.2.21	(16)	(16)
Total current liabilities		(11,336)	(13,292)
Net current assets/(liabilities)		3,201	1,660
Total assets less current liabilities		84,892	83,420
Non-current liabilities			
Liabilities > 1 year	7.2.19	(703)	(317)
Total non-current liabilities		(703)	(317)
Total assets employed:		84,189	83,103
FINANCED BY:			
Public Dividend Capital	7.1.3	81,482	81,482
Retained earnings		(3,531)	(3,024)
Revaluation reserve		9,339	7,445
Other reserves		(3,101)	(2,800)
Total Taxpayers' Equity:		84,189	83,103

The notes in section 7.2 below form part of this account.

The financial statements in section 7.1 were approved on behalf of the Board on 3 June 2015 and signed on its behalf by

Chief Executive: *Paul Jennings* Date: 3 June 2015

7.1.3 Statement of Changes in Taxpayers' Equity for the year ended 31 March 2015

	Public dividend capital £000s	Retained earnings £000s	Revalu- ation reserve £000s	Other reserves £000s	Total reserves £000s
Balance at 1 April 2014	81,482	(3,024)	7,446	(2,801)	83,103
Changes in taxpayers' equity for 2014-15					
Retained surplus/(deficit) for the year		1,386			1,386
Impairments and reversals					0
Other gains/(loss) (*)				55	55
Reclassification Adjustments					
Other movements (**)	0	(1,893)	1,893	(26)	(26)
Net actuarial gain/(loss) on pension				(329)	(329)
Net recognised revenue/(expense) for the year	0	(507)	1,893	(300)	1,086
Balance at 31 March 2015	81,482	(3,531)	9,339	(3,101)	84,189
Balance at 1 April 2013	0	0	0	0	0
Changes in taxpayers' equity for the year ended 31 March 2014					
Retained surplus/(deficit) for the year		(3,024)			(3,024)
Net gain / (loss) on revaluation of property, plant, equipment			9,623		9,623
Impairments and reversals			(2,177)		(2,177)
Reclassification Adjustments					
Originating capital for Trust established in year	72,544				72,544
New temporary and permanent PDC received - cash	1,691				1,691
New PDC received/(repaid) - PCTs and SHAs legacy items paid for by DH	7,247				7,247
Other movements	0			(2,833)	(2,833)
Net actuarial gain/(loss) on pension				32	32
Balance at 31 March 2014	81,482	(3,024)	7,446	(2,801)	83,103

(*) The £55,000 adjustment to other reserves reflects the value of assets donated to the Trust in the year.

(**) Other movements includes the transfer of prior year £2,177,000 writeoff of PCT revaluation reserve to retained earnings, as the PCT revaluation reserve was not transferred to the Trust in 2013-14 as had been previously reported. The remainder of the reserve movement relates to transferring depreciation on revalued assets that has been charged to earnings in year in 2014-15.

7.1.4 Statement of Cash Flows for the year ended 31 March 2015

	2014-15 £000s	2013-14 £000s
Cash Flows from Operating Activities		
Operating surplus/deficit	4,032	(3,693)
Depreciation and amortisation	3,203	2,546
Impairments and reversals	0	5,845
Interest paid	0	(45)
Dividend paid	(2,688)	0
Increase in Inventories	(225)	0
Increase in Trade and Other Receivables	(2,150)	(3,136)
Increase in Trade and Other Payables	(2,610)	(1,994)
Provisions utilised	(339)	(51)
Increase in movement in non cash provisions	0	362
Net Cash Inflow/(Outflow) from Operating Activities	(777)	(163)
Cash Flows from Investing Activities		
Interest Received	19	19
(Payments) for Property, Plant and Equipment	(2,669)	(2,077)
Rental Revenue	38	0
Net Cash Inflow/(Outflow) from Investing Activities	(2,612)	(2,058)
Net Cash Inflow/(Outflow) before Financing	(3,389)	(2,221)
Cash Flows from Financing Activities		
Gross Temporary and Permanent PDC Received	0	14,037
Gross Temporary and Permanent PDC Repaid	0	(5,099)
Net Cash Inflow/(Outflow) from Financing Activities	0	8,938
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	(3,389)	6,717
Cash and Cash Equivalents at Beginning of the Period	6,717	0
Cash and Cash Equivalents at year end	3,328	6,717

7.2 Notes to the Accounts

7.2.1 Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the Department of Health Group Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Manual for Accounts 2014-15 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS,

as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

i) Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

ii) Acquisitions and discontinued operations

Activities are considered to be ‘acquired’ only if they are taken on from outside the public sector. Activities are considered to be ‘discontinued’ only if they cease entirely. They are not considered to be ‘discontinued’ if they transfer from one public sector body to another.

iii) Movement of assets within the Department of Health Group

Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Treasury FReM. The FReM does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the SoCI, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Group are accounted for in line with IAS20 and similarly give rise to income and expenditure entries.

For transfers of assets and liabilities from those NHS bodies that closed on 1 April 2013, Treasury agreed that a modified absorption approach should be applied. For these transactions and only in the prior-period, gains and losses are recognised in reserves rather than the SoCI.

iv) Charitable Funds

Under the provisions of IAS27 *Consolidated and Separate Financial Statements*, those Charitable Funds that fall under common control with NHS bodies are recommended to be consolidated within the entity’s financial statements. In accordance with IAS1

Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. The Trust has agreed with its auditors not to consolidate its charitable funds, as they are considered immaterial. The Charitable Fund “Gloucestershire Care Services NHS Trust Charitable Fund”, charity number 1096480 reports its accounts annually to the Charities Commission.

v) Pooled budgets

The Trust receives funds from a pooled budget between Gloucestershire Clinical Commissioning Group and Gloucestershire County Council. Under the arrangement, funds are pooled under S75 of the NHS Act 2006 for community activities. The pool is hosted by Gloucestershire County Council. Payments for services provided by the Trust are accounted for as income from Gloucestershire County Council.

vi) Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust’s accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates, and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust’s accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Going Concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these financial statements.

Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The critical estimates and judgements made in applying the Trust’s accounting policies are detailed in the notes to the annual financial statements, as listed below:

- Asset Valuations and Lives: See note 7.2.13
- Impairments of Receivables: See note 7.2.16
- Provisions: See note 7.2.21
- Accruals

vii) Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the Trust is from commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension’s Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

viii) Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

Some employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the Trust’s accounts. The assets are measured at a fair value, and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within operational expenses. Actuarial gains and losses during the year are recognised in the General Fund and reported on the Statement of Changes in Taxpayer’s Equity.

ix) Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

x) Tangible assets

Property, plant and equipment

Recognition

- Property, plant and equipment is capitalised if:
- it is held for use in delivering services or for administrative purposes;
 - it is probable that future economic benefits will flow, or service potential will be supplied, to the Trust;
 - it is expected to be used for more than one financial year;
 - the cost of the item can be measured reliably; and
 - the item has cost of at least £5,000; or
 - collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
 - items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust’s services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

The District Valuer undertook a revaluation exercise as at 1 March 2013. The Valuer is RICS (Royal Institute of Chartered Surveyors) qualified and used the Modern Equivalent Asset Valuation (MEAV) technique. It is planned to repeat this exercise in 2015-16.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings - market value for existing use
- Specialised buildings - depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income (SoCI).

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

xi) Intangible assets

The Trust has no intangible assets.

xii) Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear

consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Impairments are analysed between Departmental Expenditure Limits (DEL) and Annually Managed Expenditure (AME). This is necessary to comply with Treasury’s budgeting guidance. DEL limits are set in the Spending Review and Departments may not exceed the limits that they have been set.

AME budgets are set by the Treasury and may be reviewed with departments in the run-up to the Budget. Departments need to monitor AME closely and inform Treasury if they expect AME spending to rise above forecast. Whilst Treasury accepts that in some areas of AME inherent volatility may mean departments do not have the ability to manage the spending within budgets in that financial year, any expected increases in AME require Treasury approval.

xiii) Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

xiv) Government grants

The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

xv) Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

xvi) Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust’s surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially

as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust’s net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust’s net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

xvii) Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

xviii) Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust’s cash management.

xix) Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

xx) Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 7.2.6.

xxi) Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required

to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

xxii) Financial Assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

xxiii) Financial liabilities

Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

xxiv) Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

xxv) Foreign currencies

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise.

xxvi) Third party assets

Assets belonging to third parties (such as money held on behalf of service users) are not recognised in the accounts since the Trust has no beneficial interest in them.

xxvii)Public Dividend Capital (PDC) and PDC dividend

Public dividend capital represents taxpayers' equity in the Trust. At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities (except for donated assets and cash balances with the Government

Banking Service). The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

xxviii)Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

xxix) Subsidiaries

Material entities over which the Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it is exposed to or has rights to variable returns through its power over another entity. The income and expenses, gains and losses, assets, liabilities and reserves, and cash flows of the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust or where the subsidiary's accounting date is not co-terminus.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'. From 2013-14, the Trust could consolidate the results of the Gloucestershire Care Services NHS Trust Charitable Funds over which it considers it has the power to exercise control in accordance with IFRS10 requirements. However the value of the Funds is considered immaterial and it has therefore been agreed with the Trust's auditors and the Trust Development Authority not to consolidate its accounts in 2014-15.

7.2.2 Operating segments

The vast majority of the Trust’s income comes under a block arrangement from one collaborative commissioning contract with Gloucestershire Clinical Commissioning Group and so segmental analysis is not reported.

7.2.3 Revenue from service user care activities

	2014-15 £000s	2013-14 £000s
NHS Trusts	84	116
NHS England	9,272	9,637
Clinical Commissioning Groups	90,881	86,385
Foundation Trusts	7,041	6,199
NHS Other (including Public Health England and Prop Co)	1,098	112
Non-NHS:		
Local Authorities	2,712	3,591
Private service users	3	2
Overseas service users (non-reciprocal)	0	1
Injury costs recovery	280	196
Other	1,056	1,129
Total Revenue from service user care activities	112,427	107,367

Other revenue includes contract income for: staff provided to other NHS bodies; provision of care through out of area treatments via the Welsh Neurin Bevan Health Board; non NHS Dental income; and provision of occupational therapy to other bodies.

7.2.4 Other operating revenue

	2014-15 £000s	2013-14 £000
Education, training and research	1,541	1,113
Receipt of donations for capital acquisitions - Charity	0	319
Rental revenue from operating leases	141	141
Other revenue	2	40
Total Other Operating Revenue	1,684	1,613
Total Operating Revenue	114,111	108,980

7.2.5 Overseas Visitors Disclosure

	2014-15 £000s	2013-14 £000
Income recognised during 2014-15 (invoiced amounts and accruals)	0	1
Cash payments received in-year (re: receivables at 31 March 2014)	0	0
Cash payments received in-year (re: invoices issued 2014-15)	0	0
Amounts added to provision for impairment of receivables (re: receivables at 31 March 2014)	0	0
Amounts added to provision for impairment of receivables (re: invoices issued 2014-15)	0	0
Amounts written off in-year (irrespective of year of recognition)	0	0

7.2.6 Operating expenses

	2014-15 £000s	2013-14 £000s
Services from other NHS Trusts	214	12
Services from CCGs/NHS England	11	5
Services from other NHS bodies	804	210
Services from NHS Foundation Trusts	5,415	8,494
Total Services from NHS bodies*	6,444	8,720
Purchase of healthcare from non-NHS bodies	399	352
Trust Chair and Non-executive Directors	61	65
Supplies and services - clinical	3,702	5,784
Supplies and services - general	3,075	429
Consultancy services	772	961
Establishment	2,652	1,905
Transport	201	429
Business rates paid to local authorities	831	775
Premises	5,578	5,428
Hospitality	5	5
Insurance	149	145
Legal Fees	118	130
Impairments and Reversals of Receivables	(254)	538
Depreciation	3,203	2,546
Impairments and reversals of property, plant and equipment	0	5,845
Audit fees	81	106
Other auditor’s remuneration	0	23
Clinical negligence	280	336
Education and Training	750	525
Other	9	9
Total Operating Expenses (excluding employee benefits)	28,056	35,058
Employee Benefits		
Employee benefits excluding Board members	81,025	76,600
Board members	998	1,014
Total Employee Benefits	82,023	77,614
Total Operating Expenses	110,079	112,672

*Services from NHS bodies does not include expenditure which falls into a category below.

7.2.7 Operating Leases

The Trust as lessee

	2014-15		2013-14	
	Land £000s	Build- ings £000s	Other £000s	Total £000s
Payments recognised as an expense				
Minimum lease payments				556
Contingent rents				0
Sub-lease payments				0
Total				556
Payable:				
No later than one year	62	527	105	694
Between one and five years	192	1,782	0	1,974
After five years	624	4,733	0	5,357
Total	878	7,042	105	8,025

Prior year has been restated on a consistent basis.

The Trust as lessor

The Trust has an operating lease with Care UK for the use of operating theatre and ward space at Cirencester Hospital.

	2014-15 £000s	2013-14 £000
Recognised as revenue		
Rental revenue	141	141
Total	141	141
Receivable:		
No later than one year	141	141
Total	141	141

7.2.8 Employee benefits and staff numbers

Employee benefits

	Total £000s	Permanently Employed £000s	Other £000
2014-15			
Employee Benefits - Gross Expenditure			
Salaries and wages	70,976	67,522	3,454
Social security costs	3,728	3,728	0
Employer Contributions to NHS BSA - Pensions Division	7,074	7,074	0
Other pension costs	159	159	0
Termination benefits	86	86	0
Total employee benefits	82,023	78,569	3,454
Employee costs capitalised	0	0	0
Gross Employee Benefits excluding capitalised costs	82,023	78,569	3,454

	Total £000s	Permanently Employed £000s	Other £000
2013-14			
Employee Benefits - Gross Expenditure			
Salaries and wages	66,413	61,746	4,667
Social security costs	4,129	4,129	0
Employer Contributions to NHS BSA (Business Services Authority) - Pensions Division	6,878	6,878	0
Other pension costs	126	126	0
Termination benefits	68	68	0
Total employee benefits	77,614	72,947	4,667
Employee costs capitalised	0	0	0
Gross Employee Benefits excluding capitalised costs	77,614	72,947	4,667

Staff numbers

	2014-15		2013-14	
	Total Number	Permanently Employed Number	Other Number	Total Number
Average Staff Numbers (WTE)				
Medical and dental	32	32	0	34
Ambulance staff	0	0	0	0
Administration and estates	444	444	0	440
Healthcare assistants and other support staff	97	97	0	101
Nursing, midwifery and health visiting staff	1,081	1,011	70	1,079
Nursing, midwifery and health visiting learners	36	36	0	27
Scientific, therapeutic and technical staff	469	469	0	452
Social Care Staff	0	0	0	0
Other	5	5	0	5
Total	2,164	2,094	70	2,138
Of the above - staff engaged on capital projects	0	0	0	0

Staff sickness absence and ill health retirements

	2014-15 Number	2013-14 Number
Total Days Lost	36,143	30,674
Total Staff Days	744,854	716,455
Average Working Days Lost (%)	4.85%	4.28%
Number of persons retired early on ill health grounds	4	3
	2014-15 £000s	2013-14 £000s
Total additional pensions liabilities accrued in the year	0	0

Exit packages agreed in 2014-15

Exit package cost band (including any special payment element)	2014-15			2013-14		
	*Number of compulsory redundancies Number	*Number of other departures Number	Total number of exit packages Number	*Number of compulsory redundancies Number	*Number of other departures Number	Total number of exit packages Number
Less than £10,000	3	3	6	0	16	16
£10,000-£25,000	3	1	4	0	0	0
£25,001-£50,000	0	0	0	0	0	0
£50,001-£100,000	1	0	1	0	0	0
£100,001 - £150,000	0	0	0	0	1	1
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type (total cost)	7	4	11	0	17	17
Total resource cost (£s)	154,275	22,159	176,434	0	181,030	181,030

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change or National Medical and Dental terms and conditions. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

* Any non-contractual payments in lieu of notice are disclosed under ‘non-contractual payments requiring HMT approval’ below.

This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Exit packages - Other departures analysis

	2014-15 Agree- ments Number	Total value of agreements £000s	2013-14 Agree- ments Number	Total value of agreements £000s
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	4	22	17	114
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	1	68
Total	4	22	18	181

Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary

0	0	0	0
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As a single exit packages can be made up of several components each of which will be counted separately in this note, the total number above will not necessarily match the total numbers in the table above which will be the number of individuals.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date. The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004.

In order to defray the costs of benefits, employers pay contributions at 14% of pensionable pay and most employees had up to April 2008 paid 6%, with manual staff paying 5%.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme taking effect from 1 April 2008, this Valuation report recommended that employer contributions could continue at the existing rate of 14% of pensionable pay, from 1 April 2008, following

the introduction of employee contributions on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme’s liabilities.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the scheme actuary. At this point, the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

The valuation of the scheme liability as at 31 March 2011, is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 31 March 2011 with summary global member and accounting data.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008, members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service,

and five times their annual pension for death after retirement is payable

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the Statement of Comprehensive Income at the time the Trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC’s run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Local Government Pension Scheme (LGPS)

As part of the S75 Integrated Services arrangements, the Trust employs staff who were TUPEd from Gloucestershire County Council. As part of the TUPE transfer, former local authority staff could elect to remain in the LGPS. The LGPS is a defined benefit statutory scheme administered by the County Council in accordance with the LGPS (Benefits, Membership and Contributions) Regulations 2007; the LGPS (Administration) Regulations 2008 and the LGPS (Transitional Provisions) Regulations 2008. It is contracted out of the State Second Pension.

During the financial period 1 April 2014 to 31 March 2015, the Trust’s contributions totalled £148k and employee’s contributions totalled £50k.

Period Ended	31-Mar-14	31-Mar-13
	% p.a.	% p.a.
Pension Increase Rate	2.4%	2.8%
Salary Increase Rate	3.8%	4.1%
Discount Rate	3.2%	4.3%

The fair value of employer assets of the whole fund as at 31 March 2015 is as shown below:

Assets (whole Fund)	31-Mar-15		31-Mar-14	
	Assets (£000s)	%	Assets (£000s)	%
Equity Securities	1,200	18%	1,228	21%
Debt Securities	1,078	16%	848	15%
Private Equity	19	0%	19	0%
Real estate	469	8%	340	6%
Investment funds & Unit Trusts	3,663	57%	3,200	56%
Derivatives	0	0%	1	0%
Cash and Cash equivalents	99	2%	97	2%
Total	6,528	100%	5,733	100%

The details of the Trust’s share of assets and the net position as included in the accounts are as follows:

	Assets £000s	Obligations £000s	Net (Liability) / Asset £000
Period ended 31 March 2015			
Fair Value of employer assets	5,733		5,773
Present value of funded liabilities		(6,072)	(6,072)
Opening position at 31 March 2014	5,733	(6,072)	(339)
Current service cost	0	(168)	(168)
Net interest			
Interest on plan assets	245		245
Interest cost on defined benefit obligation		(260)	(260)
Total net interest	245	(260)	(15)
Total defined benefit cost recognised in Profit or Loss	245	(428)	(183)
Cashflow			
Participants contributions	50	(50)	0
Employer contributions	148		148
Benefits paid	(242)	(242)	0
Expected closing position	5,934	(6,308)	(374)
Remeasurements			
Change in financial assumptions		(948)	(948)
Other experience		25	25
Returns on assets excluding amounts included in net interest	594		594
Total remeasurements recognised in Other Comprehensive Income	594	(923)	(329)
Fair value of employer assets	6,528		6,528
Present Value of funded liabilities		(7,231)	(7,231)
Closing Position 31 March 2015	6,528	(7,231)	(703)
In Year Movement	795	(1,159)	(364)

The in year increase in net liability of £364k has been funded from reserves.

7.2.9 Better Payment Practice Code

Measure of compliance

	2014-15 Number	2014-15 £000s	2013-14 Number	2013-14 £000s
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	29,772	27,479	22,989	21,547
Total Non-NHS Trade Invoices Paid Within Target	27,447	25,200	20,430	18,602
Percentage of NHS Trade Invoices Paid Within Target	92.19%	91.71%	88.87%	86.34%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	658	12,956	277	9,848
Total NHS Trade Invoices Paid Within Target	458	9,233	186	8,627
Percentage of NHS Trade Invoices Paid Within Target	69.60%	71.26%	67.15%	87.61%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

The Late Payment of Commercial Debts (Interest) Act 1998

	2014-15 £000s	2013-14 £000s
Amounts included in finance costs from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

7.2.10 Investment revenue

	2014-15 £000s	2013-14 £000s
Rental revenue	0	0
Subtotal	0	0
Interest revenue		
Bank interest	19	19
Subtotal	19	19
Total investment revenue	19	19

7.2.11 Other Gains and Losses

	2014-15 £000s	2013-14 £000s
Gain/(Loss) on disposal of assets other than by sale (PPE)	0	0
Gain/(Loss) on disposal of assets other than by sale (intangibles)	0	0
Gain/(Loss) on disposal of Financial Assets other then held for sale	0	0
Gain (Loss) on disposal of assets held for sale	0	0
Gain/(loss) on foreign exchange	0	0
Change in fair value of financial assets carried at fair value through the SoCI	0	0
Change in fair value of financial liabilities carried at fair value through the SoCI	0	0
Change in fair value of investment property	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	0	0

7.2.12 Finance Costs

Interest

	2014-15 £000s	2013-14 £000s
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts:		
- main finance cost	0	0
- contingent finance cost	0	0
Interest on obligations under LIFT contracts:		
- main finance cost	0	0
- contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Total interest expense	0	0
Other finance costs	15	0
Provisions - unwinding of discount	0	0
Total	15	0

7.2.13 Property, plant and equipment

	2014-15 £000s	2013-14 £000s
Cost or valuation:		
At 1 April 2014	13,340	90,152
Additions of Assets Under Construction	0	3,679
Additions Purchased	0	0
Additions - Non Cash Donations (i.e. physical assets)	0	0
Additions - Purchases from Cash Donations & Government Grants	0	55
Additions Leased	0	0
Reclassifications	(1,380)	0
Reclassifications as Held for Sale and reversals	(600)	(600)
Disposals other than for sale	0	0
Upward revaluation/positive indexation	0	0
Impairments/negative indexation	0	0
Reversal of Impairments	0	0
Transfers to NHS Foundation Trust	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0
At 31 March 2015	11,360	93,286
Depreciation		
At 1 April 2014	0	8,392
Reclassifications	0	0
Reclassifications as Held for Sale and reversals	0	0
Disposals other than for sale	0	0
Upward revaluation/positive indexation	0	0
Impairments	0	0
Reversal of Impairments	0	0
Charged During the Year	0	0
Transfers to NHS Foundation Trust	0	3,203
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0
At 31 March 2015	0	11,595
Net Book Value at 31 March 2015	11,360	81,691
Land	£000s	£000s
Buildings	£000s	£000s
Dwellings	£000s	£000s
Assets under construction & payment on account	£000s	£000s
Plant & machinery	£000s	£000s
Transport equipment	£000s	£000s
Information technology	£000s	£000s
Furniture & fittings	£000s	£000s
Total	£000s	£000s

2014-15	Land	Buildings	Dwellings	Assets under construction & payment on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Asset financing: Owned - Purchased Owned - Donated Owned - Government Granted Held on finance lease On-SOFP PFI contracts PFI residual interests	11,360	57,828	0	3,672	5,466	114	1,790	1,406	81,636
	0	0	0	0	55	0	0	0	55
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
Total at 31 March 2015	11,360	57,828	0	3,672	5,521	114	1,790	1,406	81,691

Revaluation Reserve Balance for Property, Plant & Equipment

At 1 April 2014	Land	Buildings	Dwellings	Assets under construction & payment on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000
Movements (specify)	315	7,130	0	0	0	0	0	0	7,445
At 31 March 2015	315	7,130	0	0	0	0	0	0	7,445

Additions to Assets Under Construction in 2014-15

Land	£000's
Buildings excl Dwellings	0
Dwellings	3,679
Plant & Machinery	0
Balance as at YTD	3,679

Property, plant and equipment prior year

2013-14	Land	Buildings	Dwellings	Assets under construction & payment on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Cost or valuation:									
At 1 April 2013	0	0	0	0	0	0	0	0	0
Transfers under Modified Absorption Accounting - PCTs & SHAs	13,964	44,526	0	12,168	4,056	160	360	2,474	77,708
Transfers under Modified Absorption Accounting - Other Bodies	0	0	0	0	0	0	0	0	0
Additions of Assets Under Construction				378					378
Additions Purchased	0	2,594	0		506	0	273	1,253	4,626
Additions - Non Cash Donations (i.e. Physical Assets)	0	0	0	0	0	0	0	0	0
Additions - Purchases from Cash Donations & Government Grants	0	0	0	0	0	0	0	0	0
Additions Leased	0	0	0	0	0	0	0	0	0
Reclassifications	(939)	8,927	0	(10,329)	1,100	0	714	528	(0)
Reclassifications as Held for Sale and Reversals	0	0	0	0	0	0	0	0	0
Disposals other than for sale	0	0	0	0	(6)	0	0	0	(6)
Revaluation	315	9,308	0	0	0	0	0	0	9,623
Impairments/negative indexation charged to reserves	0	(2,177)	0	0	0	0	0	0	(2,177)
Reversal of Impairments charged to reserves	0	0	0	0	0	0	0	0	0
Transfers to Foundation Trust	0	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0
At 31 March 2014	13,340	63,178	0	2,217	5,656	160	1,347	4,254	90,152

Depreciation									
At 1 April 2013	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassifications as Held for Sale and Reversals	0	0	0	0	0	0	0	0	0
Disposals other than for sale	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairments/negative indexation charged to operating expenses	0	5,760	0	0	84	0	1	0	5,845
Reversal of Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0
Charged During the Year	0	1,542	0	0	649	23	148	185	2,546
Transfers to Foundation Trust	0	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0
At 31 March 2014	0	7,303	0	0	733	23	149	185	8,391
Net Book Value at 31 March 2014	13,340	55,875	0	2,217	4,923	137	1,198	4,070	81,760

	Land	Buildings	Dwellings	Assets under construction & payment on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
2013-14	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Asset financing:									
Owned - Purchased	13,340	54,720	0	2,217	4,645	137	1,198	4,070	80,327
Owned - Donated	0	1,155	0	0	278	0	0	0	1,433
Owned - Government Granted	0	0	0	0	0	0	0	0	0
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual: interests	0	0	0	0	0	0	0	0	0
Total at 31 March 2014	13,340	55,875	0	2,217	4,923	137	1,198	4,070	81,760

Other

In 2014-15, Cirencester League of Friends donated medical equipment for use in the hospital to the value of £55k.

Asset Valuation

The District Valuer undertook a revaluation exercise as at 1 March 2013. The Valuer is RICS (Royal Institute of Chartered Surveyors) qualified and used the Modern Equivalent Asset Valuation (MEAV) technique. It is planned to repeat this exercise in 2015-16.

Asset Lives per Asset Class

Land - Not depreciated
Buildings - between 30-60 years
Plant and Machinery - Between 5 and 15 years
Fixtures and Fittings - Between 5 and 10 years
Transport Equipment - 7 years

As part of the Valuation exercise carried out as at 1 March 2013, the Valuer has made changes to the asset lives of certain buildings in the light of their assessment of remaining useful life of the buildings.

