Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19th July 2016

Agenda Item:	13
Agenda Ref:	13/0616
Author:	Tina Ricketts, Director of HR
Presented By:	Nicola Strother Smith
Sponsors:	Nicola Strother Smith

Subject:	Workforce & OD Committee Update Report

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

Executive Summary:

As a standing agenda item, this report provides the Board with a summary of the key workforce risks and areas of underperformance. The report summarises the information considered by the Workforce & OD Committee in June 2016 to seek assurance regarding these matters and notifies the Board of items that were approved at the meeting.

The key items to note are the refreshed Workforce and Organisational Development Strategy and Communications and Internal Engagement Strategy which are presented to the Board for approval.

Recommendations:

The Board is asked to note the actions being taken to implement the Workforce and OD Strategy and to mitigate the key workforce and organisational development risks.

Considerations:

Quality implications:

The Workforce and Organisational Development strategy has been put in place to support the delivery of high quality care. The role of the Workforce & OD Committee is to oversee the effectiveness of the strategy and to ensure that actions are prioritised to mitigate risks to the quality of services provided.

Human Resources implications:

Human Resource accounts for 75-80% of the Trust's expenditure and therefore it is essential that we manage this resource wisely in line with our strategic objectives.

Equalities implications:

None identified

Financial implications:

None identified

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

Yes – this paper links to all workforce risks

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

Understanding You

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	
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	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 (Sponsors):	Nicola Strother Smith

Date:	

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Workforce & OD Committee Workforce & OD Steering Group Workforce Education & Development Group

Explanation of acronyms used:

Contributors to this paper include:
Lindsay Ashworth, Head of HR Linda Gabaldoni, Head of OD Sonia Pearcey, Ambassador for Cultural Change

Workforce & Organisational Development - Board Report July 2016

1.0 Introduction

This report provides a summary of the key agenda items considered by the Workforce & OD Committee at its meeting on 13th June 2016. Attached in appendix 1 are the approved minutes of the meeting held on 11th April 2016.

The Committee is responsible for overseeing the development and implementation of the Trust's Workforce & Organisational Development (OD) Strategy, for seeking assurance that the Trust is aware of all key workforce & OD risks and that appropriate actions are being taken to mitigate these.

As a reminder to the Board the strategic workforce and organisational development priorities are:

- To ensure that a robust recruitment and retention plan is in place so that the Trust has the right staff with the right skills in the right place at the right time
- To develop and sustain a culture that engages and motivates colleagues
- To ensure that colleagues have the necessary knowledge, skills and expertise to deliver best care
- To ensure that the Trust has the necessary leadership capability and capacity to deliver on the sustainability and transformation agenda

The key workforce and organisational development operational risks are summarised in the following table by theme:

Table 1: Workforce Risks by Theme

Organisational Development	Workforce
Culture to support freedom to speak up/ speak up safely – the CQC report states that the threshold for reporting incidents within the Trust was too high and that improvements need to be made in how learning from incidents are shared across the organisation ***Leadership capability and capacity*** – insufficient leadership capability and capacity within the organisation may be impacting on the pace of service transformation and development ***Staff satisfaction –*** the listening into action pulse check, staff friends and family test and NHS staff survey results all indicate that staff engagement and satisfaction requires improvement	***Workforce capacity to meet demand*** – the increase in demand on services coupled with vacancy rates within qualified nursing and Allied Health Professions may impact on the quality and level of service provided. This may also be having an impact on colleague morale and sickness absence as colleagues frequently report that they do not have enough resources to meet demand ***Workforce development*** – the lack of an overall workforce development plan linked to the Trust's Integrated Business Plan may impact on the pace of future service transformation and development ***Retention*** – there has been an increase in the overall turnover rate which is impacting on workforce capacity

To monitor the effectiveness of the strategy, a number of key performance indicators are monitored by the Committee and the areas requiring improvement as at 31st May 2016 are as follows:

Table 2: Key workforce performance indicators as at 31st May 2016

Key Performance indicator	**Performance as at 31st May 2016**	**Target by 31st March 2017**
Appraisal completion rate	71%	95%
Staff FFT (recommending Trust as a place to work)	37%	60%
Mandatory Training (excludes resuscitation and safeguarding)	76%	95%
Sickness absence	4.69%	4.0%
Turnover	15%	12%

2.0 Items the Committee NOTED that the Board should be aware of

2.1 Strategy metrics

At the Committee meeting in April it was requested that a review be undertaken of the metrics that the Trust currently uses to monitor the effectiveness of the Trust's Workforce and Organisational Development Strategy. In addition, it was requested that the workforce dashboard and scorecard be reviewed to ensure that data is being triangulated so that current risks and hotspots can be easily identified.

In order to ascertain the most appropriate metrics to use, a review was undertaken of Monitor's Measurement Pick List which has been developed to support and inform Trusts of their approach to performance measurement. This full document can be reviewed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365277/Strategy_development_toolkit_Measurement_pick_list_20102014.pdf

Following discussion at the Committee meeting it was agreed that a short life working group would be formed to take this work forward. An update will be provided at the Committee meeting in August 2016.

2.2 Workforce education and development report

The Head of Professional Practice and Education updated the Committee on the progress that is being made in response to the Care Quality Commission's Quality

Improvement Plan (CQC QIP) with regard to clinical supervision, mandatory and essential training. Assurance was received that all required actions were on track to be completed within the agreed timelines with the exception of mandatory training compliance. The Committee was provided with a scorecard which detailed the current compliance rates against all of the mandatory training subjects and it was highlighted that new requirements for resuscitation and safeguarding had been introduced with effect from 1st April 2016. The Committee was informed that a two month data validation period was underway and that action plans were in place to address the identified gaps. A short life working group had been set up to take this forward at pace. Actions include compliance rates being reported to managers on a monthly basis and a targeted approach to training to ensure key staff groups are prioritised.

2.3 Flexible working progress report

The Head of HR informed the Committee that the Trust had formed a partnership with an organisation called Timewise (a social enterprise) who are a leading change agent for the flexible recruitment market. They will work with the Trust to:

- Engage senior leaders in a shared vision for flexibility and support to drive cultural and operational change
- Support HR, organisational development and workforce leads to develop strategies to support managers to enhance performance by better management of flexible workers and job redesign
- Support recruitment and communication teams to adjust recruitment policies and practices and promote the Trust as an employer of choice by being open to consider flexibility at the point of recruitment
- Support the Trust to engage with wider networks and partners to build insight on flexible recruitment to stimulate wider change in recruitment practices with the local labour market

The Trust is aiming to achieve Timewise accreditation by March 2017.

2.4 Listening into action progress report

The Ambassador for Cultural Change presented the Committee with a summary report highlighting the key achievements of the Listening into Action during the last reporting period. This included an update on the progress of the 15 wave three teams and schemes. In particular it was highlighted that the team, “Getting it right for children with complex health needs at home” had reduced agency spend within their service by 90%, which equates to savings of £108k. Some of the savings have been utilised to support bank shifts and to undertake a recruitment campaign to fill vacant posts. The ‘Healthy Choices, Healthy You’ team, Making Every Contact Count (MECC) have been approached by Public Health England to submit their work for a Health & Wellbeing award 2016. In addition to this award submission, the highly commended and ongoing work of this team has also been submitted for a Health Service Journal award.

An update was provided on the Trust's progress in obtaining the Listening into Action accreditation for its commitment to the engagement and empowerment of colleagues. The accreditation is awarded based on five specific criteria:

- Following the LiA process; both qualitative and quantitative
- Leadership capability and capacity
- Engagement and empowerment of colleagues
- Better patient outcomes
- External recognition of achievements

It was confirmed that the Trust is on track to achieve the accreditation in July 2016.

2.5 Colleague health & wellbeing progress report

The Head of Organisational Development presented the committee with the Trust's colleague health and wellbeing plan on a page. It was highlighted that the biggest cost to UK employers relate to the psychological wellbeing of colleagues. The following priorities for 2016/17 were agreed:

- *Physical health* - through the Listening into Action (LiA) an action plan will be developed to promote and provide opportunities for colleagues to maintain and improve their physical health and physical activity, with an emphasis on active travel, building physical activity into working hours and reducing sedentary behaviour. Improve access to physiotherapy services for colleagues
- *Healthy eating* - encourage colleagues to make heathier food and beverages choices which are lower in sugar, fat and salt and take ownership to improve their own health and wellbeing
- *Stopping smoking and sensible alcohol consumption* - support colleagues to make sensible choices by having frequent reminders and awareness of the risk of drugs and alcohol

2.6 Workforce report

The Committee was provided with a detailed review of the Trust's workforce for 2015/16. The report identified the following hotspots and detailed the actions that were being taken to address them:

	Hotspot	Actions
1	Band 5 nurses vacancy levels within Community Hospitals (including MIiU staffing)	A refresh of the recruitment and retention plan for Band 5 nurses The development and implementation of a contingent workforce plan The development of bottom up workforce plans for each pay cost budget/ cost centre The development and implementation of a training plan for each service and staff group

2	Workforce planning - for the nursing workforce of the future	As above
3	Physiotherapy recruitment and retention	Task and finish group to be set up to look at this specific staff group Other actions as above
4	Contingent workforce plan	Agency Review Group in place Contingent workforce plan in development
5	Turnover rates	The 11 high impact actions identified in the Trust's Workforce and Organisational Development Strategy
6	Accurate reporting and consistent management of absence	Roll out of e-rostering across the Trust Sickness absence objectives for budget holders Monthly sickness absence reports to managers

2.7 Worcestershire Investigation Progress Report

On 5th January 2016 the NHS Trust Development Authority published the findings from an independent investigation into five complaints raised by former staff about their employment with the former Worcestershire Health organisations and Worcestershire Health and Care NHS Trust. The full report can be found here:

http://www.ntda.nhs.uk/blog/2016/01/05/independent-investigation-findings-and-recommendations-published/

The findings of the report have been reviewed by Gloucestershire Care Services NHS Trust to ascertain whether any learning can be taken from this investigation and the following eight areas were identified:

	Recommendation
1	Review the cadre of internal investigating officers to ensure that all have the relevant competencies to undertake internal investigations and that there is sufficient depth and breadth to avoid any potential or legitimately alleged conflicts of interest
2	Refresh the training of investigating officers and develop or commission jointly with staff side a new training programme which ensures that all are accredited internally and are operating from a standard framework which is consistent with Trust values and disciplinary policies and procedures
3	Review and clarify the arrangement for disciplinary and associated HR case management to ensure that there is regular monitoring of progress of individual cases and that employees are not "lost" in the processes
4	Consider with staff side how, in addition to measuring the number of disciplinary cases etc. they and the Trust may reasonably assess the qualitative experience of the management of such cases
5	Review with staff side if it is entirely necessary to record all interviews in employment processes and if the style and content of associated correspondence can be improved so that it is both compliant with any necessary legal advice and drafted in a manner that is less daunting

6	Continue the review of employment policies in partnership with staff side
7	Ensure that managers at all levels are provided with refreshed training and guidance to ensure that actions and behaviours align with the revised employment policies and Trust's value base
8	Ensure that HR continues, and is supported and encouraged, to challenge appropriately, where they consider investigations may potentially be handled by informal resolution rather than formal

The Committee was provided with a progress report on the implementation of the above recommendations within the Trust.

2.8 Volunteer report

The Volunteer Co-ordinator updated the Committee that voluntary services within the Trust have continued to make progress during 2015/16. Total volunteer numbers had increased from 327 to 379. Although more difficult to quantify, efforts have been made to improve the engagement of volunteers to forge closer links with the Trust. Informal volunteer meetings have been introduced at most community hospital sites and have been well-attended.

The main reason for the increase in the total number of volunteers is the inclusion of a large number of volunteers in the Stroud Hospital shop, who had previously volunteered for Stroud Hospital League of Friends rather than the Trust.

Efforts have been made to improve the experience of patients in our community hospitals. With the support of volunteers from the Red Cross, a weekly hand arm & shoulder massage service for patients has begun at Cirencester Hospital, funded by the League of Friends. The service is due to be extended across other sites, starting at Stroud and the Vale. The Trust also has Pets As Therapy (PAT) volunteers with dogs visiting patients at all community hospitals.

This year the Trust has established a link with Cirencester College which now sends health and social care students to Stroud Hospital once a week to gain experience on the wards. This adds to the existing relationship we have with Gloucestershire College, whose students act as volunteers at Lydney and the Dilke. Next year it is hoped that a similar relationship will be created with Stroud College, giving the Trust the benefit of young volunteers and helping to nurture the next generation of healthcare workers.

We have been successful in building a team of volunteers to work with the Homeless Healthcare Team. Retention has been difficult, probably in part due to the backgrounds of the volunteers, many of whom are former service users hoping to use volunteering as a stepping stone into employment. Several volunteers who have left the service have done so to take up paid employment so this opportunity can be seen as a success. The Homeless Healthcare Team is Gloucester-based and this, along with the Conversation Partner Scheme, enables us to offer volunteering opportunities to people in the city who would otherwise not be able to volunteer with the Trust.

3.0 <u>Items the Committee APPROVED that the Board should be aware of</u>

No items were approved by the Committee.

4.0 Items the Committee REVIEWED and supports, but are presented for the Board to APPROVE

4.1 Workforce and Organisational Development Strategy

The draft strategy was presented to the Committee for review. A number of amendments were requested with an updated version being circulated to members outside of the meeting.

The final draft of the strategy is attached in appendix 2 for Board approval.

4.2 Communications and Internal Engagement Strategy

The draft strategy was presented to the Committee for review. A number of amendments were requested with an updated version being circulated to members outside of the meeting.

The final draft of the strategy is attached in appendix 3 for Board approval.

Appendix 1

Gloucestershire Care Services NHS
NHS Trust

Minutes of the Workforce and Organisational Development Committee

Boardroom, Edward Jenner Court

11 April 2016, 10am-12pm

Members:

Nicola Strother Smith (NSS)	Non-Executive Director	CHAIR
Tina Ricketts	Director of HR	
Candace Plouffe	Chief Operating Officer	
Richard Cryer (RC)	Non-Executive Director	
Joanna Scott (JS)	Non-Executive Director	
Jan Marriott (JM)	Non-Executive Director	
Susan Field	Director of Nursing	

In attendance:

Lindsay Ashworth	Head of HR	
Linda Gabaldoni	Head of Organisational Development	
Sonia Pearcey	Ambassador for Cultural Change	
Stuart Bird	Deputy Director of Finance	
Mark Lambert	Head of Communications	
Michael Richardson	Deputy Director of Nursing	
Harriet Smith	Senior Personal Assistant	Minute taker

APPROVED

Item	Minute	Action
16/HR018	**1. <u>Welcome and apologies</u>** The Chair thanked everyone for attending the meeting. Apologies were received Maria Wallen, Head of Professional Practice and Education	
16/HR019	**2. <u>Confirmation of Quoracy</u>** The Chair confirmed that the Committee was quorate.	
16/HR020	**3. <u>Declaration of Interests</u>** There were no conflicts of interest declared.	
16/HR021	**4. <u>Minutes of the Meeting held on 18 February 2016.</u>** The minutes of the meeting held on18 February 2016 were **Received** and **Approved** as an accurate record subject to minor amendments.	

Item	Minute	Action
16/HR022	**5. <u>Action Log</u>** The Action Log was **Approved**. See action log for updates. The Chief Operating Officer (COO) asked whether County Council colleagues in the ICTs were to receive the 100% attendance letters. The Director of HR stated that GCS do not hold the personal records for these colleagues and therefore this would not be possible. The Head of Organisational Development stated that she will look into this matter for colleagues working in the reablement service.	Head of OD
16/HR023	**6. <u>Strategic priorities and high impact actions for 2016</u>** The Director of HR presented this paper as a work in progress and updated the Committee with a summary of the progress made against the Workforce and OD priorities for 2016/17. The Director of Nursing asked how staff safety incidents are being measured. The Director of HR (DoHR) stated that a list of codes were produced from the Datix system with regards to staff related safety incidents. The next report will include a summary of these categories. The Chief Operating Officer (COO) queried the overall compliance rate of clinical supervision and stated that it would be difficult to report this on a monthly basis. The DoHR stated that SystmOne system can record supervision but following discussions with the Head of Performance this was not deemed the appropriate system to record supervision. The DoHR suggested that a field regarding supervision each month is added to the ESR system. RC suggested that the indicators that were set at a high level may mask some of the underlying issues. The DoHR stated that the strategy update report presented at every meeting would provide details of all the metrics that were contributing to the overall indicator. RC suggested that the number of unfilled roles could be split out (clinical and non-clinical) in the priorities and the DoHR agreed to include more detail along with the dashboard for the next report. The Head of HR suggested merging the recruitment & retention and the workforce reports together to enable	Director of HR Director of HR

APPROVED

Item	Minute	Action
	information to be better triangulated. The Committee **reviewed** the draft scorecard and further key performance indicators were discussed. The Committee agreed that they will review the available measures and discuss what the Committee would like to see and recommend level of detail needed at the next Committee meeting.	Director of HR
16/HR024	**7. <u>Workforce, Education and Development (WED) Report</u>** The Director of HR presented the WED report which focused on progress against the CQC QIP plan. The report outlined the priorities that have been addressed by the Trust to ensure effective education, learning and development strategies are in place to support the achievement of the training outcomes NSS queried the governance around the CQC QIP and asked if the changes in timeframe have been approved. The Director of Nursing (DoN) stated that this plan is overseen by the CQC QIP Working Group and any revision to completion dates are discussed and agreed through this forum. NSS asked if there are capacity issues within teams to achieve the plan and the DoN confirmed that this was an issue. The Director of HR (DoHR) stated that the CQC picked up disparity between local and central reporting of training during their visit in June 2015. Frameworks have been built from scratch regarding mandatory and essential to role training to resolve this issue albeit has been quite time consuming. RC stated that he is unsure as to whether this report would be disclosable in terms of the CQC re-visit; as it does not fully reflect points made regarding the issue identified. This should be more transparent when presenting to the board so it doesn't look like a "quick fix". The Committee **received** the report and **noted** the progress made against the Care Quality Commissioning QIP.	
16/HR025	**8. <u>Staff Survey Results 2015</u>** The Director of HR stated that the full survey results were	

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Item	Minute	Action
	previously circulated to the Committee in February 2015. The report presented to the Committee was a summary of the Trust's results compared to the national average. JM thanked the DoHR and stated that this is a really useful report and easy to understand. A discussion took place regarding the improvements that need to be made regarding staff recommending the Trust as a place to work and it was suggested that the Director of HR include benchmark data in future reports so that the Trust could learn from best practice. The DoHR highlighted the importance of a robust quality impact assessment process given that the survey results were strongly indicating that staff felt under resourced. This was a key indicator in the Mid Staffordshire review and the more recent report into the failings of Liverpool Community Trust. The Committee **reviewed** the staff survey results. The Chair took agenda item 17 next.	
16/HR034	**17. Workforce plan 2016/17** The Deputy Director of Finance (Deputy DoF) presented the Workforce Plan for 2016/17. JM asked if GCS are working outside of the requirements of the service specifications and the Chief Operating Officer confirmed that we are doing very little work outside of these. However as the service specifications were quite broad it was difficult to identify activity that the Trust was not funded for. NSS asked when would GCS get to a stage when the Trust can no longer take agency staff to reduce our agency spend. There is a limit of £2.37 million to spend on agency usage to include medical agency under the revised agency cap rules. The DoN confirmed that this was being closely monitored by the Agency group. It was agreed that the Head of HR would include more information about the Trust's position in relation to the agency cap in the next workforce report to the Committee. The Deputy Director of Nursing stated that Gloucestershire Hospitals Foundation Trust (GHFT) have a scheme for their part time staff on the bank. NSS suggested that more intelligence is needed around the bank staff at GHFT	Head of HR

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Item	Minute	Action
	regarding their shifts. NSS enquired about the "bottom up" workforce plan and it was agreed that the COO and the DoHR will bring a finalised report to the September Committee. The Committee **noted** the final version of the high level workforce plan and **agreed** the timeframe in which "bottom up" workforce plans should be developed and submitted to the Committee. The Chair took agenda item 9 next.	Head of HR Director of HR/ COO
16/HR026	**9. <u>Listening into Action progress report</u>** The Ambassador for Cultural Change presented the LiA progress report and updated the Committee on progress up to April 2016. The Ambassador for Cultural Change discussed how Croydon have implemented the 'Let's do it' campaign to empower colleagues. This accreditation was awarded to Croydon in 2015 for the first time and they are the only Trust to have received this Kitemark. JM queried the accreditation criteria and asked what corporate interventions were made to stop/fix non-value added activity. The Ambassador for Cultural Change confirmed that one thing they are looking at is email etiquette. RC asked if there is an overlap on the accreditation Investors in People. The Director of HR confirmed that there is some overlap but IIP assess through interviews and surveys. RC asked how many colleagues out of the 3,000 have been influenced by LiA. The DoHR stated that everytime this is mentioned at meetings and team meetings, colleagues confirm that they have heard of LiA. The challenge is getting them involved directly The Committee **approved** the contents of the paper and **noted** the progress to date.	
16/HR027	**10. <u>Freedom to Speak up progress report</u>** The Ambassador for Cultural Change presented the report and discussed the Sir Robert Francis report published on 11 February 2016.	

APPROVED

Item	Minute	Action
	The Director of HR will circulate the national NHS Whistleblowing Policy that was issued in April 2016. The DoHR attended the last Audit and Assurance Committee and stated that from a governance perspective, the Raising Concerns policy needed to be amended to reflect the additional route of the Ambassador for Cultural Change for colleagues to raise concerns. The DoHR confirmed that the Ambassador for Cultural Change will be bringing regular reports through this Committee regarding the nature of concerns that have been received. RC asked if there is any conflict with the LiA work that the Ambassador for Cultural Change does and the Ambassador for Cultural Change stated there is not conflict and if there ever was a concern regarding the two roles, this would be raised immediately. NSS asked the Committee how frequently will Freedom to Speak up come back through the Committee and it was agreed that it would be presented at every other meeting. The Committee **approved** the contents of the report and **noted** the progress to date.	Director of HR
16/HR028	**11. <u>Appraisal update report</u>** The Head of Organisation Development (Head of OD) presented the appraisal update report and provided the Committee with an overview of the activities the Trust is undertaking to improve the quality of appraisals and appraisal completion rates. Across the trust, the compliance is 79.36%. The Chief Operating Officer stated that the Service Transformation directorate needs revisiting as this has changed so the data may not be accurate. NSS asked what happens to “worst offenders” if their compliance does not improve. The Director of HR stated that this is picked up through the Workforce and OD Steering Group. RC asked how managers are approached if they are ‘worst offenders’. The COO stated that colleagues should be booking in their own appraisals with their Line Managers and taking responsibility for their appraisal. The Head of OD	Head of OD

APPROVED

Item	Minute	Action
	and the Head of Communications will look into communicating this to colleagues. The Committee **noted** the action being taken to improve the quality and appraisals completion rate. The Deputy Director of Finance left the meeting at 11:44am.	
16/HR029	**12. <u>Workforce risk register</u>** The Director of HR presented the Workforce risk register and stated that all workforce related risks of 12 or more are submitted to the Committee for review. The Director of HR confirmed that risks rated less than 12 were reviewed by the Chief Operating Officer along with all other service risk registers to ensure that occurrence in a number of areas did not increase the risk rating. The Committee agreed that they would like to see risks of 12 and above on the report for future meetings. The Committee **reviewed** the risk register and **approved** the rating of the risks within the register. JM left the meeting at 11:46am.	
16/HR030	**13. <u>HR Policy Development</u>** The Head of HR presented the HR Policy Development report and updated the Committee with an overview of the Trust's position regarding HR policy and development review. 32 policies are up to date, 9 are under review, 4 policies are overdue and there is 1 policy to develop. There are a number of corporate policies so the Head of HR will be speaking to the relevant Managers to see whether these should sit under HR. NSS gave her amendments to The Head of HR regarding the Corporate and Mandatory Training policy. The Director of Nursing queried the policies overdue with regards to the Equality, Diversity and Human rights policy. The DoN enquired as to whether this policy was still needed. The Director of HR confirmed that there is a requirement to have a policy but that it may not sit under HR.	Head of HR

APPROVED

Item	Minute	Action
	The DoN asked whether the use of the internet policy should be part of the Social Media Policy. The Head of Communications agreed to review the content of both and advise the Head of HR regarding the best approach. The Committee **approved** the amendments on page 4 to the Grievance Policy and **approved** the Corporate and Mandatory Training Policy (subject to minor amendments). The Committee **noted** the schedule.	Head of Communications
16/HR031	**14. <u>Annual Committee report</u>** The Director of HR presented first draft of the annual committee report on the activities and accomplishes of the Workforce and OD Committee for 1 April 2015 to 31 March 2016. RC asked if there is there a common template for all Committee's and the DoHR confirmed that she is not aware of a template. NSS has some changes regarding the language used for some of the outcomes and has given amendments to the DoHR. RC stated that all Committee members have just completed effectiveness surveys with regards to the Committees they attend. The review results may be useful to be included within this report. The Committee **reviewed** the annual statement and **approved** for onwards submission to the Trust Board in May 2016.	Director of HR Director of HR
16/HR032	**15. <u>Workforce Report (including summary of hotspots)</u>** The Head of HR presented the Workforce Report and provided the Committee with an overview of the Trust's position regarding its progress against the key HR performance indictors (KPIs). The Director of Nursing stated it would be useful to triangulate information; for example agency and bank requests to cover short term sickness at weekends and bank holidays is being highlighted as an issue. The Head of HR confirmed that the bank office are working closely with the HR operations team to ensure this issue is monitored and managed appropriately.	

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Item	Minute	Action
	Within the guidance and templates to support managers, there is calendar for managers to use to highlight any patterns to sickness absence for individuals. NSS noted that the teams that were part of the 're-energise' project seem to have improved their sickness figures. The Director of HR will look into this to see if it has made a positive impact. The Committee **noted** the report as work in progress.	Director of HR
16/HR033	**16. <u>Recruitment and Retention report</u>** The Head of HR presented the Recruitment and Retention report and updated the Committee with the vacancy position across all directorates and identified 'hot spots' and areas of concern. The DoHR shared the reasons for leaving for nursing last year. The top two reasons were retirement and worklife balance. This has triggered the work with Timewise to look at flexibility. The Head of HR suggested the workforce report include recruitment and retention, bank and agency information and measure performance against all the HR KPIs. The Deputy Director of Nursing asked whether the Trust is looking into using NHS professionals to book bank shifts. The Head of HR is looking into this and what they can offer. The Head of HR stated that GCS are looking to have a 'bank plan' to look at ways of improving the uptake on the bank register This will include: • Branding • Commitment to a regular number of shifts • Substantive colleague who maintain their professional registration undertaking bank shifts on a regular basis. The Committee **reviewed** the report and **agreed** a combined workforce report. The Chair took agenda item 19 next.	
16/HR036	**19. <u>Forward Agenda Plan</u>** The following updates were made to the Forward Agenda Plan.	

APPROVED

Item	Minute	Action
	• June – combine LiA update with accreditation review. • Freedom to speak up update to every other meeting (next one August). • June – Workforce and OD Strategy and Communication and internal engagement strategy • Combine recruitment & retention and workforce report into one. The Chair took agenda item 18 next.	
16/HR035	**18. <u>Minutes from sub-committee</u>** The Committee **approved** the following minutes. • Workforce and OD Steering Group – 1 February 2016 • JNCF – 10 February 2016 • Workforce, Education and Development Group – 23 February 2016	
	Date and Time of Next Meeting: 13 June 2016, 10am-12pm - Boardroom The Chair closed the meeting at 12:15pm.	

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Gloucestershire Care Services NHS
NHS Trust

Gloucestershire Care Services NHS Trust

WORKFORCE AND ORGANISATIONAL DEVELOPMENT STRATEGY

2016 – 2017
Version: 3.0

To inspire commitment to a shared vision, culture and set of values that supports the delivery of high-quality person-centred care

Version control	
Document reference:	
Version:	3
Approved by:	Workforce and Organisational Development Committee
Originator/Author:	Tina Ricketts, Director of Human Resources
Owner:	Linda Gabaldoni, Head of Organisational Development and Improvement
Executive lead:	Tina Ricketts, Director of Human Resources
Date issued:	July 2016
Review date:	April 2017

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1.0 Executive summary

This Workforce and Organisational Development Strategy is a key document that draws together the Trust's approach to ensure Gloucestershire Care Services NHS Trust is seen as an employer of choice. This main aim of this strategy is to ensure colleagues feel valued, supported and entrusted, thus enabling high quality services to be delivered that enhance the experiences and outcomes of service users, carers and families across Gloucestershire.

This strategy is built upon the achievements made over the last three years, and recognises the challenging landscape ahead which strategically impacts on our workforce.

A comprehensive review of the feedback received from colleagues during 2015 was undertaken which identified three priority areas for this strategy:

- Valuing our colleagues
- Realising our colleagues full potential
- Supporting our colleagues

A team of community nurses who provide end of life care

The contribution of all of our colleagues is key to the success of this strategy and it is the responsibility of the leadership team to demonstrate commitment to looking after the interests of our colleagues, building trust and enabling them to get on with their jobs whilst unblocking things that get in their way.

The Trust has adopted two key approaches to support this ambition – the CORE Values Behavioural Framework and Listening into Action. We also run annual Celebrating You Awards, to celebrate and say "thank you" to outstanding individuals and teams who work across the Trust.

Our CORE values guide the way we behave and interact with our service users and our colleagues:

Values:	Behaviours:
Caring	• Acting in the best interest of service users • Respecting and valuing others
Open	• Open in our communication • Connecting with others and working across boundaries
Responsible	• Owning our actions • Professional in attitude
Effective	• Ensuring the best outcomes • Realising your full potential

In order to achieve our strategic priorities and live our values and behaviours it is of paramount importance to the Trust that we value, support and realise colleagues full potential to ensure they are equipped and able to deliver high quality health and social care services.

This is a working document, and it will continue to evolve as and when new challenges emerge.

2.0 Context

2.1 How this strategy links to the Trust's strategic objectives and priorities

This strategy aims to fulfil the Trust's strategic objective to *value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision.*

The key strategic challenges this strategy aims to address are:

- The recruitment and retention of the right staff, with the right skills, in the right place to ensure we deliver high quality services and care
- The assurance that colleagues have the behavioural and clinical skills, knowledge and expertise to deliver high quality care
- To be an employer of choice and develop a culture that creates a positive working environment where colleagues feel engaged, motivated, treated fairly and supported to deliver best care
- Great leadership capability and capacity to ensure colleagues understand the Trust's priorities, feel valued as an individual and part of a team with a clear sense of purpose and understanding

The key workforce and organisational development operational priorities and risks are summarised in Table 1 below**:**

Table 1: Workforce and Organisational priorities and risks by theme

Workforce	Organisational Development
Workforce capacity to meet demand The increase in demand on services coupled with vacancy rates within qualified nursing and allied health professions may impact on the quality and level of service provided. This may also be having an impact on colleague morale and sickness absence as colleagues frequently report that they do not have enough resources to meet demand	**Culture to support engagement and freedom to speak up** The CQC report states that the threshold for reporting incidents within the Trust was too high and that improvements need to be made in how learning from incidents is shared across the organisation. This may be having an impact on colleague morale and engagement and in ensuring the Trust maintains a safe and effective service for patients.

Workforce development The lack of an overall workforce development plan linked to the Trust's Integrated Business Plan may impact on the pace of future service transformation and development	**Leadership capability and capacity** Insufficient leadership capability and capacity within the organisation may be impacting on the pace of service transformation and development
Retention There has been an increase in the overall turnover rate which is impacting on workforce capacity	**Colleague satisfaction** The Listening into Action pulse check, staff friends and family test and NHS staff survey results all indicate that colleague engagement and satisfaction require improvement.

A number of key workforce and organisational development performance indicators are monitored by the Trust and the areas requiring improvement, as at 31st March 2016, are shown in Table 2 below**:**

Table 2: Key workforce performance indicators requiring improvement as at 31st March 2016

Key Performance indicator	Performance 31st March 2015	Performance 31st March 2016
Appraisal (Performance development review) completion rate	71%	77%
Staff FFT (recommending Trust as a place to work)	51%	51%
Mandatory Training (excludes resuscitation and safeguarding)	71%	82%
Sickness absence	4.89%	4.68%
Turnover	14.70%	15.16%

2.1 National and local Context

In addition to the internal challenges as detailed above, the Trust operates in a sector that has considerable financial pressures and staff shortages. Furthermore, the NHS is currently going through a further period of change with the development of the Sustainability and Transformation footprints. Like other areas of the country, we are working with partners from health and social care on initial ideas that outline plans to strengthen the resilience, sustainability and integration of local services. The approach is consistent with the County's overall strategy; 'Joining up your Care (JUYC)' and informed by the Five Year Forward View – to deliver better health, better patient care and improved efficiency.

As well as reducing clinical variation across the county (ensuring best clinical practice) and making best use of medicines, the plan includes:

- Enabling Active Communities – with a real focus on prevention and self-care, developing networks of community support (asset based community models); building on achievements in social prescribing/cultural commissioning and strengthening carer support.

- Introducing the 'Place' model - a local community model with GP practices at its core, with self-defining systems of populations of at least 30,000 people.

- The 'Pathway' model - improving countywide, 'joined up' care pathways (the person's journey through care) with a focus on the respiratory care pathway, end of life care and dementia.

Looking ahead, as a Trust we believe that by all working together in Gloucestershire in a joined up way there is an opportunity to build stronger, healthier communities and transform the quality of care and support we provide to all local people.

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

- Less dependent on health and social care services
- Living in healthy communities and benefitting from strong networks of community support
- Able to access high quality care when needed in the right place, at the right time.

To meet the challenges of a growing population with more complex needs, we are going to have to accelerate the pace of change and be even more ambitious and innovative in how we organise services and use the resources available to us.

Another important aspect of this strategy is to support the Trust in delivery of the requirements of the Care Quality Commission Improvement plan and ensure the Trust is on track to raise our standards and meet the requirements to continuously improve the delivery of our services and improve our rating.

3.0 Colleague Feedback

To better understand the key workforce and organisational development priorities for the Trust a comprehensive review of the NHS Staff Survey, Listening into Action Pulse Check, Staff Friends & Family Test and feedback received from internal engagement events in 2015 has been undertaken.

3.1 NHS Staff Survey Results

The key findings in the NHS Staff Survey 2015, which compares the Trust with other community trusts, are shown in Table 3 below:

Table 3: NHS Staff Survey

Positive findings
Staff recommending the Trust as a place to receive treatment
Staff agreeing that their role makes a difference to patients/ service users
Staff motivation at work
Effective team working
Support from immediate manager
Percentage of staff appraised in last 12 months
Percentage of staff believing the organisation provides equal opportunities for career progression
Percentage of staff reporting incidents
Areas highlighted as requiring improvement
Staff experiencing discrimination at work
Staff experiencing physical violence from patients, relatives, public or colleagues
Staff experiencing harassment, bullying or abuse from patients, relatives, public or colleagues
Staff satisfied with the opportunities for flexible working patterns
Staff satisfied with the fairness and effectiveness of procedures for reporting errors, near misses and incidents
Staff reporting errors, near misses or incidents witnessed in the last 12 months
Staff confidence and security in reporting unsafe clinical practice
Staff satisfaction with the quality of work and care they are able to deliver
Recognition and value of staff by managers and the organisation
Staff reporting good communication between senior management and staff
Staff able to contribute towards improvements at work
Staff satisfaction with level of responsibility and involvement
Quality of appraisals
Staff satisfaction with resourcing and support
Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

3.2 Listening into Action Pulse Checks

The regular pulse checks undertaken during 2015 have confirmed that the Listening into Action Programme, introduced in 2013, has had a positive impact on the culture of the organisation. Improvement was seen across all 15 questions. For example, 72% of colleagues believe we are providing high quality services to our patients/service users – an increase of 4% from the last Pulse Check, and an increase of 12% since Listening into Action began. However, there is still improvement to be made in the following areas:

- Only 20% of colleagues feel day-to-day issues and frustrations that get in their way are quickly identified and resolved - which is a decrease of 8% from the last Pulse Check.
- Only 26% of colleagues think communication between senior management and colleagues is effective – which has remained low throughout the three Pulse Check surveys.

3.3 Staff Friends and Family Test

The results of the staff friends and family test (FFT) which is run each quarter shows that the Trust scores above average for recommending the Trust as a place to receive treatment but below average for recommending the Trust as a place to work. Since the survey was launched in April 2014 the results for the Trust are shown in Table 4 below:

Table 4: Staff FFT results

Quarter	Total Responses	% Response	% recommend - work	% not recommend - work	% recommend - care	% not recommend - care
Q1 2014/15	573	17%	53%	22%	79%	3%
Q2 2014/15	468	14%	49%	21%	78%	4%
Q3 2014/15	425	47%*	52%	16%	68%	8%
Q4 2014/15	532	20%	50%	25%	81%	4%
Q1 2015/16	467	14%	52%	25%	85%	2%
Q2 2015/16	439	14%	51%	23%	81%	4%
Q3 2015/16	390	50%*	51%	17%	74%	5%
Q4 2015/16	114	27%	37%**	35%	73% **	4%

*Quarter 3 results are taken from the NHS Staff Survey which is sent to approx. 800 employees. The response rate is based on this sample size. ** based on smaller targeted sample group and therefore is not representative of the Trust's overall position

Nationally the percentage of staff who would recommend their organisation to friends and family in need of care/treatment is 77%, whilst the percentage who would not recommend their organisation is 8%. Nationally the percentage of staff who would recommend their organisation to friends and family as a place to work is 62%, whilst the percentage who would not recommend their organisation is 19%.

A review of the comments received from colleagues to support their rating for recommending the Trust as a place to work found that the highest number of comments relate to the culture of the organisation. The top three positive themes are job satisfaction, supportive employer and teamwork. The top three areas requiring improvement are demand and capacity, too much change and cultural issues.

3.4 Other colleague feedback

To ascertain whether the themes from the staff friends and family test is reflective of how colleagues feel, a review of the feedback received at the 90 plus internal engagement events held 2015 has been undertaken. Four themes have emerged from these events:

- *Concerns around integration*; colleagues feeling systems are disjointed
- *Technology;* colleagues feeling that they do not have the proper equipment, IT not working, issues with mobile working and technology not being used to its full potential. Issues came up across at all the events about the rollout of SystmOne
- *Culture;* colleagues feeling done to, not being communicated with; not understanding the roles of senior managers and feeling disengaged
- *Communications*; colleagues feeling that communication is poor within teams, and also Trust wide, particularly around service change; colleagues feeling out of the loop;

a general feeling of over-reliance on email and not enough emphasis on face to face communication; increased visibility of senior managers is needed.

3.5 Summary of Themes

The themes from the staff survey, pulse check, staff FFT and internal engagement events can be summarised as follow as shown in Table 5 below:

Table 5: Summary of emerging themes

Theme No	Priority Area
Theme 1	Internal communication
Theme 2	Culture, including equality, diversity and engagement
Theme 3	Demand & capacity (Workload management)
Theme 4	Support from employer (main themes being personal development, career progression, leadership & management development, flexible working)
Theme 5	Too much change
Theme 6	Integration
Theme 7	Technology (including system one rollout)
Theme 8	Freedom to speak up (patient safety)
Theme 9	Sickness absence and presenteeism (being in work, but due to illness not fully functional)

Positive themes to emerge were job satisfaction; teamwork; pay and benefits and quality of services provided**.**

4.0 Workforce and Organisational Development Priorities

Based on the above context and colleague feedback the Trust has identified three strategic priorities under this strategy:

Priority one: Valuing our colleagues

Ensure colleagues feel valued, supported and fairly treated by the organisation through Listening into Action and targeted communication, involvement and engagement activities. Be clear on Trust priorities, team and individual objectives and how these are set in both the national and local contexts. Recognise the valuable contribution colleagues make to patient care and experience through local and trust-wide recognition schemes.

Priority two: Realising colleagues' full potential

Ensure all colleagues have access to protected learning time to fulfil their mandatory, continued professional development and professional registration requirements. Support colleagues' career progression through structured competency frameworks. Ensure effective and accountable leadership and management across the Trust so that all colleagues have access to regular supervision, team meetings and 1:1 meetings with their manager.

Priority three: Supporting our colleagues

Through Listening into Action and the CORE values framework embed a culture where colleagues feel empowered to make change and supported to raise concerns. Offer a range of service friendly flexible working opportunities to enable colleagues to maximise their work/life balance. Improve colleagues' health and wellbeing by offering a range of health promotion initiatives whilst maximising support during periods of sickness absence. A focus on colleague health and wellbeing is in line with the Trust's CQUIN priorities.

The key benefits of these priorities will be:

- The required organisational capacity, with skilled staff, delivering high quality services, whilst making cost efficiencies during periods of complex change
- A culture of continuous development
- The Trust being recognised as an employer of choice
- An organisation that attracts and retains talented people
- An organisation that provides great leadership
- Healthier workforce

The key outcomes of these priorities are shown in Table 6 below:

Table 6: Key outcomes measures

Key Outcome	How we will measure	Target by March 2017
Increase in colleagues recommending the Trust as a place to work	NHS staff survey	>55%
Improvement in the compliance rates of appraisals	Workforce data	95%
Improvement in the quality of appraisals	NHS staff survey	Increase to above average for community trusts
Improvement in compliance rate of mandatory training	Workforce data	85%
Improvement in the compliance rates for colleague supervision	Workforce data	The process for recording is being developed
Reduction in the percentage of physical incidents from patients, relative or public	NHS staff survey	7%
Reduction in sickness absence	Workforce data	4%
Reduction in staff experiencing harassment, bullying or abuse	NHS staff survey – various measures	Decrease to below average for community trusts
Reduction in turnover rate	Workforce data	12%

5.0 Principles of the Workforce and Organisational Development priorities

Our activities will be aligned to the three strategic priorities and based on:

Valuing our colleagues by:

- Ensuring clear communication of progress on the Trusts strategic priorities
- Recognising and reminding colleagues of their achievements
- Further embedding our CORE values and behaviours framework
- Increasing the number, and improve the quality of completed Personal Development Reviews/Appraisals

Realising our colleagues full potential by:

- Supporting colleagues with their behavioural and clinical skills through mandatory training, continued professional development and professional registration requirements
- Supporting students, apprenticeships and work placements with their learning requirements
- Supporting colleagues with their career progression through structured competency frameworks
- Ensuring effective and accountable leadership and management across the Trust
- Ensuring all colleagues have access to regular supervision, team meetings and 1:1 meetings with their manager

Supporting our colleagues by:

- Embedding through Listening into Action and the CORE values and behaviours framework a culture where colleagues feel empowered to make change and are supported to raise concerns
- Become an employer of choice and develop a culture that creates a positive working culture and promotes equality and diversity
- Offering a range of service friendly, flexible working opportunities to enable colleagues to maximise their work/life balance
- Improve colleagues' health and wellbeing by offering a range of health promotion initiatives whilst maximising support during periods of sickness absence

6.0 Delivery of the Workforce and Organisational Development Strategy

To support the delivery of the three strategic priorities the Workforce and Organisational Development Committee has identified twelve high priority actions which can be seen in table 7 below, the Implementation Plan. The success of the strategy will be measured through key performance indicators as described in table 6 above.

Table 7: Workforce and Organisational Strategy Implementation Plan 2016/17

	Action	Lead	Supported by
1	Listening into Action (year 3) – Further embed the LIA approach across the organisation through the 10 big ticket items and 5 enabling our people schemes. Achieve Listening into Action accreditation.	Ambassador of Cultural Change	
2	Produce "Team Map" for the Trust. Support Head of Service to develop service/ team level objectives and scorecards and embed these within the appraisal process.	Head of Communication	Head of OD
3	Develop and deliver internal communication & engagement plan based on "team map" and feedback from the Renergise project.	Head of Communication	
4	Hold annual colleague award ceremony. Introduce monthly team awards as part of internal communications and engagement plan.	Head of Communication	Head of OD
5	Through the Workforce Education & Development Group refresh statutory, mandatory & essential to role training matrices. Update policy to mandate protected learning time to undertake this training.	Head of Professional Practice & Education	
6	Develop & deliver annual training event calendar so that all colleagues can achieve their continued professional development requirements whilst being engaged in key issues of the organisation. Use celebration events to reward best practice	Head of Professional Practice & Education	
7	Develop and implement Trust standards so that all colleagues have access to regular supervision, team meetings and 1:1 meetings with their manager.	Head of OD	Head of Communication
8	Embed CORE values framework within appraisal and recruitment processes.	Head of OD	
9	Undertake a review of the Trust's approach to flexible working and develop best practice that fits with the Trusts strategic objectives and priorities	Head of HR	
10	Improve workforce planning capability & capacity across the Trust. Develop a "bottom up" 3 year workforce plan.	Head of HR	Head of Professional Practice & Education
11	Develop and implement a Colleague Health & Wellbeing Plan.	Head of OD	
12	Revise the policy for raising concerns and develop an action plan to support the reporting of incidents	Ambassador of Cultural Change	

7.0 Links to other Strategies and Plans

This document is supported by the following Trust publications which should be read in conjunction with this strategy:

1. The Communication and Internal Engagement Strategy
2. The Quality Strategy
3. The Clinical Strategy
4. Strategic Workforce Plan
5. Colleague Health and Wellbeing Plan
6. Workforce Education and Development Plan
7. Equality and Diversity Objectives

8.0 Accountability and Assurance

The Trust's Board is responsible for setting and agreeing this strategy. The Workforce and Organisational Development Committee is responsible for overseeing its development, implementation and effectiveness. The Committee is also responsible for seeking assurance that the Trust is aware of all key workforce & OD risks and that appropriate actions are being taken to mitigate these.

Two subgroups have been set up to provide the Committee with assurance and information:

- Workforce and Organisational Development Steering Group
- Workforce Education and Development Group

HR policy development is overseen by the Trust's Joint Negotiating and Consultative Forum. Approved policies are submitted to the Workforce and Organisational Development Committee for ratification.

9.0 Consultation Process

Previous iterations of this strategy document (including in the format of a strategy on a page) have been shared with the Workforce and Organisational Development Steering Group, Joint Negotiating and Consultative Forum, the CORE Colleague Network, Executive Directors and the HR Directorate. All comments received have been taken into consideration in this final draft.

The final draft of the strategy was submitted to the Workforce and Organisational Development Committee in June 2016.

Gloucestershire Care Services NHS
NHS Trust

COMMUNICATIONS AND INTERNAL ENGAGEMENT STRATEGY

2016-17

To be an effective communicator ensuring the full engagement of colleagues, service users, carers and the public

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Appendix 1 – Stakeholder mapping / segmentation
Appendix 2 – Key achievements of the communication strategy for the period in 2015/16

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1.0 Executive summary

Gloucestershire Care Services NHS Trust has a vision to be the service people rely on to understand them and to organise their care around their lives.

The need to communicate and engage well with our colleagues, the public, service users and our stakeholders is pivotal to the success of the Trust, particularly against a challenging backdrop of rising demand for our services during periods of financial constraints, and an ever-changing health and social care landscape.

The increasing role of colleague engagement is vitally important for service transformation and development, celebrating Trust-wide successes, and driving greater candour and openness.

The Trust is still a relatively young organisation, and we need to continue developing our brand identity, so that it resonates with all our stakeholders.

