Gloucestershire Care Services **NHS**

NHS Trust

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

Meeting to be held on Tuesday 11 March 2014
in the Coopers & Malvern Training Rooms, Edward Jenner Court

AGENDA (PART 1)

Iten		Presenter	Timing
1.	**Apologies**	Chair	10.00
2.	**Declaration of Interests**	Chair	
3.	**Minutes of the Meeting held on 21 January 2014**	Chair	10.05
4.	**Matters Arising (Action Log)**	Chair	10.10
5.	**Questions from the Public** *Questions relating to items on the agenda only should be provided in advance to the Board Secretary by 12noon on Monday 10 March 2014*	Chair	
6.	**Chair's Report**	Chair	10.20
7.	**Chief Executive's Report**	Chief Executive	10.30
Governance, Quality and Safety			
8.	**Quality Report**	Director of Nursing	10.40
9.	**Learning Disabilities Action Plan**	Director of Nursing	10.55
Service Delivery and Performance			
10.	**Service User Experience Report**	Director of Project Development & Strategy	11.10
Refreshment/Comfort Break – 11.25am			
11.	**Quality & Performance Report**	Director of Finance / Director of Nursing	11.40
12.	**Finance Report**	Dirrector of Finance	11.55

13.	**Update on 2014/15 CIPs**	Director of Finance	12.10
Ratification of Strategies			
14.	**IT Strategy**	Director of Finance	12.20
15.	**Risk Management Strategy**	Board Secretary	
16.	**Clinical and Professional Care Strategy**	Director of Nursing / Medical Director	
17.	**Communications and Engagement Strategy**	Director of Project Development and Strategy	
18.	**Estates Strategy**	Director of Finance	
Information			
19.	**Integrated Governance & Quality Committee update (Parts 1 & 2)**	Chair of IGQC	12.35
20.	**Performance & Resources Committee update**	Chair of P&R	12.40
21.	**Board Development Forward Plan**	Board Secretary	12.45
22.	**Any Other Business**	Chair	12.55
23.	**Date of Next Public Meeting** *Tuesday 20 May at 9.30am at Hesters Way Community Resource Centre, Cassin Drive, Cheltenham, GL51 7SU*		

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

Gloucestershire Care Services **NHS**
NHS Trust

Meeting of
Gloucestershire Care Services
NHS Trust Board

Papers for Meeting to be held at
9.30am on Tuesday, 11 March 2014 in the
Coopers & Malvern Training Rooms, Edward Jenner Court,
Pioneer Avenue, Gloucester Business Park

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

Minutes of the Meeting held on Tuesday, 21 January 2014 at Dowty Sports and Social Club, Down Hatherley

Voting Board Members	
Ingrid Barker (IB)	Chair
Joanna Scott (JS)	Non-Executive Director, Vice Chair
Paul Jennings (PJ)	Chief Executive
Rob Graves (RG)	Non-Executive Director
David Harwood (DH)	Non-Executive Director
Sue Mead (SM)	Non-Executive Director
Liz Fenton (EF)	Director of Nursing
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive
Jo Bayley (JB)	Medical Director
Board Attendees (Non-Voting)	
Susan Field (SF)	Director of Adult Services
Andrew Hall (AH)	Director (Project Development and Strategy)
Candace Plouffe (CP)	Director of Countywide and CYP Services
Tina Ricketts (TR)	Head of Human Resources
Chris Creswick (CC)	Designate Non-Executive Director
Tony Hicks (TH)	Councillor, Gloucestershire County Council
Duncan Jordan (DJ)	Chief Operating Officer, Gloucestershire County Council
In Attendance	
Jason Brown (JBR)	In lieu of the Board Secretary
Matt Blackman (MB)	Communications Officer
Jill Rowell (JR)	Minute Taker

Members of the public/observers
There were no members of staff or public in attendance.

Ref	Minute	Action
	Homeless Healthcare Team - 'Patient Story' presentation	
	The Chair welcomed Maggie Pugh (MP), Nursing Sister from the Homeless Healthcare Team, and Melanie Getgood (MG), Community Manager, and introduced them to the Board.	
	MP and MG proceeded to provide an overview of The Vaughan Centre, a one-stop shop for homeless and vulnerably housed people aged 18+, which opened in Gloucestershire in 2003. The Centre is currently accessed by approx. 70 people per day, and offers a multi-agency approach to homelessness and associated issues.	

	Three case studies were discussed, which profiled service users who had presented with combinations of substance and alcohol misuse, self-harming, physical and mental health problems, personality disorders, poor memory and sexual, physical or mental abuse. MP and MG described how it takes considerable time for the team to understand, and build trust with, its service users, and how the service relies heavily upon partnership agencies including the police. The Chair expressed thanks to MP, MG and the team for their expertise in dealing with challenging and complex clients, and recommended that colleagues give consideration as to how other Trust services could help the team.	
TB 001/14	**Agenda Item 1: Apologies** Apologies were recorded for Nicola Strother-Smith (Designate Non-Executive Director) and Simeon Foreman (Board Secretary).	
TB 002/14	**Agenda Item 2: Declarations of Interest** PJ informed the Board that he has been appointed an Official Associate of Capsticks Legal. This will henceforth be recorded within the Declarations of Interest Register.	**SAF**
TB 003/14	**Agenda Item 3: Minutes of the Meeting held on 10 December 2013** The Board received the minutes of the previous Board meeting which, subject to minor amendments, were **APPROVED**.	**SAF**
TB 004/14	**Agenda Item 4: Matters arising (Action Log)** The Board reviewed the Action Log, and noted where actions could now be closed. Where items could not be closed, the Board received a progress update, and these updates will be shown in the Log at the next Board meeting.	**SAF**

Minute Reference	Action Agreed	Lead Exec	Update for 21 January 2014
TB63/13	The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013	Foundation Trust Programme Managers	*It had been agreed by EF to defer the Strategy to the March Board, to allow sufficient time for further consideration by colleagues and the Integrated Governance and Quality Committee*

	Discussion also included consideration of a item omitted from the Action Log i.e. AH provided an update on the actions he had been requested to undertake by the Board in December with regard to the Trust's vision statement. Thus, further engagement with service users had taken place, which had served to endorse the Trust's proposed messages and visual identity. As a result, roll-out of the Trust's new branding has commenced this month. **The Board NOTED the updates to the Action Log.**	
TB 005/14	**Agenda Item 5: Questions from the Public** There were no public questions submitted prior to the Board.	
TB 006/14	**Agenda Item 6: Chair's Report** The Chair presented a verbal update report, focusing the Board's attention on the following areas: • stakeholders were thanked for their participation in the recent interviews for the role of Chief Executive. On behalf of the Trust, the Chair congratulated PJ on his appointment, and advised the Board that two Remuneration and Terms of Service Committees have since taken place in order to formalise appointment and contractual arrangements; • in December, the Chair attended a Learning Disabilities (LD) workshop, which had been attended by a wide range of staff and partner organisations. The event had provided further impetus to respond to the needs of people with learning disabilities, and a report will be prepared and presented to Board in March; • three staff projects have earned Innovation and Best Practice Awards 2014 from the Community Hospitals Association (CHA): the Chair expressed her congratulations to Sarah Warne, Caroline Holmes and Michelle Slater; • this year's quality visits to assess compliance with CQC Essential Standards have begun, with the Chair visiting Cirencester Hospital, Wheatridge Court Care Home (a County Council service for people with physical disabilities) and Stroud Hospital which recently achieved an excellent report from the CQC. **The Board NOTED the report.**	**IB**

TB 007/14	**Agenda Item 7. Chief Executive's Report**	
	The Chief Executive presented his report, and brought the following items to the Board's attention:	
	• the Listening into Action programme has now launched;	
	• for this year's NHS Change Day, all support staff in Edward Jenner Court will be encouraged to spend time in operational services to engage with colleagues and connect with activity on the frontline. Conversely, frontline staff will be invited into EJC, and via these experiences, the Trust aims to increase engagement between the two staff groups;	
	• detailed information is required for the Trust's 2014-16 plans, prior to submission to the NHS Trust Development Authority on 5 March. PJ requested that the Board note the required content for the submission, and that the Board delegate responsibility for the review and signoff of the plans to the Executive Team and the Performance and Resources Committee.	
	The Board NOTED the TDA requirements, and APPROVED delegation of signoff of the Trust's 2014-16 Plans to the Executive Team and the Performance and Resources Committee.	
TB 008/14	**Agenda Item 8: Quality Report**	
	EF presented the report, and brought the following items to the Board's attention:	
	• the Care Quality Commission (CQC) undertook a routine unannounced inspection of Stroud General Hospital on 27-28 November 2013. Detailed verbal feedback was provided following the visit, which was very complimentary. The final report was shared with the Trust on 23 December 2013, and subsequently published on the Trust's website;	
	• the Trust is looking to ensure learning from expected and unexpected deaths (in line with the Keogh recommendations) in order to inform and improve care delivery. The Medical Director has established and agreed a process for mortality reviews with the TDA that is appropriate for Community Hospital settings. This work will be reported on a regular basis to IGQC and Board.	**JB**
	• SF stated that the Trust must ensure an improved link and relationship with the Coroner, with which the Board agreed;	

	- a detailed gap analysis against the nine expectations of the NHS England publication "How to ensure the right people with the right skills, are in the right place, at the right time" will be presented to the Integrated Governance and Quality Committee, the Clinical Senate and Professional Cabinet, prior to submission of a report to Board in March 2014; - the 2012/13 annual report of Gloucestershire's NHS Stop Smoking Service was presented. The Chair will be writing to the team to formally acknowledge the report. **The Board NOTED the content of the Quality Report and the Gloucestershire Stop Smoking Annual Report 2012/13.**	**EF** **IB**
TB 009/14	**Agenda Item 9: Quality & Performance Report** GH presented the report, and brought the following items to the Board's attention: **Number of post 48 hour Clostridium Difficile Infections in Community Hospitals** - Year-to-date performance remains above trajectory at 16 cases compared to tolerance level of no more than 12. As a result, there is risk to the year-end delivery of target. However, performance in the last five months has shown a pattern of incidence within tolerance. **HPV Immunisation** - Performance in November shows that first immunisation rates are behind trajectory, and behind 2012/13 performance. This is reported to be due to local flooding and strike action. **Sexual Health – Psychosexual Medicine** - The service is reporting 76% against a target of 95% patients to be referred and treated within 8 weeks. Action plans are in place to address the under-performance. CP stated that the pathway for the service will be redesigned, and GH confirmed the planned introduction of triage at the front-door. **Number of acquired pressure ulcers** - 15 Grade 1 pressure ulcers were reported in November. Performance will be reviewed by the Matrons to identify why there has been an increase.	 **CP**

	Service Users receiving self-directed support and payments		
	• In November, 23.7% service users received self-directed support as direct payments, compared to the target of 26.6%. SF stated that this is most apparent in older adult populations. A deep-dive analysis is planned to understand and address the issue.	**SF**	
	Reassessments & Care Home Reviews		
	• There has been an increase in the number of service users overdue a community service reassessment from 451 in October, to 540 in November. There has also been a decrease in the number of reassessments completed compared to September - November 2012. IB recommended that a short-term working group should be established to look at the issue, consisting of Executive and Non-Executives. The Board agreed with the approach.	**SF**	
	Activity Monitoring		
	• The improved scorecard now includes detail of activity compared to plan for all of the services provided by the Trust.		
	The Board NOTED the content of the Quality and Performance Report, and requested that a working group be established to address the reassessment issue.		
TB 010/14	**Agenda Item 10: Finance Report**		
	GH presented the report and briefed the Board on key messages. Commercial in confidence detail regarding risk implications will be discussed at Part 2 of the Board meeting.		
	• For the full year, the Trust is still forecasting out-turn in line with budget.		
	• Confirmation has been received from the Trust Development Authority, that in the Trust's first year of operation, it will not be charged for public dividend capital.		
	• Neither of the properties shortlisted as possible centres to re-locate the Dental Service were deemed suitable, so the TDA has agreed that the corresponding funds can be rolled into next year.		
	The Board NOTED the content of the report.		

TB 011/14	**Agenda Item 11: Integrated Community Teams (ICTs)**	
	SF presented the report, and brought the following items to the Board's attention:	
	• the original implementation timetable as documented in the Case for Change is not achievable, and the earliest that the first phase of functionality (Rapid Response and SPCA) can commence in Gloucester is 22 January. Implementation for the Cheltenham locality is subsequently planned for March;	
	• a pause in the roll-out timetable, in order to evaluate the Gloucester and Cheltenham implementations, is still planned. Evaluation criteria for this pause period are yet to be agreed with the CCG.	
	The Board NOTED the content of the report, and requested a progress report for the next Board meeting.	**SF**
TB 012/14	**Agenda Item 12: Urgent Care Action Plan Update (paper cancelled, verbal report in respect of Discharge Activities)**	
	SF presented the report, and brought the following items to the Board's attention:	
	• the Trust is making contribution to the local health and social care community's Avoiding Admissions agenda;	
	• the Trust and GCC have been successful in securing £18k of national winter funds to support social workers to work consistently over weekend periods until 31 March 2014;	
	• an Integrated Discharge Programme Manager has been appointed.	
	The Board NOTED the content of the report.	
TB 013/14	**Agenda Item 13: Transforming Local Care Programme update (delivery of CIPs)**	
	AH presented the report, and brought the following items to the Board's attention:	
	• following the Transforming Local Care (TLC) Programme Board on 11 October, a review of the Trust's approach to priority change projects is underway with the support of Ray Bowden (Interim Programme Manager). Initial findings of the review were reported to the Executive Team in December;	

	• it was proposed that priority projects for TLC in 2014/15 should be (1) integrated community teams (2) community hospitals (3) cost improvement programmes, and (4) the Foundation Trust application programme. The Board **REJECTED** the proposals and suggested that the Executive Team undertakes further discussion to clarify future priorities, also giving consideration to Social Care priorities. **The Board RECEIVED the report, and requested further exploration of the priority projects for 2014/15.**	**AH**
TB 014/14	**Agenda Item 14: Public Sector Equality Duty Compliance and Annual Report** TR presented the report, and brought the following items to the Board's attention: • the report fulfils statutory responsibilities to provide an evidence-based analysis of the Trust's equality priorities; • the report highlights the priorities for the Trust which will be taken forward by the Equalities Steering Group. **The Board RECEIVED the report and APPROVED it for publication.**	
TB 015/14	**Agenda Item 15: Integrated Governance & Quality Committee update** As Chair of the Committee, SM provided a synopsis of the meeting held on 17 October 2013. In particular, it was noted that a revised approach to Quality Assurance (QA) visits will be explored, supported by the creation of a framework that will help to drive improvement throughout the Trust. **The Board NOTED the report and RECEIVED the minutes of 17 October.**	
TB 016/14	**Agenda Item 16: Audit and Assurance Committee update** As Chair of the Committee, RG provided a synopsis of the meeting held on 17 December 2013. It was highlighted that the quality of the service provided by the Shared Business Service (SBS) continues to be below acceptable levels. To this end, the SBS Account Manager will be meeting with the Trust on 22 January. Following this meeting, an update will be provided to the Executive Team. **The Board NOTED the report and RECEIVED the minutes of**	**GH**

	17 December.	
TB 017/14	**Agenda Item 17: Performance and Resources Committee update** As Chair of the Committee, DH provided a synopsis of the meeting held on 10 December 2013. In particular, it was noted that a presentation on progress in respect of the IT Strategy and the Performance and Information Strategy had been received, pending the documents' completion in February 2014. **The Board NOTED the report and RECEIVED the minutes of 10 December.**	
TB 018/14	**Agenda Item 18: Any Other Business** There were no other items for the Board's attention.	
TB 019/14	**Agenda Item 19: Date of Next Meeting** 9.30am - 4.00pm on Tuesday, 11 March 2014 in the Coopers and Malvern Training Rooms at Edward Jenner Court, Brockworth	

Chair's Signature ………………………………………...

Date ………………………………...…….

Gloucestershire Care Services NHS Trust Board Action Log

Minute Reference	Action Agreed	Lead Exec	Update for 21 January 2014	Proposed Close Date	Status
Actions Carried forward from Gloucestershire Care Services Operational Board					
6/11/12 – item 8.11	Operational Board agreed that a detailed study on stress within the organisation should be progressed. It subsequently agreed that an employee health and wellbing plan should be incorporated within the HR Strategy	Head of HR	Employee Health and Wellbeing Plan scheduled to be considered by Board in July. **However this will now be taken forward by the HR and OD Programme Board, with the aim of a draft HR Strategy to be submitted to the board in March 2014.**	Mar-14	Open
Gloucestershire Care Services NHS Trust Board Action Log					
TB43/13	Further to IiP Assessment report the Board agreed funding to progress undertaking the "top up" assessment and the Health and Wellbeing Framework	Head of HR	Progressing led by the Head of HR and overseen by HR and OD Programme Board. **TR advised IiP progress report will be considered by the HR/OD Programme Board in Jan 14 with an update being provided to the Board in March 14.**	Mar-14	Open

Minute Reference	Action Agreed	Lead Exec	Update for 21 January 2014	Proposed Close Date	Status
TB62/13	Board to review the progress of the Organisational Development Plan in January 2014	Head of HR	The Organisational Development Plan will be developed once the OD Strategy has been approved by the Board. **The draft OD Strategy is scheduled to be submitted to the December Board.** OD Plan and easy read version of OD Strategy to be taken to OD & HR Programme Board in January and brought to a future Board meeting	Mar-14	Open
TB63/13	The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013	Foundation Trust Programme Managers	*FT Programme Managers to add.* *Strategy to be presented to December Board.* *For January 2014 Board Timing has slipped – final draft to IGQC in February and to Board in March*	Mar-14	Open
TB76/13	Further work required to develop a quality dashboard drawing data from initiatives that can be measured and quantified and presented to October's IG&QC	Director of Nursing	Development of quality reporting to be reviewed in the context of the Government's response to Francis and reported to IGQC in December	Jan-14	Open
TB88/13	Board approved work be progressed to address identified cost pressures being offset by underspends.	Director of Finance	Issue of accruals totalling £6M generated by SBS requires unravelling by Management Accountants.	Jan-14	On-going

Minute Reference	Action Agreed	Lead Exec	Update for 21 January 2014	Proposed Close Date	Status
TB88/13	Pursue an agreed opening balance for GCS in line with the LTFM	Director of Finance	DH has rejected PCT's balance sheet split and agreement on Trust's opening balance delayed till nearer end of the year. Update to December Board. **Director of Finance and Jennifer Howells, NHS England to escalate similar problems. Update to January's Board.**	Jan-14	Closed
TB125/13	Present report on Charitable funds available and its uses for staff to Execs team and report to Board	Director of Finance		Mar-14	Open
TB128/13	The Board delegated authority to Performance & Resources Committee to review the Quality & Performance Report	Board Secretary		Dec-13	Closed
TB129/13	The Board delegated authority to Performance & Resources Committee to review theFinance Report	Board Secretary		Dec-13	Closed

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 11 March 2014
Location: Coopers & Malvern Training Rooms, EJC

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Agenda item 6: Chair's Report

<u>Board membership changes</u>

We are sorry to bid farewell to Non-Executive Director, David Harwood, at the end of March as he is leaving us to pursue his business interests abroad. David has made a very significant contribution to the organisation at a time of great challenge and change and I know the Board will wish to join me in thanking him warmly and wishing him well for the future. A new appointment has been made to fill this vacancy and I await formal approval by the Trust Development Authority. I hope to be able to announce details of the new Non-Executive Director at the Board meeting.

I am delighted to welcome Duncan Jordan to the Board in his new role as Chief Operating Officer, beginning on 1st April. Duncan joins us on secondment from Gloucestershire County Council and will significantly strengthen our approach to the delivery of integrated services.

<u>Gloucestershire Strategic Forum</u>

The Chief Executive and myself continue to participate fully in this important meeting of senior Health and Social Care figures in the county. GSF has recently supported the Clinical Commissioning Group's public engagement on the latest phase of its strategy development, 'Joining Up Your Care'. Several members of our Board have attended and contributed to these engagement exercises, the outcome of which is included in the Chief Executive's report.

<u>Dialogue with our stakeholders</u>

Involving the people we serve in our thinking and development continues to be a very high priority and I would highlight the following activities since the last Board:

- Healthwatch has sent us its most recent feedback on our services from service users which have been discussed within the Trust and at a meeting of Your Care, Your Opinion. I have met with the Chair of Healthwatch, Dr. Claire Feehily, to discuss this and other matters relating to their continuing and growing involvement in working with us.

- Your Care, Your Opinion, a committee which I chair and which includes some of our important service user and carer organisations, has a role in advising the Board on matters relating to patient experience and offers a forum for us to share early thinking on service developments and strategic direction for the Trust. The group has recently supported the proposal to relaunch the PALS (Patient Advice and Liaison Service) as the 'Service Experience Team'.

- The Health and Wellbeing Board is an important part of the new NHS architecture, offering a vital forum for joint strategic development and commissioning by Health and Social Care. I recently met with its new Chair, Cllr. Dorcas Binns, whose Cabinet responsibilities include commissioning of some of our services, including school nursing, sexual health screening and smoking cessation, to brief her on how we are approaching these aspects of our work. She will shortly be visiting these services.

- I was pleased to accompany the MP for Stroud, Neil Carmichael, on a visit to Stroud Hospital on 21st February.

- Together with executive colleagues, I regularly attend The Health and Care Overview and Scrutiny Committee. At its most recent meeting we have been pleased to discuss various aspects of our performance and service development including Integrated Community Teams and reablement.

- The Chief Executive and I host regular meetings with the Chairs of the Leagues of Friends of our community hospitals and the most recent one took place in February. We were able to brief them on a range of service developments as well as share early drafts of our new information leaflets for their input.

- I reported verbally at the last meeting that I had sponsored a recent workshop to consider how we might better understand and respond to the particular needs of people with learning disabilities who use our services. This workshop was supported by the input from the Learning Disabilities Partnership Board, including its co-chair who has a learning disability herself. A report on the outcomes of this workshop is included on today's agenda.

Engaging with our Trust Colleagues

A range of initiatives are taking place to ensure meaningful engagement of our colleagues across the Trust, including the Listening into Action Initiative being led by the Chief Executive. In addition, as Chair, I have been involved in the following:

- I was delighted to spend half a day with the Integrated Community Team in Gloucester and heard from colleagues of the impressive work they are undertaking. I was particularly pleased to hear of the progress of the new

Rapid Response and High Intensity Service now operating in that locality. It is clear that a number of people have been supported to stay at home with appropriate care when they might otherwise have been admitted to hospital. The team, under its leader Robert Walker, is to be congratulated on its evident commitment to innovation in pursuit of improving the lives of service users.

- At the time of writing, the Chief Executive and I are about to embark on our latest series of seven localities based meetings which are open to all colleagues across the Trust. A verbal report on this will be shared at the Board meeting.

- Since the last Board meeting I have received a note of concern from a Whistleblower through the Care First anonymised service. Since the report was anonymous it will not be possible to connect directly with the whistleblower but their concerns are being investigated.

National networks

The Trust continues to play its part on the national stage, particularly through the Foundation Trust Network of which I am a board member and the Aspiring Community Foundation Trust Network which has recently published an important paper through the Kings Fund on the significant contribution of community trusts in meeting the challenge of transforming services.

A number of board members have attended national FTN network meetings and, together with Sue Mead and Dr. Jo Bayley, I attended a national FTN conference which explored the approach now being taken by the Care Quality Commission, the Trust Development Authority and Monitor to the development and approval of trusts seeking Foundation Trust status. Board members have already been briefed on this event.

National procurement initiative

All Chairs and Chief Executives of Trusts recently received a letter from David Flory, Chief Executive of the Trust Development Authority, and Dan Poulter, MP, regarding a national procurement initiative. It builds on 'Better Procurement, Better Value, Better Care', published in August 2013, which outlines plans for how efficiency savings can be made through better procurement in the NHS. Each Trust has been asked to nominate a NED to take a particular interest in this work and Rob Graves has kindly agreed to take on this role. I would ask the Board to approve this nomination.

Ingrid Barker
Chair
March 2014

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 11th March 2014
Location: Coopers & Malvern Training Rooms, Edward Jenner Court

Agenda item 7: Chief Executive's Report

1. Floods Incident

Since the last report in January further heavy rain has continued to fall on already saturated ground. This has caused more flooding in areas across Gloucestershire, similar to that of 2012.

Our Integrated Community teams have ensured that our service users continued to receive services as usual by reviewing caseloads to identify vulnerable people living in areas prone to flooding and planning accordingly.

Appropriate levels of support had been planned and prepared in advance of the incident and only three requests for support to access service users through floodwater were received.

There has been no evidence of changed demand since the flooding in Out of Hours, Single Point of Clinical Access or Rapid Response activity

Staff continued to work within the parameters of our agreed policies i.e. Adverse Weather, and there has not been an increase in staff absence during this period plus no variation of impact over the 24 hour period. Many staff have experienced disruption in their journey to and from work and the Trust is grateful to all who have had to cope with this difficulty over a number of weeks.

GCSNHST have also worked as part of multi-agency group to ensure whole system approach where applicable. Attached at Appendix 1 – Trust response to the TDA.

2. Care Homes Support Team – visit by Andrea Sutcliffe, National CQC Adult Health and Social Care Chief Inspector – 20th February 2014

Following an invitation by our Care Homes Support Team (CHST), Andrea Sutcliffe, National CQC Adult Health and Social Care Chief Inspector, visited GCS on 20th February 2014.