7.2.14 Analysis of impairments and reversals recognised in 2014-15

	2014-15 £000s
Property, Plant and Equipment impairments and reversals taken to SoCI	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	0
Total Impairments of Property, Plant and Equipment changed to SoCI	0
Intangible assets impairments and reversals charged to SoCI	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	0
Total Impairments of Intangibles charged to SoCI	0
Financial Assets charged to SoCI	
Loss or damage resulting from normal operations	0
Total charged to Departmental Expenditure Limit	0
Loss as a result of catastrophe	0
Other	0
Total charged to Annually Managed Expenditure	0
Total Impairments of Financial Assets charged to SoCI	0
Non-current assets held for sale - impairments and reversals charged to SoCI	
Loss or damage resulting from normal operations	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	0
Total impairments of non-current assets held for sale charged to SoCI	0
Total Impairments charged to SoCI - DEL	0
Total Impairments charged to SoCI - AME	0
Overall Total Impairments	0
Donated and Gov Granted Assets, included above	
PPE - Donated and Government Granted Asset Impairments: amount charged to SoCI - DEL	0
Intangibles - Donated and Government Granted Asset Impairments: amount charged to SoCI - DEL	0

7.2.15 Intra-Government and other balances

	2014-15		2013-14	
	Current receivables £000s	Non-Current receivables £000s	Current payables £000s	Non-Current payables £000s
Balances with Other Central Government Bodies	0	0	2,440	0
Balances with Local Authorities	0	0	0	0
Balances with NHS bodies outside the Departmental Group	0	0	0	0
Balances with NHS bodies inside the Departmental Group	6,060	0	1,198	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with Bodies External to Government	4,324	0	7,682	703
At 31 March 2015	10,384	0	11,320	703
Prior period:				
Balances with Other Central Government Bodies	4,671	0	3,178	0
Balances with Local Authorities	1,540	0	368	0
Balances with NHS bodies outside the Departmental Group	0	0	0	0
Balances with NHS Trusts and FTs	1,155	0	2,253	0
Balances with Public Corporations and Trading Funds	0	0	0	0
Balances with Bodies External to Government	0	0	0	0
At 31 March 2014	7,366	0	5,798	0

7.2.16 Inventories

	Drugs £000s	Consum-ables £000s	Work in Progress £000s	Energy £000s	Loan equipment £000s	Other £000s	Total £000s
Balance at 1 April 2014	0	0	0	0	0	0	0
Additions	0	225	0	0	0	0	225
Inventories recognised as an expense in the period	0	0	0	0	0	0	0
Write-down of inventories (including losses)	0	0	0	0	0	0	0
Reversal of write-down previously taken to SOCI	0	0	0	0	0	0	0
Transfers (to) Foundation Trusts	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0
Balance at 31 March 2015	0	225	0	0	0	0	225

The Trust has identified levels of inventory at its seven community hospitals that require classification on the balance sheet. These have been estimated at £225,000. During 2015-16, a stock control system will be implemented to ensure that control and reporting in this area is improved.

Trade and other receivables

	Current		Non-Current	
	31 Mar 15	31 Mar 14	31 Mar 15	31 Mar 14
	£000s	£000s	£000s	£000s
NHS receivables - revenue	6,008	3,634	0	0
NHS receivables - capital	0	0	0	0
NHS prepayments and accrued income	52	2,416	0	0
Non-NHS receivables - revenue	4,597	2,073	0	0
Non-NHS receivables - capital	0	0	0	0
Non-NHS prepayments and accrued income	11	552	0	0
PDC Dividend prepaid to DH	0			
Provision for the impairment of receivables	(284)	(538)	0	0
VAT	0	97	0	0
Current/non-current part of PFI and other PPP arrangements prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables	0	0	0	0
Total	10,384	8,234	0	0
Total current and non current	10,384	8,234		
Included in NHS receivables are prepaid pension contributions:	0			

The great majority of trade is with Gloucestershire Clinical Commissioning Group. As all CCGs are funded by Government to buy NHS service user care services, no credit scoring of them is considered necessary.

Receivables past their due date but not impaired

	31 Mar 2015	31 Mar 2014
	£000s	£000s
By up to three months	4,160	3,419
By three to six months	686	114
By more than six months	644	317
Total	5,490	3,850

Provision for impairment of receivables

	2014-15	2013-14
	£000s	£000s
Balance at 1 April 2014	(538)	0
Transfers under Modified Absorption Accounting - PCTs & SHAs		0
Transfers under Modified Absorption Accounting - Other Bodies		0
Amount written off during the year	0	0
Amount recovered during the year	0	0
(Increase)/decrease in receivables impaired	254	(538)
Transfer to NHS Foundation Trust	0	
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0
Balance at 31 March 2015	(284)	(538)

The only significant debt being provided for is against Gloucestershire County Council.

7.2.17 Cash and Cash Equivalents

	31 Mar 2015	31 Mar 2014
	£000s	£000s
Opening balance	6,717	0
Net change in year	(3,389)	6,717
Closing balance	3,328	6,717
Made up of		
Cash with Government Banking Service	3,328	6,716
Commercial banks	0	0
Cash in hand	0	1
Liquid deposits with NLF	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	3,328	6,717
Bank overdraft - Government Banking Service	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in statement of cash flows	3,328	6,717
Service users' money held by the Trust, not included above	0	0

7.2.18 Non-current assets held for sale

	Land	Buildings excluding Dwellings	Dwellings	Assets under construction & payment on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Intangible Assets	Financial Assets	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2014	0	0	0	0	0	0	0	0	0	0	0
Plus assets classified as held for sale in the year	600	0	0	0	0	0	0	0	0	0	600
Less assets sold in the year	0	0	0	0	0	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0	0	0	0	0	0
Transfers to Foundation Trust	0	0	0	0	0	0	0	0	0	0	0
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	0	0	0	0	0
Balance at 31 March 2015	600	0	0	0	0	0	0	0	0	0	600
Liabilities associated with assets held for sale at 31 March 2015	0	0	0	0	0	0	0	0	0	0	0
Balance at 1 April 2013	0	0	0	0	0	0	0	0	0	0	0
Transfers under Modified Absorption Accounting - PCTs & SHAs	0	0	0	0	0	0	0	0	0	0	0
Transfers under Modified Absorption Accounting - Other Bodies	0	0	0	0	0	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0	0	0	0	0	0
Transfers to Foundation Trust	0	0	0	0	0	0	0	0	0	0	0
Transfers (to)/from other public sector bodies	0	0	0	0	0	0	0	0	0	0	0
Balance at 31 March 2014	0	0	0	0	0	0	0	0	0	0	0
Liabilities associated with assets held for sale at 31 March 2014	0	0	0	0	0	0	0	0	0	0	0

The asset being held for sale is land that has been freed up in Tewkesbury following the demolition of the old Hospital. Part of this land was subject to a Heads of Terms passing from the PCT to the Trust as part of its creation. This Heads of Terms lays out the details of the land that is to be sold to local GPs who are consolidating several GP practices onto one campus alongside the new hospital. The land is being sold at the value that it was revalued at by the District Valuer as at 1 March 2013 and so no gain or loss will be made on this transaction.

7.2.19 Trade and other payables

	Current		Non-Current	
	31 Mar 15	31 Mar 14	31 Mar 15	31 Mar 14
	£000s	£000s	£000s	£000s
NHS payables - revenue	1,151	2,343	0	0
NHS payables - capital	0	0	0	0
NHS accruals and deferred income	0	0	0	0
Non-NHS payables - revenue	3,745	5,535	0	0
Non-NHS payables - capital	3,937	2,927	0	0
Non-NHS accruals and deferred income	0	0	0	0
Social security costs	1,854	1,767		
PDC Dividend payable to DH	47	0		
VAT	34	5	0	0
Tax	552	582		
Payments received on account	0	37	0	0
Other	0	80	703	0
Total	11,320	13,276	703	0
Total payables (current and non-current)	12,023	13,276		

Included above:
Other includes the Local Government Pension Liability based on actuarial calculations as at 31 March 2015 which was previously accounted for as a long term provision.

7.2.20 Deferred revenue

	Current		Non-Current	
	31 Mar 15	31 Mar 14	31 Mar 15	31 Mar 14
	£000s	£000s	£000s	£000s
Opening balance at 1 April 2014	220	0	0	0
Deferred revenue addition	0	220	0	0
Transfer of deferred revenue	0	0	0	0
Current deferred income at 31 March 2015	220	220	0	0
Total deferred income (current and non-current)	220	220		

7.2.21 Provisions

	Total	Early Departure Costs	Legal Claims
	£000s	£000s	£000s
Balance at 1 April 2014	16	0	16
Arising during the year	0	0	0
Utilised during the year	0	0	0
Reversed unused	0	0	0
Unwinding of discount	0	0	0
Change in discount rate	0	0	0
Transfers to NHS Foundation Trusts (for Trusts becoming FTs only)	0	0	0
Transfers (to)/from other public sector bodies under absorption accounting	0	0	0
Balance at 31 March 2015	16	0	16

Expected Timing of Cash Flows:

No Later than One Year	16	0	16
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Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:

As at 31 March 2015	0
As at 31 March 2014	0

Early departure costs relating to the Local Government Pension Fund liability for staff that TUPEd to the Trust from Gloucestershire County Council are now reported under liabilities greater than 1 year.

7.2.22 Financial Instruments

Financial Risk Management

Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Gloucestershire Clinical Commissioning Group (GCCG) and the way that the GCCG is financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust’s treasury management operations are carried out by the finance department, within parameters defined formally within the Trust’s standing financial instructions and policies agreed by the board of directors. The Trust’s treasury activity is subject to review by the Trust’s internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has no loans and therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust’s revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2015 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust’s operating costs are incurred under contracts with commissioning organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds generated from its operation which generates a small surplus and is not, therefore, exposed to significant liquidity risks.

Financial Assets

	At ‘fair value through profit and loss’ £000s	Loans and Receivables £000s	Available for Sale £000s	Total £000s
Embedded derivatives	0	0	0	0
Receivables - NHS	0	6,060	0	6,060
Receivables - non-NHS	0	4,608	0	4,608
Cash at bank and in hand	0	3,328	0	3,328
Other financial assets	0	0	0	0
Total at 31 March 2015	0	13,996	0	13,996
Embedded derivatives	0	0	0	0
Receivables - NHS	0	3,634	0	3,634
Receivables - non-NHS	0	2,170	0	2,170
Cash at bank and in hand	0	6,717	0	6,717
Other financial assets	0	0	0	0
Total at 31 March 2014	0	12,521	0	12,521

Financial Liabilities

	At 'fair value through profit and loss' £000s	Loans and Receivables £000s	Total £000s
Embedded derivatives	0		0
NHS payables		1,151	1,151
Non-NHS payables		10,169	10,169
Other borrowings		0	0
PFI & finance lease obligations		0	0
Other financial liabilities	0	0	0
Total at 31 March 2015	0	11,320	11,320
Embedded derivatives	0		0
NHS payables		2,343	2,343
Non-NHS payables		10,816	10,816
Other borrowings		0	0
PFI & finance lease obligations		0	0
Other financial liabilities	0	120	120
Total at 31 March 2014	0	13,279	13,279

7.2.23 Related party transactions

During the year, none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

- For example:
- CCGs
 - NHS Foundation Trusts
 - NHS Trusts
 - NHS Litigation Authority
 - NHS Business Services Authority

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Gloucestershire County Council in respect of joint commissioning of services.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the Trust board.

7.2.24 Losses and Special Payments

The total number of losses cases in 2014-15 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	319	3
Special payments	7,772	7
Total losses and special payments	8,091	10

The total number of losses cases in 2013-14 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases
Losses	1,498	5
Special payments	7,765	9
Total losses and special payments	9,263	14

7.2.25 Financial Performance Targets

Breakeven Performance

	2013-14 £000s	2014-15 £000s
Turnover	108,980	114,111
Retained surplus/(deficit) for the year	(3,024)	1,386
Adjustment for: Timing/non-cash impacting distortions:		
Pre FDL(97)24 agreements	0	0
2006/07 PPA (relating to 1997/98 to 2005/06)		
2007/08 PPA (relating to 1997/98 to 2006/07)		
2008/09 PPA (relating to 1997/98 to 2007/08)		
Adjustments for impairments	5,845	0
Adjustments for impact of policy change re donated/government grants assets	(165)	122
Consolidated Budgetary Guidance - adjustment for dual accounting under IFRIC12	0	0
Absorption accounting adjustment	(650)	0
Other agreed adjustments	0	0
Break-even in-year position	2,006	1,508
Break-even cumulative position	2,006	3,514
	2013-14 %	2014-15 %
Materiality test (I.e. is it equal to or less than 0.5%):		
Break-even in-year position as a percentage of turnover	1.84	1.32
Break-even cumulative position as a percentage of turnover	1.84	3.08

Capital cost absorption rate

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets and therefore the actual capital cost absorption rate is automatically 3.5%.

External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	2014-15 £000s	2013-14 £000s
External financing limit (EFL)	3,905	3,112
Cash flow financing	3,389	2,221
Unwinding of Discount Adjustment	0	0
Finance leases taken out in the year	0	0
Other capital receipts	0	0
External financing requirement	3,389	2,221
Under/(over) spend against EFL	516	891

Capital resource limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2014-15 £000s	2013-14 £000s
Gross capital expenditure	3,679	5,007
Less: book value of assets disposed of	0	(193)
Less: capital grants	0	0
Less: donations towards the acquisition of non-current assets	0	(319)
Charge against the capital resource limit	3,679	4,495
Capital resource limit	4,495	4,495
(Over)/underspend against the capital resource limit	816	0

7.2.26 Third party assets

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of service users or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2015 £000s	31 March 2014 £000s
Third party assets held by the Trust	1	1

7.3 Independent Auditor’s Report to the Board Of Directors of Gloucestershire Care Services NHS Trust

We have audited the financial statements of Gloucestershire Care Services NHS Trust for the year ended 31 March 2015 on pages 109 to 146. These financial statements have been prepared under applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to NHS Trusts in England. We have also audited the information in the Remuneration Report that is subject to audit.

This report is made solely to the Board of Directors of Gloucestershire Care Services NHS Trust, as a body, in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors’ Responsibilities set out on page 153, the Directors are responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Directors; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies, we consider the implications for our report.

Opinion on financial statements

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2015 and of the Trust’s expenditure and income for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to NHS Trusts in England.

Opinion on other matters prescribed by the Code of Audit Practice 2010 for local NHS bodies

In our opinion:

- the part of the Remuneration Report subject to audit has been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to NHS Trusts in England; and
- the information given in the Strategic Report and Director’s Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Code of Audit Practice 2010 for local NHS bodies requires us to report to you if:

- in our opinion, the Governance Statement does not reflect compliance with the NHS Trust Development Authority guidance;
- any referrals to the Secretary of State have been made under section 19 of the Audit Commission Act 1998; or
- any matters have been reported in the public interest under the Audit Commission Act 1998 in the course of, or at the end of the audit.

Conclusion on the Trust’s arrangements for securing economy, efficiency and effectiveness in the use of resources

Respective responsibilities of the Trust and auditor

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice 2010 for local NHS bodies issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our work in accordance with the Code of Audit Practice 2010 for local NHS bodies, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2014, as to whether the Trust has proper arrangements for:

- securing financial resilience; and
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice 2010 for local NHS bodies in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2015.

We planned and performed our work in accordance with the Code of Audit Practice 2010 for local NHS bodies. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all material respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2014, we are satisfied that, in all material respects, Gloucestershire Care Services NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2015.

Certificate

We certify that we have completed the audit of the accounts of Gloucestershire Care Services NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice 2010 for local NHS bodies issued by the Audit Commission.

Jonathan Brown

Jonathan Brown for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
100 Temple Street
Bristol
BS1 6AG

4 June 2015



Paul Jennings, Chief Executive



Glyn Howells, Director of Finance and Deputy Chief Executive

8. Trust Statements

8.1 Statement of the Accounting Officer's responsibilities

Under the National Health Service Act 2006, the Department of Health has directed Gloucestershire Care Services NHS Trust to prepare for each financial year, resource accounts detailing the resources acquired, held or disposed of during the year and the use of resources by the Trust during the year.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Gloucestershire Care Services NHS Trust and of its net resource outturn, application of resources, changes in taxpayers' equity and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by the Department of Health including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and
- prepare the accounts on a going concern basis.

The Department of Health has designated the Director of Finance as Accounting Officer of Gloucestershire Care Services NHS Trust. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding Gloucestershire Care Services HST Trust's assets, are set out in Managing Public Money published by the HM Treasury.

Glyn Howells

Signed: Glyn Howells, Director of Finance and Deputy Chief Executive

Date: 3 June 2015

8.2 Statement of the Chief Executive’s responsibilities as the Accountable Officer of the Trust

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Paul Jennings

Signed: Paul Jennings, Chief Executive

Date: 3 June 2015

8.3 Statement of Directors’ responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board:

Paul Jennings

Signed: Paul Jennings, Chief Executive

Date: 3 June 2015

Glyn Howells

Signed: Glyn Howells, Director of Finance and Deputy Chief Executive

Date: 3 June 2015

Notes

Lined area for notes on page 154.

Notes

Lined area for notes on page 155.

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Trust Board

Date: 21 July 2015

Agenda Item: 19

Agenda Ref: 54/0715

Author: Rod Brown, Head of Corporate Planning

Presented by: Rod Brown, Head of Corporate Planning

Sponsor: Paul Jennings, Chief Executive

Subject: Quality Account

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

Executive Summary:

The Trust is obligated to produce an annual Quality Account which includes feedback from key stakeholders.

The attached is the final draft of the Trust's 2014-15 Quality Account which was published on NHS Choices on 30 June in line with statutory requirements.

Recommendations:

The Board is asked to: Receive and note the Quality Account

Considerations:

Quality implications: **There are 5 quality priorities for 2015-16 identified within the Quality Account, progress against which will need to be measured and reported throughout the year**

Human Resources implications: n/a

Equalities implications: **Health inequalities will be reduced by implementing actions against the five quality priorities**

Financial implications: n/a

Does this paper link to any risks in the corporate risk register: **Yes, falls in community hospitals, safe staffing issues**

Does this paper link to any complaints, concerns or legal claims: **Yes, increase in falls, waiting times for MSKCAT services**

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: **7 July 2015**

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

Progress against the 2013-14 Quality Account priorities was reported routinely at the Quality and Clinical Governance Committee throughout 2014-15 - equally, proposed quality priorities for 2015-16 were also presented and discussed at the Committee.

Drafts of the Quality Account were circulated to Board members during all stages of the document's development: however, much of this was discussed outside Committee due to production timescales.

Feedback from stakeholders was latterly discussed at the June Quality and Performance Committee.

Explanation of acronyms used:

See glossary within the Quality Account

Contributors to this paper include::

n/a

QUALITY ACCOUNT

2014-15



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

Mr Paul Jennings, Chief Executive
Gloucestershire Care Services NHS Trust
Edward Jenner Court, 1010 Pioneer Avenue
Gloucestershire Business Park, Brockworth
Gloucester GL3 4AW



PART ONE: INTRODUCTION



1. Welcome from the Chief Executive



Describing the range of our activities and achievements in a short paragraph or two, is never a simple task - especially when trying to reflect how much hard work has taken place across Gloucestershire Care Services NHS Trust within the course of one year.

It's also challenging because we offer such a diversity of services. For example, we provide treatment in community hospitals for inpatients, outpatients and people with urgent care needs who attend our Minor Injuries and Illness Units. We also provide care in people's homes via our integrated health and adult social care teams: similarly, our specialist intervention services help people both at home and in clinics whether they are suffering diabetes, heart failure, respiratory conditions, Parkinson's disease or other long-term or complex conditions. Then, we have children's services who work in clinics and schools across the county, as well as teams dedicated to supporting people who are homeless, require dental care or need sexual health support. And not forgetting our therapy services such as physiotherapy, podiatry and speech and language therapy. So as you can imagine, summarising the breadth of these services is no mean feat.

I also find it difficult to write a summary of the year because I want to say how incredibly proud I am of all our teams without sounding too complacent. However, I'm reassured and comforted that it's not just me who thinks like that! So in 2014-15, 96.4% people who used our services said that they would be either "likely" or "extremely likely" to recommend the Trust to their friends and family.

Our services have also been recognised again this year by our peers, as we won two separate Innovations and Best Practice Awards from the

Community Hospitals Association - and these awards complement the many other professional accolades that colleagues received in 2014-15 (you can read about these elsewhere in this Quality Account).

That's not to say that we don't realise there's more to do. That's why you'll find in this Quality Account, a number of priorities for 2015-16 which we believe will help improve the quality of our services even further.

I hope that you will find this Quality Account useful and informative.

Paul Jennings

Paul Jennings
Chief Executive



2. Welcome from the Chair



Of all the promises that the Trust makes to the people of Gloucestershire, the one that resonates most with me on a personal level is our strategic objective *"to understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work"*. This commitment is also reflected in the strapline which adorns the front of all our literature, and indeed this very Quality Account - that is, *"Understanding You"*.

So that we can deliver on this commitment, we undertake a range of activities that involve us working closely with the variety of communities that make up this county. You'll read about many of these activities in the coming pages.

Additionally in 2014-15, and in order to lend some structure to this public partnership approach, we produced an Engagement Framework. This document most visibly describes the ways in which we plan to engage and involve people from all backgrounds who are either direct users of our services, or who have an interest in the Trust, so that we can learn from them and thereby improve the quality of care and treatment that we provide.



The principles detailed within this Framework, which was developed together with service users and representative groups, are to:

- include service users, carers and members of the public in the planning and redesign of our services;
- be open and honest when involving people, being clear about what decisions can be influenced;
- listen to what people are saying, and always report back on the outcomes of consultations and other engagement activities;
- use a range of targeted and appropriate channels to actively seek service user, carer and public feedback on our services, and publish how this feedback has improved care and treatment;
- take service user, carer and public comments seriously, and show what actions we have taken when things do not go right;
- promote equality by ensuring we engage with people who represent the diverse communities we work within, and in particular, make sure we are engaging effectively with those facing health inequalities.

As we move through 2015-16, I and other colleagues will be keeping very close attention on ensuring that we deliver on these promises, so that our services are safe, caring and compassionate, and clearly rooted in an understanding of people's needs. Indeed, only by reflecting your concerns, needs and aspirations, can we truly hope to deliver a quality service.



Another example of our working with our local communities - although in a slightly less direct way - is through our Trust charity. In 2014-15, this was extensively refreshed with a brand new look and clearer purpose.



Thus, *Giving to Gloucestershire* serves to help local people at their time of need, crisis or illness, and offers a range of fund options, so that donors can choose where their money will be allocated. This has already enabled the charity to:

- provide food hampers to some of the most vulnerable service users in our community;
- support frail elderly people in our community hospitals by supplying much-needed clothing and toiletries.

The charity officially relaunched with a multi-faith Service of Light concert in December, held at Stroud Trinity Church, which was a huge success and a testament to the many colleagues who came together to form a choir specially for this event.

Finally, I must say a big "thank you" to all our partners across the community who support us, and who really do help us to engage with the public. In particular, I must draw attention to Healthwatch Gloucestershire, our community hospital Leagues of Friends and Friends of Lydney Hospital, Carers Gloucestershire, and the many service user representatives who come regularly to our Your Care, Your Opinion Programme Board which I take pleasure in chairing, and which is an excellent gateway to hearing the public's many voices.

To them, and everyone else who works with us, may I say how much we appreciate your support, and look forward to further partnership in 2015-16.

Ingrid Barker

Ingrid Barker
Chair

3. Our commitment to quality standards



In June 2015, the Care Quality Commission's Chief Inspector of Hospitals team will be visiting our Trust to undertake a planned assessment of our services. Personally, I see this as a real opportunity for our teams to showcase their work, and I therefore truly welcome the visit.

To help structure its inspection, the Care Quality Commission uses five domains of quality, which are defined below:

- **Safe** which means that people are protected from abuse and avoidable harm;
 - **Effective** which means that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence;
 - **Caring** which means that staff involve and treat people with compassion, kindness, dignity and respect;
 - **Responsive** which means that services are organised so that they meet people's needs;
 - **Well-led** which means that the leadership, management and governance of the Trust assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.
- **Safe** - in July 2014, we pledged support to the NHS 'Sign Up for Safety' campaign aimed at improving service user experience. The principles of this campaign are:
 - to reduce avoidable harm to service users across the Trust;
 - to make our organisation more resilient to risks by acting on public feedback, and constantly measuring and monitoring the safety of our services;
 - to be open and transparent about our progress in tackling safety issues and supporting staff to be frank with service users and their families should anything untoward occur;
 - to take a leading role in supporting local collaboratives, so that improvements can be made across all local services: this includes increasing our work with local GPs so as to best offer a community-based alternative to acute hospitals;
 - to help people understand why things go wrong and how to put them right: this aligns to our organisational development plans to develop a supportive and learning culture which emphasises the importance of team working.

You'll see that we refer to these same domains throughout this Quality Account, as they provide an excellent framework against which to evaluate the core aspects of care that we provide. I'd also like to take this opportunity to highlight some of our Trust-wide initiatives which in the last year, have demonstrated how we strive to meet the five quality standards:

To realise these principles, we've developed a detailed Sign Up To Safety action plan which looks at four key areas where avoidable harm can be reduced, namely incident governance, pressure ulcers, falls prevention and medication errors.



- **Effective** - we were proud to win in two categories in this year's Community Hospitals Association (CHA) Innovation and Best Practice Awards. One of these was for the 'Getting Mr. and Mrs. Foster Home' project, which showed how we could safely increase the numbers of service users being transferred from the local acute hospitals to our community based teams, and as a result, improve their discharge outcomes.

The second award, which was also the overall CHA winner, was in respect of our partnership with Carers Gloucestershire, and particularly our work to raise awareness of the needs of carers, provide targeted support to carers when the person for whom they care is admitted to hospital, and enable carers to access the additional aid they need to help them continue in their caring role.

- **Caring** - on February 2015, we launched the "Hello my name is..." campaign across the Trust. Based upon the social media campaign spearheaded by Dr. Kate Granger, this reminds colleagues of the importance of always introducing themselves by name when first meeting a service user. This personal connection is essential to deliver care with compassion. Although still early days, this campaign certainly seems to have struck a chord with service users and colleagues alike, and is prompting good take-up. We will report on progress in next year's Quality Account.



- **Responsive** - in July 2014, we signed up to the Gloucestershire declaration on improving outcomes for people experiencing a mental health crisis. This concordat aims to ensure that people are kept safe at time of crisis, and that where possible, crises can be prevented by intervening at an early stage. The declaration also supports 'parity of esteem' between physical and mental health care so that people are treated for mental health conditions in the same way as they would be for physical health and social care.

- **Well-led** - in 2014-15, we significantly strengthened our clinical leadership across the Trust, so as to provide colleagues with improved access to expert advice, guidance and management. In particular, we created and appointed to two new roles - the Head of Community Hospitals and the Professional Head of Community Nursing - and invested in Professional Team Leads across multiple services.

I hope that the above - and indeed, the whole of this Quality Account - demonstrates that we are fully committed to delivering the highest quality of care possible. If you would like to comment on our work, or simply this Quality Account, please do get in touch (contact details are on the back page). We always welcome your feedback, and would be delighted to hear from you.

Liz Fenton

Liz Fenton
Director of Nursing and Quality

4. Assessing our quality



As a Non-Executive Director with particular responsibility for overseeing the Trust’s continued delivery of high-quality services, I receive my assurance in a number of different ways.

These include:

- quality reports that are discussed in-depth at our Quality and Performance Committee prior to presentation at the Trust Board. In 2014-15, I was pleased to receive an appropriate and comprehensive range of reports which comprised both:
 - quantitative information i.e. objectively-presented statistics as well as performance and service user feedback data, including benchmarking so that we could determine how we are faring as a Trust compared to other similar organisations;
 - qualitative information i.e. subjective opinion about our Trust from a range of sources including service users, auditors and external assessors.

This blend of reporting is essential to get a well-rounded perspective - in particular, I would highlight the on-going development of the Quality and Performance Report as a rich source of both quantitative and qualitative assurance;

- on-going dialogue with colleagues and other stakeholders, both internal and external to the Trust. Such conversations can yield real results - thus for example, in 2014-15, discussions that were held at the Trust Board, as well as at Board Development sessions, successfully

prompted in-depth review and analysis of some key service user safety issues, ultimately resulting in improved quality practices;

- quality visits that I and my fellow Non-Executive Directors, as well as the Trust Chair, undertake at services across the Trust. These are an excellent opportunity for us all to witness first-hand how services are delivered, and to talk to both staff and service users about their experiences.

As a result of these visits, we’ve all been able to identify potential risks to the provision of quality care which have subsequently been addressed. Equally, it’s provided us with the chance to see frontline staff at work, and to thank and commend them for the overall very high levels of care that they provide to the people of Gloucestershire, day in, day out.

Of course, I also find this Quality Account to be an excellent form of assurance, and look forward to monitoring how teams deliver against our 2015-16 quality priorities, as identified in section 14 below.

Susan Mead

Susan Mead
Non-Executive Director / Quality Champion



5. Our services

Gloucestershire is a geographically diverse county, covering an area of about 1,045 square miles, and with a total population of approximately 605,000 people. The county includes the large urban communities of Gloucester and Cheltenham, with smaller market towns and villages making up the rest of this mostly rural area.



To support the people of the county, the Trust employs more than 2,700 staff including nursing, medical and dental staff, allied healthcare professionals, as well as support service, administrative and clerical workers. The Trust also manages approximately 800 social workers and reablement workers from Gloucestershire County Council via the Trust’s Integrated Community Teams.

Services are delivered in a variety of settings including people’s homes, community clinics and community hospitals, working alongside GPs and other primary care colleagues. The Trust

also provides services in the acute hospitals in Gloucester and Cheltenham, social care settings, as well as in nursing and residential homes.