The Trust is committed to continually improving communication and engagement and understands the importance of clear, honest, timely and relevant communication. One of the most difficult challenges for a disparate organisation is to find ways to effectively engage with its employees, especially with ever-changing technology and new ways to communicate being developed every day, we need to ensure we're reaching colleagues in a way that suits them.

The Trust has already started to lay the foundations for good communication and internal engagement and this strategy sets out a number of actions required to deliver our aspiration for first-class communication with all of our stakeholders.

This strategy will provide a framework for the delivery of effective communications during 2016-17, recognising the challenges we face while ensuring we are equipped to position ourselves as a clinically-led provider of consistently high quality community services.

Our high level communications objectives are listed below:

a. Provide the public with clear and accurate information about the Trust and the community services we provide
b. Keep colleagues informed and engaged; feeling valued, involved and clear about how their work connects to the strategic priorities of the Trust and vice versa
c. Increase recognition of the Trust among our key stakeholders and support our wider engagement strategies to build the Trust's reputation as a provider and employer of choice.

Our high level engagement objectives are listed below:

a. Increase the awareness of Trust's reward and recognition schemes
b. Provide managers with a toolkit and implementation guide to assist and encourage colleague engagement within their service areas
c. Encourage and foster innovation by giving colleagues a voice and a
d. stake in the future development and sustainability of the Trust through providing the Listening into Action (LiA) platform to share, recognise and deliver new ideas.

2.0 Introduction

2.1 Context

Gloucestershire Care Services NHS Trust (the Trust) was established in March 2013. As a new brand we still need to continue creating an identity that our colleagues and stakeholders can relate to, which will help to enable their full engagement with the Trust's vision, values and objectives.

The Trust's previous communications and engagement strategy was agreed in March 2014, which sought to outline the Trust's aspirations and direction of travel for communications and engagement over the next five years.

Since March 2014, progress has been made in a number of areas to strengthen communications and engagement, but there remains more to do to support the delivery of the Trust's priorities.

The Trust's strategic objectives are:

a) Achieve the best possible outcomes for our service users through high quality care
b) Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work
c) Actively engage in partnerships with other health and social care providers in order to deliver seamless services
d) Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision
e) Manage public resources wisely to ensure local services remain sustainable and accessible

On 1 April 2016, internal engagement responsibilities transferred to the communications team, while external engagement remained with the planning, compliance and partnerships team.

Colleagues working for the Trust have thousands of contacts with service users every week, and every one of them is a reflection of our approach to communications and engagement. Making sure that every service user, relative, colleague, GP, partner organisation, regulator or journalist experiences high-quality communication is not the responsibility of a particular team or department. It requires everyone to play their part, with clear and consistent standards across the Trust.

Examples of current opportunities:

- The Trust is still a relatively young organisation, and we need to continue developing our brand identity, so that our broad range of community services resonate with colleagues, service users and local communities
- Communication is the cornerstone of an engaged workforce. One of the most difficult challenges for any organisation today is to find ways to effectively speak to its employees, especially within a dispersed organisation, with ever-changing

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technology and new ways to communicate being developed every day. We need to ensure we're reaching colleagues in a way that suits them
- Line managers can be significant contributors to improving employee engagement. They have the most day-to-day interaction with colleagues, so we need to equip them with a range of information, tools and resources to help improve colleague engagement
- It is an employee's market in many of our services, so to attract, recruit and retain the best colleagues, the Trust needs a strong reputation and unique selling points that set us apart from others

2.2 Scope of this strategy and related documents

The communications aspect of this strategy focuses on strengthening the core communications channels we use to engage with our key stakeholders, and particularly internal communications.

Effective internal communications has the potential to have a positive influence on not just our colleague engagement, but also in how our colleagues interact with external stakeholders. Priorities for development over the next year are identified in section 7. This document should be read in conjunction with:

a. The Workforce and Organisational Development Strategy, and
b. The External Engagement Strategy

Internal engagement is one of the priorities within the Workforce and Organisational Development Strategy. Colleague engagement means involving our colleagues in defining what great experience is, helping to shape the systems and processes that deliver it, and "living the core values" of our organisation.

2.3 Current position

With this background in mind, this Communications and Internal Engagement Strategy seeks to achieve measurable outcomes by communicating with the Trust's stakeholders in ways which are compelling, clear, relevant and credible. In doing so, the Trust will listen and respond to service users and carers, the public, its workforce and all other stakeholders, so that the organisation is shaped by the people it serves or who workwithin it.

2.4 Review

We have set a one year timeframe on this strategy and the associated action plan covers from April 2016 to March 2017.

The objectives in this strategy will be implemented through annual delivery plans with agreed key performance indicators (KPIs). Progress will be reviewed and monitored by the Workforce and OrganisationalDevelopment Committee.

The strategy will be reviewed in April 2017.

3.0 Principles and approach to communications

Communication is a two-way process of giving and receiving information through any number of channels. Whether speaking formally to a colleague, addressing a conference or meeting, writing a newsletter or formal report, basic principles apply.

3.1 Best practice principles for communications

a. Be clear and accurate, know our audience, know our purpose, and know our topic
b. Be inclusive and meaningful, ensure messages are targeted and tailored, timely and honest, value people, and provide a follow-up on effectiveness

3.2 Our approach to communications

a. Consistent with the Trust's core values and behaviours
b. Linked to strategic priorities and business plan priorities
c. Built on and responsive to insight

4.0 Objectives and benefits

4.1 Our communications objectives

Our high level communications objectives are listed below:

a. Provide the public with clear and accurate information about the Trust and the community services we provide
b. Keep colleagues informed and engaged; feeling valued, involved and clear about how their work connects to the strategic priorities of the Trust and vice versa
c. Increase recognition of the Trust among our key stakeholders and support our wider engagement strategies to build the Trust's reputation as a provider and employer of choice.

Our plans for delivery against these objectives are set out in the priorities in section 7.

4.2 Our internal engagement objectives

Our high level engagement objectives are listed below:

a. Increase the awareness of Trust's reward and recognition schemes
b. Provide managers with a toolkit and implementation guide to assist and encourage colleague engagement within their service areas
c. Encourage and foster innovation by giving colleagues a voice and a stake in the future development and sustainability of the Trust through providing the Listening into Action (LiA) platform to share, recognise and deliver new ideas.

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Our plans for delivery against these objectives are set out in the priorities in section 7.

5.0 Stakeholder mapping / segmentation

Stakeholders can be defined as any person or group of people who have a significant interest in services provided, or who will be affected by any planned changes. A full list of our stakeholders can be seen in Appendix 1.

6.0 Progress to date

6.1 Key achievements of the communication strategy for the period in 2015/16 can be seen in Appendix 2.

7.0 Channels

7.1 Current channels

The table below outlines some of the established channels which the Trust uses to communicate with all our stakeholder groups.

CHANNEL	SUMMARY	AUDIENCE	FREQUENCY	LEAD
Face to Face				
AGM	Showcase the wide range of health and social care services. Present the Trust's annual report and quality account	Open to all stakeholders	Once a year (November)	Planning, Compliance & Partnerships Team
Board Meeting	Bi-monthly meetings which are open to the public	Public	Bi-monthly	Chair & Chief Executive
Celebrating You Staff Awards	The awards serve to recognise outstanding individuals and teams who work across community health and adult social care, providing exemplary services to local people	All colleagues	Once a year	HR & Communications
Core Colleague Network	Monthly meetings with Trust budget holders	Budget holders	Last Thursday every month	Chief Executive
Community Health Hero Award	Patients, carers and their families are given the opportunity to acknowledge health and social care professionals who have gone "above and beyond" to deliver exceptional care in the county	Public	Once a year	HR & Communications
Community Hospital Fairs	Local engagement opportunities with the league of friends, service users, carers and the public	Public	Once a year	Matron & League of Friends
Understanding You	Executive team presentations on the Trust's strategic direction	All colleagues	Twice a year	Communications Team

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Digital				
Facebook	Corporate account, plus a number of individual and service managed accounts promoting the work of the Trust	All external	No set pattern	Communications Team & Teams/Individuals
Intranet	This hosts a range of service information, news, organisation charts, key publications, such as the annual report, CQC report etc	All colleagues	No set pattern	Communications Team
Internet	The main corporate website hosting service information, news and key publications, such as the annual report, CQC report etc	Public	As required	Communications Team
NHS Choices	Service information on the national website	Public	As required	Planning, Compliance & Partnerships Team
Team Brief	The monthly electronic newsletter for all colleagues	All colleagues	Monthly	Communications Team
The Core	Weekly html email to all colleagues, highlighting key operational updates	All colleagues	Every Wednesday	Communications Team
Twitter	Corporate account, plus a number of individual and service managed accounts promoting the work of the Trust	All external	No set pattern	Communications Team
Service videos	The new "Services in 60 seconds" films – showcasing the broad range of services across the Trust – hosted on YouTube	All colleagues All external	Weekly	Communications Team
Written				
Annual Report	Formal corporate publication	Public	Once a year	Planning, Compliance & Partnerships Team
Board papers	Routine publication of official documents which are hosted on the Trust's internet site	Public	Bi-monthly	Communications Team
HCOSC papers	Gloucestershire Health and Care Overview Scrutiny Committee (HCOSC)	Public	Bi-monthly	Chief Executive & COO & Comms
Quality Account	Formal corporate publication	Public	Once a year	Planning, Compliance & Partnerships Team
Published articles	Clinical publications drafted by teams across the Trust and published in national/international journals – opportunity to promote more to support brand/reputation building	External and internal	No set pattern	Various
News / media releases	A mixture of formal press release direct to journalist and Trust website announcements	Public	No set pattern	Communications Team
Service user leaflets	A wide range of information developed by teams for service summaries and treatment advice. Final content is reviewed, designed and produced by the Communications Team	Public	As required	Service areas & Communications Team

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7.2 Gaps in current communication methods

Video is a growing industry
Video can teach, inspire and motivate.
We are a generation of vloggers. We love a "how to guide…" demo. Sharing the right content, quality, format and style, through the right platform, has never been so important, and could provide a very powerful channel for the Trust in helping to reaching multiple stakeholder groups.

Traditional employee magazine / newspaper
More businesses are introducing online internal communications platforms in a bid to connect with more of their employees.

A large percentage of our clinical workforce does not have immediate online access, due to the nature of their mobile roles. A printed staff magazine would be a great way to share consistent news and messages with all colleagues, regardless of where they are located.

News and information can be delivered online and face to face, but a new staff magazine could be a key channel for offering tangible value and playing a lead role in emotional engagement.

Mobile access to internal information for colleagues
With a mobile, geographically dispersed and clinically focused workforce, the Trust has an ongoing communications challenge – the little time that these colleagues have to use a desk/network-based computer to view the intranet and weekly emails etc., – so we need explore other means of reaching colleagues.

The Trust needs to explore options for a free app accessible through Trust provided smart phones, as well as Bring Your Own Devices (BYOD) purchased by colleagues. We need to give colleagues a choice as to how they want to consume information – we live in a society where people view content anywhere and at any time across multiple devices. BYOD brings a lot of questions around governance and security of Trust information, but this does represent a brilliant opportunity that needs to be explored.

Thought leadership articles/events
A number of our clinicians and senior team are involved in national forums.
We could build on this to develop the Trust's position as a thought leader in community services.

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8.0 Priorities

The priorities identified below are supported by more a detailed action plan. Unless specified otherwise actions are to be taken forward by the central communications and internal engagement team:

Year one priorities (2016/17)

8.1 Internal communications and staff engagement

1. Intranet

a. Complete migration from old intranet and decommission the old site
b. Ensure all teams have trained and engaged intranet champions
c. Roll out and promote more "interactive" functionality on the intranet

2. Team Brief

a. Review insight from Re-energise, plus feedback from additional focus groups, to help evolve the content, tone of voice and language etc.
b. Design a new magazine format, with electronic and printed editions
c. Review options with a focus group and implement final design

3. The CORE

a. Continue developing The CORE html weekly email to all colleagues
b. Provide a feedback mechanism to review and evolve the content

4. Internal campaign support

Provide communication activity plans for key programmes, including:

a. Listening into Action (LiA) – our cultural change programme
b. Care Quality Commission (CQC) re-inspection
c. Gloucestershire Sustainability and Transformation Plan (STP)
d. Minor Injuries and Illness Units (MIIUs) review of opening times
e. Forest of Dean future healthcare provision consultation
f. Plus any new key programmes and projects as required

5. Staff awards

a. Hold an annual colleague award ceremony
b. Launch monthly team awards, linked to our CORE values
c. Identify and enter appropriate external health and social care awards, such as the annual HSJ awards, and local media organised events

6. Line Manager tool kit

a. Examine and use insight from Re-energise to help inform the content
b. Develop and implement a tool kit for line managers, which provides information, tools and resources to help improve engagement
c. Ensure review mechanisms are in place to seek feedback

7. Increase the visibility of senior management and the executive team

a. Evolve the "Understanding You" roadshow events
b. Explore new and innovative ideas for increasing engagement

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8. Technology

Explore the potential to develop a free app to sit alongside our other internal channels, accessible on smart phones – both Trust provided devices and colleagues' phones.

8.2 Reputation building

a. Develop the Trust's strategic narrative and produce in a useable concise format for internal and external stakeholders
b. Support recruitment programmes with updated information and brand guidance for job adverts and associated induction material
c. Support tenders for service retention and new bids
d. Review and identify opportunities to address gaps in routine communication to GPs, commissioners and other key external stakeholders.

8.3 External communications

a. Develop more relationships with local and national print and broadcast media, as well as professional, educational and clinical bodies
b. Maintain an ongoing media diary, issuing regular proactive stories
c. Examine opportunities to use video technology to promote the Trust
d. Identify new clinical media spokespeople for the Trust and provide training
e. Develop an events calendar to support "national awareness week" campaigns
f. Continue working with service leads to prioritise key projects which require media and other external stakeholder communications support

8.4 Service User information

a. Help launch the accessible patient information standard
b. Audit of existing service user information to identify outdated content

8.5 Social media

a. Encourage more colleagues to actively participate in social media
b. Provide best practice social media training to colleagues

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9.0 Measures of success

To show progress against this specific strategy we need to track performance against indicators that show how good our key stakeholder groups think the Trust is at communicating and internal engagement. For colleagues, we have a measure built into the Pulse check staff survey:

> **% agreeing that communications between senior management and staff is effective?** We will aim for improvement over the next year against 2015 results: i.e. and increase from 26.6% to 40% by 31/03/2017*

We will add this question into our quarterly pulse surveys to track progress on a more regular basis. Given the objectives around developing the Trust's brand and reputation as an employer of choice we will also use the measures from the national annual (and local quarterly) staff surveys which show how likely staff are to be brand ambassadors of the Trust:

> **% staff recommending the Trust as a place to work** - Board KPI Target of **60%** in 2016/2017**
> **% staff satisfied with the quality of care they give** - Board KPI target **85%** 2016/2017***

We will also continue to provide monthly reporting, with data analytics providing management information about the internet and intranet usage, the Core html weekly email readership and launch of our new staff magazine.
For external media/social media coverage, our media monitoring tool provides daily reports on all activities, and we will continue to track the reach of our campaigns and endeavour to measure any increase in footfall or enquiries about specific services.

*/**/*** Proposed targets for discussion and approval

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Appendices

Appendix 1 – Stakeholder mapping / segmentation

We need to understand who our stakeholders are. Each of them has different needs, expectations and interests which vary depending on the issue being considered.

As the provider of community services to local people, our Trust and its activities are naturally of interest to a wide range of individuals, groups and organisations. All of these people are our stakeholders.

A useful acronym from the former *NHS Institute for Innovation and Improvement* for ensuring that we have included all likely stakeholders in our Trust is the '9 Cs' listed below:

1. **Commissioners:** those that pay the organisation to do things
2. **Customers:** those that acquire and use the organisation's products
3. **Collaborators:** those with whom the organisation works to develop and deliver products
4. **Contributors:** those from whom the organisation acquires content for products
5. **Channels:** those who provide the organisation with a route to a market or customer
6. **Commentators:** those whose opinions of the organisation are heard by customers and others
7. **Consumers:** those who are served by our customers: i.e. patients, families, users
8. **Champions:** those who believe in and will actively promote the project
9. **Competitors:** those working in the same area who offer similar or alternative services

1. **Commissioners:** those that pay the organisation to do things

    a. Gloucestershire Clinical Commissioning Group
    b. Gloucestershire County Council
    c. NHS England
    d. Public Health England

2. **Customers:** those that acquire and use the organisation's products

    a. Colleagues
    b. Residents of Gloucestershire
    c. Service users who have a Gloucestershire GP (may live out of county)
    d. Tourists
    e. Visitors

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3. **Collaborators:** those with whom the organisation works to develop and deliver products

   a. Colleagues
   b. Gloucestershire Hospitals NHS Foundation Trust
   c. Gloucestershire County Council
   d. 2gether Trust
   e. Primary care
   f. Pharmacists
   g. Opticians
   h. Dentists
   i. SWAST
   j. NHS England
   k. NHS Shared Services
   l. Public Health England
   m. Voluntary sector
   n. Third sector
   o. Industry partners
   p. Any private health companies

4. **Contributors:** those from whom the organisation acquires content for products

   a. Colleagues
   b. Gloucestershire Clinical Commissioning Group
   c. Gloucestershire County Council
   d. Industry partners
   e. Medical suppliers

5. **Channels:** those who provide the organisation with a route to a market or customer

   a. Gloucestershire Hospitals NHS Foundation Trust
   b. Gloucestershire County Council
   c. 2gether Trust
   d. SWAST
   e. Primary care
   f. NHS 111
   g. Gloucestershire emergency services
   h. NHS England
   i. Industry partners

6. **Commentators:** those whose opinions of the organisation are heard by customers and others

   a. Colleagues
   b. Local media
   c. MPs
   d. Councillors

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e. Gloucestershire Hospitals NHS Foundation Trust
f. Gloucestershire County Council
g. 2gether Trust
h. Primary care
i. Regulators – e.g. CQC and TDA
j. Health Watch,
k. HCOSC
l. Service users
m. Local opinion formers – e.g. a celebrity figure

7. **Consumers:** those who are served by our customers: i.e. patients, families, users

   a. Residents of Gloucestershire
   b. Service users who have a Gloucestershire GP (may live out of county)
   c. Tourists
   d. Visitors

8. **Champions:** those who believe in and will actively promote the project

   Stakeholder analysis based on a specific project

9. **Competitors:** those working in the same area who offer similar or alternative services

   a. BUPA
   b. Nuffield
   c. Winfield
   d. Care UK
   e. Pharmacists
   f. Dental practices
   g. Gloucestershire Hospitals NHS Foundation Trust
   h. GP consortiums
   i. Private consultants
   j. Virgin healthcare
   k. Plus many more…

An up-to-date list will be kept for all of the Trust's stakeholders. We will continue to analyse the list in terms of power, influence and the extent to which they are affected by any project or change.

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Appendix 2 – Key achievements of the communication strategy for the period in 2015/16

5.1 Internal communications

- A brand new intranet was launched in January 2016
- The new intranet was delivered in house, with no external support – a joint collaboration between internal communications and the IT team – a huge programme of work which was delivered on time and at no additional cost to the Trust
- Analytics (as of 27/05/16) since go-live for the new intranet have been very positive:
    - Approximately 86% returning visitors and 14% new visitors
    - 328,500 sessions
    - Average session duration is 00:04:10
    - Approximately 675,746 page views
    - Gender: 77.7% females
- The CORE – a new weekly html email was launched in April, to reduce the high number of global emails sent by the communications team. The CORE's main focus is around key operational updates. Nearly 1900 colleagues (more than two thirds of the workforce) opened the first edition of The CORE
- Created, designed and launched the Trust's new Core Values Framework, as part of the Trust's on-going commitment to our colleagues' personal and professional development
- Listening into Action (LiA) – our cultural change approach. We've provided ongoing coverage for many success stories, where colleagues have being empowered to implement change in a way that makes them feel proud

Social media

- The Trust's social media reach has grown in the last six months via Facebook, Twitter, LinkedIn and YouTube
- Social media is now a key platform for campaign activity, and specialist online marketing techniques have been used to target specific audiences within Facebook
- A new social media policy for colleagues has been launched, and we are encouraging active participation from all service areas to help raise the profile of the Trust
- Social media training has been delivered to many service areas - this has resulted in some very high profile, positive coverage with opinion formers

External communications

- Key relationships have been established, fostered and maintained with local and regional print and broadcast media, including:
    - BBC Radio Gloucestershire
    - BBC Points West (regional television)
    - Gloucester Citizen

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  - Gloucestershire Echo
  - ITV West
  - Wilts and Glos Standard
- BBC Radio Gloucestershire spent a day reporting from Stroud Hospital in September 2015, with broadcast interviews throughout the day and updates on their social media pages. The broadcast interviews included Matron Juliette Richardson, the League of Friends, patients, hotel services, ward staff and members of the physiotherapy team. A video of the Vintage Room which was uploaded to the BBC Facebook page received over 14,100 views and 162 likes and an interview with the League of Friends was watched over 1,000 times. There was similarly activity on Twitter with posts with the #insideyourhospital tag reaching up to 38,000 account holders
- BBC Radio Gloucestershire ran an 'advent calendar' throughout December 2015, featuring a bite-sized interview with a different colleague each day from a wide range of services across the Trust. They also ran accompanying video clips of colleagues on their Facebook page. A lot of these received in excess of 1,000 views and some received significantly more; in total they were viewed approximately 30,000 times.
- A 30-second video of colleagues singing the new telephone number for Cirencester Hospital to the tune of Auld Lang Syne, was released on social media in January 2016. It was retweeted by NHS choirmaster Gareth Malone and the participants were subsequently invited to sing it live on BBC Radio Gloucestershire and BBC Points West
- In early 2015, the Gloucestershire Echo provided us with five weeks' worth of free coverage, with a series called "Meet the Matron" – which helped to raise the profile of clinical colleagues and our community hospitals
- Listening into Action - created some of the campaign articles for the #NHS100Stories, which have been shared UK-wide by Optimise through social media
- Analytics for the internet from 26 May 2015 – 26 May 2016:
  - Approximately 57% returning visitors and 43% new visitors
  - 141,539 sessions
  - Average session duration is 00:02:02
  - Approximately 694,377 page views
  - Gender: 62% males 38% females
- In October 2015, we launched a rugby-themed campaign for the Stop Smoking Service to challenge people to try giving up. The campaign was highly innovative, with drinks coasters designed, printed and distributed in Gloucester pubs suggesting smokers try quitting. An animated image, using the same graphics and copy, was published on Facebook and reached over 5,000 people across Gloucestershire in the first week.

    Gloucester Rugby Club supported the campaign with a PR event held at Kingsholm, with Gloucester Rugby stars Greig Laidlaw, Jonny May and Mike Teague joining forces to back a new campaign aimed at challenging smokers to kick the habit

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Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19th July 2016

Agenda Item:	14
Agenda Ref:	14/0616
Author:	Susan Field, Director of Nursing; Matthew O'Reilly, Head of Performance and Information
Presented By:	Susan Field, Director of Nursing; Candace Plouffe, Chief Operating Officer
Sponsor:	N/A

Subject:	Trust Quality and Performance Report

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

Executive Summary:

This report provides assurance to Board members that the Trust is delivering high quality, safe and effective care. The report relates to May 2016 information (NB April 2016 performance and quality data was formally discussed and reviewed by the Trust's Quality and Performance Committee on 28th June 2016).

Recommendations:

The Board is asked to:

- formally consider the Quality and Performance position as at May 2016

Considerations:

Quality implications:

Included throughout the attached report and it should be noted that at year end 2015-16 the quality and effectiveness of care across the Trust should be considered as good despite capacity issues being experience by some of the Trust's services.

Human Resources implications:

Vacancy and sickness levels are impacting on the Trust on some service delivery and standards/targets, although it should be highlighted that sickness levels are seeing an improvement

Equalities implications:

No specific issues identified

Financial implications:

Inability to meet contractual obligations and commissioned quality metric will potentially have a detrimental impact on the Trust from a financial perspective

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

Yes, Strategic Risks:

Understanding You

003 (Inconsistent care pathways) 006 (Sustainability and Transformation Plan delivery) 008 (Inability to recruit staff) 010 (Clinical skills of the workforce) 012 (Failure to deliver community contract obligations, QIPP & CQUIN) 014 (Inability to achieve a "Good" or "Outstanding" CQC rating)
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	
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	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):	N/A

Date:	5th July 2016

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Executive Colleagues – Virtual review and comments (late June 2016) Quality and Performance Committee (April quality and performance) – 26th April 2016

Explanation of acronyms used:

Gloucestershire Care Services NHS
NHS Trust

Quality and Performance Report

Trust Board

19th July 2016

Understanding you

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Report Overview

Gloucestershire Care Services NHS Trust continues with its commitment to provide high quality care ensuring that patient's remain safe and well cared for. The Trust continues to make improvements in the care that is provided, and to respond to any performance or quality issues in a clinically effective, person focused and safe manner.

This report has been developed to provide the Trust Board with assurance that quality and performance is scrutinised and monitored and that improvement measures are being identified and implemented in a timely way. It also enables the Trust to demonstrate its commitment to encouraging a culture of continuous improvement and accountability to patients, communities, meeting its contractual obligations with the commissioners of its services and other key stakeholders.

The report aligns to the Trust's strategic objectives and provides a high level overview of how the Trust is meeting those commitments, which are illustrated via dashboards within this report.

This report relates to year to date performance up to end of **May 2016**.

The Trust Quality and Performance Committee reviewed April 2016 Quality and Performance data on 28th June 2016.

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

- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target within 8 weeks was achieved in April and May 2016. The service is funded on a cost and volume basis whereby throughput affects income and remains a priority service for Commissioners to divert referrals away from Secondary Care.

- The target for Chlamydia screening (number of positive screens) is on target at the end of month 2, with 195 positive screens recorded (year to data target of 195 positive screens).

- Patient slips, trips and falls within Community Hospital in-patient settings remains the highest reported incident by type. Of the total patient falls on a year to date basis to the end of May 2016, 107 (63%) resulted in no harm *(see page 21).*

- The Trust reported two Serious Incidents Requiring Investigation (SIRI) during May *(see page 17). The Trust is reporting a rate of SIRIs (1.9 average per month) which is below the average of the Trusts within the Aspirant Community Foundation Trust group (2.5).*

- The Trust surveyed 1,053 patients episodes of care for the May Safety Thermometer census. Of these, 983 (93.35%) were harm free. This is below the 95% threshold for the second consecutive month (see page 18 for further details). *The national average for harm free care was 93.9% (May 2016).*

- 73 harms were reported via Safety Thermometer, of which 28 were new harms *(see pages 18-20). This means that The Trust reported 2.66% new harms compared to national average of 2.2% new harms (May 2016).*

- May 2016 shows the Trust reported 86.2% compliance rate with national targets on a year to date basis, and 71.4% compliance with local health targets. *There remain a number of targets to be confirmed at month 2 2016/17 (see page 11).*

- The Gloucestershire Stop Smoking service figures are not yet finalised due to the lag time to monitor service users that have stopped smoking. The 2015/16 outturn will be finalised in June 2016.

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

- There have been no single-sex environment breaches reported during May 2016.

- The Friends and Family Test question asks service users "How likely are you to recommend our services to your friends and family". During May, there were 1,803 responses (4.0%) from a total of 44,829 patients accessing GCS services. *This is a continued reduction from the 4.6% response rate recorded in March 2016. The average of Trusts within the Aspirant Community Foundation Trust group is 29.1% (based on 6 Trusts, with variance from 1.8% to 90.9%). Information regarding the Friends and Family Test response best practice has been requested from high-performing Trusts within the group but not yet received.*

- Of those that responded, 95.3% said they were extremely likely or likely to recommend us. *This is slightly below the average of Trusts within the Aspirant Community Foundation Trust group (95.9%).*

- 10 NHS Choices comments were received in May, of which 90% were positive.

- Complaints: 6 complaints were received in May 2016.

Strategic Objective 3 - Actively engage in partnerships with other health and social care providers in order to deliver seamless services

- Rapid Response service received 232 referrals in May. The number of referrals are below the level expected (based on 60 referrals per week) (see page 48).

- Reablement indicators continue to be rated as red, with the exception of average length of reablement service (see pages 30-31).

- The Trust continues to perform well against national data quality targets. The 45 data indicators that measured from data submitted to the Secondary Uses Services (SUS) shows Trust performance to be 99.0% against a target of 96%, monitored by Health and Social Care Information Centre (HSCIC) (April 2015 to March 2016). The National average is 96.3%, South Central regional average 93.0%.

- Data quality reports are not yet available from HSCIC for the mandated Children and Young People's dataset that has been flowing since October 2015. There s currently no indication from HSCIC when any reports will be made available. The Trust will use these reports to benchmark data quality and identify any areas for improvement.

- Average length of stay in Community Hospitals decreased marginally to 24.1 days in May 2016 from 24.3 days in April 2016 (page 50). The average in 2016/17 to date is 24.2 days which is above that in 2015/16 of 20.9 days. The median (mid-point) in May was 18.0 days.
  The NHS Benchmarking network average for 2014/15 was 26.7 days.

- Bed Occupancy rates were 99.4% in May, consistent with previous months. *The NHS Benchmarking network average for 2014/15 was 90.75%.* The Trust continues to monitor quality metrics that are aligned to bed occupancy e.g. falls, infection rates to identify if there is any impact and this bed occupancy risk is on the Trust strategic risk register.

Strategic Objective 4 - Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision

- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatments (73% Q4); however, there is significant opportunity to improve the Trust's recommendation as a place to work (see page 53)

- Sickness absence: remains above target (4.62% rolling 12 months to May 2016, compared to target of 4%), however May 2016 rate of 3.85% is below target (see page 54).

- Appraisals: rate of reported completed appraisals (70.74%) has declined further from the highest point of 79.4% (February 2016) and remains significantly behind trajectory of 95% (see page 54).

- Mandatory training: the report now shows the matrix of all aspects of mandatory training. Out of the 18 courses only 2 are ahead of the 85% trajectory (see page 55).

- *Health and safety metrics have now been included within this section for the first time (pages 56-58)*

Strategic Objective 5 - Manage public resources wisely to ensure local services remain sustainable and accessible

- A detailed Finance report is provided to the Finance Committee and to Trust Board.

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

Gloucestershire Care Services NHS
NHS Trust

Quality Strategy metrics - strategic objective 1

	2015/16 Outturn	Target	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Harm-free care in community hospitals and ICTs	**95.3%**	**More than 95%**	**95.2%**	**95.1%**	**95.1%**	**95.8%**	**95.4%**	**95.4%**	**95.3%**	**95.0%**	**96.2%**	**95.7%**	**93.6%**	**93.4%**	**93.5%**
Number of new harms (Safety Thermometer)	**154**	Less than 267 (14/15 total)	**8**	**13**	**14**	**10**	**10**	**14**	**18**	**21**	**6**	**13**	**18**	**28**	**46**
Reduction in incidents that result in severe harm	**8**	Less than 12	**0**	**0**	**0**	**1**	**0**	**0**	**4**	**1**	**1**	**0**	**2**	**0**	**2**
Not exceeding the agreed threshold of C. diff infections	**9**	Less than 18	**2**	**0**	**1**	**1**	**0**	**2**	**0**	**1**	**1**	**0**	**0**	**0**	**0**
Achieving agreed staffing levels in community hospitals	**101.3%**	80-120%	**104.7%**	**105.6%**	**99.2%**	**98.7%**	**99.7%**	**99.8%**	**99.4%**	**100.4%**	**98.7%**	**97.6%**	**98.7%**	**97.6%**	**98.2%**
Number of Never Events within the Trust	**1**	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**

Summary of health performance key indicators - May year to date

	May cumulative year-to-date (with comparators to April)							April cumulative year-to-date		
	Red		Amber		Green		Total	Red	Amber	Green
National	2 6.90%	↓	2 6.90%	↑	25 86.20%	↔	29	3 10.34%	1 3.45%	25 86.21%
Local	4 14.29%	↔	4 14.29%	↓	20 71.42%	↑	28	4 14.29%	5 17.86%	19 67.86%
Total	6 10.53%	↓	6 10.53%	↔	45 78.94%	↑	57	7 12.28%	6 10.53%	44 77.19%

National indicators

Red	Safety Thermometer – percentage Harm Free	Page 12
	Time to initial assessment for patients arriving by Ambulance (MiIU)	Page 12
Amber	Newborn Bloodspot screening coverage by 21 days of movement in (movers in)	Page 12
	Newborn Bloodspot screening coverage by 17 days of age	Page 12

Local indicators

Red	Speech and Language Therapy – referral to treatment	Page 13
	7 Day Service – Inpatients (2 targets)	Page 13
	Bed occupancy	Page 13

Local indicators

Amber	Occupational Therapy (Adult) – referral to treatment	Page 14
	Physiotherapy (Adult) - referral to treatment within 8 weeks	Page 14
	ESD proportion of new patients assessed within 2 days of notification	Page 14
	Paediatric Speech and language Therapy	Page 14

*There is a reduced count of measures in May due to targets awaiting confirmation

Performance exceptions - Year-to-date National targets

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
Safety Thermometer – Percentage Harm free		Performance was 93.4% in May, a drop from 93.6% in April. Target is 95% and has been missed for two consecutive months.	The cause is currently being investigated and so far this has identified some miscoding within some submissions from ICT teams. Cross-referencing with incident reporting is confirming that data quality rather than harm to service users is the cause of this reduction in harm free score. Liaison between the Professional and Clinical Effectiveness directorate and the Head of ICTs is ensuing, with plans being drawn up for urgent training (based on the current standard operating procedures) to support team managers who are signing off and authorising the submissions. The monthly data submissions can be modified retrospectively once they have been reviewed by the ICT teams, and therefore it will be possible to amend scores from previous months if the original data submitted was incorrect. If in the unlikely event it is discovered that the drop harm free care is due to a higher rate of harm being caused rather than data quality then this will be addressed urgently via the normal governance routes.	Head of ICTs to develop actions based on further training to improve recording
Time to initial assessment for patient arriving at MilU by ambulance		Performance in May was 21minutes compared to 24 minutes in April. Target is less than 15 minutes	System recording under review regarding re-triaged patients for clarity of reporting.	Expected resolution for July scorecards published in August
Newborn bloodspot screening coverage by 21 days of movement in		Performance was 88.9% in May compared to 92.3% in April. Target is 95%.	Ongoing data quality checks in place due to issues reported in April. Performance for April has improved on refreshing the data but seen a drop in May due to one baby (out of 9) not having screening results within 21 days.	Ongoing
Newborn bloodspot screening coverage by 17 days of age		Performance has improved in May at 95.3% compared to 91.7% in April. Target is 95%.	GCS does not manage staff responsible for delivery of this.	GCCG has agreed to remove this target. GCS to complete contract variation.

Performance exceptions - Year-to-date Local

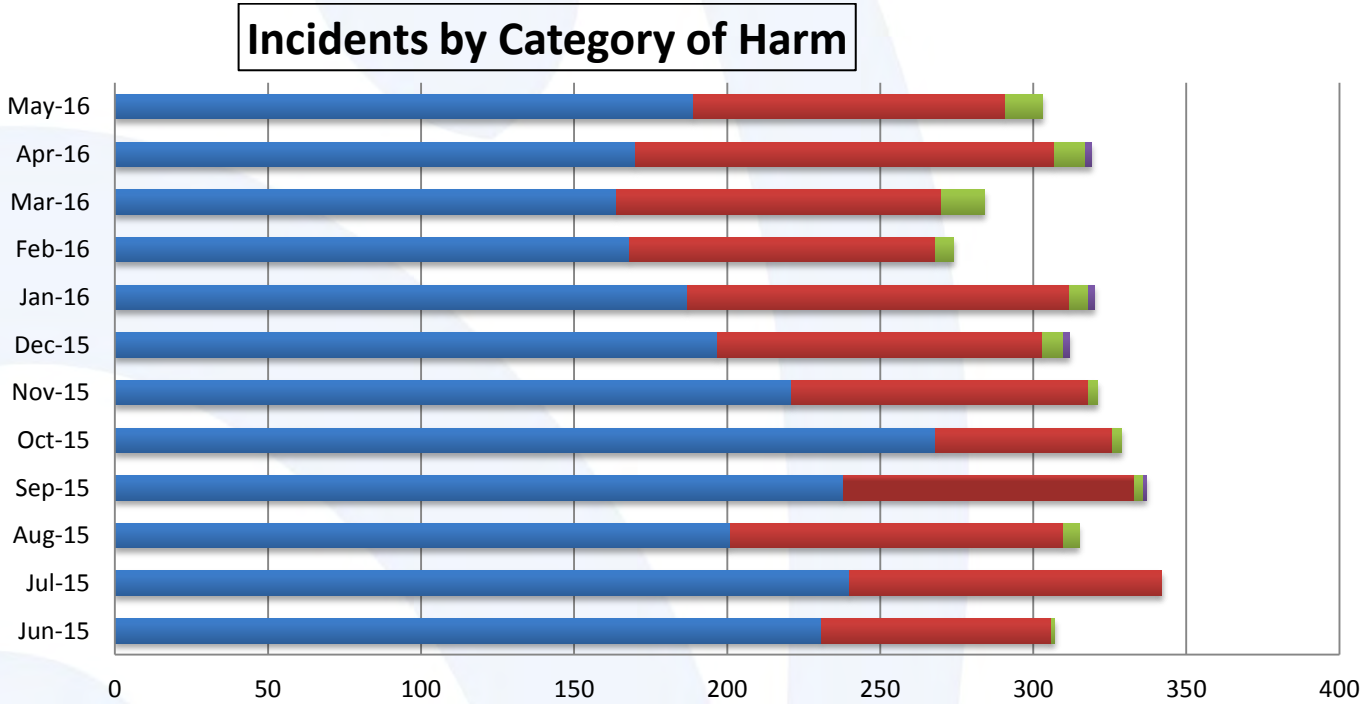
Indicator	YTD RAG	Performance	Actions	Project date of remedy
Speech and Language Therapy – referral to treatment		Performance was 88.6% in May compared to 84.8% in April. Target is 95%.	Service capacity has been reduced due to vacancies and maternity leave	TBC
Average number of discharges per day from Community Hospital (weekends and weekdays)		Performance in May was an average of 4.4 discharges at weekends compared to target of 10. Performance in May was an average of 9.6 discharges on weekdays compared to target of 20.	Number of discharges are currently behind target. The number of discharges have been impacted by an increased average length of stay within the Community Hospitals which has reduced the throughput. 2016/17 Contract Quality Schedule will include development of planned targets for Community Hospitals for average length of stay which will determine average number of discharged patients. Negotiations with GCCG are underway to define more realistic targets.	Discharge action plan in place to improve performance. Revised target to be confirmed by GCCG by August 2016.
Bed occupancy		Performance in May is 99.4%. Target is 90%.	Beds are currently approximately 80% occupied with transferred patents from GHFT. Further analysis required to process what the impact on system wide length of stay has been especially as the facility for direct admission into community hospitals has reduced significantly (patients now admitted to GHFT and not locally).	Occupancy has been consistent at this level due to demand and is expected to continue.

Performance exceptions - Year-to-date Local

Gloucestershire Care Services NHS
NHS Trust

Indicator	YTD RAG	Performance	Actions	Project date of remedy
Adult Occupational Therapy - referral to treatment within 8 weeks		Performance in May was 90.8%. Target is 95%.	Data continues to be reviewed with service following SystmOne go-live to ensure validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target.	Target unlikely to be achieved due to capacity. Data Quality work ongoing
Adult Physiotherapy Service - referral to treatment within 8 weeks		Performance in May was 93.9%. Target is 95%.	Data continues to be reviewed with service following SystmOne go-live to ensure validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target.	Target unlikely to be achieved due to capacity. Data Quality work ongoing.
ESD proportion of new patients assessed within 2 days of notification		Performance improved in May to 95.8%. Target is 95%.	Target achieved in May.	Achieved in May
Paediatric Speech and Language Therapy		Performance in May was 92.1%, a drop from 95.9% in April. Target is 95%.	The under performance in May was due to a significant increase in referrals and a reduced admin capacity within the service to process these referrals. Also a high number of re-referrals due to the implementation of service care pathways. The service is working on filling substantive administrative post . In the mean time, additional support is received from the CYPS administrators to register new referrals. Ongoing review of re-referral process to ease pressure on administrative team	Ongoing

Incidents by category of harm



	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
No Harm	231	240	201	238	268	221	197	187	168	164	170	189
Low Harm	75	102	109	95	58	97	106	125	100	106	137	102
Moderate Harm	1	0	5	3	3	3	7	6	6	14	10	12
Severe Harm	0	0	0	1	0	0	2	2	0	0	2	0
Death	0	0	0	0	0	0	0	0	0	0	0	0

Benchmarking		
Number of incidents (GCS)	**146.9 per 1,000 WTE staff**	**June 2015– May 2016**
Number of incidents (Aspirant Community Foundation Trust Group)	**173.3 per 1,000 WTE staff**	**Latest 6 months (November 2015 - April 2016)**

Duty of Candour (DoC)

Duty of Candour applied to 6 incidents from 1 April 2016 to 31 May 2016.

Patients and relatives have received a verbal apology and written apology as per DoC guidance

Service user incidents by type (top 5 only)

Category of harm /Type of incident - Patients (top 5 categories)	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	12-month total
Slip, Trip or Fall (Patient)	78	69	80	92	84	77	97	91	61	74	92	82	**977**
Pressure Ulcer	23	26	21	23	19	46	45	41	41	42	51	43	**421**
Medication or drug error	31	28	36	28	31	53	33	25	33	33	36	40	**407**
Treatment or procedure problem	16	21	13	12	23	12	8	11	8	7	13	13	**157**
Problem with patient records / information	13	15	7	22	8	5	5	2	8	7	1	5	**98**
Total (All)	**223**	**258**	**242**	**258**	**271**	**264**	**248**	**249**	**215**	**233**	**243**	**238**	**2,942**

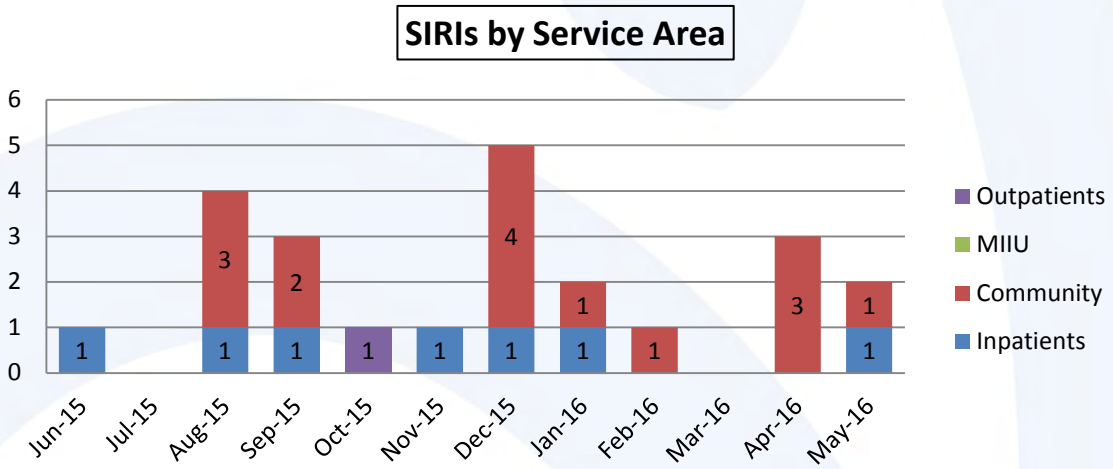
Incident reporting

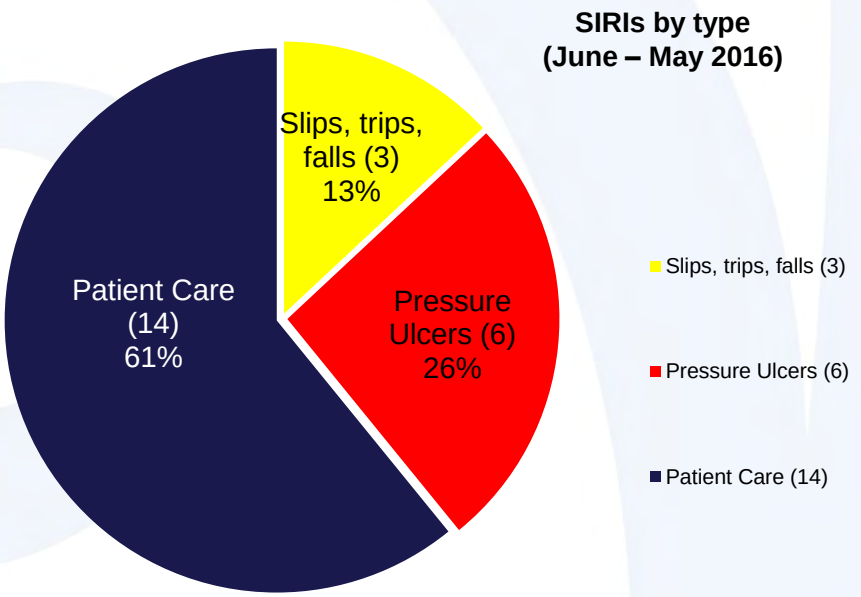
Incident reporting continues to gather momentum throughout the Trust. The PaCE directorate has been instrumental in the LiA Campaign “Don’t whisper, incidents are not a secret.”

The number of “Moderate Harm” incidents continue to increase and colleagues in the PaCE directorate will not “downgrade” the incident until a concise 72 hour Root Cause Analysis (RCA) has been received from clinical colleagues.

Serious Incidents Requiring Investigation And Never Events

Gloucestershire Care Services NHS
NHS Trust





SIRIs

Two SIRI's were declared in May 2016. One was based in the Integrated Community Team (ICT) and the other was in one of the Community Hospitals.

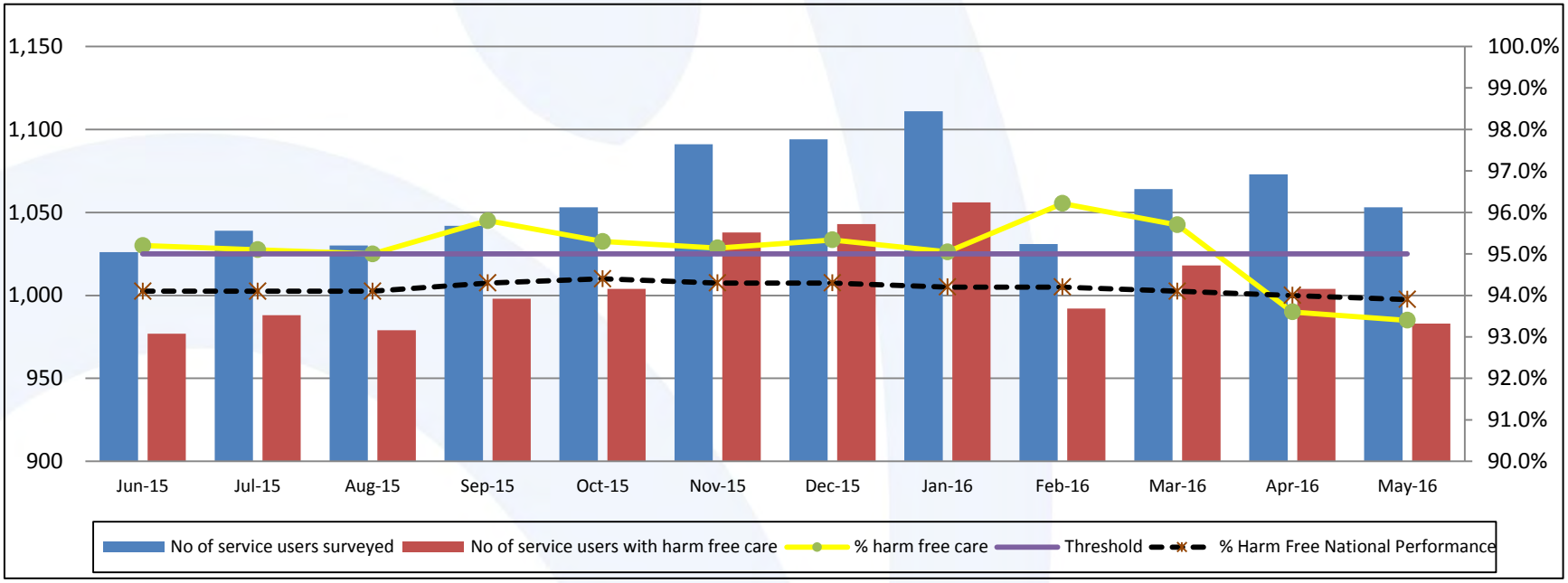
The former relates to three incidents whereby each patient sustained an acquired grade 3 pressure ulcer whilst under the care of the Community Nursing Service. The detection of these incidents arose owing to a change in leadership within the team.