The time that Andrea spent with the team was informative and interactive. She outlined a number of CQC developments that the CHST needed to be aware of, which included:

- 25,000 care homes to be inspected by March 2016

- The CQC "testing out" a new inspection approach with 250 care homes between now and the end of July and a further 1,000 care homes from July 2014, prior to full implementation on 1st October 2014.

- New care home rating schemes will be divided into:

  o **Requires improvement** and a re-visit within 6 months

  o **Adequate** and a re-visit within 12 months

  o **Good** and a re-visit within 18 months

  o **Outstanding** and a re-visit within 2 years

- A key part of care home inspections by the CQC will involve reviewing and getting an understanding of dementia pathways across the health and social care system – care homes will be integral to this.

- Developing a curriculum of learning for Health and Social Care Inspectors to ensure inspection consistency. This will involve 15 days of training per year for inspectors.

- The CHST were requested by Andrea to review the CQC recently published draft Lines of Enquiry Framework which they will do over the coming weeks.

3. **Getting "The Fosters Home" Week**

Integrated Community Team, Community Hospital, SPCA and integrated discharge team staff all supported a GCS Getting the Fosters Home week. This took place week commencing 10th February and followed wide internal communications and setting standards to achieve during that week. The week was successful and early indications (this is not exhaustive) included:

- 81 community hospital discharges during the week - although the 100 target was not reached, Lydney, North Cotswolds and The Vale Hospitals' discharges were above their target.

- 33.3% of Community Hospital discharges were before noon over the whole week which was a great improvement on benchmarking previous weeks at 20.2% and 15.9% - Friday 14th

February was the best day with 47.1% of discharges before noon. At hospital site level morning discharges were good at Tewkesbury Hospital 80%, the Vale Hospital 70% and the Dilke Hospital 66.7%.

- Calls handled by the Single Point Clinical Access (SPCA) during the Getting the Fosters Home week equalled 547 which was above the year to date average of 507.

Other learning points and clarification that need addressing in readiness for the second GCS focused Fosters week included, and again this is not exhaustive:

- What transport organisers can community hospitals use to transport patients out-of-county and how this process should work

- Defining what options are available when there is insufficient nursing home beds for people with dementia

- Identifying a clear process regarding any self-funding patients and length of time to select placement into a care home

- Ensuring that the reablement rotas are more widely communicated

- The daily conference calls that took place during the week was time consuming and a need to look for a simpler, electronic method of communicating the same and consistent information to all members of the conference call.

Overall, a great week of team working between hospitals and community teams. It also developed a better and shared understanding of how they could work more productively in the future – certainly something that needs to inform the community services and community hospital development work with commissioners. Thanks to all those staff who supported this work. The second GCS Getting the Fosters Home week is due to take place week commencing 10th March 2014.

4. Revised Establishment Order

The Establishment Order regulating the governance structure of the Trust, was revised with effect from 22nd January 2014.

The main changes were as follows:

- there was an increase in the number of Non-Executive Directors that the Trust may appoint, from 4 to 6 (this is in addition to the Trust Chair);

- the accounting (year-end) date was confirmed as the 31 March;

- information pre-dating the Trust's establishment as a standalone NHS provider Trust was revoked.

5.   Response to the Gloucestershire Clinical Commissioning Group proposal:

Joining Up Your Care in Gloucestershire

Gloucestershire Care Services NHS Trust (the Trust) thanks the Gloucestershire Clinical Commissioning Group for the opportunity to respond to this proposal.

The Trust is content for our response, as well as our name and address, to be made public.   We are also content for the Gloucestershire Clinical Commissioning Group to contact us in relation to this proposal.

The response was prepared on behalf of the Trust by Paul Jennings, Chief Executive Officer.

6.   **LiA update following the pulse check**

Verbal update to be given by Claire Powell, LiA Lead Co-ordinator, following the pulse check results.

7.   NHS Change Day

Verbal update by the Chief Executive following NHS Change Day on Monday, 3rd March 2014 - how successful was the day?

Paul Jennings
Chief Executive
March 2014

Attachment:
1. GCS response to TDA request for Trust specific flood update
2. Revised Establishment Order
3. Response to Joining Up Your Care in Gloucestershire

Adverse Weather and Flood Incident Impact Report

1. Purpose

The purpose of this paper is to advise of any health or social care impacts caused by the current adverse weather and flood incident.

2. Background

In Gloucestershire the preparation for Flood incidents on this level is handled cross three levels as follows:–

Local Resilience Forum (GLRF) – Multiagency – Gloucestershire geographic area – at Strategic and Tactical Co-ordinating Group the Health interests are represented by NHS England Area Team;

Local Health Resilience Partnership (LHRP) – subgroup of LRF – but which covers all health and social care provision. The Local Health Resilience Partnership: Health Community Response Plan (incl. Adverse Weather) was developed and signed off by member organisations during 2013.

Also, a Memorandum of Understanding (MOU) for GW4x4 Response has been agreed and signed off by Executive Directors for each LHRP member organisation.

Individual NHS organisations
Each individual organisation is expected to have developed business continuity plans for services. GCSNHST have developed plans, signed up to the MOU above but have also arranged for more severe weather support such as ex-military vehicles and ribs with outboard motors to be available.

3. Key Findings and Actions

Business Impact Assessments and planning were undertaken across the Gloucestershire Local Resilience Partnership during December 2013 in preparation for known High Tides and expected adverse weather.

Part of this work was a rolling programme of reviewing caseloads to identify vulnerable people living in areas prone to flooding. The table below shows the results of this planning:

	0-3 Days	4-7 days	8-10 Days
Direct impact that flooding is having on services within the Trust?	Nil – business continuity plans enabled continuity of services		
Impact on delivering targets	• Patient in travelling community needed medication - DN required assistance to access (through flood water and potential to require use of inflatable craft) – **completed** last visit 05/2/2014. • Minimal 4x4 use	• Identified one very young paediatric patient requiring **weekly** access (through flood water and may require use of inflatable craft)	Refresh review of caseloads
Wider health system issues impacts	Nil	Nil	Nil
Public Health Angle – Any way in which Trust is supporting higher risk patients groups	Nil District Councils had Rest Centres on standby – which would have required Nursing staff from GCSNHST. These have not been opened to date.		

In summary

- GCSNHST staff have managed to maintain business as usual for our service users
- Staff continued to work within the parameters of our agreed policies i.e. Adverse Weather
- There has been no evidence of changed demand since the flooding in Out of Hours, Single Point of Clinical Access or Rapid Response activity
- There has not been an increase in staff absence during this period plus no variation of impact over the 24 hour period.
- No illnesses have been linked specifically with flooding in the area
- Appropriate levels of support had been planned and prepared in advance of the incident.
- GCSNHST work in partnership with Gloucestershire County Council in maintaining service delivery across Integrated Community Teams.
- GCSNHST have worked as part of multi-agency group to ensure whole system approach where applicable.

4. Financial implications

Some minimal costs have been incurred to support frontline staff with access issues for critical patients/service users.

5. Risk Implications

Business Impact Assessments have been undertaken for the next 10 days and submitted to NHS England for Local Health Resilience Partnership planning under the following headings.

	0-3 Days	4-7 days	8-10 Days
Health of the community	Nil	Nil	Nil
Provision of healthcare to the community	• Identified one very young paediatric patient requiring **weekly** access (through flood water and may require use of high vehicle or inflatable craft) • Minimal 4x4 use	As previous	As previous
Public confidence/anxiety	Nil	Nil	Nil
Organisational reputation	Nil	Nil	Nil
Financial implications	• Minimal impact however will have to pay for assistance from 4x4 service and external provider	As previous	As previous

6. Next Steps

The current arrangements will continue while there are alerts in place across Gloucestershire. However, based on current forecasts we do not anticipate any impact on delivery of services.

Prepared by: **Julia Doyle, EPRR Officer**

Presented by: **Paul Jennings, Chief Executive**

19th February 2014

S T A T U T O R Y   I N S T R U M E N T S

2014 No. 000

NATIONAL HEALTH SERVICE, ENGLAND

The Gloucestershire Care Services National Health Service Trust (Establishment) Amendment Order 2014

Made	-	-	-	-	*[xxxxx 2014]*
Coming into force	-	-			*[xxxxx 2014]*

The Secretary of State for Health makes the following Order in exercise of the powers conferred by sections 25(1), 272(7) and 273(1) of the National Health Service Act 2006(**a**).

In accordance with section 25(3) of that Act, the prescribed consultation has been completed(**b**).

Citation, commencement and interpretation

1.—(1) This Order may be cited as the Gloucestershire Care Services National Health Service Trust (Establishment) Amendment Order 2014 and comes into force on [xxxx 2014].

(2) In this Order, "the Establishment Order" means the Gloucestershire Care Services National Health Service Trust (Establishment) Order 2013(**c**).

Amendment of article 1 of the Establishment Order

2. In article 1 of the Establishment Order (citation, commencement and interpretation), in paragraph (2) omit the definition of "operational date".

Amendment of article 4 of the Establishment Order

3. In article 4(1) of the Establishment Order (directors of the trust), for "4 non-executive directors" substitute "6 non-executive directors".

Amendment of article 5 of the Establishment Order

4. For article 5 of the Establishment Order (operational date and accounting date of the trust) and the heading to that article, substitute—

"**Accounting date of trust**

5. The accounting date of the trust shall be 31st March.".

(**a**) 2006 c.41.
(**b**) See S.I. 2010/743, as amended by S.I. 2013/235.
(**c**) S.I. 2013/531.

Revocation of articles 6 and 7 of the Establishment Order

  5. The following articles of the Establishment Order are revoked—

  (a)   article 6 (limited functions before operational date); and

  (b)   article 7 (assistance by strategic health authority before operational date).

Signed by authority of the Secretary of State for Health

Name
Minister of State
Date   Department of Health

EXPLANATORY NOTE

(This note is not part of the Order)

This Order amends the Gloucestershire Care Services National Health Service Trust (Establishment) Order 2013, which established the Gloucestershire Care Services National Health Service Trust.

Article 2 omits the definition of "operational date" as the trust is already established.

Article 3 increases the number of non-executive directors of the trust from 4 to 6. This is in addition to the chairman.

Article 4 amends article 5 of the Establishment Order to refer only to the accounting date, as the operational date is of no ongoing relevance.

Article 5 revokes articles 6 and 7 of the Establishment Order as they relate to the period before the operational date and are of no ongoing relevance.

March 2014

Response to the Gloucestershire Clinical Commissioning Group proposal:

Joining Up Your Care in Gloucestershire

Gloucestershire Care Services NHS Trust (the Trust) thanks the Gloucestershire Clinical Commissioning Group for the opportunity to respond to this proposal.

The Trust is content for our response, as well as our name and address, to be made public. We are also content for the Gloucestershire Clinical Commissioning Group to contact us in relation to this proposal.

The response was prepared on behalf of the Trust by Paul Jennings, Chief Executive Officer.

Paul Jennings

Chief Executive Officer

Gloucestershire Care Services NHS Trust:

Response to Joining Up Your Care in Gloucestershire

The aims and intentions of the proposal's shared vision and ambitions for the next five years are admirable and are welcomed by the Trust.

Statement	Response
Vision	It is impossible to disagree with the immense importance of the shared vision in order to work together effectively and respectfully to serve the local community.

Our Ambitions	The Trust has long advocated better integration of services to enable improved healthcare to be delivered.
	
	The "Our Ambitions" proposal should consider:
	   a. Reference to improving and integrating advice and information services so people know what to do and where to get help.
	   b. Emphasis on integrated service provision that provides the right support at an early stage so that people can live as independently as possible.
	   c. Emphasis on tackling the underlying social factors affecting inequalities in health and wellbeing.

How are we going to work together to make all this happen	The Trust is encouraged by better integration of health care provision, and would further suggest the development of services which will provide specialised reactive support to people when they have a crisis that helps them back to independence as quickly as possible, to avoid high intensity hospital-based treatment or long-term institutional or home-based care. This would enable services to be provided by a combination of agencies working together, and will often involve alternatives to hospital treatment or a long-term paid carer. Additional emphasis should be considered in expanding support in communities to prevent people from needing help from acute or long-term services, and to help people manage long-term conditions or disability. This shift will mean that longer-term patterns of demand for acute and emergency services etc. on which the system is currently focused will change, and formal health and social care treatment and support will build on a base of community-provided support and be primarily focussed on short-term interventions.

Gloucestershire Care Services NHS Trust Board

Title:	Quality Report	11 March 2014
Agenda Item:	8	
Purpose of Paper:	The purpose of this report is to provide the Board with assurance and oversight of key aspects of clinical quality across Gloucestershire Care Services NHS Trust (GCS). This report is complimentary to the quantitative data supplied within the quality and performance dashboard and provides evidence of the steps taken to support the achievement of our strategic objectives	
Key Points:		
Options and decisions required	The Board is asked to receive this report and specifically to: • **Approve** the Delivering Same Sex Accommodation: Annual Statement of Compliance 2014/15 • **Note** the GCS response to the review of the NHS Hospitals Complaints Process (2013) • **Note** the SIRI report and delegate authority to review the RCA documents and action plans to the IGQC • **Note** the developmental work in progress to ensure we effectively support our service users who have a learning disability	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x
Next steps/future actions	• Following approval by Board the publication of the 2014/15 statement of compliance on the Trust website	

	• The SIRIs to be monitored by the IGQC to ensure all steps are taken to ensure lessons learnt are implemented

Author name and title	Liz Fenton **Director of Nursing**	**Director Name and Title**	Liz Fenton **Director of Nursing**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 11 March 2014
Location: Coopers & Malvern Training Rooms, EJC

Agenda item 8: Quality Report

1. Purpose
The purpose of this report is to provide the Board with assurance and oversight of key aspects of clinical quality and patient safety within Gloucestershire Care Services NHS Trust (GCS). This report is complimentary to the quantitative data supplied within the quality and performance dashboard and provides evidence of the steps taken to support the achievement of the following strategic objectives:

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

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

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

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

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

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

2. Recommendations
The Board is asked to receive this report and specifically to:

- **Approve** the Delivering Same Sex Accommodation: Annual Statement of Compliance 2014/15
- **Note** the GCS response to the review of the NHS Hospitals Complaints Process (2013).
- **Note** the SIRI report and delegate authority to review the RCA documents and action plans to the IGQC
- **Note** the developmental work in progress to ensure we effectively support our services user who have a learning disability

3. Delivering Same Sex (gender) Accommodation. (DSSA)

GCS NHS Trust must annually make a statement of compliance with the requirements of the Government policy to deliver same sex accommodation. Within the Trust we monitor our compliance with this standard on a monthly basis and report through our quality and performance dashboard, for the period of 2013/14 and (to date) we have recorded no breaches.

Delivering Same Sex Accommodation: Statement of Compliance for 2014/15

The Gloucestershire Care Services NHS Trust is pleased to confirm that we are compliant with the Government's requirement to eliminate mixed sex accommodation, except where it is in the patient's best interest or reflects personal choice. We have the necessary facilities, resources and culture to ensure that patients admitted to our hospitals will only share the room where they sleep with members of the same sex and same sex toilet and bathroom facilities will be close to their bed area. Sharing with a member of the opposite sex will only happen where it is clinically necessary, for example, where specialist equipment is required, as in the recovery area of theatre or where patients actively choose to share, for example if a married couple are admitted.

If our care should fall short of the requirement, we will report it. We have set up a reporting mechanism to make sure we do not misclassify any of our reports and will report any breaches to our Integrated Governance & Quality Committee and in our Annual Quality Account.

Same sex accommodation means:
- The room/bay where your bed is will only have patients of the same sex as you
- The toilet and bathroom, will be just for your gender and will be close to your bed area

You may share some communal areas, such as day rooms, and it is very likely you will see both men and women as you move around the hospital, for example, to X-ray.

If you need help to use the toilet or bathroom (needing a special hoist or bath) then you may be taken to a "unisex" bathroom, but a member of staff will be with you and other patients will not use these facilities at the same time.

The NHS will not turn patients away just because the "right sex" bed is not immediately available.

4. A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture

The publication of the Public Inquiry into Mid Staffordshire Hospital (Francis, 2013) prompted a review of NHS Hospitals' complaints handling. The review was co-chaired by the Rt. Hon Ann Clwyd MP and Professor Tricia Hart and resulted in the public in October 2013 of the document Putting Patients Back in the Picture.

GCS NHS Trust is committed to listening to those that use our services and ensuring that where the care we offer falls short that we respond sensitively and ensure learning takes place to reduce the risk of recurrence.

The Trust has considered the recommendations made in the report and the Director of Strategy has considered these alongside our local processes (Appendix 1) to ensure that we are effectively implementing all those recommendations that apply to provider trusts across all our services.

Serious Incidents Requiring Investigation
Serious incidents requiring investigation (SIRI) were defined by the National Patient Safety Agency (2010) as an incident occurring in NHS funded services (including community services) which result in one or more of the following:

- An unexpected or avoidable death or severe harm of one or more patient, staff or members of the pubic
- A never event as defined in the never events framework
- A scenario that prevents or threatens an organisation's ability to deliver healthcare services
- Allegations or incidents of physical abuse and sexual assault or abuse
- Loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

All such SIRIs are reported on the national database which supports the widespread sharing of learning and detailed root cause analysis is undertaken. Such reports and action plans are reviewed by the Integrated Governance Committee. All such events are reported to the National Trust Development Authority and Gloucestershire Clinical Commissioning Group.

At the time of this report GCS NHS Trust has two SIRIs that are under investigation which relate to:

- The care and treatment of a patient attending a Minor Injury Unit (MIU) in December 2013, who, following discharge deteriorated and required admission to an acute care facility. A root cause analysis has been undertaken, led by a Consultant in Emergency Medicine and an action plan has been developed to ensure learning is shared across all our MIUs.
- A young person attending the out of hours dental clinic in January for the emergency treatment of pain in the lower left decayed permanent molar, had the lower right decayed permanent molar removed. This incident constitutes a never event. To ensure all lessons are learned, an independent expert was commissioned to undertake the review which will result in changes to the services' clinical protocols in order to reduce the risk of recurrence.

5. Supporting Service Users who have a Learning Disability
Our goal is to ensure that all service users receive good care; however those with a learning disability may have more health problems than other people. We would wish to ensure we provide an equal service.

Healthcare for All (Sir Jonathan Michael, 2008), an independent inquiry report into access to healthcare for people with a learning disability was commissioned following the publication by Mencap of "Death by Indifference" which looked at the experiences of six families whose relatives had died. This report recognises that what matters to those with a learning disability is to be included as equal citizens and have equal rights of access to services.

As we establish our new Trust we are committed to ensuring good practice in care for all and in recognising the need for this specific group held a workshop in December 2013 to explore how we could improve the service we offer. This workshop was attended by those working in health and social care, members of the LD Partnership Board and included service user representation and explored how we can ensure we work effectively with those with a learning disability, involve their families and carers and support staff to understand the complex needs not restricted just to those with a learning disability but in particular to those not able to communicate independently or whose treatment needs carefully planning because they have complex needs. This action plan will be shared with the Board in March 2014.

6. Reducing Healthcare Associated Infection – Clostridium difficile
Having reported higher incidents than trajectory in quarter one of 2013/14, a GCS NHS Trust action plan was developed, the implementation of which is overseen by the Infection Prevention and Control Committee (IPCC). Whilst reported cases for the remainder of the year have remained within threshold the Director of Infection Control accepted the opportunity to have a review of our policies and process by the NTDA region lead for Infection Prevention and Control.

An initial visit took place in early February and this provided some valuable guidance that will support the planning of the work programme for infection prevention and control for 2014/15. This has been supported by an offer to spend one or two days in the Trust focusing on specific areas that we may identify. This offer has been accepted and the IPCC will consider areas that will achieve the most learning and support services across GCS to make most effective use of this valuable time.

7. Financial implications
There are no specific financial implications associated with individual aspects of this report; however failure to ensure the quality of services collectively and individually would have significant financial implications for GCS NHS Trust.

8. Legal Implications
GCS NHS Trust has both legal and contractual obligations to ensure services are both safe and effective.

9. Risk Implications
Failure to provide adequate assurance of the quality of services may impact on our registration with the CQC.

10. Implications for Health Inequalities
A health inequalities impact assessment is not required for this paper

11. Implications for Equalities

An equality impact assessment is not required for this paper

Prepared by: **Liz Fenton, Director of Nursing**

Presented by: **Liz Fenton, Director of Nursing**

Appendices

Appendix 1: GCS response to the Clwyd /Hart report 2013

Appendix 1

1. Improving the quality of care

Issue	Action	GCS response
Staff providing basic care should be adequately trained, supported and supervised.	Trusts, professional bodies and representative organisations, HEE, clinical leaders and managers.	The Trust is responding to the National Quality Board report and implementing recommended actions.
There should be annual appraisals linked to the process of medical revalidation which focus on communication skills for clinical staff and dealing with patient concerns positively. This goes hand in hand with ensuring that communication skills are a core part of the curriculum for trainee clinic staff.	HEE, professional bodies and representative organisations, clinical leaders and managers.	The Medical Director is the responsible officer for medical revalidation. All appraisals and medical revalidations are up to date and include 360° feedback from staff and service users. The Trust adopted the NHS knowledge and skills framework for all appraisals which includes communication. All new staff are trained in service user experience as part of the induction programme.
Trusts should ensure that there is a range of basic information and support available on the ward for patients, such as a description of who is who on the ward and what they do; meal times and visiting times; and who is in charge of care for the patient. Care should be taken to ensure that differences in language, culture and vulnerability are taken account of in this.	Trusts, clinical leaders and managers, clinicians and practitioners	The information described is currently provided on all wards. Translation and interpreting services are available and utilised whenever necessary. Trust leaflets and information is offered in different formats on request.

Patients should be helped to understand their care and treatment. While written information is helpful, it is always important to discuss diagnoses, treatments and care with a patient. Patients frequently need to revisit topics already addressed. Where appropriate, their relatives, friends or carers may be included in discussions.	Trusts, professional bodies and representative organisations, HEE, clinical leaders and managers, clinicians and practitioners, patients.	These arrangements are in place as part of the Trust's care planning process and reviewed regularly through patient record audit
Trusts should provide patients with a way of feeding back comments and concerns about their care on the ward including simple steps such as putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern – it could be a nurse or a doctor, or a volunteer on the ward to help people.	Trusts, education and training organisations, clinical leaders and managers, clinicians and practitioners, patients.	Various methods of feedback are available to service users including comment cards, inpatient survey on wards, Friends and Family Test and other surveys. Service users are also provided with contact details for the Service User Experience Team if there are issues that cannot be resolved locally.
Hospitals should actively encourage volunteers. Volunteers can help support patients who wish to express concerns or complaints. This is particularly important where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers should be trained.	Trusts, volunteer organisers.	The Trust employs a volunteer co-ordinator and procedures are in place for volunteer recruitment and training.
Trust Chief Executives and Board members should be supported so they have the necessary skills in effective communication, seeking and using patient feedback, routinely throughout their organisation and are equipped to ensure their organisation learns from that feedback.	NHS Leadership Academy and NHS Confederation.	Communications and media training is available to Trust board members. Regular visits to frontline services take place.
PALS should be re-branded and reviewed so it is clearer what the service offers to patients and it	DH.	The previous PALS service was rebranded to the Service User Experience Team in January

should be adequately resourced in every hospital.		2014.
Every Trust should ensure any rebranded patient service is sufficiently well sign-posted and promoted in their hospital so patients know where to get support if they want to raise a concern or issue.	Trusts.	Literature and information regarding the Service Experience Team is being updated and rebranded.

2. Improvements in the way complaints are handled

Issue	Action	GCS response
Attention needs to be given to the development of appropriate professional behaviour in the handling of complaints. This includes honesty and openness and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem.	Trusts, professional bodies and representative organisations, clinical leaders and managers, clinicians and practitioners	Complaint handling and procedures is introduced to staff as part of the corporate induction programme. Further learning programmes for staff are being considered.
Staff need to record complaints and the action that has been taken and check with the patient that it meets with their expectation.	Trusts, professional bodies and representative organisations, education and training organisations and clinical leaders and managers, clinicians and practitioners.	Currently all complainants receive confirmation of their complaint and the actions we propose to take, for agreement.
Complaints are sometimes dealt with by junior staff or those with less training. Staff need to be adequately trained, supervised and supported to deal with complaints effectively.	Trusts, education and training organisations, clinical leaders and managers.	All staff dealing with complaints are adequately trained and supported.

Trusts should actively encourage both positive and negative feedback about their services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement.	Trusts, HEE, clinicians and practitioners.	There is a range of methods available to provide feedback about the services, including comment cards, Friends and Family Test, surveys and the Service Experience Team. Reports are provided monthly to locality boards and quarterly to the Information Governance and Quality Committee (IGQC) and Trust board, alongside other quality monitoring.
Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.	Trusts.	The Chief Executive personally signs all complaints responses.
There should be Board-led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals.	Trust Chief Executives and Boards.	All complaints are reported on to IGQC and Board and therefore scrutinised by board members on an on-going basis.
Every Trust has a legislative duty to offer complainants the option of a conversation at the start of the complaints process. This conversation is to agree on the way in which the complaint is to be handled and the timescales involved.	Trusts.	Complainants are offered a meeting as part of the initial correspondence when a complaint is being investigated.
Where complaints span organisational boundaries, the Trusts involved should adhere to their statutory duty to cooperate so they can handle the complaint effectively.	Trusts.	There is a protocol in place which covers cross-organisational complaints.