Over the year 2014-15, we recorded 1,124,198 service user contacts across Gloucestershire.

1. Integrated Community Teams

The Integrated Community Teams (ICTs) bring social workers and reablement workers from Gloucestershire County Council together with our physiotherapists, community nurses and occupational therapists to make single teams. These ICTs work closely with local GPs and provide care to service users at home or close to home. They help people to be in control of their choices, and to maintain their independence safely and appropriately. Teams are focused on:

- reducing unnecessary hospital admissions;
- helping people manage their complex or long-term conditions at home;
- providing high levels of support and monitoring during periods of recovery;
- enabling people to receive care at a time to suit them.

The ICTs also provide access to a rapid response service, which operates 24 hours a day, 7 days a week. This service offers assessment in the home for people who require urgent care within an hour, thereby avoiding the need for hospitalisation.



2. Community Hospitals

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

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

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

“When I was in distress in the early hours of my first night in the hospital, the nurse who attended to my needs did an excellent job in reassuring me and cleaning me up. Such staff are a credit to the hospital.”

Service user, Vale Community Hospital

Each community hospital provides the following services:

- community inpatient rehabilitation and semi-acute care beds;
- outpatient services including a varied range of nurse led and therapy services and clinics;
- X-ray facilities;
- Minor Injuries and Illness Units which can save people from unnecessarily attending the Emergency Departments in Gloucester and Cheltenham, and which can treat a range of less serious conditions and ailments such as sprains, simple fractures that may need x-rays and plastering, wounds that may need stitches, minor burns etc.

A number of the hospitals also provide access to day surgery / endoscopy services in partnership with other provider organisations.

3. Adult Countywide and Specialist Services

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

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

- a. **Specialist Services:** Our specialist nursing and social care teams provide expert care for people needing support with, for example, bone health, heart failure, respiratory conditions, tissue viability, Motor Neurone Disease, Parkinson’s disease and homeless healthcare.
- b. **Therapy Services:** Our specialist therapists provide physiotherapy, speech and language therapy, podiatry and occupational therapy, as well as MSKCAT (Musculoskeletal Clinical Assessment and Treatment) services which provide an alternative to surgery.
- c. **Community Dental Services:** The dental service provides special care dentistry on referral for people with significant special needs including complex medical conditions, specific learning needs, and physical or mental health impairments. The service also provides urgent pain appointments for people who do not have a regular dentist, or who experience an out-of-hours dental emergency. This is a nurse-led triaged service.
- d. **Sexual Health Services:** The Trust’s team provides free and confidential information to those looking for support and advice relating to sexual health. The highly trained and approachable team can help with any issues regarding contraception and pregnancy, sexually transmitted infections, sexual assault, emergency contraception and routine testing such as chlamydia screening. Teams are also able to offer support and care to those either living with Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/ AIDS) or anyone caring for or supporting someone who is affected.
- e. **Independent Living Services:** These services help people be cared for in their own homes whilst providing vital links to community-based services such as GPs and hospitals. They offer advice on equipment to promote safety and reduce risk if mobility is an issue, and also provide telecare and wheelchair services.
- f. **Health Improvement Services:** The Healthy Lifestyles Team provides countywide advice and treatment to help people stop smoking. In addition, the team offers targeted

interventions to support individuals and groups to adopt healthy lifestyles, and enables access to the Expert Patients’ Programme which is a self-management programme for people living with chronic long-term conditions.

4. Children and Young People Services

We offer a range of services tailored to the needs of children and young people, and provide a coordinated approach to children’s health. Teams include:

- health visitors who help families with children aged 0-5 years, to lead as healthy a life as possible, both physically and emotionally;
- children’s physiotherapy, occupational therapy and speech and language therapy, which provide specialist assessment, advice and treatment planned around the individual needs of the child and their family;
- children’s community nurses who care for children with specific medical issues, including life-limiting conditions;
- school nurses who work with children and young people aged 5-19 years in the community, whether they attend school or not. These nurses play a vital role in children’s development, carrying out immunisation and screening programmes, and acting as a point of contact for managing medical conditions such as allergies and anaphylaxis, asthma and epilepsy.

“Service has been amazing, everyone is fantastic. I was feeling very vulnerable and weak without much hope, and your team has made me so much better.”

Service user, Homeless Healthcare

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

6. Our vision, values and strategic objectives

Our vision

Our Trust vision is:

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

To fulfil this vision, we seek to ensure that all our services work together in a coordinated way to enable local people to always receive the right support, from the right people, at the right time.



Our values

Our CORE values are to be Caring, Open, Responsible and Effective. To help colleagues understand how they best represent these values in their interactions with others, we have developed a series of corresponding behaviours. These are:

- **Caring:**
 - Respecting and valuing others
 - Acting in the best interests of service users
- **Open:**
 - Open in our communication
 - Connecting with others and working across boundaries
- **Responsible:**
 - Owning our actions
 - Professional in attitude
- **Effective:**
 - Ensuring the best outcomes
 - Realising your full potential

Our strategic objectives

These describe the principal outcomes that colleagues aspire to achieve in all activities. They are to:

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



7. Statement of Directors’ responsibilities

Under the terms of the Health Act 2009, amendments made in the Health and Social Care Act 2012, the National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Account) Amendment Regulation 2011, Trust Directors are responsible for ensuring the preparation of a Quality Account for each financial year. Equally, the Department of Health has issued guidance on the form and content of Quality Accounts (which incorporates the above legal requirements).

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

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

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

By order of the Board

Ingrid Barker

Ingrid Barker, Chair

Glyn Howells

Glyn Howells, Director of Finance

Mike Roberts

Dr Mike Roberts,
Interim Medical Director

Joanna Scott

Joanna Scott, Non-Executive Director

Richard Cryer

Richard Cryer,
Non-Executive Director

Paul Jennings

Paul Jennings, Chief Executive

Liz Fenton

Elizabeth Fenton,
Director of Nursing & Quality

Susan Mead

Susan Mead, Non-Executive Director

Robert Graves

Robert Graves, Non-Executive Director

Nicola Strother Smith

Nicola Strother Smith,
Non-Executive Director

PART TWO: REVIEW OF 2014-15

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



The Trust hosted a countywide 'Stop the Pressure' study day to increase understanding of pressure ulcer management

Annie MacCallum, Head of Specialist Services, represented the Trust at the UK Heart Failure Parliamentary Reception



The Stop Smoking Service reached a milestone, having helped over 3,300 people towards quitting in 2013-14



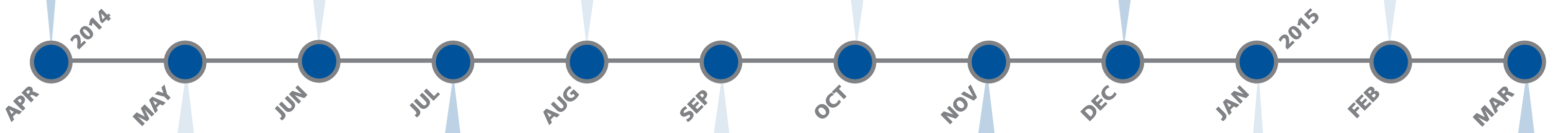
The Trust's first Annual General Meeting was held on 14 October at Gloucester Rugby Club



It was announced that Trust colleagues had won two Community Hospital Awards



The Trust launched Dr Kate Granger's #hellomynameis campaign



The rapid response service was launched in Cheltenham prior to countywide roll-out



Paul Jennings, Chief Executive, pledged support to the NHS 'Sign Up for Safety' campaign



Becky Davis, community children's nurse, won the Nursing Times 6C's National Story of the Month



Three focus groups were held, exploring nutrition and hydration in community hospitals



Tewkesbury Community Hospital was officially opened by HRH Princess Anne



The Trust held a Call To Action health visiting conference to celebrate the service's successes in 2014-15

8. Achievements against 2014-15 priorities

In the Trust's Quality Account 2013-14, we identified 5 priority areas where we believed that we could make significant quality improvement in the following twelve months. These priorities are detailed in sections 8.1-8.5, together with evidence of achievements made.



8.1 Priority one: to reduce the number of service users who fall in our community hospitals or who acquire a pressure ulcer

We recognise the great importance of focusing on falls and pressure ulcers in order to help ensure people's safety. This is due to the following factors:

- falls are the main cause of death from injury in the over-75s in the UK. They can also have significant consequences including longer stays in hospital, associated healthcare infections, increased morbidity and, in extreme circumstances, increased risk of mortality. People who suffer a fall can also lose their confidence, become socially isolated, and suffer a number of further clinical complications;
- pressure ulcers (also known as "bedsores" or "pressure sores") can be an indicator of poor care. Pressures ulcers can lead to considerable pain and distress for service users. More importantly, complications from the most serious pressure ulcers (grade 3 or 4) can occasionally be life-threatening.

Falls are a known risk during people's rehabilitation, recovery and pathway back to independent living.

In last year's Quality Account, we pledged that in 2014-15, we would undertake a number of actions to reduce the incidence of falls and pressure ulcers. These pledges included:

- continuing to conduct comprehensive risk assessments in respect of falls on all people admitted to a community hospital;
- routinely monitoring our performance in minimising the harm from falls, whilst maintaining each service user's independence and supporting their rehabilitation;

- ensuring that a specialist tissue viability nurse reviewed and reported against all acquired grade 2, 3 or 4 pressure ulcers;
- reinforcing to all staff that any grade 3 or 4 pressure ulcer acquired within our community hospitals should be automatically classified as a Serious Incident Requiring Investigation (SIRI) and assessed accordingly using root cause analysis;
- ensuring consistent risk assessment, interventions and evaluation of service users at risk of developing a pressure ulcer by assuring that service users are always on the correct surface (whether a mattress or cushion), that skin inspections are regularly undertaken to quickly identify pressure damage, and that service users are encouraged to keep moving;
- increasing the availability of staff training.



NHS Safety Thermometer

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

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

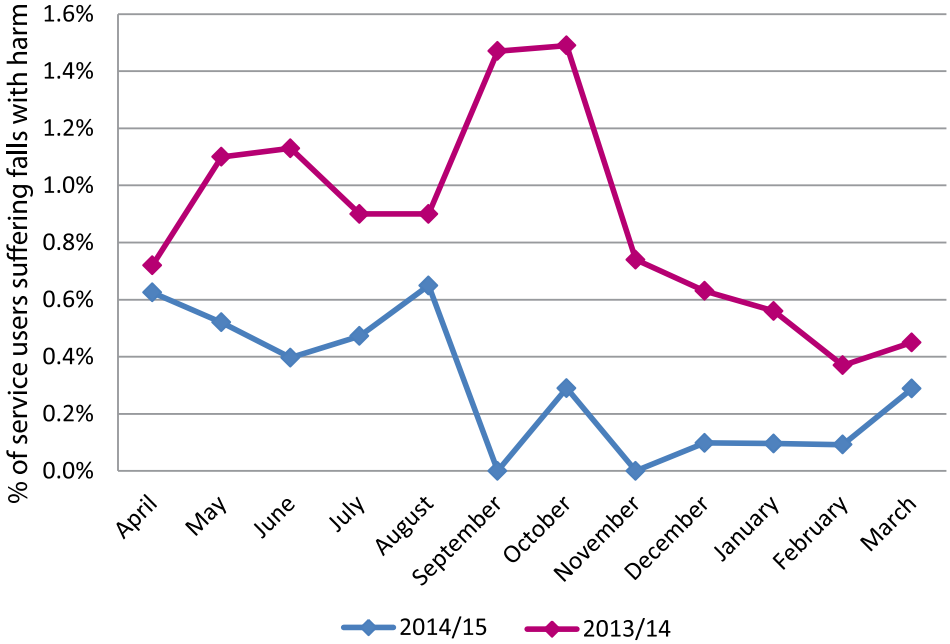
The results were as follows:

- on average in 2014-15, 92.6% service users assessed by the Safety Thermometer were reported to be receiving harm-free care;
- levels of harm-free care increased throughout the year as staff improved practices: thus, 90.9% service users were reported to be receiving harm-free care in the first three months of the year, compared to 94.9% in the last three months. Moreover, we fully achieved the target of 95% in both February and March 2015;
- this compares favourably to the National Safety Thermometer report which shows that across all Trusts, 93.6% service users were reported to be receiving harm-free care in April 2014, rising to 94.0% in March 2015. This means that we are now exceeding the national average for performance.

Progress against these ambitions in 2014-15 included the following:

- we continued to use the NHS Safety Thermometer both to measure our success in improving service user safety, and also to help us increase our consistency in reporting in line with national definitions (see box to the left). Additionally, the Safety Thermometer is now a standing agenda item on the community hospital governance meetings and the countywide Community Hospital Clinical Quality and Patient Safety meeting in order to share best practice, and learn from any incidents;
- following a period of trial and evaluation, we introduced a revised falls risk assessment process in early 2015, which has a greater focus upon multi-disciplinary review of the many issues associated with an increased risk of falling, including medication;
- we used a range of different methods, depending on the individual service user, to help reduce falls in community hospitals. These included:
 - telecare which involves putting sensors on service users' beds and chairs so as to alert staff to someone's movements which may then put them at risk of falling;
 - clear communication to all staff to advise them of any service user who is deemed to be at high risk;
 - additional staff to provide one-to-one support to vulnerable service users;
 - cohorting service users who are identified at high risk of falls so that staff can better observe and support them;
 - use of non-slip socks to replace ill-fitting shoes or slippers, or those that have too little or too much grip;
- we established a Community Hospitals Falls Group led by the Head of Community Hospitals so as to ensure particular focus upon this critical safety issue, and to enable information and learning to be suitably cascaded throughout the Trust;
- we successfully achieved a clear reduction in the number of falls that caused harm over the course of the year, as demonstrated by the graph on page 21;

Falls with Harm

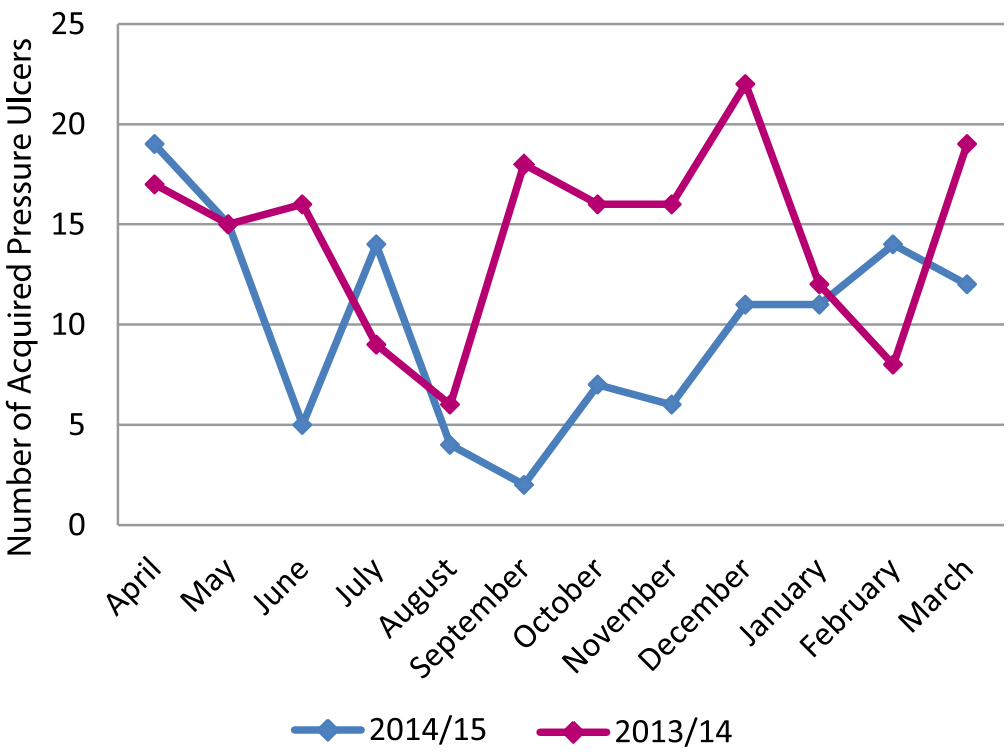


- in terms of activities specifically to reduce the incidence of pressure ulcers, staff in our community hospitals were directed to use the mattress selection tool designed by the Tissue Viability Team in order to aid in the appropriate choice of mattress according to each service user's level of risk;
- all acquired pressure ulcers were investigated as a matter of course. This included evaluation of whether these were "avoidable" or "unavoidable". In particular, the investigations that related to avoidable pressure ulcers concluded that had correct assessment, advice, treatment, equipment and monitoring been in place, then some pressure ulcers could have been prevented. These lessons will now be taken forward into next year (see section 14.1 below);
- grade 3 and 4 pressure ulcers were routinely reported as Serious Incidents Requiring Investigation and managed accordingly (see also section 11.3 below);
- risks assessments for pressure ulcers identified a growing need to focus upon heel management: as a result, a bespoke training package was designed by the Specialist Nurse for Safeguarding (Adults) which contained a simple guide for staff on both the prevention and management of heel ulcers;
- in 2014-15, we participated in the "Stop the Pressure" campaign to further raise awareness of the dangers of pressure ulcers in community hospitals and within the community nursing teams;
- the countywide Safeguarding and Pressure Ulcer Policy was updated in autumn 2014 so as to ensure that all three local NHS provider Trusts were using the same process for identification and investigation, thereby improving the consistency of care and treatment across the local healthcare community;
- we achieved a reduction in the number of pressure ulcers that were acquired in our care over the course of the year, as demonstrated by the graph on page 22.

"Excellent care provided to my 96 year old mother at all times. Very impressed by the patience of the staff with her and the quality of the care throughout. Lovely hospital - highly recommended."

Service user, Cirencester Hospital

Acquired Pressure Ulcers



In summary, achievement of our 2014-15 goals was measured by the metrics below:

Measure	Target	2014-15	Status
Completion of the Safety Thermometer for eligible service users	100%	98.6%	✗
Reduction in the number of people who fell in community hospitals compared to 2013-14 baseline	Less than 1,006	911	✓
Reduction in the number of people who acquired a pressure ulcer compared to 2013-14 baseline	Less than 170	119	✓

8.2 Priority two: to improve the experiences of service users, carers and families within our community hospitals

In 2013, we were disappointed that we achieved some lower-than-anticipated results in the Patient-Led Assessments of the Care Environment (PLACE) audits. These audits are focused upon understanding service users’ opinions of:

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

In 2014-15, we were therefore determined to:

- use the 2013 PLACE results as a baseline from which to learn, build and improve;

- ensure that reviews of cleanliness and hygiene became a key consideration of the Matrons’ walkabouts;
- use audit processes to provide additional scrutiny of the working environment;
- involve service users, families, carers and students as part of our internal review processes, so as to gain an understanding of any problems through their eyes.

We were largely successful in fulfilling these goals. For example, we strengthened our Matrons’ walkabouts so that they became more formal peer reviews, enabling professional challenge of key aspects of care and quality.

We also truly involved a wide range of individuals, including professionals, public and volunteers in our environmental assessments. The result of these endeavours was a significant improvement in our PLACE scores in 2014 as shown below:

Measure	Target	2014-15	Status
Improvements in annual PLACE scores against 2013 baseline in respect of cleanliness	92.25%	99.23%	✓
Improvements in annual PLACE scores against 2013 baseline in respect of food	84.39%	91.21%	✓
Improvements in annual PLACE scores against 2013 baseline in respect of privacy / dignity	82.15%	89.91%	✓
Improvements in annual PLACE scores against 2013 baseline in respect of appearance	86.54%	97.01%	✓



Additional to these measures, we also undertook routine review of how satisfied our service users were with key aspects of community hospital environments. Again, we were very gratified to record the following responses:

Measure	Target	2014-15	Status
Service user satisfaction re: cleanliness of community hospitals	95%	97.9%	✓
Service user satisfaction re: respect and dignity in community hospitals	95%	95.7%	✓

However, these results have not led to complacency. So in 2014-15, we made a number of significant improvements to our buildings, which included the following:

- Stratton Ward in Cirencester Hospital was totally refurbished, and reopened as Thames Ward. This included extensive remodelling of the inpatient areas, including work to ensure that they are fully dementia friendly. We also created a separate area with bedroom, bathroom and kitchen/living space so that people who are almost ready for discharge can prepare for their return to home. Furthermore, we started work on the development of a “marketplace” within the hospital where we will be able to promote the benefits of healthy lifestyles across a number of stalls, in partnership with local community groups and volunteers;
- in Lydney and District Hospital, we refurbished the staff station and updated the décor throughout communal areas, ensuring that this now provides dementia-friendly space. This work was undertaken in partnership with Friends of Lydney Hospital who co-funded the works;
- in Stroud General Hospital, we redecorated and refreshed the Jubilee Ward;
- we also opened new purpose-built facilities in Stroud to deliver children’s services in physiotherapy, speech and language therapy and occupational therapy all under one roof. Brightly coloured rooms have been designed with learning aids and props to create a fun and relaxed environment. Comfortable waiting areas and modern office and reception spaces have also been included.



These upgrades were in addition to our on-going programme of maintenance, which seeks to ensure the optimum functioning of our estates and infrastructure. In particular, this ensures that we remain fully compliant with all buildings regulations such as those relating to our requirement to protect staff and service users from the risk of fire, legionella etc.

In January 2015, we were also very pleased that HRH The Princess Royal, accompanied by the Lord Lieutenant of Gloucestershire, Dame Janet Trotter, visited Tewkesbury Community Hospital to mark its official opening. Although the hospital was originally completed and opened in October 2013, this ceremony acknowledged the first class service that staff continue to provide to the local community.

As part of her speech, HRH The Princess Royal congratulated the town of Tewkesbury on the new community hospital, saying: “The impact that it makes to have this as a genuine local creation has been proved, in a sense, by the number of people sent to you. It’s fundamentally good news.”

Same sex accommodation

We are committed to eliminating mixed sex accommodation, except where it is in a person’s best interest or reflects their personal choice (for example, when a married couple are admitted to hospital at the same time).

We are therefore pleased to report that in 2014-15, we maintained the necessary facilities, resources and culture to ensure that service users who were admitted to our hospitals, only shared rooms with members of the same sex, and that same sex toilet and bathroom facilities were close to their bed area.

Thus, we reported no breaches of mixed sex accommodation in 2014-15.

8.3 Priority three: to further develop and enhance our Integrated Community Teams

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

In last year’s Quality Account, we pledged to:

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



Progress in 2014-15 against these ambitions included the following:

- we now have 21 Integrated Community Teams operating across Gloucestershire. On average, one team provides support to four GP practices with a combined population of around 30,000 service users;
- in 2014-15, and with the agreement with Gloucestershire County Council, we continued to manage the local External Care budget on the Council’s behalf. This gave us much greater insight into the interdependencies between adult health and social care services, as a result of which, we made positive impact on service delivery and outcomes;
- our teams are now working much more closely with GPs. For example, as we continue onto the next phase of the development of the Integrated Community Teams, local GP’s form an integral part of our core project teams in both Stroud and Tewkesbury: we are also undertaking joint work with local GPs in Gloucester;
- staff recruitment, particularly of community nurses, has been a challenge for Trusts nationally, and has therefore affected us also. In response, we launched a proactive recruitment project, led by a clinical colleague who has given dedicated time to developing an on-going campaign. This has included cost-effective targeted advertising in local press and via social media, and Open Day Recruitment Fayres based at many of our community hospitals. As a result, we appointed over 90 new nurses in 2014-15, helping us reduce our reliance on bank and agency staff;
- the rapid response service was rolled-out in year, and is now available in support of the Integrated Community Teams across all localities within Gloucestershire, 24 hours a day, 7 days per week. This service aims to ensure that service users living at home, who are in most urgent need of care and support, receive clinical assistance within one hour, in order to stabilise a potentially escalating health situation.

More generally in 2014-15, the Integrated Community Teams have sought to:

- give particular focus to supporting people at home, thereby preventing unnecessary or inappropriate admissions to acute or community hospitals;
- prevent people from being unnecessarily put into permanent placements in care homes;
- assign case managers to people with complex needs so as to improve continuity of care which is hugely important to people’s experiences;
- reduce the requirement for certain packages of care by helping people to live independently at home through both wellness and illness. This has included the increased use of telecare so as to remotely monitor vital aspects of a person’s life (including falls monitoring equipment and bed sensors), in order to alert a health or social care professional should any concerns be identified.

In 2014-15, successes in respect of these aspirations are illustrated by the following metrics:



Measure	Target	2014-15	Status
Percentage of people referred to rapid response who were assessed within 1 hour	95%	92.4%	✗
Percentage of referrers reporting that a rapid response intervention avoided a hospital admission	80%	81.95%	✓
Number of service users who were placed into permanent care against the 2013-14 baseline	Less than 1,043	680	✓
Average number of service users in receipt of nursing and residential services compared to the 2013-14 baseline	Less than 2,735 per month	2,680 per month	✓
Average number of service users being supported by telecare to keep them safe and independent at home	More than 1,860 per month	2,268 per month	✓

Future plans to further improve the quality of the Integrated Community Team service are detailed in section 14.4 below.

8.4 Priority four: to improve our active two-way engagement with service users, carers and families

In last year's Quality Account, we committed to looking at more innovative ways to engage with all communities across Gloucestershire, ensuring that there were robust processes to listen to what people were telling us, and then translating this learning into practical service redesign. In particular, we pledged to:

- extend the Friends and Family Test so that it would be available across all Trust settings by December 2014: this would allow people attending all of our services to give feedback on the quality of care they received;

The Friends and Family Test is centred on one main question: *How likely are you to recommend our services to friends and family if they needed similar care or treatment?*

We supplement this one query with additional survey questions so as to gain a broader understanding of how people feel about their care and treatment.

- introduce new ways to gather service users' views, including focus groups and web-based questionnaires so as to gather richer information;
- actively improve our dialogue with members of the Gloucestershire public who represent people with protected characteristics (namely, age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, and sexual orientation), as well as with people who have extra or different needs, and people who traditionally experience social and health inequalities;
- ensure that the information gathered from all forms of questionnaire or survey was available in as timely a manner as possible, and that anonymised, aggregated results were accessible by both staff and the public;

Friends and Family Test

In 2014-15, we achieved the following:

- 14,904 service users completed the Friends and Family Test whether by card, email or text;
- we received 176,000 individual replies to the survey questions that we added to our Friends and Family Test question;
- we also received over 9,300 freetext comments about our services;
- weekly reports were received by all managers and team leads telling them about the comments relating to their service, and giving them chance to improve key aspects of care delivery in a timely manner;
- monthly reports were sent to all managers and team leads giving them their local Friends and Family Test results.

- clearly demonstrate that the learning from service user engagements was recognised and reflected in actions made by Trust services.

We succeeded against these pledges as follows:

- the Friends and Family Test was rolled out across all of the Trust's services, starting in January 2015 (previously, it had only been available to people who had stayed in a community hospital or who had been discharged from one of our Minor Injuries and Illness Units). This means that we now get a picture of people's opinions of all our services.

Additionally, we included supplementary questions as part of the Friends and Family Test, so as to get a fuller understanding of the public's view. We also made the Friends and Family Test available to service users by email

and text so as to increase its availability to all local people.

- we launched an on-going programme of focus groups: in autumn 2014, we used these forums to explore people's opinions about food and hydration standards in our community hospitals, and in March 2015, we initiated a series of focus groups to better understand young people's perspectives on chlamydia and the reasons for their potential reluctance to be screened;
- in 2014-15, we worked extensively with a range of people from minority and vulnerable groups: for details, please refer to the box to the right;
- reports that summarised the findings of focus groups were routinely sent to participants: equally, all members of the public who attended the Your Care, Your Opinion Programme Board received copies of minutes, notes and actions. It is also noted that the results of the Friends and Family Test were published on our public website;
- where clear findings were identified via our engagement activities, we implemented corresponding changes to practice in order to ensure quality improvements. An example of this was our response to the food and hydration focus groups - thus, feedback from these sessions led us to:
 - explore new ways to improve people's dining experiences, such as introducing high teas on Saturday afternoons;
 - produce more detailed menu cards in community hospitals, enabling people to better understand what snacks are available to them;
 - develop better advice and guidance about food and hydration for people upon their discharge from community hospitals.



