Gloucestershire Care Services NHS
NHS Trust

Agenda

Trust Public Board Meeting

Agenda

Date: Tuesday, 19 July 2016

Time: 11.00 hrs – 16.45 hrs

Venue: Roses Theatre
Sun Street, Tewkesbury, Gloucestershire, GL20 5NX

Item	Ref No.	Subject	Outcome	Presenter	Time
1	01/0616	Service User Story –	To receive		**11:00**
		LUNCH			**12:00**
STANDING ITEMS					
2	02/0616	Welcome and apologies	To receive	Chair	**12:30**
3	03/0616	Confirmation that the meeting is quorate	To note	Trust Secretary	
4	04/0616	Declaration of Interests	To receive	Chair	
5	05/0616	Minutes of the meeting 18 May 2016	To approve	Chair	
6	06/0616	Matters Arising Action Log	To note	Chair	
7	07/0616	Questions from the Public	To discuss	Chair	
8	08/0616	Chair's Report	To receive	Chair	**12.45**
9	09/0616	Chief Executive's Report	To receive	Deputy Chief Executive Officer	**13.15**
10	10/0616	Chief Operating Officer's Report	To receive	Chief Operating Officer	**13.45**
GOVERNANCE, QUALITY AND SAFETY					
11	11/0616	Board Assurance Framework	To discuss	Deputy Chief Executive Officer	**14.15**
12	12/0616	Quality and Performance Committee update (plus Committee minutes)	To discuss and note	Chair of Quality and Performance Committee	**14.25**
13	13/0616	Workforce and OD Committee update (plus Committee minutes)	To note and approve	Chair of Workforce and OD Committee	**14.40**
14	14/0616	Quality and Performance report – Month 2 Data	To receive	Director of Nursing, Chief Operating Officer	**14.55**

Item	Ref No.	Subject	Outcome	Presenter	Time
15	15/0616	Finance Committee update (plus Committee minutes)	To note	Chair of Finance Committee	**15.05**
16	16/0616	Finance Report – Month 2 Data	To note	Deputy Director of Finance	**15.10**
17	17/0616	Learning Disability Report	To receive	Director of Nursing	**15.20**
		COFFEE BREAK			**15.30**
CORPORATE					
18	18/06/16	Understanding You report	To note	Head of Planning, Compliance and Partnerships	**15.45**
19	19/0616	MIIUs Public Engagement Paper	To Approve	Chief Operating Officer	**16.10**
ASSURANCE AND INFORMATION					
20	20/0616	Audit and Assurance Committee update (plus Committee minutes)	To discuss and note	Chair of Audit and Assurance Committee	**16.30**
21	21/0616	Quality Account	To receive	Director of Nursing	**16.35**
22	22/0616	Annual Report and Accounts	To receive	Deputy Chief Executive Officer	**16.40**
23	23/0616	Forward Planner Review	To approve	Chair	
24	24/0616	Any other business	To note	Chair	

The next Public Trust Board Meeting will be held on

Tuesday, 20 September 2016
Stroud Subscription Rooms,
George Street
Stroud
Gloucester
GL5 1AE

AGENDA ITEM 2

WELCOME AND APOLOGIES

AGENDA ITEM 3

CONFIRMATION THAT THE MEETING IS QUORATE

AGENDA ITEM 4

DECLARATION OF INTEREST

BOARD OF DIRECTORS - DECLARATION OF INTEREST FORM
January 2016 – January 2017

Gloucestershire Care Services NHS
NHS Trust

Please declare the following relevant and material interests					
Directorships, including non executive directorships, held in private companies or public limited companies, (with the exception of those of dormant companies).	Ownership, part ownership of private companies, businesses or consultancies, likely or possibly seeking to do business with Gloucestershire Care Services NHS Trust, or likely to be considered a potential trading partner with Gloucestershire Care Services NHS Trust.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with Gloucestershire Care Services NHS Trust	Any connection with an organisation, entity, or company, considering entering into or having entered into, a financial arrangement with the Gloucestershire Care Services NHS Trust, including but not limited to, lenders or banks.	A position of authority in a charity or voluntary organisation in the field of health and social care services.	Any connection with a voluntary or other organisation, contracting for or commissioning NHS services.
• Director of Colouring In Consulting Ltd • Trustee of Extra Care Charitable Trust • Trustee and Chair of Welcome Wellbeing CIC • Non executive Director of the Gold Standards Framework (from 4th July 2016)	Not applicable	Not applicable	Not applicable	The last three roles in the first column are roles of this sort	The last three roles in the first column are roles of this sort

I declare that the information which I disclose in this Declaration of Interest Form is correct and complete. I undertake to update the information in this Declaration of Interest Form, in the event of any material change in these circumstances and in any event, at least annually.

Signature: ..... Date: 16/06/16

NAME (please print): **PAUL JENNINGS** TITLE (please print): **CHIEF EXECUTIVE**

Gloucestershire Care Services NHS
NHS Trust

Trust Board Minutes

Date: 18th May 2016

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Jennings	Chief Executive (Voting Member)
Robert Graves	Non-Executive Director, Vice-Chair (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Mead	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Glyn Howells	Director of Finance/Deputy Chief Executive (Voting Member)
Dr. Mike Roberts	Medical Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer
In attendance	
Louise Moss	Deputy Trust Secretary
Rod Brown	Head of Planning, Compliance and Partnerships
Secretariat	
Jenny Goode	Executive Assistant

Ref	Minute
01/0516	**Service User Story – Openhouse** Claire Mould, Chief Executive of Openhouse, thanked the Board for their invitation to attend the meeting. She explained that Openhouse enables young people and vulnerable individuals in the Stroud district and across Gloucestershire to discover their potential through building a community where they can live, relate, learn, work, get support and find their next step in life. This is achieved by providing housing, enhanced support, development and learning opportunities and links to volunteering and employment experiences. Through a strong community based model Openhouse provides each individual with a tailor made, flexible programme that directly meets their specific needs. Claire was accompanied by two users of Openhouse's services Joe and Natalie. Both young people stood up and presented their individual experiences which led to them arriving with Openhouse and explained the impact that Openhouse had made on their lives.
Chief Operating Officer and Jan Marriot	Non-Executive Director, Jan Marriott, and the Chief Operating Officer agreed to arrange a meeting with Claire Mould to discuss the wide range of services that the Trust provides to see where we can be of assistance. The Vice-Chair, on behalf of Trust Board, thanked the team from Openhouse for their very interesting and moving presentations, and noted that Joe and Natalie should be immensely proud of themselves for having the courage to stand up and talk about their individual situations.

Understanding You

02/0516	**Welcome and Apologies** The Vice-Chair, Rob Graves, welcomed colleagues and explained that he would be chairing today's meeting on behalf of the Chair, Ingrid Barker, who whilst attending the meeting was not chairing it due to personal circumstances. Apologies for absence had been received from Joanna Scott and Tina Ricketts.
03/0516	**Confirmation the Meeting is Quorate** The Vice-Chair **confirmed** that the meeting was quorate.
04/0516	**Declarations of Interest** Members were asked to provide relevant updates to their previous declarations of interest where appropriate. None were declared.
08/0516	**The Vice-Chair then agreed to discuss agenda item 8 – Minor Injuries and Illness Units (MIIUs) proposal – to accommodate the Medical Director's other commitments.**
	The Chief Operating Officer presented her report she explained that she, together with the Chair and Chief Executive had attended the County Council's Health Care Overview and Scrutiny Committee (HCOSC) the previous day (Tuesday 17th May) to inform them of the Trust's intentions in relation to the Minor Injuries and Illness Units (MIIUS). HCOSC were in broad agreement with proposals put forward and had provided the Trust with some helpful guidance. With respect to the MIIUs, the Chief Executive queried how many people would it be reasonable to expect a nurse to see per hour. The Director of Nursing responded by explaining the average consultation should be approximately 30 minutes for minor injury and 15 minutes for minor illness assessment and treatment. The Medical Director commented that as the mix of patients seen moved from minor injuries to minor illnesses then this average time would reduce to something more like the primary care emergency nurse practitioners who see between 8-10 patients per hour. Jan Marriott raised a query in relation to the staffing model and the Funded WTE Establishment (shown on page 3 of the report). She asked if this is an updated establishment with the additional qualified posts and with HCA posts removed. In response the Chief Operating Officer said this includes both qualified and non-qualified staff as there is an ongoing role for some of the HCAs. The Chief Operating Officer said that she has asked for more information in order to have a clear picture of what the staffing model is now, what the proposed model is and what the capacity is – so that there is clarity about the rationale for any change. The Director of Nursing commented that HCAs may still be part of this model with the potential of working in a specialist capacity i.e. plastering. Nicola Strother Smith asked if the Board members can be assured and confident that HCAs are not triaging. The Chief Operating Officer stated that this was message was continually reinforced in all MIIUs. Rob Graves stated that in relation to the Value for Money issue, the report refers to the financial implications and getting the operating model back to budget. His view is that the public will be interested to know how much more it costs to see each patient at night compared to during the day.

	Sue Mead raised that there is an increased focus on having a whole system approach and asked that the Trust seek the views of its partners about any potential changes. She said that the logic of having MIIU facilities available during working hours seems to her to be an important component in keeping people away from Emergency departments and maintaining a future proofing approach. The Chief Operating Officer responded that the Trust is an active participant in the system wide review of urgent care provision but that the changes to MIIU operating hours could not wait until this review was completed. Richard Cryer commented that he was still struggling to understand why our starting point is with 3 different sets of operating hours and asked what the rationale was for this? In response the Medical Director commented that historically MIIUs were formed some years ago and the bigger units mirrored primary care centres, although this is not the case with Tewkesbury and the Vale (new hospitals). He also echoed Sue Mead's comment and said that discussion ought to be around standardising opening hours. The Chief Operating Officer referred Board members to page 5 of the report which outlines proposals for discussions that might frame our conversations with key stakeholders in relation to the opening hours. She said that there is a need to do a patient audit for people arriving between 8pm and 11pm to understand the impact of this group of patients. Rob Graves noted that the commentary and observations are currently all about making a change, but suggested that when the time comes for the public engagement that it is turned around – to include: - Principles about sensible standardisation - How the Trust makes best use of the staffing that is funded? - What the unit costs would be at different times of the day based on historical usage levels? The Director of Nursing commented that at the first urgent care workshop Commissioners were clear that any changes would be based on demand and a locality focus and that any additional funding would be limited. The Director of Finance added that the Trust should put in writing to the GCCG that, in order to keep the MIIUs open for the current opening hours and to be CQC compliant with respect to staffing, would produce a cost pressure of an extra £600k and clarify about whether the GCCG wishes to fund this. Following a detailed debate, the Board gave **approval** for: a) discussions to commence with key stakeholders around the opening hours of MIIUs to determine which options ensure the delivery of high quality, safe and sustainable services, and b) following the development of the options, a recommendation is made to proceed with an engagement exercise with the public around the change to the operational model ensuring that the GCCG is involved at all stages. c) Formally write to the GCCG.
05/0516	**Agenda item 5 - Minutes of the Meeting Held on 22nd March 2016** The Vice-Chair asked the Board to review the minutes from the previous meeting.

	10/0316 – Chief Executive's Report **Auditor Panel** – Richard Cryer asked that the minute be amended to read "The Director of Finance explained that with the **withdrawal of the Audit Commission and the Public Sector Auditor Appointments Ltd from selecting NHS Trust auditors**, the Trust has to appoint an Auditor Panel from next year. Richard Cryer subsequently proposed that the Trust's Audit and Assurance Committee are appointed to act as the Audit Panel and this was seconded by Rob Graves." **LiA** – Nicola Strother Smith asked for an amendment to the minute to read "Nicola Strother Smith commented that it was very good to see LiA progressing so well and recognised how important it is to improving our culture. She asked if Executives are confident that **all** colleagues are feeling able to engage with the programme." 1**9/0316 – Complaints Policy, Duty of Candour and PHSO Process**: - Jan Marriott pointed out that the issue she was making was that if someone is not able to read, then a leaflet would be of little use. It would be better if the complaints leaflet was produced in a very simple easy to read version which would suit most people. - The Director of Finance asked that the last sentence is amended to read "The Director of Nursing agreed to progress this and **this will include a review by** the Readers Panel." **23/0316 – Audit and Assurance update** – Richard Cryer asked that first paragraph be amended to read "He informed the Board that as required under Terms of Reference, the Committee had met with external advisors without executive management being present and that **neither** the internal and external auditors had any adverse comments." **24/0316 – Register of Declaration of Interests** – Jan Marriott clarified that she is **Vice-Chair** of the Community Hospitals Association. **25/0316 – Any Other Business** Connor Sparrowhawk's mother's visit. Jan Marriott asked that last sentence is amended to read "His mother is visiting the county to talk about her experiences – this is part of our refresh into where we are **supporting** individuals with challenging behaviour."
06/0516 **Head of Planning, Compliance and Partnerships**	**Agenda item 6 - Matters Arising (Action Log)** 1**8/0915 – Learning Disabilities Report** – the Director of Nursing asked that this item is deferred to September from July. However, the Chair commented that whilst she understands this has been discussed at Quality and Performance Committee, the report to Trust Board has been deferred several times and as this is one of the Trust's priorities in the Quality Account, she asked that this item remain on the forward plan for discussion at the July Trust Board. **05/0316 – Service User Story – GOPA** – Jan Marriott commented that she felt the Board should demonstrate the Trust has considered appropriately the issues raised in the report that are relevant to us. The Board requested that the Head of Planning, Compliance and Partnerships analyses the report picking out the main actions, and then responds to GOPA on behalf of the Trust. **12/0316 – Board Assurance Framework** – the Chief Operating Officer pointed out that the Community Services Commissioning Plan Programme Board has not yet met and that she will raise this point when it next meets.

	18/0316 – Strategy Update – the Director of Finance explained that the Task and Finish Sub-Group has not yet been set up. Completion date now July 2016. **19/0316 – Complaints Policy** – closed **B006/16 – Membership Strategy** – the Chair commented that the log states that this has now been taken over by the Sustainability and Transformation Plan, but she said that the Trust Board had undertaken to review the engagement strategy. In the Chair's view this should come back to Trust Board with some proposals. The Vice-Chair commented that there were two separate issues being discussed: a) the membership strategy which was very specific and is now closed, and b) a different action around engagement. The Chief Executive commented that NHSI is informing the Trust that the Foundation Trust pipeline is effectively closed however. However, some Trusts who are close to Foundation Trust authorisation are still completing their authorisation process. The Chief Executive also commented that he believes that the CQC is intending to do a re-inspection of the Trust in the Autumn 2016 and getting "good" at this re-inspection would be a condition of any ongoing authorisation for Foundation Trust status. The Board subsequently **agreed** that there is a need to keep the organisational status under review and this is to be added as a new item onto the action log with a due date for Autumn 2016.
Deputy Trust Secretary	
07/0516	**Agenda item 7 - Questions from the Public** No questions had been received.
09/0516	**Chair's Report** The Chair took the report as read, but in particular asked that the Board note: The Chair has recently undertaken some voluntary work with two areas of the Trust; the Homeless Healthcare Centre and Tewkesbury Community Hospital. She explained that she thoroughly enjoyed viewing Trust services from a different perspective and had been made to feel very welcome in both areas. She intends to continue volunteering across a range of Trust Services. As noted above, the Chair, along with the Chief Executive and the Chief Operating Officer, had all attended Gloucestershire County Council's Health Overview and Scrutiny Committee on Tuesday 17th May. She highlighted the following items: - Minor Injuries and Illness Units (MIIUs) – the transparency being demonstrated by the Trust on this challenging issue was given a positive reception by HCOSC. The Committee is very keen that the Trust considers the value for money element of this alongside patient safety. They were broadly in agreement with the proposals put forward and had given the Trust some helpful guidance on the process. The Chair had attended the Allied Health Professionals Celebration Event – this was an excellent event and the Chair congratulated everyone that had been involved in organising it. The Director of Nursing also commented on how successful the event had been and that it had been over-subscribed. Nicola Strother Smith, who had also attended, echoed all the comments made about an excellent event and said she was very pleased to see some administrative staff in attendance.