3. Greater perceived and actual independence in the complaints process

Issue	Action	GCS response
Hospitals should offer a truly independent investigation where serious incidents have occurred.	Trusts.	This is offered as part of the Trust's current processes
When Trusts have a conversation with patients at the start of the complaints process they must ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.	Trusts.	All complaints investigations are carried out through peer investigators (not from the team/service concerned) to ensure independence. All complainants are provided with contact details for the NHS independent advocacy service (SEAP).
Patient services and patient complaints support should remain separate so patients do not feel they have to go through PALS first before they make a complaint.	Trusts.	The Service User Experience Team brings together PALS Service, service user feedback and complaints management to ensure a complete service can be provided by all staff involved.
Patients, patient representatives and local communities and local HealthWatch organisations should be fully involved in the development and monitoring of complaints systems in all hospitals.	Trusts.	The Your Care Your Opinion programme board and wider engagement events take place quarterly and ensures community involvement including Healthwatch.
Board level scrutiny of complaints should regularly involve lay representatives.	Trusts.	The Your Care Your Opinion programme board receives complaints and service user feedback.

4. Whistle-blowing

Issue	Action	GCS response
Clear guidance for staff on how they should report concerns, including access to the Chief Executive on request.	DH.	This is available through the 'It's ok to ask why' policy.
A board member with responsibility for whistle-blowing should be accessible to staff on a regular basis.	Trusts.	This is available through the 'It's ok to ask why' policy.
A legal obligation to consider concerns raised by staff, and to act on them if confirmed to be true.	Trusts	This is available through the 'It's ok to ask why' policy.

Gloucestershire Care Services **NHS**
NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	**Supporting Services Users who have a Learning Disabilities**	**11 March 2014**
Agenda Item:	**9**	
Purpose of Paper:	To provide an update to the Board on the development of an implementation plan that will evidence and monitor progress on the actions agreed at a workshop held in December 2013. The plan has been aligned to the recommendations of Healthcare for All (2008) and the learning from the Confidential Inquiry and makes clear links to the GCS NHS Trust Clinical and Professional Care Strategy.	
Key Points:	The strategy is themed into the following six criteria goals with associated actions and tasks: 1. Ability to identify and flag service users with learning disabilities and ensure that pathways of care are reasonably adjusted to meet the needs of these service users. 2. Comprehensible information to service users with learning disabilities. 3. Suitable support for families and carers who support service users with learning disabilities. 4. Related training for all employees. 5. Representation of people with learning disabilities and their family / carers. 6. Regular audit of practices for people with learning disabilities and demonstrate the findings in public reports.	
Options and decisions required	The Board is asked to • **Endorse** the establishment of learning disabilities action group to lead, monitor and review the activity described in the plan. • **Note** the invitation for GCS membership of the LD Partnership Board. • Note that the group will be exploring funding options to further enhance the support to those with a learning disability and their families within GCSD.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	**x**
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	**x**

	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	**x**
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x
Next steps/future actions	Subject to agreement • LD steering group to be formed to lead activity identified within the strategy. • Work stream leads to be identified	
Author name and title	Sarah Warne Named Nurse Safeguarding Adults / Clinical Quality Manager	**Director Name and Title**	Liz Fenton. Director of Nursing and Quality

Learning Disabilities 2014-19 Implementation Plan

Title:	Learning Disabilities Implementation Plan
Document Reference:	
Version:	V1
Owner:	Sarah Warne , Clinical Quality Manager and Named Nurse Safeguarding (Adults)
Executive Lead:	Liz Fenton, Director of Nursing

LEARNING DISABILITIES IMPLEMENTATION PLAN 2014-19

Healthcare for All (DH 2008) Criteria	Links to Organisational and National Documents	Priority / Action *(as per strategy)*	Tasks	Lead	Resources *(colleagues, financial)*	Measure		Comments / Progress
						Metric	**RAG**	
Criteria 1a The Trust will have a mechanism in place to identify and flag patients with learning disabilities Links to Clinical and Professional Care Strategy	Clinical & Professional Care Strategy Quality Goal 2 *To determine that local health and social care services adopt a person-centred approach and are wholly effective and efficient.* (2.3.1,2.6.1) Confidential Inquiry Recommendation 1	**Action 1** To work with IT department to establish a method of flagging people with a LD.	**Task 1** Explore / map what systems are currently in place and if they are being used effectively.	IT Services	LD liaison nurses in the acute trust. PAS team. System 1 implementers.	The number of people who have a learning disability known to have accessed GCS services	(yellow)	A flag is visible at the top of the patient demographic screen on PAS. This will raise the attention of those caring for a pt with LD when admitted to a community hospital. The system for putting on the alert is dependent on the LD liaison nurses in the acute trust being informed and having access to other systems such as RIO and Patient First to confirm the diagnosis
			Task 2 Establish a process for GCS making an alert to ensure that if no flag is identified on current records how to apply one.	IT Services	LD liaison nurses in the acute trust. PAS/MSS. System 1 implementers.		(orange)	
			Task 3 Plan and establish a flag mechanism to staff using system 1.	IT Services	Cost implication to be calculated Involvement of GPs, LD liaison nurses and other professional leads.		(orange)	
Criteria 1b The Trust will have protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of people with learning disabilities are in place.	Clinical & Professional Care Strategy Goal 1 *To deliver safe, compassionate and considerate care which ensures that service users do not experience avoidable harm.* (1.3.1, 1.4.1) Confidential Inquiry, recommendation 2	**Action 1** All clinical areas to have a communication book available for use.	**Task 1** Establish baseline number to be ordered.	Clinical Development Facilitator	Cost of communication aides	Communications aides in place	(green)	All managers emailed numbers required for each area are being collated.
			Task 2 Contact company for a quote to order printed copies for clinical areas.					
			Task 3 Agree and place order				(green)	
		Action 2 Introduction of a reasonable adjustment tool to be used within clinical areas.	**Task 1** Work with the 2gether foundation trust to agree and establish a roll out of the reasonable adjustment tool.	NMC Teacher		Agree assessment tool in place and application in practice is audited		
Criteria 2 The Trust will provide readily available and comprehensible information to patients with	Clinical and Professional Care Strategy Goal 3 *To inform and involve service users, their carers and families, so they are confident and have the best possible*	**Action 1** Scope existing LD material and Patient Information Leaflets	**Task 1** Review existing LD materials available and adapt to meet Trust standards.	Clinical Quality Manager	Support and information from LD liaison nurses in the acute include their safeguarding lead Lynne McEwen and Simon Shorrick from 2gether FT.		(orange)	Portfolio available for review by steering group

Healthcare for All (DH 2008) Criteria	Links to Organisational and National Documents	Priority / Action (as per strategy)	Tasks	Lead	Resources (colleagues, financial)	Measure		Comments / Progress
						Metric	RAG	
learning disabilities about the following criteria: treatment options, complaints procedures, and appointments	experience during their care (3.4.1)		**Task 2** Gain guidance and work in partnership with self-advocacy groups such as Gloucestershire Voices and 2gether FT.	Clinical Quality Manager	As above			
			Task 3 Ensure information accessible throughout the Trust for staff, patients and carers to access in a number of formats. E.g. Intranet, PILs etc.	Clinical Quality Manager	Link to the Patient Information Leaflet review group			Intranet page has been set up but requires further work to populate with ongoing information. Separate page to be developed on Internet site for patients and relatives to access.
		Action 2 Provide Easy Read versions of relevant policy documents	**Task 1** Ensure policies and procedures are in place in easy read versions to support patients and relatives	Clinical Quality Manager	Identification of key policies to develop Access to expert information and user review quality of documents to ensure Finance to provide required development	Availability of key documents in appropriate format		
Criteria 3 The Trust will have protocols in place to provide suitable support for family carers who support patients with learning disabilities.	Clinical and Professional Care Strategy Goal 3 To inform and involve service users, their carers and families, so they are confident and have the best possible experience during their care (3.3.1, 3.4.1)	**Action 1** GCS will establish working partnerships across the county to ensure effective acre across the pathways	**Task 1** GCS to make application for membership of the LD partnership board	Clinical Quality Manager	Identified individual within GCS to participate in meeting.	% of meetings attended		Contact made with Gloucestershire Voices about joining the Partnership Board. Representation by GCS at AGM in March 2014 and at future Partnership Boards
			Task 2 Establish appropriate communication routes to GCS groups ie Safeguarding, E&D	Clinical Quality Manager	Review terms of reference	Minutes of meting and onward reporting to BCS board		
		Action 2 Develop a business plan to apply for funds from the Partnership Board to support the development of a new role for a LD liaison nurse for GCS	**Task 1** Work with the project team and seek guidance from the partnership board to apply for funds for LD liaison post	Clinical Quality Manager/Business Development Manager	Programme management time and business expertise to develop plan	Business plan agreed by Exec Team		
Criteria 4 The Trust will have protocols in place to routinely include	Clinical and Professional Care Strategy Goal 5 To ensure an able, flexible workforce that can meet new	**Action 1** A range of training opportunities is developed and delivered to ensure employees of GCS are aware of the need to provide reasonable adjustment and	**Task 1** Establish an on line e-learning package for staff to access on healthcare needs for a patient with a learning disability.	NMC Teacher	Education funding	% of staff who have completed training		E learning training package launched 2nd December 2013. At time of reporting more than 300 GCS staff have completed the training.

LEARNING DISABILITIES IMPLEMENTATION PLAN 2014-19

Healthcare for All (DH 2008) Criteria	Links to Organisational and National Documents	Priority / Action *(as per strategy)*	Tasks	Lead	Resources *(colleagues, financial)*	Measure		Comments / Progress
						Metric	**RAG**	
training on providing health care to patients with learning disabilities for all staff.	*challenges and opportunities, and that is supported by exemplar standards in education, training and research (5.1.1,5,2.1)*	health care for people with Learning Disabilities.	**Task 2** To establish a face to face training programme for LD champions across both hospital and community settings relating to reasonable adjustment	NMC Teacher	Training provider Costs of education programme	% of staff who have completed training. Evaluation of the champion role	(green)	Training programme underway. Dates set until the end of March 2014
			Task 3 To establish a resource folder available via the intranet containing a range of articles, learning opportunities	NMC Teacher		Number of staff accessing site	(green)	Dedicated page on the intranet set up
Criteria 5 The Trust will have protocols in place to encourage representation of people with learning disabilities and their family carers.	Clinical and Professional Care Strategy Goal 3 *To inform and involve service users, their carers and families, so that they are confident and have the best possible experience during their care (3.2.1,3.4.1)*	**Action 1** Facilitate service user involvement	**Task 1** Establishment of suitable mechanisms to enable effective engagement with those with an LD	Equality and Diversity Manager	Link Patient Experience Lead	Number of service users with learning disabilities on any GCS forums	(red)	
Criteria 6 The Trust will have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports	Clinical and Professional Care Strategy Goal 1 *To deliver safe, compassionate and considerate care which ensures that service users do not experience avoidable harm (1.1.1)*	**Action 1** Identify audit activity	**Task 1** Enlist support of Clinical Audit and Service User Experience Teams	Clinical Quality Manager/ Clinical Audit Lead	Audit activity time		(green)	Initial conversation with audit lead to ensure potential activity is factored into 2014/15 audit requirement
			Task 2 Identify appropriate methodology to engage with those with an LD and their families to gain views on their care and access to services	Clinical Quality Manager/ Clinical Audit Lead			(yellow)	
		Action 2 Identify routine public reports which should have learning disabilities information included	**Task 2** Reporting to Board through the quality and performance report on a quarterly basis	Clinical Quality Manager / Head of Information		System in place to ensure access and take up rates are monitored by board quarterly for people with learning disabilities to promote equal access to mainstream services	(yellow)	

Gloucestershire Care Services NHS Trust Board

Title:	Service User Experience Report	11 March 2014
Agenda Item:	10	
Purpose of Paper:	To provide the Trust Board with an overview of activity undertaken in quarter 3 of 2013/14 to understand service user experience and respond accordingly, thereby ensuring continuous quality improvement.	
Key Points:	• The Trust is continuing to develop a comprehensive approach to securing feedback from service users, carers and the public. • While the majority of current feedback is positive, the management of, and learning from, complaints continues to be a priority.	
Options and decisions required	The Trust Board is asked to receive this report for information.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	X
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	X
	3. Provide innovative community services that deliver health and social care together	X
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X
Next steps/future actions	The Trust will continue to develop its service experience programme by (i) expanding the range of feedback routes and methodologies, (ii) reviewing the use of electronic systems to capture feedback alongside other quality data to help identify trends, (iii) ensuring that robust action plans are developed in response to complaints investigations	
Author name and title	Marit Endresen, Service Experience Officer	**Director Name and Title**	Andrew Hall, Director (Project Development and Strategy)

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 11 March 2014

Location: Edward Jenner Court, Brockworth, Gloucester GL3 4AW

Agenda item: 10

1. **Purpose**

    This paper provides an overview of the service user feedback obtained during quarter 3 of 2013/14 and the Trust's responses thereto.

2. **Recommendations**

    The Trust Board is asked to receive this report for information.

3. **Background**

    Continuously listening to, and learning from, service users, carers and families continues to be a main focus for Trust colleagues and the Board. To this end, maintaining robust processes to ensure that the public's views and experiences are taken into account, is essential in order to provide this assurance.

    To support these processes, the Trust has a dedicated PALS (Patient Advisory and Liaison Service) team. However, as part of the review of the Trust's services and to improve accessibility, the PALS function has now been rebranded as the "Service Experience Team". This follows consultation with the Trust's Your Care Your Opinion (YCYO) Programme Board, and represents the implementation of one recommendation from the review led by Anne Clywd and Professor Hart into the management of complaints within the NHS as published in October 2013.

4. **Service user feedback reporting**

    Since October 2013, the Trust's Locality Boards have been presented with individual service user experience reports relevant to their locality. These reports are issued on a monthly basis and include a summary of service user feedback from the previous month including Friends and Family Test (FFT), results from Real Time surveys, feedback from comment cards and other service user experience surveys, in addition to data from external sources.

    From quarter 3 onwards, detailed reports will be provided quarterly to the Communications and Public Affairs Steering Group, who will subsequently share relevant data with the Quality and Clinical Governance Committee, the Your Care Your Opinion Programme Board and the Trust Board as appropriate for information and assurance purposes. This is the first of these reports.

5. **Overview of service user experience feedback / performance**

    This section of the report provides an overview of the findings and learning from service user feedback received during quarter 3 of 2013-14.

5.1 Service User Complaints, Coroner and Litigation Cases
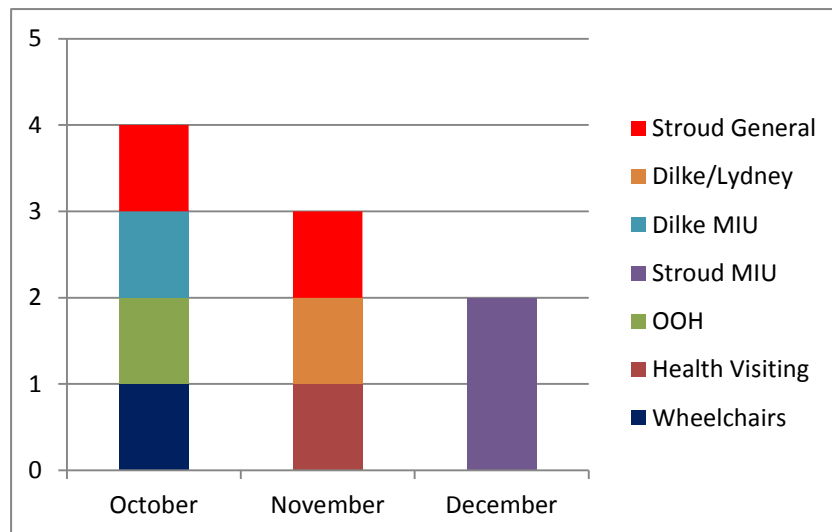
Trust Complaints (see section 5.1.1 below)

GCC Complaints (see section 5.1.2 below)

Complaints responded to within 25 days

Coroner's Inquests

There are currently 14 outstanding Coroner's inquest cases which name the Trust or its predecessor organisation:

- 5 are forthcoming, 2 of which have dates for inquests;
- 9 are pending which may or may not proceed to inquest.

Three earlier cases have recently been completed with the verdicts of: (i) natural causes, (ii) service user suffered from co-morbidities and died from the effects of pressure sores, and (iii) suicide.

Litigation Claims

As of the end of quarter 3, there are:

- 2 settled cases (2012/13);
- 3 pending cases (2011/12, 2012/13 and 2013/14 respectively).

5.1.1 Trust Complaints

Locality (service)	Month	Datix	Outcome/Lesson learned	Identified Actions	Date for completion of actions	Completed / ongoing
Forest of Dean	Oct 13	3406	Quality of care at Dilke MIU	No actions identified as assessment was appropriate and to expected standard	n/a	Completed
	Nov 13	3555	• Poor communication at Dilke and Lydney hospitals • Quality of care at Dilke and Lydney hospitals re MS	• A new Attitude and Behaviour Competency Framework that the Trust has recently developed will be used – this is based around the 6 C's: Care, Compassion, Courage, Competency, Communication and Commitment. • Staff have acknowledged that it would be helpful for them to receive further and more specialised teaching /training about MS and its effects and the MS Nurse Specialist is to provide this. In addition one of the Coloplast reps will provide training on the application of conveens.	31.3.2014	Ongoing
Stroud	Nov 13	3500	Poor communication	Staff reminded of importance to communicate and support families when patient is deteriorating	Complete	Completed
	Oct 13	3459	Quality of care at SGH	No actions identified as assessment was appropriate and to expected standard	n/a	Completed
	Dec 13	3591	Quality of care at SGH MIU	Investigation on-going	n/a	n/a
	Dec 13	3611	Quality of care at SGH MIU	Investigation on-going	n/a	n/a
Countywide - OOH	Oct 13	3430	• Poor communication between OOHS and SPCA • Poor recordkeeping	• We will ensure that there is clearer understanding and feedback to patients/relatives in situations such as this. The OOH and SPCA services will reflect upon this incident and agree between them the actions they will take in order to ensure an incident like this does not happen again • Each service will undertake a review of their policies and procedures relating to documentation to ensure: (i) their recordkeeping is clear and to the expected standard in order to avoid any misunderstandings in the future, (ii) that all documentation relating to patient identifiable records is dated and timed with an identifying set of initials of the member of staff updating the record, (iii) that each update should be set out as a new sentence so that it is clear and easy to read, not a follow on from previous information that has been documented	31.3.2014 31.3.2014	Ongoing Ongoing

				• Lack of understanding by OOHS staff of procedure relating to the admission of patients to Community Hospitals	• A review of the current guidance for Out of Hours Practitioners relating to the admission of patients to Community Hospital beds outside of the SPCA's current working hours (0800 – 2100 weekdays and 0900 – 1700 weekends and Bank Holidays) to be undertaken to ensure all OOHs staff are aware of the procedure to be followed.	31.3.2014	Ongoing
				• Work with the doctor involved to review his communication and make improvements	• Action is taken forward by clinical lead	31.3.2014	Ongoing
				• Refresher courses/further training are being arranged for the OOHs practitioners involved to support them and to help them to resolve potential problems before they occur	• Programme of courses has been arranged.	31.3.2014	Ongoing
Children's Services – Health Visiting - Stroud	Nov 13	3483	Quality of care	Health Visitors to receive training update to discuss children born with Downs Syndrome and the possible complications that they may suffer. This will help Health Visitors support families more effectively and ensure they are more aware of the challenges and potential issues that the children and their families can have.	30.6.2014	Ongoing
Wheelchair service	Oct 13	3376	Lack of provision of indoor wheelchair	No actions identified as eligibility criteria followed but offer of a reassessment made		Completed

Work is being undertaken to provide a tangible measure of progress against identified actions. The Q4 report to the Quality and Clinical Governance Committee will provide a fuller summary regarding the delivery of actions, and feedback from service users regarding the handling of their complaints.

During quarter 3, four earlier complaints were referred to Parliamentary and Health Services Ombudsman, of which one was not upheld. A decision as to whether the remaining three will be investigated has not yet been made.

5.1.2   GCC Complaints

Please note that the complaints below are managed by Gloucestershire County Council in accordance with its internal processes, with accountability for complaints resting with the Director of Adult Social Services.

Locality (service)	Month	Theme	Identified Actions	Date for completion of actions	Completed/ ongoing
Cotswold	Nov 2013	Entitlement of Disabled Facilities Grant	SU had been contacted and full explanation given	19 Nov 2013	Complete
	Dec 2013	Time taken from making a referral (OT)	Investigation on-going	n/a	Ongoing
Cheltenham	Oct 2013	Inadequate level of support of social care	Offer of additional SW support given	16 Oct 2013	Complete
	Oct 2013	• Quality of service provided by Acute Hospital SW team • Lack of communication and attitude of (Cheltenham SW team)	1. Apology given for poor communication 2. Best Interest meeting arranged within 1 week	16 Dec 2013	Complete
	Nov 2013	Communication re home care package Difficulty of contacting SW team on telephone	Investigation on-going	n/a	Ongoing
	Dec 2013	Quality of care given by Locum Physiotherapist	Investigation on-going	n/a	Ongoing
Gloucester	Oct 2013	Withdrawal of foot care service in Gloucester	1. Explanation given that there were no trained staff to deliver service rather than the withdrawal of service 2. 2 staff members trained in November, service functioning again	15 Oct 2013	Complete
	Oct 2013	Quality of service provided by SW team	Feedback regarding actions agreed awaited from GCC	28 Oct 2013	Complete
	Nov 2013	Communication regarding service seizing	Full explanation provided	09 Dec 2013	Complete
	Dec 2013	Communication regarding payment of care	Investigation on-going	n/a	Ongoing

Forest of Dean	Oct 2013	Continuous change of care homes; five in six months	Apology and explanation given that placements were in response to increased difficulty in SU's husband caring for her in their own home	30 Oct 2013	Complete
	Oct 2013	Entitlement in regards to LD	Feedback regarding actions agreed awaited from GCC	13 Dec 2013	Complete
Stroud and Dursley	Oct 2013	Quality of care provided	Apology given	16 Oct 2013	Complete
	Nov 2013	• Communication • Lack of support	Investigation on-going	n/a	Ongoing
	Nov 2013	Level of support provided	Feedback regarding actions agreed awaited from GCC	29 Nov 2013	Complete
	Dec 2013	Privacy and dignity	Investigation on-going	n/a	Ongoing
Tewkesbury	Nov 2013	Communication regarding service seizing	Apology given. Case used at SW team meeting as a reminder to all workers about good practice in communicating closures effectively	08 Nov 2013	Complete
Countywide – Great Western Court Intermediate Care	Nov 2013	Lack of support/entitlement	Investigation on-going	n/a	Ongoing
	Nov 2013	Quality of care	Investigation on-going	n/a	Ongoing
Countywide Services – Telecare	Oct 2013	• Communication regarding appointment time	Engineer reminded of importance of fully reading the specification sheet about "special instructions". Admin process changed to ensure other interested parties are included in spec sheets. Complaint used as a learning exercise for both Admin staff and engineers	25 Oct 2013	Complete
	Nov 2013	• Faulty equipment	Investigation on-going	n/a	Ongoing

5.2 Service User Concerns and Compliments
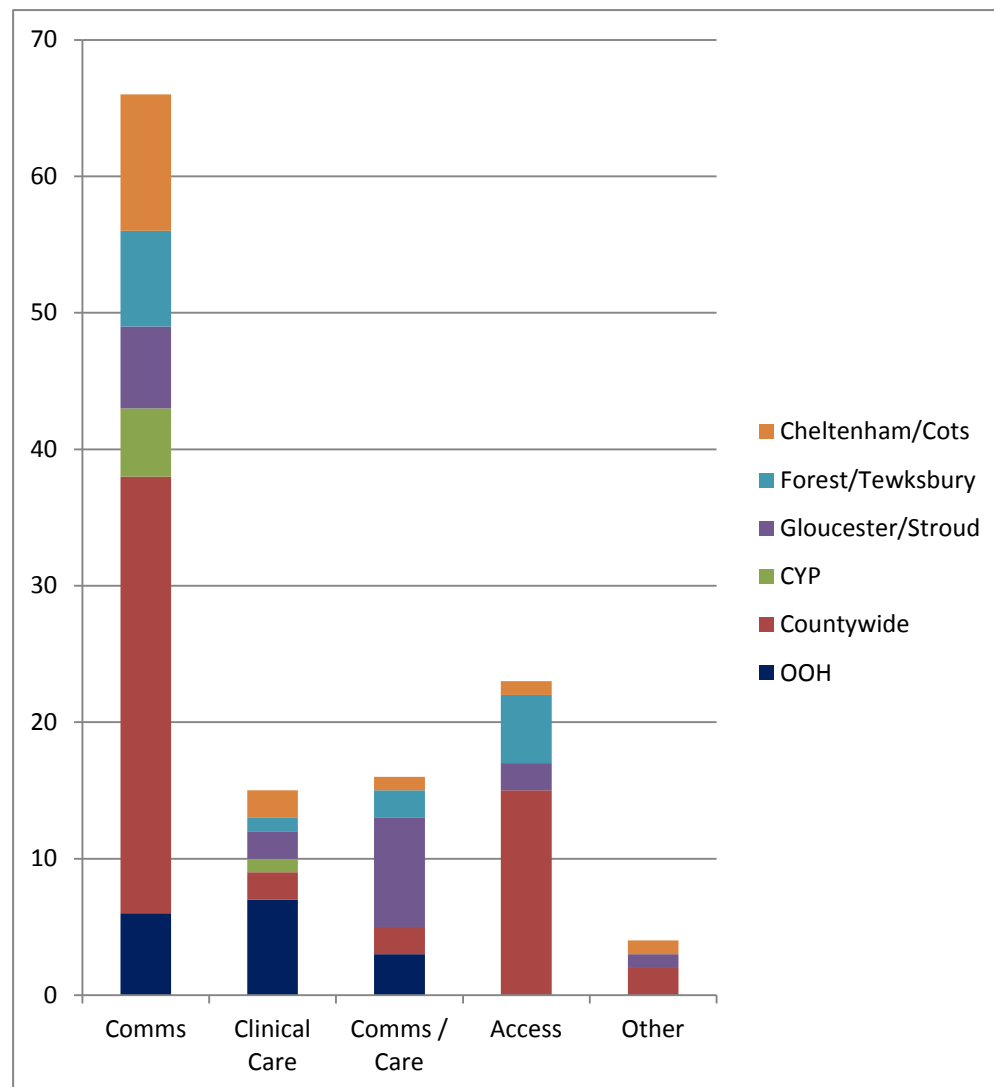
Identified concerns (121 closed, 3 open)
Quarter 3 of 2013/14

Compliments and gestures of appreciation

During quarter 3, 492 compliments were received across all services relating to a cross-section of services and mainly to the caring, friendly nature of staff and the good care received. Examples include:

- *Compliments and thanks to the Windrush Ward sister and all her staff for the care of our elderly, terminally ill mother prior to her death* (Cirencester Hospital)

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

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

- *Would you please pass on my special thanks to the team in the minor injuries unit for the brilliant care and attention I received on Saturday afternoon after dislocating my elbow. The quality of the care and treatment I received was first class.* (Cirencester MIU)

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

5.3 Service User Surveys – Inpatient and MIU Services

Friends and Family Test (FFT)*			
2013/14	**Overall response rate (target 15%)**	**Overall Net Promoter Score****	**Overall % "Extremely Likely" or "Likely"**
April	21%	+80	97%
May	9%	+86	98%
June	10%	+81	97%
July	11%	+82	97%
August	17%	+85	98%
September	16%	+85	98%
October	16%	+83	98%
November	18%	+83	98%
December	15%	+84	97%

*Currently reported for inpatient wards and MIU's only

**This score is calculated by analysing responses and categorising them
into promoters, detractors and neutral (passive) responses.
The proportion of responses that are promoters and the proportion
that are detractors are calculated, and the proportion of detractors
is then subtracted from the proportion of promoters to provide
an overall 'net promoter' score (NHS England)

Real Time (Inpatient) Survey – Feedback at discharge

- The Real Time (inpatient) survey is one of the four elements of the patient experience CQUIN, and requires a minimum of 10 responses per ward per month. It looks at fundamental elements of care such as safety, cleanliness, being involved and being looked after, as well as knowing how to provide feedback. Ward by ward detail is given in appendix 1.