Examples of some of the work we undertook with more vulnerable groups in 2014-15 included:

- we have been working closely with the Gloucestershire Deaf Association so as to ensure that our services better accommodate the particular needs of people with hearing impairments;
- we attended the Stow Fair in June 2014 to offer advice and support in healthy living to the traveller community;
- in partnership with a community chef and local supermarkets, we produced 'Grab and Go' food bags as essential support for the homeless: additionally, we ran an art project with a local artist and members of the homeless community;
- our Expert Patient Programme included a course specifically for our Black and Minority Ethnic communities;
- we worked with colleagues from 2gether NHS Foundation Trust in order to create 'Story in a Bag', which helps raise awareness of the early signs of memory loss, illustrates the importance of early referral and diagnosis of dementia, and provides signposting and information for families. This has led to the programme now being tailored to our Afro-Caribbean community, with further plans to adapt it for our Muslim, Hindu and Chinese communities;
- our Healthy Lifestyles team held an event for our Czech/Roma communities in partnership with Gloucestershire County Council and Gloucestershire Older People's Association in March 2015, offering access to healthy lifestyle information including stop smoking advice and key information on falls and dementia.

Metrics by which we measured the success of these aims included the following:

Measure	Target	2014-15	Status
Percentage of people using the Friends and Family Test who reported that they are "Extremely Likely" or "Likely" to recommend our services	95%	96.4%	✓
Roll-out of the Friends and Family Test across all Trust settings in line with trajectory	100%	100%	✓
Minimum of 1 topic per quarter to be explored by a series of public focus groups from October 2014 onwards	2 by year end	2 by year end	✓

Additionally in 2014-15, we undertook the following:

- we launched our Engagement Framework. Developed in conjunction with members of the Your Care, Your Opinion Programme Board, this document exemplifies our commitment to better working with local people, with particular consideration given to the establishment of readers' panels, focus groups and consultation opportunities (for details of how you can get involved, visit our website at: <http://www.glos-care.nhs.uk/engagement-home>);
 - we continued to operate the Your Care, Your Opinion Programme Board. This group, which is attended by Trust staff as well as members of the public, service users, and service user representatives including carers and support groups, meets on a regular basis in order to provide a forum for effective two-way communication regarding our services between the Trust and local communities.
- we continued to work with a number of key partners so as to truly understand the views of all our communities and service user representative groups. In 2014-15, these included:
 - Gloucestershire Healthwatch;
 - Gloucestershire County Council's Health and Care Overview and Scrutiny Committee;
 - supporters of our community hospitals (including local Leagues of Friends and Friends of Lydney Hospital);
 - the community development team which works closely with "seldom heard, seldom seen" population groups primarily in the urban areas of Gloucester and Cheltenham.



To date, the group's work has been highly influential in helping to evaluate our communications materials, and provides a real insight into those elements of care delivery that service users tell us are important to them. In particular, attendees of the Your Care, Your Opinion Programme Board had opportunity in March 2015, to comment upon the proposed priorities and actions for ensuring quality improvements in 2015-16, and these comments are specifically highlighted within section 14 of this Quality Account;



8.5 Priority five: to ensure that we maintain staffing levels as appropriate to the needs of service users

Following the Mid Staffordshire Inquiry, all Trusts were required to be extra vigilant and therefore check that every inpatient ward had the appropriate number of competent staff necessary to deliver safe care on every shift. As a result, we pledged in last year's Quality Account to:

- continuously review the actual versus planned staffing on a shift by shift basis, responding to gaps or shortages where these are identified, and using robust systems to make the most of resources and to optimise care;
- openly display information about the number and grade of care staff, both present and planned, in each clinical setting on each shift;
- produce a monthly report that demonstrated planning and risk assessment in respect of staffing in all community settings, and make this report available to the public via the Trust's website and also via NHS Choices;

- produce a six monthly report for the Trust Board and the public, that detailed our current staffing capacity and capability, and which reflected an expectation of the impact of staffing on services.

To fulfil these aims, we undertook the following:

- relevant staff were required to submit daily returns to the Trust so that we could assess that staffing levels were appropriate for each shift, and to enable us to arrange emergency cover if necessary;
- we erected signs in all community hospitals in order to show the public, the number and level of staff available on each shift;
- we reported each month on staffing figures both in our Trust Board's Quality and Performance Report and also on our public website: additionally, a six monthly review was presented at the Trust Board.

Thus, we believe that we achieved all the goals established in last year's Quality Account, as demonstrated by the metrics below:

Measure	Target	2014-15	Status
Maintenance of appropriate staffing levels across all community hospital sites	80-120%	99.6%	✓
Monthly submission of Safer Staffing data to NHS England	100%	100%	✓

9. SAFE



9.1. Infection prevention and control



"Infection prevention and control remains fundamental to safety. Without necessary precautions and protocols in place, service users - and often those who are most vulnerable - are at increased risk of acquiring a range of infections including bloodstream infections, respiratory infections, urinary tract infections, gastrointestinal infections etc. For this reason, all colleagues have clear responsibility for ensuring effective hand hygiene, maintaining the cleanliness of all environments in which service users receive their care, and checking that equipment and medical devices are always safely decontaminated.

I remain satisfied that all my colleagues understand and acknowledge the importance of these responsibilities, and that together as a Trust, we are meeting the high standards required to continually reduce the number of infections. This is demonstrated by the fact that we either met or exceeded all of our key infection prevention and control targets last year. This was achieved due to the hard work and perseverance of all our colleagues, and I am confident that by maintaining this commitment, we will ensure our compliance again in 2015-16."

Sam Lonnen, Lead Nurse, Infection Control

In 2014-15, we sought to ensure that:

- monthly observational hand hygiene audits were undertaken across all community settings in order to monitor compliance and ensure safe practice in line with approved standards;
- staff were educated and updated in the safe care of service users including those with infections e.g. C. difficile, MRSA and CPE, and all staff were made aware of contributory factors for these infections;
- we undertook thorough testing of the cleanliness of our care environments and clinical equipment, even after cleaning, so that we could be assured of the efficacy of our practices;
- infection control audits continued to help identify where quality improvements could be made;
- we reviewed all incidents so as to reduce both the number and impact of outbreaks of diarrhoea and vomiting in care environments, giving consideration to those affected and the wider implications for the local health community.

Quality improvements made in 2014-15 were as follows:

- our average compliance for hand decontamination in 2014-15 was maintained at 94%;
- we had no cases of MRSA blood stream infection during the year;
- we reported 17 cases of C. difficile against the agreed threshold of 21. Nevertheless, we still took every single case extremely seriously, and so conducted a full and rigorous root cause analysis each time to enable learning and development. Independent assessment then identified that some of these cases were 'unavoidable' in the Trust, and that the infection had no link to the care provided by our teams;
- results from our testing of the cleanliness of surfaces and clinical equipment after cleaning, continued to demonstrate the outstanding work undertaken by our Hotel Services teams and other colleagues, and evidenced how the processes of cleaning and cleaning schedules are working;

- infection control audit scores improved over the previous year. In particular, better scores were achieved in controlled care environments such as our new and refurbished community hospital inpatient wards as well as our outpatient departments. The elements of the audits that focused on staff awareness of service user safety, and infection control processes and procedures, also performed well and showed improvement, averaging 92% compliance for 2014-15;
- in 2014-15, there was a 40% increase in the incidence of Norovirus and other outbreak infections across the Trust compared to the previous year. However, despite this increase in the number of cases, it is noted that:
 - there was an average decrease in the duration of an outbreak to 7.6 days in 2014-15, compared to 9 days in 2013-14;
 - the average number of service users affected by an outbreak was 9 in 2014-15, compared to 12 in 2013-14.

Conversely however, it is also noted that:

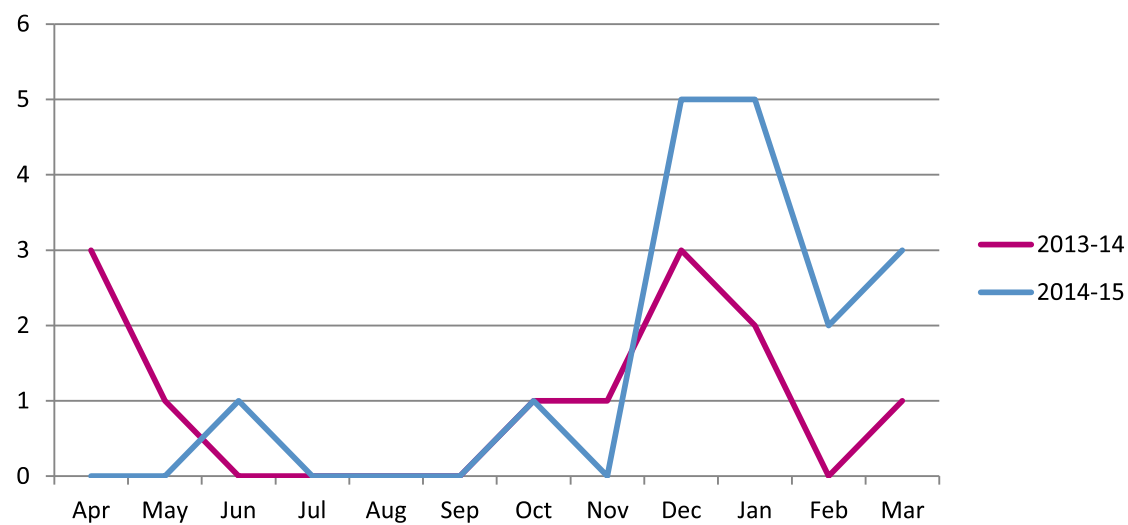
- the average number of staff affected by an outbreak was 5 in 2014-15, compared to 4 in 2013-14;
- there was an increase of 18% in the number of bed days lost due to outbreak infections in 2014-15 compared to the previous year.

We continue to monitor all such outbreaks as carefully as possible, so as to identify any learning which could inform future quality improvement.

A comprehensive Infection Prevention and Control Annual Report will be presented to the Trust Board later this year. This will also be made public through our website.



Number of Norovirus and other outbreak infections



9.2. Medicines management



"Taking medicine is the most frequent intervention that we use to improve our health. In particular, older people and those with long-term conditions, can often rely heavily on medicines as a way of managing their illnesses. However, people who take multiple prescription drugs or who are given complex medicine regimens, tend to be the most susceptible to accidents, errors and confusions. Therefore, in order that we can deliver the best quality care, we need to ensure that all service users get their medicines right."

Laura Bucknell, Head of Medicines Management
Accountable Officer for Controlled Drugs, Non-Medical Prescribing Lead

In 2014-15, we achieved the following:

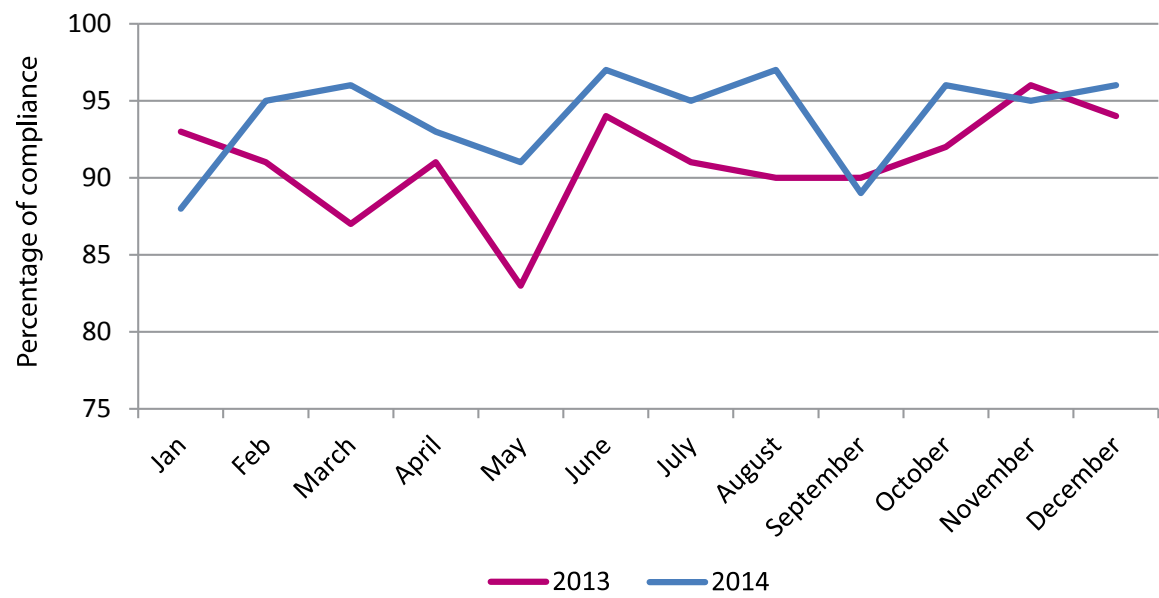
- we appointed a new provider for our pharmacy services in order to ensure that all our services now have a consistent level of pharmacy support, and are able to access medicines at weekends and evenings, thereby enabling appropriate admission and discharge to our community hospitals, 7 days a week;
- we developed a countywide approved list of medicines (a formulary) in partnership with the Gloucestershire Clinical Commissioning Group and other local NHS Trusts: this is now regularly reviewed to ensure that it continues to support evidence-based practice and cost-effective prescribing that makes best use of public money;
- we increased our staff immunisation rates against seasonal flu, reaching our highest total ever. This ensured that there was reduced opportunity for frontline staff to pass flu onto vulnerable service users, families and carers. Thus, in 2014-15, 42.5% frontline clinical staff were vaccinated, compared to 38% in 2013-14;

- we updated the inpatient antibiotic formulary so as to reduce the inappropriate use of broad spectrum antibiotics in our community hospitals, and also to ensure that antibiotics were not prescribed for longer than necessary. These actions supported the national project to reduce the development of resistance to antibiotics, and the risk of service users developing C. difficile.
- Monthly Hospital Antibiotic Prudent Prescribing Indicator (HAPPI) audits were conducted in the community hospital wards to monitor the five key factors associated with antibiotic prescribing, namely that:
 - the service user's allergy status was always recorded on their drug chart;
 - the reason for prescribing antibiotics was documented;
 - the review or stop date of the prescribing of the antibiotics was recorded;
 - the prescribed antibiotic was on the agreed formulary or had been prescribed on the advice of a microbiologist;
 - the appropriate form of administration was identified.

In last year's Quality Account, we described how we would introduce our own Medicines Safety Thermometer to help reduce medication errors and understand the burden of harm from such errors. However, during 2014-15, we became aware that this initiative would be led nationally, and therefore, we are awaiting guidance from the Department of Health.

The results of the HAPPI audits for 2014-15 showed a positive improvement in results compared to the previous year, as shown in the table on the next page.

HAPPI Audits 2014-15



In 2015-16, we aim to develop ways to help inpatients self-administer medication, where appropriate, during their stay in a community hospital. This will enable them to remain independent, and allow them to become more involved in the management of their own health and treatment programme.

9.3. Safeguarding

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

During 2014-15, we achieved the following in respect of safeguarding:

- we continued to make active contribution to both the Gloucestershire Safeguarding Adults Board and the Gloucestershire Safeguarding Children’s Board, as well as their respective sub-groups, so as to ensure an effective and joined-up approach to safeguarding across the county;
- we actively participated in serious case reviews conducted across Gloucestershire, and ensured that all lessons learnt from these cases were widely shared with colleagues so as to inform future practice;
- we brought together the adult and children’s safeguarding teams under the leadership of a Head of Safeguarding: we also created an additional post of Specialist Nurse (Safeguarding Adults) so as to ensure appropriate resource, focus and scrutiny on this key topic;
- the structure and remit of our Safeguarding Adults and Children Committee was reviewed, as a result of which, we increased membership so as to include greater representation from operational services. The committee is now called the Strategic Safeguarding Operational Group, and it serves to provide a forum at which issues can be raised and addressed, and via which learning and best practice can be disseminated. The group also ensures that all systems, processes and procedures for safeguarding are regularly reviewed and updated in light of any new national guidance;



- reporting processes were improved so as to ensure that all relevant colleagues and Board members receive necessary assurance about safeguarding, and have suitable opportunity to raise questions, concerns or challenges. Thus, the Head of Safeguarding now regularly attends the Trust’s Quality and Performance Committee so as to brief members on issues such as on-going serious case reviews. Also, the Quality and Performance Report that is received and reviewed by the Trust Board, includes updates on safeguarding activities;
- 444 colleagues completed formal safeguarding training. Additionally, bespoke training was delivered to non-service user facing staff and volunteers. A further 450 colleagues attended safeguarding sessions provided to all new staff as part of their induction. Together, this demonstrates our continued commitment to training and education in safeguarding, all of which was refreshed during the year so as to ensure appropriate coverage of The Care Act 2014;
- we produced our first newsletter for the safeguarding adults’ service, which we will continue to develop in 2015-16;
- we identified a nominated practitioner to serve as a member of the newly-formed

Gloucestershire Multi-Agency Safeguarding Hub (MASH), and have also appointed to a researcher post. These colleagues are now working with our health agency partners towards co-ordinating all health activity information on behalf of the county, with a particular focus on children who may be affected by domestic abuse.

In 2015-16, we will give particular focus to:

- developing improved communications so as to raise general understanding and awareness of safeguarding and associated topics amongst all colleagues within the Trust;
- implementing the National Safeguarding Adults supervision tool in order to be able to demonstrate the knowledge acquired by staff once they have completed training;
- monitoring the uptake of safeguarding training and education opportunities by colleagues;
- ensuring that all health information in relation to safeguarding is always shared where appropriate with other health providers, in particular, the Gloucestershire Hospitals NHS Foundation Trust and 2gether NHS Foundation Trust.

10. CARING



10.1. Dementia care

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

The latest statistics from Gloucestershire County Council's 2015 population profile suggest there are currently 8,667 people aged 65+ living locally with dementia.

It is also noted that the incidence of dementia increases with age: thus in Gloucestershire, people aged 65-69 years account for 5.3% dementia sufferers, but this increases to 24.9% for the 85-89 years age group.

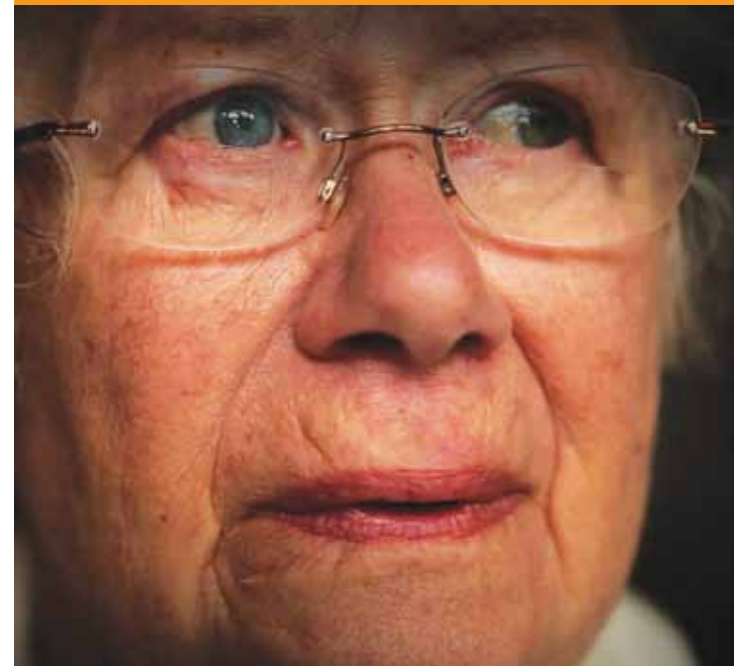
Given that our local population is rapidly ageing, there is urgent need to ensure robust planning for future dementia care.

In 2014-15, we undertook the following actions:

- we nominated a designated lead for dementia, in order to ensure that an appropriate member of staff would be responsible for championing the needs of people with dementia, as well as their families and carers, at all relevant forums and committees, both internally and countywide
- we established a Dementia Quality Improvement Group in order to coordinate and oversee our response to the dementia challenge. One of this group's first decisions was to adopt the Royal College of Nursing's SPACE principles, which seek to ensure that we maintain:
 - skilled staff who are informed and have enough time to care;
 - partnership working with carers;
 - assessment and early identification of dementia;
 - care plans which are person-centred and individualised;
 - environments that are dementia-friendly.

This group is now set to lead bespoke dementia initiatives across the Trust;

Barbara's Story



In 2015-16, we will be launching Barbara's Story across the Trust - this training, which was developed by Guy's and St Thomas' NHS Foundation Trust, is based on a real-life story, and seeks to raise awareness of how it feels to be someone with gradually advancing dementia. It aims to help staff better appreciate the issues affecting a person when they have difficulties that affect their thinking skills and memory, and recognise how best to respond and support that person with kindness, dignity and respect.

- we initiated specific work with key staff groups so as to ensure that understanding of dementia was fully embedded within their training and daily practice. In particular, we targeted speech and language therapy, podiatry and physiotherapy services, and as a result, we are now developing a suite of dementia training materials which will henceforth be adaptable for each service within the Trust;
- we continued the excellent work that had started in our community services in 2013-14 whereby we provided screening for early signs of dementia for all service users coming into our inpatient units or onto our community nursing caseloads, so that we could appropriately refer people onwards for more robust assessment;
- we ensured that our rapid response services working in the community had better understanding of how to manage people exhibiting signs of delirium: in 2015-16, we will be introducing this additional support for staff working in community hospitals also;
- we updated our training programmes to reflect the requirements of The Care Act 2014. This included, for example, enabling staff to gain more thorough understanding of the "Best Interest Decision" tool for use within care homes;
- as described in section 8.2 above, we undertook further adaptations at a number of our community hospitals in order to create more relaxed, dementia friendly environments;
- 224 employees completed training in dementia, delivered through e-learning or at face-to-face sessions: we also provided training for 104 volunteers;
- we encouraged colleagues to pick up their knitting needles to create "twiddlemuffs": these knitted bands are proven to have a positive, reassuring and comforting effect on service users with dementia as they provide occupation for active hands, while promoting increased flexibility and brain stimulation.

10.2. Care for people with learning disabilities

Gloucestershire County Council's population profile suggests that there are currently 11,360 people aged 18+ living with a learning disability in Gloucestershire.

People with learning disabilities have a significantly shorter life expectancy than others. Indeed, people with learning disabilities are 58 times more likely to die before the age of 50 compared to the rest of the population. This is due, in part, to health inequalities, examples of which are that:

- respiratory diseases affect 46-52% people with learning disabilities, compared to 15-17% of the general population;
- epilepsy affects 22% people with learning disabilities, compared to 1% of the general population.

Nevertheless, as with the population as a whole, life expectancy for people with learning disabilities is now beginning to increase. This means that in the coming years, we will need to provide more care for a larger number of people with learning disabilities into later life.

This, in itself, will create additional challenges and complexities: for example, dementia affects 21.6% people with learning disabilities aged 65+, compared to 5.7% of the general population aged 65+.

As a Trust, we are committed to providing targeted care and support for people with learning disabilities: this is perhaps best exemplified by the fact that we operate a dedicated Learning Disabilities Steering Group.

However, it is equally true that progress in this field has been slower than anticipated or desired, and that refreshed vigour and focus will need to be applied in 2015-16.

Notwithstanding, actions in 2014-15 included the following:

- we are embedding working partnerships countywide in order to ensure that continuity of care and practice extends across all health and social care providers within Gloucestershire. Thus for example:
 - one of our Non-Executive Directors, who is also our appointed Learning Disabilities Champion, together with our Head of Safeguarding, represents the Trust at the Gloucestershire Learning Disabilities Partnership Board so as to ensure our active participation, and to gather learning for subsequent cascade to Trust colleagues;
 - our Head of Safeguarding also attends the Learning Disabilities Project Board that is managed by the Gloucestershire Clinical Commissioning Group;
- we are working to enable our electronic care records to include an alert flag which will highlight those service users who have additional, different or extra needs, so that staff are immediately aware of when they should make a reasonable adjustment to the type or level of care that they provide;
- we have introduced information boards above people's beds in community hospital inpatient wards which can display a symbol to alert staff to the potential need for reasonable adjustments;
- easy read leaflets have been developed and are available for staff to download via the Trust intranet, meaning that they are available at all sites;
- there are greater numbers of training and learning opportunities for colleagues across the Trust: indeed, within the year, 241 staff accessed training opportunities specific to learning disabilities;

- we made active contribution to the Learning Disabilities Big Health Check Day in May 2014, which provided health advice, health checks and support for people with learning disabilities across Gloucestershire. We will continue to support this initiative in 2015-16;
- our Healthy Lifestyles team produced a series of flashcards in consultation with service users who have learning disabilities, in order to highlight the importance of staying hydrated. As a result of their success, other Trusts and organisations are now looking to use these cards also.

In undertaking this work, we are indebted to individuals and organisations across the county for their continued support, including:

- the joint chairs of the Learning Disabilities Partnership Board;
- Gloucestershire Voices;
- Parent Carers;
- 2gether NHS Foundation Trust.

In 2015-16, we aim to build upon the work described above. In particular, the Learning Disabilities Steering Group will change into a Quality Improvement Group.

This follows the model that we successfully implemented for our work with people with dementia, whereby we now report progress and gain assurance through an expert reference group.

10.3. End of life care

In order to deliver the highest quality care to people at the end of their life, and ensure the best possible experience for their families and carers, we undertook the following actions in 2014-15:

- on 15 January 2015, we and all partner organisations across Gloucestershire, launched the Shared Care Record for the Expected Last Days of Life. This initiative is designed to promote best possible clinical care, and champion the use of documentation that is accessible by professionals, service users, families and carers alike so as to improve communication and care planning.

At the time of writing, we are currently working on an action plan to ensure that this Shared Care Record is fully implemented across the Trust. This plan will also validate that we are recognising and including all recommendations from "One chance to get it right", the national policy published by the Leadership Alliance for the Care of Dying People in June 2014: similarly, we are seeking to ensure that feedback from people's relatives is actively sought and reflected in our future end of life practice:

- we commissioned an independent Nurse Consultant to assess our services, and determine how we perform against the NICE Quality Standards for End of Life Care: thereafter, we established a best practice group to address the gaps identified by this assessment;
- we undertook a full training needs analysis of staff's competencies in end of life knowledge and skills: the findings from this analysis are already being used to inform the content of a future communications training course;
- we used case studies to illustrate, and help staff understand, the service user's journey: this led to us delivering improved support to ward staff so that they are better placed to manage difficult conversations;
- we worked with the bereavement services attached to each community hospital so as to ensure consistency across the county;
- we began preparations for this year's national Dying Matters week, so as to ensure that this important event receives an appropriately high profile across the Trust.



10.4. Mortality reviews



The Keogh Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England (Department of Health, 2013) showed clearly that hospitals with persistently high mortality rates, also had associated failings in safety. As a result, we now seek to maintain a robust understanding of all unexpected deaths in our community hospitals, so as to ensure that these not do represent poor care.

It is however appreciated that there is no universally accepted way of analysing mortality data. However, I am pleased that Gloucestershire Care Services NHS Trust has re-designed the way that it gathers and analyses its mortality information so that important learning can be gained and shared.

Thus, we have produced an electronic mortality reporting tool that both a nurse and doctor must complete together when a service user dies in a community hospital. This tool, which must be finalised within 2 days of any death, asks important questions that not only explore when and where someone died, but that also investigate the standards of care that were provided, including whether the service user had been involved in decision-making, and whether their individual end of life care needs had been met.

This information is then assessed by the Matron of the relevant community hospital, after which there is regular discussion at local clinical governance meetings in order to establish learning points.

The Matron is also required to provide a report to our multidisciplinary Clinical Senate, which evaluates all such reports as a whole, and establishes themes, trends and issues for organisational learning. These are subsequently communicated to local teams and also the Trust Board.

This cycle of information gathering, analysis and learning is referred to as MIDAS (Mortality Information Data Analysis System). Although MIDAS only commenced within the Trust in March 2015, I am confident that it will:

- provide increased transparency and openness;
- ensure robustness in assessing the level of care provided to those service users who died;
- improve communications with families and carers, and with primary care teams;
- help improve the quality of the service that we provide.

Mike Roberts

Dr Mike Roberts
Interim Medical Director

11. RESPONSIVE



11.1. CQC inspections / reviews

The Care Quality Commission (CQC) regulates all care provided nationally within hospitals, care homes and people's own homes. Throughout 2014-15, the Trust remained fully registered with the CQC without any conditions, and no enforcement actions were taken against us.

Within the year, there were no inspections of Trust facilities. There was however the publication of one review which commented upon our services. This was the Review of Health Services for Children Looked After and Safeguarding in Gloucestershire.

This review considered services provided by a number of organisations including us, as well as 2gether NHS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust, Turning Point and the Young Persons' Substance Misuse Service. As such, the review explored:

- the effectiveness of health services for looked after children;
- the effectiveness of safeguarding arrangements within health for all children;
- the experiences of looked after children, and children and their families, who receive safeguarding services.