	The Vice-Chair asked if this would be repeated due to its success. The Director of Nursing said that it has now been agreed by Workforce and Organisational Development Committee that the Trust will support continuing professional development (CPD) for 4 x half-days training for all staff. The Chair informed the Board that the Non-Executive Director recruitment process is now under way for two NEDs (1 full, 1 designate) and interviews will be held on Monday 20th June. The Chair commented that NHS Improvement had agreed that the services of a recruitment agency, Gatenby Sanderson, could be used for this process and that she will keep Board colleagues informed of progress. The Board **NOTED** the Chair's Report.
10/0516	**Chief Executive's Report** The Chief Executive presented his report and summarised key national and local issues and developments. In particular he commented on the following: **Staff Awards** – the Chief Executive was very pleased to see that there had been 257 nominations received this year, and of those 163 were in categories representing the Trust's CORE values. Ceremonies will be held at three locations across the County on Wednesday 25th May with 46 colleagues shortlisted in 12 categories. **Listening into Action (LiA) Accreditation** – the Chief Executive confirmed that the Trust has been invited to apply for LiA accreditation and is in the process of doing this. **Karen Middleton**, Chief Executive at the Chartered Society of Physiotherapy, had recently visited the Trust and she had provided extremely positive feedback on many aspects of our services. **Retirement of Frank Harsent**, Chief Executive, Gloucestershire Hospitals NHS Foundation Trust – the Chief Executive was unfortunately not able to attend the recent retirement event held for Dr Harsent, but wanted to place on record his gratitude for Dr Harsent's 8 years' service in Gloucestershire. The new Chief Executive, Deborah Lee, takes up the post on Monday 13th June and the Trust looks forward to working with her. In connection with this, Richard Cryer asked if the Trust would be designing an induction programme for her, in response the Chief Executive confirmed that he will be discussing with her what she would like and how the Trust can help her get an understanding of what GCS offers across the County. **Sustainability and Transformation Plan** – the Chief Executive emphasised the commitment and engagement, and the amount of energy that colleagues in the Trust are putting in to make the 30,000 model work and asked the Board to note that we would shortly be moving towards implementation in Stroud and Berkeley Vale locality. **Staff Friends and Family Test** – the Chief Executive asked the Board to note that, as the Trust has not been seeing an improvement in this area over the last 2 years, a decision was made to try to target specific areas of the Trust to identify "hotspots". The first of these was sampled in Q4 where only teams based in EJC were surveyed. The Chief Executive was extremely disappointed at the very low result for the Q4 2015/16: "37% recommend working for the Trust". It was noted that this was focused on colleagues based in the Trust's headquarters and was undertaken during a phase of organisational change and restructuring, which is likely to be a contributory factor for the low figure; however, further

	analysis and remedial actions are required. Sue Mead expressed her surprise and concern at the results, and whilst she understood that they survey was carried out at a time of upheaval and uncertainty for staff, the results were very disappointing. The Chief Executive explained that the Trust's Ambassador for Cultural Change with the Director of HR will be running some Big Conversation events at EJC in order to try and utilise some of the LiA techniques in understanding the causes of the low scores and empower colleagues to help identify and implement solutions. Nicola Strother Smith also expressed her surprise and explained that she has had discussions with the Director of HR about this. She is proposing that Edward Jenner Court is included in the quality visits undertaken by the Non-Executive Directors, and that this will include talking to various teams including HR, Finance, IT, etc. The Chief Operating Officer further commented that there are a great deal of negative comments about working for the NHS in general. She suggested that perhaps a supplementary question should be asked about "what you would do to make the Trust a place you would recommend to work at?" The Chair added that she had read all the comments, which did include working for the NHS generally which could apply anywhere, but she also highlighted comments that were made in particular about the restructuring process and the lack of communication around this. She raised further concern about the overall response rate of 27% and suggested that a focus group is set up to investigate this issue, and accepts that the LiA approach will also help. The NEDs too have a responsibility with their "independent ears" and quality visits around EJC should be scheduled. Following a suggestion by Jan Marriott about holding Chair and Chief Executive meetings with staff, the Chair commented that these had been run very successfully in the past (prior to Jan Marriott becoming a NED for the Trust), and recommended that they were restarted. Richard Cryer raised a point about the overall response rate in general, with the absolute best at 50% and queried why there is such a small number of people responding, which he finds very disappointing. The Chief Executive commented that this may be because of the number of surveys undertaken over a year –potentially around 7. Following this debate, the Board **agreed**: a) The Director of HR is to carry out some further work, using the LiA approach, to understand what the issues are. The results of this are then to be considered at a future Workforce & Organisational Development Committee. b) NEDs to undertake quality visits at Edward Jenner Court **Media coverage and communications** – the "services in 60 seconds" videos being shared on the Trust's You Tube channel are being received well as more people become aware of them. Richard Cryer commented that he thought they were a very useful, easy to access summary of services which he commended. The Board **NOTED** the Chief Executive's Report.
Director of HR **All Non-Executive Directors**	

11/0516	**Agenda item 11 - Chief Operating Officer's Report** The Chief Operating Officer presented her report which outlined key local issues and developments. In particular she highlighted the following: **System wide operational resilience** - the urgent care system was in black performance last week and as a result there has been an increased demand for the community hospital beds. A proposal for de-escalation of the Trust's additional beds has been submitted**.** There will be a further discussion at next week's system resilience group as there needs to be a system wide decision about de-escalating additional beds across the county, noting that the Acute Trust has some concerns about this. **Partner engagement work -** particularly around primary care continues to gain momentum. **CIPs** – the programme for 2016/17 is taking shape and will continue to be monitored by the Finance Committee. **Allied Health Professionals Celebration Event** - the Chief Operating Officer echoed the comments made by both the Chair and the Chief Executive about the enthusiasm for the event, but she also wanted to highlight the excellent speakers, in particular the parent of a son who was born with Trisomy 21 (Down's syndrome) who spoke about the services she had received for her son. **Deputy Chief Operating Officer** – Sian Thomas has been appointed and will take up post on Monday 20th June 2016 The Board **NOTED** the Chief Operating Officer's report.
12/0516	**Agenda item 12 – Board Assurance Framework** The Director of Finance presented this item and took it as read. He explained that following the Board Development Session held on 12th April, the strategic risks identified have been reviewed and consolidated down to those presented today. From the Corporate Risk Register, anything that scored above 12 on any dimension but also those that scored above 8 relating to safety has been aligned to the identified strategic risks. This reflects the discussions around risk appetite that had taken place at the Board Development day. Richard Cryer queried risk 007 – lack of up to date service specifications which limits the Trust's ability to effectively plan and deliver to plan – where the Initial figure of 16 is higher than the March 2016 score. The Director of Finance explained that this is not an error, the initial rating had been made as at the beginning of March 2016, by the time the Trust had got to the end of March, significant work had taken place in terms of getting Service Specifications agreed along with a trajectory for agreeing the remainder within the first quarter of 2016/17 which is reducing the likelihood of this causing an issue for the Trust. Richard Cryer queried risk 008 and 009, with particular reference to risk 009 *(inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice*) bearing in mind the debate that took place earlier in the meeting relating to the poor FFT result. He queried whether the issues had been adequately recognised in this risk, which was showing as amber, but commented whether it should be red. The Director of Finance said this is for debate. The Chief Executive commented that the low percentage figure came from EJC staff, noting that here is a lot of good work going on with various conferences and LiA teams in terms of the whole of the organisation and in his opinion the risk was rated appropriately.

Chief Operating Officer and Director of Nursing **Head of Planning, Compliance and Partnerships**	The Chief Operating Officer raised a concern in relation to the comment about the lack of nursing and leadership in that she feels this has not been summarised correctly on the risk register. The Trust is likely to be fully staffed in community nursing teams in July 2016. She felt that there are some changes happening that are positive but accepted that there are pockets of issues that need to be resolved. The Director of Nursing echoed these comments. The Chief Operating Officer and Director of Nursing **agreed** to provide proposed rewording to the Head of Planning, Compliance and Partnerships. Sue Mead stated that she was very pleased to see that issues around record keeping and clinical audit have been reflected in the BAF and this is something that Quality and Performance Committee has agreed to monitor. She said that she was not sure whether the underlying issue is one of lack of policy, adherence to policy or understanding of new systems. In response the Director of Finance commented that the SystmOne has not worsened clinical recording, but if anything has shone a light on practice that always happened but on paper rather than on an electronic system. He said that he believed that the big issue the Trust has is with compliance with agreed processes regarding recording of clinical interactions and non-adherence to agreed ways of working. Sue Mead stated that she could not stress the importance of recording keeping enough and that she is pleased that the Trust is getting to grips with as it is so critical to providing quality care. Rob Graves pointed out that the BAF records future actions and asked if it would be possible to find a way of showing those which get completed and those which do not. The Director of Finance agreed to look into how this may be possible. The Director of Finance commented that he had shared the BAF document with the GCCG at a recent meeting which had provoked interesting debate. The GCCG commented that the Trust were the only provider that makes this available and they will be going to the other providers to ask them to do the same as it helps raise awareness of risks across the system. Richard Cryer commented that the format the document is now presented in is the best he has seen, is very useful and a great improvement on previous versions. The Board **discussed** and **debated** the report. The Head of Planning, Compliance and Partnerships is to be asked to see how closure of recorded actions can be tracked. The Head of Planning, Compliance and Partnerships was also again commended on the refinement to the document which makes it much more usable.
13/0516 **Chair**	**Agenda item 13 – Quality and Performance Committee update** Sue Mead, Chair of the Quality and Performance Committee, took the report as read, and highlighted the following points: **Annual infection prevention and control report 2015-16** – Sue Mead noted that the Trust had a really good outcome for this year, particularly in the context of very high bed occupancy. She commented that the whole issue of infection control in the Trust is very ably led by an individual who has respect and credibility and where there is a really good balance between support and challenge in the way the work is done. Board unanimously agreed that the Chair should write to Sam Lonnen with a well-deserved thank you. **Annual Committee Statement** – noted by Trust Board.

	Relationship Management with GHNHSFT – Sue Mead raised the increasing importance of whole health system working and recognises that a lot of effort has been spent in terms of taking this forward in a strategic sense, but she believes that there is also a lot more that can be done in terms of working as a whole system around things to do with quality. Late transfers between the Acute and Community hospitals referred to in the report are a point of concern and that a review of the 34 in March was underway. She acknowledged there are some temporary difficulties in terms of contractual issues with the Acute Trust, but in that context she wondered whether the Trust could try to develop a forum to discuss patients and quality care matters possibly assisted by the GCCG. Just as the Trust engages in the system wide strategic forum, she believes that having a quality forum where some of these issues could be debated and discussed would be very useful. The Chief Operating Officer responded to this and confirmed that a lot of the late transfers were noted at the Systems Resilience Group chaired by the GCCG. The Chair commented that when the new Chief Executive of GHNHSFT takes up post, she would like to explore restarting the Board to Board meetings with them where issues such as those identified by Sue Mead could be discussed. The Director of Nursing commented that she has arranged a meeting with their Director of Quality in early June to discuss shared safe reporting and share incidents, SIRIs, outcomes, etc. The Vice-Chair recommended that the Chief Executive raises these issues with Deborah Lee when she takes up post. The Board **noted** the report, **received** the minutes of the previous meeting and were **assured** of the reported position and actions taken.
14/0516	**Agenda item 14 – Workforce and Organisational Development Committee update** Nicola Strother Smith, Chair of the Workforce and Organisational Development Committee, took the report as read, but highlighted the following points: **Staff survey results –** there are some very positive areas, but there are some issues relating to capacity levels and resource. The workforce plan shows a net reduction of 41.5 WTE by the end of March 2017. There is a need for Quality and Equality Impact Assessments (QEIA) to be approved supported by communications once detailed plans are completed. **Closure of the training records issues noted by CQC** – there is a small working group set up to finalise remaining items. The Chief Operating Officer (on behalf of the Director of HR) confirmed that the central report on mandatory training has been completed and sent out to operational teams to validate. Work is ongoing to simplify tracking and reporting of all training. In relation to table 3 (page 6) Richard Cryer asked for clarification on what the negative vacancies are and why they are expressed to 2 decimal places. The Chief Operating Officer explained that it relates to whole time equivalents (WTE). The Director of Finance went on to say that because the majority of people who work for the Trust are employed on a part-time basis, the Trust need to report on WTE alongside headcount. Rob Graves queried how county-wide services are managing to be so successful in filling vacancies? The Director of Nursing confirmed that it was because there is a higher mix of specialist roles which are at a higher banding and so more attractive for colleagues. Jan

	Marriot confirmed that the premium paid is in recognition of clinical specialism. The Chief Operating Officer commented that the recruitment campaign for MSKCAT staff has been very successful following a year where the Trust had struggled to fill vacancies in the service. In answer to a question about what was done differently, she said that the right audience had been targeted, i.e. universities. Also, the Trust's Professional Head of Physiotherapy is very active on Twitter and other social media sites and this helped in encouraging people to want to come and work for the Trust. The Board **noted** the Workforce and Organisational Development Committee update and **received** the approved minutes of the previous meeting.
15/0516	**Agenda item 15 – Quality and Performance Report** The Director of Nursing presented the report to the Board and took it as read. She commented that the data in the report had been reviewed by Quality and Performance Committee in March, but highlighted the following points: MSKCAT service continues to achieve its referral to treat target (RTT) and has now done so for the last 5 months. The Trust still has some risks in terms of the referral to treat for occupational health; we are achieving 90% in March against a 95% target. The full year performance is 87%. Feedback through NHS Choices - whilst the numbers are still low, 70% of those received are very complimentary about the Trust's operational teams. Reablement is still a risk in terms of performance targets. However quality care by the service remains high. The other service that was in red this time last year was Rapid Response. However, the service achieved the targets in March which was very encouraging. Revised targets will be agreed as part of the contracting round. Average length of stay in the Trust's community hospitals has risen again and it is now 22.2 days reflecting the greater acuity of patients and higher proportion coming to the community hospitals as part of a pathway from GHNHSFT. From a quality perspective the bed occupancy remains a considerable risk at 99.4% in March and the Director of Nursing has asked for a review of patient transfers between 11pm and 6am. It peaked at 34 in March. There is positive news on incident reporting's in that the numbers reported have increased. The Trust remains mindful and continues to monitor the rising number of low harms particularly around falls in association with the high level of bed occupancy. There have been no SIRIs. Pressure ulcers are still a high area in terms of harm and safety thermometer. C. difficile – the Trust is well under our threshold this year with a total of 9 cases which is excellent considering the high bed occupancy rates. The Trust's threshold for 2016-17 is 18. Medication incidents – this is a stabilising picture and there is a detailed work stream around this.

	Jan Marriott commented that she has just spent 3 days at the Annual Community Hospitals Conference at which the Trust figured very highly, with some excellent presentations and staff awards. One of the things mentioned was the benchmarking plus all the research that is going on and it made her think more about the occupancy and how this may be impacting on our length of stay. It has a detrimental effect on rehabilitation. Richard Cryer commented on patients who are transferred to community hospitals between 11pm and 6am and how confusing it must be for them. He asked what control the Trust has over this. In response the Director of Nursing referred to the in-depth review that she has requested in relation to the 34 patients, which she feels will highlight a number of key questions, i.e. did colleagues raise an incident report in relation to patients arriving after 11pm, was it a transport issue, when was their transport arranged and which route did they take. The Chair also commented that Healthwatch is reviewing service provided by Arriva patient transport services. The Chief Operating Officer said that in respect of falls within an inpatient setting, it looks as though the Trust have done a really good job in improving the position with patients in single occupancy rooms over the last 2 years. The Trust now needs to make sure that this learning is shared across all hospitals. The Director of Nursing agreed. Rob Graves commented on the summary table showing a number of local targets that are not being met. The Director of Finance commented that many of the targets are around new services being developed (e.g. rapid response and integrated discharge teams) and it shows the Trust signing up to aspirational targets. Rob Graves asked if, when the Trust moves into the new year, it will have a more realistic set of targets. The Director of Finance said they are still slightly aspirational based on current levels of service being achieved as the system needs to get value for money out of the service. Finally, the Chair commented that the Board had again seen the same data as at the Quality and Performance Committee. The Director of Finance pointed out that because the Quality and Performance Committee meeting had been rescheduled 2 weeks later than usual. The Chair asked that a check is made of Committee meeting dates to ensure that performance data for each month is being scrutinised.
Deputy Trust Secretary	The Chief Operating Officer requested that the month the data refers to is included in the subject heading for Committees and Board so there is clarity for Board and Committee members. The Board **noted** the report, **received** the minutes of the previous meeting and were **assured** of the reported position and actions taken.
16/0516	**Agenda item 16 – Finance Committee update** Rob Graves as Chair of the Finance Committee took the report as read, but highlighted the following points: **Pharmacy services to GCS –** The Committee had received a presentation from the Head of Medicines Management. Whilst there has been some good work in transferring the service to Lloyds Pharmacy, standardising the service model across community hospitals and generating savings in the cost of delivery of the service, there remained some work to be done in ensuring that some specialist services (e.g. Sexual Health) had their concerns addressed and that the savings in respect to cost of drugs were reviewed to ensure that the savings identified the decision to move the service was made are achieved. The Head of

	Medicines Management was asked to report back to the Committee in December. The Committee also discussed procurement and the need to improve the levels of spend going through purchase orders rather than through non-purchase order invoices which really limits the amount of information about the spend. The Director of Finance agreed with this and said that the first meeting of the corporate systems group has now happened and the Trust are moving to identify the software solution that will replace the existing service. The Chair asked a question in connection with agency spend as it is notable that the financial ceiling of £2.37m that the Trust have been given is significantly lower than last year's spend. She asked how confident are the Trust about keeping to that ceiling? In response, the Director of Nursing said it will be challenging and that it now includes medical staffing. Good systems are in place for scrutiny and challenge within the community hospitals. Last month the agency spend in community hospitals was £70,000 which is significantly lower than previous months. She also noted the challenge in getting this same level of controls across all services of the Trust which will be helped by completion of the rollout of eRostering. The Chair commented that the Sustainability and Transformation funding from NHS Improvement depends on this. In response the Director of Nursing stated that she is looking at medical staffing and clarifying NHS Improvement definitions as to whether they should be classed as agency or contractors. The Director of Finance said the Trust is also looking at some of the paediatric complex care cases where the service is a heavy user of agency as the workload varies enormously and where the Trust are reimbursed on the cost incurred. Richard Cryer queried what will happen with the £200k per month ceiling, if after 3 months the Trust finds that they are well over £600k. The Director of Finance commented that we have to find a way of operationally managing this. The Board **noted** the report and **received** the approved the minutes of the Committee held on 22nd February 2016.
17/0516	**Agenda item 17 – Finance Report** The Director of Finance took the report as read, but highlighted the following points: With respect to 2015/16 as reported at the last Board meeting the Trust are on track to deliver the £2.5m surplus in line with the agreed plan plus capital to revenue transfers. The Trust achieved its planned year end cash balance and the only risk to the outturn is the binding mediation that the Trust have entered into between ourselves and GHNHSFT. In terms of 2016/17, planned surplus is £1.1m including STP funding of £400k, capital spend has been agreed at £5m and the Trust's required £4m of CIP. The Chief Operating Officer and Director of Finance have held two meetings with budget holders to take them through CIP and how the Trust addresses it through Listening into Action working groups. These meetings were also used as an opportunity to give colleagues a refresher on the major areas of the Standing Financial Instructions (SFIs) that relate to them and also to sign-off their budgets. A CIP Steering Group is meeting where executive owners work through their projects and report on progress. This in turn reports to the Finance Committee. Milestones have been agreed for CQUIN and all of QIPP except for one scheme which is expected to be resolved by the end of May 2016. NHS Improvement has confirmed that our original plan was green and that this is still green overall. The Director of Finance said Gloucestershire Care Services is one of the few trusts

	that submitted a green plan. Richard Cryer asked if the outcome of the GHNHSFT mediation could have an impact on our planned assumptions for 2016/17. The Director of Finance responded that the two Trusts are discussing and agreeing recharges for 2016/17 and that the two years are related but independent and so one outcome for 2015/16 would not necessarily impact 2016/17. The Chair congratulated the Director of Finance and his team on the excellent financial outcome and also on the rating of green on the annual plan submission. The Board **noted** the financial position and actions being taken to mitigate the remaining risks.
18/0516	**18 – CQC Quality Improvement Plan – update** The Director of Nursing presented her report and took it as read. She highlighted the following points: Progress to date is good and plans are being well managed to deliver the required improvements. There are two areas that will not be achieved by the end of July, both of which require systems development that will not be completed by July 2016. These are: - Issue 070 - the Trust must improve the systems that allow people to phone and make an appointment with the sexual health service. This is dependent upon a new sexual health system being implemented which is currently scheduled for September 2016. - Issue 083 – all premises, equipment and treatment areas must be properly maintained, checked and cleaned: moreover, these checks must be comprehensively recorded. Closure of this action is dependent upon the embedding of the Atrium estates monitoring system which is expected to complete in July 2016. The End of Life strategy has now been approved by the GCCG and published. The Trust has undertaken a gap analysis with the Trust's own End of Life Programme against the strategy. Partnership working is another must do and the Director of Nursing believes that this can be picked up as part of the Sustainability and Transformation Plan. As completion of the QIP starts to get closer the next focus for the Trust will be sustaining the quality agenda within the Trust so moving away from it being a CQC "project" to business as usual. The Trust has undertaken an extensive level of audits and peer reviews across all services to ensure that changes have become embedded and that the Trust is in the testing phase of compliance. This was done in MIIUs and will be revisited in June/July and that the Professional Head of Community Nurses has commenced the peer review process within community nursing. It is the outcome of these testing mechanisms that the Director of Nursing will bring to the Trust Board in July. The Director of Nursing has also sourced external expertise to undertake an internal CQC style inspection in June or July so that the Trust can get the whole assurance of compliance against the QIP. The Trust is anticipating a re-inspection from the CQC possibly during the Autumn.