- The results of the quarter 3 survey show that the majority of service users feel that:

  o they are being looked after in a safe, clean environment;

  o they are confident that staff wash their hands before treating them;

  o staff are courteous and sensitive to service user needs.

Overall there is an increase in satisfaction from quarter 1. Nevertheless, the matrons have agreed an action plan to address identified issues and therefore ensure that all service users:

  o are aware of how to provide feedback;
  o feel involved by staff;
  o have sufficient time to discuss wishes and concerns;
  o are aware of on-going care available on discharge;
  o understand information regarding take-home medication.

This action plan is currently being implemented within the community hospitals, with progress monitored through quarterly CQUIN reporting.

5.4 Service User Comments Cards

Service	No of responses (quarter 3)	% of responses
Community hospitals: surgery	106	17.3%
Community hospitals: outpatients	172	28.3%
Community hospitals: endoscopy	18	3.1%
Community hospitals: ARU	7	1.1%
District nurses	1	0.2%
Specialist nurses	119	19.5%
Out of Hours Service	1	0.2%
Occupational Therapy	4	0.7%
Podiatry	7	1.1%
Physiotherapy	33	5.4%
Sexual health	39	6.4%
Smoking advisory service	11	1.8%
Reablement	1	0.2%
111 service	5	0.8%
Children's occupational therapy	24	3.9%
Children's physiotherapy	7	1.1%
Health visitors	50	8.2%
National hearing screening service	6	0.9%
Total	**611**	

	Cleanliness (466)	Waiting time (450)	Service at reception (435)	Overall care (512)	Treated with respect and dignity (513)	Comms (515)	Friendliness / helpfulness of staff (519)
Excellent	82%	65%	76%	85%	88%	85%	91%
Good	15%	24%	18%	12%	10%	12%	6%
Fair	3%	5%	3%	1%	1%	1%	1%
Poor	0%	6%	3%	2%	1%	2%	2%
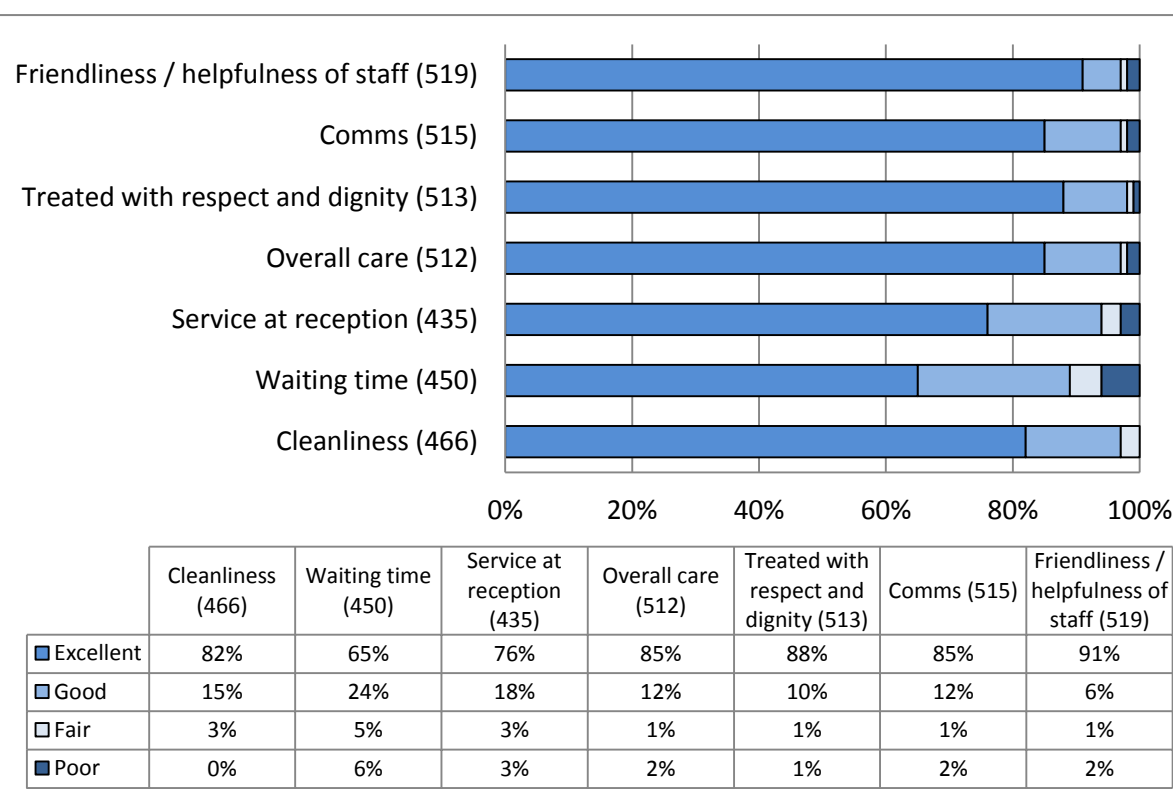
Comments

- The FFT question is included on the comment cards for information purposes only. The overall quarter 3 FFT Net Promoter Score across all services based on the comment cards only was +77, slightly below the score for Inpatient wards and MIUs.

- During quarter 3, approx. 220 compliments were recorded on comment cards, and approx. 180 acknowledgement letters were sent to service users in response.

- To date, 2,000+ people have used the comment cards to request more information about the Trust.

5.5 Service specific surveys

The programme of service specific surveys is continuing across the Trust in 2013/14 (see the schedule in Appendix 2 below). Surveys completed during quarter 3 are summarised as:

Name of survey	Response rates	Main findings	Agreed actions
Wheelchair service	350 questionnaires were distributed: response rate 29%	• Results were very encouraging re: the level of service provision, the professionalism of the team and the quality of the equipment.	An action plan is being formulated following the Wheelchair User group meeting in February 2014 where the results were shared and discussed.
Cirencester Endoscopy Unit	200 questionnaires were distributed: response rate 76%	• High level of satisfaction. • The FFT was 94% being extremely likely or likely to recommend the service and a Net Promoter Score of +94. • Questions about care received and privacy were particularly highly scored. • Some improvements needed in giving information and follow-up arrangements. • Most respondents rated the facilities / environment as excellent or very good.	• Temperature in waiting area to be better controlled, and congestion better managed by relatives returning when the service user is ready for discharge • Discussion at Team Meeting re: service user journey to include experience of discomfort and discharge information • Provide cover for Receptionist/Booking Clerk (HCA or volunteer) to allow time to work away from reception, book other service users and maintain confidentiality.
Parkinsons service	50 questionnaires were distributed: response rate 34%	• Results were positive but with slightly lower satisfaction scores around information and communications.	The team is currently in the process of identifying an action plan
Bone Health Service	46 questionnaires were distributed: response rate 39%	• Very positive feedback for the team.	The team is currently in the process of identifying an action plan
Community IV Therapy service	40 questionnaires were distributed: response rate 25%	• Results are very positive, but the response rate is disappointingly low.	The team is currently in the process of identifying an action plan

1.6 <u>Other matters</u>

5.6.1 Technological developments to improve information capture

- School nurses will be piloting an online survey using laptops. This follows an initial pilot in November 2013 which has been extended into January 2014, with an expected roll out during quarter 4, 2013/14.

- The Children's Community Nursing Team will also be accessing an online survey via their laptops: this is being piloted in January 2014, with the survey being carried out during February-March 2014.

- The use of iPads for collating Friends and Family Test data is being tested in Cirencester Minor Injuries Unit. This has proved popular with service users and colleagues, and more surveys are now completed using the iPad than the cards. It has however not increased response rates, but does reduce pressure on the resource that is currently required to manually input the results received through cards and paper surveys. A decision on whether or not to extend the use of iPads will be considered in time with available resources.

- The Trust is currently seeking information on models for web-based feedback through discussions with other external providers.

1.6.2 Feedback from external organisations

- Healthwatch Gloucestershire continues to collect public comments through a variety of methods including stands in shopping centres and supermarkets as well as visiting targeted groups. During quarter 3, they received 33 comments related to Trust services, of which 8 were compliments about staff (district nurses) and services provided in community hospitals. The other comments related to a range of different issues, including service access (waiting times and difficulties during times of floods), hospital transport, contradicting advice from health visitors, communication between health professionals, quality of care etc. These comments have been forwarded to relevant staff for information and escalation if required. Formal response is sent to Healthwatch Gloucestershire including details of any actions taken.

- Since April 2013, the Trust has experienced some difficulties in ensuring that data regarding its key services is correctly represented on the NHS Choices website. Since September 2013, information regarding the Trust's Community Hospitals has been correct, although some of the historic posting attributed to Gloucestershire Hospitals NHS Foundation Trust (GHT) still need to be reassigned. Once the data on the website is correct, formal monitoring will be undertaken of comments left by service users. These issues were not fully rectified by the end of quarter 3, but will be resolved soon.

- The Trust is registered as a provider on the Patient Opinion website. Very few postings have been made directly to the Patient Opinion website as most are 'lifted' from the NHS Choices website. There are still problems with services being linked to GHT, reflecting the inaccuracies on the NHS Choices website. The Trust is awaiting feedback from Patient Opinion.

6. Financial implications

None.

7. Implementation and Review of Progress

Implementation of a timely process for managing service user feedback is essential. Prompt feedback to staff as well as service users is also very important. Therefore it is hoped that with the introduction of the monthly reports, services will be able to monitor more closely their feedback and take appropriate actions where necessary.

8. Legal Implications

The Trust is required to seek and respond to feedback from people who use its services (NHS Act 2006).

9. Risk Implications

Failure to respond to service user feedback may lead to reputational damage for the Trust, impact on relationships with users and the ability to attract new business, as well as compliance with the Care Quality Commission Essential Standards of Quality and Safety.

10. Equality and Quality Implications

Feedback from people who use Trust services is necessary to improve service delivery. This is expected to have a positive impact on meeting health needs, for example, by improving access to services.

The Trust aims to implement processes to provide opportunities for all local residents regardless of their background and circumstances, to comment and give feedback on service delivery.

11. Consultation and Communication including Public Involvement

This report seeks to provide a comprehensive picture of all service user and public feedback received about the Trust's service during quarter 3, 2013/14.

12. Links to:

All the Trust's strategic objectives.

Prepared by: Rod Brown and Marit Endresen

Presented by: Andrew Hall

Appendices:

1) Real time survey score cards; October, November and December 2013

2) Survey Schedule 2013/14

Appendix 1
Real time survey scorecard October 2013

| REAL TIME SURVEYS SCORECARD | Survey Distribution month (2013/14) | % of patients who had difficulties understanding the questions i.e. due to communication difficulties or a condition such as dementia | Number of responses received | No of Discharges | % of Discharges with survey response | Response = Yes Have you been provided with information on how to give feedback about your stay in hospital? | Response = Yes, all of the time | | | Response = Yes, definitely | | | Response = Yes Have you or a family member/carer been given information about any on-going care available when you leave hospital? | Response = Yes and I understood the information provided If you have been given medication to take home, did you understand the information that was given to you about this medication? |
HOSPITAL							Are staff courteous and sensitive to your needs?	Do staff involve you, your family and carers as much as you would like?	Are you confident that staff have washed their hands before treating you?	Have you been given sufficient time to discuss your wishes and concerns with relevant members of staff?	Do you think the ward is clean?	Do you feel safe when being cared for on our ward?		
REAL TIME PATIENT EXPERIENCE SURVEY RESULTS														
OVERALL SCORES														
All hospitals	Oct-13	4%	135	394	34%	67%	85%	71%	96%	68%	96%	91%	77%	62% (n=88)
Cirencester Hospital														
Hospital overall	Oct-13	4%	47	106	44%	40%	78%	57%	90%	57%	93%	89%	59%	37% (n=32)
Coln Ward	Oct-13	0%	22	41	54%	45%	75%	56%	94%	53%	95%	95%	55%	35% (n=20)
Windsrush Ward	Oct-13	0%	8	35	23%	25%	75%	63%	86%	63%	86%	88%	63%	50% (n=4)
Stratton Ward	Oct-13	12%	17	30	57%	41%	82%	56%	88%	59%	94%	82%	63%	37% (n=8)
Stroud Hospital														
Hospital overall	Oct-13	0%	20	91	22%	65%	90%	79%	100%	68%	100%	95%	100%	100% (n=1)
Cashes Green Ward	Oct-13	0%	10	48	21%	70%	100%	89% (n=9)	100% (n=9)	78% (n=9)	100%	100%	100% (n=9)	(n=0)
Jubilee Ward	Oct-13	0%	10	43	23%	60%	80%	70%	100%	60%	100%	90%	100%	100% (n=1)
Tewkesbury Hospital														
Hospital overall	Oct-13	7%	14	26	54%	79%	71%	75%	92%	72%	86%	93%	64%	62% (n=13)
The Vale Hospital														
Hospital overall	Oct-13	14%	21	38	55%	90%	90%	78%	100%	78%	100%	95%	90%	70% (n=20)
North Cotswold Hospital														
Hospital overall	Oct-13	0%	10	37	27%	90%	100%	90%	100%	89% (n=9)	100%	100%	88% (n=8)	100% (n=7)
The Dilke Hospital														
Hospital overall	Oct-13	0%	12	52	23%	100%	83%	67%	100%	67%	100%	83%	88% (n=8)	75% (n=4)
Lydney Hospital														
Hospital overall	Oct-13	0%	11	33	33%	73%	100%	80%	100%	80%	100%	100%	91%	91% (n=11)

Key to traffic lights:			Less than 10 responses		
On or better than plan	Green	90% and above	Green	90% and above	
Below plan	Amber	80%-89%	Amber	80%-89%	
Significantly worse than plan	Red	less than 80%	Red	less than 80%	

Real time survey score card November 2013

REAL TIME SURVEYS SCORECARD HOSPITAL	Survey Distribution month (2013/14)	% of patients who had difficulties understanding the questions i.e. due to communication difficulties or a condition such as dementia	Number of responses received	No of Discharges	% of Discharges with survey response	Response = Yes Have you been provided with information on how to give feedback about your stay in hospital?	Response = Yes, all of the time			Response = Yes, definitely			Response = Yes Have you or a family member/carer been given information about any on-going care available when you leave hospital?	Response = Yes and I understood the information provided If you have been given medication to take home, did you understand the information that was given to you about this medication?
							Are staff courteous and sensitive to your needs?	Do staff involve you, your family and carers as much as you would like?	Are you confident that staff have washed their hands before treating you?	Have you been given sufficient time to discuss your wishes and concerns with relevant members of staff?	Do you think the ward is clean?	Do you feel safe when being cared for on our ward?		
REAL TIME PATIENT EXPERIENCE SURVEY RESULTS														
OVERALL SCORES														
All hospitals	Nov-13	3%	110	360	31%	62%	84%	76%	96%	71%	95%	95%	83%	70% (n=79)
Cirencester Hospital														
Hospital overall	Nov-13	3%	34	91	37%	44%	74%	69%	91%	49%	91%	94%	76%	63% (n=27)
Coln Ward	Nov-13	7%	15	33	45%	60%	60%	60%	93%	50%	93%	100%	64%	61% (n=13)
Windsrush Ward	Nov-13	0%	7	35	20%	0%	86%	71%	86%	29%	100%	86%	100% (N=6)	33% (n=3)
Stratton Ward	Nov-13	0%	12	23	52%	50%	83%	75%	91%	58%	82%	92%	75%	73% (n=11)
Stroud Hospital														
Hospital overall	Nov-13	0%	20	63	32%	65%	75%	70%	100%	85%	90%	85%	100%	83% (n=6)
Cashes Green Ward	Nov-13	0%	10	31	32%	60%	70%	70%	90%	90%	100%	100%	100% (n=9)	75% (n=4)
Jubilee Ward	Nov-13	0%	10	32	31%	70%	80%	70%	100%	80%	80%	80%	100%	100% (n=2)
Tewkesbury Hospital														
Hospital overall	Nov-13	18%	11	36	31%	45%	100%	63%	100%	55%	100%	100%	45%	0% (n=7)
The Vale Hospital														
Hospital overall	Nov-13	7%	15	36	42%	93%	80%	77%	100%	67%	100%	100%	86%	67% (n=15)
North Cotswold Hospital														
Hospital overall	Nov-13	0%	10	43	23%	80%	90%	80%	89%	90%	100%	100%	90%	100% (n=6)
The Dilke Hospital														
Hospital overall	Nov-13	0%	10	44	23%	80%	100%	90%	100%	90%	100%	100%	100% (n=7)	88% (n=8)
Lydney Hospital														
Hospital overall	Nov-13	0%	11	38	29%	50%	100%	100%	100%	100%	100%	100%	100%	100% (n=10)

Key to traffic lights:

On or better than plan	Green	90% and above			Less than 10 responses
			Green	90% and above	
Below plan	Amber	80%-89%	Amber	80%-89%	
Significantly worse than plan	Red	less than 80%	Red	less than 80%	

Real time survey scorecard December 2013

REAL TIME SURVEYS SCORECARD / HOSPITAL	Survey Distribution month (2013/14)	% of patients who had difficulties understanding the questions i.e. due to communication difficulties or a condition such as dementia	Number of responses received	No of Discharges	% of Discharges with survey response	Response = Yes — Have you been provided with information on how to give feedback about your stay in hospital?	Response = Yes, all of the time — Are staff courteous and sensitive to your needs?	Do staff involve you, your family and carers as much as you would like?	Are you confident that staff have washed their hands before treating you?	Response = Yes, definitely — Have you been given sufficient time to discuss your wishes and concerns with relevant members of staff?	Do you think the ward is clean?	Do you feel safe when being cared for on our ward?	Response = Yes — Have you or a family member/carer been given information about any on-going care available when you leave hospital?	Response = yes and I understood the information provided — If you have been given medication to take home, did you understand the information that was given to you about this medication?
REAL TIME PATIENT EXPERIENCE SURVEY RESULTS														
OVERALL SCORES														
All hospitals	Dec-13	3%	110	361	30%	74%	88%	76%	97%	70%	95%	91%	85%	78% (n=83)
Cirencester Hospital														
Hospital overall	Dec-13	6%	29	91	32%	48%	93%	76%	100%	64%	100%	97%	90%	67% (n=24)
Coln Ward	Dec-13	15%	13	36	36%	54%	85%	80%	100%	67%	100%	92%	77%	55% (n=11)
Windrush Ward	Dec-13	0%	6	22	27%	50%	100%	83%	100%	67%	100%	100%	100%	100% (n=4)
Stratton Ward	Dec-13	0%	10	33	30%	40%	100%	67%	100%	60%	100%	100%	100%	67% (n=9)
Stroud Hospital														
Hospital overall	Dec-13	0%	20	77	26%	65%	65%	65%	90%	53%	75%	65%	100%	100% (n=3)
Cashes Green Ward	Dec-13	0%	10	46	22%	70%	60%	63%	100%	44%	70%	70%	100% (n=4)	100% (n=2)
Jubilee Ward	Dec-13	0%	10	31	32%	60%	70%	67%	80%	60%	80%	60%	100% (n=8)	100% (n=1)
Tewkesbury Hospital														
Hospital overall	Dec-13	0%	8	29	28%	88%	88%	88%	100%	75%	100%	100%	63%	57% (n=7)
The Vale Hospital														
Hospital overall	Dec-13	7%	14	41	34%	93%	92%	85%	92%	77%	100%	85%	82%	71% (n=15)
North Cotswold Hospital														
Hospital overall	Dec-13	0%	18	42	43%	94%	100%	83%	100%	78%	100%	100%	69%	87% (n=13)
The Dilke Hospital														
Hospital overall	Dec-13	0%	10	32	31%	90%	80%	63% (n=8)	100%	70%	100%	100%	90%	80% (n=10)
Lydney Hospital														
Hospital overall	Dec-13	0%	11	37	30%	73%	100%	73%	100%	91%	100%	100%	91%	100% (n=11)

Key to traffic lights:

				Less than 10 responses	
On or better than plan	Green	90% and above	Green	90% and above	
Below plan	Amber	80%-89%	Amber	80%-89%	
Significantly worse than plan	Red	less than 80%	Red	less than 80%	

Appendix 2
Survey Schedule 2013/14

Service	Month of survey distribution (2013-14)	Current Status
Medical Out of Hours	Jun-13	Final report
Wheelchair Service (ILC)	Jul-Sept-13	Final report
Children in Care survey	Sept-13-Jan-14	Distribution completed
Endoscopy - Cirencester	Aug-Dec-13	Final report
Endoscopy - Stroud	Sep-13-Feb-14	Draft report
Respiratory Team	Oct-Nov-13	Distribution completed
Parkinson's Team	Oct-Nov-13	Draft report
Bone Health Service	Oct-Nov-13	Draft report
Palliative care	Oct-13 -ongoing	In distribution
Community IV Therapy Team	Oct-Nov-13	Final report
Sexual Health Annual Survey	Oct-13-Jan-14	Distribution completed
Pregnancy Advisory Service survey	Oct-13-Jan-14	Distribution completed
Cardiac Rehab Phase 3 Exercise Programme	Nov-13-Feb-14	In distribution
Outpatient survey	Nov-13-Feb-14	Distribution completed
Reablement Survey	Nov-13-Feb-14	In distribution
Children's Physiotherapy	Nov-13-Dec-13	Distribution completed
Immunisation Team (children and young people)	Nov-13-Jan-14	Distribution completed
Adult Physiotherapy	Dec-13-Jan-14	In distribution
School Nursing Service	Pilot Jan-14/ roll-out Feb-Mar-14	Pilot ongoing
Children's OT Service - Sensory Clinic	Jan-Feb-14	In distribution
Children's OT Service - Access Clinic	Jan-Feb-14	In distribution
Diabetes Service	TBC	Draft questionnaire
Dental Service	Feb-14	In distribution
Out of Hours Service	Jan-Feb-14	In distribution
Children's Complex Care Team	Feb-14	Interviews
Children's Community Nursing Service	Feb-Mar-14	Online survey
Health Visiting Service	TBC	Meeting Feb-14
TeleCare survey	TBC	Draft questionnaire
Newborn Hearing Screening	Pilot Feb-14 /roll-out Apr-14	Draft questionnaire
Stroke Coordination Service	Jan-Mar-14	In distribution
Evening and Night District Nurses Services	TBC	TBC
Adult Speech and Language Therapy	Feb-Mar-14	Questionnaire agreed
Community District Nursing Service	Feb-Mar-14	Meeting Feb-14
Children's Speech and Language Therapy	TBC	TBC
Community Heart Nurse Service	TBC	TBC
Heart Failure service	TBC	Meeting Feb-14

Gloucestershire Care Services NHS
NHS Trust

Gloucestershire Care Services NHS Trust
Board

Title:	Quality and Performance report	Date: 11th March 2014
Agenda Item:	11	
Purpose of Paper:	To provide information to the Gloucestershire Care Services NHS Trust Board outlining Health and Social Care quality and performance against nationally and locally commissioned targets.	
Key Points:	GCS' Health performance is showing Green or Amber against targets on a year to date basis as follows: National = 96.9% Local = 94.4% Improvement plans and actions are described in the areas where performance is not at the required level. For Adult Social Care, performance is showing Green or Amber against targets in the scorecard on a year to date basis as follows: National = 75.0% Local = 60.0%	
Options and decisions required	Report provided for information and assurance	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	X
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	X
	3. Provide innovative community services that deliver health and social care together	X
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X

Next steps/future actions	Report presented for assurance with actions included		
Author name and title	Matthew O'Reilly Head of Performance and Information	**Director Name and Title**	Glyn Howells Director of Finance

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 11th March 2014
Location: Coopers & Malvern Training Rooms, Edward Jenner Court

Agenda item 11: Quality and Performance Report

1. Purpose

This report is provided to update Gloucestershire Care Services (GCS) NHS Trust Board on Health and Social Care current performance (January 2014). The report details Gloucestershire Care Services (Health) and Gloucestershire County Council's (Adult Social Care) quality and performance against national and local targets for 2013/14.