The recommendations of the review which related directly to our Trust were:

- to ensure that appropriately trained individuals undertake health assessments and implement a robust monitoring system to ensure consistently good quality of health assessments for looked after children and young people who are living in placements either in or out of county;
- to ensure that people leaving our care receive good quality health information, advice and guidance, and are provided with a full summary of their healthcare history in a format suitable to their needs;
- to develop and implement robust monitoring systems for the safeguarding responsibilities of all independent contractors.

In response, the Trust developed an action plan, against which all identified tasks have now been completed.

It is also noted that the Trust is expecting a full inspection by the CQC's Chief Inspector of Hospitals in June 2015. This is part of a national programme of inspections which is due to be completed by the end of 2015, and which uses a combination of both unannounced and announced visits so as to provide the public with a clear picture of the quality of care in their local NHS Trust.



11.2. National and local audits

In 2014-15, there were no national confidential enquiries relevant to us (i.e. investigations to detect deficiencies in national clinical practice and devise recommendations to resolve them). We did however participate in all four national clinical audits for which we were eligible. These were:

- the Sentinel Stroke National Audit Programme (SSNAP), which reviewed information from a service user’s initial admission to their six month follow-up through all care settings including the community. This audit showed that the Gloucestershire Early Supported Discharge (ESD) team scored particularly well on all measures for occupational therapy, physiotherapy and speech and language therapy. The audit also demonstrated effective communication between our services and those provided by Gloucestershire Hospitals NHS Foundation Trust, as a result of which, the teams were complimented by SSNAP and asked to advise other Trusts;

- the National Audit of Intermediate Care, which allowed us to benchmark our home-based rehabilitation and reablement services against equivalent services delivered by other providers. Results showed clear requirement for improvement in our services, as a result of which, significant redesign work was undertaken to more closely align reablement to service user needs. This has already impacted positively on service user experience, contact time and outcomes, and further work is underway to increase access to mental health services;
- the National Chronic Obstructive Pulmonary Disease audit, which will continue into 2015-16; and
- the National Diabetes Foot Care audit, for which data collection will also continue into 2015-16.

Local clinical audit has also continued to be part of the Trust’s quality programme in 2014-15, enabling colleagues to assess relevant aspects of their service and build upon good practice. These local clinical audits were as follows:

	Completed in 2014-15	Monthly rolling audit	Underway
Scheduled care			
Children and young people’s services	16	-	5
Countywide adult services	14	-	16
Integrated Community Teams	4	1	1
Unscheduled care			
Community hospitals	2	2	2
Urgent and Capacity care	10	-	4
Total	46	3	28



A number of these audits are described below:

- children’s speech and language therapy:** this audit identified that one in six service referrals did not actually require therapy and were discharged after initial assessment. As a result, the Trust introduced a telephone triage service which has subsequently ensured appropriate service referrals only. This has been supported by the publication of additional referral advice for parents, health visitors and schools on the Trust’s website;
- children’s occupational therapy:** sling clinics were introduced to special schools in 2013 in order to provide guidance in respect of the moving and handling of children who need hoisting. This audit demonstrated the benefit for parents of regular contact with therapists, and the need to make slings more readily available by holding them as stock items;
- podiatry:** in response to an increasing number of referrals for domiciliary podiatry, an audit was undertaken to review whether all staff were assessing service users against the same criteria, thereby ensuring equity of provision. The audit identified disparity of assessment, and has since led to the establishment of a telephone triage service for all new referrals;
- integrated discharge team (IDT):** the IDT supports service users in local acute hospitals who require healing time, but who cannot return home due to physical or environmental issues. An audit looked at the opportunities for securing placements to Non Weight Bearing Beds (NWBB) in care homes, and concluded that NWBBs were both a cost-effective and safe alternative to people remaining in hospital. As a result, a revised management process enabled more prompt discharge of service users;
- diabetes:** an audit of Diabetes, Food and You, a new programme designed to provide dietary education to people with type 2 diabetes, showed a significant improvement in attendance rates compared to the previous education programme, and an improvement in diabetes control for the majority of those who attended;

- pulmonary rehabilitation:** an audit of outcomes achieved by people attending the pulmonary rehabilitation programme was undertaken in 2014, so as to better support service users in future;
- dementia:** a monthly audit of dementia case finding and care planning was undertaken in 2014-15 throughout all community hospitals and community nursing teams in order to ensure continued prompt identification of memory loss, and onwards referrals for investigation and appropriate care planning;
- record-keeping:** a programme of record-keeping audits in 2014-15 enabled the Trust to address areas of weaker performance, especially important in the move from paper documentation to electronic data capture.



11.3. Incident reporting

As demonstrated throughout this Quality Account, we aim to maintain and where possible, improve the quality of provided care, and deliver this care in clean and safe environments.

To support this aim, we encourage all staff to report any incident or near miss that has, or could have, resulted in a detrimental impact upon any users of our services. Only through coordinated reporting of such incidents can we realise opportunities for learning, which can thereafter lead to changes in both clinical and non-clinical practice.

We also strive to be completely open and honest with our service users, and inform them about any relevant incident - and particularly any serious incidents - as soon as is practical.

Thus, it is noted that in 2014-15, the following incidents were reported:

Incident by Type	Total 2013-14	Total 2014-15
Incident at Point of Care Delivery (Clinical Incident)	1,298	798
Communication	216	146
Confidentiality, data and information governance	164	133
Discharge, Transfer, Admission, Appointment	179	143
Estates, Staffing, Infrastructure	326	375
Fire Incident	28	19
Personal Accident (Service User/Staff)	1,469	1,307
Security Incident	230	205
Violence, Abuse or Harassment	189	193
Vehicle Incident	27	27
Waste Environmental Incident	53	18
Total	4,179	3,364

These incidents may be further categorised as follows:

Incident by Type	Top Three Categories	Total 2013-14	Total 2014-15
Incident at Point of Care Delivery (Clinical Incident)	Medication or drug error	360	230
	Treatment or procedure problem	176	151
	Pressure ulcers	173	130
Estates, Staffing, Infrastructure	Staffing issues	147	176
	Estates problem/issue	90	70
	IT related issues	n/a	68
Personal Accident	Slip, Trip or Fall (Service User)	1,131	958
	Hit by/against object	119	97
	Slip, Trip or Fall (Staff / visitor)	54	53

Slips, trips and falls represent the highest number of recorded incidents (30% of all incidents in 2014-15, an increase of 2% from the previous year). As a result, we are committed to ensuring quality improvements in our falls risk assessments and prevention work (see sections 8.1 above and 14.1 below).

It is also noted that overall, fewer incidents were reported in 2014-15 compared to the previous year. Whilst this would suggest that there were fewer concerns, the Trust will be undertaking a significant review of its incident management processes in 2015-16 so as to ensure that all events and near misses are being appropriately recorded.

Serious Incidents Requiring Investigation (SIRIs)

A serious incident is described as an event by which a service user, member of staff, or member of the public has suffered serious injury, major permanent harm or unexpected death on either our premises, or whilst receiving our services. In 2014-15, we reported 27 serious incidents which are classified as below:

Serious Incident Type	Number
Pressure ulcer	13
Hip fracture following fall	9
Potentially incorrect management of VAC therapy	2
Possible delay in transfer to acute Trust	1
Mistaken reuse of a needle during an immunisation clinic	1
Administration of incorrect drug	1
Total	27

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

- as a result of learning from investigations into pressure ulcers acquired in our care, we introduced improvements in the use of wound care charts, we ensured better assessment, planning, implementation and evaluation of care, we identified those at higher risk earlier, and we ensured that incidents were reported in a more timely manner: it is also noted that of the 13 pressure ulcers reported in year, 10 were subsequently determined by an independent assessor to be unavoidable in our care;
- at time of writing, our Head of Community Hospitals is currently implementing actions resulting from the investigations into falls: these actions include the roll-out of a new falls risk assessment which includes the NICE Falls Pathway, and the introduction of “safety huddles” at all community hospitals;
- the incidents related to VAC therapy are still being investigated;
- the delay in transfer was due in part, to the service user initially not wanting to be moved to a local acute hospital: however, the resultant investigation has determined additional actions, including better multi-disciplinary review of inpatients whose conditions are deteriorating;
- the incidents relating to the mistaken reuse of a needle and the administration of an incorrect drug are still both under investigation at the time of writing: however, it is noted that in the latter case, the drug that was given to the service user was also part of their prescribed regimen, although was not due to be administered at the time it was provided.

11.4. Complaints

In 2014-15, we received 19% fewer complaints than the previous year as illustrated below:

	Number of complaints received in year	Number of complaints per 10,000 contacts
2013-14	78	0.69
2014-15	63	0.56

Of these complaints, three were referred to the Parliamentary Health Service Ombudsman (PHSO). One of these cases was partially upheld as a result of which we immediately implemented remedial actions: in the other two cases, no further action was required of the Trust.

While we very much welcome the trend towards fewer complaints, we are not complacent. Indeed, every complaint is treated extremely seriously, and receives a prompt and thorough response. Each complaint is also investigated using a robust process, and all response letters are signed personally by the Chief Executive. Additionally, we seek to ensure that we respond to complainants within the required timescales: thus, in 2014-15, we were able to provide a full response to 84.1% complainants within 25 working days.

We also regard every complaint as a positive opportunity to learn and improve. Thus, we review all complaints in the wider context, and alongside other data and feedback, so as to be able to identify trends which would indicate that quality improvements may be needed in particular areas or services. To this end, in 2014-15, we identified the following as the main reasons of complaints:

- substandard delivery of clinical care, where treatment fell short of expectation, and service users did not feel suitably involved or informed about their care or care plan (NB this accounted for 70% of all complaints received);
- lack of service user engagement when planning for discharge from community hospitals.

As a result of these complaints, we are currently reviewing our processes, and have already begun to instigate change: thus, for example, we are now introducing a revised discharge process which places increased focus upon dialogue with service users and their families in order to finalise arrangements and ensure that all necessary medication and care packages are in readiness for the person’s return home.

Other actions in 2014-15 to ensure improvements following a complaint included:

- refresher training being arranged for all staff in the community hospitals regarding the standards expected of clinical record keeping;
- staff being advised to obtain more information from GPs when a service user is admitted to a community hospital so as to ensure the fullest understanding possible of a person’s medical history;
- end of life training being strengthened with an increased focus upon the need for communication with families at this difficult time;
- clinic staff being reminded of the importance of keeping service users informed of any delays to appointment times;
- communication being improved between shifts and handovers so as to ensure better continuity of care.

It is also noted that as an additional check, all complainants now receive a Patient’s Association Survey 10 weeks after their complaint has been completed in order to ascertain whether the person is satisfied. The results of these surveys are evaluated by the Patient’s Association and reported to the Trust on a monthly basis.

In 2015-16, we will be introducing a new Complaints Policy to reflect updated national guidance, and to ensure that staff fully understand what is expected of them so that they can deal with complaints as effectively and quickly as possible.

Concerns

Complaints are not the only form of feedback to which we respond. Concerns are also important, and therefore all concerns that are reported by service users, carers and families, are escalated so that corresponding improvements can be made. In 2014-15, we received the following numbers of concerns:

Area	Number of concerns in 2014-15	Percentage
Countywide services	189	44%
Integrated Community Teams	133	31%
Community hospitals	68	16%
Children and young people’s services	24	6%
Corporate services	14	3%
Total	428	100%

Overall, the two most common themes of these concerns were:

- the inability of people to get appointment times for the MSKCAT service (see section 14.2 below);
- technical problems with telephone services, meaning that on occasion, service users were unable to contact us: these problems have now all been addressed and resolved.

Compliments

We also record all the compliments that we receive, so that staff know that they are valued not only by us as an organisation, but also by the service users for whom they provide care on a daily basis.

Examples of compliments received in 2014-15 are as follows:

“There was kindness, respect and care shown from all the staff. So much hard work. Everyone was so friendly and helpful, everywhere was clean.”

Service user, Lydney Community Hospital

“The staff were fantastic and very caring. When I got upset, the staff offered comforting words which made me feel better. I could not have wished for better care from the cleaners to the nurses.”

Service user, North Cotswolds Hospital

“Fabulous treatment, very lively physiotherapist. Great care in general. Cannot praise the NHS enough.”

Family member, children’s physiotherapy

“Through a difficult time, the emotional support offered has been an utter blessing.”

Service user, stroke rehabilitation services

11.5. Advancing equality, embracing diversity

In July 2014, we published our 2014-16 equality objectives. These were developed in response to the priorities set out in our equality annual report, and followed a review of our performance data, and discussions with colleagues and communities. The equality objectives are shown below, together with details of actions already taken:

- **Address the health and care of people with extra or different needs by providing targeted, personalised support and information**

In 2014-15, we ran a number of projects to fulfil this aim, including:

- adopting an innovative approach to identifying and supporting vulnerable people who are at risk of losing their ability to live independently at home;
- increasing choice and autonomy for people reaching of their end of life, ensuring that they and their relatives are as involved as possible in all decisions about their care;
- improving care for people with learning disabilities by ensuring better training for colleagues, increasing the accessibility of easy read information leaflets, appointing Learning Disabilities Champions, and raising awareness of how colleagues can make reasonable adjustments to better support service users with different needs;
- taking targeted healthcare and information support to vulnerable groups such as our older Chinese community, Hindu Elders, gypsy and traveller communities, and the transgender community;
- developing training for all colleagues in order to help them recognise and respond better to people with hearing loss.
- **Ensure decisions are based on sound evidence of their potential impact on people affected, with particular regard for people who are vulnerable or who have characteristics protected under the Equality Act 2010**

The January 2015 equality annual report included extensive information on our performance in delivering quality care to different people based upon their age, gender and ethnicity as well as other protected characteristics where available. We now use this information when assessing potential service developments, so that we can understand the impact of change upon all people in our communities.

- **Enable people to influence decisions which affect them, with particular regard for people who are vulnerable or who have characteristics protected under the Equality Act 2010**

In 2014-15, we made a commitment to run targeted focus groups so as to better understand the needs of local people, and ensure that they could actively contribute to discussions about future service delivery and other aspects of provided care. One of the fundamental principles in establishing these focus groups was to ensure greater involvement of people who are usually otherwise overlooked. Thus, the first two focus groups in 2014-15 involved frail elderly people and their carers and discussed food and drink in community hospitals, whilst the second involved young people at risk in order to explore how best to offer chlamydia screening.

- **Support our colleagues to provide the best service they can so we can provide the best care to our diverse communities**

In 2014-15, we established a taskforce to look at how we could better support colleagues who face violence, abuse and harassment from service users, especially where dementia (or other cognitive impairment) is an underlying cause.

To now build upon the above, we are planning the following activities for 2015-16:

- improve the collection of people's ethnicity information and scope an approach for gathering data related to disability. This will allow us to analyse our performance for people with different profiles and needs, and thereby help determine how we can introduce quality improvements;
- increase our dialogue not only with people who already use our services, but also those who do not, but who could nevertheless benefit from targeted care and intervention. In particular, we need to speak with people who do not traditionally respond to surveys and focus groups. We also need to take active steps to enable and encourage more people to share their experiences of care (including through our complaints procedures), and have their say on the future direction of the Trust;
- investigate opportunities for 'positive action' – and other proactive approaches – to increase the diversity of our workforce, particularly in relation to ethnicity and gender;
- continue to develop a caring, inclusive culture for all our colleagues, rooting out unacceptable behaviours and increasing a sense of belonging and pride in the Trust.



12. EFFECTIVE



12.1. Trust and staff accolades

In addition to the Community Hospital Awards that colleagues won in 2014-15 and that are described elsewhere in this Quality Account, we are proud to acknowledge other accolades which individual staff and teams received during the past twelve months:

- in 2014-15, Lizzie Hodge, one of our Team Managers within the Integrated Community Teams, was given the acclaimed title of Queen's Nurse by the community nursing charity, The Queen's Institute, in recognition of her commitment to high standards of service user care, learning and leadership;
- Head of Specialist Services, Annie MacCallum, was a guest at the UK Heart Failure Parliamentary Reception on Tuesday 10 June. This event, which was hosted by Stroud MP Neil Carmichael, gave national policymakers the opportunity to hear about the importance of access to early diagnosis and specialist treatment for those suffering heart failure.

In 2014-15, Annie also completed her eighth year as a Board Member of the British Society for Heart Failure, a charitable organisation which provides training and education to healthcare professionals across the UK in order to advance the quality of provided care. Additionally, Annie was an invited speaker at the 17th Annual Autumn meeting of the British Society for Heart Failure, and was the Programme Director for last year's National Heart Failure Study Day;

- in June 2014, Sally King, Specialist Respiratory Physiotherapist, presented at the Peninsula Medical School in respect of Integrated Respiratory Care Models: Sally also had an article published in the Primary Care Respiratory Journal in November 2014;
- during the year, Steve Moore, Tuberculosis Specialist Nurse, contributed to two professional papers: these were subsequently presented at a TB conference in London in July 2014, and at the European Respiratory Society Conference in September 2014;

- in September 2014, Becky Davis, one of our community children's nurses, won the coveted Nursing Times 6Cs Live! Story of the Month competition run by NHS England. This national award recognises outstanding service to the principles of Care, Compassion, Communication, Courage, Competence and Commitment.

Becky's story, described by NHS England as "truly inspiring", detailed how Becky together with the Community Children's Nursing Team, enabled the parents of a two day old baby boy, born with profound cardiac abnormalities for which there was no treatment, to bring him home to receive end of life care surrounded by his family. After the parents, siblings and baby were settled, Becky remained with the family and facilitated conversations, ensuring that difficult questions were answered, and that information was given regarding what would happen over the next hours and days. Becky also took hand and footprints, as well as a lock of the baby boy's hair as keepsakes;

- in December 2014, Lucy Woodhouse, Clinical Lead for Tissue Viability (pictured below), was published in the British Journal of Community Nursing. This recognised the Tissue Viability Team's successes in providing on-going education and training to our Integrated Community Teams as well as to colleagues throughout our community hospitals, in respect of the prevention and management of pressure ulcers. The article highlighted the best practice and improved multidisciplinary working initiated by Lucy and the team, as a result of which, physiotherapists, occupational therapists and reablement workers across Gloucestershire are now better informed, and more competent and confident, to report pressure damage;



- in March 2015, Gail Pasquall, our Clinical Lead for Community Diabetes, together with Christine Griffiths, Heart Failure Specialist Nurse, co-presented a diabetes case study at the British Society for Heart Failure Conference in London, which was attended by over 150 delegates from the UK and Europe;



- also in March 2015, Sasha Barber, one of our Health Visitors, was inducted as a fellow to the Institute of Health Visiting (iHV). The inaugural fellowship conferment was held in London, and was overseen by Sally Russell OBE, Co-founder of Netmums and Chair of the iHV; Dan Poulter MP, Parliamentary Undersecretary of State for Health; Professor Viv Bennett, Director of Nursing for the Department of Health; Emeritus Professor Dame Sarah Cowley, Kings College, London and iHV Trustee; and Dr Cheryl Adams, Executive Director of the Institute of Health Visiting;
- in 2014-15, Elizabeth Browne, Health Visitor, successfully completed her MSc in Child Health at Warwick University, and is now appointed as a member of the All Party Parliamentary Group for Safeguarding and Child Health. This requires Elizabeth to make regular visits to the Houses of Parliament where the meetings are held.

In 2014-15, we launched our own Celebrating You Awards, which recognised the commitment of colleagues and volunteers across the Trust. Nominations were open to everyone, so that this really became an opportunity for colleagues to acknowledge the hard work and dedication of their peers. However, one nomination was so exceptional, that an additional category was created. This marked the outstanding achievement of colleagues on the Coln Ward at Cirencester Hospital.



This team had gone to huge effort to support a dying man and his family by arranging for him and his partner to be married on the ward, thereby making his last wish possible. As such, the team stood out as a shining example of caring, compassion, going above and beyond, and truly understanding the needs of service users and their families. They were indeed worthy winners, and so to them, and all the other nominees and recipients of awards in 2014-15, we say a big "Thank You!"

12.2. Staff training

In 2014-15, the Trust continued to make both mandatory and local training available to all colleagues across the organisation as appropriate, so that they may be equipped with the necessary knowledge and skills to provide the very highest standards of care quality. Specifically in terms of clinical training, we undertook the following:

- we developed and launched a Preceptorship Programme for nurses who have either just completed a pre-registration course or who have returned to practice after a number of years' absence. This programme therefore provides colleagues with necessary support and development during their first six months of practice within the Trust, and provides a smoother transition for them into the workplace;
- we made significant investment in enhancing the clinical skills of nurses across all of our community hospitals. This means that we can now treat service users with higher levels of clinical need in a community setting, which is essential to us being able to offer an increased number and range of services closer to people's homes, and enabling more transfers from acute hospitals;
- relevant health and social care practitioners participated in the Leading for Quality Care leadership and management development programme, run in association with the Royal College of Nursing;

- over 350 colleagues attended one of the many leadership programmes available to them;
- we reviewed and re-structured our internal clinical education team, so that we are now better positioned to deliver a wider range of professional development activities to all clinical colleagues across the Trust.

In 2015-16, we aim to build further upon these developments, in order to:

- build even closer links with partner organisations such as Health Education South West (part of Health Education England), as well as higher education institutions including the University of the West of England and the University of Gloucestershire: this will allow us to jointly design training courses that are relevant to us providing best care for our service users, and will offer greater developmental opportunities to our staff;
- continue to increase the numbers of colleagues in our employ who possess higher levels of clinical assessment and treatment skills;
- consistently review the clinical skills and developments that staff already possess. In particular, we will be seeking to align these skills to the new definitions of "Essential for Role" competencies which all clinical staff must have. It will additionally allow us to ensure a more planned and focused approach to education and development activities.



12.3. Information quality

Good quality information underpins the safe and effective delivery of service user care, and is essential to support improvements in care quality. For this reason, we have invested in a new electronic clinical system (SystmOne) which we have continued to roll-out across the Trust in 2014-15, and which will be fully available to all services in 2015-16.

To evaluate our current data quality performance however, we routinely assess the completeness of a number of key data items, and compare our results to those of other Trusts.

One of our key assessments in 2014-15 was the evaluation of 45 data indicators that we submit nationally to the Secondary Uses Service (SUS), the repository for healthcare data in England. This showed our data quality performance was 99.2% against a target of 96% (April 2014 - January 2015).

Additionally, individual data line performance against other key indicators was as follows:

Recording of service users' NHS Number	2013-14	2014-15
Gloucestershire Care Services NHS Trust	99%	99%
Aspirant Community Foundation Trust (FT) target	99%	99%
Aspirant Community FT average (Sept 2014-February 2015)	92%	97%

Recording of the ethnicity of service users	2013-14	2014-15
Gloucestershire Care Services NHS Trust	96%	93%
Aspirant Community FT target	90%	90%
Aspirant Community FT average (Sept 2014-February 2015)	73%	79%

Recording of service users' GP Practice	2013-14	2014-15
Gloucestershire Care Services NHS Trust	99%	99%
Aspirant Community FT Benchmark	99%	99%
Aspirant Community FT average (Sept 2014-February 2015)	90%	96%

Although this shows slight decrease in data quality in 2014-15, we are still performing well compared to other Trusts. The full implementation of our new clinical system in 2015-16 will also help ensure continued improvement.

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

In order to assess our performance against national Information Governance standards, we look at 39 core requirements of good practice. In 2013-14, we achieved 59% compliance with these core requirements against a minimum target of 66%. However, in 2014-15, we increased this compliance to 74%, exceeding our ambition.

In 2015-16, we will be looking to identify areas where further improvements can be made, so as to ensure the optimum security of all information that is held under our guardianship.

12.4. Quality and performance

In March 2015, NHS England identified a series of core quality indicators to be included in all quality accounts, using standardised statements as provided. Those indicators that are relevant to us are shown in the table below:

Prescribed information	Trust Performance	National Comparators	Statement
The data made available to the NHS Trust by the Health and Social Care Information Centre with regard to the percentage of service users aged: (i) 0 to 15; and (ii) 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	In October-December 2014, 9.31% service users aged 16+ discharged from a community hospital were subsequently readmitted to a community hospital within 28 days (NB there were no service users aged 0-15 to whom this indicator applies) In January-March 2015, 9.35% service users aged 16+ discharged from a community hospital were subsequently readmitted	The national average for readmission rates is 11.45% (based on 2011-12 information) The highest and lowest national rates are not known	Gloucestershire Care Services NHS Trust considers that this data is as described for the following reasons: although the Trust's performance is lower than the national average, there is still opportunity for improvement so as to ensure that service users are not readmitted after discharge. Gloucestershire Care Services NHS Trust intends to take the following actions to improve this percentage, and so the quality of its services, by implementing all of the tasks within its already-developed action plan which seeks to ensure more robust discharge processes. Thus, when any service user is due to be discharged from a community hospital, a multi-disciplinary team will now review and validate this decision so as to ensure that this is the most appropriate option. There will also be extended dialogue with both service users and carers so as to ensure that they are part of the decision-making process. Furthermore, there will be increased contact and liaison with other health and social care providers in order to ensure that all necessary help will be available to the service user upon their return home.



Prescribed information	Trust Performance	National Comparators	Statement
The data made available to the NHS Trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	<p>In October-December 2014, 68% staff reported that they would recommend the Trust as a provider of care</p> <p>In January-March 2015, 81% staff reported that they would recommend the Trust</p>	<p>The national average for staff recommending their Trust as a place of care is 77% (based on July-September 2014 data)</p> <p>The highest and lowest national rates are 98.4% and 0% respectively</p>	<p>Gloucestershire Care Services NHS Trust considers that this data is as described for the following reasons: data for October-December 2014 shows a marked decrease compared to the other 3 data collections across the year (i.e. the Trust's performance in year was 80% for April-June 2014, 78% for July-September 2014, 68% for October-December 2014 and 81% for January-March 2015). The third of these measures was based on data from the NHS Staff Survey which is sent to a sample of staff only, whereas the other 3 collections were based on the Staff Friends and Family Test survey which is open to all staff across the Trust.</p> <p>Gloucestershire Care Services NHS Trust intends to take the following actions to improve this percentage, and so the quality of its services, by implementing all of the actions detailed in this Quality Account, thereby improving the Trust's reputation amongst its own staff: in particular, this includes improving the availability of clinical training as detailed in section 12.2 above. Equally, the Trust is undertaking an extensive staff engagement exercise so as to help improve morale as part of its overall Organisational Development Strategy.</p>



Prescribed information	Trust Performance	National Comparators	Statement
The data made available to the NHS Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst service users aged 2 or over during the reporting period	<p>In October-December 2014, there were 18.094 cases of C. difficile per 100,000 bed days</p> <p>In January-March 2015, there were 39.15 cases per 100,000 bed days</p>	<p>The national average incidence of C. difficile per 100,000 bed days is 39.0 (based on data between April 2013 and March 2014).</p> <p>The highest and lowest national rates are 85.5 and 0 respectively</p>	Gloucestershire Care Services NHS Trust considers that this data is as described for the following reasons: in the three month period January-March 2015, the Trust had 7 cases of C. difficile compared to 10 cases in the preceding 9 months. This resulted in the Trust achieving its target not to exceed the agreed threshold of 21 cases in year. However, because of the higher number of cases in the last quarter of the year which were nevertheless non-related, and the relatively low number of beds within the Trust, comparison of our rate of C. diff compared to the national rate suggests that we are above average.

Prescribed information	Trust Performance	National Comparators	Statement
The data made available to the NHS Trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of service user safety incidents reported within the Trust during the reporting period, and the number and percentage of such service user safety incidents that resulted in severe harm or death	<p>In October-December 2014, there were 564 service user safety incidents, of which 0 resulted in severe harm or death</p> <p>In January-March 2015, there were 607 service user safety incidents, of which 1 (0.16%) resulted in severe harm or death</p>	<p>The national average number of incidents for community trusts over the six month period April- September 2014 was 1,791 of which 18 (1%) resulted in severe harm or death: for comparison, this averages as 896 incidents per quarter of which 9 (1%) resulted in severe harm or death</p> <p>The highest and lowest national community trust rates of incidents were 3,068 and 563 respectively in the same six month period, and the highest and lowest rates of severe harm or death were 90 and 0 respectively</p>	<p>Gloucestershire Care Services NHS Trust considers that this data is as described for the following reasons: this is the number of service user safety incidents extracted from the total number of incidents reported which affect staff as well as service users.</p> <p>Gloucestershire Care Services NHS Trust intends to take the following actions to improve this score, and so the quality of its services, by reviewing its incident management processes so as to ensure that all events and near misses are being appropriately recorded. Equally, the Trust is committed to ensuring no harm to any service users.</p>



13. WELL-LED

13.1. Staff survey

In 2014-15, the Trust again participated in the National NHS Staff Survey. Possible scores are shown as a percentage, with a higher score indicating better performance.