	Jan Marriott asked a question in relation to the "must do" action on the resuscitation equipment maintenance. The Director of Nursing confirmed that that new "grab bags" have been provided as well as improving the recording of maintenance and cleaning. The Chief Executive commented that the CQC is very clear in that it will only do the re-inspection once we have clearly signed off the QIP. Rob Graves asked the Director of Nursing if there were any plans to involve the Non-Executive Directors in the testing phase. She responded by saying that outcomes from quality visits are always reviewed for opportunities to learn but if any NEDs wished to be part of the testing phase or peer review to let her know. Sue Mead commented that the work that has been undertaken over the last few weeks is extremely helpful. She was pleased to hear that external input has been sourced, but asked what level of confidence can we have in the peer reviews? The Director of Nursing said that she can clarify this with the Trust's CQC representative and will explore this further with them. The Chief Executive said that the Trust needs to be absolutely clear that the CQC are going to come back and look at what they said they were going to look at, if the CQC identified it needed changing, their review will be of the change we have made and how well it is being adhered to. Richard Cryer asked that following the previous meeting where the Chief Executive had said there was a risk of getting an enforcement notice, had matters been dealt with to close that risk? The Director of Nursing confirmed that many actions had now taken place to ensure that this would not happen including the Trust recruiting additional Nurses for MIIUs and closing overnight where the Trust were not able to staff appropriately. The Director of Finance queried reference to "record management" on page 4 of the report and asked whether this was not "record keeping". The Director of Nursing confirmed that it was "record keeping". She further stated that a recent audit had been carried out within the MIIUs on record keeping and this had shown a marked improvement. Sue Mead asked if record keeping was sufficiently defined in the Plan and the Director of Nursing confirmed that she believed that it was. Following discussion, the Board **noted** the progress and risks identified within the QIP.
19/0516	**Agenda item 19 – Demand and Capacity report** The Chief Operating Officer presented her report and took it as read. She explained that a half day workshop had recently taken place with colleagues who are involved in the Productive Working CIP workstream because it was felt that they wanted to have a better understanding of demand and capacity and a series of actions came out of that event. Sue Mead commented that she thought the report was a really good start and would support not only operations, but also contract and commissioning discussions. She said that perhaps a governance framework might be developed as part of the demand and capacity debate so there is clarity about where responsibilities lie. The Chief Operating Officer agreed to look at the governance framework and will discuss this with her separately. The Chair asked that as this work develops it takes account of better defining eligibility and access criteria to services because there are "fluffy edges" to eligibility criteria in some

	services at present and in the absence of strongly defined acceptance criteria, people will apply different judgements. Following further discussion, the Board were **assured** that the work has started on this important area. The Board **delegated** oversight of this work to the Finance Committee, with Quality Equality Impact Assessments on any changes resulting from this work being taken through the Quality and Performance Committee via the Clinical Reference Group.
20/0516	**Agenda item 20 – Charitable Funds Committee** Nicola Strother Smith as Chair of the Charitable Funds Committee presented the report and took it as read. She invited the Director of Finance to update Board members on issues relating to the Brokenborough Sub-Committee and in particular the sale of the land. The Director of Finance explained that the Trust is currently out to tender to select a developer with whom to enter into a Promotion agreement. The Chief Operating Officer raised a question in terms of the structure of the funds and asked if it would be possible to have a separate children's fund because this group of services is often not associated to localities. The Director of Finance said that if it was believed that this would create better linkage of the Charitable Fund to the services then this would be appropriate. Nicola Strother Smith explained that the Director of Nursing had shared an excellent idea around making applications to charitable funds align to the Trust's CORE values which was a really positive step. Following debate, the Board **agreed** the new structure of funds recommending recreating locality based funds, ensuring that Countywide Services includes a separate fund for children's services. The Board also **noted** the Communications and Fundraising approach of investing in a 6 month role to increase donations and **received** the Annual Committee Statement.
21/0516	**Agenda item 21 – Audit and Assurance Committee Report** Richard Cryer as Chair of the Audit and Assurance Committee presented the report and took it as read, highlighting the following points: **Internal Audit -** High and critical risks identified in internal audit reports had reduced from 9 in the previous year (14-15) to 2 in 15/16 evidencing an improving control system. **External Audit -** The external audit report positively noted that GCS was one of the earliest Trusts to submit its financial results to the Department of Health. Richard Cryer asked that his appreciation, and that of Trust Board, is recorded for the excellent work carried out by the Finance team to achieve this. A confidential report has been received from External Audit relating to the Trust's recharges with GHNHSFT. Richard Cryer commented that it supports the information provided to Board by the Director of Finance and confirmed that the approach the Trust had taken was reasonable. The Vice-Chair invited questions and comments from Board members. The Director of Nursing asked two questions regarding counter-fraud:

	a) how much the Trust pays for the core service? b) if there are there a set of standards that they work to? The Director of Finance confirmed the Counter Fraud Service is paid around £40k per year for counter fraud service, which equates to 112 days. The Counter Fraud Service performs a self-assessment for the Trust, which is reviewed by the Director of Finance before submission to NHS Protect, and they prepare a work programme to take to the Audit and Assurance Committee which reviews the split between pro-active and reactive work. There are no Key Performance Indicators (KPIs) associated with the service although is was confirmed that investigations usually start within two weeks of a request, draft investigation reports are usually received within a week of the end of the investigation and final reports within a fortnight. They tend to carry out about 10-20 investigations a year and these can vary enormously in complexity and sometimes involving investigations working alongside the police and crown prosecution services. Richard Cryer commented that the service is broadly self-financing based on recoveries made, but they do sometimes have resourcing issues (as they did last year) which have now been resolved for the service going forward. The Board **received** the report and the approved minutes of the Audit and Assurance Committee held on 23rd March 2016.
22/0516	**Agenda item 22 – Register of Seals** The Director of Finance presented the report which has to be reviewed every six months. He reported that there has only been one document sealed since the Board last saw the report which was a lease renewal. Board **noted** the report.
23/0516 **Deputy Trust Secretary**	**Agenda item 23 – Agenda Forward Planner** The Board reviewed the forward agenda document and requested the following changes: July - Report on the appraisal and revalidation status of the Trust's GPs from the Medical Director. May 2017- Revalidation report to be added as a standing item annually in May. The Vice-Chair asked that the planner is updated showing the month which the Quality and Performance report and the Finance report relate to so that the Board can ensure that each month's performance receives adequate scrutiny.
24/0516	**Agenda item 24 - Any Other Business** **Doctor Revalidation –** the Medical Director explained that there is a requirement for the Board to review the appraisal and revalidation status for all doctors employed by the Trust. This information has to be submitted to NHSI by the end of May. The Director of Nursing confirmed that this has been discussed at Quality and Performance Committee. The Medical Director confirmed that he has submitted draft information earlier this year, but following discussion with Nigel Acheson, Medical Director at NHS England, he needs to provide the information for Board review prior to submitting final information. Dr Roberts, the Medical Director, needs to assure NHSE that this has been discussed at a public Board meeting; this will come to the Trust Board in July following review at the next Quality and Performance Committee. In the meantime he has to submit data by the end of

Medical Director **Deputy Trust Secretary**	May. The Board **agreed** the following: a) The Medical Director to bring a report on the appraisal and revalidation status of the Trust's GPs to the July meeting of Trust Board b) As this is an annual requirement, it is to be added to the Trust Forward Planner for Board Meetings annually in May. **AGM** - following a query regarding the date of the Trust's AGM for 2016, it was confirmed that this will be held on Tuesday 11th October from 3pm until 6.30pm at Kingsholm Stadium in Gloucester. There being no further business the Vice-Chair closed the meeting at 3.45 p.m.
	Date of Next Public Meeting It was agreed that the next meeting of the Board be held on Tuesday 19th July 2016 and will take place at: Roses Theatre Sun Street Tewkesbury Gloucestershire GL20 5NX.

Vice Chair's Signature:

Date: Date

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log

Key to RAG rating:

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

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
Service User Story TB 21 July	Communication needs with deaf and hard of hearing service Users	Further consideration given to exploring other means of communication in line with NHS Accessible Information Standard.	Director of Service Delivery / Director of Nursing/ Head of Planning, Compliance and Partnerships	Complete by July 2016	Ongoing	
18/0915	Learning Disabilities Report	Six monthly reports required via the Quality and Performance Committee. April 2016 – Quality and Performance Committee – May 2016 – Board.	Director of Nursing	May 2016	On Agenda	
05/0316	Service User Story 26/01/16	Report from GOPA to be circulated to all Board members. Head of Corporate planning to analyse report highlighting main actions and respond to GOPA on behalf of the Trust.	Head of, Planning, Compliance and Partnerships	July 2016	Closed	
12/0316	Board Assurance Framework	019 – new risk relating to insufficient numbers of GPs providing medical cover to inpatient wards, this risk to be formally raised to Community Services Commissioning Plan Programme Board.	Chief Operating Officer	July 2016	Ongoing	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
18/0316	Strategy Update	Task and finish group to set up to further consider the strategy matrix	Director of Finance / Head of Planning, Compliance and Partnerships	July 2016	Meeting scheduled 27th July 2016	
B006/16 (2)	Membership Strategy	Organisational status under review and updates to Board	Chief Executive Officer		Ongoing	
10/0516	Chief Executive Report	Director of HR to carry out further work using the LIA approach to understand FFT issues raised in Q4 2015/16	Director of Human Resources	July 2016	Report to be submitted to the Workforce & OD Committee in August 2016	
10/0516	Chief Executive Report	All Non-Executive Directors to engage in Quality visits at EJC	NEDs	July 2016	Ongoing	
12/0516	Board Assurance Framework	The COO raised a concern over the comment about lack of nursing and leadership on the risk register as she feels this has been summarised incorrectly. The COO and Director of Nursing to provide proposed reworking to Head of Planning, Compliance and Partnerships.	Chief Operating Officer and Director of Nursing	July 2016	Ongoing	
12/0516	Board Assurance Framework	Head of Planning, Compliance and Partnerships at to look at how closed actions can be tracked.	Head of Planning Compliance and Partnerships	July 2016	**Closed**	
19/0316	Complaints Policy	Dispose of all old literature following the approval of the updated polices and leaflets	Director of Nursing	May 2016	**Closed**	
13/1116a	Quality, Finance and Performance Report	To ensure the 'Understanding You' report will be discussed at the next Quality & Performance Committee ahead of Board.	Trust Secretary	April 2016 – Quality and Performance Committee – May 2016 -	**Closed -** Update due through Quality & Performance report in May	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
				Board	2016.	

AGENDA ITEM 7

Questions from the Public

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: Tuesday 19th July 2016
Location: Roses Theatre, Tewkesbury, Gloucestershire

AGENDA ITEM 8: CHAIR'S REPORT

Board Developments

Colleagues will know that Non-Executive Director, Joanna Scott, has resigned from her role due to her own consultancy work commitments and the increased demands of the NED role. Joanna has been with us since the Trust was established three years ago and has made a particular contribution in relation to communications and service user engagement, as well as taking a keen interest in locality services for Stroud. I would like to thank her on behalf of the Board for her hard work and support and wish her well as she leaves us on 31st July.

The recruitment process for a new NED was successful and the Appointments Team at NHS Improvement has confirmed on behalf of The Secretary of State that our preferred candidate, Graham Russell, has been appointed. He begins the role on 1st August. Graham will bring a different set of skills and experience to the Board, having a background in economic development and being Chair of Elim Housing Association as well as of Second Steps, a mental health voluntary organisation. Graham lives in Stroud so has good local knowledge and networks.

I am also pleased to confirm that both Nicola Strother Smith and Rob Graves have been reappointed for a further two year term as Non-Executive Directors. I would like to take the opportunity to thank them both for their continuing commitment and contribution.

As you know, our Chief Executive, Paul Jennings, has announced that he will retire at the end of the year. We will have time later in the year to reflect on his huge contribution and impact on the Trust since he started with us three years ago. However, it is clear from messages and comments from many colleagues within the Trust, as well as our system partners that he will be greatly missed. The Non-Executive Directors and I have been working with NHS Improvement, Gatenby Sanderson search and recruitment agency and our own Director of Human Resources, to set the process in train to recruit our next Chief Executive. In shaping the profile of the person we need, I have met with a wide range of Trust colleagues as well as key external stakeholders to seek their views.

We have been delighted to have had a very strong response with a field of 32 applicants. At the time of writing, the longlisted candidates have been invited to an assessment centre day on Friday15th July when they will have an opportunity to meet key stakeholders, as well as undertake formal assessment processes. Candidates shortlisted from this process will be invited to the final interview panel on Monday 18th July, comprising myself, our Vice-Chair Rob Graves, our Senior Independent Director Sue Mead, NHS Improvement's Director of Delivery and

Development (South) Anne Eden, and external assessor Tracey Taylor, Chief Executive of the Birmingham Community Healthcare NHS Trust. The panel's recommendations will be reviewed by our Remuneration and Terms of Service Committee following this Board meeting and I hope to be able to make an announcement soon.

The Board held its regular bi-monthly development session in June and we used the session to undertake our statutory Health and Safety training in order to be clear about our role and responsibilities as a Board. The trainer, Samantha Alexander, was excellent and I have written to thank her on behalf of the board.

The Non-Executive Directors and I held our monthly meeting at the ICT based at Redwood House in Cashes Green, Stroud. As usual, we took the opportunity to meet local clinicians and walk around the service. It was very heartening to hear locality manager, Tamsin Fedden, speak so enthusiastically about the emerging 30,000 Place Based model being led by our Chief Executive in collaboration with primary care, 2gether foundation NHS Trust and other partners. We also heard of some excellent work being done by the referral centre team there with examples of people having intensive care organised at home so that they could avoid being admitted to hospital.

Working with our partners

The Sustainability and Transformation Plan continues to progress and is discussed in the Chief Executive's report. However, I would like to thank Board colleagues who attended the STP oversight board with me and the wider stakeholder meeting that followed. Board colleagues and I also attended the Gloucestershire Strategic Forum workshop which considered various approaches to addressing our system's forthcoming challenges with increased demand and limited capacity. This work has contributed to the Sustainability and Development Plan now being developed. It is proposed that our STP footprint will have an Independent Chair and I will be the Chair member on the interview panel, alongside executive colleagues from partner and regulatory agencies. Interviews are planned for mid- August.

I was pleased to be invited to the launch of the 'We are Gloucestershire' campaign, organised by the Local Enterprise Partnership in conjunction with the County Council and held at the Royal Agricultural College. Representatives from all sectors of the County, public and private, met to consider how we can best support and enhance the work of the LEP in creating and delivering on an ambitious and thriving future for Gloucestershire. It is interesting to note that Health and Social Care was highlighted as one of the priority development and growth areas for the county. Key enablers for future economic growth are identified as including skilled workforce, affordable housing, improved infrastructure such as connectivity and road links. I hope that the involvement of health care providers at this meeting might herald the beginning of a developing partnership on these matters since NHS Trusts are major employers, owners of land and assets and with a major stake in the development of a skilled local workforce.

I was very pleased to host recent visits from two of our local Peers, Bishop Rachel Trewick, Bishop of Gloucester, and Baroness Jan Royall of Blaisdon. Baroness Royall has had a number of connections with our Trust over the years but it was the first contact with us for Bishop Rachel. Having a background as a children's speech and language therapist prior to her ordination, the Bishop was introduced to Jane Stroud, Head of Speech and Language Therapy and Sally King, physiotherapist in the Respiratory Team, as one of our ground breaking prescribing AHPs.

Board colleagues will know that I meet regularly on an informal basis with other Trust Chairs, the Chair of the CCG and the County Council Cabinet lead for adult care. We held such a meeting recently with Dr. Andy Seymour there for the first time since his appointment as CCG Chair. His Vice-Chair has now been appointed and it is Dr. Hein le Roux, a GP based in Stroud. I have written to Heine to congratulate him. I'm sure we will all look forward to working with him in this new role.

Working with the people and communities we serve

In preparation for our public engagement on proposals for Minor Injury and Illness Units, which is the subject of a separate item on this meeting's agenda, I and the Chief executive have been meeting with key stakeholders to share thinking about the reasons for the review and the way we intend to approach the process. We have met with relevant MPs, Chairs of Leagues of Friends and elected members, having previously shared our thinking and sought views at the May Health and Care Overview and Scrutiny Committee (HCOSC). Together with Paul, I will be attending the HCOSC on 12th July to brief them on the proposed options for the MIIUs and a media briefing thereafter.

Together with NED, Richard Cryer, I was invited to attend the 'Homes not Hospitals' conference at Shire Hall where we heard some very moving presentations. One from a young man with learning disabilities, who had previously been hospitalised in a specialist learning disability facility, gave us a particularly powerful account of how that form of institutional care disempowers and undermines individuals. As ever, hearing so directly the voices of those we serve provided challenge and humble reflection on the journey we have yet to complete.

I met with Clair Feehily, Chair of Healthwatch, for our regular quarterly one to one. I also represented the Trust at the Healthwatch Annual General meeting, along with Non-Executive Director, Jan Marriott.

As reported in the Quality and Performance report to board, the NEDs and I continue with our regular programme of quality visits to our services. My most recent visit was to a children's speech and language therapy clinic at the Independent Living Centre in Cheltenham.