The other SIRI involved a patient who was transferred from GHFT to Lydney Hospital following fracture repair surgery. The patient developed post operative delirium and experienced an episode of self-harm.

Benchmarking	
New SIRIs (GCS)	**1.9 average per month, June 2015– May 2016**
New SIRIs (Aspirant Community Foundation Trust Group)	**2.5 average per month, Latest 6 months (November 2015 – April 2016)**

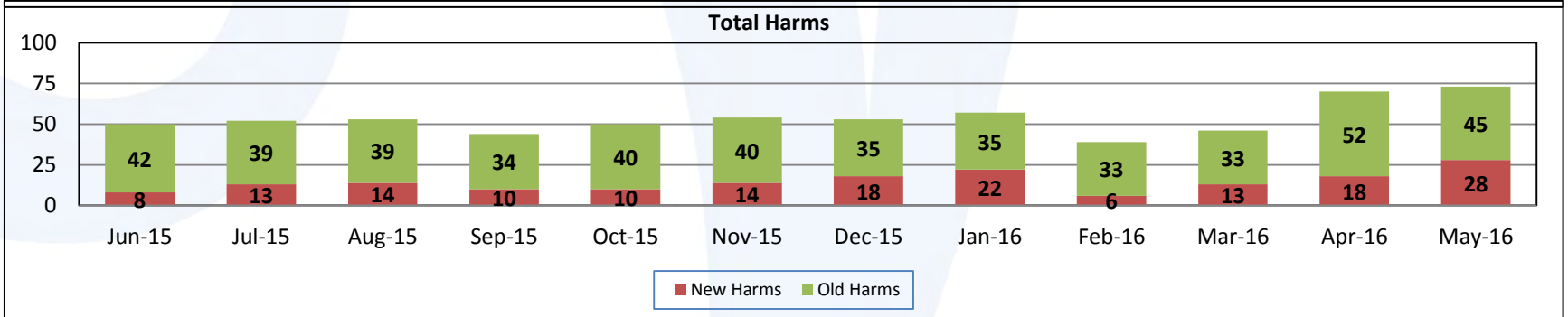
Harm-free care / Safety Thermometer

Gloucestershire Care Services NHS
NHS Trust



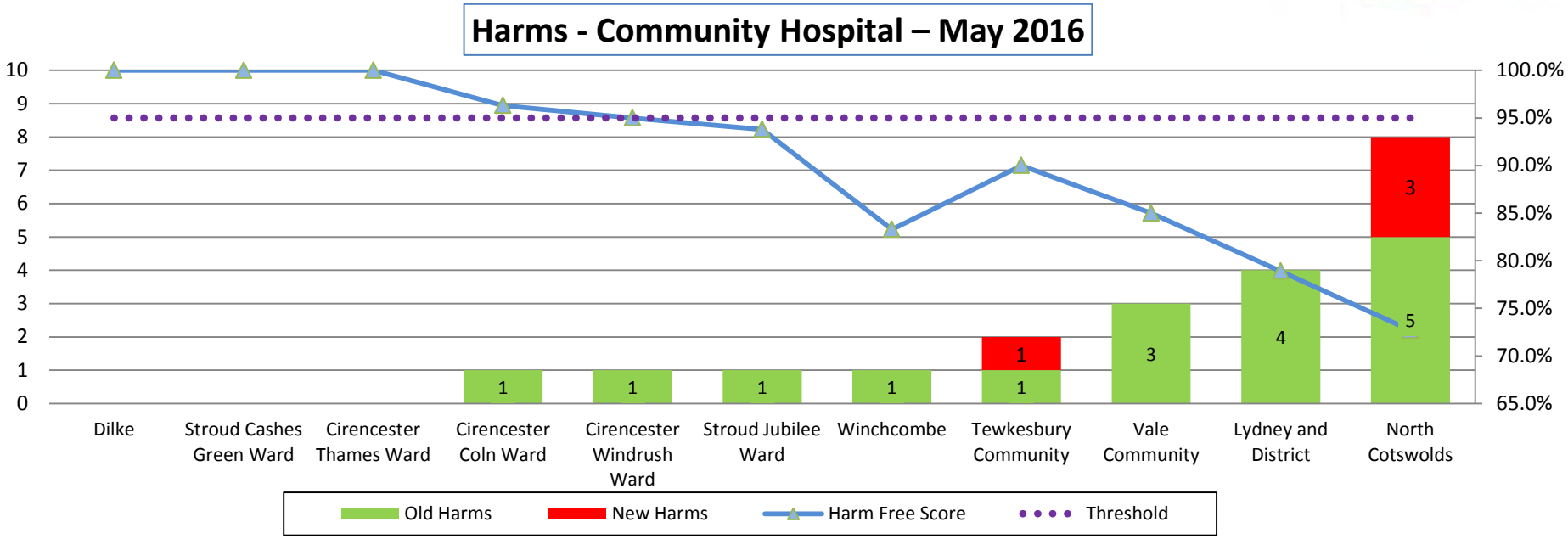
There has been a reduction in percentage of harm free care reported through the Safety Thermometer. In the last two months this has been below the 95% threshold. The cause is currently being investigated and so far this has identified some miscoding of some submissions from ICT teams. Cross-referencing with incident reporting is confirming that data quality rather than harm to service users is the cause of this reduction in harm free score. Liaison between the Professional and Clinical Effectiveness directorate and the Head of ICTs is ensuing, with plans being drawn up for urgent training (based on the current standard operating procedures) to support team managers who are signing off and authorising the submissions.

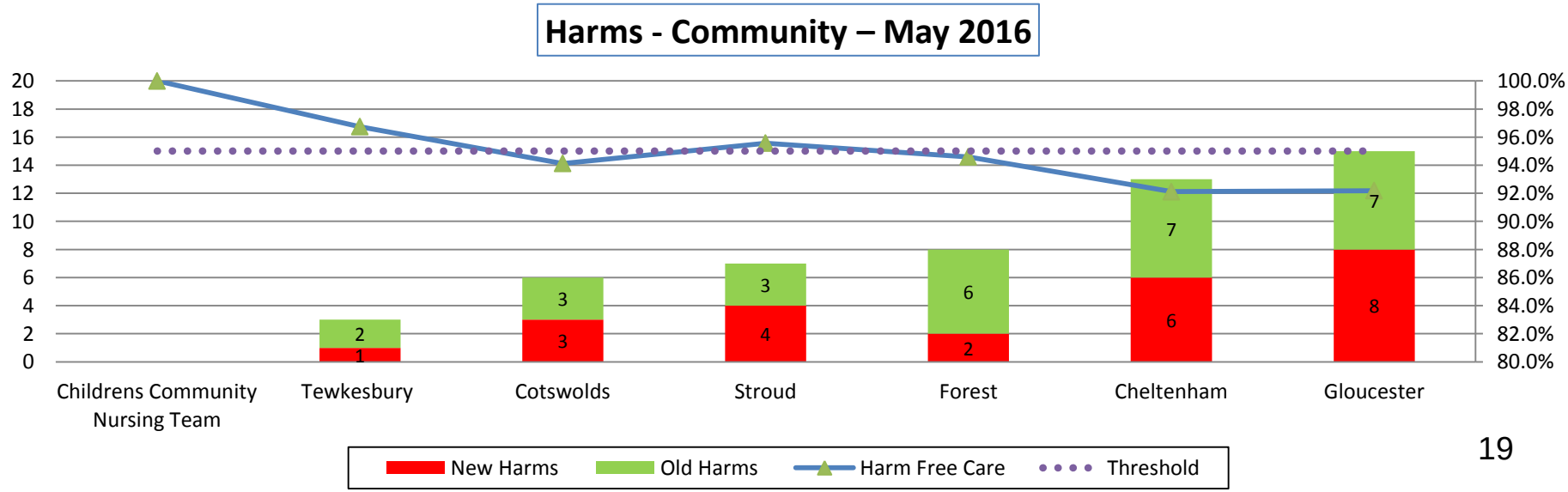
The monthly data submissions can be modified retrospectively once they have been reviewed by the ICT teams, and therefore it will be possible to amend scores from previous months if the original data submitted was incorrect. If in the unlikely event it is discovered that the drop harm free care is due to a higher rate of harm being caused rather than data quality then this will be addressed urgently via the normal governance routes.



Harm-free care / Safety Thermometer

Gloucestershire Care Services NHS
NHS Trust





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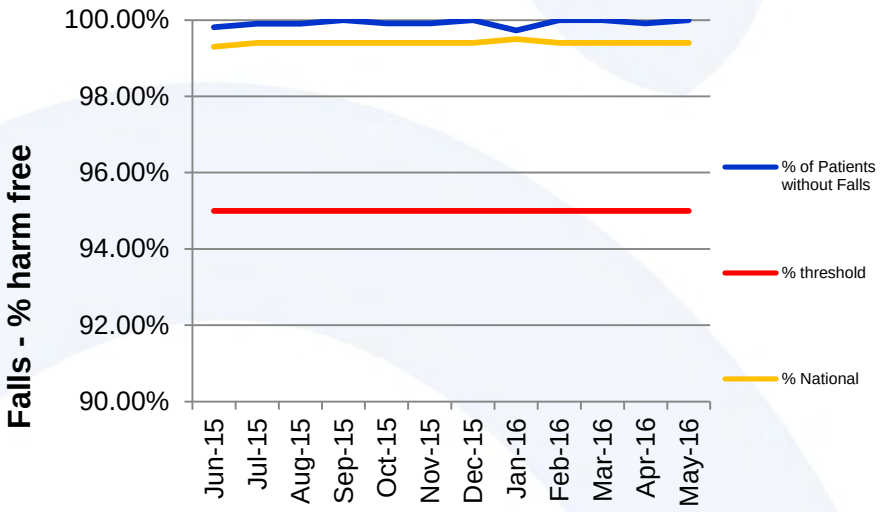
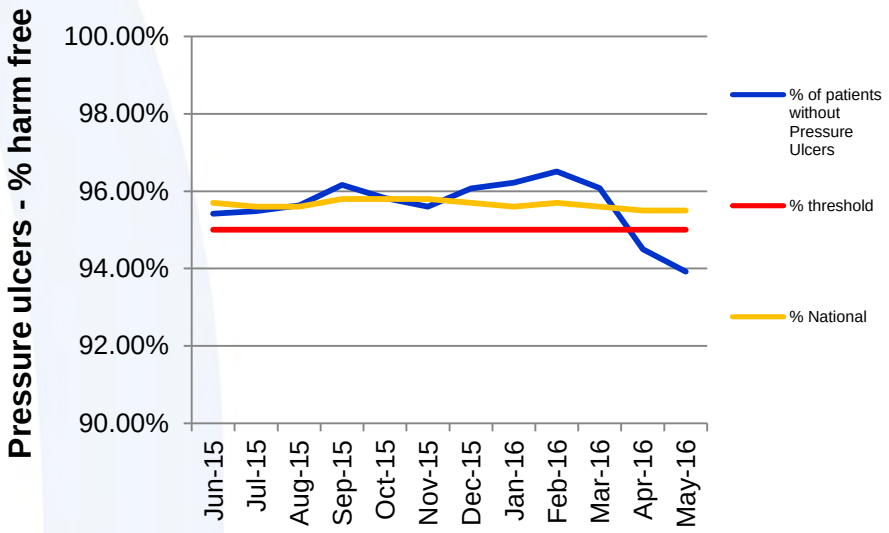
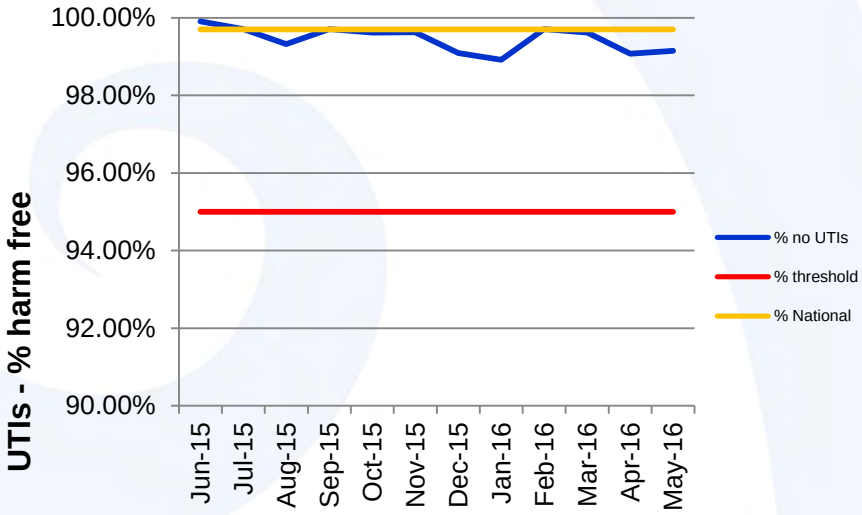
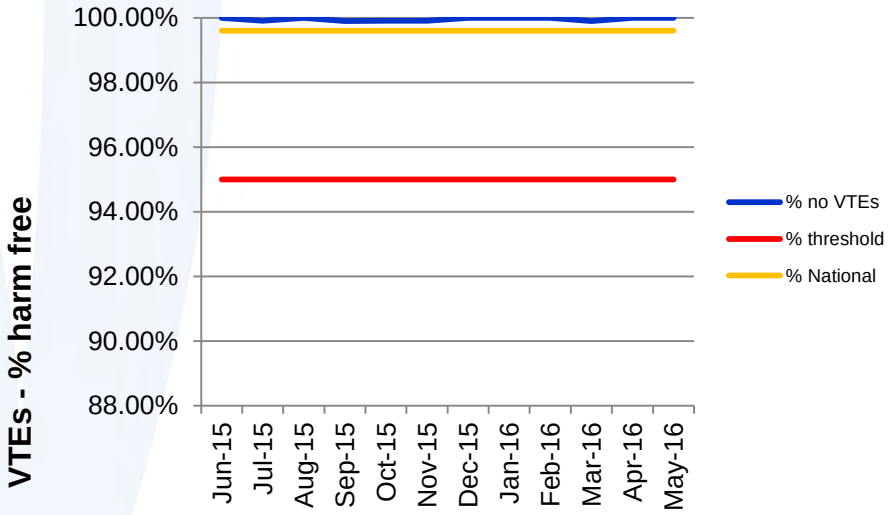
Harm-free care by type / Safety Thermometer







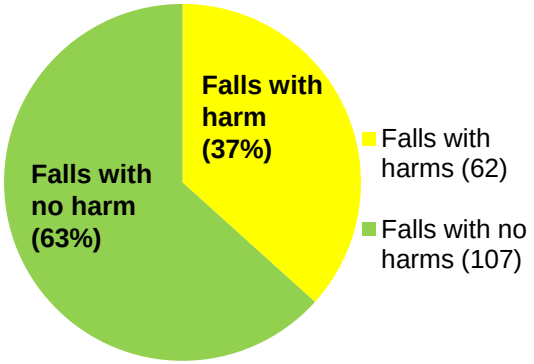


Gloucestershire Care Services NHS
NHS Trust

Falls in an inpatient setting

Hospital	Total Falls				Falls with harm			
	2016/17 Year to Date		2015/16 Total		2016/17 Year to Date		2015/16 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
Cirencester	44	12.7	256	13.8	14	4.1	81	4.4
North Cotswolds	17	12.7	121	15.6	8	6.0	31	4.0
Dilke	23	14.6	130	14.5	8	5.1	32	3.6
Lydney	19	14.4	65	8.3	5	3.8	19	2.4
The Vale	20	16.4	109	15.2	8	6.6	33	4.6
Tewkesbury	19	15.6	100	14.0	9	7.4	26	3.7
Stroud General	27	11.7	111	8.2	10	4.3	34	2.5
TOTAL	169	13.6	892	12.6	62	5.0	256	3.6
FORECAST	1,014				372			

Result of falls (year-to-date)



There continues to be increased incident reporting surrounding hospital inpatient falls.

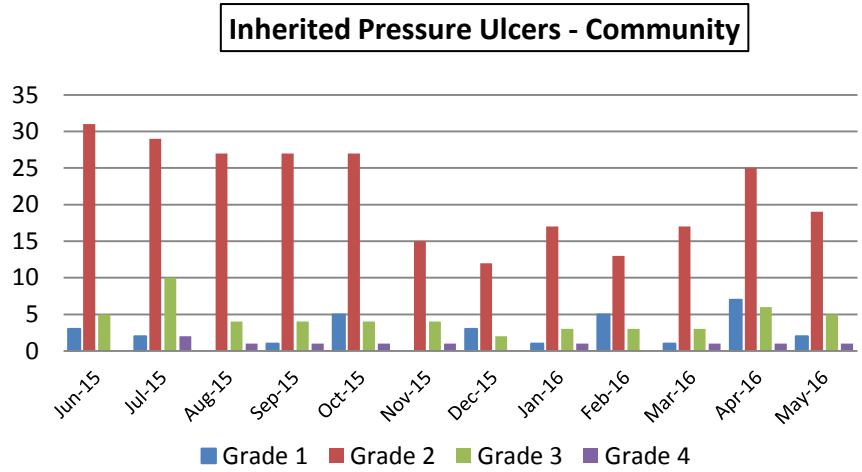
The undertaking of falls risk assessments on admission and throughout the patients hospitalisation, proactive interventions and allied health care professional involvement has meant that the majority of falls have been unavoidable.

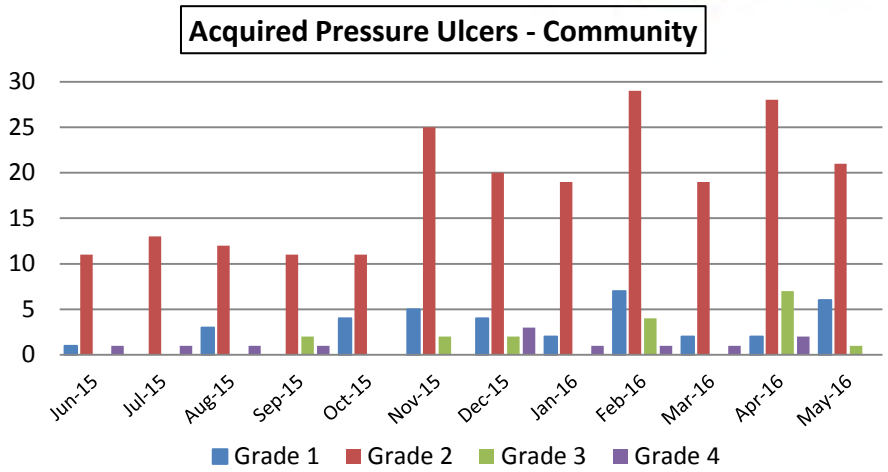
The nature of rehabilitation and the acuity of the patients in care of the Trust needs to be considered as contributory factors for inpatient falls.

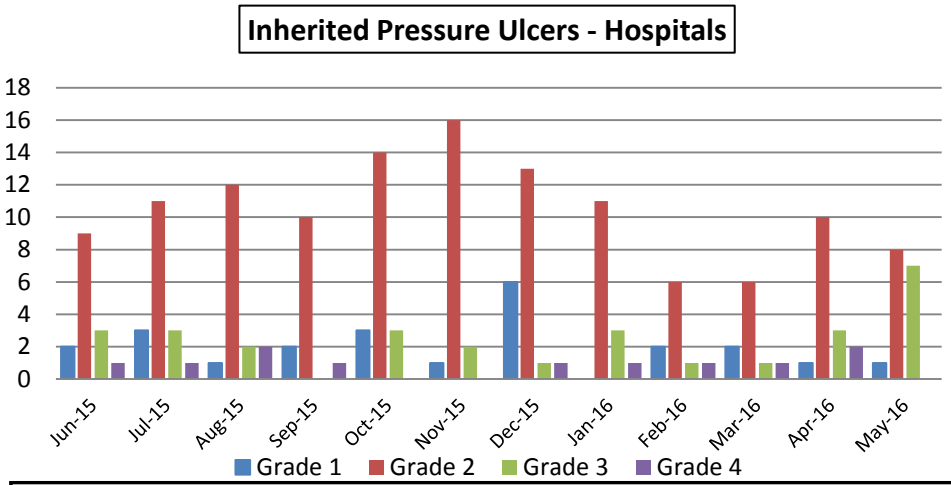
Benchmarking	
Falls with harm per 1,000 inpatient occupied bed days (GCS)	**4.1 average per month (May 2016)**
Falls with harm per 1,000 inpatient occupied bed days (Aspirant Community Foundation Trust Group)	**2.5 average per month Latest 6 months (November 2015 – April 2016)**

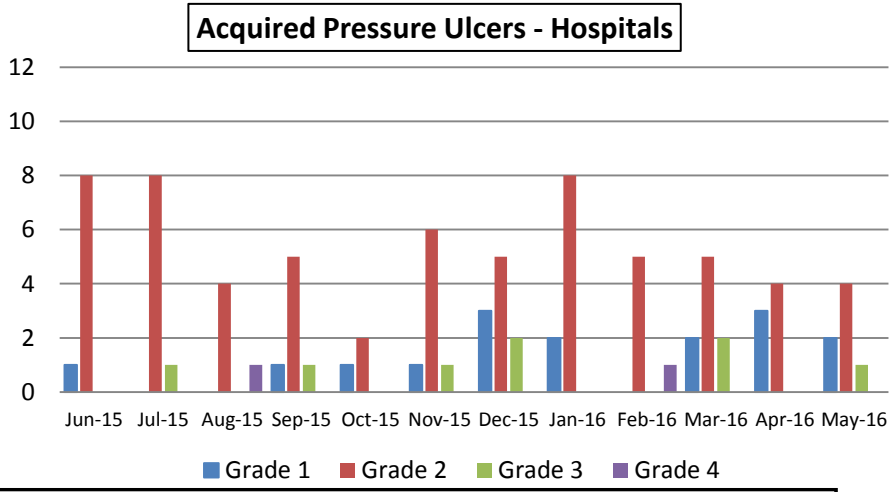
Pressure ulcers

Gloucestershire Care Services NHS
NHS Trust









The Pressure Ulcer Prevention Group met on 10th June for the first time. Reporting, record keeping, training, assessment and treatment were all considered priorities for the group. The group will meet bi monthly. Information currently provided to patients and relatives will be reviewed.

The Pressure Fest event was held on 16th June with and was oversubscribed. There were a variety of speakers covering topics ranging from Patient Safety, reducing harm, wound management, safeguarding to moving and handling. All the sessions prompted valuable discussion with follow up and support offered to local teams to assist pressure ulcer prevention and management.

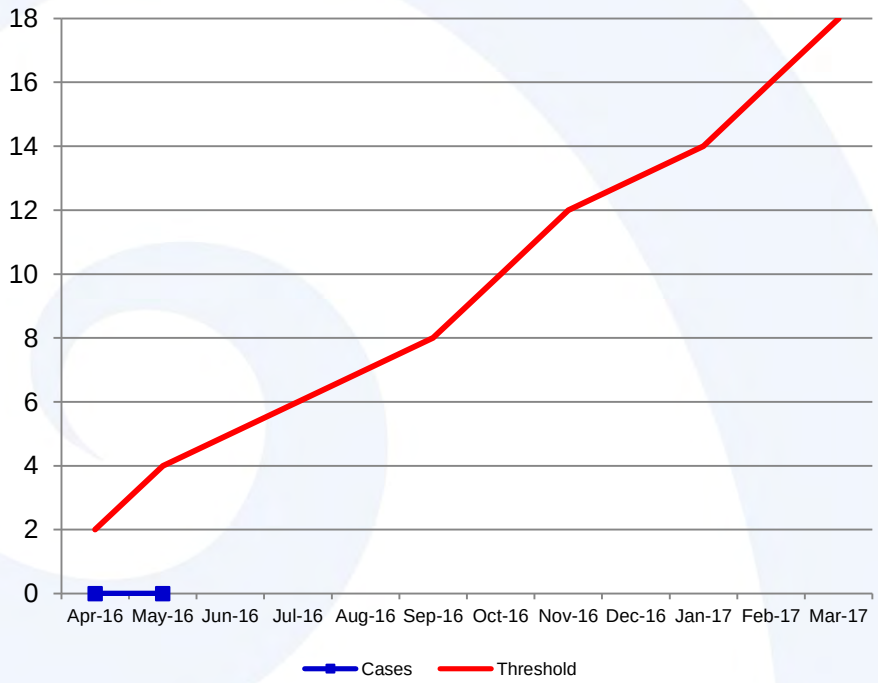
Infection control

Gloucestershire Care Services NHS
NHS Trust

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
C diff Cases	2	0	1	1	0	2	0	1	1	0	0	0	0
Avoidable cases in GCS care	0	0	0	1	0	0	0	0	0	0	0	0	0
Unavoidable cases in GCS care	2	0	1	0	0	2	0	1	1	0	0	0	0
Norovirus Outbreaks	0	0	0	0	0	0	0	1	0	1	2	0	2

There were no outbreaks or cases of C. Difficile in May 2016.

Incidence of C. diff 16/17 (compared to threshold)



Incidence of C. diff (comparing 15/16 actuals to 16/17 actuals)

May 2016 Hand hygiene observation audits including the 'Bare below the Elbows' initiative evidenced an average of 90% compliance.

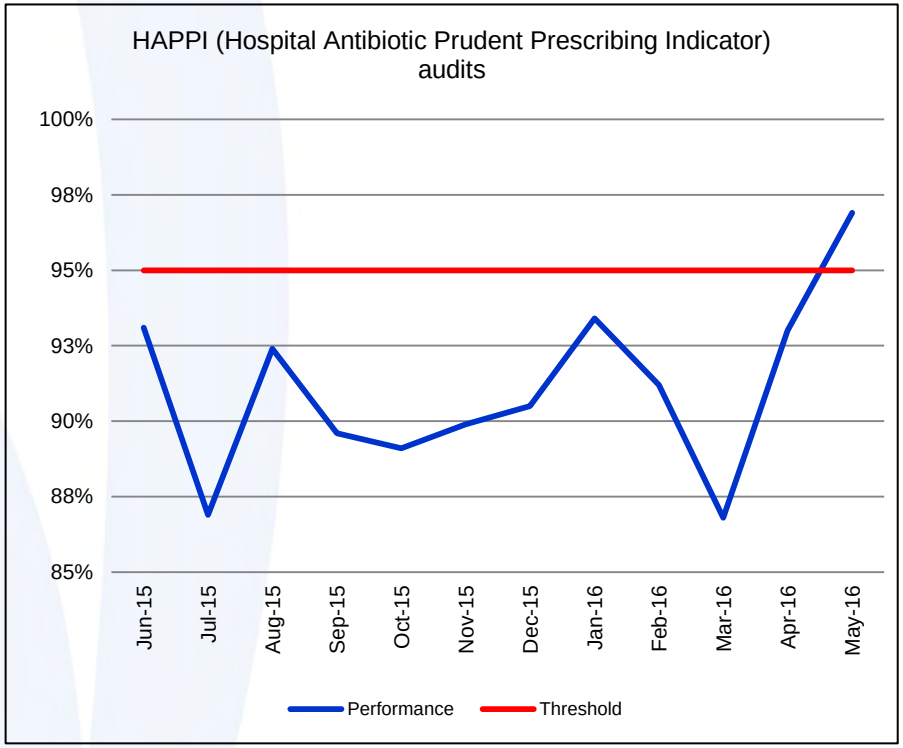
Medicines management

Gloucestershire Care Services NHS
NHS Trust

Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2016-17	39	43											**82**
2015-16	16	33	38	29	40	29	36	54	34	31	35	34	**409**

Note: Medication incident s reported above include patient and staff incidents whereas those on page 16 refer to patient only incidents

Medication incidents by sub-category (2016/17)	Number
Medication administered in error/incorrectly	28
Omitted or delayed administration	20
Controlled drugs issue	8
Medication storage Issue	7
Medication prescribed incorrectly/in error	6
Medication supply problem	6
Medication missing	3
IV therapy issue	1
Illegible or unclear information	1
Discharge/transfer medication related issue	1
Medication not stopped/reviewed/followed up	1
Total	**82**



Hospital Antibiotic Prudent Prescribing Audits
The audits continue to show improvement due to Community Hospital Matrons reinforcing best practice to prescribers

The number of medication incidents reported has increased however none of the incidents relate to the pharmacy service provider. A more in depth discussion of medication incidents is included within the Medicines Management report provided to the Quality and Performance Committee (June 2016)

Safe staffing - May 2016

Gloucestershire Care Services NHS
NHS Trust

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	115.6%	103.7%	104.8%	154.8%	99.3%
	Windrush Ward	83.9%	93.5%	96.8%	95.2%	96.4%
	Thames Ward	103.2%	94.6%	100.0%	100.0%	103.2%
Dilke	The Ward	77.4%	96.4%	96.8%	103.2%	98.8%
Lydney and District	The Ward	84.9%	110.1%	100.0%	109.7%	97.6%
North Cotswolds	NCH Ward	94.1%	103.7%	116.1%	100.0%	99.6%
Stroud General	Cashes Green Ward	85.5%	99.5%	98.4%	100.0%	99.1%
	Jubilee Ward	100.0%	96.8%	100.0%	98.4%	100%
Tewkesbury Community	Abbey View Ward	96.2%	99.5%	98.4%	96.8%	100%
Vale Community	Peak View	82.3%	97.7%	98.4%	108.1%	100%
TOTAL		90.7%	99.8%	101.0%	107.0%	99.3%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	16.6%	11.6%
	Windrush Ward	13.6%	5.6%
	Thames Ward	23.8%	6.1%
Dilke	The Ward	2.3%	2.2%
Lydney and District	The Ward	8.9%	11.8%
North Cotswolds	NCH Ward	8.4%	8.1%
Stroud General	Cashes Green Ward	11.4%	11.6%
	Jubilee Ward	15.1%	5.9%
Tewkesbury Community	Abbey View Ward	2.5%	1.6%
Vale Community	Peak View	8.1%	2.8%
TOTAL		10.3%	6.9%

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

Coln – Increased HCA due to cover of extra night shift in escalation bed process.

Dilke – RNC fill rate affected by requests for agency staffing not filled.

It should be noted that the Trust has reviewed the National 1:8 staffing guidance and have embarked on alternative staffing models, testing during April and May 2016. This work in essence reintroduces Clinical judgement and proactive management into staffing levels rather than purely a numbers based approach and commenced with Stroud, The Vale and Cirencester Hospitals in April 2016. A progress report will be presented to the June meeting of the Quality and Performance Committee. It is anticipated that future Safe Staffing and Quality reports will change to reflect the outcomes from the test site and in light of recently published national guidance "Care Hours Per Patient Day" (May 2016).

Safe staffing - April 2016

Gloucestershire Care Services NHS
NHS Trust

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	109.4%	98.1%	100.0%	148.3%	99.5%
	Windrush Ward	87.2%	94.3%	100.0%	98.3%	99.7%
	Thames Ward	101.7%	96.6%	100.0%	100.0%	98.3%
Dilke	The Ward	75.4%	97.9%	100.0%	105.0%	98.4%
Lydney and District	The Ward	86.1%	110.5%	100.0%	123.3%	100.0%
North Cotswolds	NCH Ward	102.8%	99.5%	98.3%	100.0%	99.7%
Stroud General	Cashes Green Ward	90.6%	102.4%	100.0%	103.3%	99.5%
	Jubilee Ward	100.0%	96.7%	98.3%	100.0%	99.6%
Tewkesbury Community	Abbey View Ward	98.9%	104.8%	101.7%	101.7%	99.2%
Vale Community	Peak View	90.6%	100.5%	100.0%	103.3%	100.0%
TOTAL		92.9%	100.3%	99.8%	108.8%	99.4%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	14.3%	10.5%
	Windrush Ward	14.3%	7.8%
	Thames Ward	23.2%	3.4%
Dilke	The Ward	3.3%	2.6%
Lydney and District	The Ward	9.0%	7.5%
North Cotswolds	NCH Ward	9.6%	7.2%
Stroud General	Cashes Green Ward	9.6%	11.8%
	Jubilee Ward	17.9%	6.6%
Tewkesbury Community	Abbey View Ward	2.9%	3.5%
Vale Community	Peak View	10.1%	3.4%
TOTAL		10.5%	6.6%

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

Coln – Increased HCA due to cover of extra night shift in escalation bed process.

Lydney – This is due to continued increased dependency levels

Dilke – RNC fill rate affected by requests for agency staffing not filled.

Gloucestershire Care Services NHS
NHS Trust

Quality Snapshot - Community Hospital Inpatient Care May 2016

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers		Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month
								No Harm	Minor	Moderate	Major	Death	Grade 1& 2	Grade 3 & 4	RNC	HCA		RNC	HCA	RNC	HCA	
SGH	Cashes Green	28.6%	8	100.0%	0	0	100.0%	2	1	0		0	0	0	88.7%	99.6%	2	0.0% (13.2)	0.0% (15.3)	80.0%	83.3%	↑
SGH	Jubilee	17.4%	4	100.0%	0	0	93.8%	3	1	0		0	2	0	100.0%	97.1%	0	6.4% (9.1)	7.2% (16.9)	72.7%	72.7%	↑
NCH	North Cotswold	17.2%	5	100.0%	0	0	72.7%	8	3	1		0	0	0	99.6%	102.9%	7	3.9% (11.9)	5.4% (15.8)	40.0%	55.0%	↔
VLH	Peak View	31.8%	7	85.7%	1	0	85.0%	6	3	0		0	0	0	86.3%	100.0%	16	2.7% (14.2)	3.2% (14.0)	66.7%	73.7%	↑
DLK	Dilke	25.8%	8	100.0%	0	0	100.0%	9	2	0		0	0	0	81.3%	97.7%	0	3.9% (17.2)	3.2% (17.3)	73.9%	86.4%	↑
TWK	Abbey View	70.0%	10	100.0%	1	0	90.0%	4	5	0		0	3	0	96.8%	98.9%	6	2.2% (16.9)	11.2% (17.2)	70.0%	70.0%	↑
LYD	Lydney	40.6%	13	92.3%	0	0	78.9%	8	2	0		0	0	0	88.7%	110.0%	9	6.5% (11.6)	10.1% (17.3)	85.7%	87.0%	↓
CIR	Coln	60.6%	20	95.0%	0	0	96.3%	11	5	0		0	0	1	112.9%	115.1%	3	4.7% (14.4)	15.7% (12.4)	61.1%	93.3%	↓
CIR	Windrush	50.0%	9	88.9%	0	0	95.0%	4	3	0		0	0	0	87.1%	93.9%	4	12.3% (6.7)	12.6% (5.6)	62.5%	42.9%	↓
CIR	Thames	90.0%	9	100.0%	0	0	100.0%	2	0	0		0	1	0	102.2%	96.0%	1	16.3% (12.3)	1.7% (12.9)	13.3%	37.5%	↔

Quality Snapshot - Community Teams May 2016

Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	92.1%	0	0	0	0	6.9% (26.5)	86.1%	1	↑
Cotswold	94.1%	1	0	1	0	6.8% (26.7)	73.3%	0	↑
Forest	94.6%	0	0	0	0	4.7% (15.0)	83.3%	0	↓
Gloucester	92.2%	0	0	0	0	4.5% (20.1)	74.2%	0	↔
Stroud	95.7%	1	1	0	0	4.6% (28.1)	73.8%	0	↔
Tewkesbury	94.2%	0	3	0	0	7.2% (14.2)	80.0%	0	↓

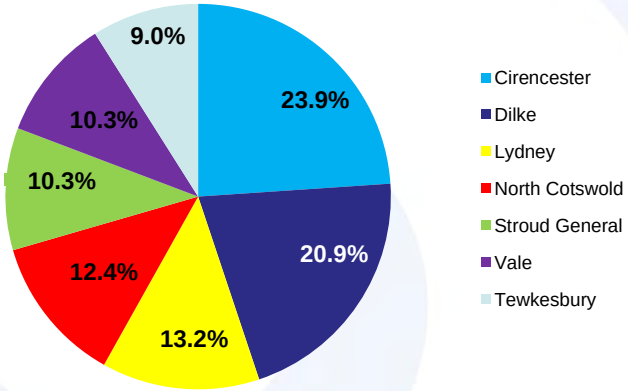
Mortality Reviews: Community Hospitals

Gloucestershire Care Services NHS
NHS Trust

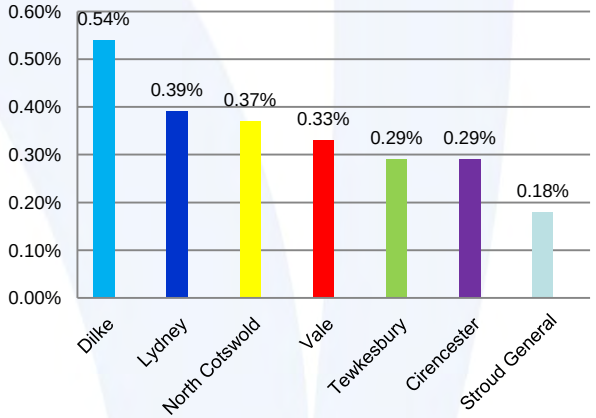
Number of Discharges from Community Hospital where discharge reason is as a result of death

Hospital Site	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Rolling 12 month total
Cirencester	5	3	6	3	4	2	5	6	4	6	7	5	56
Dilke	3	6	4	3	3	1	3	5	5	4	7	5	49
Lydney	2	0	4	3	2	2	3	6	2	3	1	3	31
Stroud General	0	2	1	3	0	1	2	6	2	1	3	3	24
North Cotswold	4	4	3	3	2	2	0	4	2	1	2	2	29
Tewkesbury	2	0	2	1	1	3	2	3	2	1	4	0	21
Vale	1	2	2	4	3	0	1	2	1	2	4	2	24
Total	**17**	**17**	**22**	**20**	**15**	**11**	**16**	**32**	**18**	**18**	**28**	**20**	**234**

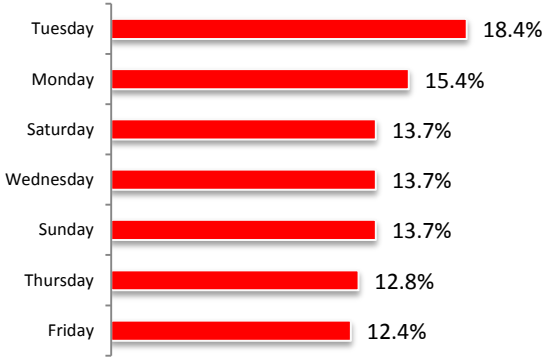
Number of deaths per Community Hospital (%) – *Rolling 12 month Total*



Number of Deaths as % of Occupied Bed Days per Hospital - *Rolling 12 month Total*



Number of Deaths (%) per Weekday -*Rolling 12 month Total*



- MIDAS is currently used to capture the record of care after death in the community hospital setting.
- A new End of Life care template is being tested within SystmOne to cover community hospital and community settings. A decision will need to be made to determine whether the SystmOne template and data is adopted as the primary End of Life record or whether MIDAS system remains used for this purpose.

Reablement Service Key Indicators

Gloucestershire Care Services NHS
NHS Trust

Reablement service key actions to improve performance are detailed on the subsequent page

Target description	2015/16 Outturn	Target 2016/17	Jun -15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
% Contact Time	40.3%	TBC	37.3%	37.8%	36.7%	37.3%	41.4%	42.9%	45.8%	42.9%	43.3%	41.6%	41.5%	42.1%	41.8%
Number of Community Reablement Starts	3,636		332	358	302	289	291	336	283	304	260*	259*	284	308	592
Number of Current Cases open longer than 6 weeks	57	0	53	45	35	38	45	47	62	77	65	79	74	69	72
% of cases progressed within 6 weeks (from those closing this month)	82.8%	100%	79.5%	84.4%	84.9%	83.9%	84.4%	83.1%	87.0%	76.4%	83.0%	80.2%	79.2%	82.8%	81.0%
Average Length of Reablement Service (weeks)	3.2	6.0	3.3	3.2	2.9	3.0	2.9	3.0	2.7	3.6	3.4	3.7	3.6	3.3	3.5
Sickness rate in Reablement Workforce	6.5%	3%	5.3%	5.5%	7.7%	6.8%	6.8%	6.8%	6.0%	7.7%	10.7%	6.9%	4.3%	5.2%	4.8%

* Note: reduction in community reablement starts as a result of the impact of the reablement service spending significant time in the Emergency Departments helping with patient flows.

Reablement actions

Gloucestershire Care Services NHS
NHS Trust

The Reablement Delivery Group continues to oversee and deliver improvement are shown against key targets below:

Measure	Definition	Actions
Face to Face Contact Time	This targets relates to the amount of time the Reablement workers spend giving direct intervention with a service user	• QIPP with goals focussed on contact time, length of stay and direct referrals from GHFT has been agreed • Reablement Workshops have been arranged for the first week in June where the above targets will be uppermost on the agenda. • Coldharbour presentation and working methods will be the additional focus for the Workshops. • New Coldharbour system now live; all training is complete, new phone rollout is complete, user testing is complete. • Central point of referral from Community Hospitals being launched mid June
Sickness absence	This target relates to sickness absence of all staff within the reablement service	• Information has not been received from GCC for this report as yet.
Over 6 week length of stay	This target relates to the number of people receiving a reablement service who have been in the service for longer than 6 weeks	• Data now produced and shared with ICTs and lead Commissioner weekly. • Currently figure of those still in reablement trends at approx 70 at the snapshot time. Reasons for the over 6 weeks continues to be collected & scrutinised weekly. • The impact of the new Domiciliary Care tenders and contracts is evident in the rural parts of the county. • Work is underway to split the admin management and function between those employed by GCC or by GCS, which will also have an impact on delivery and 'flow' through reablement during the transition.

Integrated Community Teams Key Indicators

Gloucestershire Care Services NHS
NHS Trust

Integrated Community Teams key indicators

Target description	Jun -15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
% Service User referrals resolved at point of referral	70.5%	70.3%	71.7%	70.8%	68.0%	63.9%	64.5%	68.4%	64.6%	71.9%	37.5%	33.9%	35.7%
Number of Service User referrals resolved at point of referral	2,334	2,470	2,107	2,226	1,907	1,639	1,721	2,060	2,055	2,510	1,680	1,412	3,092
Service User Referrals from ICT to Specialist Services	18	37	30	20	23	68	49	37	36	27	49	27	76

The indicators above are reported to the ICT Performance & Delivery Group on a monthly basis as a part of a wider set of metrics and indicators. This Group is part of the revised Governance structure for ICTs and will be responsible for overseeing the specific delivery and development of the current ICT model including associated performance issues. It also aims to 'unblock' issues which adversely affect delivery. It replaces the previous ICT Steering Group

This group will review operational issues and improvement action plans in more detail and make appropriate recommendations regarding required service change to the GCCG Contract Board; wider strategic issues / concerns will be escalated to the new Joint Integration Reference Panel Group.

The Joint Integration Reference Panel is designed to focus on wider strategic issues relating to integration and multi-agency working across the health, social care and third sector in Gloucestershire.

Safeguarding (1/2)

Gloucestershire Care Services NHS
NHS Trust

Total	2015-16 outturn	Jun-15	Jul-15	Aug -15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Adult safeguarding concerns raised by GCS	**160**	28	18	10	6	10	8	6	5	6	5	4	9	13
Total county adult safeguarding concerns	**3,279**	336	289	246	266	308	271	217	279	221	147	181	139	320
GCS adult section 42 enquiries	**51**	7	4	3	1	2	3	2	1	2	5	1	1	2
Total county section 42 enquiries	**1,007**	99	63	57	66	82	64	51	69	60	148	62	41	103
Number of new Children's Serious Case Reviews	**1**	0	0	0	0	0	0	1	0	0	0	0	0	0
Number of new Safeguarding Adult Reviews	**2**	1	0	0	0	0	0	1	0	0	0	1	0	1
Number of children subject to a Child Protection Plan	**580**	425 (Apr-Jun 2015)	522			595			580			581 (April - May 2016)		**581**

*Breakdown of adult safeguarding enquiries (2016/17)			
Client group		**Type of concern**	
Other vulnerable	7	Physical injury	4
Physical Disability	3	Neglect	3
Learning Disabilities	2	Financial	2
Dementia	1	Psychological	2
Mental Health	0	Sexual	1
		Self neglect	0
		Other	0

See page 34 for further details

Safeguarding (2/2)

Gloucestershire Care Services NHS
NHS Trust

2014/15 Safeguarding Reviews:
The 2014/15 Children's Serious Case Reviews (4) all continue through the Serious Case Review (SCR) process, one of which is also subject to a Domestic Homicide Review.

The 2014/15 Adult Serious Case Reviews (now called Safeguarding Adult Reviews) are completed and either published or at the final action plan stage.

2015/16 Safeguarding Reviews:
The June 2015 Safeguarding Adult Review is a fire death. GCS services were involved in care provision. This is still currently under investigation.

2015/16 Safeguarding Children's Reviews.
The 4 Serious Case Reviews and Domestic Homicide Review that took place in 2014/15, continued with two being completed and due to be published in July 2016.

The Domestic Homicide Review is due to be finalised in July 2016 with publication anticipated in September 2016.
One review is nearing completion but a decision as to any legal proceedings has yet to be made which will have an impact on the publication date.

The final review is ongoing.

The December 2015 Safeguarding Adult Review is a severe self neglect/neglect case (and a SIRI case). The Trust is involved in care provision and colleagues are now involved with the Independent Case Review.

As previously reported the number of adult safeguarding concerns (which had appeared as declining) from GCS and countywide will continue to be monitored to determine whether there are any other trends or causes to be explored. This will be monitored closely over the next 6 months.