The table below shows how the Trust fared in 2014-15 compared to 2013-14, and also benchmarked against other Community Trusts in respect of those questions which most closely related to quality of care:

	Our rate in 2014-15	Our rate in 2013-14	National average for Community Trusts
Satisfaction with the quality of care given to service users	86%	83%	84%
Percentage of staff who feel that their role makes a difference to service users	94%	89%	90%
Percentage of staff who are able to deliver the level of care to which they aspire	66%	66%	68%
Percentage of staff who believe that the care of service users is the Trust's top priority	64%	62%	68%
Staff would recommend the Trust as a place to work	52%	56%	55%
Staff would recommend the Trust as a place to receive care	68%	68%	70%
Percentage of staff reporting that service user feedback is collected in their department	93%	n/a	92%
Percentage of staff reporting that they receive regular updates on service user experience	56%	n/a	56%
Percentage of staff reporting that service user feedback is used to inform decisions in their department	51%	n/a	51%
Percentage of staff reporting errors, near misses and incidents in the last month that could have harmed service users	93%	93%	95%
Percentage of staff reporting that if they were concerned about unsafe practice, they would know how to report it	96%	n/a	96%

These findings have already been combined with the feedback from the Listening into Action Pulse Check survey and the Big Conversation events (see section 13.2 below) so as to identify opportunities for quality improvement in 2015-16.



13.2. Listening into Action

Listening into Action (LiA) is a programme of activity that runs right across the Trust. It is a way of empowering staff to make changes and introduce innovations, so that we can improve the quality of care and experiences of our service users, their carers and families.

We launched the programme back in January 2014, having already seen how in other NHS Trusts, LiA had led to improved clinical outcomes, reduced waiting times, environmental improvements, reduced mortality rates, improvements in staff morale, reduced staff sickness levels, and a positive shift in leadership style and culture.

In year one of the programme, we undertook the following:

- 1,339 staff responded to a survey in February so that we had a baseline against which to measure subsequent impact and success;
- in May, we held 5 Big Conversations with over 400 staff from across the county, led by the Chief Executive: these gave colleagues the liberating opportunity to say exactly what they thought about all aspects of their daily working life, and helped us identify areas where improvements could be made throughout the rest of the year;
- throughout the summer, more than 150 staff were directly involved in running our 13 Pioneering Teams and Enabling our People schemes which were the flagship change programmes: however, many more staff were instrumental in helping us deliver a series of Quick Wins;
- over 100 staff attended our Pass it On Event in November, when the year's successes were showcased, and the baton was passed onto the teams who would be leading the Year 2 programme including Sonia Pearcey who will be our Listening into Action lead for 2015-16;
- the follow-up survey in December, which was

open to all staff across the Trust, showed that for each of the fifteen areas under the spotlight, the Trust had recorded improvement, whether this was the ability to tackle day-to-day frustrations that get in the way of delivering great care, an improved sense of feeling happy and supported at work etc.

Of particular note in 2014-15 were the following projects, which were very much centred upon improving the quality of clinical care that is delivered across Gloucestershire:

- the South Forest Physiotherapy Team introduced ways to improve the service and experience for both service users and reablement workers;
- the North Cotswolds Team achieved improved integration between the community hospital and the local Integrated Community Team so as to provide more seamless care;
- in Coln Ward, Cirencester Hospital, staff enhanced service users' dining experiences, and enabled countywide roll-out of yellow menu cards so that inpatients were more easily able to read them;
- the Healthy Lifestyles Team introduced teleconferencing as a way to increase access to consultations by the Smoking Cessation Service;
- the Children's Occupational Therapy Team undertook a strategic review of services for children with ASD or learning difficulties so as to improve their experiences;
- specialist service teams increased the provision of suction equipment in the community to help remove saliva or sputum from people's mouths when they are unable to swallow or cough it out.

In 2015, the LiA programme will again be encouraging teams from across the Trust to look at ways to improve working practices and the care that they provide for service users.

A further update will be available in next year's Quality Account.

Claire Powell,
Listening into Action Lead 2014-15

13.3. Volunteer programme

Volunteers provide invaluable and much appreciated support throughout the Trust, whether helping in community hospitals or working across our countywide services. Over the last year, we have been able to increase the range and variety of roles available to volunteers, as a result of which, volunteer numbers have risen by 17% compared to 2013-14.

New roles and appointments for volunteers in 2014-15 have included working within health records at Tewkesbury Hospital, and assisting the social group for service users on Coln Ward in Cirencester: these volunteers are now well established within their respective teams.

We have also continued to make good progress in voluntary services, with the introduction of a Trust-wide induction and training programme. This is based on national guidelines, but has been specifically tailored to meet the needs of our own volunteers. The re-introduction of regular Volunteer Supervisor meetings has also enabled us to share best practice amongst volunteers across different sites.

Our main aims for 2015-16 include:

- identifying even more new roles for volunteers;
- continuing to recruit and develop volunteers in order to maximise the benefits for both service users and the volunteers themselves;
- introducing volunteers to services that do not currently use them, such as the Homeless Healthcare team.



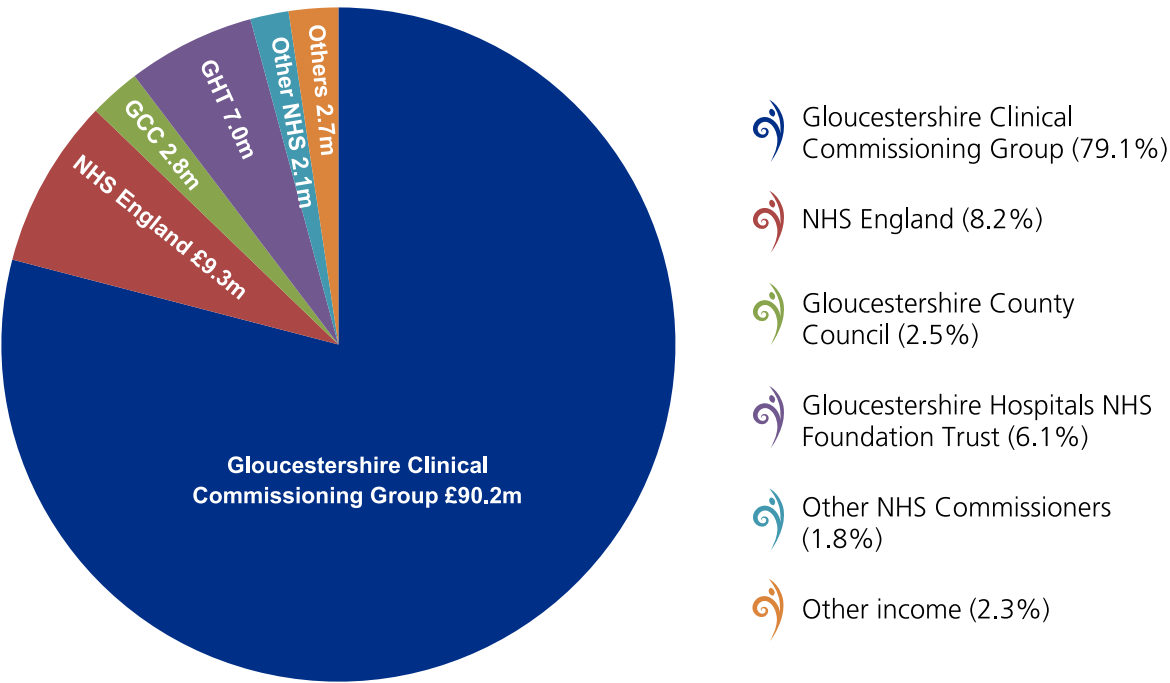
In 2014-15, the number of volunteers across our services was:

Service area	Volunteer numbers 2013-14	Volunteer numbers 2014-15
Children's services	20	22
Cirencester Hospital	82	98
Expert Patient Programme	4	4
Dilke and Lydney Hospitals	22	32
North Cotswolds Hospital	18	25
Podiatry service	1	1
Speech and Language Therapy	48	44
Stroud General Hospital	28	37
Vale Community Hospital	14	7
Tewkesbury Community Hospital	41	47
Pulmonary Rehabilitation service	1	3
Healthy Lifestyles service	0	3
Others	2	4
Total	281	327

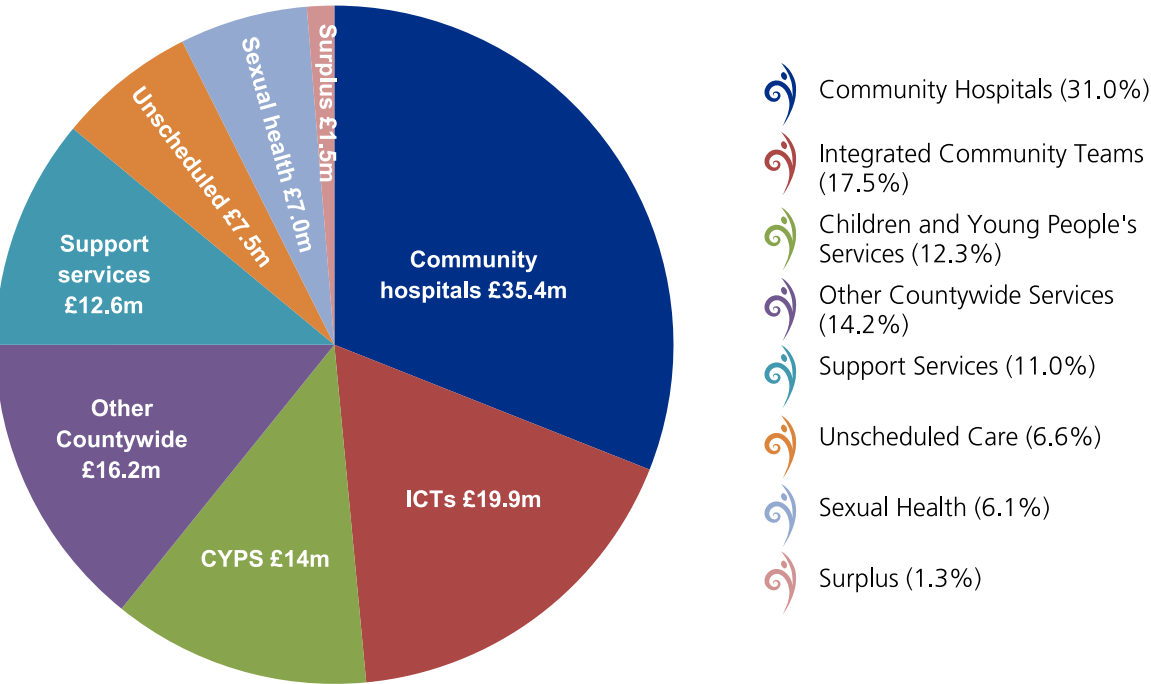
13.4. Financial statement

During 2014-15, the Trust provided 42 NHS services. The Trust has reviewed all the data available on the quality of care in these services, and the findings have helped inform this Quality Account.

The income generated by the NHS services provided in 2014-15, represents 100% of the total income of the Trust. This is illustrated below:



The total £114.1 million income was spent on services as per the below:



PART THREE: DEVELOPING QUALITY CARE IN 2014/15

This part of the Quality Account looks forward to 2015-16, and the specific priorities that we will be working on throughout the next twelve months in order to deliver continuous quality improvement to the people of Gloucestershire. In deciding these priorities, we have reflected upon:

- our understanding of the health and social care needs of the local population, as evidenced by health profiles and other statistical analysis, as well as by direct feedback provided to us by service users, families and carers;
- guidance and directives issued nationally by the Department of Health;
- changes and advances in health and social care best practice issued by the Care Quality Commission, the National Institute for Health and Care Excellence (NICE), and other leading experts;
- the requirements of our local Commissioners - the Gloucestershire Clinical Commissioning Group - which is led by GPs and other clinicians;
- our plans for the future of the Trust together with our vision, values and strategic objectives.

We have also validated that these priorities are achievable in line with our current and future resources, and that they firmly put the focus on quality first and foremost – for this reason, we have aligned our priorities to the five domains of quality referenced throughout this document. Thus, our priorities for 2015-16 are:

Priority		Quality Domain
One	To ensure full understanding and learning from the experiences of service users who fall in our community hospitals or who acquire a pressure ulcer	Safe
Two	To ensure that service users have appropriate access to the highest quality musculoskeletal care	Caring
Three	To improve our active two-way engagement with service users, carers and families, as well as with GPs, and ensure that everyone knows how they may provide feedback	Responsive
Four	To further develop and enhance our Integrated Community Teams, with particular emphasis given to supporting people in the community with dementia	Effective
Five	To ensure that we recruit and retain the right staff in the right place at the right time in order to provide the highest possible quality care across Gloucestershire	Well-Led

These priorities are described in more detail in the following pages.

14. Quality Priorities 2015/16

Priority One

To ensure full understanding and learning from the experiences of service users who fall in our community hospitals or who acquire a pressure ulcer

Why is this a priority?

In section 8.1 above, we showed how we have already made significant improvements in our delivery of harm-free care. However, we now recognise the need to build upon that improvement, so that we no longer measure success by achievement of the national 95% harm-free care target, but instead, measure success by ensuring that no harm befalls anyone in our care. However, where harm does inadvertently occur, we will commit to ensuring full understanding and learning so as to reduce the likelihood of that harm reoccurring.

What actions will we undertake in 2015-16?

In order to achieve quality improvements in 2015-16, the following actions will be undertaken:

- we will review and update all relevant staff training, information and support using the web-based tool that we have already developed (see box-out in section 8.1) in order to assist clinical teams in their understanding and application of Safety Thermometer harm-free standards;
- we will assess Safety Thermometer data including that for both falls and pressure ulcers in relation to other organisational intelligence in order to identify themes and trends which will give us better understanding about the overall quality of care that we deliver;
- we will introduce 'safety huddles' at all community hospitals - these dedicated meetings will serve to review any safety incident, and ensure that resources are appropriately deployed to reduce risks;
- as it is often agitated service users who wander and then fall, we will pilot the use of both alternative therapies and increased activities in community hospitals, so as to provide calm and occupation, and thereby help reduce anxiety;
- as SystmOne is rolled out into our community hospitals as our main electronic clinical system, we will ensure that it automatically alerts staff as to the requirement to complete the falls risk assessment upon the admission of inpatients;
- we will ensure that the NICE Falls Care Pathway is implemented across all our community hospitals. This will include the need to deliver improved information for service users and carers, and inform all other health and social care providers about the risk of falls when a service user is discharged;
- we will undertake environmental audits of all our sites in order to identify any changes which would reduce the risk of falls;
- we will treat the incidence of avoidable pressure ulcers as a "Never Event", a formal classification which signals the significance that we will place upon providing harm-free care;
- we will ensure that the grading of pressure ulcers is increasingly consistent and accurate, and that the new national guidelines are observed.



How will these actions be measured?

Measurements of this priority will include the following:

- completion of the NHS Safety Thermometer for 100% eligible service users each month at the point of care;
- routine monitoring of the levels of harm-free care by service and type of harm to inform our future planning and targeted quality improvements, with the ambition to achieve harm-free care across all our community hospitals;
- reporting of the number and type of serious incidents at the Trust Board, together with the results of root cause analyses.



How will we monitor and report?

Reporting on falls and pressure ulcers will be made through the Trust's Community Hospitals, Urgent Care and Capacity Group, a sub-group of the Quality and Performance Committee, which in turn, reports to the Trust Board.

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



Service users and service user representatives who attended the Your Care, Your Opinion Programme Board in March 2015 to discuss our proposals for this Quality Account, agreed that falls and pressure ulcers should remain priority in 2015-16. In particular, they noted that there are always consequences if someone has a fall, and that these consequences are even more significant if that person has caring responsibilities.

They suggested that improvements could be made by:

- increasing the focus on prevention;
- ensuring routine review of the environment both inside community hospitals and outside in order to remove possible trip hazards;
- shortening the length of time that staff take to answer call bells in community hospitals: for example, it was felt that some inpatients may fall whilst trying to get to the toilet on their own;
- giving particular attention to the risk of pressure ulcers in people who usually use wheelchairs at home, and who as inpatients, may stay in bed in one position for long periods;
- making better use of new technology and sharing learning from other local initiatives.

Priority Two

To ensure that service users have appropriate access to the highest quality musculoskeletal care

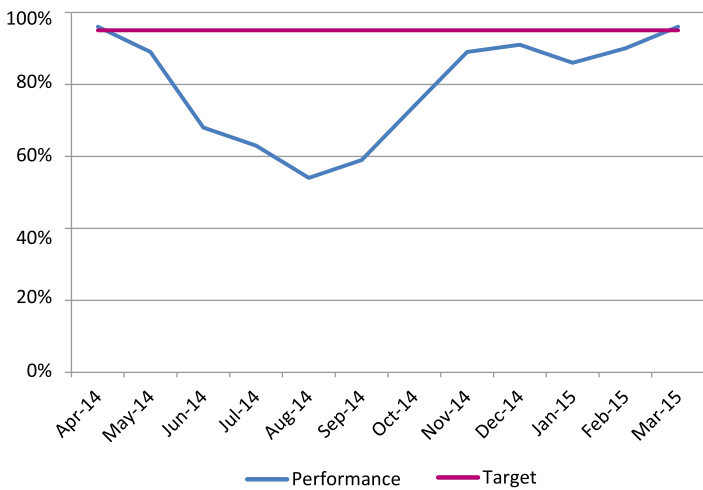
Why is this a priority?

We are proud to provide a highly specialist MSKCAT (Musculoskeletal Clinical Assessment and Treatment) service which offers triage, review, diagnosis and treatment to service users with injuries and other conditions which affect their joints and bones. The service is staffed by a multi-disciplinary team comprising extended scope physiotherapists, podiatrists and GPs, all with additional skills in musculoskeletal conditions.

This is classed as an “interface” service, in that it works between primary care (GPs) and secondary care (acute hospitals). One of the key ambitions of the service is to provide care for people in the community, and thereby prevent them from having to unnecessarily attend secondary care. This is deemed best for their experience.

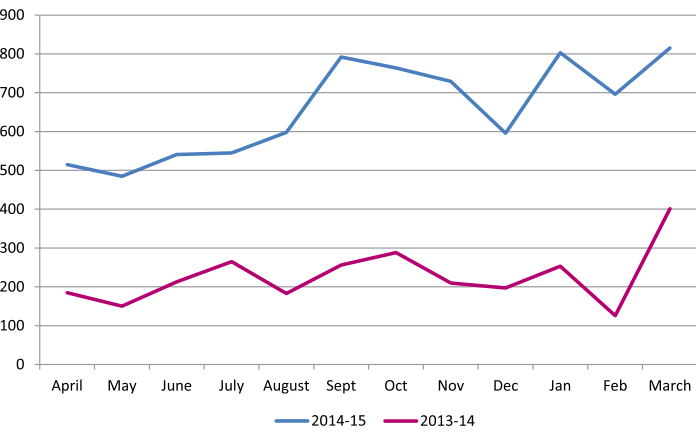
When it was first piloted, the MSKCAT service was only available to people in Gloucester and the Forest of Dean. However, when the service subsequently became available across the whole county from 1 April 2014 onwards, demand very quickly began to exceed our ability to manage. The result was that we breached our target to treat people within 8 weeks of receiving a referral, although performance did significantly improve over the course of the year as shown below:

Percentage of service users treated within 8 weeks of referral to the MSKCAT service:



However, as can be demonstrated from the chart below, this delay in treating service users was largely attributable to the fact that demand significantly increased between 2013-14 and 2014-15:

Number of service users seen by the MSKCAT service 2013-14 and 2014-15:



What actions will we undertake in 2015-16?

In order to achieve quality improvements in 2015-16, we will:

- develop the capacity of teams by engaging an increased number of Extended Scope Clinicians;
- work with our commissioners to develop pathways around 7 MSK conditions in order to make the most appropriate use of countywide services, thereby ensuring that people are always seen by the right clinician at the right time and in the right place;
- realise the benefits of using the SystmOne electronic clinical system: this should reduce the administrative burden within our service, increase working efficiencies, and enable us to share critical information with our partners, including GPs, much more quickly;
- introduce additional services to the core MSKCAT portfolio, such as ultrasound scanning and orthotics, so that service users only need attend one clinic to address all their needs, rather than having to travel to numerous appointments across the county.

How will these actions be measured?

Measurements of this priority will include the following:

- the percentage of service users waiting more than 8 weeks for treatment from time of referral;
- the percentage of service users who are referred onto secondary care from the MSKCAT service;
- the number of Extended Scope Clinicians within the service;
- improvements in data quality as a result of the use of the SystmOne clinical system;
- the number of complementary musculoskeletal services available to service users via the MSKCAT clinics.

How will we monitor and report?

Regular reports on activity and progress are presented at our Countywide / Specialist Clinical Quality and Patient Safety Group which reports to the Scheduled Care Governance Forum. In turn, these reports are then escalated where appropriate to our Quality and Performance Committee which reports to the Trust Board.

Additionally, our MSKCAT service is represented at the Gloucestershire Clinical Commissioning Group’s MSK Clinical Programme Board.

Progress will also be reported in next year’s Quality Account.



Attendees of the Your Care, Your Opinion Programme Board agreed that MSKCAT should be a priority. They suggested that improvements could be made by:

- reducing the variability in service user experiences across the county;
- improving access: some people said that there were lengthy delays to get appointments, that it was hard to contact services, and that their over-riding impression was that the administrative resource was over-stretched;
- reducing the reliance on written information: people felt that written instructions are not always effective, and that we could make better use of technology such as telephone and video conferencing systems to provide access to expert advice, guidance and support.

As a result of such changes, people hoped to see reduced waiting times, a better triage system, and improved experiences for service users.

Priority Three

To improve our active two-way engagement with service users, carers and families, as well as with GPs, and ensure that everyone knows how they may provide feedback



Why is this a priority?

As described in section 8.4 above, improving our engagement with local communities was a key focus for us in 2014-15. In 2015-16, we need to further develop our approach to engagement so that colleagues at all levels of the Trust routinely think about the range of people who they need to inform and involve, in order to enhance the quality of their work. Additionally, we need to ensure that the public knows that we always welcome their feedback, and that they find it easy to share their views: moreover, they must be assured that we truly do listen to what they say, and act upon their input wherever possible.

In 2015-16, we also want to place a clearer emphasis upon engaging with our local professional stakeholders - and particularly GPs - in order that we may improve our effectiveness, influence and reputation. This will lead to more coordinated work across the health and social care community, which will directly benefit service users, carers and families.

What actions will we undertake in 2015-16?

In order to achieve quality improvements in 2015-16, the following actions will be undertaken:

- we will conduct full analysis and/or consultation ahead of any service redesign. Therefore, before we make any significant change to a service, or the way in which a service is accessed or delivered, we will formally assess those service users who may be affected and quantify the degree of this affect. This will ensure that we are aware of all impacts, both positive and negative, that may be caused by the service redesign, and be able to assure all stakeholders that the service continues to offer the high quality possible;
- we will seek to attend more voluntary and community group meetings in order to listen to their views and experiences, and understand how best we may provide support and help;
- we will raise awareness about the ways in which people who have used our services, as well as their families and carers, can give us feedback. This will include for example, increasing the visibility and use of the Friends and Family Test, involving more people in readers' panels and focus groups, and helping people to understand and use our complaints process should they so wish;
- we will increase the opportunities for GPs in Gloucestershire to engage with us, and understand the range and scope of services that we provide: this will include running open days for GPs and practice nurses, ensuring improved communications etc;
- we will explore the opportunity to introduce a programme of 'expert workshops' to which we will invite professional stakeholders including GPs, other NHS professionals and voluntary and community sector organisations. These workshops will be an opportunity for local health and social care providers to learn more about each other, and discuss how practice can be improved across the county;
- above all, we will ensure that all the learning as a result of the above activities, will be systematically fed back to relevant authorities within the Trust, so that practical changes can be implemented in line with service user opinion.

How will these actions be measured?

Measurements of this priority will include the following:

- development of robust Quality and Equality Impact Assessments for each significant service redesign proposal that include population profiles for all people who may be affected or impacted by the proposed changes;
- increase in the number of community events that we attend so as to hear people's voices directly;
- increase in the use of our feedback mechanisms: this includes higher response rates for the Friends and Family Test across all service areas, wider attendances at focus groups and in particular, increased attendance by people who face health inequalities;
- improved use of, and response to, GP surveys;
- introduction of 'expert workshops'.

How will we monitor and report?

Regular reports on service user engagement and experience are provided within the Quality and Performance Report which is presented at both the Quality and Performance Committee and the Trust Board. In 2015-16, we will be seeking to strengthen this report with improved use of metrics in respect of engagement.

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



Attendees of the Your Care, Your Opinion Programme Board agreed that engagement should remain a priority. They suggested that improvements could be made by:

- visiting people where they work, live and socialise so as to capture their thoughts and opinions, rather than relying on people to come to us;
- ensuring that we always actively listen, and not just present;
- considering how to motivate people to share their views with us (providing tea, coffee and biscuits was thought to be a good start!);
- recognising that people's needs are different, and therefore adjusting the times of events to suit people who have to make practical arrangements such as carers or people with disabilities;
- always showing what actions we have taken in response to feedback.

Priority Four

To further develop and enhance our Integrated Community Teams, with particular emphasis given to supporting people in the community with dementia



Why is this a priority?

As highlighted in section 8.3 above, the Integrated Community Teams are absolutely vital to us being able to provide urgent and on-going care for service users in their homes, helping them remain safe and independent. Furthermore, and as described in section 10.1 above, there is a growing need to address the dementia challenge.

What actions will we undertake in 2015-16?

In order to achieve quality improvements in 2015-16, the following actions will be undertaken:

- having first evaluated a pilot programme in Stroud, we will look to implement the next phase of development for Integrated Community Teams across the whole of Gloucestershire. It is widely anticipated that this development will focus on two key areas:
 - increasing our ability to offer service users access to mental health services and support. This is seen as a natural progression of the Integrated Community Teams who already provide excellent physical health and social care support, and will truly enable us to ensure that all relevant services are equally accessible to local people, based upon their need;
 - taking more time to listen to, and understand, the individual needs of service users, so that we can help them access a range of complementary services within their local communities that may significantly improve their health and well-being. These services may be local volunteer or support groups, or they may be services provided by local charities or other health or social care providers. The principle however, is that we need to work in a more joined-up way, irrespective of organisational boundaries, so as to best care for local people. In particular, we will seek to ensure that people with low levels of dementia need are well connected to appropriate help and support, so that they may remain at home where this is safe and in line with their choice;
- the community nurses within the Integrated Community Teams will continue to provide screening to people at risk in order to identify those with early signs of dementia so that they may be referred onwards for full assessment. Moreover, we will also ensure that other colleagues with the teams, such as the Allied Healthcare Professionals, can provide this screening service as well;
- we will increase the accessibility and availability of care planning and support, as well as assessments, in line with the requirements of The Care Act 2014;
- we will improve our communications with all other partner organisations, so that information that is critical to a person’s well-being is always available to the relevant professionals at the right time.

How will these actions be measured?

Measurements of this priority will include the following:

- the number of people seen by Integrated Community Teams who are able to access mental health support;
- increase in the use of the dementia case finding tool by the whole of the Integrated Community Teams;
- achievement of the one hour response rate for rapid response services for which we missed our target in 2014-15 (see section 8.3 above);
- continued improvements against last year’s achievements in preventing numbers of hospital admissions, reducing the number of people put into permanent placement, and increasing the use of telecare support.



How will we monitor and report?

Regular reports on activity and progress are presented at our ICT Clinical Quality and Patient Safety Group which reports to the Scheduled Care Governance Forum. In turn, these reports are then escalated where appropriate to our Quality and Performance Committee which reports to the Trust Board.

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

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

Attendees of the Your Care, Your Opinion Programme Board agreed that Integrated Community Teams should remain a priority. In particular, they appreciated the focus upon:

- helping to prevent admissions to hospital by giving people the right support at home;
- providing more joined-up support in the community for people with dementia and their carers. It was stressed however that this should include better education, particularly in some of our Black and Minority Ethnic communities where understanding of dementia may be culturally different: it was also deemed vital that all local people get an early diagnosis of dementia;
- helping people understand the range and variety of support that is available within their local communities, and linking up with other organisations and communities who can help e.g. befriending groups.

Priority Five

To ensure that we recruit and retain the right staff in the right place at the right time in order to provide the highest possible quality care across Gloucestershire



Why is this a priority?