In the wake of the Brexit vote we have all been aware of the uncertainty felt by EU citizens living and working in the UK. In our own trust we have 55 EU colleagues and of course we treat many more as patients. Ruth FitzJohn, Chair of 2gether NHS FT, and myself issued a joint letter to the press (appendix 1) making it clear that our two organisations embrace inclusivity and support for minorities and people born beyond

our shores. We also benefit from those people as contributors and colleagues within our Trusts. The letter is appended to this report and attracted coverage from local press and radio.

I hope the Board will agree that this letter expresses the values of our Trust. There has also been encouragement from the NHS England Chief Medical Officer to Trusts to make efforts to reassure our EU colleagues and to ensure they feel valued and welcome.

National networks

There have been a number of national conferences and meetings in recent weeks.

I attended the NHS Providers Board and already briefed Board members on the issues covered.

I also attended a NHS Providers Chairs and Chief Executives meeting along with the Director of Finance, who attended on behalf of the Chief Executive. We heard presentations from Simon Stevens and some of his leadership team, as well as the new Chair of the CQC. Slides from these presentations, along with Chris Hopson's analysis of current challenges have already been circulated to Board members.

Non-Executive Directors Nicola Strother Smith and Richard Cryer attended the NHS Providers Annual Governance Conference and Nicola deputised for me at a national meeting of chairs following on from this to discuss, amongst other matters, how good governance can be ensure in the emerging STP arrangements.

APPENDIX 1

Gloucestershire Care Services NHS
NHS Trust

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Ref: IB/jag

July 2016

The NHS Trusts that we lead in Gloucestershire care for, treat and support thousands of people at any one time.

Gloucestershire is a diverse county and we have worked hard over many years to celebrate that diversity and combat stigma and discrimination of any sort – stigma and discrimination against disability, mental illness, gender, race, religion, sexuality, belief and any other form of difference.

Our county is richer for that diversity, as is our collective workforce. Our clinical staff – including nurses, doctors, psychologists, therapists and health care assistants – as well as the people who work to keep our hospitals and clinics running, come from countries across the world and we value each and every one of them. We are a caring service and our care extends to everybody. We work together on a daily basis to ensure that everyone's needs are met and everyone receives a high quality service for themselves and the people they care for.

The NHS Trusts we represent in Gloucestershire are committed to continuing that drive to tackle stigma and discrimination and to promoting social inclusion. We would ask everyone in Gloucestershire to join us in that aim and care for one another as we will always continue to.

Yours faithfully,

Ruth FitzJohn, Chair, 2gether NHS Foundation Trust

Ingrid Barker, Chair, Gloucestershire Care Services NHS Trust

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 19 July 2016
Location: Roses Theatre, Sun Street, Tewkesbury

Agenda item 9: Chief Executive's Report

Minor Injuries and Illness Units review

A public engagement event around the opening hours of our seven Minor Injuries and Illness Units begins on Tuesday, July 12, immediately following a presentation to the Health and Care Overview and Scrutiny Committee.

The Trust has produced an information pack outlining three proposals for changes to the opening hours at MIIUs and inviting members of the public for their preferred option.

The proposed options are:

- Change the opening hours of all seven MIIUs to 8am to 8pm
- Change the opening hours of Stroud and Cirencester MIIUs to 8am to 11pm
- Change the opening hours of Stroud and Cirencester MIIUs to 8am to 11pm and either Dilke or Lydney to 8am to 8pm

All of these options mean closing Stroud and Cirencester MIIUs overnight, and a significant effort is being put into maximising the degree of public feedback to ensure we capture as many views as possible to feed into this board's deliberations when the matter comes for a decision in September.

A media briefing is being held after the HCOSC meeting on July 12, and public and stakeholder feedback is being solicited through:

- Printed information packs distributed across the county
- Our website, accompanied by promotional activity on Facebook and Twitter
- Sixteen engagement events across the county

The engagement exercise is running for seven weeks until Wednesday, August 31.

Listening into Action (LiA)

GCS is currently in the third year of adopting Listening into Action, as a method for empowering colleagues to lead and take the initiative across the Trust. To extend the impact LiA is having, training will be delivered by the National LiA Team in September. This will be delivered at two sessions, one for the Board and another for 30 colleagues, who will become LiA coaches. This will ensure that the capacity and capability of the organisation to adopt LiA is boosted.

Four teams taken forward through Listening into Action have been included in a digital publication by LiA: The best medicine, 100 powerful stories of staff-led change.

The stories used from our Trust are:

- Getting it right for children with complex needs at home
- 25% increase in uptake of school nurse service in Gloucestershire (which also won LiA Success Story of the Year at the Celebrating You awards)
- Reducing the stigma associated with sexual health clinics
- A powerful film to build understanding about deafness – an invisible disability

It is a credit to those who have taken part in Listening into Action that our Trust has four entries in this publication. Obviously we are aiming for more successes as our LiA journey continues to mature.

The publication is online at: www.listeningintoaction.co.uk/the-best-medicine.php

Celebrating You

Our third Celebrating You awards for colleagues were held on Wednesday, May 25, with more than 250 nominations, and 46 individuals and teams shortlisted across the 12 categories. On the day, more than 400 people attending the events.

As always, the nominations highlighted a range of fantastic work being carried out across the Trust, and brought home the frequency with which many of our colleagues are providing extraordinary care to the people of Gloucestershire.

These awards are a very important part of our commitment to recognising and celebrating achievement, and highlighting good practice, and on behalf of the board I would like to congratulate all the winners and nominees.

While I do not want to highlight specific individuals from the awards, it is worth noting that Sarah Morton, who won the best leadership award, was featured in the magazine of the Chartered Society of Physiotherapists following her award for Leadership, demonstrating the growing importance of the awards not just within the Trust but as the basis for wider recognition for our achievements.

Annual report and accounts published

The Trust's Annual Report and Accounts have been published and are available online.

They can be viewed at: www.glos-care.nhs.uk/images/doc_download/2016_updates/GCS_Report__Accounts_2015-16_-FINAL_SUBMISSION.pdf

Health and Social Care Economy

Sustainability and Transformation Plan

The first Community Partner Bulletin for the Sustainability and Transformation Plan (STP) in Gloucestershire was released in July. The STP sets out a five-year approach for a sustainable health and care system which can meet the pressures produced by a growing and aging population, and rising costs of technology and drugs, within tight financial constraints and with a challenge recruiting staff.

The plan says that this will require a far greater emphasis on prevention and self-care, adoption of clinical best practice across the county, joined up community-based care and support in homes and community settings to support specialist hospital-based services.

Therefore, current STP priority areas include initiatives around active communities, piloting the 30,000 'place based' model, a review of urgent care services, and developing a clinical programme approach which is being developed for the respiratory care pathway (with dementia, circulatory conditions and diabetes as other priorities). Supporting work includes joint strategies for IT, estates and workforce, a primary care strategy and a quality academy.

The STP is being reviewed by NHS England and is due to be submitted in the Autumn.

The full bulletin is attached as appendix 1 this report.

Nursing Degree Courses

A new degree programme for nurses is being introduced by The University of Gloucestershire from 2017. Our Trust, together with Gloucestershire Hospitals NHS Foundation Trust, 2gether NHS Foundation Trust and Gloucestershire Clinical Commissioning Group are working with the university to deliver the BSc Honours degree.

Out of Hours contract

South West Ambulance Service NHS Foundation Trust has given notice that it intends to terminate the Out of Hours contract for Gloucestershire. It is required to continue to provide the service for a further 12 months, during which time a new procurement process will be run by the Clinical Commissioning Group.

West of England Academic Health and Science Network (WEAHSN)

The WEAHSN has released its annual report, which you can find at www.weahsn.net/who-we-are/reports/annual-report-2015-16/

It has also produced a convenient 'Year in Numbers' infographic which I have appended to this report. (Appendix 2)

Media Coverage and Communications

The front end of the former intranet was closed down on Friday, May 27, five months after the launch of the new version. The communications team is continuing to revise and expand the content of the new intranet and is looking for ways to improve the functionality with the aim of making information as readily available as possible. As part of this process a survey has been drafted inviting comments on the intranet, with a particular focus on the availability and arrangement of content. This will help provide a broad range of opinion on the site, and focus for ongoing work.

A serious incident, which resulted in a loss of water for thousands of households in Tewkesbury, resulted in positive media coverage for the community hospital. Water supplies to the hospital were affected, but a supply of bottled water and the connection of an 18,000 litre bowser to the hospital supply allowed us to continue our services seamlessly. This positive and reassuring message was covered by the local print media as well as BBC radio and BBC Points West, and our coverage was commended by NHS England.

Print media covered the accreditation of both Stroud and Cirencester endoscopy units by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG). We have two of only 12 community hospitals nationwide to have received this accreditation

Most of the local press printed news agency copy about a nurse being struck off by the Nursing and Midwifery Council for falling asleep while at work. The agency nurse had been working at Cirencester Hospital when the incident occurred in September 2012.

The Celebrating You awards were covered, with a substantial range of images, by the Citizen and Echo as well as Stroud Life.

The Trust's Minor Injuries and Illness Units made headlines across the county following this Trust's last board meeting in May, with coverage focused particularly on the number of closures which had occurred overnight at Cirencester and Stroud due to staffing pressures. The potential for a change of hours was also heavily reported.

The Health and Wellbeing Fair, held at North Cotswolds Hospital on Saturday, May 21, received positive coverage in Cotswold Lifestyle magazine, the Cotswold Journal and Wilts and Gloucestershire Standard.

Issue 1 - July 2016

Community Partner E-bulletin – Issue 1

What is the STP?

The Five Year Forward View, published by the Chief Executive of the NHS, Simon Stevens, is a compelling vision and strategy for the NHS.

The vision described the opportunities and challenges facing the NHS for the future, expressed as three key 'gaps': the Health and Wellbeing Gap, the Care and Quality Gap and the Finance and Efficiency Gap.

In line with this, we have been developing our local five year Sustainability and Transformation Plan (STP) for Gloucestershire which is currently in outline form. It describes our overall approach to achieving an improved and more sustainable health and care system.

The challenge

Our plan needs to help us meet a number of major challenges:

- a growing population with more complex needs
- increasing demand for services and rising public expectations
- the escalating cost of drugs and new medical technology
- retaining and recruiting enough staff with the right skills and expertise
- considerable pressure on NHS and social care finances – the health and care community is facing a financial gap of circa. £270m over the next five years unless we make radical changes to the way we deliver services and support for local people

What do we want to achieve and how can it be done?

The long-term ambition is to have a Gloucestershire population which is:

- less dependent on health and social care services
- living in healthy, active communities and benefitting from strong networks of community services and support

- able to access consistently high quality, safe care when needed, in the right place, at the right time

In order to deliver this, we need to stay true to the principles set out in our 'Joining up your Care,' programme which was shaped by local people.

However, it is clear that if we are going to meet the growing challenges set out above, we will need to accelerate the pace of change and be even more ambitious and innovative in how we organise services and use the money and other resources available to us.

Moving forward we will need to:

- place a far greater emphasis on prevention and self-care, supported by additional investment in helping people to help themselves
- reduce variation – ensure doctors and nurses right across the county are following best clinical practice and that we always make wise decisions on use of medicines
- place a greater emphasis on joined up community-based care and support, provided in patients' own homes and in community centres, supported by specialist staff and teams when needed
- continue to bring together specialist hospital based services and resources into 'Centres of Excellence'

STP priority areas

Enabling Active Communities

We will work with communities to 'build capacity' – developing networks of community-based services and support and making it easier for voluntary and community agencies to work in partnership with us.

We will deliver a shared self-care and prevention plan to close the health and well-being gap. This will also address how individuals with mental health needs can access ill-health prevention screening and health support.

The STP also builds on our system's approach to social prescribing, which will mean more members of the public with non-medical needs can be referred by their GP to sources of community and social support.

We will also strengthen carer support.

Initiatives include:

- promoting healthy workplaces through the Workplace Wellbeing Charter
- adopting a range of innovative technologies to enable individuals and communities to self-care i.e. Diabetes
- working together with our local authorities leading on a programme to tackle obesity supported by Leeds Beckett University and Public Health England
- training primary schools to support the 'Daily Mile'
- supporting over 2,500 individuals through our social prescribing programme
- supporting the whole of Gloucestershire's health and social care workforce to ensure they have the skills to promote health improvement and self-care
- ensuring a range of carer services are commissioned across the county in line with the Care Act
- investing an additional £1.7 million to support our prevention and self-care plan

One Place, One Budget, One System

The 30,000 'Place based' model

We will pilot a new 'Place based model' in Gloucestershire.

This is a local community model with GP practices at its core working with health, social care and the voluntary and community sector, covering populations of around 30,000 people.

Alongside this, we are also reviewing urgent care services across the county with joined up services at a local level.

The 30,000 model will be big enough to give scale e.g. input from service providers and small enough to support the feeling of a coherent community that can meet local needs and support local people.

Urgent care services

Alongside this, we are also reviewing urgent care services across the county with joined up services at a local level.

We aim to provide better support for self-care and prevention and help people with urgent care needs get the right advice in the right place, first time.

We will ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise to maximise chances of survival and recovery.

Our outline plan includes:

- development of our 30,000 model community pilots in areas of Gloucestershire
- further development of social prescribing (see *Enabling Active Communities*)
- development of a network of integrated urgent care centres across Gloucestershire
- development of an Urgent Care clinical hub that can provide signposting, advice and guidance to patients and book appointments
- an urgent care digital platform providing 24/7 access to service information for both the public and health and social care staff
- provision of a responsive mental health crisis service

The Clinical Programme Approach

This is about developing and improving countywide, 'joined up' care pathways (the person's journey through care) so that patients receive the right advice, care and treatment at the right time.

Each Clinical Programme Group (CPG) covers a condition or group of conditions e.g. cancer, eye health.

We want to ensure patients get the right treatment when they need it, but also receive the right self-management or self -care advice and support at an early stage.

Our STP includes a focus on the respiratory care pathway. One of the reasons we are looking at it is because of the high and increasing number of respiratory hospital admissions.

Other priority areas we have identified are: Dementia, Circulatory conditions and Diabetes.

Our approach to these programmes will be informed by the learning from current pathway work.

Our outline plan includes:

- completing implementation and lessons learned from our Eye Health, Musculoskeletal (MSK) and Cancer clinical programmes
- developing and implementing the new pathways
- in the longer term, systematically reviewing key programmes of care based on best practice evidence

Clinical variation

This means promoting best clinical practice by all health and care professionals working right across the county so that patients consistently receive high quality, cost effective care.

It also means using the money available for medicines wisely. This includes prioritising what is spent based on what will achieve the maximum health benefit, ensuring that the right patients get the right choice of medicines and ensuring patients take medicines correctly and avoid taking them unnecessarily.

We also want to promote conversations between clinicians and patients so that patients understand the risks, as well as the relative benefits of treatments, choose care that is evidence based and work together to reduce duplication (e.g. tests and follow up appointments).

Our outline plan includes:

- designing a new and joint 'Best use of Medicines' programme
- developing a public 'Choosing Wisely' programme covering medicines and treatment/care choices
- reviewing rates of outpatient follow up care and reviewing diagnostic provision
- carrying out reviews and learning programmes to reduce clinical variation

Other areas of work that support all priorities

Our STP also sets out a number of supporting programmes we are working on to support these priorities across the health and social care community.

This includes:

- **a Quality Academy** – to support quality improvement, service development and innovation. We will deliver learning programmes, coaching, on-line resources and education materials
- **Joint IT Strategy** – development of a local digital roadmap for Gloucestershire, including a public facing website and directory of services
- **Primary Care Strategy** – to support our goal of joined up care in communities - including urgent care, help address current workforce challenges in GP practices and increase access to appointments for patients.
- **Joint Workforce Strategy** – to help develop a sustainable local health and care workforce.
- **Joint Estates Strategy** – to make the most of our estates and shared accommodation.

What is the current status of our plan?

Our STP is currently a draft outline plan.

Following review by NHS England, we anticipate receiving clarity on dates for the full plan in July and currently expect to submit it in the autumn.

We expect to develop proposals based on STP priorities for discussion with the public over the course of the year and we will be working on a public guide to the STP this Summer to start to aid conversations.

The size of the challenge is great and we can't do it alone. We will need to work in collaboration with community partners, patients, carers and the public to develop the detailed proposals for change.

The year in numbers

26

26 different organisations are actively involved in our Safer Care Through Early Warning Scores programme.

20

Up to 20 primary care practices are joining our new Primary Care Collaborative.

1,606

1,606 clinical and non-clinical staff took part in patient safety, informatics and quality improvement events on key themes, including sepsis, falls prevention, medicines optimisation, early warning score, and emergency laparotomy.

£2.1 million

Our new Diabetes Digital Coach Test Bed is receiving £1.65 million in funding from the Department of Health, with further funding from our partner companies taking the project value over £2 million.

6

Working with Royal United Hospitals Bath, the Health Foundation and Sheffield Microcoaching Academy, we have trained six local clinicians and managers in improving patient flow across three care pathways.

40,000

Since its launch, OpenPrescribing.net has attracted 40,000 visitors.

116

116 healthcare professionals have benefitted from advanced skills-based training to enhance leadership, patient safety and flow, innovation and evaluation.

85%

In our stakeholder survey, 85% of our members believe we are effective at building a culture of partnership and collaboration.

52

52 primary care practices in Gloucestershire are taking part in phase two of Don't Wait to Anticoagulate.

4

Four new websites were launched to support NHS commissioners and clinicians: OpenPrescribing, Don't Wait to Anticoagulate, Evaluation and Evidence Works.

291

We have given advice to 291 companies wanting to work with the health sector, providing 154 business assists.

£9.5 million

To date, we have helped secure £9.5 million in funding for SMEs for the development of innovative healthcare solutions.

133

133 atrial fibrillation (AF) patients are now being anticoagulated as a result of phase one of Don't Wait to Anticoagulate, which worked with 11 primary care practices over four months. Modelling shows this saved between five and seven strokes and up to £163,205.

100+

More than 100 people participated in the Design Together, Live Better project to share their ideas for new healthcare innovations.

1,400

Join Dementia Research recruited 1,400 people across the West of England in its launch year.

137,315

To date, 137,315 patients have benefited from having their Connecting Care record viewed by clinicians.

29

29 of our initiatives have influenced and informed national thinking and guidance.