Gloucestershire Care Services NHS
NHS Trust

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 - 17

Date	NED	Service	Location	Status
6th April 2016	Richard Cryer	Specialist Heart Failure Nurse	Lydney	Visit completed, Q1 summary report available in July 2016
20th April 2016	Jan Marriott	SPCA	Edward Jenner Court, Gloucester	Visit completed, Q1 summary report available in July 2016
22nd April 2016	Rob Graves	Community Nursing Team	Cirencester	Visit completed, Q1 summary report available in July 2016
11th May 2016	Ingrid Barker	Podiatry Services	Rikenel, Gloucester	Visit completed, Q1 summary report available in July 2016
16th May 2016	Sue Mead	Lower Limb Service	Cirencester	Visit completed, Q1 summary report available in July 2016
26th May 2016	Nicola Strother Smith	Fairford Hospital	Fairford	Visit completed, Q1 summary report available in July 2016
28th June 2016	Ingrid Barker	Children's Speech and Language Therapy	Independent Learning Centre, Cheltenham	Visit agreed
13th July 2016	Jan Marriott	In patient ward	Lydney Hospital	Visit agreed
20th July 2016	Nicola Strother Smith	Children's Complex Care Service	Edward Jenner Court, Gloucester – then visits	Visit agreed
25th July 2016	Jan Marriott	Community Nursing (DN Team)	College Yard Surgery, Gloucester	Visit agreed
24th August 2016	Richard Cryer	Ambulatory Care Unit	Cirencester Hospital	Visit agreed

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

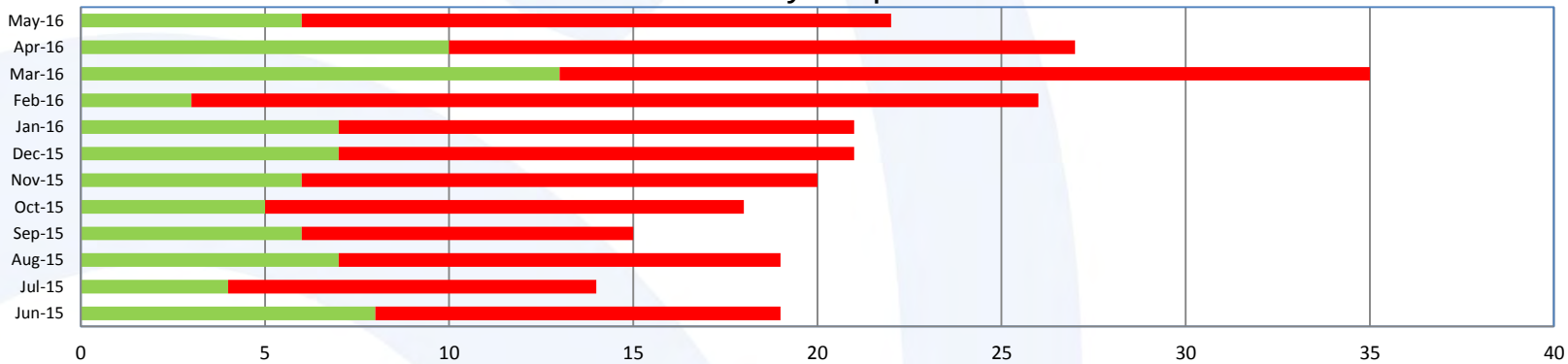
Gloucestershire Care Services NHS
NHS Trust

Quality Strategy metrics - strategic objective 2

	2015/16 Outturn	Target	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Percentage of service users recommending the Trust as a place of care	**95.2%**	**More than 90%**	**95.6%**	**95.7%**	**96.1%**	**93.5%**	**94.7%**	**94.6%**	**94.8%**	**95.2%**	**95.3%**	**95.3%**	**95.3%**	**95.3%**	**95.3%**
Measured increase in the number of service users who feel appropriately involved in their care and treatment	**95.0%**	Equal or more than 95%	**94.7%**	**95.5%**	**95.2%**	**93.4%**	**94.6%**	**94.0%**	**94.7%**	**94.2%**	**97.5%**	**97.0%**	**93.9%**	**94.3%**	**94.1%**
Increasing the number of service users who feel treated with dignity and respect	**98.3%**	Equal or more than 98%	**98.7%**	**98.7%**	**98.4%**	**97.9%**	**97.9%**	**98.5%**	**98.5%**	**98.3%**	**99.1%**	**97.0%**	**98.0%**	**97.9%**	**98.0%**
Increased response rates of service users completing the Friends and Family Test	**5.4%**	More than 4.6%	**5.6%**	**5.1%**	**5.4%**	**4.8%**	**5.7%**	**5.5%**	**5.0%**	**4.3%**	**4.2%**	**4.6%**	**4.2%**	**4.0%**	**4.1%**
Increase in the number of public focus / discussion groups per quarter	**23**	Two topics per quarter	**2 (Apr-Jun 2015)**	**3**			**13 (includes Healthwatch event, work with the VCS, Forest engagements etc**			**5**			**TBC**		**TBC**

Transitions from one service to another, for people on care pathways, are made smoothly

Below are the details of transfers into community hospitals wards between 23:00 and 05:59:



	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Direct Admission	8	4	7	6	5	6	7	7	3	13	10	6
Transfer	11	10	12	9	13	14	14	14	23	22	17	16

Patient transfer audit has been completed to review the 35 transfers in March 2016. The Chief Operating Officer tasked the Head of Capacity to undertake a deep dive into the detail and report back to the Quality and Performance Committee (June 2016) and the Systems Resilience Group.

The deep dive review has yet to be completed, as the Investigating Officer is still awaiting information from partner organisations, in particular, Arriva transport regarding details of times transport has been booked.

Initial findings note the following 3 areas of further work:

1. Data entry - work has started with wards to ensure they record receiving patients in a timely way to improve data validity.
2. Responsibility for Booking Transport is not by one service and dependent on the location of the patient. It is not known if Arriva transport service responds differently, dependent on the location of the patient, or by the organisation making a request.
3. Incident Reporting – work is underway with the teams to remind them of the importance of Incident reporting.

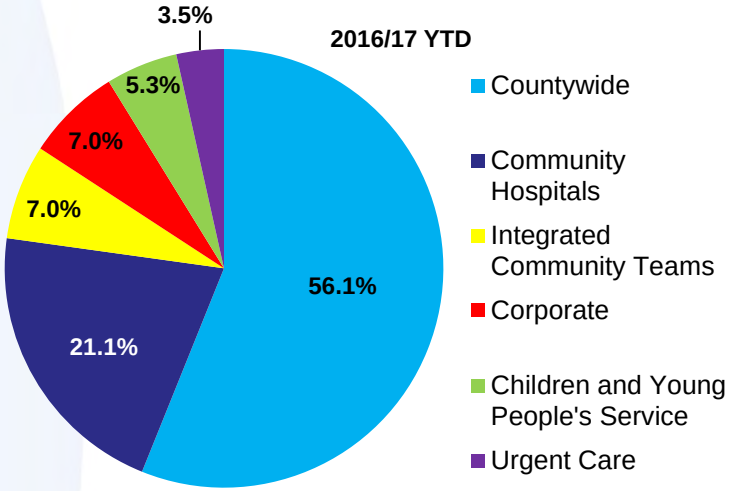
Interim Recommendations

1. Identify way to support recording of patient on system on arrival and follow up with the detailed records after patient is on the ward.
2. Undertake a regular transport meeting with SWAST/Arriva as appropriate, in which late transfers can be collectively monitored and addressed.
3. Highlight the requirement for staff to complete Datix incident reports for all late transfers.

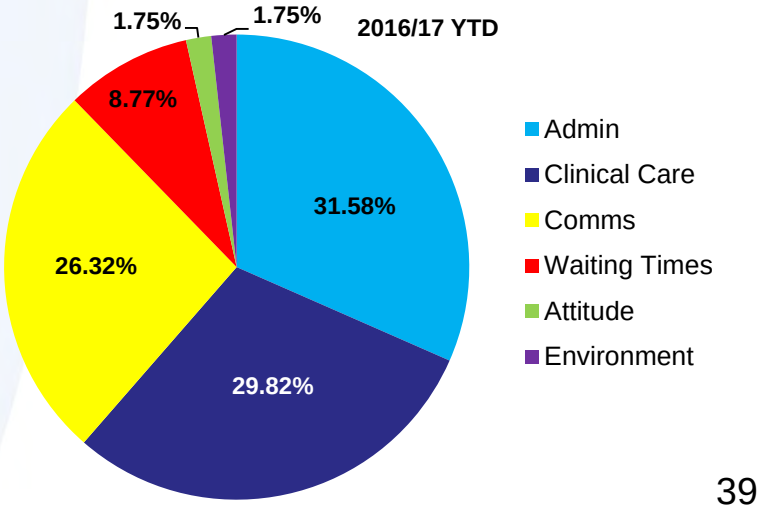
When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse

Below are details of reported concerns:

Concerns	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Countywide	16	12	9	8	10	12	11	17	6	15	15	17	32
Community Hospitals	4	5	4	3	7	5	6	2	9	2	9	3	12
ICTs	1	3	2	6	7	1	1	0	3	5	1	3	4
Corporate	1	1	1	0	4	5	2	0	4	2	2	2	4
CYP Services	2	2	1	1	1	0	1	1	2	5	2	1	3
Urgent Care	7	3	3	7	1	5	3	4	2	2	0	2	2
Total	31	26	20	25	30	28	24	24	26	31	29	28	57



Concerns	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Admin	3	1	3	3	4	10	4	5	7	7	9	9	18
Clinical Care	6	9	10	9	6	4	7	7	6	6	10	7	17
Communications	16	10	3	8	11	9	5	10	8	11	6	9	15
Waiting Times	4	3	1	2	5	3	5	1	1	4	3	2	5
Environment	0	2	3	1	1	1	1	1	3	2	0	1	1
Attitude	2	1	0	2	3	1	2	0	1	1	1	0	1
Total	31	26	20	25	30	28	24	24	26	31	29	28	57



Gloucestershire Care Services NHS
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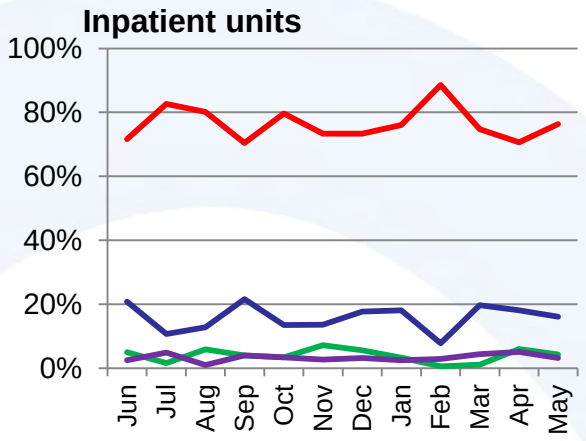
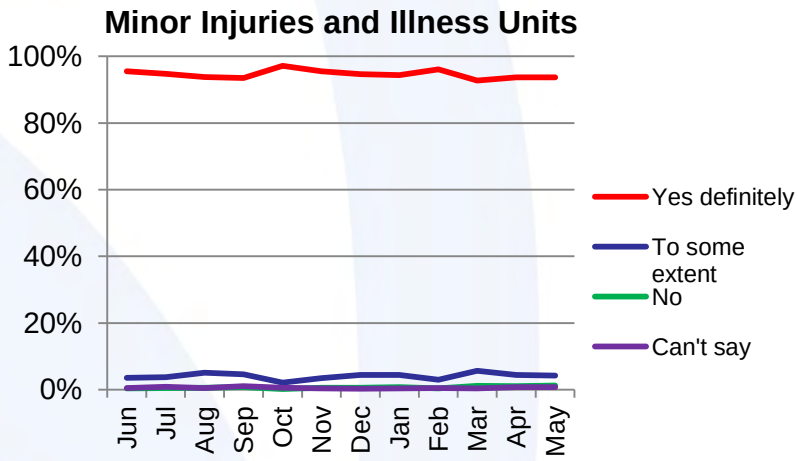
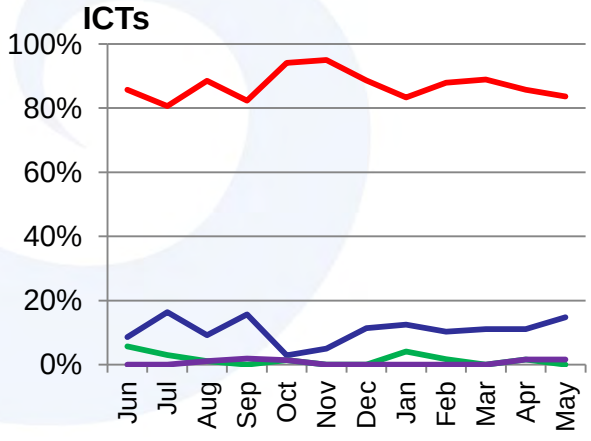
People are informed and supported to be as involved as they wish to be in decisions about their care

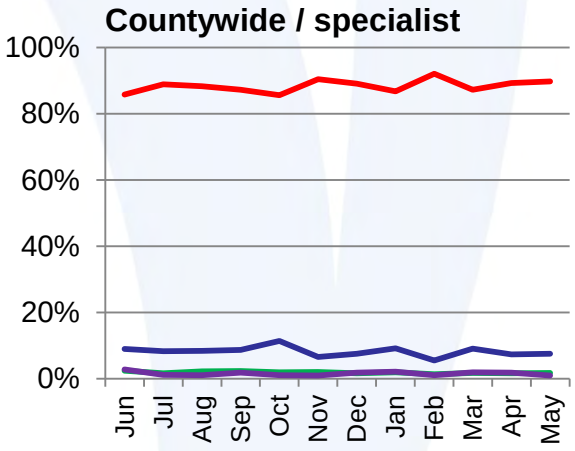
"Were you involved as much as you wanted to be in decisions about your care and treatment?"

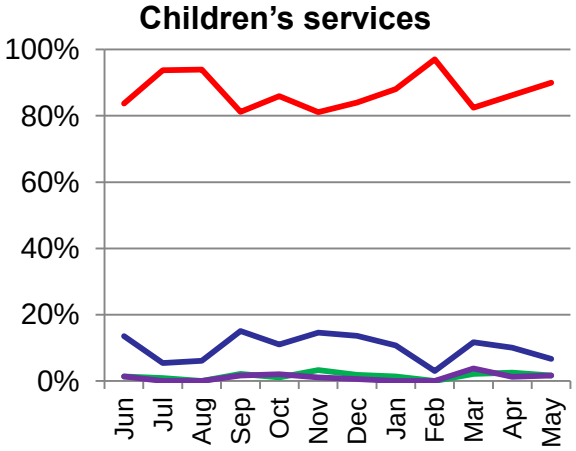




Please note that data for a number of services is based on a small sample so may not be wholly representative

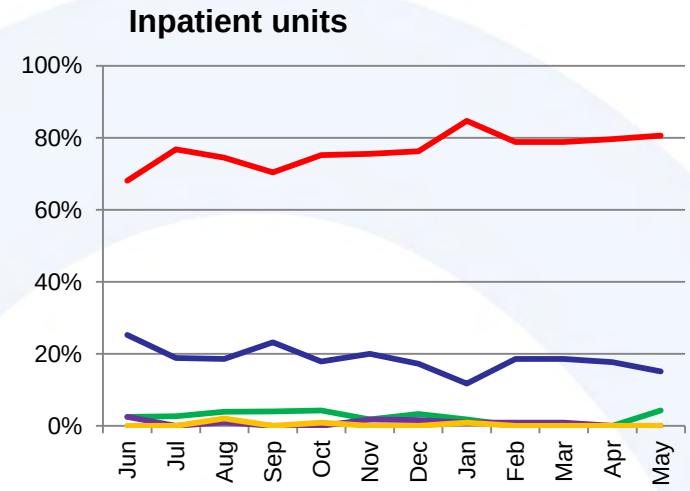


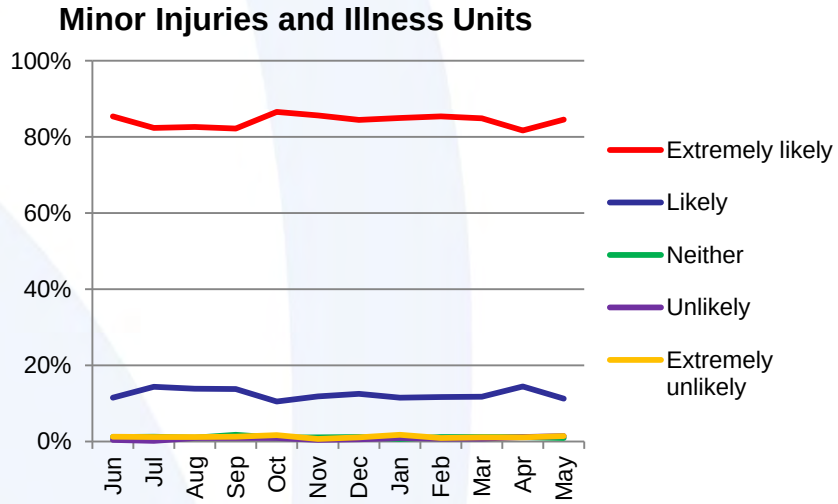




People report positive experiences of the NHS

Friends and Family Test outcomes best indicate positive experiences of service users:





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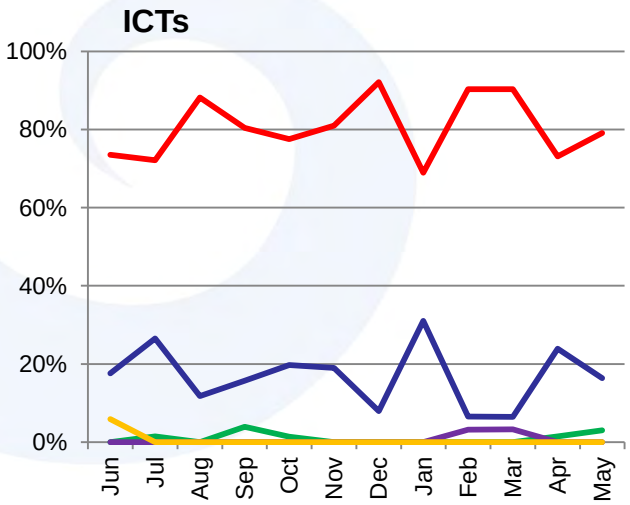
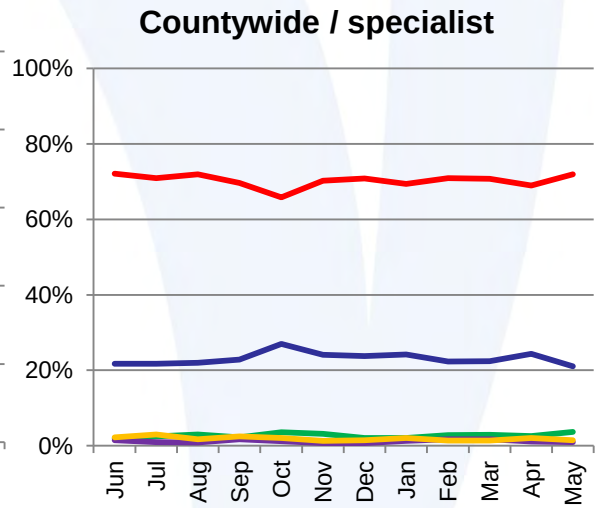
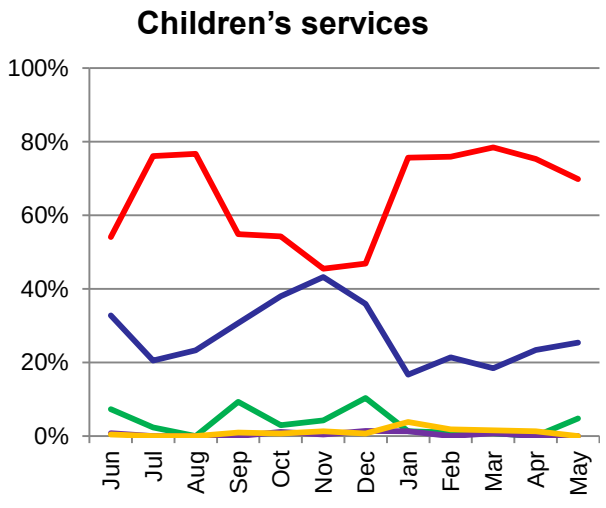






People report positive experiences of the NHS (cont)

We received 10 NHS Choices comments in May which were shared with the relevant teams:

Service	Themes	Positive	Negative
Cirencester MIiU	"Best care ever! All the staff were very helpful and professional but especially the nurse that sorted my injured toe. Sign-in, consultation, X-rays and then the "fix" was all done in less than two hours. Well done all"	1	0
Lydney MIiU	"Great care and advice - We visited the hospital tonight as my husband had been attacked by a dog. What else could you ask for? Excellent care and service"	1	0
North Cots MIiU	"I received excellent treatment… the nurse that treated me was so kind and helpful, what a first class hospital - thank you"	1	0
Tewkesbury MIiU	"I was rather disappointed with the MIU. I've been there 3 times with a foot injury that causes me excruciating pain and all times they have said it's a sprained ankle or tendon. Every time I was told to take pain killers even though I informed the staff I can't as my body rejects them. Debating going to Cheltenham A&E as over a week on I am still in pain. Very disappointed" "Fast and courteous service. Staff most polite and helpful. Many thanks" "I wanted to thank the staff who stitched and cleaned up my Mother's wound when she fell. The staff were caring, kind and competent. The service could not have been bettered and we are very grateful. Thank you"	2	1
Stroud MIiU	"A very quick and friendly service"……"Efficient, friendly and highly accessible. A hugely valued facility for the local community"	2	0
Dental Access	"Quick, painless, and an almost pleasant experience. Brilliant modern clean unit. Many thanks to all concerned"	1	0
North Cots Hospital	"My father spent most of April and some of May in NCH. All the staff were very professional, and caring. The family were kept in touch with his condition at regular intervals. If I ever need similar treatment, I'd insist on it being at North Cotswolds Hospital"	1	0

We responded to all comments, asking people to contact our Service Experience Team where negative experiences were reported.

Freedom of Information Requests

In May, the Trust received 8 Freedom of Information (FOI) requests regarding:

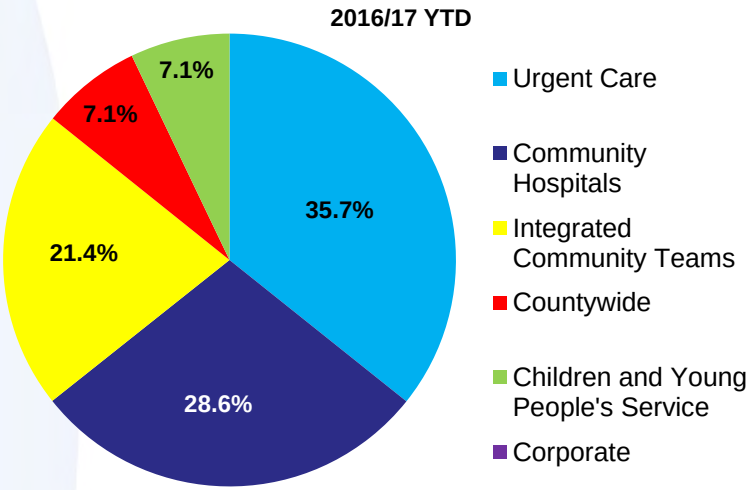
- locum appointments
- training regarding Human Trafficking
- corporate systems
- mental health waiting times
- the Trust's annual report / business plan
- current Financial and Accounting services
- IT budgets (x2)

Of all FOI requests due to be answered in May, the following was achieved:

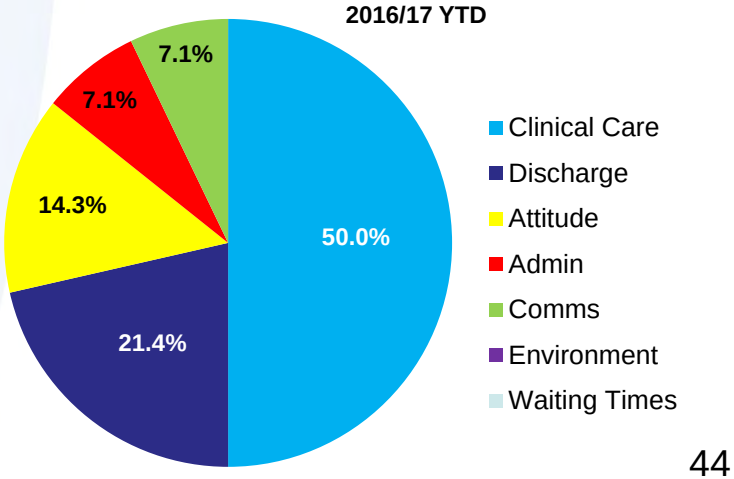
	Number due	Number replied	Total %
Target time within agreed timescale (20 working days)	**10**	**10**	**100%**

People's complaints about services are handled respectfully and efficiently

Complaints	Jun -15	Jul-15	Aug-15	Sep -15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Urgent Care	0	0	3	9	0	0	1	1	2	0	3	2	5
Community Hospitals	1	2	1	2	5	3	2	5	3	0	2	2	4
ICTs	0	0	0	0	3	1	1	2	2	2	2	1	3
Countywide	4	0	0	0	1	0	2	1	1	4	0	1	1
CYP Services	2	1	1	0	3	0	0	0	0	1	1	0	1
Corporate	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7	3	5	11	12	4	6	9	8	7	8	6	14



Complaints	Jun -15	Jul-15	Aug -15	Sep -15	Oct-15	Nov-15	Dec-15	Jan - 16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Clinical Care	3	2	4	10	6	1	3	6	5	3	5	2	7
Discharge	1	1	1	0	1	1	1	2	1	0	1	2	3
Attitude	0	0	0	0	0	0	1	1	1	1	1	1	2
Communications	3	0	0	0	3	0	0	0	0	3	0	1	1
Admin	0	0	0	1	0	2	0	0	0	0	1	0	1
Waiting Times	0	0	0	0	1	0	1	0	1	0	0	0	0
Environment	0	0	0	0	1	0	0	0	0	0	0	0	0
Total	7	3	5	11	12	4	6	9	8	7	8	6	14



People's complaints about services are handled respectfully and efficiently (cont)

2016/17

Response Time	Q1
Target time within agreed timescale (25 working days)	TBC

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	3.4 average per month, May 2015 – April 2016
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.0 average per month, Latest 6 months (November 2015 – April 2016)

Strategic Objective 3:
Actively engage in partnerships with other health and social care providers in order to deliver seamless services

Gloucestershire Care Services NHS
NHS Trust

Quality Strategy metrics - strategic objective 3

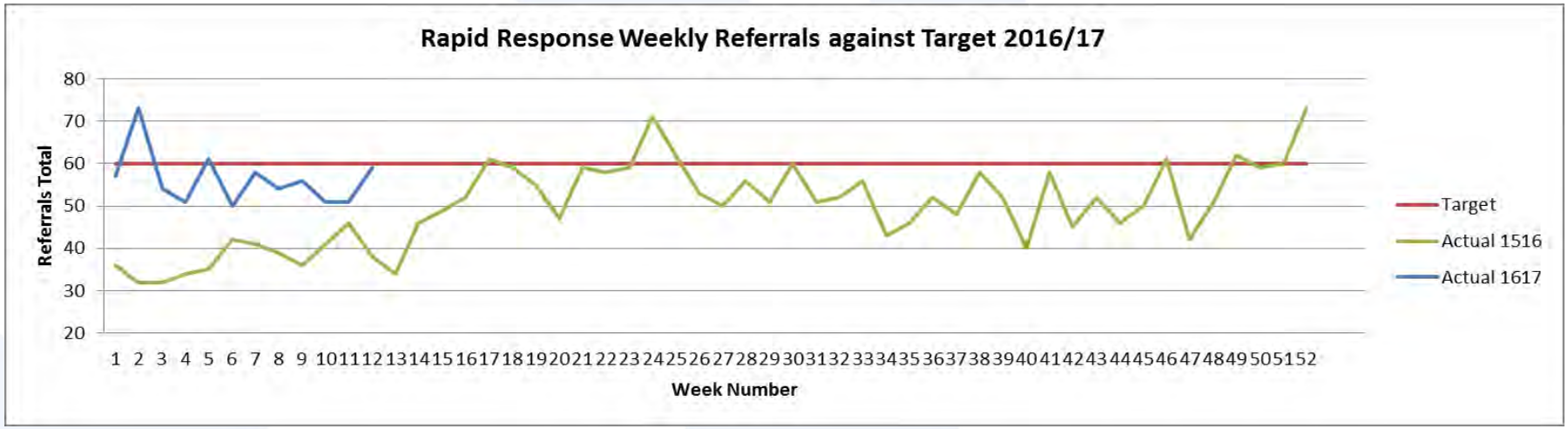
	2015/16 Outturn	Target	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
% CQUIN milestones achieved against agreed plan	**96% - TBC**	n/a	**100% (Apr-Jun 2015)**	**100%**			**100% - TBC**			**83.3% - TBC**			**TBC**		**TBC**
% QIPP milestones achieved against agreed plan	**81.6%**	n/a	**94.3% (Apr-Jun 2015)**	**81.5%**			**80.0%**			**70.6%**			**TBC**		**TBC**
Number of referrals accepted by Rapid Response service	3,120	Target	256	266	265	256	265	257	263	263	246	263	257	266	523
	2,642	Actual	**178**	**243**	**239**	**264**	**244**	**214**	**223**	**213**	**224**	**276**	**257**	**232**	**489**
Number of avoided admissions as a result of ICT intervention	**97.0%**	80%+	**96.1%**	**96.3%**	**97.9%**	**97.0%**	**98.0%**	**98.0%**	**98.2%**	**95.8%**	**93.7%**	**97.9%**	**96.5%**	**89.7%**	**93.1%**
Number of service users discharged by the IDT from the acute Trust Emergency Department	**114 average per month**	280 per month	**120**	**124**	**96**	**119**	**119**	**121**	**108**	**118**	**104**	**125**	**88**	**126**	**107**
Number of service users discharged by the IDT from the acute Trust ACU (same day)	**34 average per month**	56 per month	**49**	**51**	**33**	**37**	**30**	**20**	**39**	**27**	**25**	**26**	**33**	**25**	**29**

Rapid Response - Key Indicators

Gloucestershire Care Services NHS
NHS Trust

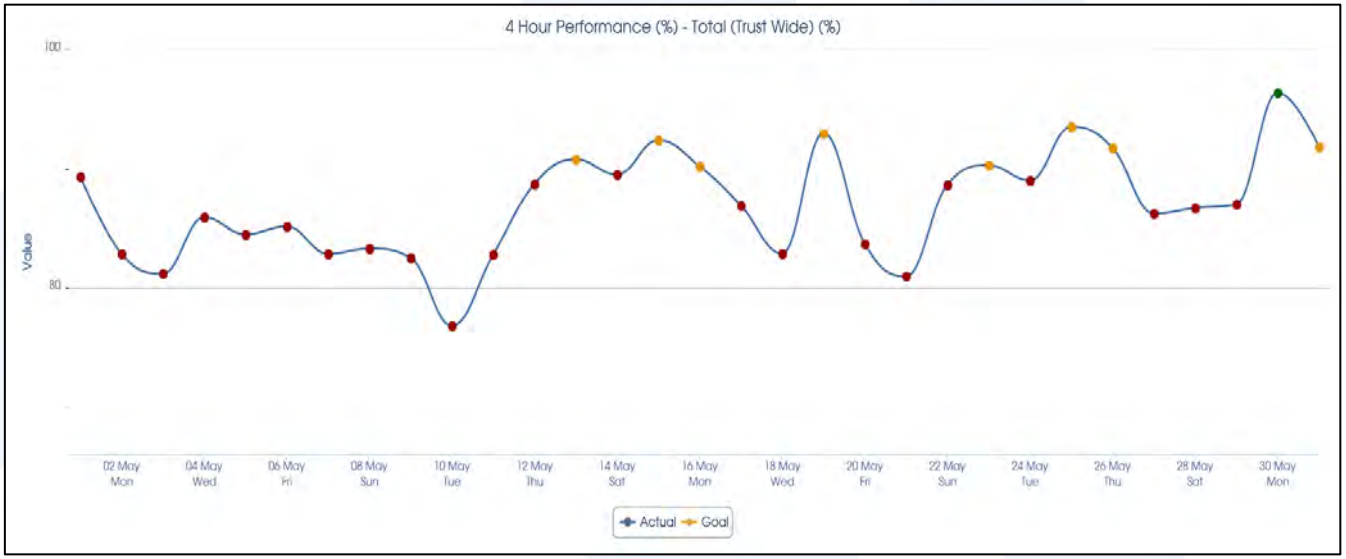
Indicator	15/16 Outturn	Target	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Number of referrals accepted (plan)	3,120	Target	256	266	265	256	265	257	263	263	246	263	257	266	523
Number of referrals accepted	2,639	Actual	178	241	239	264	244	214	223	213	224	276	257	232	489
% of patients with assessment initiated within 1 hour	88.7%	95%	94.8%	96.2%	95.1%	95.8%	96.9%	96.1%	98.5%	95.1%	57.9%	45.5%	62.9%	52.0%	57.5%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of patients where SPCA reports that rapid response intervention avoids acute hospital admission	97.0%		96.1%	96.3%	97.9%	97.0%	98.0%	98.0%	98.2%	95.8%	93.7%	97.9%	96.5%	89.7%	93.1%
Number of referrals where SPCA reports that rapid response intervention avoids acute hospital admission	2,319		169	234	227	253	236	206	219	204	119*	140*	138	122	260

*direct referrer is only asked where referral is via SPCA and collected on SystmOne



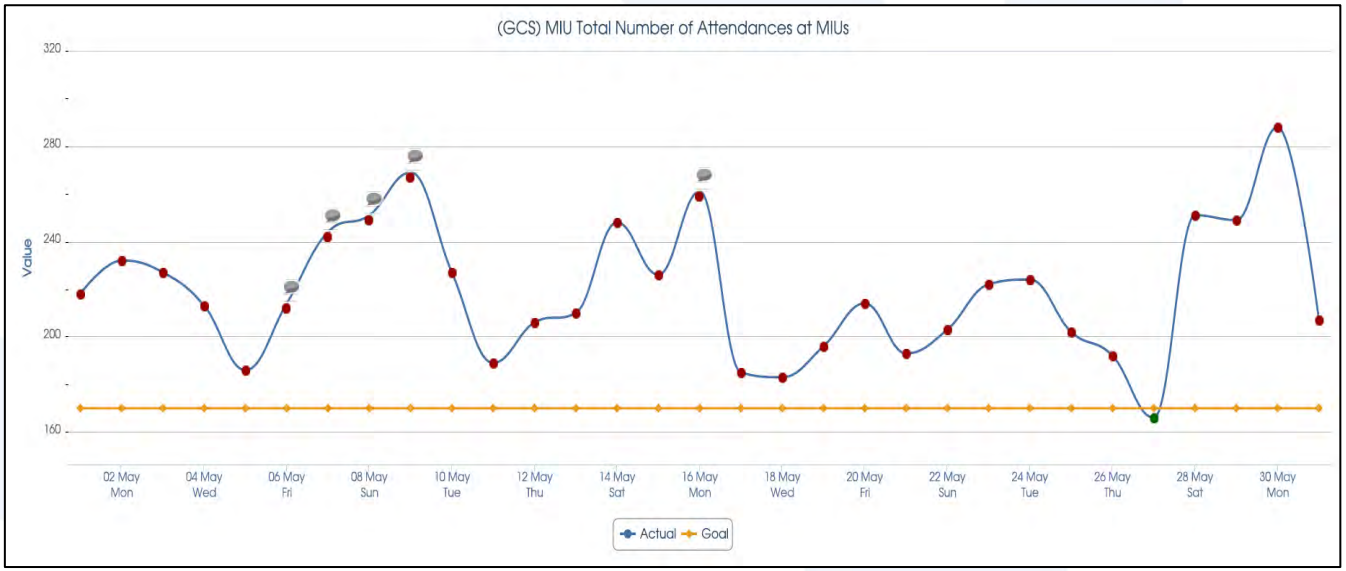
Rapid response referrals:
Action plan continues to be followed to increase referrals. This includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads having regular contact with GP Practices and Care Homes. The service is also working with IDT front door as part of the interim management arrangement and review.

Alamac - Gloucestershire Health Community reporting



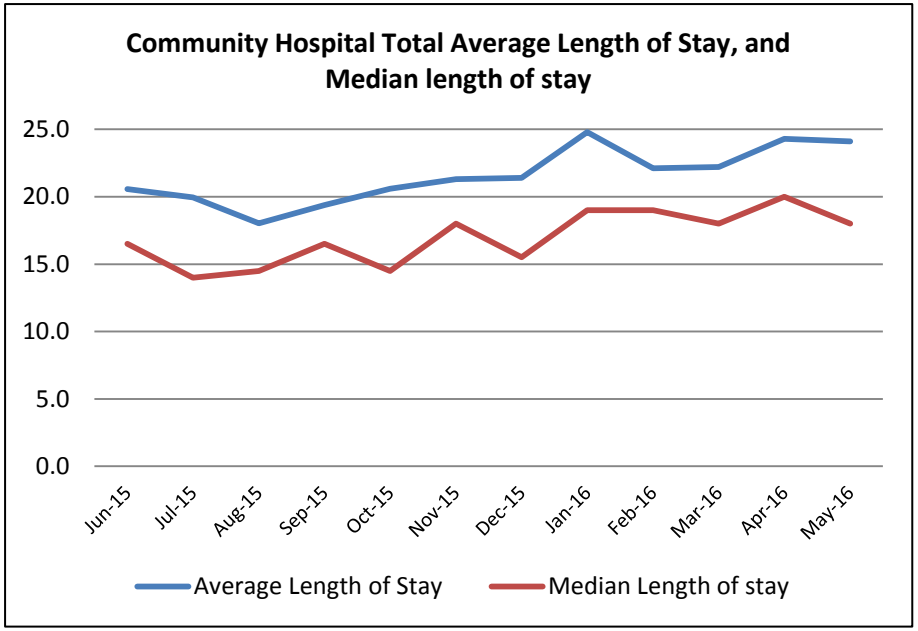
The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. It has now been adopted by a number of other NHS providers including GHFT and SWASTFT.
The charts provide a number of the headline measures reviewed.

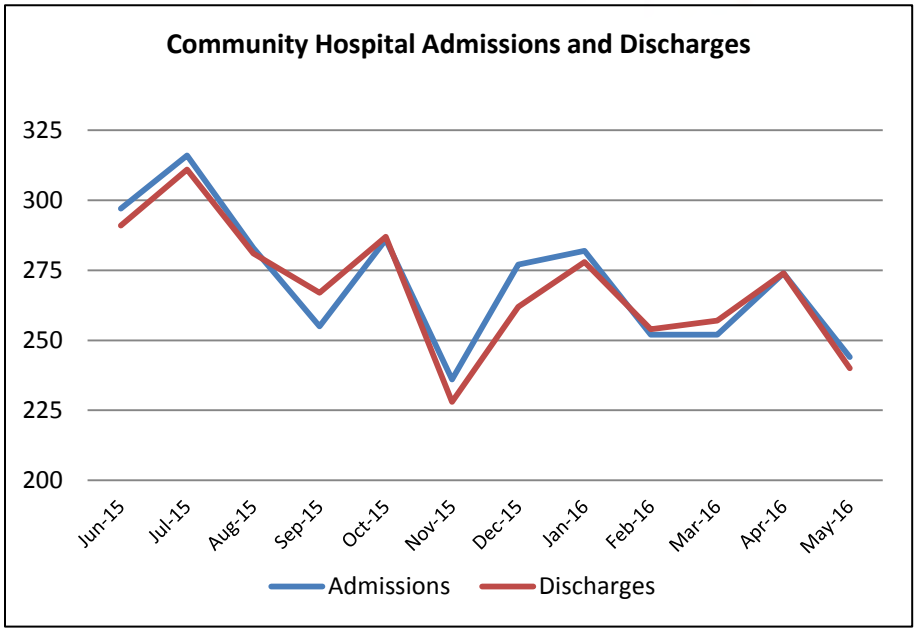
Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target – performance was achieved once during May



GCS Minor Illness and Injury unit attendances during May 2016.
This shows fluctuation in number of attendances with only 1 day below the goal for the month.

Community Hospitals - Average Length of Stay





	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	12 Month Total
Average Length of Stay	20.6	20.0	18.0	19.4	20.6	21.3	21.4	24.8	22.1	22.2	24.3	24.1	21.6
Median Length of Stay	16.5	14.0	14.5	16.5	14.5	18.0	15.5	19.0	19.0	18.0	20.0	18.0	17.0
Admissions	297	316	283	255	286	236	277	282	252	252	274	244	3,254
Discharges	291	311	281	267	287	228	262	278	254	257	274	240	3,230

Bed occupancy remained high and direct admissions remain low (less than 30%). These factors affect the length of stay, evidence shows direct admissions have a shorter length of stay. Currently the pressure remains high to use all community hospital beds to support transfers as soon as they become available.

Patient flow workshop was held in April including IDT, SPCA, Inpatient, ICT, referral centre and social work staff to improve networking and communication across the teams aiming to reduce the length of stay. Listening into Action teams are now formed to support work including improving data, improved communication and team working, acuity tool and discharge to assess.

The Reablement service is introducing a centralised referral process from July which is anticipated to improve the process of discharging patients from Community hospitals to home.

Strategic Objective 4:
Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision

Quality Strategy metrics - strategic objective 4

	2015/16 Outturn	Target	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	2016/17 YTD
Staff recommending the Trust as a place to work	**47%**	More than 60%	**52% (Apr-Jun 2015)**		**51%**			**n/a**			**37%**		**TBC**		**TBC**
Percentage of annual staff appraisals	**77.3%**	More than 95%	**77.9%**	**77.7%**	**76.8%**	**76.1%**	**77.6%**	**78.6%**	**78.7%**	**77.7%**	**79.4%**	**76.3%**	**74.7%**	**70.7%**	**72.7%**
Completion of all mandatory training	**81.1%**	100%	**83.1%**	**81.8%**	**80.4%**	**79.4%**	**80.4%**	**82.2%**	**82.1%**	**80.8%**	**81.7%**	**81.8%**	**68.5%**	**72.9%**	**70.7%**

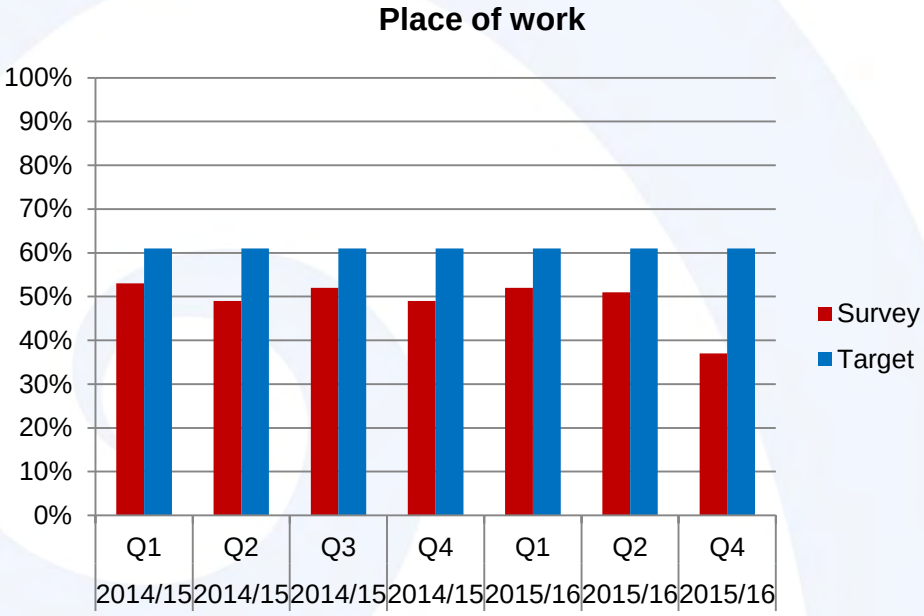
- Note: mandatory training performance reported on this summary is based on the 5 requirements as reported in 2015/16 to enable direct comparison.
- Reports have been developed to extend this to include Safeguarding, Moving and Handling, Infection Control, Resuscitation and PREVENT compliance. Performance against these measures is included on page 55 of this report.