As described in section 8.5 above, it is essential that we maintain absolute control and oversight over the numbers and grades of colleagues in place across the Trust, so that we may be confident that the highest levels of quality care can be provided. It is therefore critical that we maintain this heightened degree of scrutiny into 2015-16.

What actions will we undertake in 2015-16?

In order to achieve quality improvements in 2015-16, the following actions will be undertaken:

- move from a manual process of submitting and validating staff numbers to an electronic system: this will ensure that we are able to receive the data in real-time, allowing us to react more swiftly if necessary;
- undertake acuity audits so as to understand the type and level of care that is needed by our service users: this information, together with NICE guidance on staffing ratios, will help us determine what complement of staff is appropriate within our settings so as to deliver the best care, outcomes and experience;
- continue to develop our commitment to ensuring an active recruitment and retention campaign: as described elsewhere in this Quality Account, there is a national shortage of nursing staff, and so we need to offer an attractive package of professional training and development opportunities including preceptorship and mentorship. Only by acting proactively in this way, will we maintain an expert pool of staff, with minimal reliance upon bank or agency workers;
- build upon the achievements of 2014-15 in that we will continue to display information about staff numbers both in community settings and on-line, and produce regular monthly and six-monthly staffing reports as evidence.

How will these actions be measured?

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

How will we monitor and report?

Reporting of this priority will be undertaken at the Workforce and Organisational Development Steering Group. This, in turn, reports to the Workforce and Organisational Development Committee, and then to Board. Progress will also be reported within next year's Quality Account.

Attendees of the Your Care, Your Opinion Programme Board agreed that workforce should remain a priority. However, beyond this confirmation, this quality goal was not discussed further as it was deemed a matter for the Trust's internal forums.

15. Commissioning for Quality and Innovation (CQUINs)

CQUINs are a combination of nationally-mandated and locally-decided projects that are agreed between us and our Commissioners each year. They focus upon areas in which we are asked to achieve and demonstrate clear quality improvements.

A summary of the CQUINs for 2014-15 is shown in the table below, together with confirmation of our achievements.

	Goal name	Purpose of Goal	Quality domain	Local or national goal	Quality Account Ref	Status
Gloucestershire Clinical Commissioning Group CQUINs						
1	NHS Safety Thermometer	To measure and reduce harm, and specifically to help understand the prevalence of pressure ulcers	Safe	National	Section 8.1	✓
2	Friends and Family Test	To make the Friends and Family Test available across all Trust settings	Effective	National	Section 8.4	✓
3	Person-centered coordinated care	To enable our Integrated Community Teams to work closely with GPs to best identify and support people who are at risk of losing their independence	Responsive	Local	Section 8.3	✓
4	Trust development	To ensure that our Integrated Community Teams see themselves as part of a wider community network, and know when to refer service users to other care providers	Responsive	Local	Section 8.3	✓
5	Service user discharge	To ensure that service users are appropriately supported upon discharge from hospital, enabling them to return home	Responsive	Local	Section 8.3	✓
6	Staff skills and competencies	To ensure that staff have the knowledge and capability to support service users with more acute healthcare needs	Well-led	Local	Section 8.5	✓
7	Service user records and documentation	To help improvements in record keeping practices	Safe	Local	Section 8.1	✓
NHS England CQUINs						
8	Dental activity reporting	To ensure that there is detailed analysis and understanding of community dentistry activity	Well-led	Local	n/a	✓

For 2015-16, we have agreed the following as CQUINs:

Goal name		Purpose of Goal	Quality domain	Local or national goal
Gloucestershire Clinical Commissioning Group CQUINs				
1	Urgent Care	To improve the journey of inpatients through our community hospitals, and prevent unnecessary waiting. This includes: <ul style="list-style-type: none">• ensuring daily senior (GP) reviews of inpatients: also daily discharge coordinator reviews of long-stay inpatients;• assuring that all inpatients have an expected discharge date;• ensuring that 95% inpatients are admitted in line with clear admission criteria;• managing effective discharge of inpatients.	Effective	National
2	Delirium	To develop and use an effective screening and assessment tool for inpatients with delirium	Safe	Local
3	Transition	To improve outcomes and experiences for young people transitioning into adult services	Caring	Local
4	Integrated care pathway for frail older people	To ensure safe, compassionate care for frail older people using an integrated care pathway, including improved screening, assessment and care planning	Safe	Local
5	Positive risk taking	To empower staff, service users and carers to better understand and manage risk and enable service users to live as independently as possible	Effective	Local
6	Acute Kidney Injury	To use a Modified Early Warning Score (MEWS) tool to assess and manage Acute Kidney Injury in community hospitals	Safe	National
NHS England CQUINs				
7	Dental activity reporting	To continue with the reporting on dental activity	Well-led	Local

We will report on progress against these CQUINs in next year’s Quality Account.

PART FOUR: STAKEHOLDER FEEDBACK

16.1. Response from NHS Gloucestershire Clinical Commissioning Group (GCCG) to Gloucestershire Care Services NHS Trust’s Quality Account 2014-15



GCCG is pleased to have the opportunity to pass comment on Gloucestershire Care Services NHS Trust’s second Annual Quality Account.

GCCG is responsible for buying local NHS services which include the community services provided by the Trust. It is clear that a great deal of work has been done by the Trust to drive up standards of care and improve the quality of services for people in Gloucestershire, particularly focusing on engaging the ‘voice’ of the service user. The Trust has extended the use of the Friends and Family Test. It is now available across all Trust settings. Work is underway to encourage more service users to take the opportunity to comment on the services provided.

Delivering harm free care remains a priority for the Trust, and overall performance is favourable when measured against the national average performance using the NHS Safety Thermometer (this is a national tool that provides a way to compare performance in four key areas, namely falls, pressure ulcers, venous thromboembolism and urinary tract infections in service users with a catheter). The number of falls recorded is slightly above the national average, but the number of falls resulting in serious harm remains low. The Trust has employed a range of different methods to help to reduce falls in community hospitals, and the effectiveness of these measures is being evaluated.

In 2013-14, the Trust identified that it had achieved lower than anticipated results in the Patient-Led Assessment of Care Environment (PLACE) audit and put plans in place to address this. The result of this work has been a significant improvement in the PLACE score for which the Trust should be commended.

Infection control continues to meet the national targets set, but there is always room for improvement particularly in regards hand decontamination where average compliance was maintained at 94%.

The uptake of staff immunisation rates against seasonal flu improved this year due to a concerted effort by the Trust, but rates remain low at 42.5%. Further work on improving this is required for this coming winter.

The Trust has developed and enhanced the effectiveness and quality of the Integrated Community Teams (ICTs) and Rapid Response Service in order to prevent patients being admitted to hospital, reduce the number of people who are put into permanent placements, and increase the use of telecare support. The ICTs have been successful in improving joined-up health and social care for people in Gloucestershire: however, the one hour target for response in relation to Rapid Response Services was missed for 2014-15.

Staff training and workforce development continues to be a high priority, as the focus of care is moving away from hospitals towards community services. The community nursing service will need to be a particular focus for future planning in 2015-16, in view of concerns previously raised around the sustainability of the service.

Serious incident reporting processes have improved during 2014-15: however, fewer incidents appear to have been reported this year. This may be because there have been fewer concerns, but it is reassuring to note that the Trust will be undertaking a review of its incident management processes to ensure that all events and near misses are being recorded.

It is pleasing to see some of the achievements highlighted in the Quality Account which includes winning two Community Hospital Awards, the launch of Dr Kate Granger's 'Hello, my name is...' campaign, the use of 'Barbara's Story', to raise dementia awareness, and a visit by HRH Princess Anne to open Tewksbury Community Hospital.

In summary, GCCG is pleased to confirm that the information presented in the Quality Account for 2014-15 is accurate. The Quality Account provides a fair representation of the Trust's services, and GCCG looks forward to seeing continued improvement in patient safety and quality.

Marion Andrews-Evans

Marion Andrews-Evans
Executive Nurse and Quality Lead
NHS Gloucestershire CCG

16.2. Response from Healthwatch Gloucestershire (HWG) to Gloucestershire Care Services NHS Trust's Quality Account 2014-15



Healthwatch Gloucestershire is pleased to provide comments on the Trust's second Quality Account.

Engagement with Gloucestershire Care Services in 2014-15

At Healthwatch, we have had an effective range of connections with the Trust this year. There has been a regular flow of information that we have collected from individual patients, carers and organisations that represent patients. Access to senior managers and other Board members has been good, and we were invited to make a presentation to the Trust's Board as part of its revised approach to listening to patient stories. We have participated in some of the engagement events that the Trust has run, and helped to involve the public in the design of policies and leaflets, which has been encouraging.

We take this involvement as a good indicator of the Trust's open culture, willingness to listen to feedback, and meet its objective of "Understanding You".

Community hospitals receive high numbers of compliments in the feedback HWG receives from the public. It is hoped that cooperation with the acute hospitals will be further strengthened in 2015-16 to improve people's experience of discharge between hospitals.

HWG also hopes the Trust will continue to improve public information about which services can be accessed in, for example, Minor Injuries and Illness Units (MIIU). We have encountered some inconsistency across the county, and the public do not necessarily always know which services they can access in which locations, which can lead to people making unnecessary demands on other parts of the NHS. It would be helpful if there was an explanation of the services provided by the Trust in the acute hospitals in Gloucester and Cheltenham, as we have found this to be a source of some confusion to the public.

GCS has assisted HWG during 2014 in its review of hospital discharge arrangements in the county. Some of the problems that were identified in that review are referred to in the Quality Account. HWG is pleased that further attention is to be given to services that are made available to those leaving hospital, and to the quality of communication with patients, families, carers and GPs about discharges from community hospitals.

General Comments on the Account

Once again, as last year, this is an attractive and well-structured document with a good balance of well-presented statistical data and comment. It is possible to gain insights into what is a very diverse organisation.

Organising the material into the CQC's inspection domains is helpful and enables easier reading by theme rather than simply by individual services.

HWG recognises the variety and range of services that are provided, and is pleased to see attention paid to some of the less well-known areas of work. This will help to clarify GCS's service range for the public who have reported some confusion on the issue. However, HWG would have liked to have seen more reference to mental health issues in the community.

The Account is a long document. For the future, can consideration be given to where the content can be reduced, where repetition can be avoided, to ways in which the really key pieces of information can be highlighted and where language can be further simplified? We weren't able to determine whether the report will be made available in alternative formats, which ought to be made clear. Some of the text boxes (e.g. section 8.4) contain white text on a pale blue background, which can be difficult to read.

Patient Focus

The report clearly emphasises the Trust's patient focus, and the actions the Trust is taking to ensure that it listens and acts on feedback. There is no doubt that GCS has achieved a great deal so far and provides plenty of evidence to back this up.

At times, it is difficult to find evidence of where improvements in performance need to be made and why some areas are given more emphasis than others e.g. four pages on falls and pressure ulcers and one short paragraph in 11.2 (National and local audits) on the results of the National Audit of Intermediate Care.

The Quality Account makes clear that further integration of a range of services will be a continuing priority. We hope that the Trust will listen to the feedback it receives and invest in services that seem to be in short supply, such as physiotherapy and community nursing, which can have a vital impact on quality of life.

Achievements against 2014-15 priorities

NHS Safety Thermometer: There is a range of welcome quality developments here. HWG had some concern that while the pressure ulcer and falls with harm performance have improved in absolute terms over 2013-14, the incidence in recent months has increased. It would be helpful if the Account could be more specific about the performance it expects to achieve as a result of the actions planned for 2015-16.

PLACE Inspections: The improvement in results over 2013-14 was significant and very welcome, and HWG was pleased to participate in the visits. There is obvious value in using independent assessors to provide feedback about the quality of the hospital environment.

Caring

Infection and Control

This was a case where we felt the table wasn't as useful as it might be, nor was the timeframe consistent with some of the other tables. The three year span here rather distracted attention from reasons for the worsening situation over the last two years.

Medicines Management

It is not clear that the stated improvement in the HAPPI audit of compliance is significant or whether these results are considered acceptable and what is being done to improve them.

It is important to know the Trust's view about whether it is acceptable that there are months when one in ten antibiotic prescriptions do not comply with what seem to be straightforward rules.

Responsive

National and Local Audits

It would be useful to read more information about what was reported as needing improvement and what will change as a result of these audits. Similarly, there is insufficient detail on the Sentinel Stroke National Audit for the reader to have a sense of the overall position. HWG has a particular interest in this area because of its work on discharge from hospital.

Effective

Quality and Performance

We found the table in this section difficult to interpret, and there was some inconsistency in terms of the timeframes selected for comparisons.

Developing Quality care in 2015-16

Quality Priorities

GCS appears to have consulted widely in deciding which quality priorities to adopt for 2015-16 and its 'Your Care Your Opinion' events allowed conversations to take place with staff and Board members about experiences and perceptions of care quality and where things needed to improve.

Integrated Community Teams (ICTs)

HWG is pleased to see the intention to expand ICTs across Gloucestershire GP practices which will help to reduce the number of patients caught in the 'revolving door'.

Commissioning for Quality and Innovation (CQUINS)

CQUINs are only referenced at the end of the document. There is little explanation of the Delirium Goal for 2015-16. More detail would be helpful.

Claire Feehily

Claire Feehily
Chair, Healthwatch Gloucestershire

16.3. Response from the Health and Care Overview and Scrutiny Committee (HCOSC) to Gloucestershire Care Services NHS Trust's Quality Account 2014-15

On behalf of the Health and Care Overview and Scrutiny Committee (HCOSC), I welcome the opportunity to comment on Gloucestershire Care Services NHS Trust's Quality Account 2014-15.

Having recently been appointed Chairman of HCOSC, I look forward to working with the Trust. I know that committee members have welcomed the attendance of the Chair and officers of the Trust at committee meetings to engage in debates and respond to members' questions, and I hope that this productive working relationship continues.

For the committee, the patient journey and experience is the main concern, and it is good to see that the Trust's priorities place the patient very much at the centre of care.

Last year, the committee was concerned with the regard to the scores from the PLACE assessments so it is good to note that this has improved.

I am pleased to read that the Trust has joined the #hellomynameis campaign started by Dr Kate Granger as a direct result of her own experience. Making this initial (personal) contact with a patient is an important starting point in the patient/health professional relationship.

Last year, the committee was also concerned with the level of staff sickness absence at the Trust, so I welcome the Listening in Action work and the reported outcomes. However, I would have preferred to see the sickness absence data reported in this Quality Account so that it is clear that the Listening in Action work has made a difference in this regard.

Safeguarding is everyone's responsibility, and it is good to see that this important matter is embedded within the Trust's processes, and that there is an active training programme in place. It is also good to see that the Trust is not complacent about this matter and has identified actions to improve on this during 2015-16.

Reablement is a key factor in helping people regain their independence and confidence following a stay in hospital so that they are able to remain in their own home rather than enter a care facility. The committee is aware that the Trust is committed to this work, and so it is disappointing that targets are not being achieved. The Committee is aware that the Trust is working closely with the Council on this issue, and hopes to see an improvement in the number of people receiving this care soon.

The Trust is due to be inspected by the Care Quality Commission in June 2015, and the Committee will review the Inspection Report when it becomes available.

CLlr Jain Dobie

CLlr Iain Dobie
Chairman

16.4. Response to stakeholder feedback

We are gratified that partner organisations have taken the time to read our Quality Account ahead of publication. Their feedback is included in sections 16.1-16.4 above. In response to various issues raised, we would wish to note the following:

- in response to Healthwatch Gloucestershire:
 - the Trust can confirm that this Quality Account will be made available both manually and electronically via our own website at www.glos-care.nhs.uk and also via NHS Choices at <http://www.nhs.uk/services/trusts/overview/defaultview.aspx?id=89302>;
 - a number of the text boxes throughout this document have been darkened in colour so that the text is more prominent;
 - in terms of targets for falls and pressure ulcers in 2015-16 (see section 14.1), the Trust is aiming to achieve a minimum 95% against the Safety Thermometer standard;
 - the given description of norovirus and other outbreak infections which affected the Trust in 2014-15 (see section 9.1) has been revised as suggested: however, it is noted that this is the only aspect of the Trust's infection prevention and control performance which can be described as having worsened in 2014-15 compared to the previous year;
 - in respect of medicines management (see section 9.2), it is noted that the increase in compliance as measured by the HAPPI audit is a positive achievement: it is also noted that where staff fail to meet the required standards, the responsible Matron liaises with the relevant prescriber to affect change. The Trust does not have an external target for compliance, but has set an internal target of 95% for 2015-16 which it will continue to monitor;
- the Trust will extend its coverage of national audits (see section 11.2) within its 2015-16 Quality Account;
- the Quality and Performance information in section 12.4 is presented in line with a nationally prescribed template which cannot be changed;
- the delirium project which is one of our CQUINs for 2015-16 (see section 15), requires us to develop a screening and assessment tool supported by an implementation plan which includes communication and staff training. The training programme, in particular, will be tested prior to the tool's roll-out to all registered clinical professionals in both the rapid response service and community hospitals. By March 2016, it is intended that at least 80% service users admitted to these two service areas will have an initial delirium screening completed;
- in response to the Health and Care Overview and Scrutiny Committee, it is noted that:
 - staff sickness absence rates have increased by 0.57% in 2014-15 to 4.85% against an internal target of 3%. This is particularly disappointing given the work that has been undertaken across the Trust during the year including the Listening into Action programme. An action plan has therefore been developed specifically to explore how we can improve our performance in 2015-16, and we will report on progress in next year's Quality Account;
 - we would contest that targets are not being achieved in reablement: as shown in section 8.3 above, more people are being maintained independently at home supported by our Integrated Community Teams and support services such as telehealth. However, the Trust is not complacent in this matter, and will aim for further improvement in 2015-16.

PART FIVE: CONCLUSION



Gloucestershire Care Services NHS Trust was only formed as a standalone NHS provider in April 2013, just two years ago. Since that time, I believe that we have made significant strides forward, both in terms of carving a unique place for ourselves within the local health and social care community, but more importantly, in terms of the quality of care that we provide to people across Gloucestershire each and every day.

In reviewing this Quality Account, I am struck by how many of our quality goals and aspirations we have achieved in the last 12 months. Rarely has the standard of care been below expectation, and on those rare instances where we have failed to deliver exemplar practice, we have recognised this openly and honestly, and have put in place remedial actions and measures to ensure improvement.

At a time when all we usually hear about in the news is Trusts missing targets or at worst, failing to provide safe and compassionate treatment for their local populations, I am rightly proud of the achievements of all our colleagues. Equally, I am confident that despite the uncertain future and the very real financial constraints that we continue to face, we will endeavour to address all challenges with positivity, and a clear focus upon providing the very highest quality of care.

I hope that the successes that we have demonstrated in this Quality Account, together with the priorities that we identified for 2015-16, give you assurance of our passion and commitment - and I aim to be able to demonstrate our further achievements in next year's report.

Paul Jennings

Paul Jennings
Chief Executive



PART SIX: GLOSSARY

The following is a list of helpful abbreviations:

ASD:	Autism Spectrum Disorder	NICE:	National Institute for Health and Care Excellence
BME:	Black and Minority Ethnic Communities	NHS:	National Health Service
C. difficile:	Clostridium difficile	OT:	Occupational Therapy
CPE:	Carbapenemase-producing Enterobacteriaceae	PLACE:	Patient-Led Assessments of the Care Environment
CQC:	Care Quality Commission	SIRI:	Serious Incident Requiring Investigation
CQUIN:	Commissioning for Quality and Innovation	SLT:	Speech and Language Therapy
GCC:	Gloucestershire County Council	SPCA:	Single Point of Clinical Access
GCCG:	Gloucestershire Clinical Commissioning Group	SWAST:	South Western Ambulance Service NHS Foundation Trust
GHT:	Gloucestershire Hospitals NHS Foundation Trust	TDA:	NHS Trust Development Authority
HCOSC:	Health and Care Overview and Scrutiny Committee	UTI:	Urinary Tract Infection
ICT:	Integrated Community Team	VAC:	Vacuum Assisted Closure
MIIU:	Minor Injuries and Illness Unit	VTE:	Venous-Thromboembolism (Deep vein thrombosis or pulmonary embolism)
MRSA:	Methicillin Resistant Staphylococcus Aureus		
MSKCAT:	Musculoskeletal Clinical Assessment and Treatment		

If you have any comments about this Quality Account, please email paul.jennings@glos-care.nhs.uk. Alternatively, you can write to Mr Paul Jennings, Chief Executive, at the address below.

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Gloucestershire Care Services NHS Trust

Minutes of the Charitable Funds Committee

Boardroom, Edward Jenner Court – 11.30 a.m.

Friday 24th April 2015

Committee Members present:

Nicola Strother Smith (NSS) – Non-Executive Director (Chair)
Sue Mead (SM) – Non-Executive Director
Glyn Howells (GH) – Director of Finance
Tina Ricketts (TR) – Director of HR
Jason Brown (JB) - Director of Corporate Governance (Trust Secretary)

In attendance:

Christopher Brooks-Daw (CB-D) – Interim Deputy Director of Quality and Nursing
Jenny Goode (JG) Minute Taker

Item	Minute	Action
CFC 1/15	<p>Welcome and Apologies</p> <p>The Chair welcomed everyone to the meeting and apologised for the length of time since the last Charitable Funds Committee was held (November). The subsequent meeting had been cancelled. NSS said that meetings will now be held on a quarterly basis going forward.</p> <p>Apologies were Received from Elizabeth Fenton, Director of Quality and Nursing. She was represented at the meeting by the Interim Deputy Director of Quality and Nursing, Christopher Brooks-Daw.</p> <p>The Chair noted an absence of representation from the Finance Team (with the exception of the Director of Finance) and asked that there is sufficient attendance from this team at future meetings to present financial reports.</p>	Director of Finance
CFC 2/15	<p>Confirmation that the meeting is quorate</p> <p>The meeting was confirmed as quorate by the Director of Corporate Governance (Trust Secretary).</p>	
CFC 3/15	<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>	

CFC 4/15	<p>Minutes of the meeting held on 19th November 2015</p> <p>The minutes of the meeting held on 19th November 2015 were Received and Approved as an accurate record subject to minor amendments.</p>	
CFC 5/15	<p>Matters arising (action log)</p> <p>The following matters were Discussed and Noted:</p> <p>Item reference CFC 44/14 – JB to discuss with Helen Leyshon and give an update at the next meeting</p> <p>Item reference CFC 46/14 – JB to bring guidelines on how to access funds to the next meeting for discussion</p> <p>Item reference CFC 53/14 and CFC 57/14 – these two actions are closely linked. JB to contact Charities Commission with a view to closing these actions by July 2015. JB to give update at next meeting.</p>	<p>JB</p> <p>JB</p> <p>JB</p> <p>JB</p>
CFC 6/15	<p>Forward agenda planner</p> <p>The Forward Planner was Discussed and Approved with minor changes as listed below.</p> <p>Items which were due for discussion at the 25/03/15 meeting (subsequently cancelled) to be added to July and November forward plan.</p> <p>Additional items for 14th July 2015 meeting:</p> <ul style="list-style-type: none"> • Fundraising Standards • Charitable Funds Application Guide • League of Friends activity – update – recurring item for every meeting 	<p>JB</p>
CFC 7/15	<p>Current Funds - report tabled and presented by JB on behalf of Helen Leyshon</p> <p>The Current Funds report was Discussed and Approved subject to minor comments detailed below:</p> <p>The Chair requested that reports are distributed with the agenda papers and not tabled at meetings.</p> <p>The Chair asked that the date in the heading of Item 3 – Overview is amended from 31.10.2014 to the correct date.</p> <p>The Committee agreed that the profile of Charitable Funds should be raised within GCS and JB will discuss this with the Head of Communications – Mark Lambert – with a view to an article in a</p>	<p>JB</p> <p>JB</p> <p>JB</p>

	<p>forthcoming Team Brief or screen saver promotion.</p> <p>JB explained to the Committee that Mark Parsons will be managing League of Friends admin and the Chair asked that Mark Parsons is invited to a future meeting to give an update on this.</p>	JB
CFC 8/15	Legacy Gifts – no report available	
CFC 9/15	<p>Donations Received – report tabled and presented by Jason Brown on behalf of Helen Leyshon</p> <p>The Committee Received and Approved the Donations report.</p> <p>The Chair asked that a thank you card is to be sent from the Committee to Kim Stacey (Accounts Payable Officer) thanking her for arranging the charity raffle for the homeless team where she raised £200.</p>	JB
CFC 10/15	<p>Charitable Funds Action Plan</p> <p>The Charitable Funds Action Plan report was Discussed and Approved subject to the following comments:</p> <p>JB to add Internal Communications Plan to the Action Plan.</p> <p>The Chair asked that a “comments” column is added to the action plan.</p>	JB JB
CFC 11/15	<p>Governance Statement</p> <p>The Committee Received the Governance Statement and the following comments were noted:</p> <p>Appointments to corporate trustee to be amended to read 7 Non-Executive Directors, including 1 designate.</p> <p>Statement regarding the Fit and Proper Persons Test (FPPT) to be added to the Appointments to the Corporate Trustee section.</p>	JB JB
CFC 12/15	<p>Statement of Trustees Responsibilities</p> <p>The Committee Received the statement of trustee responsibilities.</p> <p>JB to arrange for the Chair of GCS and the Chair of Charitable Funds to sign the Statement.</p>	JB
CFC 13/15	<p>Brokenborough Plans</p> <p>GH gave a verbal update to the Committee on the current situation regarding Brokenborough.</p> <p>GH to check quoracy of Brokenborough Committee scheduled for</p>	GH

	<p>10th June and a report on the outcome of this meeting to be discussed at the next Charitable Funds Committee on 14th July.</p> <p>A discussion took place around the legal title and in order to give assurance to the Committee, GH will ask the Solicitor who has been handling this case to prepare a report for the Committee.</p> <p>The Chair thanked GH for the update.</p>	GH
CFC 14/15	<p>Accounts and Annual Reports 2013-14</p> <p>The Committee Discussed and Approved the Charitable Funds Annual Report for the year ended 31st March 2014.</p>	
CFC 15/15	<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.</p>	
CFC 16/15	<p>Date of the next meeting</p> <p>It was agreed that the next meeting of the Committee be held on Tuesday 14th July 2015 and will be held in the Boardroom at Edward Jenner Court at 11am.</p>	

Committee Chair

Date:

Gloucestershire Care Services NHS Trust

Minutes of the Audit and Assurance Committee	
Boardroom, Edward Jenner Court	
Wednesday 13 th May 2015	
Committee Members present:	
Richard Cryer (RC)	Non-Executive Director (from 10.25am)
Robert Graves (RG)	Non-Executive Director
Sue Mead (SMD)	Non-Executive Director
Glyn Howells (GH)	Director of Finance
In attendance:	
Louise Simons (LS)	Assistant Board Secretary
Rod Brown (RB)	Head of Corporate Planning
Stuart Bird (SB)	Deputy Director of Finance
Simon Merrett (SM)	Interim Head of Financial Accounts
Lynn Pamment (LP)	Internal Audit, PwC
Paul Dalton (PD)	Internal Audit, PwC
Duncan Laird (LD)	External Audit, KPMG
Jon Brown (JB)	External Audit, KPMG
Sallie Cheung (SC)	Counter Fraud
Observers:	
Ian Dreelan (ID)	Non-Executive Director (Designate)
Lisa Perrett (LPE)	Team Secretary (Designate)
Minute Taker:	
Pamela Farrow (PF)	Senior Personal Assistant

Item	Minute	Action
1.	<p>Welcome and Apologies</p> <p>The Chair welcomed members and in addition, extended a welcome to ID to his first Committee as observer. Members introduced themselves.</p> <p>Apologies were Received from:</p> <p>Jason Brown, Director of Corporate Governance and Public Affairs Rod Brown, Head of Corporate Planning Simon Merrett, Interim Head of Financial Accounts Sam Elwell, Internal Audit PwC</p>	
2.	<p>Confirmation that the meeting is quorate</p> <p>The Committee was confirmed as quorate by the Assistant Board Secretary in the absence of the Director of Corporate Governance and Public Affairs (Trust Secretary).</p>	
3.	Declarations of Interests	