West of England Academic Health Science Network

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Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19th July 2016

Agenda Item:	10
Agenda Ref:	10/0616
Author:	Candace Plouffe, Chief Operating Officer
Presented By:	Candace Plouffe, Chief Operating Officer
Sponsor:	

Subject:	Chief Operating Officer's Report

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

Executive Summary:

At the end of the first quarter operational services continue to focus on the delivery of quality services and the development of partnership working.

A key area of focus for the Trust and the whole health and social care economy is Urgent Care. As such we have been an active participant in three urgent care workshops to review and redesign these services. The outputs of this work are now being taken forward by the newly formed Urgent Care Strategy Board.

Continued system pressures mean that a significant number of our escalation beds remain open, but the the Urgent Care Strategy Board, mentioned above, has the removal of these beds as a priority within its urgent care recovery plan.

The development of the Gloucestershire Sustainability and Transformation Plan has been a critical piece of work for operational services, and it will continue to be a key priority for services going forward. Particular areas requiring our support include the development of care pathways for respiratory and dementia and implementing a place based approach to care delivery.

Following changes in funding for public health our sexual health and public health nursing services are working with commissioners on how to respond and are working collaboratively to redesign these services.

Our Cost Improvement Programme continues to progress, with a series of 'Confirm and Challenge' events held with all budgets holders to review their plans. A number of further opportunities were identified, which are being taken forward by operational services.

Lastly, from 1st April all NHS trusts and foundation trusts have been subject to an expenditure ceiling on all agency and locum staff. The Trust has a ceiling for 2016/17 of £2,379,000. We are monitoring our agency usage closely, and to date we are showing a reducing spend that would bring us within the ceiling.

Recommendations:

The Board is asked to note and consider the content of the report.

Considerations:

Quality implications:
N/A

Human Resources implications:

N/A

Understanding You

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	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
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	
Effective	

Reviewed by (Sponsor):	

Date:	9th May 2016

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
CIP element discussed in Finance board subcommittee

Explanation of acronyms used:

Contributors to this paper include:

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 19th July 2016
Location: Roses Theatre, Sun Street, Tewkesbury

AGENDA ITEM 11 - CHIEF OPERATING OFFICER'S REPORT

1. Purpose

To provide an update to the Board on operational matters and wider developments across health and social care.

2. Recommendations

Note the contents of the report

3. Discussion of Issues

Delivery of High Quality Services - Community Hospitals

The wider system continues to be under pressure and therefore we have not yet agreed the closure of the escalation beds at Cirencester hospital. The ward at Lydney hospital has been closed and the Commissioners have been informed of this. This area is undergoing refurbishment to accommodate the new community complex wound service for the Forest of Dean.

The newly formed Urgent care strategy board does have the de-escalation of all the additional beds in the systems as a priority within its Urgent care recovery plan. However it is acknowledged that this will be a challenge to do without a renewed focus on admission avoidance at the Accident and Emergency departments. As such Gloucestershire Care Services NHS trust is providing assurance that our services which support admission avoidance are working effectively and efficiently. Our Rapid Response clinical lead has had a particular focus on the admission avoidance team at the "front door" of the Emergency department, and will be providing feedback on ways to improve the diversion of patients who arrive in the department that can be safely managed in the community.

At the June Quality and performance report there was ongoing discussion related on the continued high bed occupancy rates and potential impact on the quality of care as well as colleague health and wellbeing. A "deep dive" review was agreed, and this will be presented to the August meeting of Quality and Performance.

Urgent Care - Urgent Care Service Review and Redesign

The final of 3 workshops led by Gloucestershire Clinical commissioning group to review and redesign urgent care services in Gloucestershire was on the 24th June. This is a key deliverable of our Sustainability and Transformation Plan

The first session involved all partners sharing urgent care activity data for their organisations, to develop a greater understanding of the urgent care system as a

whole. At this session there was the identification what was working well and what are the key issues for urgent care in our county.

The second session began exploring a potential model for the delivery of urgent care, what agreed principles and essential elements would need to be in the redesigned service.

At the final session each primary care locality presented their vision and current thinking around urgent care services, which includes both “in hour” and “out of hour” services. An offer was made by Gloucestershire Care Services NHS trust to work with each locality to support the development and delivery of these redesigned services. This has resulted in further engagement with primary care as noted later on in this report.

This Urgent care work is being progressed through the newly formed Urgent Care Strategy board. As noted previously, all partners are viewing this as a positive approach in reducing duplication and fragmentation in the system, ensuring all services are being fully utilised and most importantly that it is easy to understand and use by the public.

Minor Injury and Illness units

Following on from the direction given at the May Board meeting as well as from Gloucestershire County Council Health and Social Care Overview Scrutiny committee, we have been engaging with key stakeholders in the community around the opening hours for our Minor Injury and Illness units.

This feedback, along with further analysis of our data as well as benchmarking to other Community NHS trusts have allowed us to refine our options for public engagement. The options paper will be presented as a later agenda item.

Engaging with System Partners

Gloucestershire Care Services NHS trust continues to be actively engagement in partnership working on a number of initiatives with system partners

Sustainability and Transformation Plan

A significant amount of work is underway to review and realign our community health and social care services to support the delivery of Gloucestershire’s Sustainability and Transformation Plan: *One Gloucestershire – Transforming Care, Transforming Communities* plan.

Key areas of work include:

- Focus on self-care and health promotion; we are utilising Listening into Action to embed a Making Every contact count approach in our day to day delivery of service
- Supporting the review and redesign of care pathways with colleagues in primary care, mental health and acute services. In particular a focus on delivering redesigned services for respiratory and dementia.
- Implementing a place based approach to the delivery of care, which is being led by Paul Jennings, CEO and supported by our Integrated Community teams

- Supporting the key enabling strategies, including Joint IT strategy (Joining Up your information), Joint estates strategy and a Joint workforce strategy

There has been excellent engagement by our Operational services with these programmes of work, but it is impacting on our capacity as we continue to deliver Business as usual while transforming services simultaneously.

Primary Care

Paul Jennings and I were invited to meet with GP practices in Tewkesbury, to discuss in the potential collaborative work across both primary and community care to address urgent care needs within this locality. With the new surgery due to open shortly in Tewkesbury, it was agreed further collaborative work could be done across both primary care and the Minor Injury and Illness units.

A further meeting is planned in early July to share wider service information on activity, to better understand what other opportunities of more integrated exists to better meet the needs of the practice population of this group of GP surgeries.

Following the urgent care workshop at the end of June, North Cotswolds GP practice has contacted us to further explore joint working, and in particular redesign of the urgent care service in this part of the county.

Public Health

Both our Sexual Health services and Public Health nursing services are working collaboratively with Public health commissioning on how to respond to the changes in funding following the comprehensive spending review.

This work is involving a review of what services are currently provided as well as how they are provided. It is hoped that by redesigning the services collaboratively Gloucestershire Care Services NHS trust can continue to have a role in meeting the public health needs of the population of Gloucestershire.

We have also formed a small team to review the current tender for Health Improvement services that has now been released. We have had discussion with other provider organisations which may wish to collaborate with us in responding to this bid.

4. Financial implications

Cost Improvement Programme (CIP)

Work on our Cost Improvement programme continues to progress, and a more detailed report on schemes will be presented to the August finance board subcommittee.

Our interim Deputy Chief Operating Officer held a series of “Confirm and Challenge” meetings with budget holders with the purpose being to

- Review establishments and ensure they are correctly coded and matched with the electronic staff records. The purpose of this is to inform your capacity against activity and help to understand the referral demand upon your service.

- Scrutinise service specifications and KPIs to check that they reflect the baseline establishment and to identify areas of unfunded growth, historical unfunded services and anticipated developments to prepare for further discussion with commissioners as appropriate
- Identify any required business cases to address underfunded services

These meetings did identify some recurrent vacant posts which could be released once an Equality quality impact assessment has been completed, and this is being taken forward by Operational service leads.

The Quality and Performance committee also received the Community Hospital Safer staffing pilot audit. A number of actions were identified from this and will be progressed to understand any potential savings which can be generated from this new was of rostering in this setting.

Agency Usage

From the 1st April, NHS Improvement informed Gloucestershire Care Services that all NHS trusts and NHS foundation trusts (trusts) have been subject to expenditure ceilings covering all agency and locum staff. These apply to 2016/17 expenditure. These all-staff agency ceilings will replace the nursing agency ceilings in situ in 2015/16.

The ceiling for Gloucestershire Care Services NHS Trust for 2016/17 is £2,379,000.

Ceilings are maximum levels and NHS Improvement is encouraging all trusts to reduce agency expenditure below these levels as far as possible. Trusts are expected to adhere to the price caps and use approved frameworks to drive these reductions in agency expenditure.

As the monitoring of agency usage has expanded beyond Nursing, it is critical that appropriate systems are in place to monitor and proactively reduce agency spend in all clinical and non-clinical roles in the organisation and this is a key priority for the Agency usage group which meets monthly.

It has also been identified that further work on recruitment to the Community hospital nursing workforce

To date, we continue to show a reducing profile of agency spend and our current trajectory is forecasting the organisation to come under our set ceiling by £13k for the full year. However, as this forecasting has been done utilising limited year to date data, this will continue to be refined and revised accordingly.

Prepared by: Candace Plouffe

Presented by: Candace Plouffe – Chief Operating Officer

Dated: 01 July 2016

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19 July 2016

Agenda Item:	11 (Part 1)
Agenda Ref:	11/0616
Author:	Rod Brown, Head of Planning, Compliance and Partnerships
Presented By:	Glyn Howells, Director of Finance
Sponsor:	Glyn Howells, Director of Finance

Subject:	Board Assurance Framework

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

Executive Summary:

This iteration of the Board Assurance Framework (BAF) combines both strategic and high-level operational risks from the Corporate Risk Register into a single document, so as to provide the Board with broader insight / assurance into those areas deemed to threaten greatest risk to achievement of the Trust's vision and strategic objectives.

It is noted that following Board discussions regards risk appetite, this BAF not only contains all operational risks rated 12+ but also all risks rated 8-10 where there may be direct impact upon service user safety.

Recommendations:

The Board is asked to:

Review the identified risks and validate that proposed actions are sufficient to mitigate those risks to an acceptable level

Considerations:

Quality implications:

Implicit within the relevant risk descriptions

Human Resources implications:

Implicit within the relevant risk descriptions

Equalities implications:

Implicit within the relevant risk descriptions

Financial implications:

Implicit within the relevant risk descriptions

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

No

Understanding You

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
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	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):	Glyn Howells, Director of Finance

Date:	11 July 2016

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
This draft of the Board Assurance Framework was discussed at the Trust's July Risk Steering Group

Explanation of acronyms used:
BAF: Board Assurance Framework

Contributors to this paper include:
Rod Brown, Head of Planning, Compliance and Partnerships

Board Assurance Framework:

Strategic Risks

May 2016

Overview

This part of the Board Assurance Framework (BAF) serves to summarise the **strategic risks** that are faced by the Trust, linked to the organisation's five strategic objectives.

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1. Definitions

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

1.1 Description of consequence

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

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

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

1.2 Description of likelihood

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

2. Strategic Risks

2.1 Summary of strategic risks

Trust strategic objectives	Strategic risks			
	Ref	Risk	RAG	Movement
Achieve the best possible outcomes for service users through high quality care	001	Inability to identify, address, or learn from trends that emerge as a result of complaints, concerns and incidents	8	↓
	002	Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times	12	↓
	003	Inability to observe robust record-keeping practices which may impact upon safety and care delivery	16	↔
	004	Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care	16	↔
Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work	005	Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust	9	↔
Actively engage in partnerships with other health and social care providers in order to deliver seamless services	007	Lack of up-to-date service specifications for Integrated Community Teams limits the Trust's ability to effectively plan and deliver to plan	12	↔

Trust strategic objectives	Strategic risks			
	Ref	Risk	RAG	Movement
Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision	008	Inability to recruit and retain the right staff with the right skills in the right place which may have a detrimental impact upon the quality of provided care	16	↔
	009	Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice	12	↔
	010	Inability to provide robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care	16	↑
	011	Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care	12	↔
Manage public resources wisely to ensure local services remain sustainable and accessible	012	Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes	12	↔
	013	Inability to maintain robust internal control / governance systems which may lead to reputational loss and long-term sustainability	10	↔
	014	Inability to gain a "Good" or "Outstanding" rating following a CQC Chief Inspector of Hospitals' assessment **RE-ENTRY**	15	

2.2 Detail of strategic risks

Risk	**Inability to identify, address, or learn from trends that emerge as a result of complaints, concerns and incidents**						**Ref**	001
Strategic objective	*Achieve the best possible outcomes for service users through high quality care*							
Description	The understanding and use of incident information management systems requires improvement across the Trust so that all colleagues know how to report issues which can then be reviewed and lessons learnt							
Date opened	30 March 2016					**Exec lead**	Susan Field	
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	3	2					
- Consequence	4	4	4	4					
- Total	**16**	**8**	**12**	**8**					
Controls	• Datix software is used as the primary system for the collection, tracking and monitoring of incidents • Colleagues have expressed a need to update their understanding of incident management requirements and responsibilities • In August 2015, the Trust ratified an Incident Governance Policy which focuses on the benefits of achieving a learning culture and is supported by further guidance on the intranet • Incident reporting and trends is a standing agenda item in the Operational Governance Forum • An Incident Governance improvement plan is owned by the Professional and Clinical Effectiveness team					**Assurance**	• Incidents are identified in the Quality and Performance Report that is reviewed by the Quality and Performance Committee and the Board • Quarterly incident profiles are provided by the National Reporting and Learning System which provide an indication of the Trust's performance against comparable organisations • The Professional and Clinical Effectiveness team now provides a summary report of incidents, concerns and complaints to directorate governance forums • Both the Trust's Clinical Reference and Complaints Oversight Group (COG) scrutinise serious incidents		

Gaps in controls	• There is evidence of variance in understanding of incident reporting processes in some areas: this was confirmed by the CQC (September 2015) • Staff are not observing agreed incident governance processes	**Gaps in assurance**	• The Trust has now moved to within the middle 50% of comparative Trusts. This position needs to be sustained
Progress made in the previous period	• The Professional and Clinical Effectiveness (PaCE) team has continued to engage with clinical teams in order to promote a positive reporting and learning culture. This has included bespoke learning sessions and quality-focused briefings • Improved learning opportunities re: SIRIs continue to be overseen by the Trust's Clinical Reference Group • The Trust's Sign Up To Safety work plan has been approved by the Trust's Quality and Performance Committee • There are now weekly CORE communications and feedback mechanisms in place relating to Quality & Safety matters • Members of the PaCE team have formally met with the GHFT Quality Team and agreed to progress with a shared framework for learning and quarterly reporting of shared incidents		
Actions in the next period	• Continue to progress the Listening into Action work • Continue with the approved Sign Up To Safety work plans • Continue with "marketing" the importance of reporting incidents across the Trust • The revised Datix form has been launched and early colleague feedback has been favourable • Progress with the publication of the Quick Reference Action Cards • Progress with the development of a Learning Assurance Framework in collaboration with GCCG colleagues • Ensure that both information governance and health & safety is included with a refresh of the Incident Governance Policy		
Slippages on reported actions in the last reporting period	None		
Links to the Corporate Risk Register	ST5-CH: Rising trend of reported falls at Community Hospitals		**9**
	NQ9: Staff's inability to observe the Trust's incident governance processes may result in non-compliance with the CQC's safety domain		**9**

Risk	**Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times**							**Ref**	002
Strategic objective	*Achieve the best possible outcomes for service users through high quality care*								
Description	Services have not developed, or are not following, evidence-based care pathways, to support the right person and provide the right care at the right time. This can result in ineffective and inefficient care being provided to service users.								
Date opened	30 March 2016					**Exec lead**	Candace Plouffe		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	5	2	5	4					
- Consequence	3	3	3	3					
- Total	**15**	**6**	**15**	**12**					
Controls	• Some services are adopting a care pathway approach and this is being incorporated into the service specifications: an exemplar of good practice has been the Complex Wound service • NICE guidance provides information on best practice and is utilised to develop and refresh care pathways					**Assurance**	• Clinical protocols which incorporate care pathways facilitate an audit based approach to ensure compliance		
Gaps in controls	• Older service specifications tend to be input and activity based, and do not incorporate evidence-based care pathways					**Gaps in assurance**	• Not all interventions have nationally recognised evidence-based pathways, and as such, these will need to be locally developed and tested		
Progress made in the previous period	• Demand and capacity tool for ICTs completed and in pilot stage • Ongoing work with new services being developed and refreshed i.e. community continence service and Community IV therapy service • Review of service specifications occurred as part of “Confirm and Challenge” sessions								
Actions in the next period	• Continue to incorporate care pathway work within demand-capacity approach • Continue to incorporate care pathway development objective in operational service delivery plans – Operational away day scheduled for July, in which draft service delivery plans will be reviewed • Complete outstanding service specification reviews								
Slippages on reported actions in the last reporting period	None								

Links to the Corporate Risk Register	ST28-RR: Inconsistent delivery of complex antibiotic therapy	**12**

Risk	**Inability to observe robust record-keeping practices which may impact upon safety and care delivery**						**Ref**	003	
Strategic objective	*Achieve the best possible outcomes for service users through high quality care*								
Description	The quality of record keeping is variable across services, and is potentially impacting on the quality of provided care as insufficient information is available for colleagues to act upon. This also creates a risk for the organisation when incidents occur, as care is not being documented to the standard expected as per the professional regulatory bodies and the Trust's record keeping policy.								
Date opened	30 March 2016					**Exec lead**	Candace Plouffe / Susan Field		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	4	4					
- Consequence	4	4	4	4					
- Total	**16**	**8**	**16**	**16**					
Controls	• SystmOne allows for more robust record keeping audits, in which quality is the focus • All services carry out an annual record-keeping audit, and this process has been revised as the Trust has moved to an electronic records					**Assurance**	• Annual record keeping audits have been completed by professional heads of service, and subsequent action plans developed		
Gaps in controls	• Lack of standard operating procedures in SystmOne has resulted in information being recorded in various parts of the record, making it difficult to find easily, thereby impacting upon continuity of care • Training for clinical colleagues on how and what to record on electronic systems has yet to be provided – recognising this may require a different approach to paper based records					**Gaps in assurance**	• Need to review current record keeping and record management policy to ensure fits with new way of recording clinical information		
Progress made in the previous period	• Schedule for 2016-17 record keeping audit has been completed and shared with Quality and Performance Committee • Further Standard Operating Procedures have been developed on SystmOne, as well as redesign of modules to facilitate improved record keeping (i.e. tile approach) • A record-keeping "Task & Finish" group has now been set up with a clear workplan in place – this will be overseen by the Trust's Clinical Reference Group								
Actions in the next period	• Continued work via the "Task & Finish" group to review audits and action plans, as well as identify training for clinical colleagues • Implement agreed work plan actions that include review of SystmOne templates, use of READ Codes, education, training, policy review and re-audit plans								

Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	SD35-ICT: Lack of compliance within ICTs with professional standards of clinical record-keeping	**16**
	NQ11: Record-keeping and records management processes are not compliant with clinical governance standards	**16**
	CG1: Inconsistent record keeping means that allegations of negligence cannot always be refuted	**16**

Risk	**Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care**						**Ref**	004
Strategic objective	*Achieve the best possible outcomes for service users through high quality care*							
Description	Sustained and significant pressure for access to community services is reducing the ability to be proactive, as it is forcing the Trust to routinely react to the need to manage capacity. This not only distracts the organisation's senior operational staff from strategic planning, it also reduces the level of resource that is available elsewhere within the health and care system. Additionally, the demand to make additional community beds available to the acute sector may impact upon the quality of care being provided, and can place excessive strain upon colleagues, leading to higher turnover and lower morale							
Date opened	30 March 2016					**Exec lead**	Candace Plouffe	
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	4	4					
- Consequence	4	4	4	4					
- Total	**16**	**8**	**16**	**16**					
Controls	• Alamac reporting enables a more measured and responsive approach to system-wide pressures, and is beginning to gather a body of information to support systemwide urgent care demand-capacity modelling • SystmOne is providing clearer evidence of Trust activity to underpin forward planning and a demand-capacity approach • Some services have demand-capacity models, and have used them to success in improving access times					**Assurance**	• Activity and performance against contracted service levels is reported on monthly through the Quality and Performance Report	
Gaps in controls	• The lack of service specifications which incorporate care pathways and demand-capacity models means that the Trust has very few cap-volume metrics agreed • There is insufficient clarity regarding step-up and step-down services to and from other providers • Without demand-capacity modelling, it is difficult to evidence when community services are "full" which impacts on the workforce and the quality of service delivered					**Gaps in assurance**	• There is not a consistent approach to proactive capacity planning across the whole of the health and social care economy: this should be one of the responsibilities of cross-organisational committees such as the Gloucestershire Strategic Forum and the Strategic Resilience Forum	

Progress made in the previous period	• Development of Urgent Care strategy group and delivery board to support system-wide urgent care planning • Business case made for extension of Community Discharge Planning Coordinator • Progression by operational teams on demand-capacity frameworks for individual services	
Actions in the next period	• Complete roll-out of ICT demand and capacity tool following successful pilot • Continue the implementation of the Medworxx system – technology challenges persist • Review of Community IV therapy offer as per QIPP programme • Additional workforce in evening and overnight district nursing service to start	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	SD5-CWS: Increasing demand for specialist services (i.e. IV therapy, Tissue Viability and Home Oxygen), and lack of clinical governance support	**12**
	SD33-RR: Increased demand for overnight community service - nursing and rapid response	**12**
	SD34-ICT: Increasing demand for IV therapy is impacting on community nursing capacity and ability to provide safe care	**12**
	ST29-CH: Bed occupancy levels consistently exceed CQC-advised thresholds and commissioned targets	**16**

Risk	**Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust**							**Ref**	005
Strategic objective	*Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work*								
Description	The Trust must ensure that it develops and maintains clear routes by which all service users, families and carers can provide feedback on their experiences so that this information may be actively used to improve service delivery and quality. This must include those service users who experience health inequalities or who traditionally find it hard to engage								
Date opened	30 March 2016					**Exec lead**	Susan Field		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	3	1	3	3					
- Consequence	3	3	3	3					
- Total	**9**	**3**	**9**	**9**					
Controls	• Use of the Friends and Family Test (FFT) across all Trust settings • Direct feedback to teams from FFT comments • The updated Complaints Policy • The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments • The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities • Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion • On-going review of all feedback so as to ascertain themes • The Quality Equality Impact Assessments that are conducted against all service improvements / redesigns / Cost Improvement Plans • The Trust's Annual Quality Account • Being Open Champions					**Assurance**	• The Your Care, Your Opinion Programme Board • Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board • 6-monthly Understanding You Report • Service user stories at Board • The Complaints Oversight Group • Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG • Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability • The outputs of focus groups which are reported to relevant Trust forums for learning • The outputs of other ad-hoc engagement and consultation activities			

Gaps in controls	• Feedback to clinical teams and the public in respect of all forms of engagement needs to be strengthened • The Community Partnerships Team requires a more systematic approach so as to ensure effective engagement with all local populations including the most vulnerable • The Trust needs to actively engage with partners to truly evidence coproduction in service development	**Gaps in assurance**	• Service user feedback is not engrained in all service developments • Benchmarking data suggests that the Trust receives fewer complaints than other comparable Trusts
Progress made in the previous period	• Duty of Candour Policy and Complaints Policy formal report discussed at Trust Quality and Performance Committee April 2016 • Concluded public / staff engagement exercise on the future of healthcare services in the Forest of Dean • Agreement with other local providers to establish a Countywide Equalities Group • An updated Translation and Interpretation Policy approved and published • A workshop seeking the views about Continence Assessment Service developments took place on 23 May – summary report will inform service model (Stroud and Vale locality) • New Complaints and Patient Experience leaflets circulated across the Trust • Community Partnerships Team worked with the end-of-life lead to ensure that diversity is included within the workstream • Cultural awareness messaging now included within the CORE		
Actions in the next period	• Continue with Quality Equality Impact Assessments (especially with Trust CIP Schemes) • Develop and ratify Trust Quality Equality Impact Assessment Policy • Continue to update the Engagement and Experience Strategy, and develop a corresponding implementation plan • Finalise the incidents and complaints toolkit • Commence Trust-wide awareness raising about new Complaints Policy. Promote materials to support and publicise how service users can tell us about their experiences with our services. • Start to develop and refine options which will form the basis of the Forest of Dean consultation (estimated September start) • Public engagement planned to discuss the future operation of MIiUs (13 July - 31 August) • Publish the Trust's Quality Account for 2015-16 on 30 June 2016 • Discuss the Understanding You Report at the June Quality and Performance Committee and July Board • First meeting of the new Countywide Equalities Group due July 2016 • Women's Health Day at the Friendship Café on 17 July 2016 • Review service of current external translation and interpretation provider		
Slippages on reported actions in the last reporting period	• Completion of the incidents and complaints toolkit • Commence Trust-wide awareness raising about new Complaints Policy • Countywide Equalities Group deferred until July		

Links to the Corporate Risk Register	None

Risk	**Lack of up-to-date service specifications for Integrated Community Teams limits the Trust's ability to effectively plan and deliver to plan**						**Ref**	007
Strategic objective	*Actively engage in partnerships with other health and social care providers in order to deliver seamless services*							
Description	Although the ICTs have been in existence for a number of years, the fundamental operational model has not been formally confirmed and agreed between partner organisations with a service specification. This, alongside further initiatives such as High Intensity/Enhanced Care service and case management, has resulted in a lack of agreed understanding between commissioners and the Trust of what is expected to be provided. The County Council has also introduced a change to the line management arrangements and responsibility for social work practice which has further impacted on the model. Overall, there is not a measure against which the Trust can effectively assess the success or otherwise of the ICTs. This results in an inability to set the service parameters and most significantly, the service cannot quantify when it is at capacity.							
Date opened	30 March 2016					**Exec lead**	Candace Plouffe	
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	3	3					
- Consequence	4	4	4	4					
- Total	**16**	**8**	**12**	**12**					
Controls	• The Trust has created an ICT operational plan, based on previous business cases developed with the Commissioner and on draft and previous service specifications. • Individual action / recovery plans have been developed in respect of "hot spots" / areas of operational concern, such as reablement • Arrangements have been agreed with the Council to ensure that integrated care provision is provided by the ICTs, despite the change in line management and overall responsibilities for social work					**Assurance**	• Assurance and further direction is provided via the ICT Performance and Delivery Group which reports to the Joint Strategic Integration Panel. This in turn reports to the Contract Monitoring Board. • The refreshed governance structure has been agreed with Commissioners • Internal assurance is provided to the Operational Governance Group which reports to the Quality and Performance board subcommittee	

Gaps in controls	• The Trust does not have a final service specification for Integrated Community Teams within its core contract • The Trust does not have an agreed ICT service delivery model • Changes in operational management of Social Care services with competing organisational priorities between health and social care, may jeopardise the relationship between the Trust and Council, and thereby undermine delivery of integrated health and adult social care services. • The change to the social care management element has resulted in the need to review the overall management structure of the Integrated community teams	**Gaps in assurance**	• Although system wide key performance indicators are reported to the Commissioner, there is not a full set of metrics in which the individual elements of the Integrated Community Teams are reporting on
Progress made in the previous period	• Shared proposals for reconfigured ICTs in order to increase clinical leadership and thereby facilitate the implementation of case management and support the people and place (30,000) model as part of the STP • Further discussion with both GCC and CCG in respect of future financial arrangements, agreed to move forward with a set management fee for the ongoing oversight of social care elements remaining under GCS • Signed off the overarching service specification and KPIs with Commissioners via contract variation process, now monitored via the ICT Performance and Delivery group		
Actions in the next period	• Sign off the appendices to the overarching service specification in order to detail the expectations of the professional services/functions provided within the ICTs • Finalise the draft Service Level Agreement and Memorandum of Understanding with GCC • Feedback from review of occupational therapy services • Agree programme of work to redesign reablement service		
Slippages on reported actions in the last reporting period	None		
Links to the Corporate Risk Register	ST31-ICT: Risk to service user safety, service effectiveness and Trust reputation as a result of competing developmental priorities in ICTs including the place-based model, frailty pathway and community matron model of care **NEW**		**12**

Risk	**Inability to recruit and retain the right staff with the right skills in the right place which may have a detrimental impact upon the quality of provided care**						**Ref**	008	
Strategic objective	*Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision*								
Description	The number of qualified nursing vacancies has remained static over the last 12 months. This has been compounded by the inability to attract new staff to the organisation and an increase in turnover rates in some areas. This is set in the national context that qualified nurses are included on the national shortage occupational list and the recent introduction of agency cap rates.								
Date opened	30 March 2016					**Exec lead**	Tina Ricketts		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	4	4					
- Consequence	4	4	4	4					
- Total	**16**	**8**	**16**	**16**					
Controls	• Weekly submissions of nurse staffing numbers within Community Hospitals and ICT's so as to identify gaps and respond effectively • Monthly recruitment drives / fayres to attract new staff • Revised establishment control process • Any gaps in staffing are addressed by the use of bank/agency workers so as to maintain safe staffing levels at all times • Centralised bank and agency function • Roll out of e-rostering across the Trust • Safer recruitment practices in place • Development roles and training places for Community Nurses • Review of exit interviews, managed centrally in HR					**Assurance**	• Workforce data which is reported through the Workforce & OD Committee and thereafter to Board • Safer Staffing data which is included within the Quality and Performance Report which goes to Board • Top-level workforce plan submitted to Workforce & OD Committee • Agency working group chaired by the Director of Nursing • Recruitment & Retention Working Group		
Gaps in controls	• Lack of robust workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response • Available staff banding does not help to retain talented staff – thus, for example, district nurses are unable to advance above Band 6 which results in them either having to specialise within other services, or leave the employ of the Trust • Low completion rate of exit interviews					**Gaps in assurance**	• Data is not available to review in real-time		

Progress made in the previous period	• E-rostering now in place across all community hospitals and being rolled out with Integrated Community Teams • Time taken to recruit reduced due to implementation of revised recruitment process and E-DBS • Further development of corporate and clinical skills induction • Recruitment and retention report standing agenda item on Workforce and Organisational Development Committee • Detailed analysis of reasons for leaving included in report to Workforce and Organisational Development Committee • Development of capacity tool for Community Nursing • Development of complexity tool for Rapid Response Service • Attendance at university open days to promote the Trust as an employer of choice (particularly looking at 'border' universities who specialise in particular training e.g. physio)	
Actions in the next period	• Continue to review recruitment and selection processes under a Listening into Action scheme • Continue targeted marketing of year 3 students to increase the number of final placements within the Trust • Continue to explore how the Trust can enhance and strengthen its staff bank service • Introduction of clinical apprenticeships x 12 (16-19 year olds) • Development of band 4 roles in Community Hospitals	
Slippages on reported actions in the last reporting period	• Introduction of clinical apprenticeships x 12 (16-19 year olds) • Development of band 4 roles in Community Hospitals	
Links to the Corporate Risk Register	SD3-ICT: Occupational therapist and physiotherapist vacancies in the Integrated Community Teams	**12**
	SD28-CWS: Lack of speech and language therapy resource, placing service users at risk of longer term problems	**12**
	ST19-IDT: Unable to recruit suitably qualified staff to IDT	**12**
	NQ12: No formal consultant microbiologist to support antimicrobial stewardship and provide clinical guidance **NEW**	**16**
	HR3-409: High number of nurse vacancies across the Trust	**16**
	HR7-315: Insufficient workforce information may be masking further recruitment hotspots	**15**

Risk	**Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice**						**Ref**	009
Strategic objective	*Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision*							
Description	Lack of a clear, consistent and positive working environment may negatively affect the Trust's ability to attract and retain staff. This may result in insufficient staff numbers and higher costs of employment due to increased bank/agency staff. More significantly, disaffected and demoralised staff can impact on the quality of provided care.							
Date opened	30 March 2016					**Exec lead**	Tina Ricketts	
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	1	3	3					
- Consequence	4	4	4	4					
- Total	**16**	**4**	**12**	**12**					
Controls	• Agreed Workforce and Organisational Development Strategy with corresponding implementation plans • Undertaking a third year of Listening into Action • Core Values Behaviour Framework • Annual staff survey • Quarterly Staff Friends and Family Tests • Workforce scorecards					**Assurance**	• Improvements in the Pulse Check for Listening Into Action between start and end of year two • Investors in People accreditation until March 2017 • Workforce and Organisational Development Committee • Workforce and Organisational Development Steering Group • Workforce Education & Development Group	
Gaps in controls	• The Trust's agreed Performance Management Framework is not widely understood or embedded across the organisation • High proportion of workforce risks relate to demand/ capacity issues • Inability to recruit to all qualified nursing vacancies having an impact on morale					**Gaps in assurance**	• Both the NHS Staff Survey and the Staff Friends and Family Test report below-target for staff recommending the Trust as a place to work. Hotspot identified at Edward Jenner Court.	

Progress made in the previous period	• Refresh of the Workforce & Organisational Development Strategy to identify strategic priorities for 2016/17 • Embedding of Core Values Framework in appraisal process • Listening into Action "Enabling our People" scheme in place which focuses on supporting colleagues through change • Refresh of the Communications and Internal Engagement Strategy • Celebration day for bands 1 to 4	
Actions in the next period	• Continue to work towards Listening into Action accreditation • Continue to focus on improving the Trust's rating as a flexible working employer in conjunction with Timewise • Listening into Action Board Development session planned for September 2016 • #takethelead event planned for September 2016	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	HR13-407: Low staff morale within the Trust as a result of many changes and the mismatch between capacity and demand	**15**

Risk	**Inability to provide robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care**						**Ref**	010
Strategic objective	*Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision*							
Description	The Board does not receive the necessary assurance that colleagues are suitably skilled. Moreover, the Trust needs to establish a clear link between Personal Development Plans and Service Development Plans in order to be able to evidence a competent and flexible workforce who are able to effectively provide care despite the changing profile of service users and their increasing acuity.							
Date opened	30 March 2016					**Exec lead**	Susan Field / Tina Ricketts	
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	1	3	4					
- Consequence	4	4	4	4					
- Total	**16**	**4**	**12**	**16**					
Controls	• The Trust has a policy regulating the use of appraisals and Personal Development Plans • Clinical education programmes are in place and accessible via ESR • There is a defined pooled training budget • There are competency frameworks for statutory and mandatory training • The Trust is compliant with the Professional Bodies Registration requirements					**Assurance**	• Appraisals and mandatory training rates are included in the Quality and Performance Report which goes to the Trust Board: these are also reported at team and locality level on a monthly basis • Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee	
Gaps in controls	• Completion rates for appraisals are below the required threshold • There are no commissioned audits looking at appraisals practice • Inconsistent provision of clinical supervision • Service Development Plans are not yet developed for all areas • Competency frameworks need to be developed across all roles and disciplines					**Gaps in assurance**	• Percentage of staff reporting access to relevant personal development • Percentage of staff compliant with statutory and mandatory training	

Progress made in the previous period	• Further development of the Oracle Learning Management system as to enable colleagues to access their own training records on line • Professional Registration Policy ratified by the Trust's Workforce and OD Committee • Refresh of the Trust's statutory and mandatory training matrix completed and launched across the Trust • Refresh of the Trust's statutory and mandatory training policy completed • Refresh of the Trust's study leave policy completed • Improved reporting now in place for safeguarding, resuscitation and other relevant clinical mandatory training • Personal development form updated and circulated across the Trust • Access to e-learning simplified • Appointed a management lead to progress apprenticeships across the Trust • Annual review of training and development undertaken and reported to Workforce and Organisational Development Committee • Refreshed corporate and clinical induction programmes now launched and being implemented • Safeguarding Training Policy approved • Workforce scorecard developed to include reporting of compliance on mandatory clinical training	
Actions in the next period	• ESR self-service to be launched in September • Targeted approach to improving statutory and mandatory training compliance – action plans in place for each subject area • Training booking system to be replaced to enable improved access • Focus on essential to role training matrices • Continue with Listening into Action "Enabling our People" schemes • Progress with training data validation process with Head of Services and budget holders	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	NQ3: The Trust is unable to evidence staff's safeguarding training	**16**
	NQ5: Insufficient staff competencies in MIiUs may result in incidents up to, and including, severe harm	**12**
	HR12-411: Low mandatory training compliance could have a detrimental impact on the Trust's reputation and its ability to meet CQC standards	**12**
	HR14: Low safeguarding and resuscitation training compliance could result in service users being at risk	**16**