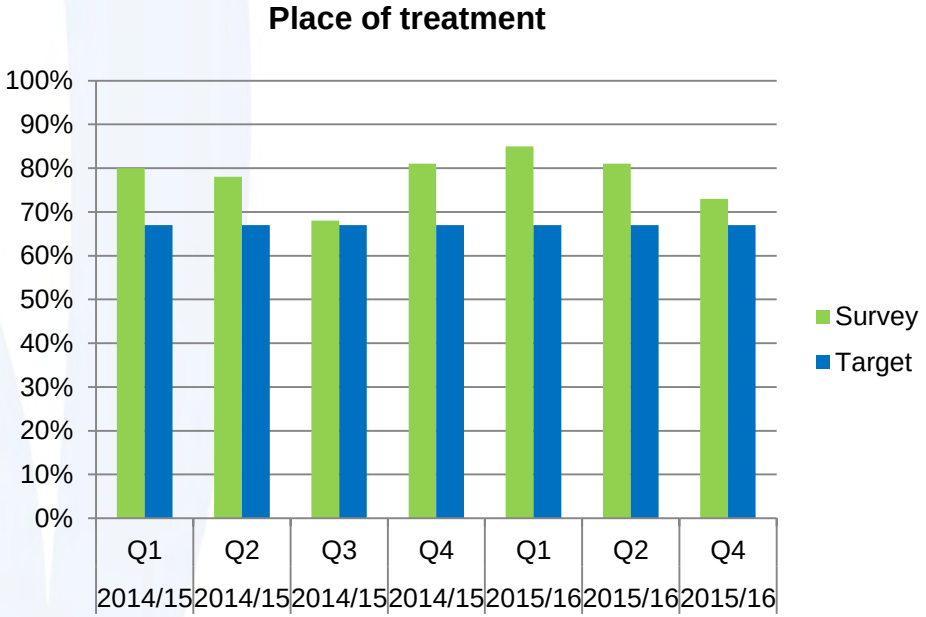
Gloucestershire Care Services NHS
NHS Trust

Staff Friends and Family Test

	2014-15				2015-16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of staff who would recommend the Trust as a place of work	53%	49%	52%	49%	52%	51%		*37%
Percentage of staff who would recommend the Trust as a place to receive treatment	80%	78%	68%	81%	85%	81%		*73%

**Note: only collected by staff based at Edward Jenner Court, Gloucester. Workshops are in place in July 2016 to explore and understand the reason for the low scores.*



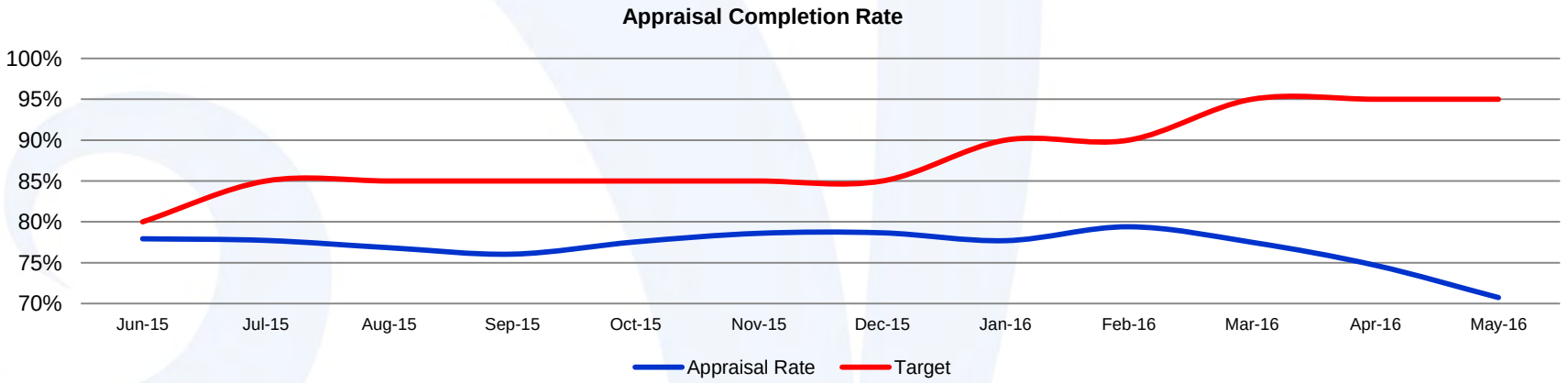


More detailed report provided to Workforce & OD Committee

Sickness absence /appraisals

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Target
Sickness absence average % rolling rate - 12 months	4.77	4.85	4.84	4.88	4.85	4.85	4.74	4.71	4.68	4.67	4.69	4.62	**4.00**
Sickness absence % rate (1 month only)	3.74	5.13	5.04	4.93	5.09	4.21	3.91	4.73	4.56	4.37	4.53	3.85	**4.00**

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Target	80%	85%	85%	85%	85%	85%	85%	90%	90%	95%	95%	95%
Appraisal Rate	77.9%	77.7%	76.8%	76.1%	77.6%	78.6%	78.7%	77.7%	79.4%	77.5%	74.7%	70.7%



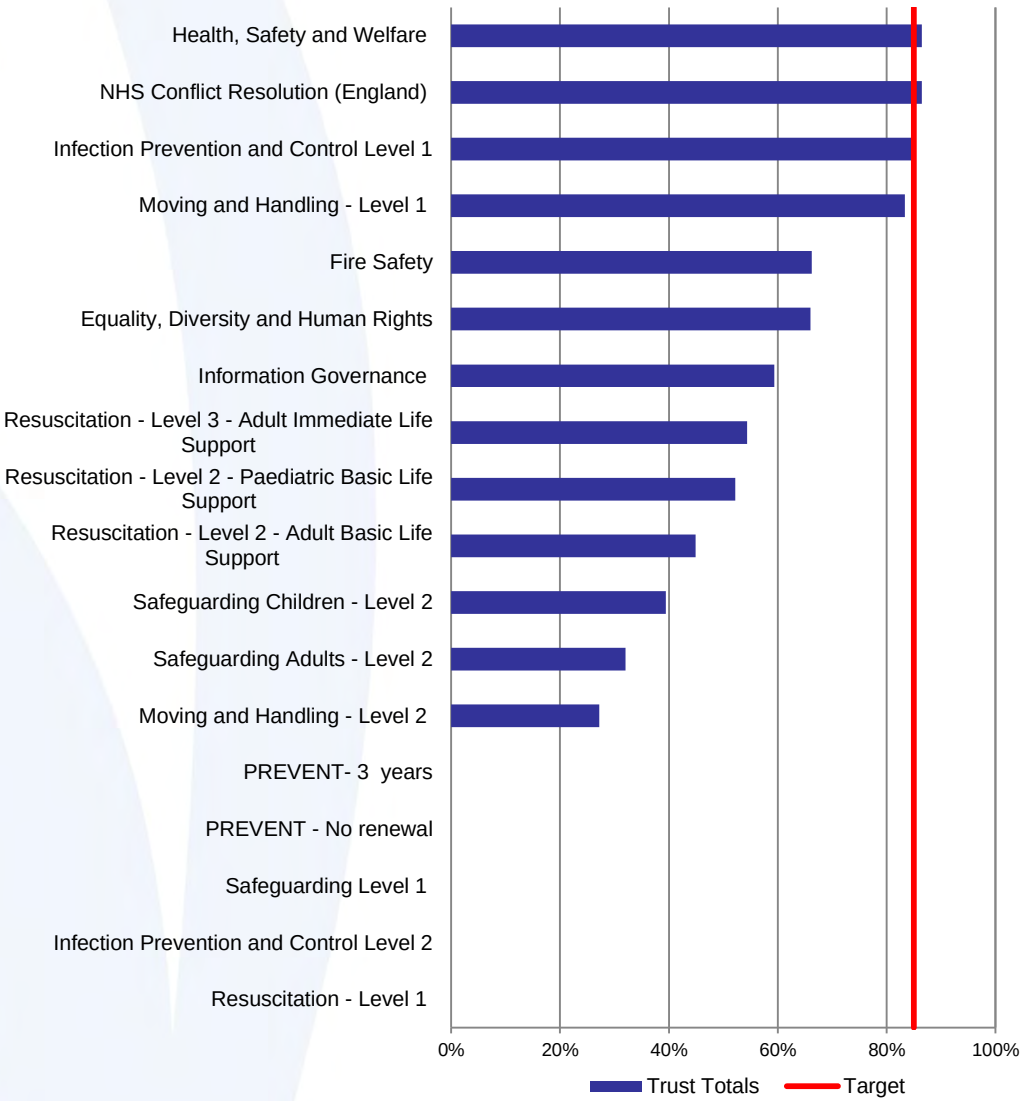
Appraisal completion rates have continued to decrease. Option exists for managers to reschedule appraisals between April to September if this will assist with planning and completion. The onus remains on managers to ensure appraisals are scheduled, completed and reported. If there is not significant improvement, operational managers will be asked to explain to the Workforce and OD Committee why they cannot achieve the required compliance.

Mandatory training

Gloucestershire Care Services NHS
NHS Trust

May 2016 performance

Mandatory Training Courses	Target	Trust Totals
Health, Safety and Welfare	85%	86.5%
NHS Conflict Resolution (England)	85%	86.5%
Infection Prevention and Control Level 1	85%	84.8%
Moving and Handling - Level 1	85%	83.3%
Fire Safety	85%	66.3%
Equality, Diversity and Human Rights	85%	66.0%
Information Governance	85%	59.4%
Resuscitation - Level 3 - Adult Immediate Life Support	85%	54.4%
Resuscitation - Level 2 - Paediatric Basic Life Support	85%	52.2%
Resuscitation - Level 2 - Adult Basic Life Support	85%	44.9%
Safeguarding Children – Level 2	85%	39.5%
Safeguarding Adults – Level 2	85%	32.0%
Moving and Handling - Level 2	85%	27.2%
PREVENT- 3 years	85%	*
PREVENT - No renewal	85%	*
Safeguarding Level 1	85%	*
Infection Prevention and Control Level 2	85%	*
Resuscitation - Level 1	85%	*



This matrix shows performance for the full range of mandatory training requirements based of the cohort of staff that are required to complete each element.
* Those marked above are new requirements from April and monitoring will be included in the next reports. Managers have been provided with details of training and target to ensure staff receive these elements of training by October 2016. Training team are working with managers to facilitate training sessions locally (1 day / 2 day).

Health and safety - RIDDORs 2015-16

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

A RIDDOR incident is one that is reportable to the Health and Safety Executive (HSE) as a result of it causing:

- **death or serious injury** - this includes fractures of all but fingers and toes;
- **inability of the injured party to work** (i.e. the injured party is not available for work for more than 7 days);
- **inability of the injured party to work normally** (i.e. the injured party is not available to work normally, including on light duties, for more than 7 days.

Notes:

- There is specific guidance on service user injuries and the requirement to report (i.e. if a service user involved in an incident is frail and/or elderly and the Trust has enacted suitable preventative measures, this incident is not reportable under RIDDOR)
- Injuries as a result of a road traffic accident are not reportable under RIDDOR. If the Police attend and think the circumstances warrant, they will inform the HSE

	Aggression or violence towards staff	Manual handling	Occupational ill health confirmed or suspected	Slips, trips and falls	Falling object / struck against	Hot, poisonous or corrosive substances	Total
Service user / visitor	-	-	-	1	-	-	**1**
Colleague	1	6	-	5	2	1	**15**
Bank / agency	-	-	-	-	-	-	**0**
Total	**1**	**6**	**0**	**6**	**2**	**1**	**16**

Note: The total excludes a service user incident reported to HSE which investigation later showed was not reportable

Health and safety - RIDDORs 2016-17

	Aggression or violence towards staff	Manual handling	Occupational ill health confirmed or suspected	Slips, trips and falls	Falling object / struck against	Hot, poisonous or corrosive substances	2016-17 Total	2015-16 Total
Service user / visitor	-	-	-	-	-	-	0	1
Colleague	-	1	-	2	-	-	3	15
Bank / agency	-		-	-	-	-	0	0
Total	0	1	0	2	0	0	3	16

RIDDOR details
District Nurse from Gloucester ICT carrying out patient dressings at sheltered premises (manual handling)
District Nurse from Cheltenham ICT slipped in unlit area outside service user's residence (slips, trips and falls)
District Nurse slipped off the kerb when returning to car (slips, trips and falls)

Clinical Alert System (CAS)

No overdue CAS alerts have been identified this year.

Health and safety - Incidents

2015-16

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Verbal Abuse	7	6	5	3	10	12	6	14	9	6	4	8	**90**
Needlestick	6	2	6	8	8	6	3	6	6	10	5	4	**70**
Buildings issues	7	3	5	7	6	3	6	7	4	6	9	6	**69**
Assault	5	6	1	7	4	8	9	3	4	8	5	1	**61**
Moving Handling	8	4	6	5	8	5	1	5	2	3	8	2	**57**
Slips/Trips/Falls	1	2	2	4	7	4	5	4	3	6	5	3	**46**
Stepping/Striking	-	1	-	1	-	1	3	-	2	-	1	1	**10**
Animals	-	1	2	-	1	-	-	-	-	2	-	-	**6**
TOTAL	**34**	**25**	**27**	**35**	**44**	**39**	**33**	**39**	**30**	**41**	**37**	**25**	**408**

2016-17

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Assault	3	13											**16**
Verbal Abuse	6	9											**15**
Buildings issues	7	7											**14**
Slips/Trips/Falls	5	1											**6**
Moving Handling	3	3											**6**
Stepping/Striking	5	-											**5**
Needlestick	1	1											**2**
Animals	-	1											**1**
TOTAL	**30**	**35**											**65**

Strategic Objective 5:
Manage public resources wisely to ensure local services remain sustainable and accessible

*Detailed Finance report will be provided separately.

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19th July 2016

Agenda Item:	15
Agenda Ref:	15/0616
Author:	Glyn Howells, Finance Director
Presented By:	Rob Graves, Non-Executive Director
Sponsor:	Rob Graves, Non-Executive Director

Subject:	Finance Committee Report

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

Executive Summary:

The Trust Board are asked to receive assurance that the following items were **NOTED** by the Finance Committee:

- The Month 1 Finance Report
- The performance and plans on CIP for 2016/17
- The performance to date on QIPP and CQUIN
- The performance to date of the Agency Usage Group
- The management of Sexual Health Budgets
- The detailed review of Financial Corporate Risks

Recommendations:

The Board is asked to:

The Board is asked to receive the report and the approved minutes of the Finance Committee held on 13 April 2016.

Considerations:

Quality implications:
N/A

Human Resources implications:

N/A

Equalities implications:

N/A

Financial implications:

N/A

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

No

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

No

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	
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
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	P
Responsible	P
Effective	P

FINANCE COMMITTEE JUNE 2016 REPORT

INTRODUCTION

This report provides an executive summary of the key issues and subsequent actions arising from the Finance Committee meeting held on 15th June 2016. The minutes of the 13th April 2016 meeting were approved and can be seen in Appendix 1. It is the following issues that the Committee Chair and Director of Finance would like to draw to the Trust Board's attention:

FINANCE REPORT

The Committee received the Finance report for Month 1, the main points are summarised below:

- The Trust has a planned surplus for 16/17 of £1.78m
- Conditions of S&T funding include a cap on agency spend of £2.379m which will be monitored throughout the year.
- April 2016 (month 1) was on plan with a net deficit of £222k.
- Planned CIP for 2016/17 is £4m to be delivered through 3 executive led workstreams using LIA principles
- QIPP (target £3.9m) and CQUIN (£1.9m) milestones have been agreed and operational teams and now working on delivery.
- Cash balance at 31/3/16 was on plan at £6.1m
- Mediation on year end balances between GCS and GHNHSFT was received on 24/5/16 from NHSI and used to finalise position for 31/03/16 which resulted in a net debtor to GCS from GHNHST of £120k

Main risks being managed to ensure delivery of the planned surplus are:

- Managing agency spend within the cap
- Getting service level agreements in place with GHFT – until agreements are in place there remains a difference in opinion on the value of services of circa. £1m.
- Getting the ICT management structure revised following GCC removal of funding for joint positions (in agreement with the CCG which may provide some additional funding)
- Delivering CIP including managing non-recurrent savings where in year savings are later than planned)
- Delivering QIPP and CQUIN milestone in line with plans – as for the last two years we have £900k of QIPP dependent upon there being a change in urgent care admissions which has not been achieved in the last two years.

CIP REPORT

The Committee reviewed the performance against CIP for 2016/17 as at 31st May

The Committee then reviewed the draft CIP schemes as submitted to the TDA which will continue to focus on non-pay areas particularly within procurement and estates.

The Deputy Director of Finance presented to the Committee a detailed review of recharges to

GHNHSFT noting that Service Level Agreements (SLA) are being negotiated and will be put in place for this financial year. He further confirmed that a letter had been received regarding the outcome of mediation which has been forwarded to the Finance Committee.

The Committee noted the progress with the LiA approach to improve the effectiveness of the CIP programme.

CQUIN REPORT

The Committee was taken through the 7 CQUIN schemes and was informed that a minimal risk of not achieving Quarter 1

The draft schedules for 2016-17 have now all been signed off will continue to be monitored and risk assessed via the Quality Programme group and in turn reported to this Committee

QIPP REPORT

The Committee was taken through the QIPP Schedule for 2016/17 The QIPP schedule is worth £3.9m with £900k attributed to acute admission avoidance.

Schedules detailing the milestones within these schemes are available and the milestones will be monitored and recorded via the GCS Quality Programme Group (meeting monthly.) and reported back to this Committee. Bi-monthly meetings are also held to monitor achievement with the GCCG and reports are submitted with supporting evidence to GCCG.

The Committee noted there are many milestones for June and these attribute to £620,000. There are risks around the ICT, Complex Leg Wound and Community IV provision schemes.
In particular the following are high risk:

- ICT Reablement waiting times (£20k)
- Complex Leg Wound Service – Go Live in Forest of Dean (£25k)
- IDT – delivering a training programme (£50k)
- Acute Admission avoidance Risk Share Activity KPI *(equivalent of £225k per quarter)*

The Committee noted the progress with QIPP milestones as at June 2016.

BUDGET HOLDER REVIEW – SEXUAL HEALTH SERVICES

The Head of Sexual Health Services (SHS) delivered a presentation to the Committee which showed the diverse and complex strands of funding

The presentation provided a financial overview of Sexual Health Countywide Services and informed and provided assurance to the Committee of their governance. Areas covered included, financial reports with trends for last 3 years, Workforce & Demographic data, Clinical Benchmarking, CIP Opportunities and Cost Pressures.

The SHS are commissioned separately with the local authority, GCC commissioning contraception and sexual health care and the Chlamydia screening programme, the CCG commission the PAS service and NHS England funding HIV & SARC. In addition the Committee were informed that the

GCC commissioned services faces significant public health finding cuts. The Sexual Services manager will be invited back towards the end of the year to give a further update to the Committee in light of the above information.

CAPITAL REPORTING

The Committee noted that as at month 1 the full year plan is still £5m of spend in year with a number of projects proposed for 16/17 but no values are approved as yet.

The focus of the trust will be to ensure that all capital plans have a robust business case with clear clinical benefit. Capital schemes will also be managed tightly to minimise the risk that actual spend will be higher than the amount set out in the original business case.

The Committee received the report and noted the current position of the Trust

FINANCE RISKS

The Committee received all Corporate Risks that relate to Finance and discussed the mitigating actions.

AGENCY SPEND AND REPORTING

The Committee received an update from the Chief Operating Officer and acknowledged that the Chair had transferred from the Director of Nursing to Chief Operating Officer

The Trust's Agency Usage group now chaired by the Chief Operating Officer continues to meet on a fortnightly basis, agency usage clearly can have an impact on the quality of services offered by the organisation. As such the monitoring of agency usage is monitored within the Quality and Performance committee

There has been significant improvement in forecasting for most of the inpatient wards however heavy use of agency staff is noticed across Cashes Green, Coln and Lydney wards over the past four weeks and for Cashes Green, this persists into the foreseeable future. Most of the wards have a good balance of own-staffing across the weekdays and weekends , indicating staff do not favour working weekdays over weekends.

The Committee noted the delivery of agency usage as at 30 April and the associated risks in delivering the agency target set for 2016/17

Report prepared by: Glyn Howells – Finance Director

Report Presented by: Rob Graves, Chair, Finance Committee and Non- Executive Director

Appendix 1: Approved minutes of Finance Committee meeting: 13th April 2016

Gloucestershire Care Services NHS Trust

Minutes of the Finance Committee Meeting

held on the **13 April 2016**
in the Boardroom, Edward Jenner Court, between 09:30 – 13:00 hrs

Committee Members present:

Rob Graves	–	Non-Executive Director (Chair)
Glyn Howells	–	Director of Finance
Candace Plouffe	–	Chief Operating Officer
Susan Field	–	Director of Nursing
Richard Cryer	–	Non-Executive Director
Sue Mead	–	Non-Executive Director

In attendance:

Stuart Bird	–	Deputy Director of Finance
Johanna Bogle	–	Head of Operational Finance
Des Gorman	–	Head of Transformation and Change
Louise Moss	–	Deputy Trust Secretary
Huw Cox	–	Procurement Manager (Items 9 and 18 only)
Laura Bucknell	–	Head of Medicines Management (Item 9 only)

APPROVED

Item	Minute	Action
16/FC118	**Agenda Welcome and Apologies** The Chair welcomed everyone to the Finance Committee meeting	
16/FC119	**Confirmation that the meeting is quorate** The meeting was **confirmed** as quorate by the Deputy Trust Secretary.	
16/FC120	**Declarations of Interests** Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.	
16/FC121	**Minutes of the Finance Committee held on the 24th February 2016** The minutes of the meeting held on the 24th February	

Item	Minute	Action
	2016 were **received** and **approved** as an accurate record with some minor amendments.	
16/FC122	**Matters Arising (Action Log)** The following matters were **discussed** and **noted:** **15/FC099 – Hatherley Road** The Director of Finance informed the Committee that a press release has been prepared by Head of Communications for release should the Trust have any media interest. To date there has been no interest. This action is now **closed**.	**Deputy Trust Secretary**
16/FC123	**Forward Agenda Planner** The Forward Planner was discussed and approved with the following changes as listed below: - Transformation and Change Programme Board is no longer taking place therefore this item should be removed from the Forward Planner and replaced with; 1. Minutes from CIP Steering Group 2. Minutes from Quality Steering Group (CQUIN and QIPP) The Chair enquired as to whether there was an overall Committee and Governance Structure available. The Director of Finance confirmed that this is currently being refreshed and is 80% complete. Once this piece of work has been completed the new revised governance structure will be presented to Audit and Assurance Committee for approval. The Chief Operating Officer requested that the Public Health Funding options be added to the June Committee meeting for discussion. The Chair confirmed this request. Subject to the above changes, the Forward Agenda Planner was **approved.**	**Deputy Trust Secretary** **Deputy Trust Secretary**
16/FC124	**Finance Report** The Director of Finance presented the report and highlighted the following key areas: • Surplus is £1.5m ahead of plan at month 11 at £2.2m due to the receipt of income of £1.5m from DH as a capital to revenue transfer which is outside of plan. Full year forecast is still at £2.5m which is £1.5m more than the stretch target	

APPROVED

Item	Minute	Action
	agreed with the TDA (now NHS Improvement) which again relates to the capital to revenue transfer. • Capital spend is at £1.9m with a heavy outflow during month 12 based on schemes already committed and started including the Countywide COIN replacement and the capitalisation of system 1 project work. The full year forecast is that planned capital spend of £4.3m will be achieved. • Cash is £2.3m behind plan at £4.0m which is due to higher than planned debtors more than offsetting the savings from delays in capital spending. Much of this is expected to be paid during month 11 and so we are still forecasting exceeding plan of £5.5m. <u>Risks</u> • Non-achievement of risk share element of QIPP £0.4m. • £1m risk on potential failure to agree recharges to / from GHFT. • Increases in recharges from NHS Property Services £0.25m The Director of Finance also confirmed that in respect of the GHFT recharges negotiations have been ongoing for some time with his counterpart at GHFT and to date there is no agreement on settlement figures despite escalation to Chief Executives. The Committee **noted** the report.	
15/FC125	**CIP Report** The Chief Operating Officer presented the report and drew the Committees attention to the following areas; - The achievement of the Cost Improvement Programme in year. - The proposed Cost Improvement Programme for 2016/17 <u>Progress</u> A number of non-pay savings initiatives were in place through 2015-16, however the majority of these struggled to deliver their savings targets in year. The 2016-17 CIP programme will continue to focus on non-pay areas particularly within procurement and	

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Item	Minute	Action
	estates. Sue Mead commented that it is evident that there appeared to be a good understanding throughout the organisation around the principles of the CIP, clearly producing better information through better intelligence gathering. Sue Mead further asked if the changing culture within operations is now emerging In response to this question the Chief Operating Officer commented that the culture is now close to the "tipping point" and through the Listening into Action (LIA) approach further productive meetings are scheduled which are encouraging. The Chair acknowledged the excellent level of detail within the report and noted the piece of work planned for aligning CIPs savings with the Listening into Action approach in April. The Chair congratulated the executive team on the delivery of CIP for 2015/16 and thanked colleagues for their hard work and diligent efforts. The Committee **noted t**he over delivery of the cost improvement programme in year and the work underway to finalise 2016/17 plans.	
15/FC126	**Focussed Report – Pharmacy** The Head of Medicines Management presented the report briefing the Committee members on the background leading up to this change in supplier. Noting that a saving of more than £100k has been achieved for the cost of service and that an equitable service across all community hospitals is now being received. Challenges include providing a level of services previous experienced in Sexual Health and cost of some drugs that are usually provided through Acute Hospitals rather than through high street pharmacies. Actions are being taken to mitigate these. The Chair thanked the Head of Medicines Management for the report and requested that the Committee receive a further update in December with a more detailed financial comparison against the previous costs adjusted for growth in activity and reflecting the discounts that are more recently being obtained via accessing the CMU pricing. The Committee noted the report.	**Deputy Trust Secretary**

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Item	Minute	Action
	The Chief Operating Officer left the meeting to attend a systemwide escalation conference call.	
15/FC127	**CQUIN Report 2016/17** The Director of Nursing presented the report and highlighted the following areas; Quarter 3 report had now been submitted to the GCCG and the Trust is still awaiting confirmation of achievement by the GCCG. Total amount available for Quarter 3 is £406,886. £78,471 is currently at risk due to not fully achieving milestones associated with urgent care and delirium assessments. The Quarter 4 report is due to be submitted to the GCCG at the end of April 2016, with confirmation expected during May 2016. Total amount available for Quarter 4 is £445, 637. Projected risk for Quarter 4 totals £200,537. GCS will continue its work with the GCCG to minimise this risk as this is associated with the urgent care, delirium and frailty assessments, which has consistently proved to be challenging. **CQUIN Proposals – 2016-17** Draft schedules detailing the milestones within these CQUINs will be available. There is a risk that one CQUIN (frailty) will not be agreed within the GCCG CQUINs for 2016/17 and will continue to be monitored and risk assessed via the GCS Quality Steering Group which reports to this Committee. Heads of Terms have now been signed with contracts due to be signed on 15th April 2016. The Chair **noted** the potential £200k penalty acknowledging the challenging work. The Committee **noted** the report.	
16/FC128	**QIPP Report 2016/17** *The Head of Programmes, Des Gorman presented the report in the Chief Operating Officer's absence.* The Trust continues a milestone tracker approach for its QIPP programme of work. As agreed with the GCCG the Trust have now	

APPROVED

Item	Minute	Action
	implemented SWIFT (Six Week Improvement to Flow and Transfer) actions to reclaim the risk share QIPP The **Committee** noted the report. The Chief Operating Officer rejoined the meeting	
16/FC129	**Budget Holder review – Sexual Health** Due to the timing of the Committee and current year end commitments within the Finance team the Chair agreed to defer this agenda item to the next Committee meeting in June 2016.	**Deputy Trust Secretary**
16/FC130	**Capital Schemes** Due to the timing of the Committee and current year end commitments within the Finance team the Chair agreed to delegate this item to the Audit and Assurance Committee at the meeting on 31st May 2016 when the Audit and Assurance Committee will be reviewing the Trust's annual accounts including the review of Capital Expenditure.	**Deputy Trust Secretary**
16/FC131	**Business Development Tracker** The Director of Finance presented the report drawing the Committees attention to the following: • Heads of Terms for 16/17 signed with commissioners, reflecting expected contract value of £97.2m. Notification received from GCC to terminate Healthy Lifestyle services with effect from 31 December 2016. GCS service team are completing some preparatory work, pending publication of the official tendering opportunity. • Notification received from NHS England (South Central) to terminate the Child Health Information Service Gloucestershire (CHIS) service with effect from 31 March 2016 The Committee **noted** the report.	
16/FC132	**Corporate Risk Register** The Director of Finance presented the finance risk register noting the High risk items and the mitigating	

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Item	Minute	Action
	actions were discussed by the Committee. The Committee noted the risks and took assurance from the mitigating actions.	
16/FC133	**Agency Spend and Reporting** The Director of Nursing provided a verbal update which included: Trust's Agency Usage group chaired by the Director of Nursing continues to meet on a fortnightly basis and weekly reports to NHS Improvement (previously TDA) were now being submitted. An Agency spend ceiling had been allocated by NHS Improvement to the Trust for 2016/17 - this equated to £2.379m which will prove to be a significant challenge for the Trust. This ceiling included all agency staff ie. Medical; was based on 2015-16 M1-M9 agency expenditure rates; and a capping arrangement in place in the fact that any rates would not be over 55% above that of a substantive staff hourly rate. In addition to this, the Trust recognised that there is a need to achieve the requirements of this ceiling as it was associated with a £400k allocation as part of Gloucestershire's Sustainability and Transformation Plans (STP). Richard Cryer enquired if any agencies had proactively contacted the Trust to form partnerships. In response the Director of Nursing confirmed that one national agency (TXM) were currently engaging with the Trust and were being trialed for a 3 month period. She also reported that there had not been any real indication that agencies were adjusting their hourly rates but that the Trust continued to monitor this with the support of its Bank Office and Procurement Team. The Director of Nursing reported that agency monitoring was very much predicated on the introduction of e-rostering in ICTs and Countywide service and that there needed to be a consistent escalation and request processes for all agency staff and that this include Corporate Services and Back Office Services. The Trusts Agency Usage Group was overseeing the development of an agency usage dashboard that would include some quality metrics, trajectories against the ceiling being applied to the Trust and it was suggested by the Director of Nursing that this report become an integral part of any future reports for the Finance Committee.	**Director of Nursing**

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Item	Minute	Action
	The Committee **noted** the update and **approved** this approach.	
16/FC134	**5 Year Overview (STP)** The Director of Finance confirmed that this item had been discussed at the Board Development meeting on 12th April 2016 where all Committee members had been present and updated.	
165/FC135	**Procurement Update** The Procurement Manager presented the report and the Committee were taken through the process that is currently followed. The Committee thanked the Procurement Manager for the report and ongoing work in this area. The Chair noted that a logical time for the Committee to receive an update in this area would be in approximately six months, The Chair invited the Procurement Manager to return to the Committee in six months with further progress to date. The Committee **endorsed** the process being followed.	
16/FC136	**Transformation and Change Programme Board** The Transformation and Change Programme Board no longer meet following the restructure changes effective from 1st April 2016. Following discussion it was agreed that the minutes from the following groups should now be brought to this Committee. - CIP Steering Group - Quality Steering Group (CQUIN and QIPP)	**Deputy Trust Secretary**
16/FC137	**Any Other Business or any matter for another Committee.** As discussed at agenda item 13 the **Audit and Assurance Committee** will received the Capital Schemes Report as part of the Annual Accounts at the meeting of 31st May 2016. No other business was reported for discussion.	**Deputy Trust Secretary**
	Date and Time of Next Meeting The Chair **closed** the Finance Committee meeting at	

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Item	Minute	Action
	11.35 hrs. It was **agreed** that the next meeting of the Finance Committee be held on the: 15th June 2016 13:30 hrs – 17.00 hrs Boardroom, Edward Jenner Court, Brockworth,GL3 4AW	

APPROVED

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19th July 2016

Agenda Item:	16
Agenda Ref:	16/0616
Author:	Stuart Bird , Deputy Director of Finance
Presented By:	Stuart Bird , Deputy Director of Finance
Sponsor:	Glyn Howells, Director of Finance

Subject:	Finance Report

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

Executive Summary:

Full year plan is for the trust to deliver a surplus before sustainability and transformation funding of £713k, S&T funding is currently advised as £1,080k so this would give a full year surplus of £1,793k.

At month 2 ytd deficit and full year forecast are both in line with plan.

Agency spend (full year cap £2.379m) is £290k at the end of month 2 against a trajectory of £446k

Noted risks at month 2 are :

- QIPP risk share of £900k which is dependent on system wide admission avoidance
- Agreeing GHT recharges in line with plan
- Offsetting any in year shortfall on CIP delivery with equivalent non-recurrent savings

Recommendations:

The Board is asked to: Note the report and actions being taken to manage the risks.

Considerations:

Quality implications:

None

Human Resources implications:

None

Equalities implications:

None

Financial implications:

The trust needs to deliver on its financial commitments and work to the agreed control total.

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

GHFT recharge risk, achieving the planned surplus risk and achieving QIPP risk share elements.

Understanding You

Does this paper link to any complaints, concerns or legal claims
None

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):	Paul Jennings , Chief Executive Officer

Date:	11 July 2016

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Not previously discussed

Explanation of acronyms used:
None used.

Contributors to this paper include:
Stuart Bird, Deputy Director of Finance

Gloucestershire Care Services NHS
NHS Trust

Month 2 2016/17 Finance Report

V 1

Understanding you

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Overview

- The trust has a planned surplus for 16/17 of £1.78. This represents a £700k to be delivered by the trust and £1.08m of non-recurrent sustainability and transformation funding
- Conditions of S&T funding include a cap on agency spend of £2.379m which is being monitored closely (YTD spend at the end of M2 is £290k against a trajectory of £446k).
- May 16 (month 2) was on plan with a net deficit before S&T funding of £445k. Full year forecast is currently in line with plan at £1.78m (£413k recurrent surplus and £1,380k non-recurrent surplus)
- Planned CIP for 16/17 is £4m to be delivered through 3 executive led workstreams using LIA principles which is reported on in detail in a separate report.
- QIPP (target £3.9m) and CQUIN (£1.9m) are covered later in this report. Milestones have been agreed and operational teams and now working on delivery.
- Cash balance at 31/5/16 was £425k better than plan at £7.453m, forecast balance at 31/3/17 is £5.6m
- Capital plan for the year totals £5m with main projects on Hatherley Road and IT infrastructure
- Mediation on year end balances between GCS and GHFT was received on 24/5/16 from NHSI and used to finalise position for 31/3/16 (a net debtor to GCS from GHT of £120k) . Recharges and SLAs for 16/17 now under discussion with a target date for initial exchanges of information on 30/6/16.

Income and Expenditure

At month 2 the trust is in line with NHSI expectations with a YTD deficit before S&T funding of £445k and a full year forecast surplus of £1.79m. The full year figure includes £1.08m of non-recurrent sustainability and transformation funding.

Full year agency spend in 15/16 was £3,717k, the ceiling for spend in 16/17 is set at £2,379k and year to date spend to M2 was £290k.

No significant new risks to delivery of 16/17 planned surplus have been identified so far in the year.

Statement of Comprehensive Income (£ 000)	Current Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
Revenue before S & T Funding	17,877	18,211	334	111,657	111,585	72
Gross Employee Benefits	(13,604)	(13,091)	513	(81,878)	(81,878)	0
Other Operating Costs	(4,341)	(5,188)	(847)	(26,806)	(26,734)	(72)
PDC Dividend	(394)	(394)	0	(2,364)	(2,364)	0
Donated assets adjustment	18	17	(1)	104	104	0
Surplus / (deficit) before S&T Funding	**(444)**	**(445)**	**(1)**	**713**	**713**	**0**
Sustainability and Transformation Funding	67	67	0	1,080	1,080	0
Adjusted Financial Performance	**(377)**	**(378)**	**(1)**	**1,793**	**1,793**	**680**

Plan S&T funding for M1 and M2 is based on original full year total of £400.

Now amount potentially receivable in year has increased to £1,080k there will be a revenue catch up in month 3 to bring year to date up to £520k

Capital Expenditure

Gloucestershire Care Services NHS
NHS Trust

(A) Identified at Plan:	Type	2016/17 Plan	By Quarter			
		£000s	Q1	Q2	Q3	Q4
Hatherley Road	Other	2,000	0	990	1,010	0
IT replacement	IT	500	120	120	120	140
IT WAN / LAN	IT	500	300	200	0	0
Building compliance	New Build	1,000	250	250	250	250
Building reconfiguration	Other	500	125	125	125	125
Systm1	IT	500	125	125	125	125
		5,000	920	1,810	1,630	640

- Trust full year capital plan is for a spend of £5m
- Year to date spend in 16/17 is minimal
- Capital spend in 16/17 includes approx £1.5m of spend on redevelopment of the Hatherley Road site (still subject to business case which is now being prepared for submission to NHSI for approval)

Risks

At this stage the risks being managed to ensure delivery of the planned surplus are:

- Managing agency spend within the cap of £2.379m
- Getting service level agreements in place with GHFT – until agreements are in place there remains a difference in opinion on the value of services of circa. £1m.
- Getting the ICT management structure revised following GCC removal of funding for joint positions (in agreement with the CCG which may provide some additional funding)
- Delivering CIP including managing non-recurrent savings where in year savings are later than planned)
- Delivering QIPP and CQUIN milestone in line with plans – as for the last two years we have £900k of QIPP dependent upon there being a change in urgent care admissions which has not been achieved in the last two years.

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19th July 2016

Agenda Item:	17
Agenda Ref:	17/0616
Author:	Alison Bradshaw, Named Nurse Safeguarding Adults
Presented By:	Susan Field, Director of Nursing
Sponsor:	Susan Field, Director of Nursing

Subject:	Learning Disability Services Progress Report

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

Executive Summary:

The attached provides an overview of service improvements for service users with a learning disability and areas for future development across Gloucestershire Care Services NHS Trust.

Trust activities are centred around National Review recommendations, local commissioning strategies and meeting regulatory body (CQC) obligations.

Recommendations:

The Board is formally asked to:

- Note and received assurance that progress has been made by Trust Colleagues
- Acknowledge that further work will progress even further once the Safeguarding and Learning Disability Nurse comes into place September 2016
- Note that the CQC will be visiting the Trust in August 2016 to review its mortality review arrangements (including LD)
- Provide guidance of when it would like to receive a further learning disabilities report
- Note that "Ensuring that people with learning disabilities benefit from enhanced community services, have a positive experience of care and; are ably supported within a safe environment" is one of the Trusts Quality priorities for 2016-17
- Provide some guidance as to whether the Trust requires a standalone strategy for its Learning Disabilities development

Considerations:

Quality implications:

To improve the quality of service experienced by service users with a Learning Disability

Human Resources implications:

None for the purposes of this report

Equalities implications:

To help ensure equity of access and treatment for those with a Learning Disability

Understanding You

Financial implications:
Releasing Trust colleagues for training and other implications for supporting Trust activities utilising expert advice and guidance
Does this paper link to any risks in the corporate risk register:
Not for the purposes of this paper
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 services	P
Value colleagues and support them 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):	Susan Field, Director of Nursing

Date:	12th July 2016

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Quality and Performance Committee (26th April and 28th June 2016)

Explanation of acronyms used:
CIPOLD – Confidential Inquiry into Premature Deaths of People with Learning Disabilities DNACPR – Do Not Attempt Cardiopulmonary Resuscitation BSL- British Sign Language GCC – Gloucestershire County Council BAME – Black, Asian Minority, Ethnic Groups GCS – Gloucestershire Care Services MIIU – Minor Injury and Illness Unit HEF – Health Equalities Framework LiA – Listening into Action LeDeR 0 Learning Disabilities Mortality Review Programme

Contributors to this paper include:
Alison Bradshaw, Named Nurse Safeguarding Adults Susan Field, Director of Nursing Michael Richardson, Deputy Director of Nursing

Gloucestershire Care Services NHS
NHS Trust

Learning Disability Services

Progress Report

July 2016

Author:

Alison Bradshaw, Named Nurse for Safeguarding Adults
Michael Richardson, Deputy Director of Nursing
Susan Field, Director of Nursing

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1. Introduction

The purpose of this paper is to provide assurance to the Trust Board on progress that has been made in both examining and improving the accessibility and quality of services provided by Gloucestershire Care Services to service users with a learning disability.

Oversight of this work remains within the remit of the Trusts safeguarding team, with the Named Nurse Safeguarding Adults currently co-ordinating activity with operational teams. There are representatives from across the organisation who are part of the development and implementation of the Trusts improvement plan.

The principles guiding the Trusts approach to making continuous improvements are contained within recent national reports and guidance summarised below. These outline the changes required to the culture of care to ensure that people with a learning disability receive the same quality of care as anyone else. Alongside this the Trust will ensure that our CORE values of caring, open, responsible and effective service delivery are applied.

Ensuring that people with learning disabilities benefit from enhanced community services, have a positive experience of care, and are ably supported within a safe environment is a key quality priority for 2016/17 "*To ensure that people with learning disabilities benefit from enhanced community services, have a positive experience of care, and are ably supported within a safe environment"* as indicated in the Trusts recently published Quality Account. In addition to this, listening to the views of people with a learning disability and their families/carers is central to planning improvements and it is vital that we also work in partnership with other statutory and voluntary organisations.

2. Reports and Guidance

The following reports and guidance underpin the Trust approach to continuous service improvements:

2.2 National

2.2.1 Mencap's **'Death by Indifference'** report was published in March 2007.

This report followed on from Mencap's 'Treat Me Right!' campaign (2004), which indicated that people with a learning disability do not get the healthcare and treatment that they need. 'Death by Indifference' claimed that people with a learning disability face institutional discrimination within the health service. It described six deaths of people with a learning disability and highlighted unacceptable levels of care. The families of those who died believe that these deaths were avoidable.

2.2.2 The Confidential Inquiry into premature deaths of people with a learning disability (CIPOLD) - was commissioned by the Department of Health in 2010 and reviewed the deaths of people with a learning disability. On March 19th 2013, the Confidential Inquiry published the findings of its two year investigation. In total, the Inquiry examined the factors leading up to the deaths of 247 people with a learning disability in the South West of England. As anticipated, the Inquiry found evidence that showed people with a learning disability are still not receiving equal healthcare in all NHS settings. The Inquiry found that 37% would have been potentially avoidable if good quality healthcare had been provided. The most common reasons for premature deaths were problems with investigating and assessing the cause of illness and delays or problems with treatment.

It is important that the Board is aware of the key recommendations of the CIPOLD review as they directly relate to aspects of healthcare provision and provide the drivers for specific service improvements across the Trust.

The key recommendations from the CIPOLD review of deaths were:

1. Clear identification of people with learning disabilities on the NHS central registration system and in all healthcare record systems.
2. Reasonable adjustments required by, and provided to, individuals, to be audited annually and examples of best practice to be shared across agencies and organisations.
3. NICE Guidelines to take into account multi-morbidity.
4. A named healthcare coordinator to be allocated to people with complex or multiple health needs, or two or more long-term conditions.
5. Patient-held health records to be introduced and given to all patients with learning disabilities who have multiple health conditions.
6. Standardisation of Annual Health Checks and a clear pathway between Annual Health Checks and Health Action Plans.
7. People with learning disabilities to have access to the same investigations and treatments as anyone else, but acknowledging and accommodating that they may need to be delivered differently to achieve the same outcome.
8. Barriers in individuals' access to healthcare to be addressed by proactive referral to specialist learning disability services.
9. Adults with learning disabilities to be considered a high-risk group for deaths from respiratory problems.
10. Mental Capacity Act advice to be easily available 24 hours a day.
11. The definition of Serious Medical Treatment and what this means in practice to be clarified.
12. Mental Capacity Act training and regular updates to be mandatory for staff involved in the delivery of health or social care.

13. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Guidelines to be more clearly defined and standardised across England.
14. Advanced health and care planning to be prioritised. Commissioning processes to take this into account, and to be flexible and responsive to change.
15. All decisions that a person with learning disabilities is to receive palliative care only to be supported by the framework of the Mental Capacity Act and the person referred to a specialist palliative care team.
16. Improved systems to be put in place nationally for the collection of standardised mortality data about people with learning disabilities.
17. Systems to be put in place to ensure that local learning disability mortality data is analysed and published on population profiles and Joint Strategic Needs Assessments.
18. A National Learning Disability Mortality Review Body to be established.

2.2.3 Transforming Care: A national response to Winterbourne View Hospital Department of Health Review: December 2012. This was in-depth review, set up in the immediate aftermath of the Panorama programme in May 2011 which revealed abuse at Winterbourne View hospital. Staff whose job was to care for and help people, instead routinely mistreated and abused them. Management at the hospital allowed a culture of abuse to flourish. The review looked at the lessons learnt and the actions to be taken to prevent this kind of abuse from happening again.
It also promoted a culture and a way of working that actively challenges poor practice and promotes compassionate care across the system.

The report concluded that there were far too many people with learning disabilities or autism staying too long in hospital or residential homes, and although many received good care in these settings, many should not have been there and could have led happier lives elsewhere.

2.2.4 The Accessible Information Standard (Section 250 of the Health and Social Care Act 2012). All organisations that provide NHS or adult social care must follow the Accessible Information Standard by law and this must be implemented in full by 31st July 2016.

The Accessible Information Standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need. The standard requires organisations to make information accessible to the following people:

- Patients
- Service users
- Their carers and parents
- This includes making sure that people get information in different formats if they need it, such as:

- Large print
- Braille
- Easy read
- Via email

It also informs organisations how to support people's communication needs, for example by offering support from a British Sign Language (BSL) interpreter, deafblind manual, interpreter or an advocate. Organisations must also:

- Ask people if they have any information or communication needs, and find out how to meet their needs
- Record those needs in a set way
- Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met
- Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so
- Make sure that people get information in an accessible way and communication support if they need it.

2.2 Local Policy

For 2010 to 2015 services for people with a learning disability in Gloucestershire were set out in '**The Big Plan**'. This prioritised tackling health inequalities, personalisation, commissioning and leadership through the development of the Partnership Board.

The Gloucestershire Building Better Lives policy followed this. The policy is the basis of Gloucestershire County Council (GCC) direction of travel for the next ten years moving towards an all-age, all-disability approach. It takes into account the national policy context, local perspectives and best practice principles about the structure and design of services.

Work is being overseen by the Building Better Lives Programme Board. This is supplemented by reference groups, including:

- People with disabilities
- Carers
- Children and young people
- Black, Asian, Minority, Ethnic (BAME) groups,
- Districts

Work streams have been set up as part of the programme board's delivery of the implementation plan, including:

- Enablement and employment
- Outcome based commissioning
- Restructuring services

- Complex and challenging behaviour
- Electronic call monitoring
- Brandon Trust initiative

3. Background

3.1 Learning Disabilities Steering Group – Gloucestershire Care Services

Gloucestershire Care Services (GCS) Learning Disabilities Steering Group was formed to provide the focus for any activity required to develop and implement a learning disabilities plan for the Trust. GCS colleagues, experts by experience, parent/carers and experts from partner organisations were represented on the group.

The group provided some assurances to the Trust Board that the plan was being progressed, ensured partnership working with key stakeholders and provided a forum where innovation and best practice could be championed. It also provided leadership and expert advice to support decision making and supported the development of short life working groups to lead on the individual actions and tasks within the plan.

The group ensured that GCS was represented on both the LD Partnership Board and the Gloucestershire Clinical Commissioning Group (GCCG) LD Programme Board. It was also successful in introducing the 'Hospital Communication Book', a 'reasonable adjustment' tool and; in establishing a resource folder on the intranet.

An e-learning programme was established along with a successful face to face programme for LD champions, focused on LD awareness and reasonable adjustments.

4. Current arrangements for Learning Disability Quality improvement plans:

4.1 Learning Disabilities Quality Improvement Group

Having reviewed the progress of the LD steering group it was decided in May 2015 to change the format of the steering group so that it mirrored other group's governance and reporting arrangements already in place. To achieve this, the steering group was changed to become a Learning Disabilities Quality Improvement group, with a membership from within GCS. Activity from this group is reported internally through the Strategic Safeguarding Operational Group, and externally via the GCC LD board and LD Partnership board.

4.2 Learning Disabilities Expert Reference group

To support the LD Quality Improvement Group an expert reference group was established. This group meets three times a year to help inform the Trusts work programme and to receive assurance on any activities taking place.

Membership includes experts by experience, parent/carers, experts in learning disabilities from 2Gether Trust and representation from other partner organisations.

4.3 Lead for LD within GCS

Responsibility for improving accessibility and quality for service users with a learning disability falls within the remit of the adult safeguarding team, under the leadership of the Trusts Director of Nursing. Following the departure of the Head of Safeguarding in November 2015, adult safeguarding and LD service improvement activity have been undertaken by one individual, which has been challenging and not sustainable. Recognising that there was insufficient focus to such a high priority area of work there has been a recruitment process to appoint a Specialist Nurse for Safeguarding Adults with lead for LD. This process has now reached its conclusion, with the successful candidate (Claire Hicks) due to commence her post in September 2016.

5. Progress to date

5.1 Mechanisms to Identify and Flag patients with Learning Disabilities

The CIPOLD review of deaths recommended the clear identification of people with learning disabilities in all healthcare record systems.

GCS has developed a ‘flag’ for learning disability within its electronic record (SystmOne). The flag can be instigated by clinicians if the patient appears on one of the LD registers. Whilst this prevents the LD flag from being used inappropriately, it is accepted that the registers might not truly capture all those within our patient population with a learning disability.

To address this the Trust has developed a ‘flag’ for reasonable adjustments. This can be used across all disabilities and contains information on any modifications that colleagues can make to a service to enable ease of access for those with a disability. Information about how to apply the flags has been communicated across the Trust and current usage of this facility can be seen in Fig. 1.

It has been highlighted that some of our services such as Dental and Sexual health do not operate SystmOne and cannot, therefore, use the GCS flagging system. Currently there is nothing in place to share information across systems and this is seen as a risk to meeting our objectives. It is possible that the ‘Joining Up Your Information’ initiative may help with this in the longer term and internal solutions continue to be sought.

Further work has been undertaken to make it easier for colleagues to apply the ‘flags’ and record the reasonable adjustments required; this can now be done in three simple steps. There is going to be a further large scale communication to colleague in regard to this in the near future, which is a key element of the Trusts response towards meeting the Accessible Information Standard (mentioned in

section 2.2.4). This will coincide with the relaunch of 'Reasonable adjustments' training and work being undertaken throughout the Trust to meet the requirements of the Accessible Information Standard generally.