The report appraises overall performance. It also focusses on those performance target areas where GCS are not meeting the targets and outlines remedial actions taken to address those areas requiring improvement.

2. Recommendations

The Gloucestershire Care Services NHS Trust Board is asked to note and discuss the contents of this report and endorse the actions that have been put in place in order to address those areas of performance falling below target.

3. Background

This is an exception report that provides an update on targets and indicators that are not currently achieving target on a year to date basis. This will include background facts and context to the Gloucestershire Care Services NHS Trust Board.

4. Discussion of Issues

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

Children's Newborn Bloodspot screening target for tests to be *recorded* by 17 days of age is now rated green on a year to date basis. This is as a result of a continued performance in excess of target and a full refresh of data that identified additional data that was not previously available.

Target	Red	Amber	Green	Total	Red	Amber	Green	Total
National	1	1	30	32	3.1%	3.1%	93.8%	100.0%
Local	2	3	31	36	5.6%	8.3%	86.1%	100.0%
Total	3	4	61	68	4.4%	5.9%	89.7%	100.0%

The table below shows the number of targets reported within the main section of the Adult Social Care scorecard and the year to date RAG rating in comparison between national and locally commissioned targets (GCC).

Target	Red	Amber	Green	Total	Red	Amber	Green	Total
National	1	0	3	4	25.0%	0.0%	75.0%	100.0%
Local	6	1	8	15	40.0%	6.7%	53.3%	100.0%
Total	7	1	11	19	36.8%	5.3%	57.9%	100.0%

The Health performance and scorecards are reported to the CCG Contract Board and the Adult Social Care scorecard to the GCC – GCS SLA group on a monthly basis for scrutiny and challenge.

5. Key Findings and Actions

5.1 Serious Incidents Requiring Investigation (SIRI)
There were two Serious Incidents Requiring Investigation (SIRI) reported in January 2014. Details of these are reported in the Quality report.

National Targets – Red

5.2 Number of post 48 hour Clostridium Difficile Infections in Community Hospitals
The GCS target for the number of post 48 hour Clostridium Difficile infections in Community Hospitals for 2013/14 is a maximum of 18 cases. The trajectory for January 2014 was no more than one case. There was one case recorded.

Year to date performance remains ahead of trajectory at 17 cases compared to target trajectory of no more than 14 cases and as a result there is risk to the year-end delivery of this target at this stage, and it is rated red. However, performance in the last seven months has shown a pattern of incidence within tolerance.

In addition to the year to date red rating, the number of cases recorded in April and June were significantly above target and rated red. September performance was also above target and rated amber.

The table below shows the number of cases at each Community Hospital in 2013/14 to date.

Hospital	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Dilke	2	0	1	0	0	1	0	1	0	0	5
Cirencester	1	0	1	0	0	0	0	0	0	1	3
Lydney	0	0	2	0	1	0	0	0	0	0	3
Stroud General	0	0	2	0	0	1	0	0	0	0	3
North Cotswolds	1	1	0	0	0	0	0	0	0	0	2
Tewkesbury	0	1	0	0	0	0	0	0	0	0	1
Total	4	2	6	0	1	2	0	1	0	1	17
Target	1	2	1	2	2	1	2	1	1	1	14

Further detail is provided within the Quality report.

Actions include:
- Clostridium Difficile action plan has been rolled out across GCS and progress continues to be monitored against the plan.

- A countywide plan is in place and being reviewed by Countywide Acquired Infection Group. Actions in place include Ribotyping all cases of Clostridium Difficile to identify possibility of cross-infection.

- A multi-professional group has been set-up to review every inpatient across the health community that has been identified as contracting Clostridium Difficile from November 2013. This will be led by a Consultant Gastroenterologist.

- GCS' Director of Nursing meeting with TDA lead (February 2014) to discuss current performance and plan for 2014/15.

National Targets – Amber

5.3 Chlamydia Screening
The Department of Health Public Health Outcomes Framework (2013-2016) includes an indicator to assess progress in controlling Chlamydia in sexually active young adults. The revised diagnosis indicator recommends a level of achievement for local areas to work towards: *at least 2,300 chlamydia diagnoses per 100,000 15-24 year olds.*

This rate reflects both coverage and the proportion testing positive at all sites, including Genito-Urinary Medicine (GUM) as well as those made outside of GUM in core services.

The rationale for this is that a substantial proportion of young adults (15 – 24 years old) become infected with Chlamydia each year and as many of these infections will be asymptomatic, a large proportion of cases remain undetected. However, Chlamydia infection can be easily diagnosed and treated.

The target for number of positive Chlamydia screens to be delivered in January was 82, however only 73 positive screens were recorded and therefore in month performance is rated amber.

Current year to date performance remains ahead of target and rated green and is expected to continue to do so.

Actions taken include:
Sexual Health service to continue to screen patients attending clinic and to identify at risk patients and follow up partners of those patients that are tested as positive.

5.4 HPV Immunisation

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

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

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

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

The current performance for the immunisation programme is rated amber as performance for the second immunisation is behind trajectory at the end of January. The target of 90% that the Trust is commissioned to deliver is applicable to all three immunisations and only achieved if all three immunisations are completed. The total school list size is 3,334 girls meaning that 3,001 girls must receive all three immunisations to achieve the target.

Performance at the end of January shows that first immunisation has achieved the 90% target and is rated green.

The second immunisation is behind trajectory and also behind performance compared to the same period in 2012/13 (shown in the table below). There were 58 girls remaining to be immunised to achieve the January cumulative trajectory of 85%.

There are 224 girls remaining to be immunised to achieve the 90% target.

HPV Immunisation	2012/13 January 2013 Actual	2013/14 January 2014 Trajectory	2013/14 January 2014 Actual
1st Immunisation	89.9%	90.0%	91.6%
2nd Immunisation	86.4%	85.0%	83.3%
3rd Immunisation	0.0%	0.0%	0.2%

The no consent rate is currently 5.7% compared to 6.4% at this stage in 2012/13.

The no consent rate per locality is shown below.

Locality	Class Size	Number of No Consent Children	% No Consent
Cotswolds	531	45	8.47%
Cheltenham	524	35	6.68%
Stroud	621	38	6.12%
Tewkesbury	510	24	4.71%
Gloucester - South	553	25	4.52%
Forest	362	16	4.42%
Gloucester - North	220	7	3.18%
Home	15	0	0.00%
Grand Total	3,336	190	5.70%

Actions include:
- Data to show no consent rates by GP Practice and School will be shared with commissioners for their support to assist with reducing the rate.
- Regular contact with schools to provide further information as required.
- Contact with parents and GPs to catch-up any outstanding immunisations for those consenting.
- Locality leads will investigate reasons for the variances between localities.

5.5 Call to Action (Health Visitors)
GCS is currently on target compared to the monthly trajectory developed in the local monitoring plan with NHS England Area Team (NHSE AT) for increase in numbers of health visitors.

However the forecast for the end of the financial year is to be slightly behind the target by 1.30 WTE. This is based on current estimate from January data. This is due to the difficulty the Trust has had with recruiting trained Health Visitors in 2013/14, even though there has been an ongoing recruitment campaign. This has further highlighted the need for training Health Visitors rather than trying to recruit.

The position for 2014/15 shows GCS expecting to be significantly ahead of target due to 40 trainee Health Visitors that are currently in a training programme.

This anticipated over-performance by the end of 2014/15 has been flagged to NHSE AT and CCG Commissioning leads in order that there are no financial risks for the organisations involved as funds are drawn down.

Local Targets – Red

5.6 Sexual Health – Psychosexual Medicine

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

Performance for patients treated in January 2014 was 93% and is rated amber. This represented one patient not treated within the target of 8 weeks out of 14 patients treated in the month. This patient breached the target by 2 days.

Year to date performance is 78% and remains rated red.

Actions include:

Currently all patients waiting to access the service have either been allocated an appointment, or the service is waiting for the patients to ring in to book appointments. There are sufficient appointments available to accommodate those waiting.

Referrals are triaged by Consultant within the Sexual Health Service to ensure only patients requiring Psychosexual Medicine service are allocated appointments, other patients may require a different clinical pathway.

Administration processes have been refined and referrals received and the waiting list is monitored and updated on a daily basis.

The existing model of service provision is subject to review which has the potential to improve access to the service.

5.7 Reduction in Total Number of Falls in Community Hospitals

To support the operational delivery of the CQUIN target for reduction in total number of falls in Community Hospitals, a target is included within the scorecard to assist with facilitating operational management.

The monthly target has been developed with the input of the Clinical Development team, and also includes setting a target per hospital, per month which is reported through the Locality scorecards.

There were 64 falls in January compared to tolerance of 80 or fewer and therefore January performance is rated as green.

However, year to date performance shows 893 falls compared to a tolerance of 865 and is therefore rated as amber. Performance compared to tolerance for each hospital is shown overleaf.

Community Hospital falls compared to tolerance:

	April - January tolerance	April - January actual	Variance	% Variance
Winchcombe	7	16	-9	-128.6%
Tewkesbury	70	83	-13	-18.6%
Dilke	66	74	-8	-12.1%
North Cotswold	119	125	-6	-5.0%
Cirencester	217	222	-5	-2.3%
Stroud	175	175	0	0.0%
The Vale	135	127	8	5.9%
Lydney	76	71	5	6.6%
Grand Total	865	893	-28	-3.2%

It is noted that there has been a significant increase in falls at Tewkesbury Hospital since moving to the new Hospital building (single rooms). There has been an average of 13 falls per month since moving to the new hospital, compared to an average of 5 per month in the 6 months prior to moving to the new hospital.

Actions include:
- Update of falls action plan for Tewkesbury Hospital, to include learning from other hospitals.

- High risk patients continue to be identified as early as possible and are given one to one care with a Healthcare assistant.

- Review of link between falls and high level of staff sickness, and use of bank and agency staff.

- Investigate the use of Telehealth equipment.

- Review of reported falls to ensure that any 'near misses' are not reported as falls.

5.8 Number of acquired pressure ulcers (Total and Community Hospitals)
To support the operational delivery of the CQUIN target for reduction in acquired pressure ulcers, tolerances are now incorporated within the scorecards including those provided to locality teams. The tolerances have been developed with the input of the Clinical Development team and divided between community hospitals and community services.

The table overleaf shows current performance against the tolerance. January 2014 showed an improvement in performance compared to the two previous months. However the forecast outturn remains above target and rated amber.

Total Number of acquired pressure ulcers compared to tolerance:

	Tolerance	Actual
Apr-13	17	17
May-13	10	10
Jun-13	11	11
Jul-13	10	7
Aug-13	12	3
Sep-13	14	12
Oct-13	11	11
Nov-13	12	15
Dec-13	11	22
Jan-14	12	11
Year to Date	120	119
Year End Forecast	140	143

Of the 11 acquired pressure ulcers recorded in January, 10 were Community Hospital and one was Community based. In terms of grade, 1 was recorded as grade 1 and 10 were grade 2.

Actions include:
- Ward sisters to discuss with their nursing teams and to review all Datix recorded incidences of Pressure Ulcers to identify any themes, reporting back by the end of February.

Local Targets – Amber

5.9 Single Point of Clinical Access (SPCA) Abandoned Calls
Percentage of calls abandoned was 2.5% in January 2014 (compared to a target of less than 5%) and in month performance is rated green.

Year to date performance has improved further from 5.9% (December) to 5.5% (January 2014) and remains rated amber, however is forecast to be on target and rated green by the end of March 2014.

This equated to 67 calls that were abandoned out of 2,727 calls received in January 2014.

Actions include:
In November 2013 a number of telephony system changes were implemented. Performance has been rated green since this implementation and is expected to continue to be on target.

5.10 Coverage of Breast-feeding at 6-8 weeks
The target for coverage of Breast-feeding at 6-8 weeks is that 95% of all infants due a check should have the breast-feeding status recorded.

The last report highlighted that performance in December was 93% and that this was attributed to timeliness of data recording. The data for the same period has now increased to 98%.

However, the performance for January is 94% compared to target of 95% and rated amber. This is again attributed to timeliness of data recording and the expectation is that when data is refreshed next month this will also be on target.

Performance for each locality is shown in the table below.

Locality	Target	January 2014 Coverage	January 2014 Missing data
Out Of County	95%	100.0%	0
Cotswold	95%	98.3%	1
Gloucester South	95%	94.5%	4
Cheltenham	95%	93.6%	8
Stroud	95%	93.4%	6
Gloucester North	95%	93.2%	5
Forest	95%	93.2%	4
Tewkesbury	95%	92.5%	6
Grand Total	95%	94.0%	34

Year to date performance remains at 97% and rated green.

Actions include:
Data is to be reviewed by each locality lead to identify the reasons for staff not inputting data in a timely manner and ensure this is resolved.

5.11 Implementation of Baby Friendly Initiative (BFI) Level 2
The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. Baby Friendly work with public services to protect, promote, and support breastfeeding and to strengthen mother-baby and family relationships. Support for these relationships is important for all babies, not only those who are breastfed.

The UNICEF UK Baby Friendly Initiative provides a framework for the implementation of best practice by NHS trusts, other health care facilities and higher education institutions, with the aim of ensuring that all parents make informed decisions about feeding their babies and are supported in their chosen feeding method. Facilities and institutions that meet the required standards can be assessed and accredited as Baby Friendly.

Implementing Baby Friendly standards is a proven way of increasing breastfeeding rates, it also means health professionals can give mothers the support, information and encouragement they need. The health and social benefits of breastfeeding for mothers and babies are numerous and well evidenced.

NHS Gloucestershire achieved the Certificate of Commitment and Stage 1 accreditation in 2011.

The target for Implementation of Baby Friendly Initiative (BFI) Level 2 was to have achieved this status by the end of January. This had not happened and therefore was rated amber within the scorecard, due to the scheduling of assessments taking place in February rather than January.

However, assessments took place on 12th and 13th February 2014 and the Trust achieved Stage 2 accreditation. This means that the training, assessing and implementation of the BFI standards has been externally assessed and passed as adequate. The Trust aims to achieve Stage 3 BFI accreditation in 2015.

Work to get to this point:

1. All PHN staff trained for 2 days about early relationship building and infant feeding with particular emphasis on how to best support breastfeeding.

2. Staff audited at intervals to assess knowledge and practical skills and identify where improvements were required in order to reach BFI standards.

3. Planned interventions put in place and then staff audited again and process repeated until satisfactory standards achieved.

4. Regular assessments of practical skills completed for every member of PHN staff to ensure all were proficient and continue to be proficient at teaching a mother how to position and attach her baby for breastfeeding and how to express her breast milk by hand.

The team should be congratulated on this excellent achievement.

5.12 Adult Social Care

The format of the scorecard accompanying this report now shows one page with all of the key indicators that are 'RAG' rated. The remaining indicators that are used for operational management of service delivery are reported to each Business Unit but not included within the accompanying scorecard.

The basis of the following narrative is the indicators that are 'RAG' rated only.

There remains difficulty with accessing data and understanding is limited. The support to operational teams to put remedial measures in place is hampered by this.

There has been significant improvement from the dedicated resource within the GCS Performance and Information team but further development is necessary to provide the same level of detail as received by the Health services.

National Targets – Red

5.12.1 Service users receiving self-directed support as direct payments
Performance in January 2014 showed 24.7% of service users receiving self-directed support as direct payments, compared to target of 26.8% which is rated as red.

Actions include:
Provision of weekly monitoring reports to teams and review of those service users receiving self-directed support but not as direct payment.

Additional reports to be developed to identify service users who have been offered a direct payment but have actively declined (for comparison purposes).

Local Targets – Red

5.12.2 Reassessments (SC330, 340 and SC350)
The number of service users that are overdue Community Service and FAST reassessments at the end of January remains rated red as shown in the table below.

	Universal Services (meals on wheels etc) SC340	Community Services SC330
Target	60	232
Actual	125	470
Variance	65	238

There is also a decrease in the number of reassessments (SC350) recorded as completed when comparing performance for the period November 2013 to January 2014 to be behind that for the same period in the previous year. This is summarised in the table below.

Indicator	November 2012 - January 2013 (average)	November 2013 - January 2014 (average)	Variance
Reassessments completed	579	534	-45

The high number of reassessments completed in November 2012 (647) meant that more reassessments were needed to be completed in November 2013. However, completed reassessments between November 2013 and January 2014 were slightly lower than in the previous year, resulting in an increase in reassessments outstanding.

Data for December 2013 now shows an increase in activity whereas in the last report this showed a decrease, compared to the previous year, which indicates a lag in the data entry.

Support plans completed also show a reduction when comparing November 2013 to January 2014 (757) with the plans completed compared to same period in 2012/13 (660).

Actions include:

Planning
Performance and Information Team will provide support to Operational Teams with improving activity planning.

Recruitment
Active recruitment to posts has effectively ceased at the beginning of February, as there has been no assurance that the "Reviews" project would continue into the next financial year. However, the temporary staff have learnt a huge amount during their time in post and gained expertise. This is supported by fewer cases being returned from either local or County panels.

Data Issues
Recruitment of an temporary 0.40wte Project Officer has occurred from the end of January, with a remit to work out how best to deal with the out of county Care Home reviews, and to try and identify whether the Reviews data on ERIC is accurate.

There appears to be a gap in the process regarding completing the Reassessment, when open to a worker. A report has been sent to all Clerical Leads, requesting a data validation exercise to review the open cases.

Part of closing the gap with overdue reviews, could be an update on ERIC to prompt the worker to close/update the review once a reassessment/new service has been completed. This would need to go through the Process group (GAPS), and would need further discussion with PTLs and Clerical Leads in the first instance.

Regarding indicator SC340 (Universal Services), further discussion has taken place about the need to review, or not, an element of the Universal Services, i.e. fast track equipment reviews. Agreement to the removal of this element has been received and the figures have been amended in the scorecard from December 2013 onwards.

Regarding the Meals on Wheels service, the Project Worker has identified that 118 out of 176 Service Users (67%) open to the Community Meals service with an overdue review are no longer receiving this service. The spreadsheets have been forwarded to locality teams to request a further tidy up of this data, as this had been done last year when the meals contract was being retendered.

Regarding indicator SC330, there continue to be delays in being able to complete a case from initial allocation, to the visit itself and the recording on ERIC and eventual closure of that reassessment process.

Agreement has been reached by GCS and GCC that the face to face visit undertaken to reassess the Service user, should be counted as the review having taken place, which should give a more accurate picture of the remaining backlog, than awaiting the closure and de-allocation of a case before it is counted.

Performance teams are checking whether this data can be extracted easily from ERIC but initial discussions are that it is not possible as the actual review meeting is not recorded in ERIC. The only measurable point in the process is the Support Plan sign-off and indicative budget generation

Agreement is needed for 2014/15 as to which point in the process the data will be extracted.

5.12.3 Care Home Reviews outstanding (SC510)

There has been a decrease in the number of service users overdue a care home review in January, from 372 in December to 358. This is rated red as the target in January has reduced to 237.

Actions include:

There is a continued downward trend against the trajectory and the team are achieving between 50 and 60 reviews per month.

Of the 344 Care Home Reviews that remain overdue (as at 17th February), 61 are classified as 'out of county' which is 18% of the overdue figure.

The Project Worker has emailed all the relevant authorities, asking if they could assist us to complete our 'out of county placement' overdue reviews. To date, 6 authorities have agreed to carry out reviews on our behalf.

Other strategies to deal with these reviews are being progressed such as asking our own staff in the Care Home Review Team, and staff in other localities which border other counties, to undertake some of these reviews, many of whom were placed before FACE documentation was in use in Gloucestershire.

5.12.4 FACE overview assessments open longer than 28 days

Indicator SC170 shows performance for FACE overview assessments open longer than 28 days to have increased considerably in the period November 2013 to January 2014, compared to that same period in 2012/13.

This is rated red and performance is shown in the table below.

However the data for December and January for completed assessments within 28 days and those open longer than 28 days is significantly greater than that recorded in previous months, and in 2012/13. This increase will be investigated and appears to be very low compared to previous months suggesting a lag in time of data entry.

The number of FACE overview assessments open longer than 28 days has increased significantly (shown below):

Indicator	November 2012 - January 2013 (average)	November 2013 - January 2014 (average)	Variance
FACE overview assessments open longer than 28 days	458	733	276

Actions include:
Outstanding assessments to continue to be prioritised to reduce those open longer than 28 days and according to need (urgency).

This increase in data reported in December and January will be investigated to establish the validity of this.

5.12.5 Reablement
Indicators SC062 and SC103 show performance for the period November 2013 to January 2014 to be behind that for the same period in the previous year. This is summarised in the table below.

Indicator	November 2012 - January 2013 (average)	November 2013 - January 2014 (average)	Variance
SC062 Community reablement starting in month	282	279	-3
SC103 Bed based reablement completing after 6 weeks	4	8	4

Other key performance highlights for January 2014 include:

57 service users over the 6 week period of completing reablement compared to 142 in January 2014.

A stable picture of reablement 'starts' within month, i.e. 290 January 2014, compared to 295 January 2013.

Actions include:
- Developing reablement data analysis to include percentage of service user contact time by workers.
- improving data reliability and developing analysis.
- assessment of use of interim / reablement beds.

5.12.6 Ongoing development
Further work is ongoing to support the operational management and reporting process and this includes the following:

- Working with GCC data and performance team to facilitate provision to GCS of a full data warehouse data extract to enable more efficient reporting processes to be established to support the operational teams.

It is anticipated that the technical IT work to facilitate this will be completed by the middle of March.

- A review of the current scorecard metrics will be completed in early March to ensure that this meets operational requirements in terms of content and presentation ahead of the new financial year.

Quality

5.13 Patient Experience

Friends and Family Test Net Promoter Score
The Friends and Family Test (FFT) aims to provide a simple, headline metric which can be used to drive cultural change and continuous improvements in the quality of the care received by NHS patients.

The FFT consists of the question: "How likely are you to recommend our ward/department/service to friends and family if they needed similar care or treatment?" with a follow-up question "Please can you tell us the main reason for the score you have given?"

The aim is that all patients being discharged from an inpatient ward or visiting a Minor Injury Unit (MIU) are provided with the opportunity to answer the FFT.

In MIUs patients are given a card to complete and post in the comments box before they leave the unit. On the wards, patients are either surveyed as part of the real-time survey or given a card on discharge to complete before they leave the ward.

Net Promoter Score
The overall Net Promoter Score for GCS in January 2014 was 84, with Minor Injury Units scoring 86 and Community Hospital Inpatient Wards scoring 78.

This is above the benchmark of 75 set by the Aspiring Community Foundation Trust benchmarking group, and the average recorded by the group to date (December) of 80.7.

The score is given as a numerical score between +100 and -100 and is not expressed as a percentage.

The score is calculated by taking away the proportion of responses who would not recommend the service ('neither likely nor unlikely', 'unlikely' and 'extremely unlikely') from the proportion of responses who were 'extremely likely' to recommend the service.

Although the 'likely' responses are not mentioned in the calculation they will form part of the total (the denominator for both parts of the calculation) and the number of 'likely' responses are therefore highly influential in calculating the final score.

Response Rate
The Friends and Family Test response rate remains rated green on a year to date basis with performance of 15% (the Trust is expected to achieve a minimum response rate of 15%). Performance in January 2014 declined to 14% (from 15% in December) and in-month is rated as amber. Performance had been on, or ahead of target for the last 5 months.

There were 722 responses received in total in January 2014, which was a response rate of 14% (MIUs 532 responses (11% response rate) and wards 190 responses (48% response rate)).

This is below the average recorded by the Aspiring Community Foundation Trust benchmarking group to date (December) of 30.4% (6 Trusts have contributed data out of 13 within the group).

Actions taken include:
Community Hospital ward and MIU staff encouraged to ensure they ask patient to complete a card on discharge from MIU or inpatient ward and directing them to where to submit the card once completed.

Focus on importance of this at Locality Board meetings during February.

5.14 CQUIN
The report for the milestones in quarter 3 (2013/14), was shared with Commissioners at the end of January and the Trust await feedback.

The current potential risk of delivery of the Community element of the Dementia CQUIN remains. This is being further assessed.