Risk	**Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care**						**Ref**	011	
Strategic objective	*Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision*								
Description	The Trust's cultural change programme requires all colleagues to be leaders so that service transformation and development can be driven from the front line. It is evident from staff survey results that leadership capability and capacity is varied across the Trust and this is having a detrimental impact on colleague engagement, service development and the Trust's ability to take forward service transformation at pace and scale.								
Date opened	30 March 2016					**Exec lead**	Tina Ricketts		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	3	3					
- Consequence	4	4	4	4					
- Total	**16**	**8**	**12**	**12**					
Controls	• NHS Leadership Competency Framework • Workforce and Organisational Development Strategy • Listening into Action programme year 3 • CORE values behaviour framework					**Assurance**	• Investors in People Accreditation to March 2017 • Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee • Monthly leadership meetings		
Gaps in controls	• The Trust does not currently have a Talent Management Strategy or Leadership Development Plan • The assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans					**Gaps in assurance**	• Percentage of colleagues who have participated in leadership development activities		
Progress made in the previous period	• Edward Jenner leadership programme available to all staff • Leading an Empowered Organisation training available for band 6 and above • CORE Colleague Network attendee list updated • Bespoke leadership programmes in place for Integrated Community Teams and Community Hospital Managers								

Actions in the next period	• Leadership conference planned for September 2016 • Listening into Action coaching for 30 colleagues in September 2016 • Trust Leadership Plan being developed which will be launched at the leadership conference in September 2016	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	HR15: Lack of management capability and capacity could be the root cause of low staff moral and increased staff turnover	**12**
	HR16: Lack of leadership capability and capacity could be the root cause of lack of progress against service transformation and the Workforce and OD Strategy	**12**

Risk	Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes						Ref	012
Strategic objective	*Manage public resources wisely to ensure local services remain sustainable and accessible*							
Description	The Trust has a challenging £4m Cost Improvement Programme for 2016-17. Additionally, the Trust is challenged to meet all QIPP and CQUIN targets which have another £6m of risk in them. The CQUIN schemes agreed are challenging but deliverable: however, there is £900k QIPP risk which is based on system-wide improvement in KPIs that are outside the Trust's control							
Date opened	30 March 2016					Exec lead	Candace Plouffe	
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	3	3					
- Consequence	4	4	4	4					
- Total	**16**	**8**	**12**	**12**					
Controls	• Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation • Accurate baseline reports and activity data to evidence progress • Financial targets agreed at the outset between operations and finance with more financial involvement throughout the process • Good historical delivery against QIPP and CQUIN and additional QIPP schemes close to agreement • A clear communications plan linking CIP delivery to LiA; highlighting that CIP is a collective responsibility and requires engagement from everyone • QEIAs will be completed and signed off for all CIP schemes before they are implemented • The Trust's main commissioner is supportive of the areas being targeted by the CIP plans					Assurance	• Progress against CIP targets is monitored at the CIP Steering Group which reports to the Finance Committee • Quality Equality Impact Assessments are discussed at Clinical Senate with recommendations made to the Executive Team for ratification • Quality Equality Impact Assessments are included with future Clinical Senate reports which are provided to the Quality and Performance Committee		
Gaps in controls	• Clear evidence-base / intelligence / operational modelling upon which to build CIP plans • Financial understanding and accountability by operational leads is improving • Financial projections are improving • Understanding of CIPs across the Trust is improving					Gaps in assurance	• The ability to deliver in-year and future CIP savings without reducing frontline services or generate additional income through increased productivity and efficiency		

Progress made in the previous period	• QIPP and CQUIN schemes are now fully agreed with main commissioner, good achievement in Quarter 1 • Development of some operationally-led CIP schemes via the LiA approach, alongside already identified organisational CIP programmes	
Actions in the next period	• Continue to undertake QEIAs for relevant CIP initiatives before implementing • Continued implementation of the communications plan and key messages • Review of QIPP milestones and timeframes in light of recent changes to services (i.e. IDT and Reablement) • Continued management and monitoring of all CIP, CQUIN and QIPP plans • Accelerate development of plans for 2017-18 • Provider to Provider contract meeting with GHT	
Slippages on reported actions in the last reporting period	• Accelerate development of plans for 2017-18	
Links to the Corporate Risk Register	FIN1: Ability to deliver CIPs against pay costs	**12**
	FIN2: Ability to achieve Gloucestershire Hospitals NHS Foundation Trust service recharges and adhocs	**16**
	FIN3: Ability to control and reduce agency spend	**12**
	FIN5: Inability to identify required targets or cost savings across a five year period	**12**
	TC13: Continence service could create financial risk to commissioners and providers as modelling and costing is not agreed **NEW**	**12**

Risk	**Inability to maintain robust internal control / governance systems which may lead to reputational loss and long-term sustainability**							**Ref**	013
Strategic objective	*Manage public resources wisely to ensure local services remain sustainable and accessible*								
Description	Non-compliance with requisite standards is a constant risk, to which the Trust must adopt a proactive approach so as to maintain its effective performance and organisational reputation as a provider of high quality services. Governance arrangements for Board and sub-committees that have been discussed and agreed with NHS Improvement need to be quickly embedded in the Trust, and these new arrangements mapped to strategies, relevant sub-committees and matters arising under the previous governance arrangements.								
Date opened	30 March 2016					**Exec lead**	Glyn Howells		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	2	1	2	2					
- Consequence	5	5	5	5					
- Total	**10**	**5**	**10**	**10**					
Controls	• Clinical and corporate governance arrangements enable controls to be effectively managed • Committee / reporting structures enable controls to be monitored and reviewed • The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas • The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlled • Line management structures provide clarity in terms of responsibilities and accountabilities • Internal and external audit provides additional scrutiny					**Assurance**	• The sub-Board Committee structure, and in particular, the Audit and Assurance Committee, the Quality and Performance Committee, the Finance Committee, and the Workforce and OD Committee, provide assurance on all corresponding controls to the Trust Board		
Gaps in controls	• Revised committee structures need to be embedded and run through reporting cycles to provide assurance • The Head of Financial Accounting position is vacant from the middle of June • The Trust Secretary position has been vacant since December 2016					**Gaps in assurance**			

Progress made in the previous period	• Recruitment of Trust secretary is complete (start date July 2016) • Annual Governance Statement, Annual Report & Accounts and Quality Account completed and submitted to NHS Improvement • Mapping of all governance meetings and reviewing in light of changes to Director portfolios is complete, has been communicated through CORE meeting and is starting to be embedded • Established process for extracting data from eRostering system to provide real time assurance on staffing levels	
Actions in the next period	• Recruitment of the Head of Financial Accounting post to continue as first round was not successful. • Develop reporting on data from e-rostering to get out to teams / management (to provide real time assurance on staffing levels) • Paper detailing committee structures to go to Audit and Assurance Committee for review and approval • Provide induction for Trust Secretary (to NHS, Gloucestershire system and the Trust)	
Slippages on reported actions in the last reporting period	• Recruitment of the Head of Financial Accounting post	
Links to the Corporate Risk Register	ST27-CH: Unable to safely treat service users undergoing immobilisation of lower limb due to lack of Low Molecular Weight Heparin Protocol	**9**
	NQ10: Failure to comply with multi-agency safeguarding policy for children and adults may put service users at risk by non-identification and/or not taking the necessary actions to safeguard	**12**
	HR11: Payroll provision may not be maintained due to loss of workforce team member	**12**
	IT10: SystmOne address option box - No failsafe for identifying which address/contact details to accept	**9**
	IT11: Unable to provide accurate exception reporting for newborn bloodspot screening due to missing read codes **NEW**	**12**
	PI3: Areas of reporting inconsistency and poor data quality across some services **NEW**	**16**
	PC2: Failure to comply with Information Governance standards, resulting in the Trust no longer being at level 2 compliance with the Information Governance Tool Kit	**15**
	PC3: The Trust's health and safety function is not suitably focused, and risks are not being identified or escalated through the governance structure	**12**

Risk	**Inability to gain a "Good" or "Outstanding" rating following a CQC Chief Inspector of Hospitals' assessment**							**Ref**	014
Strategic objective	*Manage public resources wisely to ensure local services remain sustainable and accessible*								
Description	The CQC report published 22 September 2015 awarded the Trust a rating of "Requires Improvement". It is the Trust's clear ambition to secure a "Good" rating as a minimum in order to provide assurance of the organisation's high-quality services, care and regulatory compliance.								
Date opened	31 May 2016 (re-entry)					**Exec lead**	Susan Field		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	3	1		3					
- Consequence	5	5		5					
- Total	**15**	**5**		**15**					
Controls	• The development of a detailed Quality Improvement Plan in response to the CQC Chief Inspector of Hospitals' report, which details all the actions being taken by the Trust to address the identified gaps / inconsistencies over time.					**Assurance**	• The Quality Improvement Plan will continue to be monitored by the Quality and Performance Committee and the Trust Board • Actions to ensure compliance with CQC recommendations are also being monitored by the CQC Inspection Programme Board • CQC QIP Working Group • CQC QIP Oversight Group (TDA, CCG)		
Gaps in controls	• The Trust is currently unable to provide full evidence / assurance to the CQC of a number of actions, which have been organised under the twelve themes of (i) leadership, (ii) staffing, (iii) training, (iv) incidents, complaints and risks, (v) policies / protocols (including audit), (vi) medicines management, (vii) accessibility, (viii) records management (including document security), (ix) equipment and supplies (including cleaning), (x) information, (xi) estates (including security), and (xii) partnership working • Particular concerns noted about record-keeping and staff training rates					**Gaps in assurance**			

Progress made in the previous period	• CQC Quality Improvement Plan actions ongoing. Progress and risks discussed at Quality and Performance Committee and other governance forums • MIiU public engagement process planned • Mock CQC inspection planned for June 2016	
Actions in the next period	• Further implement the CQC Quality Improvement Plan • Continue to make use of the agree monitoring and delivery structure • Receive report on outcomes of the CQC mock inspection • Run public engagement until 31 August 2016 re: MIiUs • Maintain Peer Reviews to validate that actions reported as having been completed, are recognised at frontline	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	ST26-CH: MIiU service users wait in the Tewkesbury hospital waiting area for assessment and cannot be visualised by MIiU staff	**10**
	NQ13: Lack of temperature controlled storage for drugs and dressings at sites across the Trust **NEW**	**16**
	ST8-MIU: Lack of a consistent staff model and system resilience in MIiUs	**16**

Operational risks not linked to strategic risks	
ST21-CH: Staff at risk of injury due to being unable to use moving and handling aids to transfer unwell/collapsed injured service users from car to MIiU	**9**
NQ7: The recommended shelf life of 33 of the Trust's 75 Automatic External Defibrillators have expired	**10**

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19th July 2016

Agenda Item:	12
Agenda Ref:	12/0616
Author:	Susan Field, Director of Nursing
Presented By:	Sue Mead, Non-Executive Director
Sponsor:	Sue Mead, Non-Executive Director

Subject:	Quality and Performance Committee Report

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

Executive Summary:

The Trust Board is formally asked to receive assurance that on its behalf the Quality and Performance Committee **APPROVED** the following:

- The 26th April 2016 Committee minutes
- That the alternative to 1:8 staffing arrangements continues to be tested and reviewed in Community Hospital Wards; that there needed to be further "strength", "resilience" and "flexibility" to ensure that safer staffing was consistently in place; that a further patient acuity audit be progressed rapidly. It was acknowledged that there was urgency in progressing these adjustments in order to minimise any risk both to patient safety and to achieving the Community Hospital Cost Improvement Programme target.
- The Trust's Quality Accounts and that it be published on 30th June 2016 and that it go to the July Trust Board for information

The Quality and Performance Committee also **RECOMMENDED** that the following issues progress or be formally highlighted to the July Trust Board:

- That the Trust's bed occupancy rate continues to be a risk to the Trust – 99.4% for April and May 2016
- That Trust Operational Services maintain its focus on quality and patient safety agendas during a period when Safety Thermometer Harm Free Care is declining, 93.6%; that there are some risks associated with quality data and; limited capacity challenges within some services

The Trust Board is also asked to receive assurance that the following items were **NOTED**:

- That the 4 beds at Lydney Community Hospital were no longer available for use as escalation beds
- That the Trust had participated in a recent OFSTED/CQC inspection of the Special Educational Needs and Disability service (SEND) (June 2016) and that the outcomes from this would be published during summer 2016
- Took assurance that work was still in progress with regards to the Trust's CQC Quality Improvement Plan; the additional compliance testing that included Quality Peer Review and an externally led internal "mock" inspection approach was underway - the Committee welcomed the Trust's approach
- A review of the Trust's overall Quality and Performance for April 2016. It was acknowledged that despite considerable capacity pressures in some services, performance remains good although areas of risk should continue to be managed with a maintained focus on quality and patient safety

Recommendations:
The Board is asked to: The Board is formally asked to receive the report and the approved minutes of the 26th April 2016 Quality and Performance Committee.

Considerations:
Quality implications: This report draws on discussions and decisions at the Quality and Performance Committee that took place on 28th June 2016 and therefore has significant quality and patient safety assurance/implications throughout.
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	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	

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

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

Date:	5th July 2016

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

Explanation of acronyms used:
CQC – Care Quality Commission GHFT – Gloucestershire Hospitals Foundation Trust QIP – Quality Improvement Plan GCCG – Gloucestershire Clinical Commissioning Group LiA – Listening into Action

Contributors to this paper include:
Susan Field, Director of Nursing

Quality and Performance Committee June 2016 Report

1. Introduction

This report outlines information and assurances about key issues, decisions and actions discussed by the Trust's Quality and Performance Committee meeting which took place on 28th June 2016.

The minutes of the previous meeting of 26th April 2016 were approved and formally signed off by the Committee Chair and can be seen in Appendix 1.

The Committee Chair and the Director of Nursing would like to draw to the attention of Trust Board members the following points:

2. Trust Quality Account

The Committee supported the publication of the Trusts 2015-16 Quality Account and its publication on 30th June 2016. It also commended the work of clinical and non-clinical colleagues, Committee and Trust Board members who had actively supported the production of the report and, formally thanked those partner organisations who had provided formal feedback on the draft.

The Quality Account would be formally noted as published with NHS Choices by the Trust Board on 19th July 2016.

3. Quality and Performance

The Committee reviewed the Trusts April Quality and Performance data and wished to highlight with the Trust Board the following issues:

- Once again the Trusts bed occupancy rate remains high (99.4%) and the Committee questioned the sustainability of this position in terms of other risk factors such as infection control, the morale of colleagues and longer term impact on patient care

- Safety Thermometer – the 95% threshold has been missed indicating a decline in Harm Free Care. The Committee urged that this declining picture be understood, addressed and reversed via:
  - Having a clearly defined action plan with agreed improvement trajectories

  - Having a consistent approach to sampling opportunities across Integrated Community Teams (ICTs)

  - Maintaining a focus on reported Harm Free Care and Total Harms, across

the ICTs.

- Having an approach within community teams that really maximises the opportunity to impact on the overall percentage change within their patient sample group

- Refreshing with clinicians their responsibilities associated with the validation of safety thermometer data so that robust information is submitted in a timely manner

- That overall performance across the Trust and with operational services remains good with some notable highlights, which include:
    - Chlamydia Screening
    - MSKCAT

4. Committee Reports

The Committee discussed in detail a full range of reports from Operational Services, Professional and Clinical Effectiveness Directorate and the Trusts Clinical Reference Group. Key highlights from these include:

4.1. Operational Services

The Committee welcomed the Chief Operating Officer report, which clearly outlined a number of activities and service developments that Trust Colleagues are involved with. The Committee considered it would be helpful, in light of some of the risks highlighted in the strategic risk register and some of the quality indicators within the Trust's April Quality Report, for Operational Service reports to include a quality and patient safety focus, for example:

- Community Hospitals - high bed occupancy rates – is the Trust assured enough that this is not impacting significantly on patient safety care and colleague health and well-being?

- Operational services response and action plans to the declining Safety Thermometer Harm Free Care metrics

- Quality metrics that need to be defined and clearly linked to any patient safety impact when capacity is limited within the Trust's Operational Services

- Assurances that any data quality concerns are being addressed and that this is involving colleagues directly involved in patient care

4.2. Professional and Clinical Effectiveness Directorate

- Work is progressing with the development of a Learning Assurance Framework which will be intended to support Trust colleagues with the embedding and sustainability of any learning from SIRIs. This aligns well with the Trusts Sign up to Safety programme. The Committee considered it helpful to see examples of learning from SIRIs, complaints and incidents to illustrate the progress being made.

- That the Trust's Sign up to Safety programme is progressing and there continues to be a particular quality improvement focus on:
    - End of Life Care
    - Medication Errors
    - Dementia
    - Learning Disabilities
    - Record Keeping
    - Pressure Ulcers

- That PaCE colleagues had liaised with Gloucestershire Hospitals Foundation Trust (GHFT) colleagues re: shared safe incident reporting outcomes

- The Committee took assurance that the Trust had progressed with learning and changing practice associated with a recent coroner's inquest case (DS) and that this includes:

    - Improving quality of incident reports
    - Improved handover of patient care between all colleagues including HCAs, during any shift changes.

NB - it should also be reported that at the time of this report being written the Trust has not received any further notification from the Coroner's Office.

4.3. Clinical Reference group

The Committee welcomed the first report from the Group and specifically noted the following:

- The Group's activities around the Trusts Clinical Strategy review and the timescales associated with its publication

- Quality, Equality Impact Assessments – developing formal guidance about the process; the role of the Clinical Reference Group; the Executive team and the Quality and Performance Committee

5. Safe Staffing Proposals

The Committee discussed the report in detail and considered tabled evidence from recent pulse checks of the workforce involved in the "test site" wards. It also acknowledged the view of the Clinical Reference Group. From this the Committee concluded the following:

- That the four test site wards had commenced this work against a backdrop of significant pressure i.e. high bed occupancy rates, escalation beds in place and high vacancy rates (maternity leave and sickness)
- That a further acuity audit should be considered and actioned rapidly across all hospital sites
- That there is a delicate balance to be struck between ensuring higher quality safe care and the need to make significant CIP savings.
- The evidence suggested further urgent work was needed to support more flexible approaches to staffing e.g. using HCAs more on twilight shifts and more responsive escalation processes for additional staffing requests, without compromising the Trust's agency reporting to NHS Improvement.
- That consideration is given to a wider roll-out plan to other Community Hospitals taking into account the "flexible" and "strengthening" points mentioned above. Urgent dialogue between operations and finance is urged to identify any CIP impact from these adjustments.