Fig. 1

Read code and Service	2015 Nov	2015 Dec	2016 Jan	2016 Feb	2016 Mar	2016 Apr	2016 May	2016 June	Grand Total
Care planning and problem solving actions (Reasonable Adjustments)	**46**	**43**	**88**	**159**	**68**	**92**	**73**	**27**	**596**
Cardiac Rehab Team	1								1
Children's Community Nursing					1				1
Children's Complex Care					1				1
Diabetes Nursing			1						1
Heart Failure		2	1	1	2			2	8
Inpatient			4	3	2	3	2	1	15
Integrated Community Team		2	2	1		3	1		9
Minor Injuries Unit	1	1	4	2	1	8	12	4	33
MSKCAT			1						1
Physiotherapy	1								1
Podiatry	5	2	1	3		1			12
Respiratory Team	38	36	73	148	60	77	58	20	510
School Nursing			1	1					2
Stroke ESD					1				1
On learning disability register	**26**	**24**	**20**	**21**	**28**	**21**	**27**	**15**	**182**
Bone Health Team						1			1
Health Visiting	3	1		2	1		2		9
Inpatient			1		2		2		5
Integrated Community Team	10	9	10	7	10	10	9	12	77
Macmillan Next Steps							1		1
Minor Injuries Unit	7	9	3	4	5	5	2		35
MSKCAT			1				1		2
MSK-Physiotherapy							1	1	2
Occupational Therapy			1				2		3
Occupational Therapy Palliative Care Team							1		1
Physiotherapy	2		1	1	1				5
Podiatry	2	3		4		1			10
Rapid Response				2	7	2	5	2	18
School Nursing	2	1			1				4
Speech & Language Therapy Team		1	3	1	1	2	1		9
Grand Total	**72**	**67**	**108**	**180**	**96**	**113**	**100**	**42**	**778**

Figure 1 indicates how the 2 READ codes (flags) are being used by the various Trust services. It is very positive to note that respiratory services are indicating high usage

of the reasonable adjustment flag as adults with learning disabilities and therefore reassuring that the number of flags are reflective of this high-risk group for deaths from respiratory problems (CIPOLD). The data for Minor Injury and Illness Units and Integrated Community Teams (ICTs) also indicates that reasonable adjustments are being considered and recorded.

It is acknowledged that further work with the Minor Injury and Illness Unit (MIIU) will be a priority for 2016-17 and will progress when the Learning Disability Lead comes into post.

5.2 Reasonable Adjustments

5.2.1 Hospital Communication Book

Copies of the Hospital Communication Book are available in ward areas and on the intranet.

This resource can easily be used in other settings such as clinics or the community, although having 'hospital' in the title may indicate that staff in other settings are not readily accessing it. The cost of making a change to the title page is thought to be prohibitive and because of this it will be the Trusts intention to raise awareness of this resource through training days alongside the potential to develop a Trust catalogue of its own communication resources.

5.2.2 Gloucestershire Mainstream Access and Reasonable Adjustment Monitoring tool

The Gloucestershire Mainstream Access and Reasonable Adjustment Monitoring tool is also available on the intranet (see appendix 1). Use of the tool has not yet been audited as it is unclear how this can be contained within SystmOne in a format that can be captured. Therefore, whilst the tool can be applied in practice, further work is required before it can be utilised as an audit tool however, colleagues will be made aware of the tool and advised of its use during training.

5.2.3 John's Campaign

Although this campaign was originally launched to allow reasonable adjustments for people living with dementia and their carers during hospital admissions, it is equally applicable to people with a learning disability and their carers. The Trusts community hospitals have adopted the principles of this campaign and now not only allow carers to stay with their loved ones if this is appropriate, but also respond to the needs of carers in ensuring they have adequate places to rest and are provided with meals and/or refreshments.

5.3 Training

Training was provided by learning disability specialists from the 2Gether Trust until December 2015. This was a half day introduction to Reasonable Adjustments which focused specifically on the needs of those with a learning disability. Six sessions were delivered throughout the localities in 2014/15 and evaluation was favourable, although attendance was low. The programme included contributions from both experts by experience and parent carers and the learning disability eLearning module was a prerequisite for the course.

As a result of this activity it was hoped to develop LD champions, however, there was little or no evidence of "champion" activity in practice and this coupled with low attendance at the training prompted a review by the Trust.

Progress in establishing a reviewed training programme for LD awareness and reasonable adjustments has been delayed whilst GCS has been in the process of establishing updated training pathways (Statutory and Mandatory) across the Trust. However, work is in now underway in conjunction with 2Gether Trust colleagues to establish a new session which aims to deliver a basic understanding of the needs of people with learning disabilities and that reflects the nature of reasonable adjustments across a whole range of disabilities. This will be a 'train the trainer' type session with the objective of re-establishing the champion role in embedding learning in practice and acting as a resource. Champions will also be required to access ongoing continuing professional development.

5.4 Available and comprehensible information

An A – Z directory of easy read resources (local and national) is now available on the intranet. There is also guidance on producing easy read materials.

The Service Experience Team has developed a patient satisfaction survey in easy read and the Trusts Dental Service has also produced its own easy read survey (one of the Listening into Action (LiA) schemes).

Further work is being undertaken throughout the Trust to achieve the requirements of the Accessible Information standard to include a review of information leaflets and all service user-facing information including:

- Letters, appointments and all other information correspondence
- Leaflets
- Website
- Signposting to other information

The 'Plan to Make Our Services Better for People who have a Learning Disability' and minutes from the Expert Reference Group are routinely written in Easy Read.

The Trust also utilises filmed material by Dramatic Change. Dramatic Change Theatre Company one of the projects run by Gloucestershire Voices. The group is a theatre company for disabled and non-disabled adults that perform plays, provides workshops and produces filmed materials that help people to understand the challenges faced by learning disabled people in everyday life.

The Trust is also planning to produce a short film in conjunction with Gloucestershire Voices/Dramatic Change to support colleagues understanding of the needs of people with learning disabilities. Several services from GCS were represented at the 8th Big Health Check in May 2016, which provided accessible and understandable information for service users and their carers on a number of health related issues.

5.5 Involvement of Service Users and their Families and Carers

Experts by experience and parent/carers are represented on the Trusts Expert Reference Group and via this group they are actively encouraged to contribute to other pertinent forums e.g. the new continence assessment service consultation.

People with learning disabilities and their carers were well represented at the Your Care Your Opinion event in March 2016. They told us that our staff should be trained to recognise people with a learning disability and ask service users what would help them most. They also expressed concern about transition from child to adult services and said that information and communications should be more accessible - the latter is being progressed via the Trusts Transition CQUIN – which is a 2 year plus programme of Quality Improvement work

An expert by experience from Gloucestershire Voices sat on the panel during the recent interviews for the post of specialist nurse with lead for learning disability. Her contribution was invaluable and to engage further service user involvement will continue. **NB**. Consent was obtained for photographic publication.

5.6 Audit

Figures are beginning to become available for the number of people being flagged on the system with LD or where reasonable adjustments are being made. Numbers are expected to rise with the actions currently being undertaken. Further work is needed to understand what reasonable adjustments are being made and how we share best practice.

Easy read patient surveys are now available and there are plans with the audit team to ensure that this feedback can be fed into the Trusts Learning Disability Quality Improvement action plan.

5.7 Scrutiny of Deaths

One of the key recommendations of CIPOLD was for the greater scrutiny of deaths of people with learning disabilities. In this way, potentially modifiable circumstances leading to a death could be identified and avoided in the future through improvements to health and care services.

The Named Nurse Safeguarding adults has attended the Learning Disabilities Mortality Review (LeDeR) Programme instigated by NHS England in conjunction with The University of Bristol. This training aims to enable local reviewers to feel competent to undertake review of the death of people with learning disabilities (aged 4 – 74) using the LeDeR review process.

In addition to this, the Trust has formally been invited to participate into a review of how NHS Trusts investigate and learn from deaths. This is in response to the Mazars report into deaths at Southern Health NHS Foundation Trust. It should be highlighted this this invitation is not related to performance; that GCS will be visited on 16th and 17th August; that the Trust will endeavour to share good practice about its mortality reviews and will seek further clarity about the CQC review and will be providing some detailed information in advance of the CQC visit.

5.8 Application of the Mental Capacity Act (2005)

This is also identified as an area requiring attention by CIPOLD. Within GCS this is being addressed as one of the ten big ticket Listening into Action (LiA) schemes. Members of the LiA scheme have sought to ascertain how staff apply the act and if they feel confident and competent in doing so. They have considered what is required to achieve the required levels of competency and a result new training is under development with ongoing communications and tools to facilitate application in practice. The LiA team have also simplified the process of how this is recorded within SystmOne.

6. Risks

- The Trusts Dental & Sexual Health Services do not use SystmOne and therefore we cannot audit their use of the 'flags' and application of reasonable adjustments. This is important because people with learning disabilities are frequent users of these services.
- Non hospital staff may not access the 'Hospital Communication' book
- The Trust cannot currently audit what reasonable adjustments are being made to evidence we are making progress and that training is having an effect on practice.
- As a Trust there is currently not a Learning Disability strategy other than the current 'Plan to Make our Services Better for People who have a Learning Disability'. This plan is determined by the LD quality improvement group and the Expert Reference Group and can be found in appendix 2.

7. Next steps

- Work with specialist services e.g. dental & respiratory on complex and specific Health Action Plans
- Introduction of the Health Equalities Framework (HEF): A reflective tool for practitioners to demonstrate the impact of the known determinants of health inequalities
- Transition – continued improvement on the way service users and their families and carers experience transition from children's to adult health care
- Continence – ensuring the views of service users with a learning disability and their families/carers are heard and incorporated in the design of the new service

- End of life and palliative care including Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in conjunction with the clinical pathway lead for end of life care.
- Delivery of the Trust's Quality Priority (No.1) as seen in Appendix 3
- With Trust Board support decide whether the Trust needs to have a separate LD strategy over and above what is progressing Countywide.

Appendix 1 – Gloucestershire Reasonable Adjustment Tool
Appendix 2 – Plan to make our services better for people with Learning Disabilities
Appendix 3 – Quality Priority for 2016-17

2gether Making life better

Foundation Trust For Gloucestershire NHS

Gloucestershire Mainstream Access and Reasonable Adjustment Monitoring Tool

Facilitator Details (including I.D. number, profession and team);	Start Date	Stop Date

Individual based intervention			**or**	**Population based intervention**	
Surname			Family		
First name			Paid LD carer		
NHS/Trust no:			Other organisation		
Date of Birth:			Service / sector		
Complexity scale			Total hours of input		

Target for Health, Wellbeing and Quality of life gains

Physical and mental health	**1**	Promote health / healthy lifestyles. Prevention	
	2	Support best possible health status	
Psychological wellbeing, independence and control	**3**	Meaningful activities, leisure or occupation	
	4	Close personal relationships and/ or family life	
	5	Social network, friends, meeting people	
	6	Personal autonomy and control	
	7	Dignity / respect	
	8	Money to meet needs	
	9	Getting about / transport	
	10	Personal safety	
Physical environment	**11**	Accessible physical / social environment	

Facilitation and Reasonable Adjustment Target and achievement

	Before	**After**		**Before**	**After**
Knowledge			Values, Beliefs, Assumptions		
Skills			Policies / documentation / planning		
Physical / Social environment			Services and processes		
Communication & Partnerships					

1 **No access** — **4** **Acceptable** — **7** **Full access**

Assessed By (tick)
Facilitator
Service user/carer
Service provider

Methods used / Actions taken

Assessment and/or Recording		Teaching /Training / Education	
Planning		Providing tools / checklist / protocols	
Role modelling		Information Sharing / Liaison	
Advice		Direct support	
Partnership development		Communication (individual)	
Advocacy		Environmental adjustment	
Other		Work with commissioners to develop services	

Results (Summary of what has changed):

Reasonable Adjustments Pick List

Reasonable Adjustment - Knowledge	
Possible areas	
Symptom or pain recognition / management	
Challenging behaviour	
LD / ASC / specific diagnoses	
Physical / medical health issues	
Psychological issues or wellbeing	
Capacity, Consent, Best Interest issues	
Understanding Individual Communication needs	
Other:	

Reasonable Adjustment - Skills	
Possible areas	
Assessment	
Formulation / planning	
Intervention (How to teach/ do/ advocate/ facilitate)	
Recording and monitoring	
Other:	

Reasonable Adjustment - Physical environment	
Possible areas	
Physical Access Limited	
Poor / unsuitable environment – waiting areas, A&E	
Transport	
Availability of equipment – hoists etc	
Other:	

Reasonable Adjustment - Social environment	
Noise	
Nature of interaction	
Presence of other people	
Other:	

Reasonable Adjustment - Communication & Partnerships	
Possible area	
Arrangements for carers to contribute to intervention	
Partnership arrangements between carers & health staff	
Communication between Health Professionals and carers	
Carers are actively listened to and involved	
Direct communication with individual	
Other:	

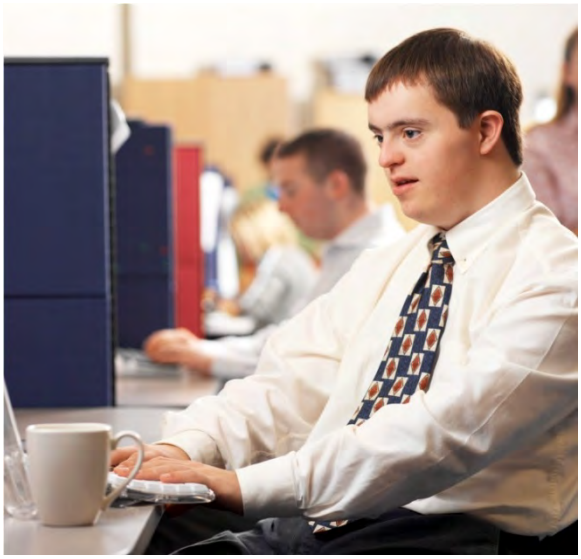
Reasonable Adjustments - Values, Beliefs and Assumptions	
Possible area	
Professionals attitudes (e.g.courtesy in communication)	
Dignity & Respect (Hygiene etc)	
Positive values – Quality or value of life assumptions, DNR etc	
Expectations placed on carers / understanding of carer role	
Other	

Policies / Documentation / Planning	
Possible area	
PCP or more positive planning	
Health Action Planning	
Accessible information	
Traffic Light Documentation	
Historical documentation available / info sharing	
LD/disability/Vulnerable adult Policies/protocols in mainstream services	
Health policies / protocols in carers organisation	
Pre admission/ Discharge planning	
Other:	

Reasonable Adjustments: Services and processes	
Possible area	
Access to health checks / screening	
Home Visits available	
Waiting times	
Length of appointments	
Medication regimes	
Named individual LD lead – Hospital Liaison Nurses	
Out of hours support	
Other:	

Gloucestershire Care Services NHS
NHS Trust

Plan to make our services better for people who have a learning disability 2016/17



Updated June 2016

1. What do we want?

To know which of our patients have a learning disability

Why?

So that we can do what the confidential inquiry said and meet each person's needs

What have we done so far?

- We have flags on the computer record for learning disability and reasonable adjustments
- We know how often these are being used
- We know who is using them

What do we need to do next?

- Make sure staff know about the flags and how to use them

Who and what do we need to help us?

Mark Lambert and the communications team

How will we know we have done what we said?

- We will be able to see the flag on the record
- We will know how many people with a learning disability have used our services
- We should see more flags used

When will this be done?	
We have already done this. We will need to keep looking at how often the flag is used and where.	
How are we getting on?	
We have started but not finished this	
What else?	

2. What do we want?

To make ‘reasonable adjustments’ to help people with learning disabilities use our services.

A reasonable adjustment is a change that has been made to a service so that people with learning disabilities can use them like anyone else.

Why?

So that people with learning disabilities will find it easier to use our services

What have we done so far?

We have introduced the hospital communication book

We have introduced a reasonable adjustments tool

Our hospitals are doing what was asked in John's campaign	
What do we need to do next?	
Make sure that staff know what 'reasonable adjustments' are and how they can be used Put information about this on our web site	
• Reasonable adjustments training Our training finished in December 2015 We are making plans for new training	
• Measure when we are doing this and if we are doing it well (audit)	

Who and what do we need to help us?
Simon Shorrick Alison Bradshaw } for training Maria Wallen Mat Blackman - for the website Hannah Tunbridge – for Audit
How will we know we have done what we said?
We will have a new training programme We will know how many people we have trained We can meassure (audit) the number of reasonable adjustments recorded Information will be available on our intranet Staff will use the hospital communication book across community services
When will this be done?
New training ready by September 2016 Audit should take place after 6 months
How are we getting on?
We have started but not finished this

What else?
Reasonable adjustment training will cover all disabilities We need to to have learning disabilities awareness in the training

3. What do we want?

To give information that people with a learning disability can understand

Why?

So that people will understand what we do.
People will be able to make a choice.

What have we done so far?

- There is a list of A – Z easy read resources on the intranet
- There are instructions for make things easy read on the intranet
- We have feedback forms in easy read
- We gave information about our services at the 8th Big Health Check

What do we need to do next?

- See what leaflets we have already
- See what new leaflets we need
- Look at our letters and appointments
- Make sure staff know that easy read leaflets are available on line

Make sure our information is easy read	easyhealth.org.uk
What else do we need? ? Web pages for service users DVDs or films	

Who and what do we need to help us?

Rachel Marchant – for easy read leaflets
Mark Lambert – for Web pages and DVDs
Gloucestershire Voices/Dramatic change for films

GLOUCESTERSHIRE VOICES
Our lives, our future, our decisions

How will we know we have done what we said?

We will have Easy Read leaflets for our services
Experts by experience will test these for us
We will have other ways of telling people about our services

When will this be done?

We need easy read leaflets and letters by 31st July 2016
Producing short films may take longer

How are we getting on?
We have started but not finished this
What else?

4. What do we want?

To involve people with a learning disability and their carers in saying how services should be.

Why?

So that they have good care that meets their needs.

What have we done so far?

- We have joined the LD Partnership Board
- Service users and carers come to the Expert Reference Group meeting
- Service users and carers were able to tell us what they thought at the 'Your Care Your Opinion' event
- Someone with a learning disability helped us interview for the 'Lead for LD' post

What do we need to do next?

Continue to work with other people

- LD partnership board
- Get the right people in GCS to help make things better. This can be done through the learning disability quality improvement group
- Check that we are doing the right thing. Check with the expert reference group
- Ask people with a learning disability and their carers

what they think about what we do now and what we should do next

- For GCS staff to be able to access expert professional help

Who and what do we need to help us?

- Representatives from different areas of our organisation
- Gloucestershire voices.
- LD partnership board
- 2gether learning disability services.

How will we know we have done what we said?

We will have attended the partnership board meetings

Minutes of meetings and action plans

Gloucester Voices quality checks

We will have a route to get expert help

When will this be done?

This has been done.

We will still look for other ways for service users and their carers to tell us what they think

How are we getting on?
The meetings are now in place. We have expert help from 2gether Trust
What else?

Other things we need to work on:

- Health action plans
- Introduce the Health Equalities (HEF) Framework
- Transition – from children's to adult services
- New Continence Service – make sure that the needs of people with learning disabilities are thought about
- End of life care

16.1 Priority One

To ensure that people with learning disabilities benefit from enhanced community services, have a positive experience of care, and are ably supported within a safe environment

Why is this a priority?

In section 12.3 above, we highlighted that our services must strive to meet the changing needs of the 11,360 adults with learning disabilities currently living within Gloucestershire, many of whom are now presenting with a combination of multiple, layered and complex physical and health needs.

We also recognise that this community suffers from significantly poorer health compared to other people in our county - for example, people with learning disabilities are 58 times more likely to die before the age of 50 compared to the rest of the population. Similarly, respiratory diseases affect 46-52% people with learning disabilities compared to 15-17% of the general population, whilst epilepsy affects 22% people with learning disabilities compared to 1% of the general population.

However, despite these health inequalities, we believe that we have not made sufficient progress with this critical workstream. So whilst we have successfully established a Learning Disabilities Service Improvement Group, and are recruiting to a specialist nurse role which will have particular responsibility for supporting people with learning disabilities, we feel that we need to make this workstream a Quality Account priority, thereby ensuring the profile and emphasis that this work warrants.

What actions will we undertake in 2016-17?

To achieve quality improvements in 2016-17, we will undertake the following:

- we will review and update our staff training and resources. In particular, it is essential that we seek to up-skill our nursing colleagues and allied healthcare professionals, so that they can ably care for those with learning disabilities: this includes not only ensuring that they have better understanding of people's conditions, but also that they understand the reasonable adjustments that can be made to care delivery practices so as to ensure it is apt;
- we will re-evaluate the network of Learning Disability Champions that we have within the Trust, so as to ensure that the right colleagues are taking on this important role, and that they are suitable supported to act as advocates;
- we will ensure that via improved use of our SystmOne electronic clinical information system, we are able to identify people with learning disabilities who may require reasonable adjustments as part of their package of care;
- in line with the requirements of the Accessible Information Standard, we will ensure that people with a Learning Disability are able to receive information in the format that they can understand. Thus, although we have now produced our Friends and Family Test survey and complaints leaflet in EasyRead (see section 10.3 above), we do need to review all our other printed materials and prioritise key literature for which alternative forms are required;

Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19 July 2016

Agenda Item:	18 (Part 1)
Agenda Ref:	20/0616
Author:	Rod Brown, Head of Planning, Compliance and Partnerships
Presented By:	Rod Brown, Head of Planning, Compliance and Partnerships
Sponsor:	Glyn Howells, Director of Finance

Subject:	Understanding You report

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

Executive Summary:

This report combines quantitative and qualitative information so as to provide analysis of service users' experiences. It is presented so as to demonstrate progress and achievement against the nine externally-focused requirements of the NHS Equality Delivery System (EDS2).

An earlier version of this report was presented at the Quality and Performance Committee on 28 June 2016: actions in response to that Committee's requests (namely to more clearly identify actions / deliverables) have been reflected within this updated version.

Recommendations:

The Board is asked to:

Review the report and note the actions aimed at addressing inequalities

Considerations:

Quality implications:

Implicit within the report

Human Resources implications:

Implicit within the report

Equalities implications:

Implicit within the report

Financial implications:

None

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

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	
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:	1 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:

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

Gloucestershire Care Services NHS
NHS Trust

Understanding You Report

October 2015 - March 2016

Rod Brown
Head of Planning, Compliance and Partnerships

Understanding You

Observing the strategic objective *"to understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work"*

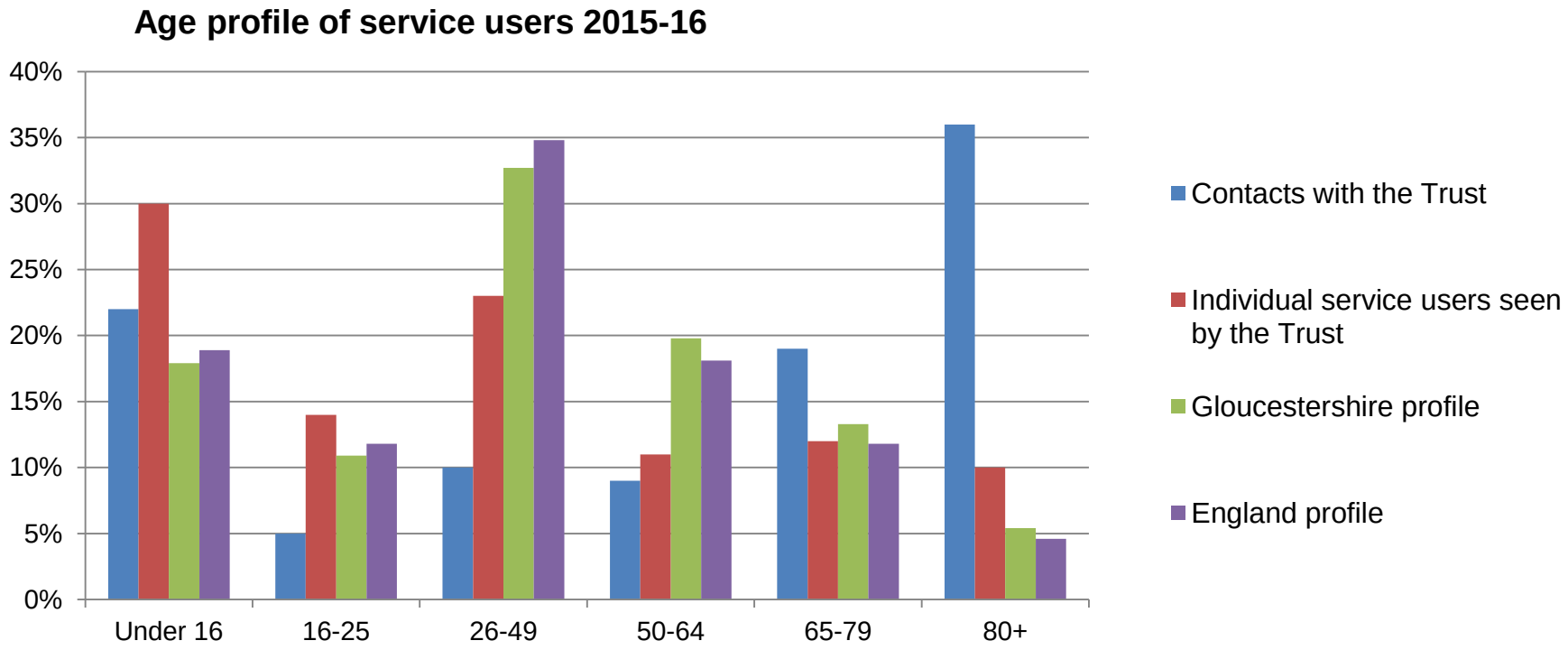
Every six months, the Trust undertakes a more detailed analysis of its activity against its commitment to hear and heed the opinions of its service users as well as their families and carers. The following pages provide this analysis for the period October 2015 to March 2016, assessing where possible, the impact upon people defined by the **nine protected characteristics of the Equality Act 2010**, namely:

- age;
- sex;
- disability (i.e. a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities);
- sexual orientation;
- gender reassignment (i.e. the process of transitioning from one gender to another);
- marriage and civil partnership;
- pregnancy and maternity;
- race / ethnicity;
- religion and belief.

It is also noted that this report combines both quantitative and qualitative information so as to offer as rounded an analysis as possible.

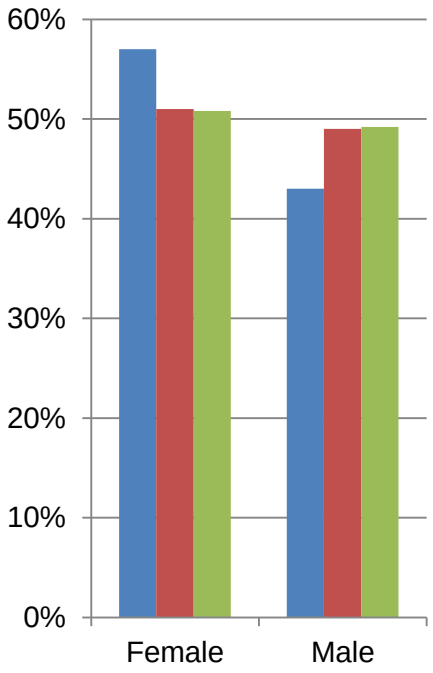
Service user profile

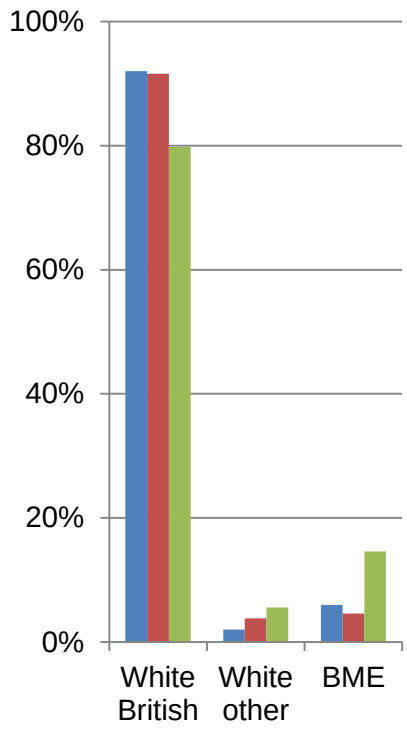
So as to best understand the population that the Trust is currently serving, it is first appropriate to look at the profile of local service users:

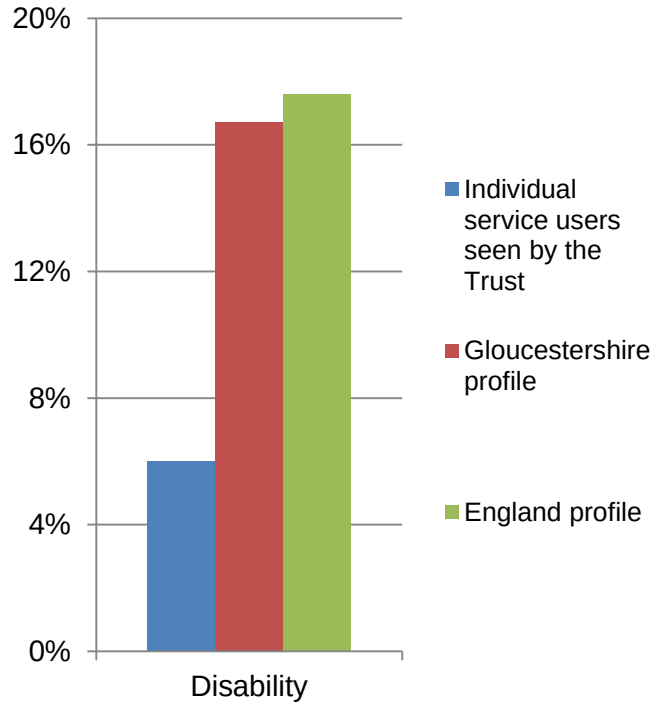


- Between April 2015 and March 2016, the Trust had 1,425,945 contacts with service users
- 55% Trust contacts were with people aged 65+
- In terms of unique service users, the Trust sees more people than the Gloucestershire or England average in the lower (0-25 years) and higher (80+) age brackets

Service user profile (cont)







- Ethnicity was not recorded for 12% service users: the table above excludes these people from analysis
- The Trust data for disability appears significantly low, and therefore data quality is being reviewed
- Religion was not reported in 99.8% service user records so cannot be reported
- Marital status was not reported in 97.6% service user records so cannot be reported
- Currently, the Trust does not collect data on sexual orientation, gender reassignment or pregnancy/maternity
- ***The Information Team has recruited two posts with a focus on improving data quality, starting July 2016***

Service user experiences

To better understand the experiences of those service users, families and carers profiled above, this report will use the framework of the **Equality Delivery System (EDS2)** which is a statutory requirement.

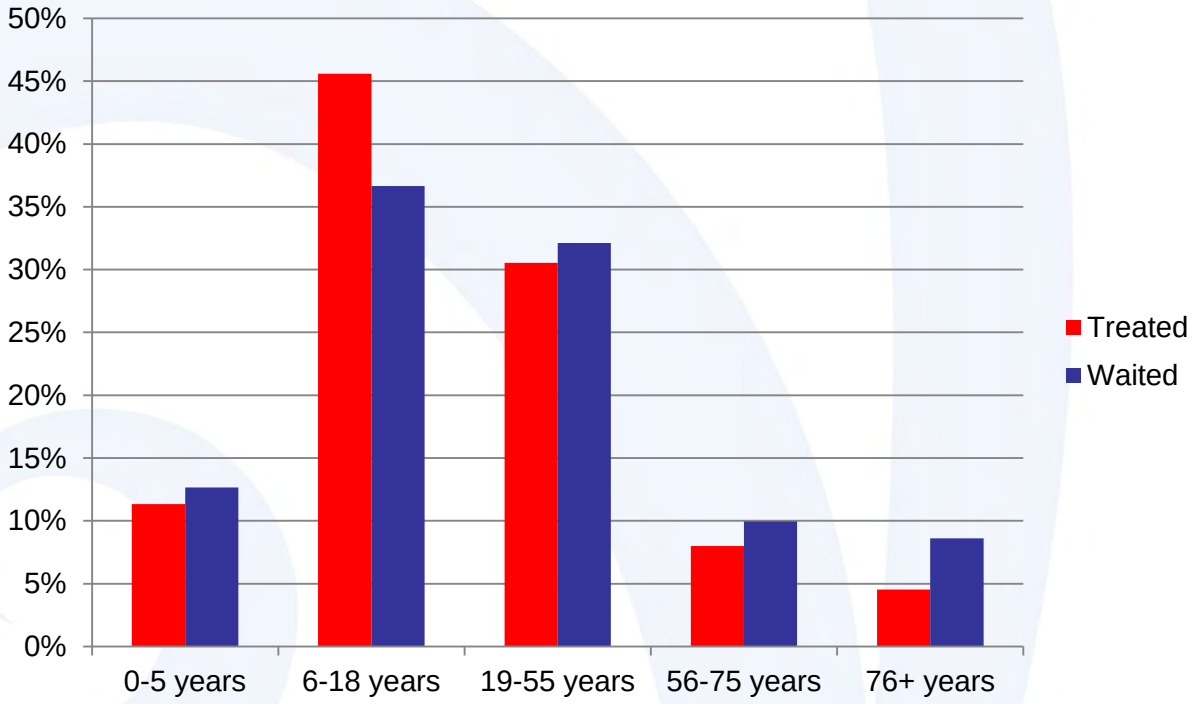
Goal	Out-come	Theme	Requirement
Better health outcomes	1.1	**Service design**	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	**Assessment**	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	**Transitions**	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	**Incidents**	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	**Health promotion**	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved service user access and experience	2.1	**Access**	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	**Decision-making**	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	**Positive experiences**	People report positive experiences of the NHS
	2.4	**Complaints**	People's complaints about services are handled respectfully and efficiently

1.1 Service design

Services are commissioned, procured, designed and delivered to meet the health needs of local communities

1.1 Equality Delivery System metric: service design

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age of people who remained on a waiting list for dental services compared to those who received treatment, April 2015 to March 2016:



This data which covers the whole of 2015-16, shows a significant levelling of treatment versus wait times compared to activity in the first six months of the year (see the previous Understanding You report dated September 2015).

This demonstrates the service's successful achievements in managing waiting lists in the latter half of the year

The data shows that proportionally, children aged 6-18 years are more likely to be treated than wait for treatment compared to people in other age groups - conversely, people aged 76+ are most likely to wait

1.1 Listening to the voices of local people

The Trust seeks to ensure that the needs of all Gloucestershire communities and populations are fully understood and reflected in the services that are delivered. To this end, engagement activities during the reporting period, which aimed to capture the voice of local people, included the following:

- the Community Partnerships Team talked to service users about **continence care** at a workshop in January 2016: this will be followed by further focus groups in 2016-17 ahead of service redesign;
- Trust colleagues were the invited guest speakers at a **Healthwatch Gloucestershire** event in December 2015, where a presentation was made on the range of community services: this was followed by an extensive Q&A session with the public;
- the Community Partnerships Team and the Clinical Commissioning Group met with the public at a **Wheelchair Services Listening Event** in October 2015 in order to hear views about the service;
- Trust colleagues met regularly with the **Leagues of Friends** on a range of issues;
- the Community Partnerships Team actively supported **Carers' Rights Day** and attended the **Carers Gloucestershire AGM**;
- the Community Partnerships Team sought to improve working partnerships with the **Voluntary Care Services (VCS) Alliance** including attending a jointly-led VCS and CCG Joining Up Your Care event.

We also heard…. The NED visit to the rapid response team (March 2016) identified the need to work closer with some local GPs who currently do not fully engage with the service. The visit also highlighted the need to better understand the rationale for the team referring service users to inpatient facilities, so as to recognise whether more care could be provided in the community

1.1 Testing quality priorities

In March 2016, the Community Partnerships Team hosted a **Your Care, Your Opinion** event at the Guildhall, Gloucester. This event focused upon the Trust's proposed quality objectives for 2016-17, and enabled service users and public to share their comments and reflections: **these perspectives are reported in the Trust's Quality Account 2015-16**. A summary of some of the feedback received is given below:

Continence care

"Education should focus on prevention rather than taking a reactive approach"

"There's need to preserve people's dignity and prevent loss of confidence"

"Volunteers could share experiences - knowledge is important, so share it"

"Public conveniences - use them to publicise continence problems and where to get help"

"Information tends to centre on product ranges rather than practical support and assistance"

Positive risk-taking

"This shows the power of language - when you're over 50, people say that you've had a fall, but when you're under 50, they simply say that you've fallen over"

"This is true empowerment to the patient"

"This should serve as a mental checklist for clinicians - is it right and appropriate to change the nature of the conversation?"

1.1 Testing quality priorities (cont)

End-of-life care

"Don't tippy toe around - it's one thing that's guaranteed in life"

"It should always be about interpersonal relationships and involve families"

"There's an increasing problem of elderly people living alone - how do we ask them what they want?"

"Must understand cultural differences"

"Make respite care more accessible"

"Ensure earlier preparation with carers - it's a process, not an event"

"There needs to be clarity around partnership working; someone needs to be the lead partner because if everyone thinks they are equal, then no-one will drive things forward"

Learning disabilities

'"It's important that this is on the agenda"

"Use Easy Read letters to ensure people understand important messages"

"Training is a barrier – in particular, more needs to be done about autism"

"We should be building better lives for everyone with a disability"

The Community Partnerships Team is now represented at the Trust's quality improvement groups looking at continence, end-of-life and learning disabilities

This will ensure that this feedback is heard and that corresponding remedial actions are taken

1.1 Equality objectives

At the March 2016 Your Care, Your Opinion event, the Community Partnerships Team also launched the Trust's equality objectives for 2016-17. These are:

1. to make reasonable adjustments for non-'White British' people in community hospitals: **the Community Partnerships Team is looking to address this via Year 3 *Listening into Action***
2. to ensure that end-of-life care services take full account of people's culture, religion, sexual orientation and gender identity to include consideration of different needs in spiritual and pastoral care, as well as increased awareness for people from the LGBT community
3. to ensure that information is accessible to people with sensory impairments, learning disabilities and people who do not speak or read English well: **this is being addressed via a workstream exploring compliance with the NHS Accessible Information Standard**
4. to take support and advice out to communities who do not currently access Trust services: **the Community Partnerships Team is looking to recruit an outreach officer to support this**
5. to seek to improve the ethnic composition of the Trust's workforce in order to harness the benefits of diversity, such as better decision-making and improved quality of care: **this is being addressed via the Workforce Race Equality Standard (WRES) action plan**

In the reporting period, the Trust proposed to local provider and commissioner organisations that a countywide equalities group be established - this was agreed and is currently in development

The Community Partnerships Team has begun engagement with Two Rivers Housing Association and Severn Vale Housing Association to provide targeted education, support and learning with a view to helping reduce health inequalities within their vulnerable population groups

1.1 Delivering caring and compassionate care

In the period October 2015- March 2016, the most common theme within the comments received via **NHS Choices** related to the attitudes of Trust colleagues. This is demonstrated by the word cloud below, which includes both positive and negative comments, illustrating the positive bias.

We also heard….

The NED visit to the children's services clinics in Quedgeley (March 2016) noted the establishment of evening clinics to specifically support 14-19 year olds and enable them not to miss school time.

1.1 Feedback on Minor Injuries and Illness Units

In the period October 2015 - March 2016, 20 comments received via **NHS Choices** (45%) related to the Trust's Minor Injuries and Illness Units. Of these, 60% (12) were positive, and 40% (8) negative.

Positive comments focused upon:

- the efficient, friendly and caring service;
- the excellent advice, support and re-assurance.

Negative comments, focused upon:

- the poor attitude of staff who demonstrated rude, patronising behaviours;
- people were not acknowledged, not made to feel welcome and had to wait unnecessarily.

1.1 Board stories

Board stories are used as a means of the Trust's Executives and NEDs hearing directly from local people as to how well services are designed to meet the needs of all local communities.

- In November 2015, the Trust Board heard from a representative of **GlosCats** which provides support and education to transgender people in Gloucestershire. As a result of the presentation and ensuing conversation, the Board committed to review its processes and procedures for caring for a transgendered inpatient within the Trust's community hospitals: similarly, to ensure that if a Trust colleague was transgendered and transitioned whilst in the organisation's employment, there are suitable and robust support mechanisms in place. More broadly, the Trust Board committed to increasing education and awareness of transgender issues within all relevant activities.

- In January 2016, the **Gloucestershire Older People's Association (GOPA)** attended the Trust Board. GOPA identified the three primary issues affecting the older population as being poor transportation, isolation and loneliness. To enable the Trust to respond to these and other concerns, GOPA shared the outputs from its Tea and Tell sessions with different community groups across the county: **the Community Partnerships Team has now received this feedback and identified a series of practical actions to address thematic concerns**.

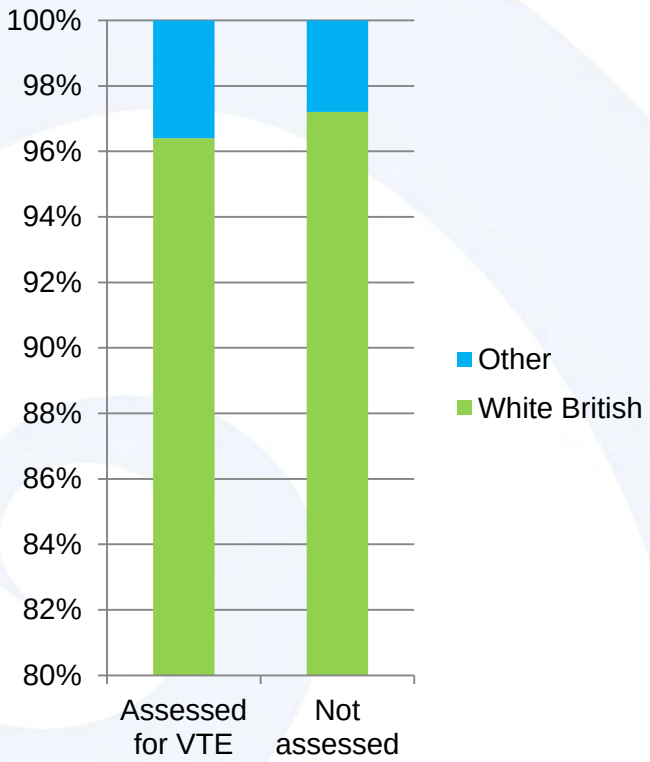
- In March 2016, the Board heard a **service user complaint** which had been received by the Trust, and the actions and learning which had resulted: these included a review of drinking vessels used across all inpatient sites, improvements in hospital handovers, reporting of near misses, an increase in Occupational Therapy assessments with regards nutrition and hydration, and the use of improved assessment documentation on SystmOne.