Work is being led by Community Manager for Stroud to ensure all community staff are aware of the requirements, and are compliant with the audit requirements. This work also highlights the need for Community Managers to validate audit data ahead of submission.

The steering group continues to meet on a monthly basis and all operational leads have a project plan in place detailing key requirements, milestones and deadlines.

The schemes are as follows:

1. NHS Safety Thermometer
2. Dementia Care
3. Patient Experience Escalator
4. Falls Reduction
5. End of Life Care
6. Pressure Ulcers
7. Learning Disabilities

5.15 QIPP

Revised schemes for 2013/14 were agreed between GCS and Commissioners in January 2014 and this is reflected in the scorecard.

Work has commenced during February 2014 to develop milestones and indicators for 2014/15.

Please see the Finance report for more detail.

5.16 Workforce

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

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

Sickness absence levels have decreased slightly to 4.31% (from 4.43%) for rolling 12 months to January. This is rated as red compared to the target of 3%. However, this compares favourably with the benchmark data provided by the Aspirant Community Foundation Trusts Network (ACFTN) which shows an average rate of 4.93% (year to date average data to December combining short-term and long-term sickness data).

In month performance for January was 4.22% compared to 4.97% in December.

Key workforce indicators:

Indicator	Target	Performance
Sickness absence	3.0%	4.31%
Mandatory Training - Fire / Health & Safety	90%	89.75%
Mandatory Training - Equality & Diversity	90%	70.29%
Mandatory Training - Information Governance	90%	65.74%
Mandatory Training - Conflict Resolution	90%	67.00%
Appraisal completion	95%	82.97%
Turnover rate	7-17%	10.7%

All of the mandatory training programmes are rated red, with the exception of the Fire and Health and Safety training which is rated amber at 89.75% compared to target of 90%. GCS performance for this element of mandatory training continues to compare favourably against the ACFTN average rate of 82.3% (December data) for the Fire and Health and Safety mandatory training only.

Appraisal completion rates increased slightly in January to 82.97%, from 78.41% in December. This continues to compare favourably with the ACFTN

rate of 78.83% (December), however remains rated as red compared to the current target of 95% which increased in December from the previous target of 90%.

All line managers are provided with a list of staff with an overdue appraisal, or appraisal due by the end of March to ensure they are scheduled and completed. This is in addition to the regular monthly appraisal completion reports.

The staff turnover rate of 10.72% in January remains higher than the ACFTN average of 12.12% (combining planned and unplanned turnover year to date average data to December). However, performance is within the benchmark target range of 7-17% and therefore rated green.

5.17 Activity Monitoring
This scorecard pack includes a summary of activity compared to plan for all of the services provided by the Trust.

The activity schedule within the scorecard is for the period April to January 2014 and shows activity compared to plan for services provided by the Trust grouped into services areas rather than at service level.

This shows overall activity to be 11.26% above plan, which represents an additional 96,460 patient contacts above planned activity.

However, it is acknowledged that there is a lag of data entry in some service areas. If data recorded for the period April to November 2013 is compared to plan then there is a variance of 12.46% above plan.

5.18 Data Quality
The scorecard includes indicators to illustrate a number of data quality measures that are monitored on a monthly basis in comparison to national average performance for admitted patient data and Minor Injury Units data that are flowed to the Secondary Uses Service.

- Valid ethnic code recorded
- Valid NHS number recorded
- GP Practice code recorded

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

Current performance for these indicators shows GCS performance to be ahead of the national average for data submitted to SUS by all providers.

6 Financial implications

A detailed report outlining any financial implications with delivery of quality and performance targets is included within the Finance Board Report.

7 Implementation and Review of Progress

This report outlines progress towards recovery of under-performing targets including actions to improve performance.

8 Legal Implications

None.

9 Risk Implications

Risks will be identified by Managers and included within the narrative of the report. If necessary, risks will escalate to the Operational Risk Register with the relevant operational leader as the owner.

10 Equality and Quality Implications

This report presents the organisation's quality and performance exception report update. The targets involved are both national and local targets which have been designed to tackle health inequalities. Any equality or quality implications will be identified.

11 Consultation and Communication including Public Involvement

Examples of public involvement and consultation are evident with the Patient Experience surveys. Actions from these surveys are informed from the opinion of service users.

12 Links to:

None.

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Presented by: Glyn Howells

Appendices:
1. Quality and Performance Scorecard

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	UNSCHEDULED CARE																		
	Primary Care Centres																		
National	Face to Face Consultations in PCC for those assessed as an Emergency to be seen within 1 Hour	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	94%	100%	100%	100%	100%	100%	100%	96%	95%	100%	100%			99%	99%		
National	Face to Face Consultations in PCC for those assessed as an Urgent to be seen within 2 Hours	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	96%	97%	97%	96%	98%	95%	100%	95%	96%	94%	96%			96%	96%		
National	Face to Face Consultations in PCC for those assessed as a Less Urgent Case to be seen within 6 Hours	Target	98%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	99%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	98%	98%	98%	99%	99%	98%	100%	99%	98%	98%	99%			99%	99%		
	COMMUNITY HOSPITALS																		
	MIU - QUALITY INDICATORS																		
National	% seen and discharged within 4 Hours in MIU	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%			99.8%	99.8%		
	Number of breaches of 4 hour target	Actual number	51	3	6	5	5	1	6	2	5	8	8			49	59		
National	Total time spent in MIU less than 4 hours (95th percentile)	Target	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	01:48	01:50	01:56	01:51	01:56	01:51	01:51	01:54	01:50	01:49	01:53			01:50	01:50		
National	Time to initial assessment for patients arriving by ambulance (95th percentile)	Target	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	00:11	00:12	00:10	00:07	00:10	00:10	00:10	00:10	00:14	00:12	00:06			00:10	00:10		
National	Time to treatment in department (median)	Target	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	00:22	00:25	00:24	00:24	00:25	00:24	00:24	00:25	00:23	00:22	00:23			00:23	00:23		
	MIU - PATIENT IMPACT QUALITY INDICATORS																		
National	Unplanned re-attendance rate within 7 days	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	4.1%	3.6%	3.5%	4.0%	4.6%	4.0%	4.2%	3.9%	3.9%	4.2%	4.2%			4.0%	4.0%		
National	Left department without being seen	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month =	Locality Managers
		Actual	0.5%	0.5%	0.7%	0.6%	1.0%	0.7%	0.5%	0.7%	0.6%	0.4%	0.5%			0.6%	0.6%		
	SEXUAL HEALTH																		
	Chlamydia Screening																		
National	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	Target		Commissioner target 2,300 per 100,000 population															Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	1775	1785	2074	2187	1881	2106	2010	2782	1881	1335	2235			2029	2029		
	Number of Positive Screens - GCS and Joint responsibility	Target		87	91	90	76	96	96	87	94	97	127	96	106	95	1143		
		Actual		85	95	105	82	86	90	124	87	60	96			910	1092		
	Number of Positive Screens - GCS responsibility	Target		68	70	71	57	76	61	54	67	73	82	73	79	679	831		
		Actual		70	75	84	74	63	72	99	70	43	73			723	868		
	Number of Positive Screens - Joint responsibility	Target		19	21	19	19	20	35	33	27	24	45	23	27	262	312		
		Actual		15	20	21	8	23	18	25	17	17	23			187	224		
	CHILDREN'S SERVICES																		
	IMMUNISATIONS																		
National	HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed)	Target (all 3)*	90%	ACADEMIC YEAR 2012/13 - Target 90% all 3 immunisations by end of academic year (July 2013)					ACADEMIC YEAR 2013/14 - Target 90% all 3 immunisations by end of academic year (July 2014)									Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Target	90.0%	30.0%	50.0%	75.0%	90.0%	90.0%				0.0%	0.0%	0.0%	40.0%	0.0%	90.0%		
		3rd Imunisation	87.9%	58.5%	79.8%	85.6%	86.7%	86.7%				0.1%	0.2%			0.2%	90.0%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%			40.0%	75.0%	85.0%	90.0%	90.0%	85.0%	90.0%		
		2nd Imunisation	90.0%	88.2%	89.0%	89.3%	89.6%	89.9%			35.1%	64.1%	83.3%			83.3%	90.0%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	30.0%	75.0%	85.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		1st Imunisation	90.5%	89.5%	90.0%	90.1%	90.3%	90.5%	29.7%	71.3%	82.9%	87.3%	91.6%			91.6%	91.6%		
		No Consent %	7.0%	6.9%	7.2%	7.2%	7.2%	7.2%	1.6%	4.5%	4.7%	5.1%	5.7%			5.7%	5.7%		
	CHILDHOOD MEASUREMENT PROGRAMME																		
				ACADEMIC YEAR 2012/13 - Target 85% of children measured by end of academic year (July 2013)					ACADEMIC YEAR 2013/14 - Target 85% of children measured by end of academic year											
National	Percentage of children in Reception Year with height and weight recorded	Target	85%	85%	85%	85%	85%	85%	0%	4%	33%	56%	84%	85%	85%	84%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	96.2%	93.2%	93.8%	93.9%	93.9%	93.9%	0.9%	8.5%	35.5%	61.9%	98.6%			98.6%	98.6%		
National	Percentage of children in Year 6 with height and weight recorded	Target	85%	85%	85%	85%	85%	85%	2%	35%	83%	85%	85%	85%	85%	85%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	94.8%	94.0%	94.1%	94.2%	94.2%	94.2%	3.2%	44.3%	82.5%	90.4%	96.9%			96.9%	96.9%		
	NEWBORN HEARING SCREENING																		
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
National	Screens completed by 5 weeks (community sites) - Well babies	Target	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	Exception report to GCSMT and remedial action plan	Candace Plouffe
		Actual	98.9%	98.7%	99.5%	98.8%	98.6%	98.6%	99.5%	98.2%	99.3%	98.9%	98.8%			98.9%	98.9%		

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	NEWBORN BLOODSPOT SCREENING																		
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	Candace Plouffe
		Actual	99.9%	100.0%	100.0%	99.7%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%		
National	Timeliness of result (by 17 days of age)	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	82.0%	96.8%	89.9%	97.7%	97.0%	95.2%	96.5%	98.0%	97.4%	99.0%	96.4%			96.4%	96.4%		
	HEALTH VISITORS																		
National	Number of Health Visitors to meet Call to Action requirements	Target		88.95	91.05	92.25	95.50	95.50	94.70	94.70	94.70	100.50	100.50	100.50	106.00	100.50	106.00	For discussion at Contract Board when WTE numbers are not met	Candace Plouffe
		Actual		86.93	86.13	86.03	86.01	87.99	97.74	97.73	97.67		102.20			102.20	104.70		
	QUALITY																		
	NEVER EVENTS																		
National	Number of Never Events reported	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report and remedial action plan	Sue Field / Candace Plouffe
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
	SERIOUS INCIDENTS REQUIRING INVESTIGATION																		
National	Number of Serious Incidents Requiring Investigation (SIRI) reported	Actual	23	0	2	0	1	1	0	0	0	0	2			6	6	Exception report and action plan	Sue Field / Candace Plouffe
	Friends and Family Test																		
National	Response Rate	Target		15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	Exception report to GCSMT and remedial action plan	Locality Mangers
		Actual		21%	9%	10%	11%	17%	16%	16%	18%	15%	14%			15%	15%		
Local	Net Promoter Score (between -100 and +100)	Target		To be confirmed														Exception report to GCSMT and remedial action plan	Locality Mangers
		Actual		80	86	81	82	85	85	83	83	84	84			83	83		
	INFECTION CONTROL																		
National	Number of post 48 hour Clostridium Difficile Infections in Community Hospitals	Target	24	1	2	1	2	2	1	2	1	1	1	2	2	14	18	Any Month = Exception report, 2nd Consecutive Month =	Locality Mangers
		Actual	16	4	2	6	0	1	2	0	1	0	1			17	19		
National	Number of MRSA bacteraemias	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
National	Number of MSSA Infections	Actual	1	0	0	0	0	0	0	0	0	0	0			0	0	Exception report to GCSMT and remedial action plan	Locality Managers
National	Number of E.Coli Bloodstream Infections	Actual	2	0	0	0	0	0	0	0	0	0	0			0	0	Exception report to GCSMT and remedial action plan	Locality Managers
	DIAGNOSTIC TEST WAITING TIMES																		
National	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Target	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	2% of service line revenue	Sue Field
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
	Cancelled operations																		
National	No urgent operation should be cancelled for a second time	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	Locality Managers
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
National	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	Locality Managers
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
	MIXED SEX ACCOMODATION BREACHES																		
National	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	£250 per day per patient affected	Locality Mangers
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
	Data Quality - Submitted to Secondary Uses Service (SUS)																		
National	Percentage of In Patient episodes that have a valid ethnic code recorded	Target	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%			100.0%	100.0%		
National	Percentage of In Patient episodes that have a valid NHS number recorded (compared to National average)	Target	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	99.6%	99.9%	99.8%	99.8%	99.9%	99.9%	99.8%	99.8%	99.9%	99.9%	99.9%			99.8%	99.8%		
National	Percentage of In Patient episodes that have a GP Practice Code recorded (compared to National average)	Target	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%		
National	Percentage of MIU attendances that have a valid ethnic code recorded (compared to National average)	Target	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	97.9%	98.2%	97.6%	97.3%	97.1%	97.0%	97.0%	97.1%	97.1%	96.9%	96.9%			97.2%	97.2%		
National	Percentage of MIU attendances that have a valid NHS number recorded (compared to National average)	Target	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	97.9%	96.3%	97.0%	96.9%	97.0%	97.3%	97.4%	97.7%	97.7%	98.0%	98.1%			97.3%	97.3%		
National	Percentage of MIU attendances that have a GP Practice Code recorded (compared to National average)	Target	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%		

Key to traffic lights:

On or better than plan	Green
Below plan	Amber
Significantly worse than plan	Red

LOCAL TARGETS

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
`	**REFERRAL TO TREATMENT**																		
	Adult Community & Therapy Services																		
Local	Speech and Language Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	99%	100%	100%	100%	100%	100%	99%	100%	100%	100%	99%			99%	99%		
Local	Podiatry - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	97%	99%	99%	99%	99%	98%	97%	98%	98%	98%	95%			97%	97%		
Local	Occupational Therapy Services - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
Local	Physiotherapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	LM's & Candace Plouffe
		Actual	97%	100%	100%	98%	96%	96%	95%	96%	97%	97%	96%			97%	97%		
Local	Occasional Wheelchairs - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
	Specialist Nurses																		
Local	Parkinson's Nursing - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
Local	Diabetic Nursing - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%			99%	99%		
Local	Bone Health Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	98%	97%	96%	95%	98%	97%	98%	98%	100%	100%	100%			97%	97%		
Local	MSK Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	98%	100%	99%	95%	96%	99%	96%	96%	100%	100%	100%			98%	98%		
	MUSCULOSKELETAL CLINICAL ASSESSMENT AND TREATMENT SERVICE																		
Local	% of referrals referred on to secondary care	Target	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	6%	4%	9%	4%	6%	6%	5%	5%	4%	4%	6%			5%	5%		
Local	Patients referred to secondary care within 2 days of decision to refer onwards	Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
Local	The wait from referral for routine patients to be seen should not exceed 4 weeks	Target	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	2.8	2.9	2.7	3.7	3.7	3.4	3.5	2.9	2.6	2.5	3.1			3.1	3.1		
Local	The wait from referral for urgent patients to be seen should not exceed 2 weeks	Target	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	1.4	1.3	1.8	1.8	1.7	1.4	1.7	1.4	1.2	1.7	1.9			1.6	1.6		
	Single Point of Clinical Access (SPCA)																		
Local	Calls Offered (received)	Actual	26806	2487	2411	2119	2488	2397	2126	2401	2116	2164	2727			23436	28123	Exception report to GCSMT and remedial action plan	Rosi Shepherd
	Calls Handled (answered)	Actual	25317	2375	2267	1911	2256	2177	2021	2258	2078	2140	2660			22143	26572		
	Calls Abandoned	Actual	1489	112	144	208	232	220	105	143	38	24	67			1293	1379		
Local	% of calls abandoned	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Rosi Shepherd
		Actual	5.5%	4.5%	6.0%	9.8%	9.3%	9.2%	4.9%	6.0%	1.8%	1.1%	2.5%			5.5%	4.9%		
Local	% of calls resolved with agreed pathway within 20 mins	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Rosi Shepherd
		Actual	96.9%	95.0%	96.2%	96.2%	96.2%	96.3%	96.2%	95.0%	95.5%	95.8%	95.9%			95.8%	95.8%		
	COMMUNITY HOSPITALS																		
	ADMITTED PATIENTS																		
	AVERAGE LENGTH OF STAY																		
Local	Average Length of Stay - 95th percentile	Target		Operating Standard to be agreed - proposed target 15.3 days															Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	15.8	15.5	15.1	15.4	14.8	14.0	15.3	14.1	14.7	13.7	15.4			14.6	14.6		
	Average Length of Stay	Actual	16.8	17.6	17.2	17.7	16.6	15.9	17.4	15.8	16.2	15.6	17.3			16.6	16.6		
	Direct Admissions - Average Length of Stay	Actual	12.8	14.7	10.4	14.3	11.8	13.4	14.6	13.4	13.3	12.8	13.1			13.8	13.8		
	Non-Direct Admissions - Average Length of Stay	Actual	20.9	20.3	22.4	21.0	21.7	18.6	20.6	18.2	18.5	17.9	21.3			20.1	20.1		
	DIRECT ADMISSIONS																		
Local	% of direct admissions to community hospitals	Target	50%	Operating Standard to be agreed														Remedial action plan for sites not meeting the target YTD	Locality Mangers
		Actual	52%	38%	50%	48%	56%	51%	53%	51%	50%	48%	51%			50%	51%		
Local	% of direct admissions to community hospitals - following transfer from GP	Target		Operating Standard to be agreed														Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	44%	34%	42%	39%	49%	42%	39%	38%	42%	39%	41%			41%	41%		
	% of direct admissions to community hospitals - following transfer from GHNHSFT	Target		Operating Standard to be agreed														Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	8%	5%	8%	9%	7%	9%	14%	13%	8%	9%	9%			9%	10%		
	DELAYED TRANSFERS OF CARE																		
Local	Delayed Transfers of Care to be maintained at a minimal level (average number of patients each month)	Target	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	Report to Contract Board on reasons for delays and actions taken to resolve	Locality Mangers
		Actual	9	6	8	5	5	5	5	8	10	5	3			6	5		

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	Telehealth																		
Local	Number of Telehealth units in the Community	Target				NUMBER AND MONTHLY TRAJECTORY TO BE AGREED												Any Month = Exception report, 2nd Consecutive Month =	**Sue Field**
		Actual		153	154	142	139	136	142	148	138	140	141			143	143		
	ESD																		
Local	Proportion of new patients assessed within 2 days of notification	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month =	**Sue Field**
		Actual	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
Local	Proportion of patients discharged within 6 weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month =	**Sue Field**
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
	SEXUAL HEALTH																		
	REFERRAL TO TREATMENT - SEXUAL HEALTH																		
Local	Contraception Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	98%	99%	99%	100%	99%	99%	100%	100%	100%	98%	99%			99%	99%		
Local	HIV Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
Local	Psychosexual Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	93%	100%	88%	80%	83%	60%	73%	69%	80%	71%	93%			78%	78%		
	Terminations																		
Local	% of terminations carried out within 10 weeks of gestation	Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	Any Month = Exception report, then remedial required when target not met	**Candace Plouffe**
		Actual	77%	82%	88%	78%	95%	83%	76%	89%	83%	92%	72%			84%	84%		
	CHILDREN'S SERVICES																		
	REFERRAL TO TREATMENT - Community Services																		
	Paediatric																		
Local	Paediatric Speech and Language Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	99%	100%	100%	100%	99%	99%	100%	96%	95%	97%	100%			98%	99%		
Local	Paediatric Physiotherapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	99%	99%	97%	99%	99%	100%	98%	99%	99%	96%			99%	99%		
Local	Paediatric Occupational Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	98%	100%	100%	95%	96%	100%	97%	100%	100%	98%	100%			99%	99%		
	BREASTFEEDING																		
Local	Coverage of Breastfeeding at 6-8 weeks: number of children with a breastfeeding status recorded as a % of all infants due for a 6-8 week check	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	99%	99%	97%	98%	98%	99%	98%	97%	96%	98%	94%			97%	97%		
Local	Continuation rate of Breastfeeding at 6-8 weeks: for patients breastfeeding at 2 weeks to continue on to 6-8 weeks	Target		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	If not meeting at the Quarterly submission, discussion to determine issues and agree how to improve performance	**Candace Plouffe**
		Actual		96%	82%	88%	92%	88%	88%	87%	87%	87%	80%			88%	88%		
	QUALITY																		
	Pressure ulcers																		
	Pressure ulcers in Community																		
Local	Total number of patients with pressure ulcers		25	43	29	13	29	15	25	23	27	20	37			261		Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
	Number grade 1 pressure ulcers		6	4	4	0	6	2	5	2	6	3	5			37			
	Number grade 2 pressure ulcers		14	30	19	10	20	12	16	16	18	13	18			172			
	Number grade 3 pressure ulcers		5	5	5	3	2	1	4	4	2	4	10			40			
	Number grade 4 pressure ulcers		0	4	2	0	1	0	0	0	1	0	4			12			
	Total number of pressure ulcers		25	43	30	13	29	15	25	22	27	20	37			261			
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Actual	20.0%	20.9%	23.3%	23.1%	10.3%	6.7%	16.0%	18.2%	11.1%	20.0%	37.8%			19.9%			
	Number of Acquired Pressure Ulcers	Target		5	4	0	3	3	2	3	3	2	2	3	2	27	32	**Monthly**	**Locality Managers**
		Actual		5	4	0	2	0	2	2	0	0	1			16	19		

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	Pressure ulcers in Community Hospitals																		
Local	Total number of patients with pressure ulcers		21	35	19	23	19	16	20	27	44	46	32			281		Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
	Number grade 1 pressure ulcers		4	8	5	2	3	6	5	7	8	6	5			55			
	Number grade 2 pressure ulcers		12	15	12	18	12	7	16	16	31	36	26			189			
	Number grade 3 pressure ulcers		5	5	1	2	4	3	1	4	4	4	3			31			
	Number grade 4 pressure ulcers		1	3	3	1	1	0	0	2	1	0	0			11			
	Total number of pressure ulcers		22	31	21	23	20	16	22	29	44	46	34			286			
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Actual	28.6%	25.8%	19.0%	13.0%	25.0%	18.8%	4.5%	20.7%	11.4%	8.7%	8.8%			14.7%			
	Number of Acquired Pressure Ulcers	Target		12	6	11	7	9	12	8	9	9	10	8	7	93	108	**Monthly**	**Locality Managers**
		Actual		12	6	11	5	3	10	9	15	22	10			103	124		
	Total Acquired Pressure ulcers																		
Local	Grand Total Number of Acquired Pressure Ulcers	Target		17	10	11	10	12	14	11	12	11	12	11	9	120	140	**Monthly**	**Locality Managers**
		Actual		17	10	11	7	3	12	11	15	22	11			119	143		
	Number grade 1 Acquired pressure ulcers			3	2	2	2	1	4	2	3	5	1			25			
	Number grade 2 Acquired pressure ulcers			13	8	9	3	2	8	8	12	17	10			90			
	Number grade 3 Acquired pressure ulcers			0	0	0	2	0	0	1	0	0	0			3			
	Number grade 4 Acquired pressure ulcers			1	0	0	0	0	0	0	0	0	0			1			
	Falls																		
Local	Reduction in Total number of Falls in Community Hospitals	Target		87	84	104	89	89	84	86	83	79	80	79	76	865	1020	Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
		Actual	1089	87	84	104	91	77	86	99	96	105	64			893	1072		
Local	Number of falls resulting in serious harm	Actual	3	0	0	0	0	0	0	0	0	0				0	0	Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
	Percentage of falls resulting in serious harm should be less than 1% of total falls	Target		<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%		
		Actual	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			0.0%	0.0%		
	VTE																		
Local	VTE Risk Assessment - % of relevant inpatients with assessment completed	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Locality Mangers**
		Actual	97.3%	98.7%	97.8%	98.3%	98.5%	97.2%	94.9%	93.9%	96.4%	95.5%	96.5%			96.8%	96.8%		
	BREASTFEEDING																		
Local	Implementation of UNICEF baby friendly initiative (Health Visiting)	Target	Level 2	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2	Level 2	Level 2	Level 2	Level 2	Failure to produce Implementation plan by end of Q2 will result in discussion at Contract Board	**Candace Plouffe**
		Actual	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1			Level 1	Level 2		

Key to traffic lights:

On or better than plan	Green
Below plan	Amber
Significantly worse than plan	Red

Gloucestershire Care Services NHS Trust
Adults Social Care Operational & Performance Management Scorecard. County Totals