6. CQC Quality Improvement Plan (QIP)

The Committee received assurances that progress had been made against the Trust's QIP but noted that further assurance was needed that some of the key "must dos" had been fully met. The Committee welcomed the externally led internal "mock" inspection process currently underway and noted that that the outcome of this will be included in the Trust's Board July meeting (Part 2)

7. Understanding You

The Committee discussed the six monthly reports and urged that the following areas required further review:

- Staff attitude was a common complaint especially in MIIUs (although it should be acknowledged that actual numbers were low)
- Waiting for transport

- Translation costs had risen considerably and the service was out to tender
- Recording of disability was significantly lower than expected

It was agreed that the Director of HR would look further at MIIU staff attitudes and use the LiA approach to support a more positive culture.

8. Workforce Race Equality: Submission

The Committee formally noted the draft submission and was disappointed with the poor outcome from the survey. It was recognised that the action plan needed further attention and complacency about the issues needed to be tackled. The following key points were noted

- The Trust needs to continue attracting and retaining BME colleagues. This requires specific focus and concerted efforts to engage staff
- That the numbers of BME colleagues working for the Trust remains low (124) and of those who responded to the NHS Staff Survey was also low (12 BME colleagues)
- That this survey is for BME staff only (not others who have a different Country of origin)
- Efforts to work across local organisations on these issues were considered sensible and should be supported

Report prepared by: Susan Field, Director of Nursing
Report presented by: Sue Mead, Chair, Quality and Performance Committee and Non-Executive Director

Appendix 1: Approved Minutes of Quality and Performance Committee Meeting 28th June 2016

Gloucestershire Care Services NHS
NHS Trust

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

26th April 2016, 13.30am – 16.30pm

Boardroom

Committee members present:	
Sue Mead	Chair (Non-Executive Director)
Susan Field	Director of Nursing
Nicola Strother Smith	Non-Executive Director
Dr Mike Roberts	Medical Director
Glyn Howells	Director of Finance
Jan Marriott	Non-Executive Director
In attendance:	
Michael Richardson	Deputy Director of Nursing
Margy Fowler	Head of Integrated Community Teams (ICTs)
Hannah Williams	GCCG, Quality Manager
Rod Brown	Head of Corporate Planning (for agenda item 15)
Laura Bucknell	Head of Medicine Management (for agenda item 12)
Christine Thomas	Minute Taker

Item	Minute	Action
1.	**Welcome and Apologies** The Chair welcomed the Committee and opened the meeting. The Deputy Director of Nursing paid respects to Trust colleague Matthew Shewell who had recently passed away and whose funeral was due to take place. Apologies were **Received** from: Candace Plouffe, Chief Operating Officer (The Head of ICTs was attending in her place); Tina Ricketts, Director of HR; Louise Moss, Deputy Trust Secretary	
2.	**Confirmation that the meeting is quorate** The meeting was confirmed as quorate by the Chair	
3.	**Declarations of Interests** In accordance with the Trust Standing Orders, all Committee members present were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.	
4.	**Minutes of the meeting held on 3rd March 2016** It was asked that it be noted that the Quality Account that had been presented at the April meeting was a draft version. Subject to this amend the minutes of the meeting held on 3rd March 2016 were **Received** and **Approved** as an accurate record and that the Chair	

	would sign accordingly.	
5.	**Matters arising (action log)** The following matters were discussed and noted: 15/QP015 - Harm discussions to take place with GCCG and GHFT regarding safety thermometer. The Director of Nursing confirmed that the local Directors of Nursing across GCCG and GHFT organisations would be meeting on a quarterly basis - **Closed** 15/QP034 - It was discussed whether the CQC QIP should be on the risk register. It was agreed that the Director of Nursing would discuss at the next CQC Programme meeting. 17/12/15 – It was agreed that all risks would be added on to the risk register - **Closed** 15/QP035 - It was also agreed that the Chief Operating Officer would raise at the next Trust Board meeting as to whether capacity and demand risks should be on the corporate risk register. 17/12/15 – To be completed by March 2016 - **Closed** 15/QP044 – It was agreed that the Committee Chair and Director of Nursing would formally write a letter to the Children's lead commissioner, with regards to resources and the Trust's responsibility. Update 17/12/15 - A response had been received from Simon Bilous, DoN to share this letter with the Committee and to formally meet with Simon Bilous. It was requested that for the next meeting that there was further clarity on key areas of responsibility and whether the Trust is meeting them. Update 03/03/16 – A report to come to the next meeting following the DoNs meeting - **Closed** 15/QP054 - There were again concerns raised about the current bed occupancy levels at the Community Hospitals. It was agreed that the COO and DoN would continue to escalate these issues with GCCG. The Chair asked that an update be included in the next report – **Closed** 15/QP055 - The DoSD and Medical Director (MD) were currently working on an agreed communication to share with Cheltenham GP Practices, which would outline the challenges currently being faced by the Trust and the Community Nursing teams on recruiting District Nurses – **Closed.** It was noted that a focused piece of work had been done on District Nursing with the Cheltenham GPs, but when the Clinical Commissioning Group had approached the GPs they chose not to have this communication. 15/QP053 - There was some concern raised by the Committee about the closure of the MIIUs overnight. The Director of Finance (DoF) requested that a report should be completed in order to demonstrate how many people use the service so they could take to the contract meeting and discuss with the Gloucestershire Clinical Commissioning Group (GCCG) – **Closed** 15/QP056 - The ICT Governance structure had been formally	

	approved by the GCCG. It was highlighted by Ingrid Barker that there was no GCS Non-Executive Director involvement within the structure. It was agreed that the DoSD would feed this back to the GCCG and report back to the Committee accordingly – **Closed.** It was agreed that the Director of Nursing would feedback direct to Ingrid Barker and there was no need to come back to the Committee. 15/QP062 - There was concern that patients were transferred without care plans in place and the Director of Service Delivery (DoSD) queried whether the Committee was assured that End of Life patients were not being inappropriately handed over from the acute hospital. It was agreed that this report would be sent to the Medical Director of Gloucestershire Hospital Foundation Trust (GHFT) and shared with the GCCG, highlighting concerns about inappropriate patients being transferred and patients being transferred without care plans. 26/04/16 – The Medical Director had written to GHFT but had so far had no response. The Medical Director to add to the risk register and to go to Board. 15/QP063 - It was agreed by the Committee that the next Mortality report would be presented to the Committee November 2016 – **Closed.** 15/QP064 - The Head of Performance and Information (HoPI) agreed to look into whether there were any national guidelines or benchmarking for the Trust to compare medication error data against – **Closed** 15/QP065 - A further Medication Errors Review report would be presented to the Committee in April 2016 - **Closed** 15/QP066 - It was agreed that the DoHR would bring a Freedom to Speak Out update report and revised policy to the April Quality and Performance Committee meeting - **Closed** 07/030315 - The COO agreed that they would bring a report back to Board to help them understand the capacity risks better – **Closed** 10/030316 - Concerns were raised about transfers happening within the Community Hospitals in the middle of the night. It was agreed that the COO would ask the Head of Capacity to look into this and check that these were logged as incidents when they occurred. It was agreed that the outcome of this investigation would come to the June Committee meeting. 26/04/16 – To be highlighted on Trust Board report and that the DoN progress with a more detailed analysis of this. 12/030316 - The Assistant Trust Secretary (ATS) formally requested feedback on the Committee statement. 26/04/16 – The Director of Nursing presented the results of the feedback. The Deputy Trust Secretary to distribute the report to the Committee members. The Director of Nursing also noted that a full report for the Clinical Reference Group would come to all future meetings – **Closed**	**MD** **DoN**

	14/030316 - Complaints Policy - Nicola Strother Smith (NSS) felt unsure that the flowchart worked properly and agreed to share her annotations with the DDoN – **Closed** 19/030316 - HR were currently revisiting the Raising Concerns at work policy, this would be brought to the next Committee meeting – **Closed** 16/QP059 - The COO agreed to provide a more detailed update for the next Committee meeting on the Rapid Response (RR), Integrated Discharge Teams (IDT) activity data, due to deadline levels at a time when these services are supporting the Trusts winter resilience and preparedness plans. The Chief Operating Officer (COO) advised that they were currently revisiting the KPIs as they don't always reflect what is being achieved – **Closed**	
6.	**Forward agenda planner** The following changes were requested/agreed: • Clinical Reference Group update reports would now be a repeat item on the forward planner • Clinical and Professional Strategy moved from June to August meeting • Sign up to Safety update moved from June to August • Governance structure to come to June meeting • Complaints and Duty of Candour updates to come to the August meeting The Forward Planner was **Discussed** and **Approved**	
15.	**Quality Account Update** The Head of Planning, Compliance and Partnerships (HoPCP) presented the draft Quality Account. The first full draft would be ready w/c 2nd May 2016 and would be circulated to key colleagues for review. It was expected that the first draft report to go to stakeholders would be ready by late August. The HoPCP asked for the group to forward any comments on the report to him. The Committee **Noted** the draft Quality Account	**ALL**
7.	**Corporate Risk Register – Quality and Performance Risk** The Finance Director presented the Corporate Risk Register and advised that this document would be presented to the next Trust Board meeting (May 2016). It was asked whether there was a date for getting the foot protection team service started (risk SD22-CWS). The Quality Manager for Gloucestershire Clinical Commissioning Group (GCCG) agreed to highlight the concerns raised by this lack of service. It was agreed that the Chief Operating Officer (COO) would share with the GCCG	**Hannah Williams COO**

	concerns over the number of amputees due to the limited availability of this service. The Committee **Discussed** and **Approved** the Corporate Risk Register	
8.	**Operational Services Report** The Head of Integrated Community Teams (HoICTs) presented the Operational Services Report in the absence of the Chief Operating Officer (COO). The HoICTs advised the group that a large amount of work had been, and was currently being, completed to reduce the vacancies for Community Nurses. A MADE event had taken place after Easter, which had involved enhanced ward rounds with Senior Managers and Executive Colleagues. This event had been very successful and had received positive feedback, the outcomes from these rounds had been collated and recommendations had been made. The Director of Nursing raised concerns that the escalation beds for winter pressures in the Community Hospitals were still open and the impact this was now beginning to have in terms of colleagues morale, resilience and infection control vulnerability. It was agreed that this would be formally raised as a risk at the Trust Board meeting. GH advised the group that the Child Health Information Service (CHIS) would be tendered by NHS England, the new service would encompass regional organisations and would require either a change to the way the Trust works or a possible collaboration with other parties. The Committee **Discussed** and **Approved** the Operational Services Report	**DoN**
9.	**Professional and Clinical Effectiveness (PaCE) Directorate Report** The Deputy Director of Nursing (DDoN) presented the Directorate report under the new Directorate name of Professional and Clinical Effectiveness (PaCE). The DDoN updated the group on the changes that had been made to the Directorate since the last organisational change, which included appointing a dementia clinical lead. An End of Life workshop had recently been held; this had been very well attended by multiple stakeholders and had been positively received. A further workshop would be held in 6 months' time (October 2016). The Committee **Discussed** and **Approved** the Professional and	

	Clinical Effectiveness Report	
10.	**Quality and Performance Report** **Strategic Objective 1:** The Director of Nursing (DoN) highlighted that there had been no significant changes for the March data as compared to previous months. It was noted that the pressure ulcer data looked unusual. The Deputy Director of Nursing (DDoN) explained that there had been a change to the reporting and it was agreed that a footnote should be added to the narrative to explain the changes. It was noted that there was a significant change in the medicines management figures from 2014/2015. The Head of Medicines Management (HoMM) advised that this was not primarily due to the change of contract. It was understood that this was also due to reporting more incidents and some poor reporting practices, the HoMM advised that work was being completed with wards to overcome these problems. It was also recognised that both Stroud and Cirencester Community Hospitals no longer had their on-site pharmacy so some issues had occurred because of this. The Medical Director (MD) noted that the process of certifying a death would be changing in the next two years due to the introduction of a Medical Examiner role. It was hoped that this would mean fewer reports to the Coroner. If an unexpected death was reported as an adverse incident then this would come to the MD and Deputy Medical Director (DMD) immediately. **Objective 2** It was recognised that most of the complaints were around similar themes e.g. communications, the Deputy Director of Nursing (DDoN) was currently looking into this. **Objective 3** It was noted that the reablement figures for February and March 2016 were below the rest of the year, but it was recognised that the reablement service had spent a lot of time in the Emergency Departments helping to control the flow of patients. It was not possible to know the number of service users that had been helped via the Emergency Departments and because of this the figures could not be fully validated. It was requested that the Head of Performance and Information (HoPI) add a footnote to this slide to show this change. It was again noted that Reablement had been unable to hit target of 60% due to elements such as annual leave and sickness. The Committee were informed that Reablement Service were struggling in terms of the increasing number of requests for	**DDoN** **HoPI**

	domiciliary care type provision, which was not universally available across Gloucestershire. Negotiations were currently underway with the Gloucestershire Clinical Commissioning Group (GCCG) and GCC **Objective 4** Sickness levels remained static, which was positive. Information Governance training was low and the Director of Finance (DoF) advised that a recruitment advert had gone out for an Information Governance lead and that once this post was in place it was hoped compliance levels would improve. The Committee **Approved** the Quality and Performance report	
12.	**Medicines Management Report** The Head of Medicines Management (HoMM) presented the Medicines Management report. It was noted that the incidents occurring due to the new Pharmacy supplier had reduced significantly. There had been some cost issues with the new service and these had been presented to the Trusts Finance Committee (April 2016). It was asked if the HoMM had any benchmarking figures for other organisations, and she advised that she had been in touch with external agencies, but had nothing to share as of yet but would pursue. It was expected that there would be a CQUIN on Anti-Microbial stewardship, and it was noted that this would be a challenging CQUIN for the Trust. It was agreed that the Trust Board would be interested in the raised level of medical incidents and they would need to understand this. The Director of Nursing (DoN) would include this within the Committee's Trust Board report. It was agreed that the HoMM would bring an updated report to the August meeting, this would include comparable benchmarking data. The Committee **Discussed and Noted** the Medicines Management report	**HoMM** **DoN** **HoMM**
11.	**Annual Statement Feedback** Jan Marriott, Non-Executive Director, would like to see increasing capacity pressures included in the feedback but it was felt that it was good to see that quality had been maintained. It was agreed that the aims for the Committee would be added to the statement.	**DoN**

	The Committee **Approved** the Annual Statement Feedback	
13.	**Annual Report – Infection Control and Prevention** The Director of Nursing (DoN) presented the Infection Control and Prevention annual report. It was noted that overall outcomes during 2015-16 had been positive. There had been 9 cases of C.Diff reported with a trajectory of 18; the service had been compliant during the CQC inspection; the team remained stable and there was a high standard of education and training provided across the Trust. Nicola Strother Smith, Non-Executive Director, was pleased to see that a plan was being developed particularly as the Trust had a CQUIN to increase uptake by 5% to 41% for colleague vaccination rates. It had been noted at the recent MADE event that hygiene in general at the hospitals had been to a high standard. The Director of Nursing to pass on the positive feedback from the Committee to the Infection Control team and would formally notify the Board. The Committee **Approved** the Infection Control and Prevention annual report and the teams Work Plan for 2016-14	
14.	**Annual Report - Safeguarding** The Deputy Director of Nursing (DDoN) presented the first Safeguarding report, which had been requested by the Gloucestershire Clinical Commissioning Group (GCCG). This report was due to be submitted on 31st May and was the first draft. The Children in Care sections were specific to services provided by Trust Colleagues e.g. Health Assessments. The Director of Nursing (DoN) suggested that joint benchmarking data could be used for this report. There was some concern that safeguarding agendas were not a high enough profile within the Trust. The DoN advised that they were looking for assurance that the Trust were meeting all their Children in Care responsibilities. The DDoN updated the group that they were about to start regular meetings with the Commissioners about this issue. It was requested that a further update be included within the Professional and Clinical Effectiveness (PaCE) Directorate report. The Committee **Discussed** and **Approved** the draft Annual Report – Safeguarding.	**DDoN**
16.	**Patient Experience Report** The Deputy Director of Nursing (DDoN) presented the Patient Experience report advising that this report was for the year to date and included quarter 3 figures. The key themes that had emerged	

	included communications and clinical care. It was noted that there had been an increase of 30% in complaints since 2014-15 and also an increase in the complexity of the complaints. There was some concern as to whether the lessons learnt from complaints were being embedded. Committee members were informed that this was in progress. Committee members also requested that the next report include more about compliments. The Committee agreed to **Note** the Patient Experience report	
17.	**Learning Disability (LD) Quality Update Report** The Deputy Director of Nursing (DDoN) advised the group that they currently had limited capacity to focus on improving the service for Learning Disability whilst the Trust was still looking to recruit the Learning Disability and Safeguarding nurse role. Jan Marriot, Non-Executive Director raised that the lack of capacity meant that there were a lot of groups that the Trust could get involved in but weren't at the moment. It was hoped that this post would be recruited to by the end of July and then an action plan could be devised to move this service forward. The Committee **Noted** the Learning Disability Quality Update Report	
18.	**CQC Quality Improvement Plan** The Director of Nursing (DoN) presented the updated CQC Quality Improvement Plan and advised that they had taken on board the recent feedback from NHS Improvement to make the assurances against the plan clearer. NHS Improvement were generally satisfied with the progress made by the Trust. The Trust was currently in a better position than previously thought and were in the process of "testing out" the completed items. It was noted that there were some areas that they were unlikely to complete until July i.e. full safeguarding training compliance. The DoN reminded Committee members what the Trust Board would need to be clear about and what assurances they were looking for from this plan. The Committee felt more assured that progress was being made. The Committee **Noted** the plan and progress made. The Director of Finance left the meeting.	
19.	**Subgroup Reports** The Committee **Noted** the Subgroup reports.	
20.	**Any Other Business** The Chair requested that the next Quality and Performance report for the Trust Board include the following items:	

	• Quality impact due to potential detrimental relationship with GHFT because of current financial discussions • Transfer issues of patients – lack of care plans and timelines of transfers • Annual Statement • Clinical recording keeping • Risk of escalation beds and occupancy levels in Community Hospitals • Medicines Management Board assurance • CQC Quality Implementation Plan update • Learning Disability – update on recruitment – recognise that the Trust is not yet where they want to be • Annual Report Infection Control and Prevention There was no other business raised; the Chair thanked everyone for attending and formally closed the meeting.	
25.	**Date of the next meeting** The next meeting of the Committee to be held on 28 June 2016 in the Boardroom, EJC at 1:30pm.	

Signed …… Date ……