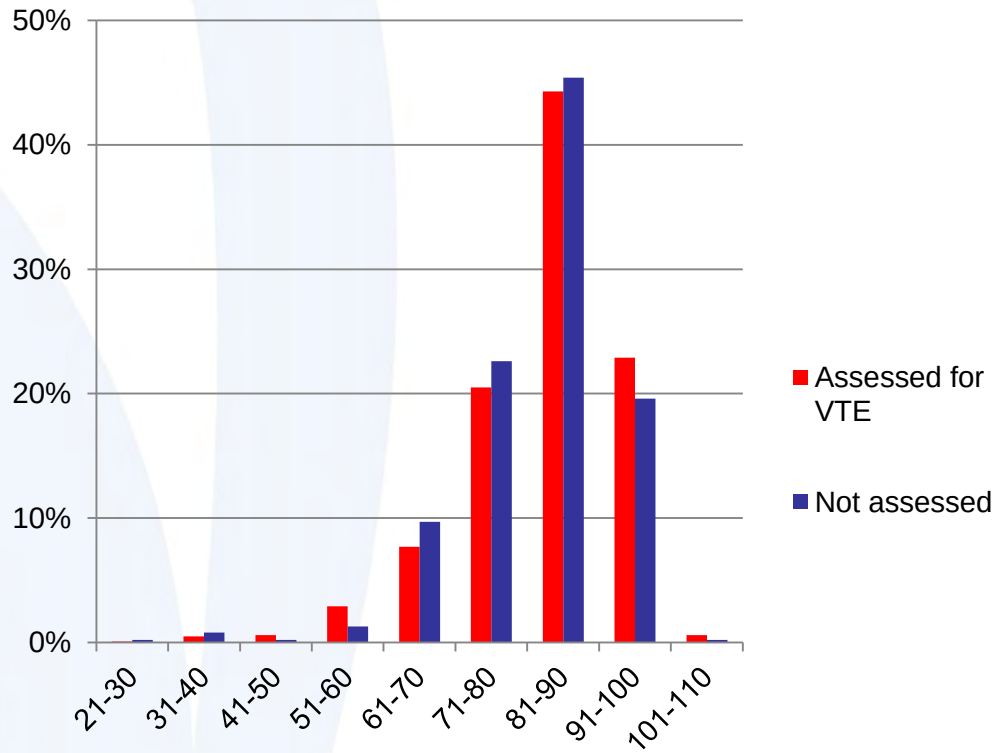
1.2 Assessment

Individual people's health needs are assessed and met in appropriate and effective ways

1.2 Equality Delivery System metric: assessment

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of community hospital inpatients who received a VTE assessment compared to those who did not receive VTE assessment, as recorded April 2015 to March 2016:





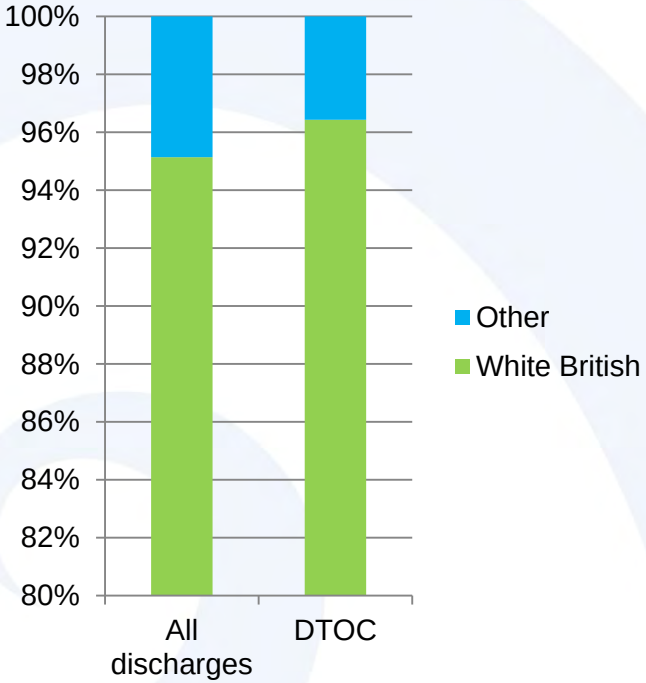
- There appears to be no significant correlation between ethnicity and a person's risk of not being assessed for VTE
  - There is no more than a 3% variance across all age ranges as to whether or not they are assessed for VTE

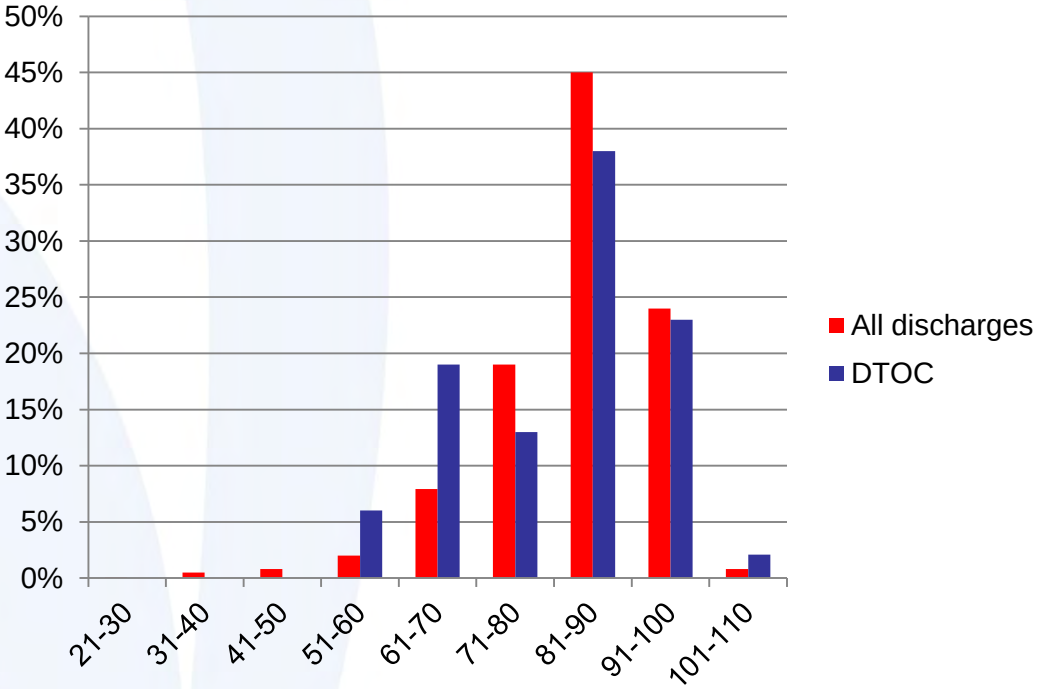
1.3 Transitions

Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

1.3 Equality Delivery System metric: transitions

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of inpatients who experienced a delayed discharge of care compared to all discharges, as recorded April 2015 to March 2016:

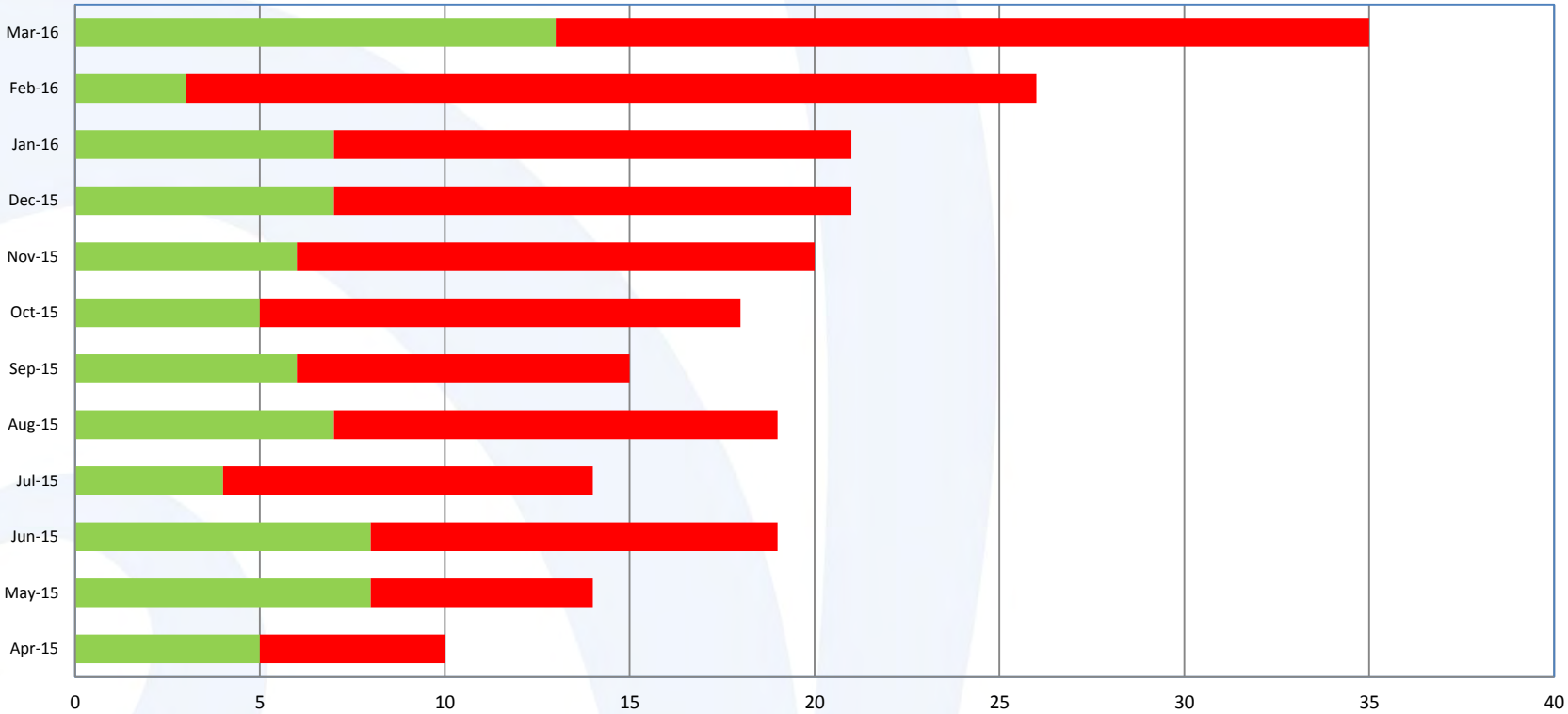




- Data shown is the total for service users where age and ethnicity is recorded
- There is only a 1% differential between people's ethnicity in respect of their risk to experience a delayed discharge
- People in the 51-60 and 61-70 year old age brackets are proportionally more at risk of a delayed transfer of care

1.3 Overnight transfers

Below are the details of transfers into community hospitals wards between 23:00 and 05:59:



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Direct Admission	5	8	8	4	7	6	5	6	7	7	3	13
Transfer	5	6	11	10	12	9	13	14	14	14	23	22

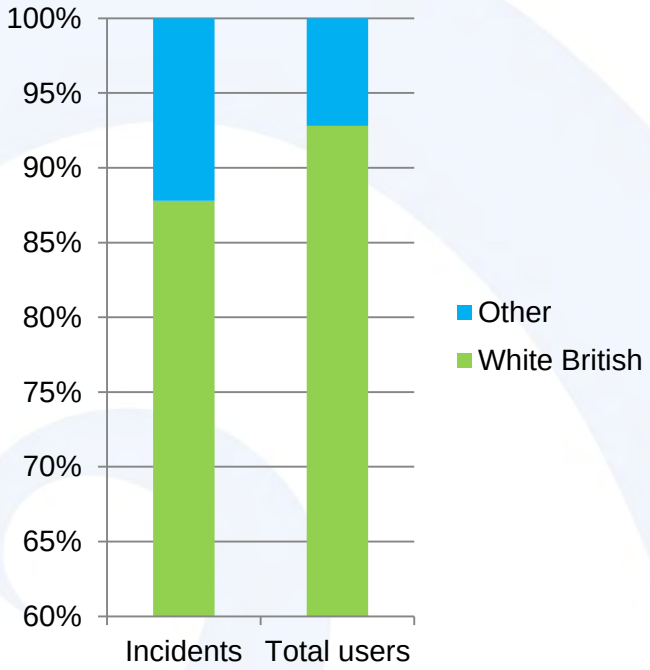
There was a clear increase in night-time transfers over the course of the year, with a 350% increase recorded in March 2016 compared to April 2015

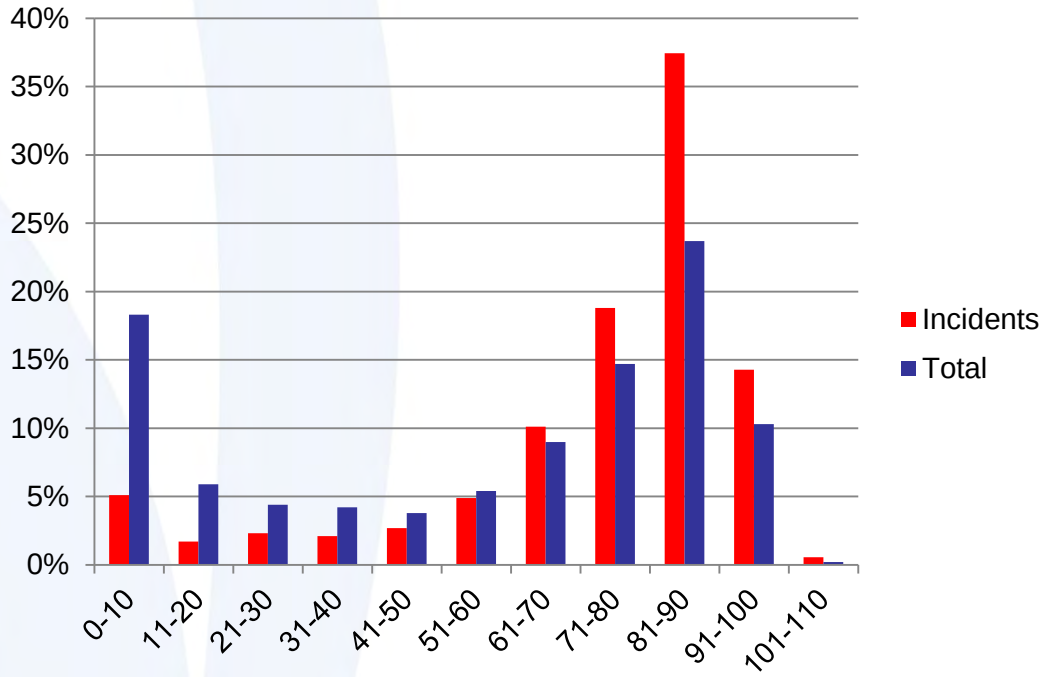
1.4 Incidents

When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse

1.4 Equality Delivery System metric: incidents

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of service users who experienced an incident compared to all service users, as recorded April 2015 to March 2016:

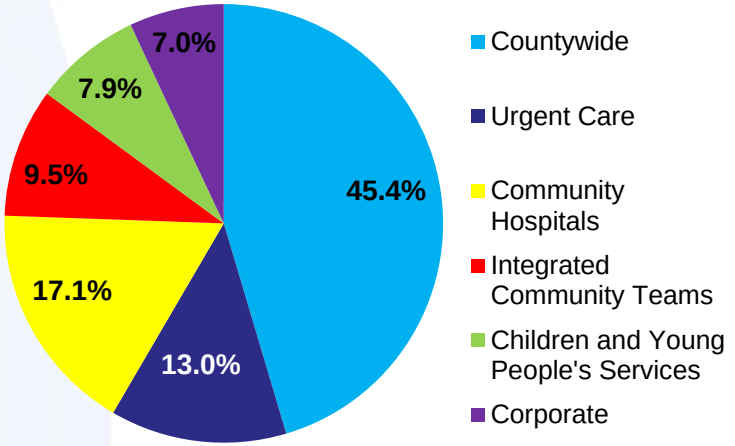




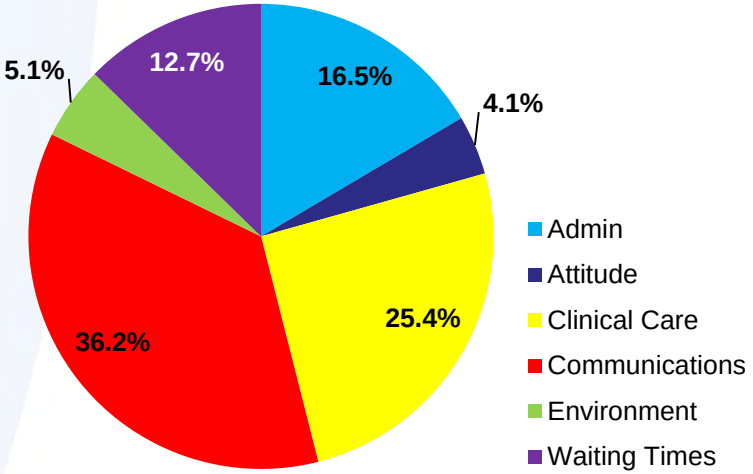
- Data shown is the total for service users where age and ethnicity is recorded
- Non-white British service users are 5% more at risk of experiencing an incident ***(NB there were 241 incidents which affected a non-white British service user: the Community Partnerships Team will review to identify trends)***
- People in older age brackets are significantly more likely to experience an incident especially those in the 81-90 year old age bracket

1.4 Concerns

Concerns	Apr-15	May - 15	Jun-15	Jul-15	Aug -15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Countywide	19	8	16	12	9	8	10	12	11	17	6	15	143
Community Hospitals	4	3	4	5	4	3	7	5	6	2	9	2	54
Urgent Care	2	2	7	3	3	7	1	5	3	4	2	2	41
ICTs	0	1	1	3	2	6	7	1	1	0	3	5	30
CYP Services	3	6	2	2	1	1	1	0	1	1	2	5	25
Corporate	0	2	1	1	1	0	4	5	2	0	4	2	22
Total	28	22	31	26	20	25	30	28	24	24	26	31	315



Concerns	Apr-15	May-15	Jun-15	Jul-15	Aug -15	Sep -15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Communications	13	10	16	10	3	8	11	9	5	10	8	11	114
Clinical Care	7	3	6	9	10	9	6	4	7	7	6	6	80
Admin	2	3	3	1	3	3	4	10	4	5	7	7	52
Waiting Times	6	5	4	3	1	2	5	3	5	1	1	4	40
Attitude	0	0	2	1	0	2	3	1	2	0	1	1	13
Environment	0	1	0	2	3	1	1	1	1	1	3	2	16
Total	28	22	31	26	20	25	30	28	24	24	26	31	315

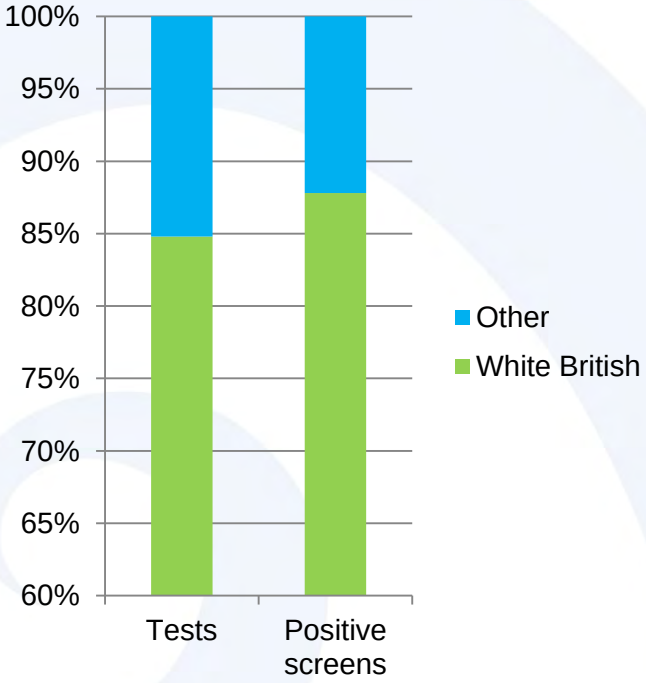


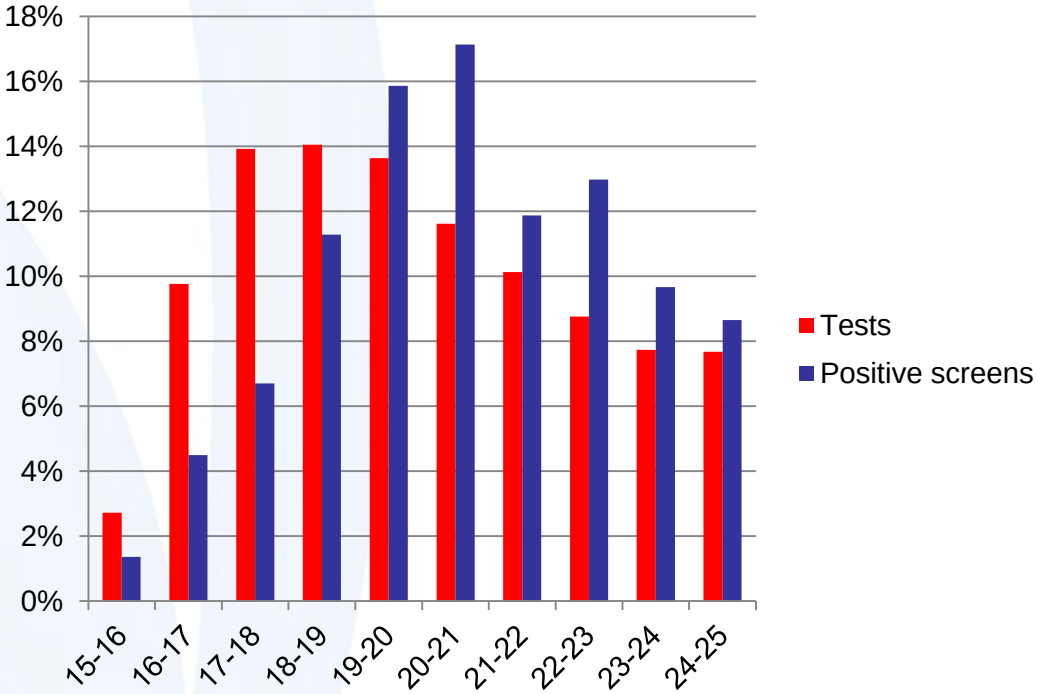
1.5 Health promotion

Screening, vaccination and other health promotion services reach and benefit all local communities

1.5 Equality Delivery System metric: health promotion

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of service users who tested positive for chlamydia compared to all people aged 15-25 years who were tested, as recorded April 2015 to March 2016:





- Data shown is the total for service users where age and ethnicity is recorded
- Proportionally, more White British service users are screening positive for chlamydia
- People aged 19-25 are more likely to screen positive for chlamydia

1.5 Diabetes education

Following the Your Care, Your Opinion event in September 2015, the Community Partnerships Team and the Community Diabetes Dieticians launched a programme of co-production to improve health awareness and understanding. Thus, they have been partnering with members of the South Asian, Caribbean and Chinese communities in order to explore how the Trust can develop improved diabetes education sessions that are more culturally sensitive and relevant for black and minority ethnic (BME) communities in Gloucestershire.

In particular, the work has sought to understand how the Trust can better support these communities by increasing their awareness of how to manage and prevent diabetes, its relationship with food, and how they can live healthier lifestyles.

This work was acknowledged in the Staff Awards 2016.

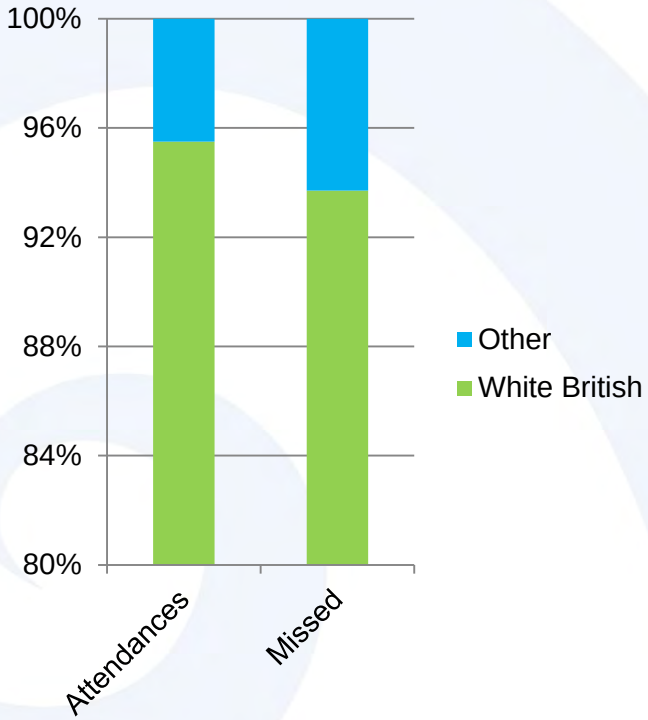
We also heard…. The NED visit to the school nurse continence service (November 2015) found that the team demonstrated a sensitive and non-judgmental approach, engaged well with both parents and children, and offered practical, professional education and advice as to the management of incontinence.

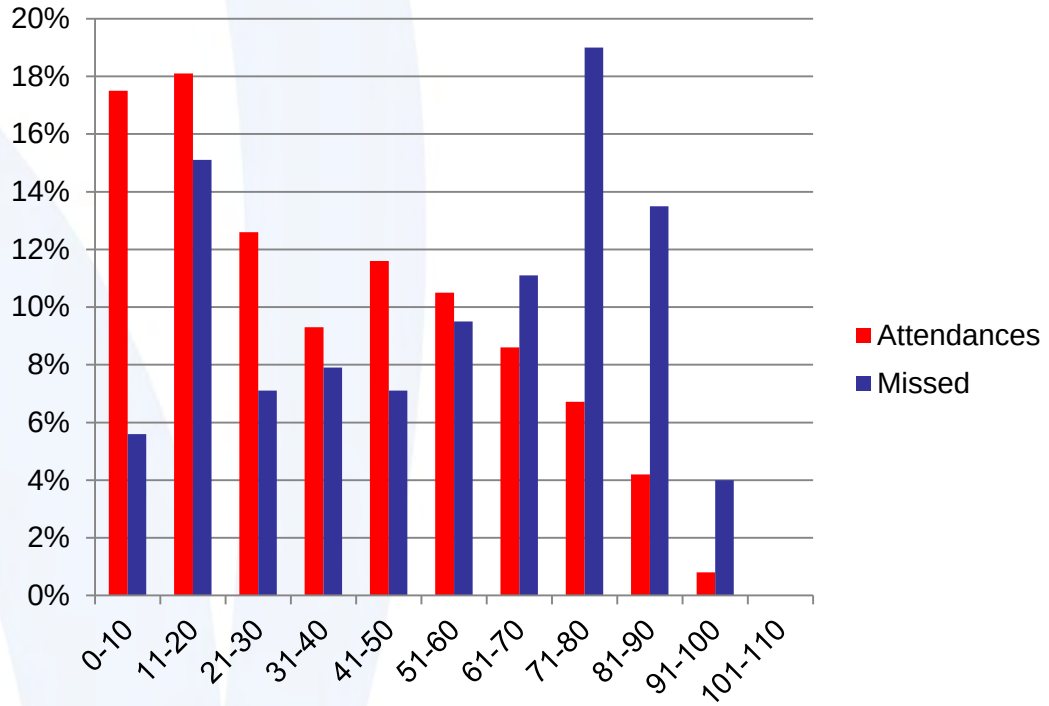
2.1 Access

People, carers and communities should be readily able to access community healthcare services and should not be denied access on unreasonable grounds

2.1 Equality Delivery System metric: access

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of service users for whom the Trust missed the MIIU target compared to all people who attended MIIUs, as recorded April 2015 to March 2016:





- Data shown is the total for service users where age and ethnicity is recorded
- There is minimal correlation between ethnicity and breached MIIU targets
- People in older age brackets are more significantly more likely to have their MIIU target missed

2.1 Access to dental services

In the last Understanding You report (September 2015), it was noted that the Trust's dental services had received a disproportionate number of negative comments via NHS Choices relating to people's inability to access care.

However, in the period October 2015 - March 2016, this trend appears to have been reversed, with 60% comments received about dental services being positive. All comments received are reflected in the word cloud opposite.

We also heard….

The NED visit to the community dental service in Redwood House (November 2015) demonstrated that service users were clearly welcomed, confident in the care they received, and complimentary about Trust colleagues

2.1 Translation and interpretation services

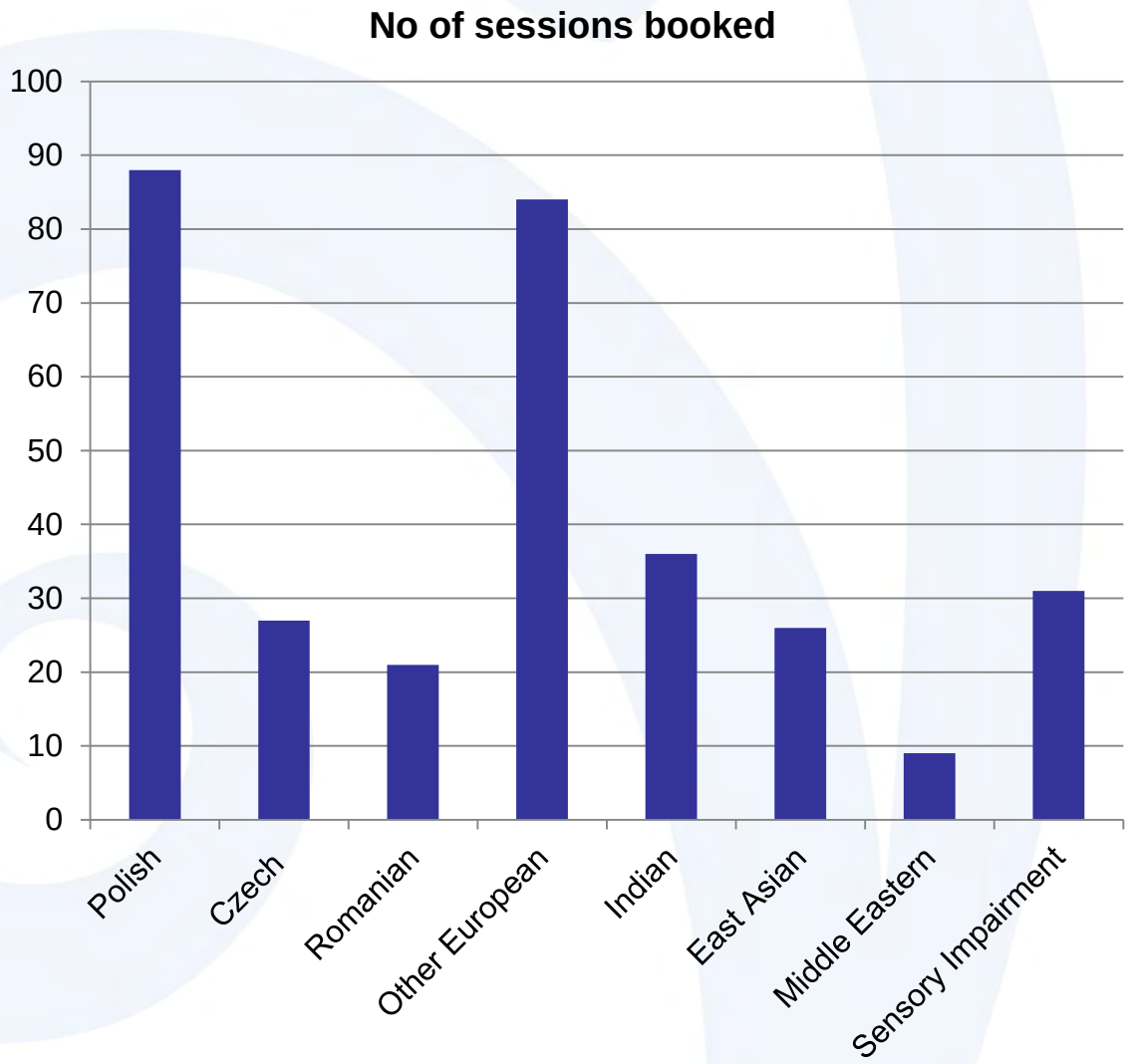
During the reporting period, the Trust booked interpretation services for the following languages, grouped as below for reporting purposes:

- **Polish**
- **Czech**
- ***Romanian*** *(NB Polish, Czech and Romanian have been isolated as historically, these are our three most frequently requested individual languages)*
- **Other European** - Albanian, Bulgarian, French, Hungarian, Italian, Latvian, Lithuanian, Portuguese, Russian, Slovak, Spanish, Turkish, Ukrainian
- **Indian** - Bengali, Gujurati, Punjabi, Tamil, Urdu
- **East Asian** - Chinese (Cantonese), Chinese (Hakka), Chinese (Mandarin), Japanese, Vietnamese
- **Middle Eastern** - Arabic, Farsi
- **African** - Swahili
- **Sensory Impairment** - British Sign Language, Deafblind Manual

Usage October 2015-March 2016

- Health Visitors used the translation and interpretation services most frequently
- Dental and Heart Failure teams also used the services regularly
- There were very few bookings from adult community services and community hospitals

2.1 Translation and interpretation services (cont)



We also heard….

The NED visit to the sexual health service at Hope House (October 2015) highlighted the need to ensure that relevant Trust literature should be available in a range of languages, in line with the mixed ethnicity of the local catchment area

2.1 Translation and interpretation services (cont)

During the period October 2015 - March 2016:

- the Trust booked over 468 hours of face-to-face interpretation, representing 322 sessions compared to 261 in the previous six months;
- the longest individual session was 9.5 hours, in Bulgarian, for the Pregnancy Advisory Service;
- the most interpreted language was Polish, with over 135 hours of face-to-face time representing 89 sessions;
- 60% interpretation hours were for Eastern European and Russian languages, compared to 65% in the previous six months;
- there were 50 sessions of telephone interpretation, compared to 40 in the previous six months;
- the Trust translated 8 documents for service users;
- the total cost of interpretation and translation services in the six month period was £34,278.35.

2.1 Translation and interpretation services (cont)

In response to feedback from colleagues saying that on occasion, they previously found it challenging to access translation services, the Community Partnerships Team has refreshed the Trust's Translation and Interpretation Policy and associated guidance, in order to make it quicker and simpler to book an interpreter. In developing these guidance materials, they were helped by colleagues from Tewkesbury ICT who provided valuable insight.

The new policy and guidance have been promoted across the Trust through the CORE weekly newsletter, and have also been cascaded to colleagues via team managers.

It is also noted that as of June 2016, the Trust will be reviewing its contract with Prestige Network, the current service provider, so as to ensure the highest quality and most cost-effective service.

Gloucestershire Care Services NHS
NHS Trust

How to book interpretation and translation services

Interpretation

Using telephone interpretation services

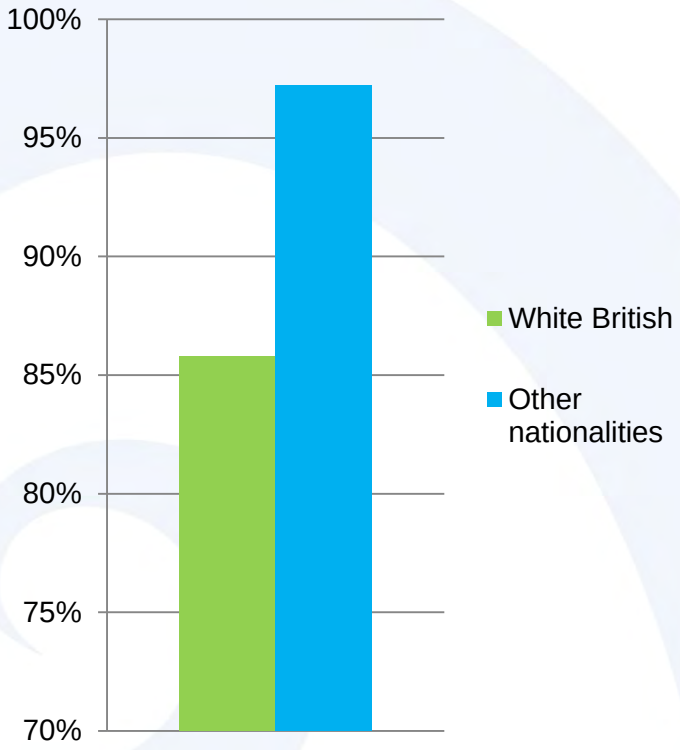
Using face-to-face interpretation services

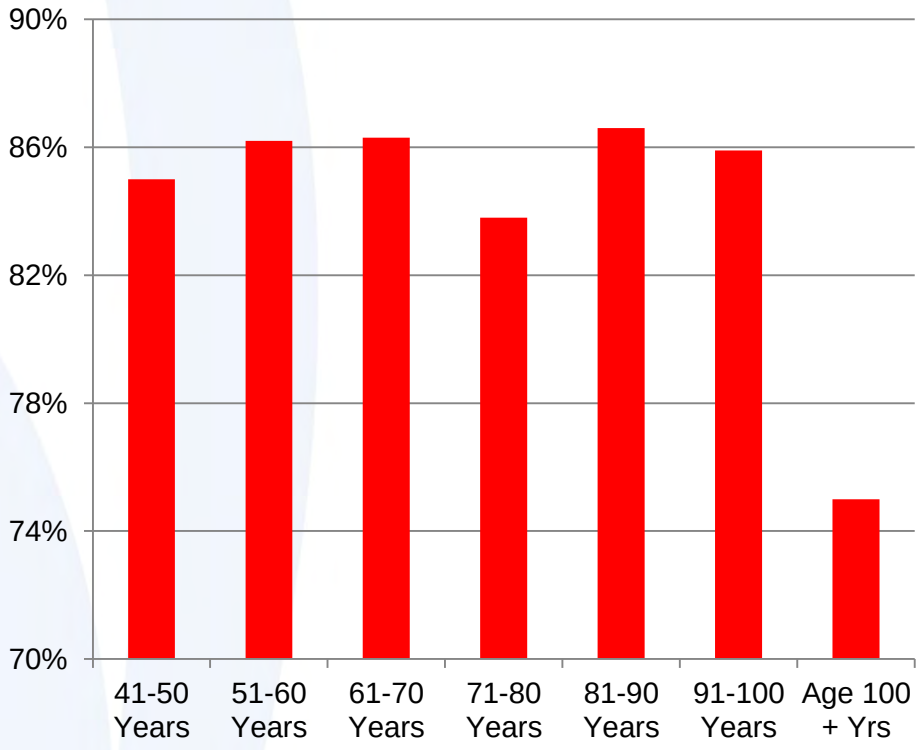
2.2 Decision-making

People are informed and supported to be as involved as they wish to be in decisions about their care

2.2 Equality Delivery System metric: decision-making

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of inpatients who feel involved in their care, as recorded April 2015 to March 2016:

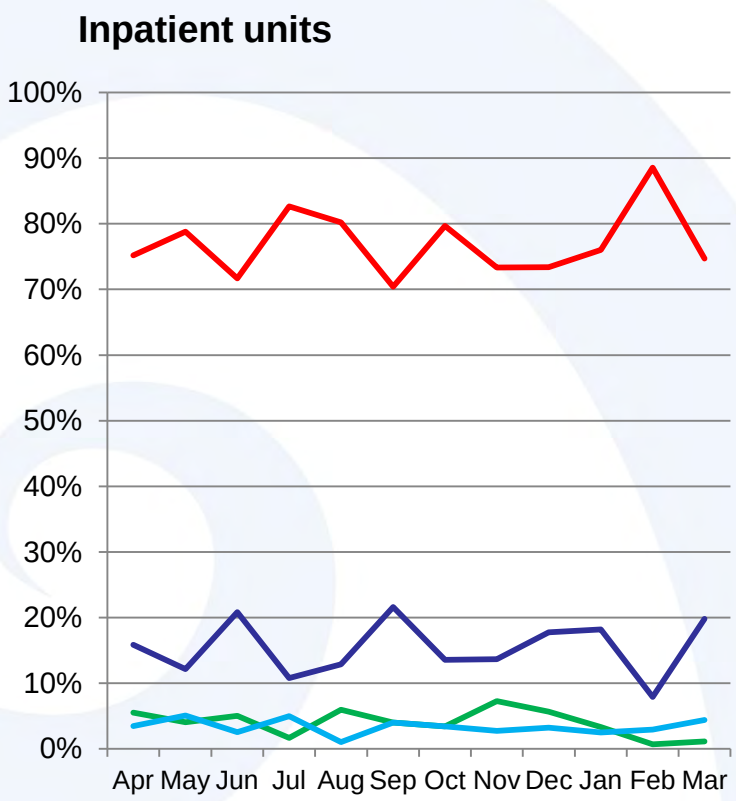


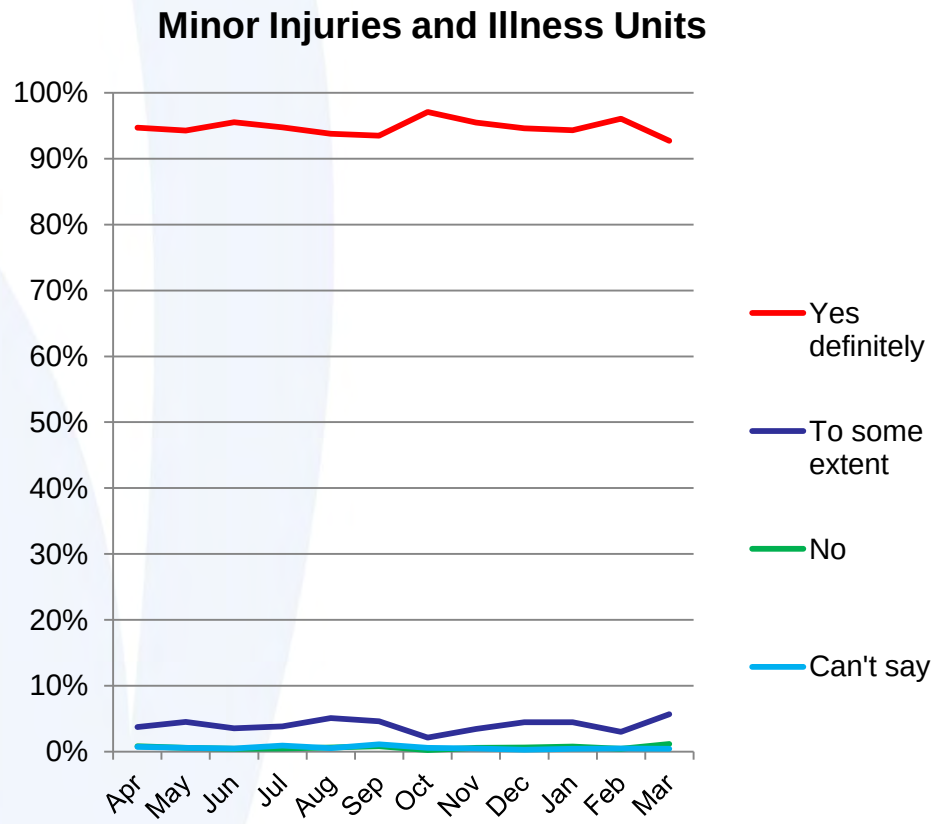


- Data suggests that communities other than White British feel significantly more involved whilst in inpatient care, with 97.2% reporting a positive experience compared to 85.8% for White British
- There is some variability across age ranges in terms of people feeling involved

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

In response to the question *"Were you involved as much as you wanted to be in decisions about your care and treatment?"*

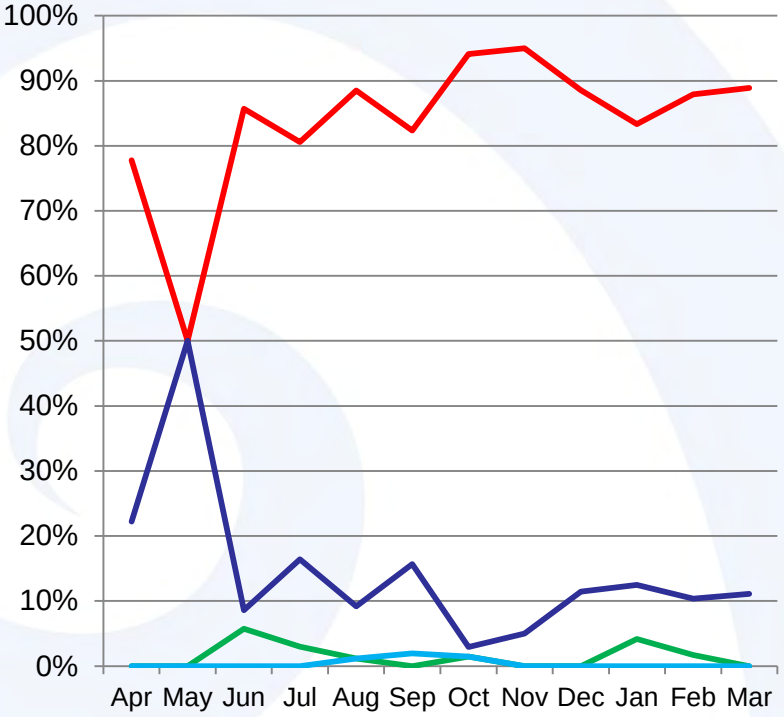




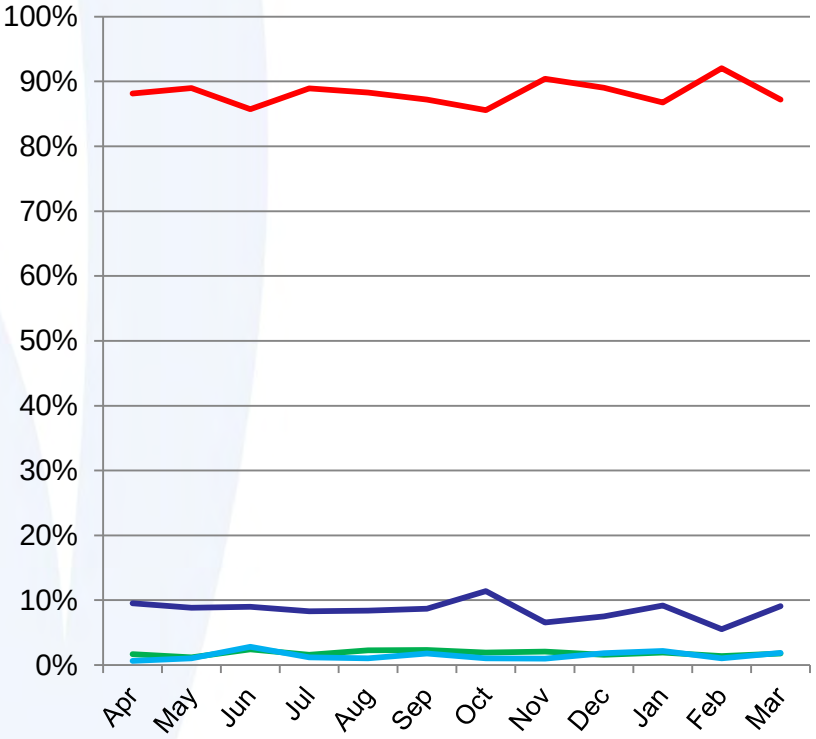
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care (cont)

In response to the question *"Were you involved as much as you wanted to be in decisions about your care and treatment?"*

ICTs



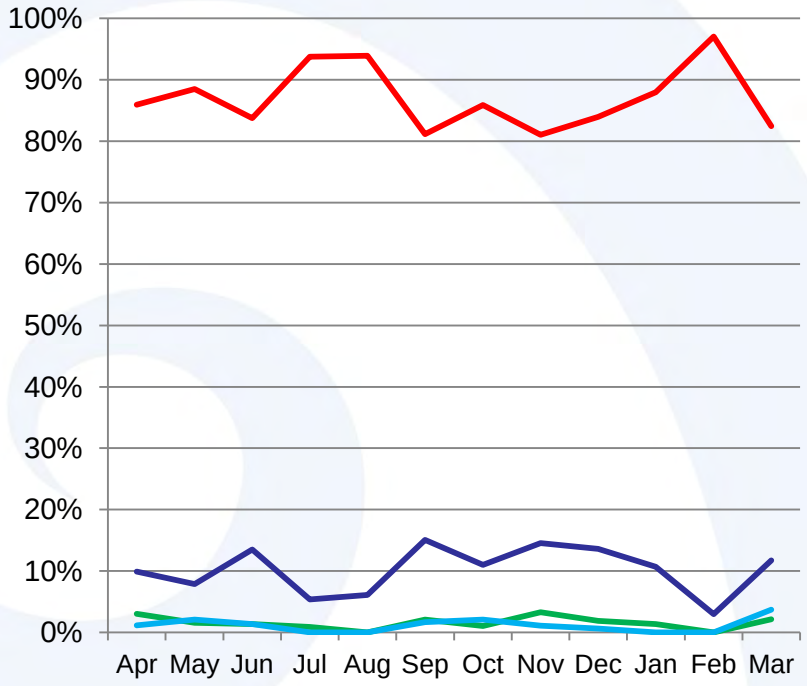
Countywide / specialist services



2.2 People are informed and supported to be as involved as they wish to be in decisions about their care (cont)

In response to the question *"Were you involved as much as you wanted to be in decisions about your care and treatment?"*

Children's services



Please note that data for a number of services is based on a small sample so may not be wholly representative

We also heard….

The NED visit to the Stroke Early Supported Discharge team (March 2016) demonstrated that service users appreciated the level of advice provided by the team, and the ready availability of written information.

It was additionally noted that care was delivered in line with information gathered during discussions with service users about their ambitions and goals.

2.2 Forest of Dean engagement

Throughout the reporting period, the Trust has been working with the Gloucestershire Clinical Commissioning Group to explore the future for health and social care services in the Forest of Dean. In particular, this has involved listening to local communities and colleagues about their needs, wishes and preferences. The key themes which have arisen to date from this engagement include:

- **Access to services**
  There is a strong message that care should be “close to home” whenever possible. Transport is a significant barrier to accessing services and those reliant on public transport often spend an entire day attending a short appointment at one of the acute hospital sites. Mobile services, such as the chemotherapy bus, are highly valued, and consideration should be given as to whether similar delivery mechanisms could be applied to other types of care.

- **Community Hospitals**
  There is general consensus that the current facilities need either replacing or significant refurbishment to bring them up to “modern-day standards”. The potential efficiency of running services from a single site needs to be balanced against ensuring accessibility of services. Improving local access to diagnostic services and discharge from both the acute and community hospitals have been highlighted as areas for improvement.

- **Urgent care**
  The “out-of-hours” periods provide significant challenge to people living across the Forest of Dean. Opportunities for more integration of GP out-of-hours, pharmacy services, MIIU and community teams (including specialist and palliative care) should be explored to support people to be cared for at home or in the local community. Poor experience of engaging with the mental health crisis team, by both professionals and patients, was reported.

2.2 Forest of Dean engagement (cont)

- **Outpatient services**
  The range of clinic and outpatient services that are available in the Forest of Dean should be expanded. It would appear that local options are not always offered either by reception/booking office staff, or via the E-Referral system, and people report that they have only been able to get an outpatient appointment in the Forest of Dean following their specific request.

- **Community Nursing**
  Expanding the capacity of Integrated Community Teams and Rapid Response Teams is seen as key to supporting service users and avoiding admissions to both acute and community hospitals. Improving links to primary care and additional support from the voluntary sector will ensure more “joined up” community care.

- **Mental Health services**
  There is felt to be a general lack of support for people with poor mental health and a need for more low-level services, particularly for children and young people.

- **Education and information**
  There is considerable confusion regarding the configuration of services. Many people appear to be unaware of what and where services are available, and although recent messages, such as making better use of pharmacies, are having a limited impact, there is still a long way to go.

- **Integration/Partnership working**
  The opportunity for better integration between primary care, community teams and the voluntary sector is recognised. A community hub model has been offered as a way to improve integration between services, in addition to providing a central point for information and education.