ADULT SOCIAL CARE INDICATORS	Measure method	Lead		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Variance	M10 YTD	Average 2012/2013	Average 2013/2014	Variance
				2012/2013					**2013/2014**												**Average for Last 3 Months**		
NATIONAL INDICATORS (Gloucestershire Summary)																							
ASCOF 1C Part 1 Percentage of service users receiving self-directed support	Percentage	Sue Field	Target	66.7%	70.0%	73.3%	76.7%	80.0%	80.3%	80.7%	81.0%	81.3%	81.7%	82.0%	82.7%	83.0%	83.3%	83.5%			79.2%	82.8%	3.6%
			Actual	78.5%	79.4%	79.5%	80.0%	80.9%	82.4%	80.9%	81.7%	82.7%	82.8%	83.4%	79.1%	79.5%	84.0%	84.8%	5.5%	82.1%			
ASCOF 1C Part 2 Percentage of service users receiving self-directed support as Direct Payments	Percentage	Sue Field	Target	13.6%	13.7%	13.8%	14.0%	14.1%	26.0%	26.1%	26.2%	26.3%	26.4%	26.5%	26.6%	26.6%	26.7%	26.8%			26.1%	24.3%	-1.8%
			Actual	26.0%	26.1%	26.1%	25.9%	26.0%	25.7%	25.1%	24.3%	24.1%	23.9%	24.2%	23.8%	23.4%	24.8%	24.7%	-1.3%	24.4%			
ASCOF 2A Part 1 Admissions to residential & nursing care, per 100,000 population (Age 18-64)	Rolling 12-Month Average	Sue Field	Target																		48	36	-12
			Actual	46	48	51	52	49	45	45	48	47	48	48	43	38	35	35	13	432			
ASCOF 2A Part 2 Admissions to residential & nursing care, per 100,000 population (Age 65+)	Rolling 12-Month Average	Sue Field	Target																		938	923	-15
			Actual	914	951	949	963	984	990	1017	1035	1033	1008	932	969	950	923	897	848	9754			
ASCOF 2B Achieving independence for older people through reablement	Percentage	Sue Field	Target					87.5%					ANNUAL SURVEY										
			Actual					71.5%															
ASCOF 2C Pt 1 Delayed transfers of care	In Month	Sue Field	Target						10	10	10	10	10	10	10	10	10	0			8	5	-3
			Actual	8	8	7	7	6	6	6	6	6	5	6	5	5	5	-	-27	50			
ASCOF 2C Pt 2 Delayed transfers of care from hospital attributable to adult social care	In Month	Sue Field	Target						4	4	4	4	4	4	4	4	4	0			3	2	-1
			Actual	4	4	3	3	3	3	3	3	2	2	2	2	2	2	-	-24	21			
LOCAL INDICATORS																							
Referral Centre																							
SC010 Referrals	In Month	Sue Field	Actual		657	1909	1823	2227	2369	2295	2250	2836	2450	2557	2682	2585	2282	3012		25318	No data for 2012/13	2626	
SC055 Referrals (priority within 2 hours)	In Month	Sue Field	Actual		25	85	163	243	286	307	341	457	399	408	273	206	177	224		3078		202	
SC056 Percentage of referrals (priority within 2 hours)	Percentage	Sue Field	Actual		3.8%	4.5%	8.9%	10.9%	12.1%	13.4%	15.2%	16.1%	16.3%	16.0%	10.2%	8.0%	7.8%	7.4%		12.2%		7.7%	
Reablement																							
SC061 Community & Bed based reablement starting in month	In Month	Sue Field	Actual	355	267	336	267	332	359	375	344	383	355	336	303	338	293	327	275	3413	319	319	0
SC062 Community reablement starting in month	In Month	Sue Field	Actual	314	236	295	241	295	321	330	308	342	305	290	263	290	257	290	208	2996	282	279	-3
SC063 Bed based reablement starting in month	In Month	Sue Field	Actual	41	31	41	26	37	38	45	36	41	50	46	40	48	36	37	67	417	38	40	3
SC102 Community reablement completing after 6 weeks	In Month	Sue Field	Actual	86	83	142	85	90	94	112	102	84	77	66	73	72	48	57	19	785	104	59	-45
SC103 Bed based reablement completing after 6 weeks	In Month	Sue Field	Actual	3	5	4	5	14	10	8	7	7	11	5	6	3	9	12	8	78	4	8	4
FACE overview assessments																							
SC170 Open longer than 28 days	Snapshot	Sue Field	Actual	494	488	391	368	410	400	463	467	391	425	377	379	356	851	993	363	993	458	733	276
SC181 Completed within 28 days	In Month	Sue Field	Actual	713	553	651	642	593	611	718	615	690	648	694	678	559	1059	1163	73	7435	639	927	288
Support Plans																							
SC210 Support plans completed	In Month	Sue Field	Actual	755	739	778	737	834	747	1127	934	994	1077	780	787	738	642	599	1376	8425	757	660	-98
SC231 Support plans outstanding	Snapshot	Sue Field	Actual	1287	1272	1264	1156	1223	943	844	733	774	751	911	968	1032	995	1008	-277	1008	1274	1012	-263
Personal budgets																							
SC240 Service users eligible for personal budgets	Snapshot	Sue Field	Actual	2963	2929	2828	2648	2539	2547	2570	2546	2608	2614	2656	2705	2841	2642	2644	-287	2644	2907	2709	-198
SC250 Service users with personal budgets	Snapshot	Sue Field	Actual	2096	2076	2099	2071	2070	2110	2120	2106	2105	2141	2200	2175	2297	2249	2248	173	2248	2090	2265	174
Reassessments																							
SC330 Service users overdue a community service reassessment	Snapshot	Sue Field	Target						579	607	635	663	691	599	507	412	324	232				323	
SC330			Actual	498	525	562	608	492	552	555	547	537	505	452	451	540	513	470	189	470	528	508	-21
SC340 Service users overdue a FAST reassessment	Snapshot	Sue Field	Target						1255	1153	1051	949	847	745	643	408	120	60				234	
SC340			Actual	1084	1143	1219	1268	1205	1133	1076	997	978	842	703	718	407	165	125	45	125	1149	232	-916
SC350 Reassessments completed	In Month	Sue Field	Actual	647	515	575	591	446	532	563	503	511	491	545	611	543	525	533	-321	5357	579	534	-45
Carers																							
SC410 Percentage of carers accepting the offer of assessment	Percentage	Sue Field	Actual	87.1%	87.7%	88.7%	90.8%	91.6%	91.4%	92.4%	88.3%	90.5%	92.2%	92.5%	93.3%	92.9%	92.2%	92.9%	3.5%	91.9%	1	1	4.8%
Safeguarding																							
SC425 New safeguarding alerts	In Month	Sue Field	Actual					94	117	157	179	159	180	224	265	247	0	0		1528		82	
SC430 New safeguarding referrals	In Month	Sue Field	Actual	49	39	37	35	46	73	77	96	75	84	87	107	81	76	84	374	840	42	80	39
SC440 Safeguarding referrals completed	In Month	Sue Field	Actual	44	29	55	42	49	44	68	70	84	64	58	107	115	81	75	392	766	43	90	48
SC450 Safeguarding referrals substantiated	In Month	Sue Field	Actual	26	12	15	12	5	11	7	11	13	19	19	22	26	15	11	33	154	18	17	0

ADULT SOCIAL CARE COUNTYWIDE SERVICES 2013/14	Measure Method	Lead		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Variance	M9 YTD	Average 2012/2013	Average 2013/2014	Variance
				2012/2013					**2013/2014**												**Average**		**Variance**
Care Home Reviews																							
SC510 Reviews outstanding	Snapshot	Sue Field	Target						549	541	533	525	477	429	381	333	285	237		237		285	285
SC510			Actual	511	545	567	597	532	517	535	492	492	466	463	456	521	372	358	87	358	541	417	-124

GCS QIPP Scheme Summary - 2013/14   **Month** [10]

Scheme		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD Performance Achieved	YTD £	Full Year	Full Year £
Programme 1 - Community Hospital Reduce Ready for Discharge	Actuals / Forecast 2013/14	Reduce ready for discharge from 50% to 30% by 31st March 2014. Acuity audit 1st week in April 2014													0	£0	0	£350,000
Programme 2 - Community Hospital Reduce the LOS	2013/14 Target	Reduce the 95th percentile average length of stay (AVLOS) in community hospitals by an average of 1 day (in addition to the original target of 0.5 days, therefore overall reduction 1.5 days) compared to 2012/13								1.3	1.4	1.5		1.3	£0	1.5	£100,000
	Actuals / Forecast 2013/14									1.2				1.2	£0	1.5	£100,000
Programme 3 - Rapid Response & ICTs	Actuals / Forecast 2013/14	Gloucester City Project. This project is now under discussion and will be jointly defined.												0	£0	0	£100,000
Programme 4 - MIU	Actuals / Forecast 2013/14	Action plan to increase the number of ambulance diverts in a sustainable way to enable delivery in 2013/14 and 2014/15. Action plan by 31st January with implementation from 1st February 2014												0	£0	0	£50,000
Programme 4 - MIU (Ambulance Diverts)	Actuals / Forecast 2013/14	Increase in the number of ambulance diverts by 200 to MIUs by 31st March 2014												0	£0	0	£50,000
Programme 5 - Integrated Discharge Teams	Actuals / Forecast 2013/14	Milestones to be confirmed												0	£0	0	£100,000

QIPP Total **£750,000**

CQUIN PERFORMANCE SCORECARD

CQUIN Indicator	TARGET		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	reporting frequency	Indicator Value (£000's)	Total Value (£000's)	Operational Lead
1 - NHS Safety Thermometer																				
1.1	Completeness of data submission to the Health and Social Care Information Centre (HSCIC). Monthly submission monitored quarterly	Target	Data submission			Data submission			Data submission			Data submission					Quarterly	£87.3	£87.3	Carol Grimsdale & Veronica Hourston
		Actual	Data submitted for Q1			Data submitted for Q2			Data submitted for Q3											
2 - Dementia Care																				
2.1	Dementia Case Finding - % of direct admissions asked dementia case finding question as part of admission process	Target	Baseline report			Update provided detailing progress to target				90%	90%	90%	90%	90%		90%	Monthly	£94.30	£314.3	Mandy Hampton & Sarah Warne
		Actual								60%	34%	64%			64%	64%				
2.2	Diagnostic Assessment for Dementia - % of patients identified in 2.1 who have had a diagnostic assessment complted using recognised assessment tool	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%	90%	90%		90%	Monthly	£94.30		
		Actual																		
2.3	Referral for specialist diagnosis - of patients with symptoms of memory loss, or possible dementia who are referred for specialist diagnosis	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%	90%	90%		90%	Monthly	£31.43		
		Actual										80%			80%	80%				
2.4	Care Planning - % of patients where cognitive impairment identified are commenced upon care plan which evidences appropraite management as described in 2.3	Target				Update provided detailing progress to target			Update provided detailing progress to target			80%	80%	80%		80%	Monthly	£62.87		
		Actual										70%			70%	70%				
2.5	Training on Diagnostic Assessment	Target	Confirm number and grade of staff to be trained. Scope training programme options and agree.			Completion of 10% of eligible staff trained and report			Update provided detailing progress to target							50%	Monthly	£31.43		
		Actual																		
3 - PATIENT EXPERIENCE ESCALATOR																				
3.1	Responding to feedback - submit quarterly reports detailing update on community hospital inpatient real-time survey programme. To include areas surveyed, key issues raised and resultant action plans	Target	Quarterly report completed			Quarterly report completed			Quarterly report completed			Quarterly report					Quarterly	£78.6	£314.3	Linda Edwards & Alison Reddock
		Actual																		
3.2	Provider of choice - implementation of Friends and Family Test	Target	Quarterly report completed			Quarterly report completed			Quarterly report completed			Quarterly report					Quarterly	£78.6		
		Actual																		
3.3	Shared Decision Making - Implementing the use of the Personal Decision Making tool for patients / carers within areas of Children's Services (OT, Physio, SLT)	Target	Identification of service areas to champion this work and staff education and training			Implementation			Evaluation of Implementation			Develop and action plan to build on and further roll out the use of the personal decision making tool					Quarterly	£78.6		
		Actual																		
3.4	Leadership - "15 step challenge"	Target	Scope the feasability of implementation including areas for trial; consideration of training and awareness raising			Launch "The Challenge" with organisational sign up within the agreed areas for the trial			Review and Evaluation of this trial, what we have learnt about patient and users views			Plan for wider adoption of "The Challenge" across GCS during 2014/15					Quarterly	£78.6		
		Actual																		
4 - Reduction in number of falls																				
4.1	Reduce harm to patients and service users. Trajectory for reduction in number of falls set through Q2-4 based on baseline collection in Q1	Target	Baseline data collection on number of falls and level of harm established and agreed. To include: Number of falls, Harm categories from falls profiling report, number of referrals to falls related specialist services			Reduction of 5% in the number of falls against baseline			Update provided detailing progress to target			Reduction of 15% in the number of falls against baseline					Quarterly	£220.0	£314.3	Julie Ellery & Alison Reddock
		Actual																		
4.2	Staff Training - training of identified staff groups to increase knowledge relating to falls prevention and bone health.	Target				Scope content of training programme			Update provided detailing progress to target			50% of eligible staff accessing training					Quarterly	£94.3		
		Actual																		
5 - End of Life Care																				
5.1	End of Life Care Planning - patients at the end of life will have care that is planned, implemented and evaluated to meet their needs. Increase of 15% against Q1 baseline for where there is documented evidence of 3 components of care planning	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Update provided detailing progress to target			Increase of 15% from Q1 baseline					Quarterly	£188.6	£314.3	Theresa Cuthbert & Pat Anderson
		Actual																		
5.2	End of Life Care Symptom Management - improved symptom management	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Update provided detailing progress to target			Increase of 15% from Q1 baseline					Quarterly	£125.7		
		Actual																		

	6 - Pressure Ulcers											
6.1	Decrease in acquired pressure ulcers by 17% in hospital and community	Target	Identify baseline number of acquired pressure ulcers from Q3 and Q4 data for 2012/13. Data by grade of pressure ulcer (1-4)	Decrease of 5% from baseline	Update provided detailing progress to target	Decrease of 15% from baseline (Q3 and Q4 2013/14)			Quarterly	£251.5	£314.3	**Jane Evans & Lucy Woodhouse**
		Actual										
6.2	Joint working with other providers to reduce inherited pressure ulcers	Target	Identify baseline from Q3 and Q4 incident reports for 2012/13. Establish top 3 care providers from whom GCS inherits pressure ulcers	Establish joint investigation process to ensure timely investigation and resolution. Agree year-end target for reduction in inherited pressure ulcers. Evidenced by meeting minutes and investiagtion pathway.	Report detailing progress towards year-end target for reduction in inherited pressure ulcers	Achievement of year-end target for reduction in inherited pressure ulcers			Quarterly	£62.9		
		Actual										
	7 - Learning Disabilities											
7.1	Reasonable Adjustment Training - a range of training and development opportunities is developed to ensure employees of GCS are aware of the need to provide reasonable adjustment for people with Learning Diabilities, the resources to assist them and are able to translate to a range of care and treatment settings	Target	Work with LD colleagues to scope available tools / resources to support reasonable adjustments for people with learning disabilities. This will include discussion with LD self-advocacy groups	Develop training programme to raise awareness of the needs of people with learning diabilities, diability equality duties and resources available to staff. Final programme to be supported by LD self-advocacy groups	Implement training programme across all staff groups	Evidence training of 25% of staff and patient stories to illustrate reasonable adjustments made			Quarterly	£87.3	£87.3	**Helen Ballinger**
		Actual										
											£1,746	

Key to traffic lights:

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

thresholds to be developed

Workforce Performance Scorecard - Gloucestershire Care Services - BOARD Level
Snapshot Data Extracted from ESR on 1st of each subsequent month

Please note that from May onwards, the cost centres have been revised and applied to the new structures. This means that any previous data is not comparable, and has therefore been removed if it is not top level activity.

Item	Mar-13	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
ESTABLISHMENT													
Staff in post FWTE - Snapshot end of Month	1955.01	1958.67	1950.69	1955.65	1956.28	1984.88	2009.80	2019.71	2041.82	2045.67	2092.62		
Vacancies FWTE - during month	20.57	53.48	37.1	28.45	44.81	49.95	37.77	32.63	48.77	25.89	19.64		
Number of vacancies advertised - During month	24	64	44	29	52	61	46	41	55	30	24		
Headcount (excluding Bank Staff) - Snapshot end of month	2586	2589	2586	2579	2572	2605	2627	2637	2655	2654	2703		
Bank Staff - Snapshot end of Month	307	313	320	306	304	307	307	313	295	283	287		
Number of Nursing Staff - FWTE - Snapshot at end of month	951.74	954.78	951.01	951.76	952.04	970.02	982.96	985.76	994.43	986.50	998.76		
Number of Nursing Staff WTE vacancies advertised during month		16.08	23.83	13.63	10.37	14.16	10.26	10.74	28.72	10.27	10.09		
New Starters (Headcount Excluding Bank Staff) - during month	21	25	14	18	28	43	58	39	43	31	53		
SICKNESS													
Sickness % of workforce - 12 month rolling average.	**3.0%**	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
	4.51%	4.41%	4.30%	4.27%	4.20%	4.25%	4.27%	4.35%	4.31%	4.43%	4.31%		
Corporate		3.72%	3.66%	3.57%	3.52%	3.66%	3.82%	3.97%	4.16%	4.33%	4.40%		
Adult		4.99%	4.86%	4.85%	4.71%	4.78%	4.80%	4.82%	4.71%	4.79%	4.56%		
Countywide And Children, Family & Young People		3.63%	3.61%	3.56%	3.58%	3.52%	3.52%	3.65%	3.67%	3.83%	3.83%		
Sickness cost	£206,284	£209,877	£173,876.60	£164,555.00	£146,940.69	£201,596.52	£209,994.75	£252,166.64	£206,699.46	£250,929.19	£207,377.42		
MANDATORY TRAINING													
% of staff (excl bank) completed Mandatory Training - Health, Safety & Welfare	84.73%	85.17%	85.27%	86.16%	86.51%	86.37%	86.26%	89.12%	87.87%	87.23%	89.75%		
Corporate		81.73%	80.37%	82.10%	83.33%	84.10%	84.66%	86.85%	85.06%	83.38%	85.42%		
Adult		86.56%	86.63%	87.25%	87.12%	86.60%	86.49%	89.80%	88.41%	88.04%	91.12%		
CYP & Countywide		85.35%	85.68%	86.70%	87.44%	87.61%	86.47%	88.81%	88.02%	87.35%	89.13%		
% of staff (excl bank) completed Mandatory training - Equality & Diversity	49.81%	51.26%	51.09%	51.50%	51.70%	50.77%	58.32%	66.93%	69.45%	69.59%	70.29%		
Corporate		41.18%	40.49%	41.05%	41.67%	41.90%	51.53%	53.52%	56.71%	57.27%	57.73%		
Adult		49.61%	49.47%	49.79%	49.75%	48.62%	56.89%	66.33%	69.27%	69.41%	70.46%		
CYP & Countywide		57.98%	58.00%	58.52%	59.02%	58.08%	63.47%	73.21%	74.73%	74.82%	74.94%		
% of staff (excl bank) completed Mandatory Training - Info Governance	67.05%	67.40%	66.99%	67.17%	67.10%	65.94%	65.09%	67.46%	66.63%	66.16%	65.74%		
Corporate		42.72%	39.19%	49.82%	50.18%	49.28%	48.91%	50.72%	50.00%	50.17%	52.74%		
Adult		68.68%	68.54%	68.66%	68.19%	66.78%	65.89%	69.05%	68.13%	67.91%	67.97%		
CYP & Countywide		74.79%	74.25%	74.49%	75.00%	74.12%	72.93%	74.17%	73.43%	72.46%	70.14%		
% of staff (excl bank) completed Mandatory Training - Conflict Resolution	54.52%	56.54%	57.76%	59.35%	60.08%	59.55%	59.08%	65.68%	65.88%	66.39%	67.00%		
Corporate		48.30%	45.53%	58.24%	58.97%	58.33%	57.97%	62.23%	62.23%	62.37%	64.04%		
Adult		58.20%	59.04%	60.35%	60.87%	60.01%	59.69%	67.35%	67.52%	68.12%	68.57%		
CYP & Countywide		56.90%	59.21%	61.67%	62.80%	62.82%	61.92%	67.74%	68.09%	68.68%	69.22%		
CORPORATE INDUCTION TRAINING													
Number of staff attending Corporate Induction Year to Date	288	17	31	44	60	87	119	183	215	272	352		
% of new starters attending induction training Year to Date	94.71%	68.00%	79.49%	77.19%	70.59%	67.97%	63.98%	81.33%	80.22%	90.97%	100.00%		
APPRAISALS													
Target	**85%**	85%	85%	85%	85%	90%	90%	90%	90%	95%	95%	95%	95%
Number of qualifying staff with up to date appraisal	1447	1400	1334	1365	1480	1439	1573	1695	1628	1671	1774		
% of qualifying staff with Up to Date Appraisal	66.90%	65.09%	61.73%	63.05%	67.95%	66.07%	74.59%	80.14%	76.47%	78.41%	82.97%		
Corporate		67.19%	63.60%	67.43%	69.85%	67.17%	87.45%	77.95%	81.40%	89.43%	89.77%		
Adult		60.84%	57.64%	58.29%	63.64%	60.44%	70.31%	79.08%	72.81%	73.59%	81.20%		
CYP & Countywide		71.76%	68.21%	69.75%	74.82%	75.58%	77.00%	82.84%	80.97%	82.53%	83.46%		
EMPLOYEE TURNOVER (NB: Any cost centres which have been closed have now been included in Turnover figures, which have been updated Apr - July. New process continues from August onwards)													
Turnover FTE %	12.19%	11.69%	11.65%	11.63%	11.36%	11.35%	10.86%	11.14%	11.51%	10.84%	10.72%		
Corporate		12.87%	13.12%	13.28%	13.42%	13.15%	12.52%	13.20%	13.37%	14.26%	13.96%		
Adult		12.54%	12.75%	12.77%	12.28%	12.24%	11.93%	12.21%	12.23%	10.95%	10.31%		
CYP & Countywide		9.61%	8.98%	8.80%	8.75%	8.91%	8.14%	8.27%	9.33%	9.18%	10.10%		

GCC - GCS Staff Information													
	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Establishment													
Headcount	710	709	714	714	708	699	687	685	688	692	694		
FTE	538.18	539.01	544.65	544.9	540.06	539.22	531.81	535.22	539.24	541.8	548.14		
New Starters	2	4	9	4	2	2	3		5	9	8		
Leavers	2	5	4	4	8	11	15	2	2	5	6		
SICKNESS													
Sickness % of workforce - Target	**3%**	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
GCC - Cheltenham & Cotswolds	3.72%	2.47%	2.22%	3.26%	2.87%	4.92%	2.70%	4.42%	4.66%	3.28%	4.51%		
GCC - Forest of Dean & Tewkesbury	0.65%	2.10%	1.85%	2.01%	3.88%	3.22%	3.90%	4.33%	4.30%	3.65%	4.26%		
GCC - Gloucester & Stroud	3.97%	5.43%	3.68%	3.77%	5.95%	4.32%	4.30%	4.32%	5.52%	7.27%	6.33%		
GCC - Countywide Services	1.88%	3.22%	2.56%	2.44%	5.12%	3.40%	4.50%	2.82%	3.46%	2.58%	4.13%		
Overall	**2.94%**	**3.72%**	**2.78%**	**3.11%**	**4.60%**	**4.13%**	**3.81%**	**4.24%**	**4.80%**	**4.93%**	**5.09%**		

CONTRACT ACTIVITY OUTTURN AND CURRENT YEAR MONTHLY ACTIVITY TO DATE

Service Area	2013/14 activity to date												Total	2013/14 monthly activity plan												Total	2013/14 YTD Plan	2013/14 Forecast	2013/14 Forecast - 2013/14 Plan	201314 YTD - 2013/14 YTD	Percent Variance
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar						
Community Hospital Inpatients	7067	7007	6613	6605	6615	6380	6834	6567	6702	6815	0	0	67205	6690	6758	6558	6525	6554	6330	6534	6314	6538	6563	5986	6544	77894	65364	80509	2615	1841	2.82%
Daycases	135	140	123	128	119	99	119	90	91	131	0	0	1175	102	120	106	134	107	94	138	119	95	101	99	110	1325	1116	1408	83	59	5.29%
Urgent Care (OOH & MIU)	9998	10663	10256	11436	10666	9514	9212	7719	9535	8579	0	0	97578	10624	10780	11284	10587	10038	9792	9190	9095	10808	9065	8085	7347	116695	101263	117093	398	-3685	-3.64%
Children's Services	31921	28622	24792	19931	14573	20907	20957	21277	16605	15978	0	0	215563	17492	23304	16882	16659	14134	16389	21857	22388	14109	18454	14763	16276	212707	181668	258674	45967	33895	18.66%
Specialist Nursing	2519	2775	2384	3061	2878	2656	2694	1714	2287	2521	0	0	25489	1704	2036	1792	1927	1910	2019	2065	2044	1868	2112	2011	2059	23547	19477	30586	7039	6012	30.87%
Countywide Services	21599	20655	19681	22407	19647	20400	22506	20028	19043	19784	0	0	205750	18723	21217	18132	20640	20452	18992	21543	20410	14104	19605	15848	18177	227843	193818	229347	1504	11932	6.16%
ICT's	31054	30906	29118	32933	32929	32263	35073	32100	30463	28629	0	0	315468	26435	28454	25536	27270	27208	25600	27502	28220	25644	28923	25207	26536	322535	270792	378562	56027	44676	16.50%
Other	2681	2530	2161	2580	2441	2279	2538	2295	2346	2905	0	0	24756	2283	2564	2290	2379	2166	2023	2523	2325	2156	2317	2322	2326	27674	23026	29708	2034	1730	7.51%
Grand Total	106974	103298	95128	99081	89868	94498	99933	91790	87072	85342	0	0	952984	84053	95233	82580	86121	82569	81239	91352	90915	75322	87140	74321	79375	1010220	856524	1125887	115667	96460	11.26%