	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.	
4.	<p>Minutes of the meeting held on 18th March 2015</p> <p>The minutes of the Committee held on 18th March were Received and Approved as an accurate record subject to minor amendments.</p> <p>Sue Mead asked that her name be identified differently as she has the same initials as Simon Merrett. Sue Mead now to be referred to as SMD.</p>	
5.	<p>Matters arising (action log)</p> <p>The following matters were Discussed and Noted:</p> <p>Item reference AA74/14 – GH stated that Standing Orders item was on today's agenda and if these were agreed an email would be sent out to reinforce procedures – carried forward to the next meeting - CLOSED</p> <p>Item reference AA74/14 – due to compensation claims within Losses and Special Payments linked to whistleblowing, this item to be brought to the Committee quarterly - CLOSED</p> <p>Item reference AA87/14 – This process is to replicate processes for litigation rather than whistleblowing and will be reported to the next meeting of the Committee. Retrospective cases so far will also be included – carried forward to the next meeting - CLOSED</p> <p>Item reference 15/AA003 – GH informed the Committee that there are clear lines of communication between the Trust and SBS. GH explained the function of SBS to ID, explaining that the Trust is locked into a contract with SBS that cannot be exited without incurring dual running costs. The Trust is planning to tender for a stand-alone procurement system so that all third party procurement will be put through one set of ledgers. The payroll system will be moved this year so although parallel systems will run for a while, it will be easier to go forward with the one system after the contract with SBS ends. It was agreed that the Committee would be alert to the risk that there would be a run-down of effective provision by SBS – carried forward to the next meeting - CLOSED</p> <p>Item reference 15/AA003 – carried forward to the next meeting CLOSED</p> <p>Item reference 15/AA004 – a meeting to review the draft accounts was held week commencing 4th May 2015 - CLOSED</p> <p>Item reference 15/AA005 – Bernie Wood to be invited to the next meeting - CLOSED</p>	

	<p>Item reference 15/AA007 – NHS Protect draft action plan to be presented at Agenda Item 9 - CLOSED</p> <p>Item reference 15/AA007 – GH updated the Committee on the current situation regarding Tewkesbury – the hospital remains partially completed and there are ongoing issues with the contractor regarding flooring. Work being undertaken is noisy as flooring is replaced room by room. There may be legal action to be taken against the contractor – GH currently exploring the difference between the costs of legal action and agreeing a deal to go forward. Section 3 of the land has now been agreed however and progress can be made toward the sale of land to GPs which should go through by the end of May 2015. This relieves some of the pressures linked to the project.</p> <p>SMD queried if the ongoing work at the hospital was hazardous to patients. GH explained how the rooms were being completed one by one and patients were being informed about the work and moved to a day room whilst the work is being undertaken. The work is very noisy and takes around four hours but once the work is completed the room is sealed to prevent dust or contamination. This work is being done gradually which is not an ideal situation in a new hospital. There is a Trust team mirroring the contractor team to ensure that all work is undertaken to the required standard. The Matron is signing off agreed work before commencement and is basing the work on clinical need - ONGOING</p> <p>Item reference 15/AA007 – information regarding the date and venue of the Resources Steering Group has been sent to SC - CLOSED</p> <p>Item reference 15/AA009 – SBS not aware of potential impact on the Trust - SB to follow up today for update - ONGOING</p> <p>Item reference 15/AA012 – Scheme of Delegation to be discussed at Agenda Item 15 - CLOSED</p>	
6.	<p>Forward Agenda Planner</p> <p>The Forward Planner was discussed and approved with changes as listed below:</p> <p>Whistleblowing report to be added as a standard agenda item.</p> <p>Estates Compliance Report to be added to the agenda twice each year.</p> <p>Board Assurance Framework to be added as an agenda item to every other meeting.</p> <p>It was agreed that with the changes in function of some of the Board Committees, a mapping exercise should be undertaken to ensure previous and current items are linked so that there are no gaps. SMD also commented that there should be a clear</p>	<p>LS</p> <p>LS</p> <p>LS</p>

	distinction between the 'audit' and 'assurance' functions of the Committee.	JB/LS
7.	<p>Internal Audit Update</p> <p>PwC presented reports below:</p> <ul style="list-style-type: none"> • Internal Audit Report 2014-15; • Internal Audit Plan 2015-16; • Internal Audit NED Overpayment Report; • Internal Audit Corporate Governance Report; • Internal Audit Final Report; and • Internal Audit Staffing Levels Escalation Process Report <p>and highlighted the following information:</p> <p><u>Internal Audit Annual Report</u> LP informed the Committee that the report is for noting and that issues presented in the report are largely known to the Trust. LP commented that the new automated back-up system will improve the process and minimise operational error.</p> <p>Members discussed awareness of the Trust regarding the elevation of some of the risk items. GH explained the process for reporting risks and informed members that the process is monitored through the SITS Partnership Board.</p> <p>The Committee RECEIVED the Internal Audit Annual Report.</p> <p><u>Internal Audit Plan 2015-16</u> LP informed the Committee that this is presented for approval of the final version. Any further amendments can be made before the end of this year.</p> <p>GH informed the Committee that the new procurement function needed to begin and will provide a view of what is happening. The Procurement toolkit was designed for acute hospitals and use of it needs to be realistic in application.</p> <p>The Committee RATIFIED the Internal Audit Annual Plan.</p> <p><u>Internal Audit NED Overpayment Report</u> The Committee RECEIVED the NED Overpayment Report.</p> <p><u>Internal Audit Corporate Governance Report</u> LP outlined that the assessed medium risk was based upon the Trust's structure and costs not being in line with comparable organisations, however the job descriptions of the IG team were appropriate to most needs of the team.</p> <p>LS informed the Committee that JB is expecting that reviews of the structure and job descriptions for the IG team will be implemented by September 2015.</p> <p>The Committee RECEIVED the Corporate Governance Report.</p>	

	<p><u>Internal Audit Final Report</u> LP informed the Committee that improvements were required across a number of high and medium risk recommendations, particularly regarding IT asset disposal, payroll and clinical system project management. LP commented that there are few organisations that can be put in the green category. The external care spend review was ongoing when this report was being put together so outcomes were not included in this report.</p> <p>LP outlined a number of recommendations made in the report have been implemented but there are a number which still need to be addressed in 2015-16.</p> <p>RC commented that there was quite a lot of negativity in the report and there was no recognition of the substantial work already undertaken this year to improve the Trust's position or an indication regarding the adequacy or inadequacy of the framework.</p> <p>LP responded by saying that the report aligns with the appropriate reporting codes. In the NHS, the public sector audit standard applies which provides a more risk based opinion and as a result does have more of a negative slant. LP accepted that the report doesn't reflect work undertaken although there is still an amount of work to respond to the recommendations. RC queried the 'and/or' sections in Section 4 and LP responded that the risks are linked to the way the controls were designed rather than compliance but more recent risks are linked to compliance in that controls were not designed in the first instance to be tightened up. LP advised that the wording of the report would be revised in order to reflect the true picture and provide a fairer representation.</p> <p>The Committee RECEIVED the Internal Audit Final Report.</p> <p><u>Internal Audit Staffing Levels Escalation Process Report</u> PD asked the Committee for comments or observations. RC commented that the 'Management Comments' section states that "Management are committed to taking action...." but does not provide any timing for this work. GH responded that this work is being led by Duncan Jordan and Candace Plouffe through an action plan that includes timelines and has been presented to the Committee previously. LP confirmed that the Committee had seen this report before and is historic. SMD commented that the action plan is critical and should be tracked by the Committee. GH suggested that there be an agenda item for a future meeting where the Committee is informed on actions that have been closed.</p> <p>The Committee RECEIVED the Internal Audit Staffing Levels Escalation Process Report.</p>	<p>LP</p> <p>GH/SB</p>
8.	<p>External Audit Update</p> <p>KPMG presented the External Audit Update and informed the Committee the report covered work planned for the coming month</p>	

	<p>and outlined key dates, stating that the bulk of the work was currently taking place. The rest of the report looks at issues and announcements made by DH for monitoring and for interest.</p> <p>RG felt that the Committee should be aware that the Trust failed to meet the recent reporting deadline for the TDA. GH reported that there was a requirement to report on actuals by Thursday noon (9th May) and due to administrative complications the deadline was missed. A submission was made by 2pm the next day which satisfied immediate requirements, i.e. consolidation before the weekend, and a complete submission was made by 8am on Monday morning. Technically this held up consolidation of the NHS accounts and is considered to be a serious and significant matter. RC however commended the work of GH and SB for the interventions they put in place once the problem was recognised. GH informed the meeting that there were no underlying issues around figures and TDA recognised that it was purely an administrative problem.</p>	
9.	<p>Counter Fraud Update</p> <p>The lead for Counter Fraud presented the update and informed the Committee that the draft Annual Report will need to remain in draft until the Self Review Tool (SRT) is completed at the end May although there should be no surprising or different RAG ratings from last year. SC to meet with GH to ratify the SRT before end May 2015.</p> <p>RC queried paragraph 8.3.2 of the Annual Report and asked if the petty cash system was still widely used. SB responded that although petty cash has been reduced over the last three years and is now around 1/10th of previous years, there remains significant resistance to reduce petty cash use any further. SB welcomed any support from the Committee to reduce the use of petty cash further or completely cease use.</p> <p>SC directed the Committee to Appendix 4 – Case Summaries, and commented that there were currently a number of outstanding cases with a disciplinary pending on Ref No. SWRT/14/197, a possible prosecution relating to Ref No. SWRT/15/24 (worth £20k), and SWRT/15/1 (worth £30k) which may also go through to prosecution.</p> <p>SC informed the Committee that media coverage is sought wherever possible and this is done through liaison with the Communications team who are very proactive.</p> <p>SC informed the Committee that the Action Plan for 2015-16 is very similar to that of 2014-15, based on the requirements of NHS Protect. There are no increases in the charges for this year.</p> <p>SC informed the Committee that a large number of communication events with Trust staff had been arranged and RG asked SC if she could liaise with the Communications team to explore the possibility of producing a video which could be used for wider colleague</p>	GH/SC

	training/information sessions. SMD agreed that this should be taken further as part of improving e-learning in mandatory training approaches.	SC
10.	<p>Review of Waivers, Special Payments and Write Offs</p> <p>The Deputy Director of Finance informed the Committee that there were only a small number of waivers that had been added to the list since the last meeting and these are related to items that should have gone to tender but for reasons of speed and efficiency and lack of choice, the waiver route had been chosen. It was agreed that although information regarding value for money and information on appropriate costings are included on the original waiver forms, future reports on waivers to the Committee should include the rationale behind the decisions.</p> <p>A discussion took place regarding purchases to undertake pilots, however GH informed the meeting that the majority of spend is on capital programmes where the frameworks require three tenders and are managed at arm's length.</p> <p>SB informed the Committee that the Losses and Special Payments section of the report includes patient compensation and again, detailed forms are submitted in order to ascertain that the result is the best possible outcome prior to sign-off.</p> <p>SMD commented regarding the assurance process and that approvals should be made with greater links to complaints management, litigation and other assurance processes. RG suggested that information regarding compensation should come to the Committee with an indication of how this links to any litigation procedures.</p> <p>GH confirmed to the Committee that any compensation payments made are in full and final settlement of the claims.</p> <p>SB informed the Committee that there had been no additional write-offs since the last Committee meeting. There continues to be a number of small amounts of debt that need to be considered and removed from the ledger, predominantly related to patients who have not paid for prescriptions or staff overpayments. SB agreed to bring a full list of receivables to the next meeting.</p> <p>SB distributed a list of the Trust's top 30 debtors and informed the meeting that processes are being tightened in order to reclaim outstanding monies.</p> <p>GH made a request that the Committee agree to writing off an overpayment of £1200 made to an employee who had been overpaid twice. GH explained the circumstances and requested that the employee not be penalised for this. The Committee agreed to the debt being written off.</p>	SB

11.	<p>BPPC and PO Usage</p> <p>The Deputy Director of Finance informed the Committee that 2014-15 invoice payments made within 30 days have improved compared to last year and show 96% by value and 93% by volume. This has been achieved by reducing the number of suppliers and ensuring correct coding of invoices.</p> <p>SB also informed the Committee that the use of POs had significantly increased since 2013-14 and there is a continuous push for greater use of POs. When systems have been changed, the PO system should create a much easier system and a cost effective process for buying from catalogue, online and through the use of preferred suppliers.</p> <p>RC commented that purchases need to be made within the framework to ensure value for money.</p> <p>The Committee RECEIVED the BPPC and PO Usage Report.</p>	
12.	<p>Annual Draft Accounts</p> <p>The Deputy Director of Finance distributed a Statement of Financial Position as at 31st March 2015 for information and requested that as the content is very much in draft, the document should be read within the meeting. RG informed the Committee that he and RC had attended an in-depth briefing to discuss the financial information with GH and SB in the week commencing 4th May 2015. The Committee agreed that as RG and RC had studied the information in detail, that there were no concerns and that the final position would be brought back to the Committee in a few weeks, there would be no further discussion until the next Committee meeting.</p> <p>The Committee APPROVED the Annual Draft Accounts.</p>	
13.	<p>Whistleblowing Report</p> <p>The Chair introduced this item for information and comment as the Director of HR (TR) was on annual leave. In the absence of the report being presented, the Chair asked if there were any comments that could be relayed back to TR. RG commended the level of detail but commented that it was not possible to identify the nature of the cases and how and when the cases were instigated. RG accepted that there were confidentiality issues but thought that there could be a summary prior to the detail. RC commented that confidentiality was the key and that this information could have been provided if TR had attended the meeting. There were no further comments on the report.</p> <p>The Committee APPROVED the Whistleblowing Report.</p>	

14.	<p>Annual Report 2014-15</p> <p>The Director of Finance presented this item due to the Head of Corporate Planning being unable to attend the meeting. Following a review yesterday (12th May), it had been confirmed that the Annual Governance Statement had been completed and sent to TDA. The finance sections were currently being completed and the information is not dissimilar to last year. RB is working with the Chair and the Chief Executive to complete their letters, with the operational section 60% complete. A draft will be completed by end of week commencing 18th May 2015.</p> <p>The Committee RECEIVED the verbal update on the Annual Report 2014-15.</p>	
15.	<p>Standing Orders</p> <p>The Director of Finance presented this item in the absence of the Director of Corporate Governance Public Affairs and reminded the Committee that they had previously viewed the Scheme of Delegation and Standing Financial Instructions. The main change is in Section 5B of the Standing Orders where there is a significant increase in the value of POs that can be approved by Directors and Operational Managers, the majority of which are recurrent contracts. RG queried the arrangement for capital expenditure and GH replied that capital expenditure will continue to be processed through GH and SB.</p> <p>GH informed the Committee that Directors will now need to sign off on non PO invoices and their involvement will help a gradual move away from non PO activity.</p> <p>RG asked whether decisions on charitable expenditure are the sole responsibility of the Charitable Funds Committee. GH informed the Committee that the Board charges the Charitable Funds Committee to discharge the Board's Trustee responsibility and has absolute decision making power on behalf of the Board.</p> <p>The Committee APPROVED the Standing Orders.</p>	
16.	<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.</p>	
	<p>Date of the next meeting</p> <p>It was agreed that the next meeting of the Committee will be an additional meeting to be held on Wednesday 3rd June, Boardroom – EJC between 10am and 11am.</p>	

Gloucestershire Care Services NHS Trust

Minutes of the Audit and Assurance Committee (additional meeting)	
Boardroom, EJC	
Wednesday 3 rd June 2015	
Committee Members present:	
Sue Mead (SMD)	Non-Executive Director (Chair)
Robert Graves (RG)	Non-Executive Director
Jan Marriott (JM)	Non-Executive Director
Glyn Howells (GH)	Director of Finance
In attendance:	
Stuart Bird (SB)	Deputy Director of Finance
Rod Brown (RB)	Head of Corporate Planning
Louise Simons (LS)	Assistant Board Secretary
Duncan Laird (LD)	External Audit, KPMG
Jon Brown (JB)	External Audit, KPMG
Minute Taker:	
Pamela Farrow (PF)	Senior Personal Assistant

Item	Minute	Action
1.	<p>Welcome and Apologies</p> <p>The Chair welcomed members, in particular Jan Marriott (JM) to her first Audit and Assurance Committee.</p> <p>Apologies were Received from Richard Cryer, Non-Executive Director Ian Dreelan, Non-Executive Director Jason Brown, Director of Corporate Governance and Public Affairs Lynn Pamment, Internal Audit, PwC Paul Dalton, Internal Audit, PwC Sallie Cheung, Counter Fraud</p>	
2.	<p>Confirmation that the meeting is quorate</p> <p>The meeting was confirmed as quorate by the Assistant Board Secretary.</p>	
4.	<p>Annual Report and Accounts</p> <p>The following points were noted:</p> <p>The Chair commended RB on the style of the report and</p>	

	<p>commented that this makes it much easier to read.</p> <p>Minor typographical amendments are to be made to the document but no material changes are required (RB).</p> <p>Section 4.1 Trust Board – information regarding Dr Mike Roberts' appointment to be added to list of Board Members (appointed during April 2015 whilst Annual Report and Accounts was being prepared).</p> <p>Section 4.2.4 Staff Appraisals – narrative related to action taken to be inserted with the graph on page 52 (GH).</p> <p>Section 5 Annual Governance Statement – GH informed the Committee that this had been forwarded to the TDA.</p> <p>Section 7.1.3 Statement of Changes in Taxpayers' Equity for the year ended 31 March 2015 – Revaluation reserves should be 1,893 and not 2,461. This will be corrected in the final version.</p> <p>The Chair directed the Committee to view KPMG's ISA 260 Audit Highlights Memorandum document, with DL highlighting the following main points regarding audit of the Trust's Annual Report and Accounts:</p> <p>The audit has been completed in line with the agreed plan but there had been a number of delays in receiving the accounts and supporting information, particularly regarding sending accounts to the NHS for consolidation by the deadline. However, DL informed the Committee that they are satisfied that the Trust has proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources and would be issuing an unqualified audit opinion on the Accounts today (3rd June 2015).</p> <p>Two recommendations have been made regarding the accounts production process and evidencing the review for non-Purchase Order Shared Business Services (SBS) journals but there is no need to report in the public interest.</p> <p>GH directed the Committee to Management's response to Recommendation 1 on Page 14 of the ISA 260 document, highlighting that the Trust has reviewed its Finance structure following the issues caused by a gap in the Financial Accounting team at year end when auditing work had started to increase. GH informed the Committee that the Trust is confident that the Head of Financial Accounting position will be permanently filled within 8 to 10 weeks and that the previous year's standard of operation will be resumed for 2015/16.</p> <p>SB informed the Committee that in addition, it was planned to ensure that the work required for audit did not fall into the period immediately following year end and tasks would be spread more evenly throughout the year.</p>	
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	<p>GH also directed the Committee to the graph on Page 12 of the ISA 260 document and commented that by reviewing its accounting treatment in a number of areas, the Trust had been able to achieve some one-off gains in order to mitigate the current deficit.</p> <p>Discussion regarding pension liability was undertaken with GH informing the Committee that the Trust was currently £730,000 underfunded for pension liabilities and although this had been taken into account within the accounting process, GH would have to discuss this with the Actuary. A discussion regarding this shortfall was undertaken. DL commented that the Actuary would look at the scheme as a whole and decide if there needs to be any adjustments to overall contribution rates and this will filter down to individual bodies. As the Actuary looks 40 years ahead, it is likely that there would be some small changes in assumptions but no requirement for GCS to make increased contributions.</p> <p>GH gained approval from the Committee to take advice from KPMG regarding risk and liability in regard to the £730,000 shortfall in pension funds and ascertain any potential impact on the Trust.</p> <p>DL informed the Committee that KPMG has responsibility for submission of the Annual Report and Accounts along with a number of related documents to the Department of Health once they are signed off by the appropriate GCS Directors. The deadline for submission is Friday 5th June 2015.</p> <p>The Chair stated that the Committee needed to assure itself that there were no potential issues that would prevent all documentation being submitted by the deadline. GH replied that there were no issues, however the Chief Executive was away from the office between 3rd and 5th June so email authorisation from him will be forwarded to GH who will then sign all documents as Deputy Chief Executive.</p> <p>The Annual Report and Accounts 2014-15 were APPROVED.</p>	GH
5.	<p>Legal Claims Technical Management Policy</p> <p>GH informed the Committee that the policies presented at Agenda Items 6 and 7 had been brought to the meeting as the CQC have requested to see the approved policies in advance of the CQC inspection.</p> <p>LS informed members that the policies were designed to support colleagues through any liability issues and that they are in line with NHS policy. Members agreed that neither policies were easy to read or user friendly and should be simplified. It was also agreed that there should be a distinct separation between 'policy' and 'procedure' which could be achieved by having a separate simple policy document and then perhaps a flowchart or more detailed guidance in the procedure.</p>	

	The Legal Claims Technical Management Policy was APPROVED on the condition that the policy is simplified and presented in a revised format at the 23 rd September Committee meeting.	JB/LS
6.	Coroner's Inquest Policy The Coroner's Inquest Policy was APPROVED on the condition that the policy is simplified and presented in a revised format at the 23 rd September Committee meeting.	JB/LS
	Any Other Business No other business was requested for discussion. The Chair thanked everyone for attending the meeting. The meeting was closed by the Chair.	
	Date and time of next meeting 23 September 2015, 10am – 12 pm The Boardroom, Edward Jenner Court	

Trust Board

Date: 15 July 2015

Agenda Item: Item 22

Agenda Ref: 57/0715

Author: Jason Brown, Director of Corporate Governance and Public Affairs

Presented by: Jason Brown, Director of Corporate Governance and Public Affairs

Sponsor: Paul Jennings, Chief Executive Officer

Subject: Register of Seals

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

Executive Summary:

The common seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements and other important documents. The attached Register of Seals provides a list of documents that have been fixed with the Trust seal and witnessed by the Director of Corporate Governance and Public Affairs.

Please note the attached register for your information.

Recommendations:

The Board is asked to:
Note the information.

Considerations: n/a
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: n/a
Does this paper link to any complaints, concerns or legal claims: n/a

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	
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Provide innovative community services that deliver health and social care together	
Work as a valued partner in local communities and across health and social care	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
Manage public resources wisely to ensure local services remain sustainable and accessible	P

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

Reviewed by (Sponsor): Paul Jennings, Chief Executive Officer

Date: 17 July 2015

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

N/A

Explanation of acronyms used:

N/A

Contributors to this paper include::

Jason Brown, Director of Corporate Governance and Public Affairs.

Register of Sealing

No. of Seal	Date of Sealing	Nature of Document	No. of Copies	First Signatory	Second Signatory	Attestation
001/14	19.02.14	Deed of Variation – Elective facility on part of Trust site at Cirencester Hospital [Care UK (AGW), Care UK (UKSH) and NHS Commissioning Board]	2 (1 in safe)	Glyn Howells Director of Finance	Paul Jennings Chief Executive	Board Secretary (BS)
002/14	16.04.14	Renewal lease for the car park at Back Lane, Winchcombe (Council for the Borough Tewkesbury)	1	Glyn Howells Director of Finance	Liz Fenton Director of Nursing & Quality	Board Secretary (BS)
003/14	21.04.14	Agreement for the sale of part of Tewkesbury Hospital	1	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
004/14	22.04.14	Collateral Warranty - Philips Electronics UK Limited and GCSNHS Trust and Seddon Construction Limited	3 (all at solicitors)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
005/14	22.04.14	Sub-Contractor's collateral warranty - Cladanco Limited and GCSNHS Trust and Seddon Construction Limited	3 – 1 signed copy in safe	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
006/14	22.07.14	Sub-Contractor's collateral warranty - Kone Plc and GCSNHS Trust and Seddon Construction Limited	3 – 1 signed copy in safe	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
007/14	22.07.14	Sub-Contractor's collateral	3 – 1 signed	Paul Jennings	Glyn Howells	Director of Corporate

		warranty - Morgans of Usk Limited and GCSNHS Trust and Seddon Construction Limited	copy in safe	Chief Executive Officer	Director of Finance	Governance & Public Affairs
008/14	22.07.14	Collateral Warranty - Clarkebond (UK) Limited and GCSNHS Trust and Seddon Construction Limited	3 – 1 signed copy in safe	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
009/14	22.07.14	Collateral Warranty - Heath Avery Architects Limited and GCSNHS Trust and Seddon Construction Limited	3 – 1 signed copy in safe	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
010/14	22.07.14	Collateral warranty - Capita Property and Infrastructure Limited and GCSNHS Trust and Joint Surgeries Group LLP	3 – 1 signed copy in safe	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
011/14	15.08.14	Deed of Novation of a Contract between Continuing Party, Outgoing Party and Incoming Party	5	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
012/14	02.10.14	Deed of Variation relating to George Moore Community Centre between GCC/Bourton on the Water Parish Council/GCS/Moore Health Centre	4 (with Mark Parsons)	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
013/14	02.10.14	Deed between GCC and GCS re transfer of land on 28 th March	2 (with Mark Parsons)	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
001/15	07.01.15	Lease for Car Park at Ermin Street, Brockworth,	2 (with Mark Parsons and	Glyn Howells Director of Finance	Jason Brown Director of Corporate	Director of Corporate Governance & Public

		Gloc, GL3 4HP	copy in safe)		Governance & Public Affairs	Affairs
002/15	09.01.15	Transfer of registered title – Park Lane, Malmesbury	Returned to Bev Samuels	Paul Jennings Chief Executive Officer	Glyn Howells Director of Finance	Director of Corporate Governance & Public Affairs
003/15	02.02.15	Renewal Lease of Back Lane, Winchcombe	Returned to Mark Parsons	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
004/15	02.02.15	Linmark Enterprises Ltd, Seddon Construction Ltd (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
005/15	02.02.15	Gloucester Street Forge Ltd, Seddon Construction Ltd (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
006/15	02.02.15	Van Elle Ltd, Seddon Construction (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
007/15	02.02.15	Contrasol Ltd, ER Hemmings Buildings Ltd (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
008/15	02.02.15	Fforest Timber Engineering Ltd, ER Hemmings Building Ltd (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
009/15	02.02.15	William Haley Engineering Ltd, Seddon Construction Ltd (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
010/15	02.02.15	Hodge Single Ply Roofing	3 (1 copy in	Glyn Howells	Jason Brown	Director of Corporate

		Ltd, Seddon Construction Ltd (collateral warranty)	Safe)	Director of Finance	Director of Corporate Governance & Public Affairs	Governance & Public Affairs
011/15	02.02.15	Heath Avery Architects Ltd, Seddon Construction Ltd (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
012/15	02.02.15	Axiom Building Services Ltd, ER Hemmings Building Ltd (collateral warranty)	3 (1 copy in Safe)	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
013/15	17.04.15	Bevan Brittan Kings Orchard Queen Street, Bristol Transfer Agreement in respect of land at Tewkesbury Hospital	Returned to Glyn Howells	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
014/15	06/05/15	Atlantic Data Ltd (not sealed – official doc)	Returned to Tina Ricketts	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
015/15	16/06/15	Council of the City of Gloucester Deed of Covenant, Southgate Moorings	1- In safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
016/15	31/05/15	Axiom Building Services and E R Hemmings Ltd (Collateral Warranty)	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
017/15	31/05/15	Contrasol Ltd and E R Hemmings Ltd (Collateral Warranty)	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
018/15	31/05/15	Fforest Timber Engineering and ER Hemmings (Collateral	1 -In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public	Director of Corporate Governance & Public Affairs

		Warranty)			Affairs	
019/15	31/05/15	Gloucester Street Forge and Seddon Construction Ltd (Sub contractors Collateral Warranty)	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
020/15	31/05/15	Heavy Avery Architects Ltd and Seddon Construction Ltd (Collateral Warranty)	1 -In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
021/15	31/05/15	Hodge Single Ply Ltd and Seddon Construction Ltd (Collateral Warranty)	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
022/15	31/05/15	Hodge Single Ply Ltd and Seddon Construction Ltd (Collateral Warranty)	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
023/15	31/05/15	Linmark Enterprises Ltd and Seddon Construction Ltd (Collateral Warranty)	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
024/15	31/05/15	Van Elle Ltd and Seddon Construction Ltd (Collateral Warranty)	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
025/15	31/05/15	William Haley Engineering and Seddon Construction Ltd	1- In Safe	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	Director of Corporate Governance & Public Affairs
026/15	15/07/15	Council of the City of Gloucester and Chaleworth Ltd (Southgate Moorings, Deed of Covenant))	With M Parsons in Estates	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	
027/15	15/07/15	Council of the City of Gloucester and	With M Parsons in Estates	Glyn Howells Director of Finance	Jason Brown Director of Corporate	

		Chaleworth Ltd (Southgate Moorings, Deed of Covenant))			Governance & Public Affairs	
028/15	15/07/15	Chaleworth Ltd (Southgate Moorings, Renewal of Lease by reference to an existing lease)	With M Parsons in Estates	Glyn Howells Director of Finance	Jason Brown Director of Corporate Governance & Public Affairs	