2.2 Forest of Dean engagement (cont)

Engagement with Trust colleagues as part of the Forest of Dean review, identified the following four key themes:

- **Need to upgrade/modernise facilities in the Forest** (particularly the community hospitals) in order to ensure equity of service for local people, improve professional communication and make best use of available resources. For example, *"We need a single new community hospital (up-to-date and energy efficient) providing enhanced services so that people do not have to travel to Gloucester or Cheltenham"*

- **Maintain stability of existing relationships between local services and local people**

- **Increase service provision / availability / accessibility to reduce unnecessary travel**. For example, *"We need to better advertise services which are available in the Forest: local people should be supported locally rather than having to travel across the county"*

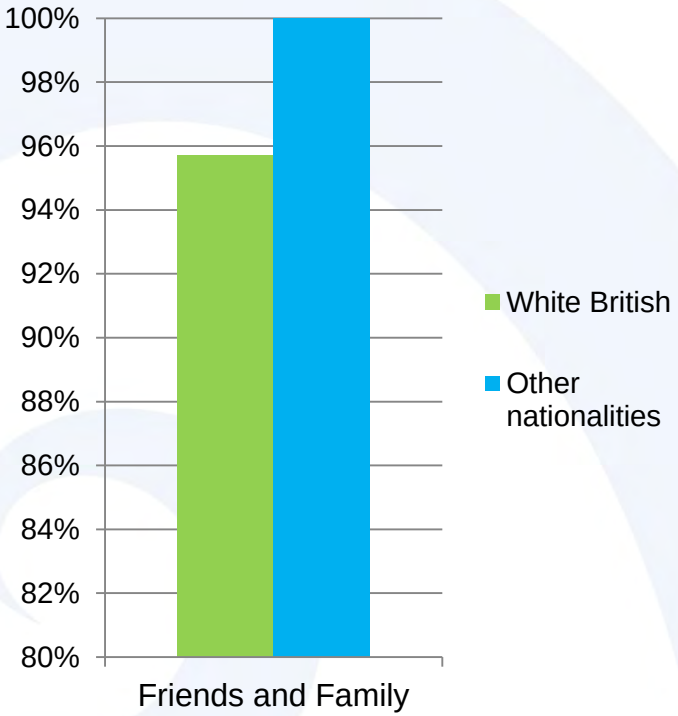
- **Work along a more integrated pathway that explicitly includes primary care and the voluntary sector**. For example, *"We need better liaison with organisations such as Age Concern, Citizens Advice Bureau, Village Agents, Dementia Friends and the Forest District Council team… providing support and aftercare for people that fall outside of medical help"* – also *"We must ensure that our model of community nursing is aligned with GP practices and surgeries"*

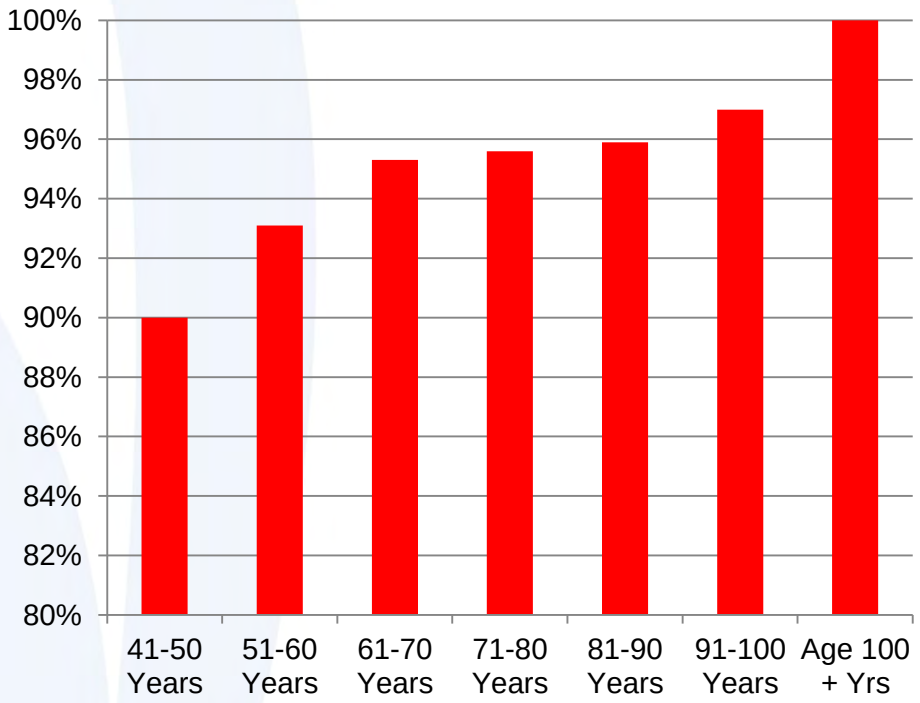
2.3 Positive experiences

People report positive experiences of the NHS

2.3 Equality Delivery System metric: positive experiences

As a proxy measure for reporting against the Equality Delivery System, below is a profile of the age and ethnicity of inpatients who would recommend the Trust to their friends and family, as recorded April 2015 to March 2016:

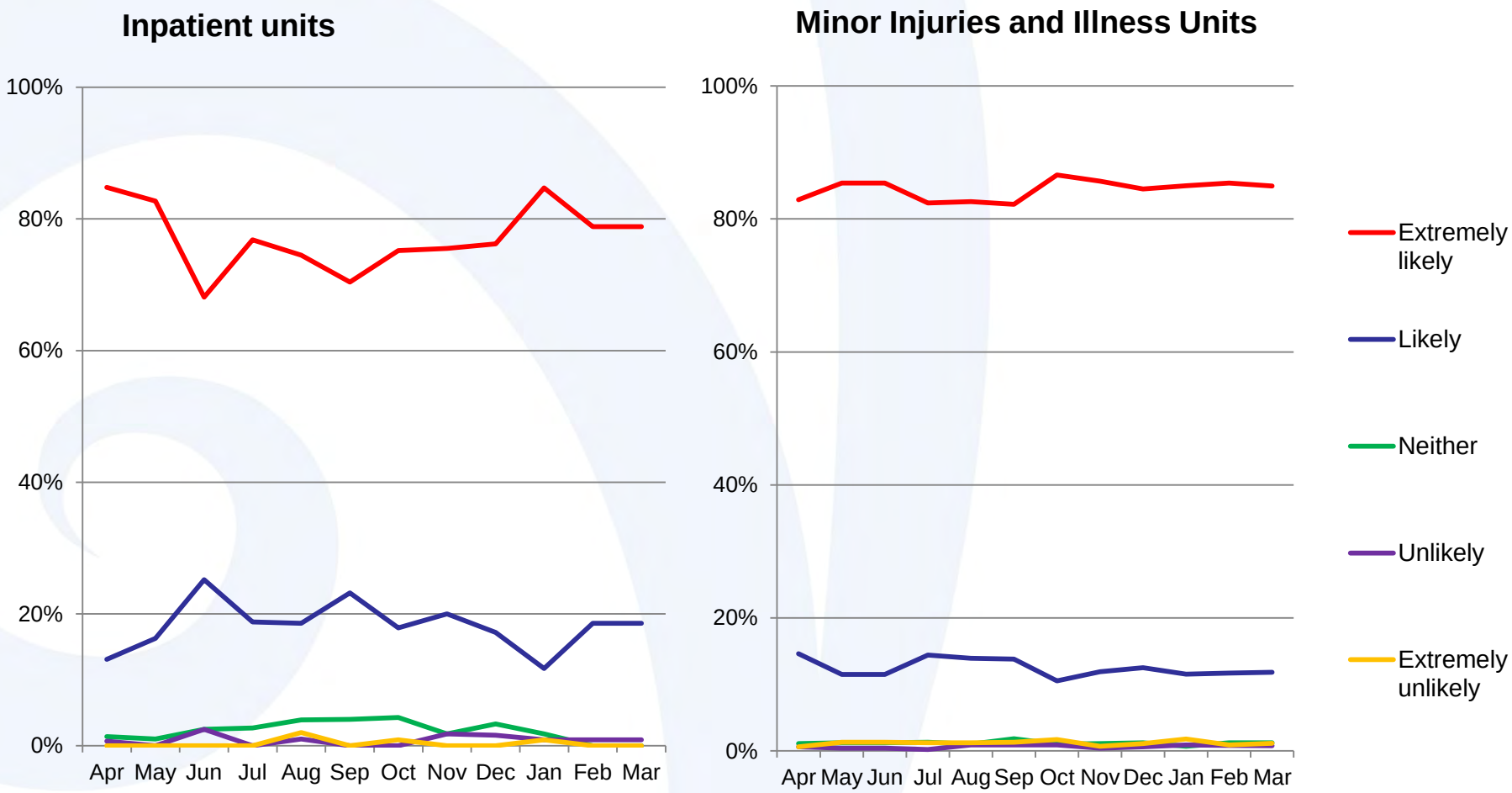




- Data suggests that communities other than White British do not feel that they have a poor experience in inpatients, with 100% reporting that they would be extremely likely or likely to recommend the Trust, compared to 95.7% White British
- In terms of inpatient age profiles, there appears to be an increase in satisfaction correlating to age

2.3 Friends and Family Test results

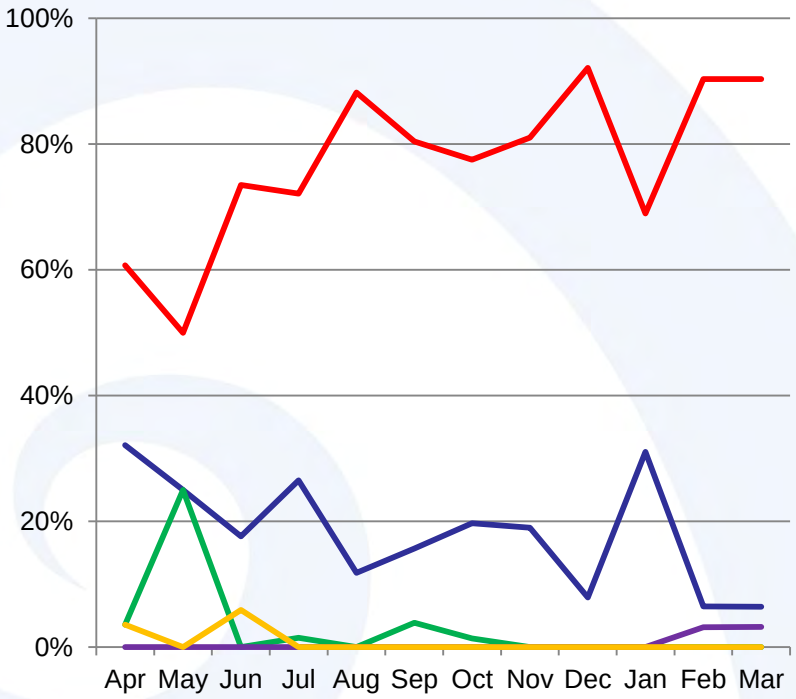
Friends and Family Test outcomes over the year best indicate positive experiences of service users:



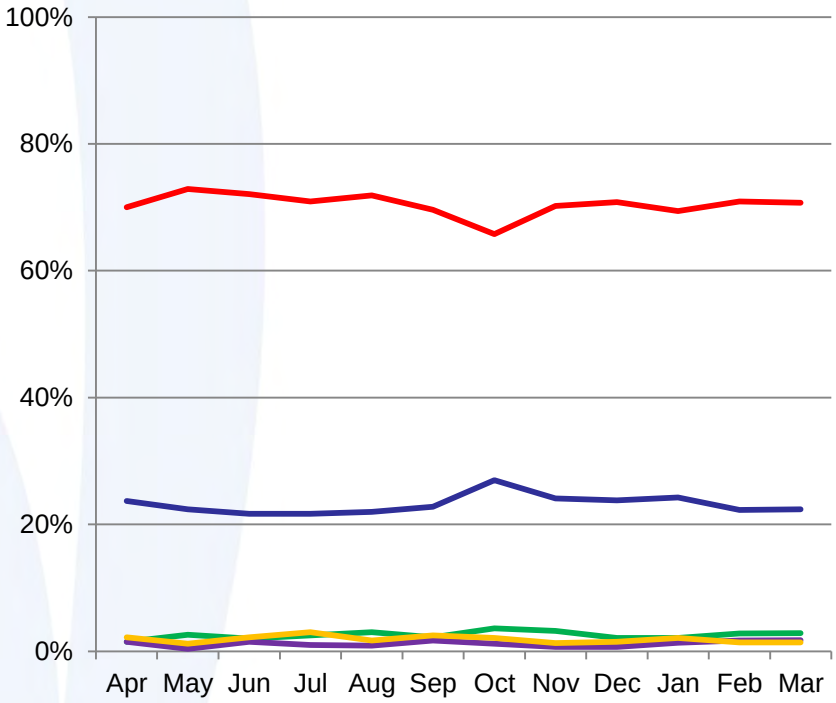
2.3 Friends and Family Test results (cont)

Friends and Family Test outcomes over the year best indicate positive experiences of service users:

ICTs



Countywide / specialist services

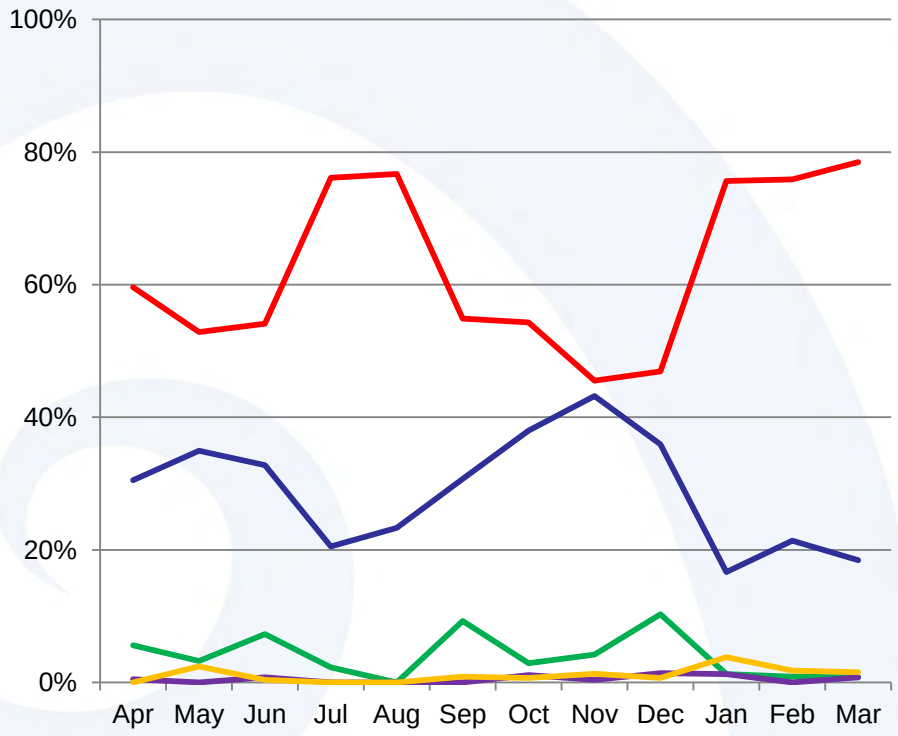


We also heard…. The NED visit to the Cardiac Rehabilitation service (October 2015) highlighted how complimentary service users were about the service they were receiving, and the caring attitude of the staff.

2.3 Friends and Family Test results (cont)

Friends and Family Test outcomes over the year best indicate positive experiences of service users:

Children's services



Please note that data for a number of services is based on a small sample so may not be wholly representative

We also heard….

Healthwatch Gloucestershire provides quarterly updates on public views.

- In October-December 2015, positive feedback was received about community hospitals. However, concerns raised included single-occupancy rooms which made inpatients feel isolated: also, the numbers of District Nurses leaving the profession, live waiting times for MIIUs no longer being available online, and the change of location of the Cirencester complex leg wound service.
- In January-March 2016, most positive feedback again related to community hospitals and district nurses: there were no new concerns noted.

2.3 NHS Choices

NHS Choices provides an overview of people's experiences of care.

In the period October 2015-March 2016, 44 comments were received, with 30 being positive (68% compared to 72% for the previous 6 months).

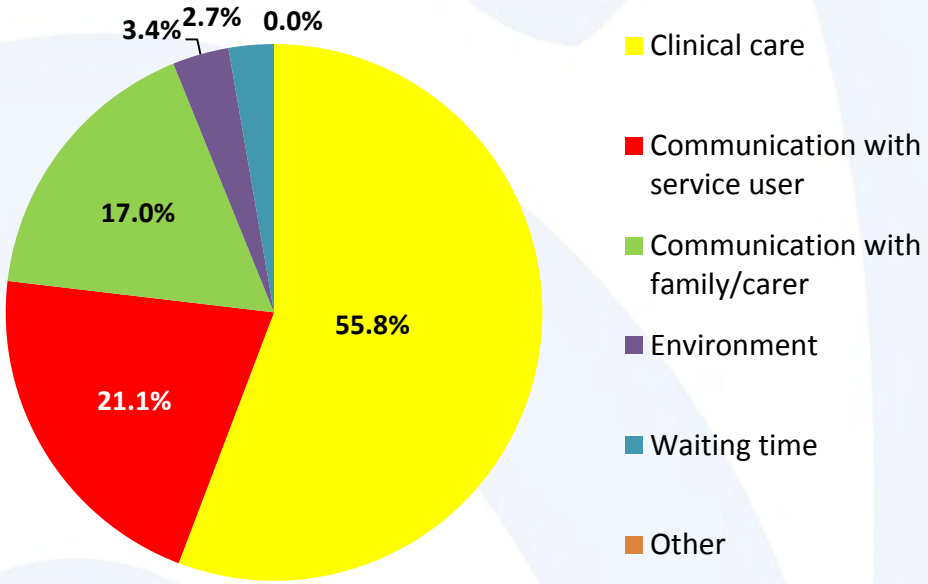
Dental services received more comments than any other individual service, continuing the trend from the first half of the year, but this time, they were mostly positive (60%).

The physiotherapy service only received positive reviews in the last six months.

Details of other trends are included earlier in this report.

Opposite is a word cloud capturing all comments received.

2.3 Compliments



"All of the staff were amazingly kind, calm and overly supportive. This was an extremely sensitive issue on a very difficult day, and I didn't think I could be made to feel so comfortable and so well cared for…AMAZING STANDARDS 100%"

Sexual Health Service

"Excellent experience so far. Everyone is helpful and friendly. Especially to be able to have it all done at home is much better"

IV Therapy service

"Friendly, and very professional. Referred me straight onto my GP after looking at my shoulder. I have been doing all exercises that were recommended. Hospital appointment set up within 3 weeks when GP decided that even he could not help me! This was my third visit to the local physio department. FAUTLESS"

MSK physiotherapy

"My stay has been most enjoyable, it was wonderful to be treated as an individual and a human being"

Cirencester Hospital inpatients

2.3 Care Quality Commission feedback

The CQC reports highlighted a range of comments from service users. These included:

- *"My elderly mother continues to receive first class care on this ward. The staff always show compassion"* (inpatients)
- "*The care has been excellent; everyone has been helpful, cheerful and very caring"* (inpatients)
- "*I have always loved Stroud Hospital. Everyone here is lovely and caring. They treat you very well"* (inpatients)
- *"From the first time I walked in the door, everyone and everything was tops. Everyone put me at ease"* (Stroud MIIU)
- *"The staff have been excellent and very caring, and have treated me with dignity and respect. My needs were responded to with the right treatment, they listened very carefully"* (Tewkesbury MIIU)
- *"It's a fantastic service. I've had some great tips and advice and it's made a marked difference to how I approach things"* (children and young people's services)
- *"Service is top class, everyone helpful and understanding"* (sexual health)
- *"All the team are fantastic and attentive, I would not want my care anywhere else"* (sexual health)

In response to the CQC report, the Community Partnerships Team is now working closely with the Trust's end-of-life lead to ensure that staff are increasingly aware of the cultural needs of people from different communities during their final weeks and days

2.4 Complaints

People's complaints about services are handled respectfully and efficiently

2.4 Equality Delivery System metric: complaints

As a proxy measure for reporting against the Equality Delivery System, the Trust needs to profile the age and ethnicity of service users registering a formal complaint against all service user contacts.

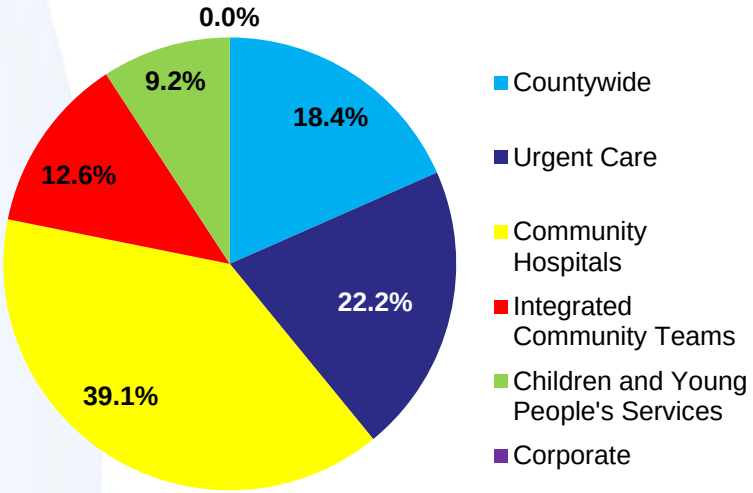
Although the Trust recognises 87 complaints during the period April 2015 - March 2016, against a total of over 1.4million contacts, further analysis is not available at this time.

Response Time	Q1	Q2	Q3	Q4
Target time within agreed timescale (25 working days)	90.5%	94.4%	95.7%	96.4%

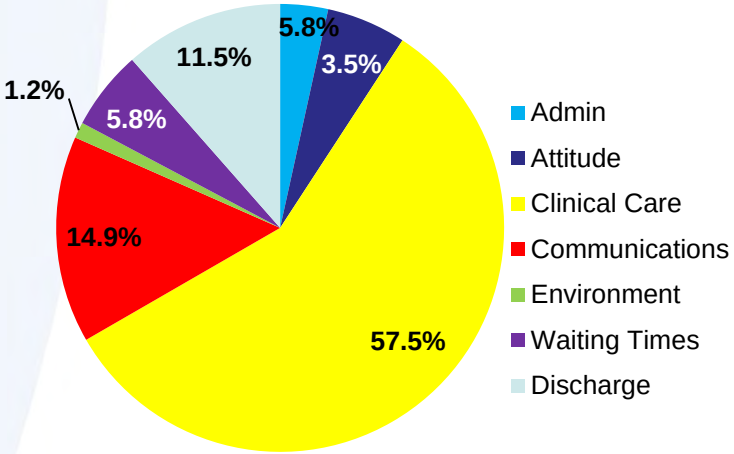
Benchmarking	
Complaints per 1,000 WTE Trust staff	3.4 average per month, April 2015 - March 2016
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.6 average per month, Latest 6 months (October 2015 - March 2016)

2.4 Complaints management

Complaints	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Community Hospitals	5	5	1	2	1	2	5	3	2	5	3	0	34
Urgent Care	2	0	0	0	3	9	0	0	1	1	2	0	18
Countywide	2	1	4	0	0	0	1	0	2	1	1	4	16
ICTs	0	0	0	0	0	0	3	1	1	2	2	2	11
CYP Services	0	0	2	1	1	0	3	0	0	0	0	1	8
Corporate	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	9	6	7	3	5	11	12	4	6	9	8	7	87



Complaints	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan - 16	Feb-16	Mar-16	YTD
Clinical Care	3	4	3	2	4	10	6	1	3	6	5	3	50
Communications	3	1	3	0	0	0	3	0	0	0	0	3	13
Discharge	1	0	1	1	1	0	1	1	1	2	1	0	10
Attitude	0	1	0	0	0	0	0	0	1	1	1	1	5
Waiting Times	2	0	0	0	0	0	1	0	1	0	1	0	5
Admin	0	0	0	0	0	1	0	2	0	0	0	0	3
Environment	0	0	0	0	0	0	1	0	0	0	0	0	1
Total	9	6	7	3	5	11	12	4	6	9	8	7	87



Gloucestershire Care Services NHS
NHS Trust

Trust Board

Date: 19 July 2016

Agenda Item:	19 (Part 1)
Agenda Ref:	19/0616
Author:	Rod Brown, Head of Planning, Compliance and Partnerships
Presented By:	Rod Brown, Head of Planning, Compliance and Partnerships
Sponsor:	Candace Plouffe, Chief Operating Officer

Subject:	MIIUs public engagement

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

Executive Summary:

Attached is the information booklet and response card which has been produced in order to support the public engagement around Minor Injuries and Illness Units (MIIUs). The rationale for change is clearly defined with the documentation, but in summary, is prompted by:

- nurse recruitment challenges
- achieving value for money
- ensuring that people are in the right place for care
- improving consistency / equity of service provision across county.
- Presentation as presented to the Health and Care Overview and Scrutiny Committee on 12th July 2016

The timetable for the engagement exercise is as follows:

- presentation at the Health and Care Overview and Scrutiny Committee (HCOSC) on 12 July
- launch of 7-week engagement on 13 July
- closure of public engagement on 31 August
- outcome report to HCOSC on 13 September
- Trust Board decision on 20 September

All the dates for the public events are included within the attached booklet. Additionally, there will be a series of targeted engagement events for key stakeholder groups, as well as staff engagement events.

It is noted that feedback on the options can also be given via the Trust website.

Recommendations:

The Board is asked to:

Note the information booklet

Understanding You

Considerations:
Quality implications: Implicit within the booklet
Human Resources implications: Implicit within the booklet
Equalities implications: Implicit within the booklet
Financial implications: Implicit within the booklet
Does this paper link to any risks in the corporate risk register: Yes, ability to achieve an improved CQC rating
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	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):	Candace Plouffe, Chief Operating Officer

Date:	12th July 2016

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

Explanation of acronyms used:
MIIU - Minor Injuries and Illness Units

Gloucestershire Care Services NHS
NHS Trust

Review of Minor Injuries and Illness Units in Gloucestershire

MIIU review
MINOR INJURIES & ILLNESS UNITS' REVIEW

Understanding You

July/August 2016

Overview

Gloucestershire's Minor Injuries and Illness Units (MIIUs) offer timely support to people with urgent, but not life-threatening, healthcare needs.

MIIUs provide care and treatment for sprains, cuts and wounds, skin problems such as rashes, bites, stings and infections, minor eye injuries, minor fractures, minor head injuries etc. MIIUs therefore offer a real alternative to the Emergency Departments in Gloucestershire Royal and Cheltenham General Hospitals, and indeed, provide a more suitable setting for the care and treatment of less serious ailments.

In 2015-16, performance of the county's seven MIIUs was largely positive as demonstrated below:

In Gloucestershire, MIIUs are located in each of the seven community hospitals i.e.:

- **Cirencester Hospital** (MIIU open 24 hours)
- **Dilke Memorial Hospital** (MIIU open 8am-11pm)
- **Lydney and District Hospital** (MIIU open 8am-11pm)
- **North Cotswolds Hospital** (MIIU open 8am-8pm)
- **Stroud General Hospital** (MIIU open 24 hours)
- **Tewkesbury Community Hospital** (MIIU open 8am-8pm)
- **Vale Community Hospital** (MIIU open 8am-8pm)

Performance indicator	National target	Performance 2015-16
Percentage of people seen, treated and discharged by an MIIU within 4 hours	95%	**99.8%**
Average length of time spent by someone in an MIIU from arrival to departure	Less than 4 hours	**2 hours 20 minutes**
Average time before the initial assessment for someone arriving at an MIIU by ambulance	Less than 15 minutes	**17 minutes**
Average time to treatment in an MIIU	Less than 60 minutes	**21 minutes**
Percentage of people who left an MIIU without being seen	Less than 5%	**0.7%**

Care Quality Commission (CQC)

In June 2015, the CQC undertook an independent assessment of the county's MIIUs, and concluded that they required improvement. This was due to the need to ensure that:

- MIIUs are consistently staffed by sufficient numbers of suitably qualified, experienced and skilled staff;
- people arriving at MIIUs receive prompt assessment ("triage") by a registered nurse;
- MIIU staff receive regular training;
- MIIU equipment, medical devices and medicines are regularly checked;
- organisational systems are in place to assure high quality, effective and safe care and treatment.

Since this report, Gloucestershire Care Services NHS Trust - the organisation which runs the MIIUs - has successfully addressed most of these issues. For example, clinical leadership has been significantly strengthened in the MIIUs which has further enhanced quality and safety. Also, new staffing arrangements have been introduced so that initial triage is now always undertaken by a fully qualified professional.

However, on-going challenges to fulfilling the current MIIU opening hours, are impacting upon the Trust's ability to consistently deliver high quality, safe services (for more details, see pages 4-6).

These challenges mean that the current levels of MIIU service can no longer be provided.

The Trust has therefore chosen to launch a review. This will seek public feedback on three options for the immediate future of MIIUs, summarised below.

Option	Impact		
	N. Cotswolds, Tewkesbury & Vale MIIUs	Stroud & Cirencester MIIUs	Lydney & Dilke MIIUs
Option 1	None	Close at 8pm	Close at 8pm
Option 2	None	Close at 11pm	None
Option 3	None	Close at 11pm	One MIIU to close at 8pm

In undertaking this review, the Trust acknowledges a number of other strategic reviews across the county (see page 6), and that longer-term, these may prompt further change. However, it is critical for the Trust to take action now in order to maintain the safety and quality of its MIIU services.

Discussions regarding this review's options have already been held with the Gloucestershire Clinical Commissioning Group which is liaising with local GPs on this matter.

Discussions with the public will continue until 31 August 2016. A final decision will be made by the Trust Board at its meeting on 20 September 2016.

This review is not about cost-cutting, as each option requires additional investment of between £210,000 and £460,000. Rather, it is intended to ensure the best quality, consistent MIIU service for the people of Gloucestershire.

Reasons for change

There are four key reasons why this review is needed:

a) Nurse recruitment

Prior to the CQC inspection in June 2015, the county's MIIUs were staffed by a combination of Emergency Nurse Practitioners (ENPs), qualified nurses and Healthcare Assistants (HCAs), often with only an ENP and HCA per shift for the smaller sites. However, the CQC raised concerns not only about there being insufficient numbers of qualified staff on hand, but also about the competency of HCAs to potentially triage people on arrival. As a result, the MIIUs now have at least two qualified nurses on duty at all times, one of whom is always an ENP.

However, these new staffing arrangements have created additional challenges. As with most other NHS organisations across the UK, the Trust is currently finding it difficult to recruit nurses and particularly those with specialist skills such as ENPs: also, many nurses are now looking towards retirement. Although the Trust is taking every step possible to attract new staff, qualified nurses and especially ENPs are in short supply nationwide.

It is due to this lack of available staff that the Trust has needed to temporarily close the MIIUs 142 times in the period December 2015 - May 2016 (on all occasions, the Trust sought to secure agency staff before making the decision to close). 94% of these closures have been at the Stroud and Cirencester MIIUs, which are both currently open 24 hours, with the majority of closures being overnight.

Additionally within this six month period, a minimum of 44 shifts in Stroud and Cirencester alone were covered by agency staff, which creates additional risk to quality and service user safety.

It is proposed that by changing the opening hours of the MIIUs, the Trust could alleviate these staffing difficulties. This would result in the ENPs and other colleagues being reallocated from overnight cover where very few people are seen (see Chart 1 opposite) to daytime shifts where their skills can be better deployed.

b) Value for money

Although there continues to be an overall increase in the use of MIIUs (i.e. attendances increased by 7% in 2015-16 compared to 2014-15), the numbers of people attending from 8pm onwards remains relatively small. This is illustrated in Charts 1 and 2 below:

CHART 1:
Full year attendances at Cirencester and Stroud

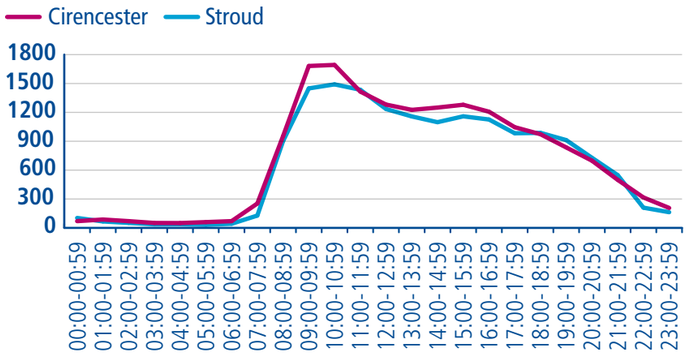
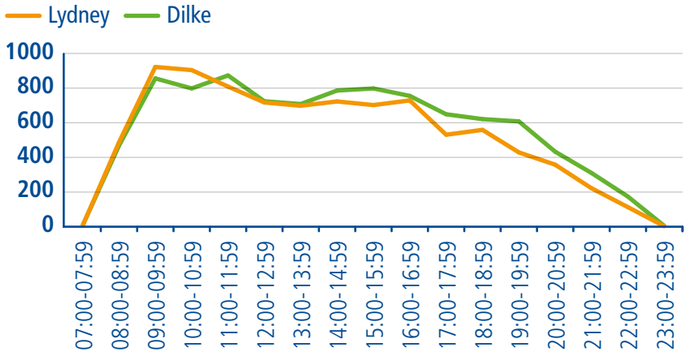


CHART 2:
Full year attendances at Lydney and the Dilke



As can be seen in Chart 1, attendances between 11pm and 8am are comparatively few i.e. in 2015-16, there were an average 4.49 attendances per night between 11pm and 8am at Stroud and Cirencester combined (or 0.25 people per hour per site), compared to 87.06 attendances at both sites combined 8am-11pm (or 2.90 people per hour per site). Nevertheless despite the low numbers, the overnight service still requires a full staffing complement which does not offer best value for money.

In the Forest of Dean (see Chart 2), there were an average 4.43 attendances per night between 8pm and 11pm at Lydney and the Dilke combined (or 0.74 people per hour per site), compared to 50.64 attendances at both sites combined 8am-8pm (or 2.11 people per hour per site). This would suggest that there is sufficient capacity to handle demand in just one of the MIIUs after 8pm, and that to keep both open until 11pm does not provide good use of resources, especially as the two sites are less than 9 miles apart.

c) Right place for care

Whilst there is no doubt that MIIUs offer a clear option for people with urgent healthcare needs, it is also important to ensure that those people who do attend the Units are in the best place to receive care.

Therefore before launching this review, the Trust's Medical Director looked at the details of people who attended the MIIUs in 2015-16, with particular focus upon those attending outside 8am-8pm. This analysis was then further supported by a series of clinical audits.

Together, these assessments concluded that 90% people attending MIIUs between 11pm and 8am, were either sufficiently well and could have seen their GP the following day, or were seriously ill and should have gone immediately to an acute hospital. Therefore, it would seem that the overnight service is not always the best option for local people. Equally however, this review does recognise that by reducing access to MIIUs, there may be some additional minor pressure upon other parts of the urgent care system: this impact has already been discussed with the Trust's partners.

d) Recognisable opening times

There are currently three different operating hours for MIIUs in Gloucestershire, which can create difficulties for recognition and understanding of what services are available at what times. This is of course, impacted further when there are temporary closures as described on page 4.

It is therefore suggested that greater consistency in operating times countywide would hugely benefit public awareness of service availability.

Other local strategic reviews

In undertaking this review, the Trust is mindful that other initiatives are currently being explored within Gloucestershire, and that any proposed solution to MIIU challenges, should align to these additional strategies. These include:

- a review of all urgent care services, including Emergency Departments, out-of-hours services as well as MIIUs, which is being led by the Gloucestershire Clinical Commissioning Group;
- a review of the future of health and social care services in the Forest of Dean, being led jointly by the Gloucestershire Clinical Commissioning Group and the Trust.

Option 1: to change the opening hours of all seven MIIUs to 8am-8pm

This would mean changing the hours of operation at the following MIIUs:

- Cirencester and Stroud MIIU from 24 hours to 8am-8pm
- Lydney and the Dilke MIIU from 8am-11pm to 8am-8pm

The MIIUs at North Cotswolds, Tewkesbury and Vale would be unaffected as they are already open 8am-8pm

Reason for change (see pages 4-6)	Option analysis
Nurse recruitment	Would significantly reduce the challenge of recruitment by having fewer shifts to cover: would also address the problem of recruiting nurses to work an overnight shift which is very unrewarding, given the low numbers of people seen
Value for money	Would provide better value for money by focusing service delivery upon those hours of day when demand is highest. Would ensure availability of the most skilled and experienced nurses during the day, making the most effective and efficient use of the ENPs
Right place for care	Could create additional minor pressures upon partner organisations (such as South Western Ambulance Service NHS Foundation Trust and Gloucestershire Hospitals NHS Foundation Trust which runs Gloucestershire Royal and Cheltenham General Hospitals): however, would support people to be seen in the right setting especially during the period 11pm-8am
Recognisable opening times	Would provide absolute consistency of opening hours across Gloucestershire, resulting in MIIU availability being fully equitable to all people within the county
Other	May not fully align to other countywide plans, in particular those for urgent care and the Forest of Dean

Option 2: to change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm

This would mean changing the hours of operation at the following MIIUs:

- Cirencester MIIU from 24 hours to 8am-11pm
- Stroud MIIU from 24 hours to 8am-11pm

The MIIUs at North Cotswolds, Tewkesbury, Vale, Lydney and the Dilke would be unaffected

Reason for change (see pages 4-6)	Option analysis
Nurse recruitment	Would reduce the challenge of recruitment by having fewer shifts to cover: would also address the problem of recruiting nurses to work an overnight shift which is very unrewarding, given the low numbers of people seen
Value for money	Would provide improved value for money by removing overnight cover in the two 24 hour sites, which is extremely expensive to operate, but which sees few service users: would also ensure availability of the most skilled and experienced nurses during the day, making more effective and efficient use of the ENPs
Right place for care	Would support people to be seen in the right setting, given that only 10% attendances after 11pm are appropriate, equating to 165 people per year across both sites or approximately 3 people per week
Recognisable opening times	Would provide improved consistency of opening times across Gloucestershire
Other	May not fully align to other countywide plans, in particular those for urgent care

Option 3: to change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm, and also the opening hours of either Lydney or the Dilke to 8am-8pm

This would mean changing the hours of operation at the following MIIUs:

- Cirencester and Stroud MIIU from 24 hours to 8am-11pm
- Lydney or the Dilke MIIU from 8am-11pm to 8am-8pm

The MIIUs at North Cotswolds, Tewkesbury, Vale, and Lydney or the Dilke would be unaffected

Reason for change (see pages 4-6)	Option analysis
Nurse recruitment	Would reduce the challenge of recruitment by having fewer shifts to cover: would also address the problem of recruiting nurses to work an overnight shift which is very unrewarding, given the low numbers of people seen
Value for money	Would provide improved value for money by removing overnight cover in the two 24 hour sites, which is extremely expensive to operate, but which sees few service users: would also address the concern that there is insufficient activity at Lydney and Dilke to justify both remaining open until 11pm. Would also ensure availability of the most skilled and experienced nurses during the day, making more effective and efficient use of the ENPs
Right place for care	Would support people to be seen in the right setting, given that only 10% attendances after 11pm are appropriate, equating to 165 people per year across both sites or approximately 3 people per week
Recognisable opening times	Would provide improved consistency of opening times across Gloucestershire
Other	May not fully align to other countywide plans, in particular those for the Forest of Dean

How to find out more

To find out more about the options for MIIUs, Trust representatives will be visiting the following venues between 13 July and 31 August 2016*:

Locality	Venue	Form	Date	Time
Forest of Dean	Cinderford Triangle, High Street, Cinderford GL14 2SH	Information bus	Wednesday 13 July	10:00-11:30
	Lydney and District Hospital, Lydney GL15 5JE	Information bus at the Friends of Lydney Hospital fete	Saturday 16 July	From 14:00
	The Main Place, Old Station Way, Coleford GL16 8RH	Drop-in	Monday 1 August	15:00-16:00
	Coleford Market Place, Coleford GL16 8AA	Information bus at the Clock Tower Roundabout	Thursday 18 August	13:30-15:00
Stroud	Stroud Holy Trinity Church, Trinity Road, Stroud GL5 2HX	Drop-in	Thursday 28 July	15.15-16.30
	Stroud Holy Trinity Church, Trinity Road, Stroud GL5 2HX	Drop-in	Tuesday 2 August	15:00-16.30
	11 King Street, Stroud GL5 3BX	Information bus	Monday 22 August	10:00-11:30

*The Trust will also be undertaking some targeted engagement with key stakeholder groups throughout the review period.

Locality	Venue	Form	Date	Time
Cirencester	Corinium Museum, Park Street, Cirencester GL7 2BX	Drop-in	Wednesday 27 July	11.15-12.30
	Corinium Museum, Park Street, Cirencester GL7 2BX	Drop-in	Tuesday 9 August	11.00-12.30
	Cirencester Hospital, Tetbury Road, Cirencester GL7 1UY	Information bus	Friday 26 August	13:30-15:00
Gloucester	Southgate Street, Gloucester GL1 2DH	Information bus	Monday 18 July	10:00-11.30
	Friendship Café, Gloucester GL4 6PR	Drop-in	Thursday 18 August	10:00-11.30
Cheltenham	173 High Street, Cheltenham GL50 1DF	Information bus	Friday 19 August	10:00-11:30
North Cotswolds	The Square, Stow-on-the-Wold GL54 1AB	Information bus	Monday 8 August	10:00-11:30
Tewkesbury	Spring Gardens, Oldbury Road, Tewkesbury GL20 5DN	Information bus	Friday 5 August	10:00-11:30
Dursley	Outside Post Office, Silver Street, Dursley GL11 4BN	Information bus	Thursday 4 August	10:00-11:30

Additionally, you can visit our website at www.glos-care.nhs.uk

Also look out for discussions on social media (Facebook, Twitter) including a Twitter Chat on 8 August and 24 August, both at 13:00-15:00 #MIIUreview

Gloucestershire Care Services NHS
NHS Trust

How to register your preference

Reply-paid cards have been distributed alongside this information booklet, which you can use to register your preference for option 1, 2 or 3 as described. You can leave the card either at the site from where you collected it, or else you can return it to the Trust using the pre-paid address.

Alternatively, you can register your choice via the Trust website (www.glos-care.nhs.uk)

All responses must be received by the Trust by midnight on 31 August 2016.

Gloucestershire Care Services NHS Trust
Edward Jenner Court
1010 Pioneer Avenue
Gloucestershire Business Park
Brockworth, Gloucester GL3 4AW

Call: 0300 421 8100
Email: miiureview@glos-care.nhs.uk
Visit: www.glos-care.nhs.uk

MIU review
MINOR INJURIES & ILLNESS UNITS' REVIEW

This brochure is available in different languages and formats upon request: please email miiureview@glos-care.nhs.uk for details.

MIIU review

MINOR INJURIES & ILLNESS UNITS' REVIEW

Gloucestershire Care Services NHS

NHS Trust

To inform a review about the future of Gloucestershire's Minor Injuries and Illness Units (MIIUs), please indicate your **ONE** preferred choice from the following three options:

☐ **Option 1:** Change the opening hours of all seven Gloucestershire MIIUs to 8am-8pm

☐ **Option 2:** Change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm

☐ **Option 3:** Change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm, and also the opening hours of one of the MIIUs in the Forest of Dean (either Lydney or the Dilke) to 8am-8pm

Please use the area below to make any additional comments:

An information booklet giving more details is available from wherever you collected this reply-paid card

You can either return this card to the Trust by post using the Freepost address over, or leave it in one of the post-boxes within the 7 Gloucestershire community hospitals.

Alternatively, you can complete this survey via the Trust's website at www.glos-care.nhs.uk

All responses must be received by the Trust by midnight on 31 August 2016.

Please also complete the following:

My age: 0-16 17-34 35-50 51-65 65-80 80+

First part of home postcode (i.e. GL15): .....

My occupation is: .....

Gloucestershire Care Services NHS
NHS Trust

Review of Minor Injuries and Illness Units in Gloucestershire

Tuesday 12 July 2016

Paul Jennings
Chief Executive

Understanding you

Overview

Gloucestershire's Minor Injuries and Illness Units (MIIUs) offer timely support to people with urgent, but not life-threatening, healthcare needs.

MIIUs provide care and treatment for:

- bites
- cuts and wounds
- minor eye injuries
- minor fractures
- minor head injuries
- minor illnesses
- skin problems such as rashes
- sprains
- stings and infections etc.

Overview

In Gloucestershire, MIIUs are located in each of the seven community hospitals:

Hospital	Current MIIU opening times
1. Cirencester Hospital	24 hours
2. Dilke Memorial Hospital	8am-11pm
3. Lydney and District Hospital	8am-11pm
4. North Cotswolds Hospital	8am-8pm
5. Stroud General Hospital	24 hours
6. Tewkesbury Community Hospital	8am-8pm
7. Vale Community Hospital	8am-8pm

Overview

In 2015-16, performance of the county's seven MIIUs was largely positive as demonstrated below:

Performance indicator	National target	Performance 2015-16
Percentage of people seen, treated and discharged by an MIIU within 4 hours	95%	99.8%
Average length of time spent by someone in an MIIU from arrival to departure	Less than 4 hours	2 hours 20 minutes
Average time before the initial assessment for someone arriving at an MIIU by ambulance	Less than 15 minutes	17 minutes
Average time to treatment in an MIIU	Less than 60 minutes	21 minutes
Percentage of people who left an MIIU without being seen	Less than 5%	0.7%

Care Quality Commission (CQC)

In June 2015, the CQC undertook an independent assessment of the county's MIIUs, and concluded that they required improvement. This was due to the need to ensure that:

- MIIUs are consistently staffed by sufficient numbers of suitably qualified, experienced and skilled staff
- people arriving at MIIUs receive prompt assessment ("triage") by a registered nurse
- MIIU staff receive regular training
- MIIU equipment, medical devices and medicines are regularly checked
- organisational systems are in place to assure high quality, effective and safe care and treatment.

The Trust has successfully addressed most of these issues.

Reasons for change

There are four key reasons why this review is needed:

1. Nurse recruitment
2. Value for money
3. Right place for care
4. Recognisable opening times

Other local strategic reviews:

- A review of all urgent care services, including Emergency Departments, out-of-hours services as well as MIIUs, which is being led by the Gloucestershire Clinical Commissioning Group (GCCG)
- A review of the future of health and social care services in the Forest of Dean, being led jointly by the GCCG and the Trust.

Options

1	**to change the opening hours of all seven MIIUs to 8am-8pm**	This would mean changing the hours of operation at the following MIIUs: • Cirencester and Stroud MIIU from 24 hours to 8am-8pm • Lydney and the Dilke MIIU from 8am-11pm to 8am-8pm ***The MIIUs at North Cotswolds, Tewkesbury and Vale would be unaffected as they are already open 8am-8pm***
2	**to change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm**	This would mean changing the hours of operation at the following MIIUs: • Cirencester MIIU from 24 hours to 8am-11pm • Stroud MIIU from 24 hours to 8am-11pm ***The MIIUs at North Cotswolds, Tewkesbury, Vale, Lydney and the Dilke would be unaffected***
3	**to change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm, and also the opening hours of either Lydney or the Dilke to 8am-8pm**	This would mean changing the hours of operation at the following MIIUs: • Cirencester and Stroud MIIU from 24 hours to 8am-11pm • Lydney or the Dilke MIIU from 8am-11pm to 8am-8pm ***The MIIUs at North Cotswolds, Tewkesbury, Vale, and Lydney or the Dilke would be unaffected***

Next steps

Engagement events being held across the county between 13 July and 31 August 2016.

The public will be able to register their preference via:

- Reply-paid cards
- Alternatively, they can register their choice via the Trust website (www.glos-care.nhs.uk)

All responses must be received by the Trust by midnight on 31 August 2016.

Thank you.