NATIONAL TARGETS

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
UNSCHEDULED CARE																			
Primary Care Centres																			
National	Face to Face Consultations in PCC for those assessed as an Emergency to be seen within 1 Hour	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	94%	100%	100%	100%	100%	100%	100%	96%	95%	100%	100%			99%	99%		
National	Face to Face Consultations in PCC for those assessed as an Urgent to be seen within 2 Hours	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	96%	97%	97%	96%	98%	95%	100%	95%	96%	94%	96%			96%	96%		
National	Face to Face Consultations in PCC for those assessed as a Less Urgent Case to be seen within 6 Hours	Target	98%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	99%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Sue Field
		Actual	98%	98%	98%	99%	99%	98%	100%	99%	98%	98%	99%			99%	99%		
COMMUNITY HOSPITALS																			
MIU - QUALITY INDICATORS																			
National	% seen and discharged within 4 Hours in MIU	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%			99.8%	99.8%		
	Number of breaches of 4 hour target	Actual number	51	3	6	5	5	1	6	2	5	8	8			49	59		
National	Total time spent in MIU less than 4 hours (95th percentile)	Target	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	01:48	01:50	01:56	01:51	01:56	01:51	01:51	01:54	01:50	01:49	01:53			01:50	01:50		
National	Time to initial assessment for patients arriving by ambulance (95th percentile)	Target	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	00:11	00:12	00:10	00:07	00:10	00:10	00:10	00:10	00:14	00:12	00:06			00:10	00:10		
National	Time to treatment in department (median)	Target	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	00:22	00:25	00:24	00:24	00:25	00:24	00:24	00:25	00:23	00:22	00:23			00:23	00:23		
MIU - PATIENT IMPACT QUALITY INDICATORS																			
National	Unplanned re-attendance rate within 7 days	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Locality Managers
		Actual	4.1%	3.6%	3.5%	4.0%	4.6%	4.0%	4.2%	3.9%	3.9%	4.2%	4.2%			4.0%	4.0%		
National	Left department without being seen	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month =	Locality Managers
		Actual	0.5%	0.5%	0.7%	0.6%	1.0%	0.7%	0.5%	0.7%	0.6%	0.4%	0.5%			0.6%	0.6%		
SEXUAL HEALTH																			
Chlamydia Screening																			
National	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	Target		Commissioner target 2,300 per 100,000 population															Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	1775	1785	2074	2187	1881	2106	2010	2782	1881	1335	2235			2029	2029		
	Number of Positive Screens - GCS and Joint responsibility	Target		87	91	90	76	96	96	87	94	97	127	96	106	95	1143		
		Actual		85	95	105	82	86	90	124	87	60	96			910	1092		
	Number of Positive Screens - GCS responsibility	Target		68	70	71	57	76	61	54	67	73	82	73	79	679	831		
		Actual		70	75	84	74	63	72	99	70	43	73			723	868		
	Number of Positive Screens - Joint responsibility	Target		19	21	19	19	20	35	33	27	24	45	23	27	262	312		
		Actual		15	20	21	8	23	18	25	17	17	23			187	224		
CHILDREN'S SERVICES																			
IMMUNISATIONS																			
National	HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed)	Target (all 3)*	90%	ACADEMIC YEAR 2012/13 - Target 90% all 3 immunisations by end of academic year (July 2013)					ACADEMIC YEAR 2013/14 - Target 90% all 3 immunisations by end of academic year (July 2014)									Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Target	90.0%	30.0%	50.0%	75.0%	90.0%	90.0%				0.0%	0.0%	0.0%	40.0%	0.0%	90.0%		
		3rd Imunisation	87.9%	58.5%	79.8%	85.6%	86.7%	86.7%				0.1%	0.2%			0.2%	90.0%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		40.0%	75.0%	85.0%	90.0%	90.0%		85.0%	90.0%		
		2nd Imunisation	90.0%	88.2%	89.0%	89.3%	89.6%	89.9%			35.1%	64.1%	83.3%			83.3%	90.0%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	30.0%	75.0%	85.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		1st Imunisation	90.5%	89.5%	90.0%	90.1%	90.3%	90.5%	29.7%	71.3%	82.9%	87.3%	91.6%			91.6%	91.6%		
		No Consent %	7.0%	6.9%	7.2%	7.2%	7.2%	7.2%	1.6%	4.5%	4.7%	5.1%	5.7%			5.7%	5.7%		
CHILDHOOD MEASUREMENT PROGRAMME																			
				ACADEMIC YEAR 2012/13 - Target 85% of children measured by end of academic year (July 2013)					ACADEMIC YEAR 2013/14 - Target 85% of children measured by end of academic year										
National	Percentage of children in Reception Year with height and weight recorded	Target	85%	85%	85%	85%	85%	85%	0%	4%	33%	56%	84%	85%	85%	84%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	96.2%	93.2%	93.8%	93.9%	93.9%	93.9%	0.9%	8.5%	35.5%	61.9%	98.6%			98.6%	98.6%		
National	Percentage of children in Year 6 with height and weight recorded	Target	85%	85%	85%	85%	85%	85%	2%	35%	83%	85%	85%	85%	85%	85%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	94.8%	94.0%	94.1%	94.2%	94.2%	94.2%	3.2%	44.3%	82.5%	90.4%	96.9%			96.9%	96.9%		
NEWBORN HEARING SCREENING																			
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
National	Screens completed by 5 weeks (community sites) - Well babies	Target	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	Exception report to GCSMT and remedial action plan	Candace Plouffe
		Actual	98.9%	98.7%	99.5%	98.8%	98.6%	98.6%	99.5%	98.2%	99.3%	98.9%	98.8%			98.9%	98.9%		

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	NEWBORN BLOODSPOT SCREENING																		
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	**Candace Plouffe**
		Actual	99.9%	100.0%	100.0%	99.7%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%		
National	Timeliness of result (by 17 days of age)	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	82.0%	96.8%	89.9%	97.7%	97.0%	95.2%	96.5%	98.0%	97.4%	99.0%	96.4%			96.4%	96.4%		
	HEALTH VISITORS																		
National	Number of Health Visitors to meet Call to Action requirements	Target		88.95	91.05	92.25	95.50	95.50	94.70	94.70	94.70	100.50	100.50	100.50	106.00	100.50	106.00	For discussion at Contract Board when WTE numbers are not met	**Candace Plouffe**
		Actual		86.93	86.13	86.03	86.01	87.99	97.74	97.73	97.67		102.20			102.20	104.70		
	QUALITY																		
	NEVER EVENTS																		
National	Number of Never Events reported	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report and remedial action plan	**Sue Field / Candace Plouffe**
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
	SERIOUS INCIDENTS REQUIRING INVESTIGATION																		
National	Number of Serious Incidents Requiring Investigation (SIRI) reported	Actual	23	0	2	0	1	1	0	0	0	0	2			6	6	Exception report and action plan	**Sue Field / Candace Plouffe**
	Friends and Family Test																		
National	Response Rate	Target		15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	Exception report to GCSMT and remedial action plan	**Locality Mangers**
		Actual		21%	9%	10%	11%	17%	16%	16%	18%	15%	14%			15%	15%		
Local	Net Promoter Score (between -100 and +100)	Target		To be confirmed														Exception report to GCSMT and remedial action plan	**Locality Mangers**
		Actual		80	86	81	82	85	85	83	83	84	84			83	83		
	INFECTION CONTROL																		
National	Number of post 48 hour Clostridium Difficile Infections in Community Hospitals	Target	24	1	2	1	2	2	1	2	1	1	1	2	2	14	18	Any Month = Exception report, 2nd Consecutive Month =	**Locality Mangers**
		Actual	16	4	2	6	0	1	2	0	1	0	1			17	19		
National	Number of MRSA bacteraemias	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
National	Number of MSSA Infections	Actual	1	0	0	0	0	0	0	0	0	0	0			0	0	Exception report to GCSMT and remedial action plan	**Locality Managers**
National	Number of E.Coli Bloodstream Infections	Actual	2	0	0	0	0	0	0	0	0	0	0			0	0	Exception report to GCSMT and remedial action plan	**Locality Managers**
	DIAGNOSTIC TEST WAITING TIMES																		
National	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Target	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	2% of service line revenue	**Sue Field**
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%		
	Cancelled operations																		
National	No urgent operation should be cancelled for a second time	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	**Locality Managers**
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
National	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	**Locality Managers**
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
	MIXED SEX ACCOMODATION BREACHES																		
National	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	£250 per day per patient affected	**Locality Mangers**
		Actual	0	0	0	0	0	0	0	0	0	0	0			0	0		
	Data Quality - Submitted to Secondary Uses Service (SUS)																		
National	Percentage of In Patient episodes that have a valid ethnic code recorded	Target	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%			100.0%	100.0%		
National	Percentage of In Patient episodes that have a valid NHS number recorded (compared to National average)	Target	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	99.6%	99.9%	99.8%	99.8%	99.9%	99.9%	99.8%	99.8%	99.9%	99.9%	99.9%			99.8%	99.8%		
National	Percentage of In Patient episodes that have a GP Practice Code recorded (compared to National average)	Target	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%		
National	Percentage of MIU attendances that have a valid ethnic code recorded (compared to National average)	Target	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	97.9%	98.2%	97.6%	97.3%	97.1%	97.0%	97.0%	97.1%	97.1%	96.9%	96.9%			97.2%	97.2%		
National	Percentage of MIU attendances that have a valid NHS number recorded (compared to National average)	Target	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	97.9%	96.3%	97.0%	96.9%	97.0%	97.3%	97.4%	97.7%	97.7%	98.0%	98.1%			97.3%	97.3%		
National	Percentage of MIU attendances that have a GP Practice Code recorded (compared to National average)	Target	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%		

Key to traffic lights:

On or better than plan	Green
Below plan	Amber
Significantly worse than plan	Red

Gloucestershire Care Services NHS Trust

Title:	**Finance Report**	11 March 2014
Agenda Item:	**12**	
Purpose of Paper:	To advise the Board on the year to date actual and forecast full year out-turn position for the Trust and also to provide updates regarding financial risks and priorities.	
Key Points:	For Health budgets, the Trust has planned for a full year surplus of £2m. The current forecast for the full year is in line with budget. There will be shortfall of circa £1m against the £4.0m of in year savings from CIP schemes in the current budget. This will be made up through non recurrent savings in 13/14 and added to the CIP target in the 14/15 plans. In year QIPP has now been reduced to £750k with risk share to GCS to be confirmed. CQUIN is being forecast to deliver in full though there is a delivery risk of approx. £100k on the schemes agreed with the CCG. The previously advised risk of £330k of CQUIN income on collaborative commissioning arrangements has now been resolved. The opening balance sheet position of the Trust has now been finalised. Gloucestershire County Council (GCC) expenditure figures for the internal Service Level Agreement (SLA) are underspent for the year by £735k compared to budget.	
Options and decisions required	The board is asked to note the current position and implications for the Trust.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
	3. Provide innovative community services that deliver health and social care together	
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	

	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X
Next steps/future actions	• Push all 2013/13 CIP adjustments into local budgets • Agree final details of risk share with the commissioners on current year QIPP schemes • Implement further benchmarking reports through ESSBASE • Finalise one off spend associated with PDC holiday • Finalise the accounting entries relating to opening balance sheet and property revaluations. • Formalise in year changes into contract with CCG • Agree contract for 2014/15 with CCG • Agree current year and 2014/15 contract revenue with other commissioners (NHSE and GCC) • Agree recharges to and from Gloucestershire Hospitals NHS Foundation Trust for 2013/14 and 2014/15	

Author name and title	Stuart Bird Deputy Director of Finance	**Director Name and Title**	Glyn Howells Director of Finance

Board Meeting of Gloucestershire Care Services NHS Trust
To be held on: 11th March 2014
Location: Edward Jenner Court

Agenda item 12: Finance Report

1. Purpose
To advise the board of both the year to date and full year forecast out-turn positions for Gloucestershire Care Services NHS Trust. Also, to update on progress with transition to a separate trust and to highlight risks and plans to mitigate them.

2. Recommendations
The Board is asked to note the performance of the trust and to be aware of the risk and opportunities within the current full year forecast.

3. Background
GCS is now fully operational as a separate trust and has finalised its opening balance sheet, though this was not completed until the End of February.

The plans for the current financial year are challenging with £750k of QIPP income to be earned and £4.0 of CIP savings required to deliver the budgeted surplus of £2m.

In addition to management of its own financial position GCS also has responsibility for approx. £74m of spend made through Gloucestershire County Council (GCC). This expenditure is approx. £17m on reablement and social workers working in the Integrated Community Teams and £57m of external care spend with care homes and domiciliary care agencies.

4. Discussion of Issues

The main issues that the Trust faces from the financial perspective are:
1. Managing the risks and opportunities within the current financial year to enable delivery of the planned surplus.
2. Getting contractual agreement on several areas:
    a. QIPP (including headroom)
    b. CQUIN
    c. Staffing for in-patient wards
    d. Approval for Integrated Community Team development
3. Delivering against health cost improvement plans (CIP) and GCC Meeting the Challenge.
4. Managing non recurrent spend on current year projects being funded through the year one dispensation not to pay a PDC divided (3.5% of average net assets) to the department of health
5. Addressing the current overspend on external care reported in GCC
6. Managing the Trust's cash position.
7. Agreeing and implementing plans (financial, headcount and capital) for 2014/15 and 2015/16

5. Key Findings and Actions

Historical Financial Performance

Annual Plan
As a separate statutory organisation, the Trust has to submit an annual plan which was approved by the Board. This approved annual plan was then used to form the original budgets for the organisation. As changes are made to the services the Trust are commissioned to perform, additional cost budgets are created that are offset by additional income budgets. This means that over time, the budget that the forecast outturn is being compared to starts to move away from the originally approved annual plan.

As part of the Primary Care Trust (PCT) last year, Gloucestershire Care Services (GCS) did not have to submit an annual plan that it was then measured against and so all variance in the financial reports only referred to the budget in place at that time.

	Income	Cost	Surplus / Deficit
			£000s
Plan	101,990	99,990	2,000
Budget (M10)	106,040	104,040	2,000
Plan v Budget (M9)	4,050	4,050	0
Additional inpatient staffing	800	800	0
ICT Enhancement	600	600	0
S75 OT higher than LTFM assumptions	856	856	0
Additional PH Nurse Training	250	250	0
Additional funding for education training and research from NMET	558	558	0
Other (multiple small items)	986	986	0
Explained by:	4,050	4,050	0

Final agreement is imminent on a number of significant funding matters that will move budgeted income and costs further away from plan when recognised in the position (e.g funding for depreciation and capital charges). These items are expected to be agreed during February 2014 with minimal impact on surplus.

As well as managing the trust against it agreed plan for 2013/14 a significant amount of work has also been completed recently to calculate and propose plans and budgets for 2014/15 and 2015/16. These plans include anticipated service changes and are currently with TDA for review.

Budget Monitoring

Performance against budget is tracked and reported against individual localities and cost centres. Budget monitoring reports are now generated from ESSBASE each month with "books" of management accounting information produced for the operational directors and locality managers. All reports are being cascaded down through the organisation so budget holders and their managers will receive consistent performance to date and full year forecast out-turn positions.

For the executive team, as well as their own area detail a Trust summary is now being produced including headcount and worked whole time equivalent (WTE) information and a quarterly summary of performance. These trust level reports are attached at appendix 2 including a quarterly analysis.

Work continues to net off historical cost pressures and underspends to provide ever more accurate achievable budgets for budget holders to work to. The work is expected to be complete by the end of the financial year to enable clarity in end of year reporting and to help with 2014/15 budget setting.

Management accountants are allocated a set of cost centres that they are responsible for supporting, each individual's coverage of these budget holders with respect to meetings held to discuss are monitored monthly and reported up through the Audit and Assurance Committee.

In addition to the usual budget monitoring reports, an extensive set of additional reports have now been developed to enable a shift of focus towards better monitoring of efficiency and effectiveness.

Performance in Achieving Cost Improvement Plans

For 2013/14 the CIP target is £4.7m of recurrent savings of which £4.0m is required to be delivered in year to enable delivery of the planned £2m surplus. The latest CIP tracker for 2013/14 shows underdelivery in year of approx. £1m.

CIP plans for 2014/15 are now being planned and developed in conjunction with operational teams and strategic planning. The overall savings target for 2014/15 has been increased to include recovery of the slippage in the 2013/14 savings programmes.

The 2013/14 benefits for the largest scheme (Mobile Working) have now been adjusted in service budgets and will be included in the reported figures at the end of month 11.

Alongside the increased capacity being removed from budgets, a detailed piece of analysis is being completed for each integrated community team (20 in total) to map the future structure of the team by profession and band, including the impact of the soon to be commissioned ICT enhancements against the current staffing after adjusting for the improvement in productivity through mobile working.

QIPP

The final details around the requirements to ensure receipt of QIPP income in 2013/14 of £750k are now being resolved with CCG. Good progress has been made during the month and matters are now close to agreement.

Revised QIPP Proposal for 13/14

Scheme	Proposal	Way of Measuring	£'000
Community hospitals	Reduce ready for discharge from 50% to 30% by 31st March 2014	Acuity audit 1st week in April	350
Community hospitals	Reduce the LOS for community hospitals by an average of 1 day (in addition to the original target of 0.5 days, therefore overall reduction 1.5 days)	Average LOS in community hospitals compared to 2012/13	100
Rapid Response & ICTs	Gloucester City Project	This project is now under discussion and will be jointly defined.	100
MIU	Action plan to increase the number of ambulance diverts in a sustainable way to enable delivery in 2013/14 and 2014/15	Action plan by 31st January with implementation from 1st February 2013	50
	Increase in the number of ambulance diverts by 200 to MIUs to 31st March 2014	Activity measurement	50
Integrated Discharge Teams		Scheme to be defined using standards identified by CA	100
Total			**750**

CQUIN

Total CQUIN income in current plan and budget is £2,076k.

The Trust has had CQUINs agreed by the CCG though not yet varied into the contract.

There is also circa. £100k of risk recently identified on 2 in year CQUIN schemes (dementia assessment and falls). Recovery plans are being implemented on both schemes to mitigate the risk and ensure delivery.

The previously reported risk of £330k on contracts that the CCG is administering on behalf of other commissioners has now been resolved.

New Business

The request from the CCG that the Trust expand the level of the services in Integrated Community Teams that was referred to in the previous finance report has now been confirmed in writing. Detailed plans are being drawn up within the Trust and once all recruitment trajectories have been finalised a variation to the contract will be drawn up. In year this is likely to be less than £1m but £3.9m recurrently. Detailed planning has identified some funding gaps that are being discussed with commissioners.

Capital Spend

Capital Expenditure Plan 2013/14	Q1	Q2	Q3	Q4	TOTAL
Tewkesbury Community Hospital	1,156	0	844	0	2,000
Medical – Equipment	0	293	314	410	1,017
Premises and Plant refurbishments	0	0	547	2,292	2,839
Community Health System	0	0	0	400	400
IM&T	0	0	218	226	444
Total Expenditure by Type	**1,156**	**293**	**1,923**	**3,328**	**6,700**

Capital Expenditure Latest Forecast 2013/14	Q1	Q2	Q3	Q4	Total
Tewkesbury Community Hospital	650	305	88	957	**2,000**
Medical – Equipment	1	280	270	109	**661**
Premises and Plant refurbishments	0	8	302	1,110	**1,419**
Community Health System	0	0	0	400	**400**
IM&T	0	0	367	354	**721**
Total Expenditure by Type	**651**	**593**	**1,027**	**2,929**	**5,200**

The main capital projects currently underway are Tewkesbury Hospital (£2m), replacement of Syringe Drivers (£0.3m) and the implementation of a new community system where the element that can be capitalised is under discussion with the auditors.

Tewkesbury hospital opened later than planned (October 7th) following issues identified during the latter stages of construction. The matter of damages for delays is being pursued in line with the contract.

The capital expenditure committee continues to meet on a monthly basis to review and approve capital spend within the capital plan that was approved by Board as part of the annual Plan approval.

The current forecast for capital spend is now £1.5m lower than original plan with agreement already received form the TDA that this can be deferred and carried over into 2014/15. Detailed analysis of forecast versus plan is presented in detail in a separate report to the performance and resources committee. Further invest to save ideas area being sought from operations staff during Q4 to inform the capex spend in the final months of the year and to identify longer term requirements and phasing for 2014/15 and beyond.

TRUST ESTABLISHMENT AND OPENING BALANCES

Good progress has been made in the last month with opening balances for the trust and posting them to ledger after reconciliation to the establishment order.

Issues remain in the following areas:

Finalising the rental charges on properties occupied through NHS Property services

Agreeing opening assets list and related charges (in year impact on depreciation, ongoing impact on capital charges).

Opening reserves – impairments expected in year and assumption in business case is that these will go against revaluation reserve rather than current year I&E

GCC SLA

Appendix 2 to this report contains the latest (Month 9) information available to the trust. GCC have indicated that the forecast underspend on the SLA will be put towards the large forecast overspend on External Care.

6. Financial implications

CIP under delivery of £1m is already in the forecast (made up with non recurrent savings) but risks remain around opening balances, in year contract changes, QIPP and CQUIN.

The TDA has confirmed that in our first year of existence, in line with Transforming Community Services guidelines, the Trust will not be charged for public dividend capital (PDC). The impact of this has now been evaluated and the exec team has now agreed suitable uses of these monies on a non-recurrent basis to either drive up quality or accelerate cost improvements. A number of new cost centres have been created with non recurrent cost budgets to be used in 2013/14. These will be tracked and monitored by the executive and the Performance and Resources Committee will be updated regularly on progress. Monies were held back from the PDC holiday as an additional reserve against the risks referred to above.

7. Implementation and Review of Progress

Income and expenditure position
The year to date financial performance and related forecast performance for the remainder of financial year 2013/14 are summarised in the table below and shown in detail at appendix 1.

NHS Trust - Summary by Organisation - Surplus/(Deficit) £k - 2013/14

	Actual YTD(Jan)	Budget YTD(Jan)	Actual v Budget YTD(Jan)	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
Cheltenham & Cotswold	(9,323)	(8,644)	(679)	(11,264)	(10,349)	(915)
Gloucester & Stroud	(9,370)	(8,468)	(902)	(11,479)	(10,125)	(1,354)
Forest & Tewkesbury	(8,855)	(7,902)	(953)	(10,726)	(9,427)	(1,298)
Unscheduled Care	61	1	60	(236)	0	(236)
Specialist Nursing	(8)	1	(9)	(32)	(0)	(32)
Adult Services	**(27,495)**	**(25,012)**	**(2,483)**	**(33,737)**	**(29,901)**	**(3,836)**
Children, Family & Young People	108	(18)	126	70	(23)	94
Countywide	113	1	111	36	0	36
Children & Countywide Services	**221**	**(17)**	**238**	**107**	**(23)**	**130**
Clinical Quality & Development	185	0	185	66	0	66
Estates, Facilities & Hotel Services	(4,075)	(3,796)	(279)	(4,888)	(4,551)	(337)
Central Income	31,519	30,383	1,136	38,165	36,465	1,700
Total Operations	**355**	**1,559**	**(1,204)**	**(287)**	**1,990**	**(2,277)**
Corporate	111	(94)	205	(16)	(94)	78
Corporate Projects	(653)	(1,337)	684	(1,268)	(2,006)	738
Recharges	(795)	0	(795)	(928)	0	(928)
Savings	(36)	1,441	(1,477)	1,110	2,109	(1,000)
Reserves	2,051	97	1,954	3,382	(0)	3,382
Unallocated	7	0	7	7	0	7
Total Overheads	**684**	**106**	**578**	**2,287**	**10**	**2,277**
Total Trust	**1,039**	**1,664**	**(625)**	**2,000**	**2,000**	**(0)**

The year to date overspend in Cheltenham and Cotswold is due to higher. costs of running North Cotswolds hospital (which is being funded non recurrently at present and additional costs of inpatient staffing where funding has not yet been agreed with the commissioner but is expected to be confirmed shortly. These are both offset by additional income in Central Income and reserves.

The full year overspend in Gloucester and Stroud is due to higher costs of running The Vale Hospital which is being funded non recurrently at present and additional costs of inpatient staffing where funding has not yet been agreed with the commissioner but is expected to be confirmed shortly. Approx £750k of the overspend is offset by additional income in Central Income while the remainder is the agency premium introduced by changing staffing levels before substantive staff were in post).

The year to date overspend in Forest & Tewkesbury is due to additional costs of inpatient staffing where funding has not yet been agreed with the commissioner but is expected to be confirmed shortly. These are all offset by additional income in Central Income and reserves.

Most other areas are forecasting an underspend due to non-recurrent delays in recruiting and vacancy control within support services.

The full year forecast for 2013/14 remains as a surplus of £2m which is in line with budget.

Budgeted reserves are expected to be adjusted during month 10 reporting when depreciation and capital charges are finalised after receipt of opening balances. The current working assumption is that any underfunding in the opening budget for depreciation and capital charges (mainly regarding assets transferred to NHS property services and upon which the trust will now pay rent) will be added to the block contract funding from Gloucestershire CCG.

Forecast reserves currently include non recurrent elements that will be used to offset under delivery of CIP in year.

Working capital and cash

Cash position is on plan with regularly updated forecasts and robust cash collection procedures in place to bring monies due to the trust in from commissioners. Over 95% of monthly trust income is now received on or before the tenth working day of the month. End of January cash balance was £6.7m compared to plan level of £4.7m

Supplier payments are regularly monitored to ensure that none are being paid outside agreed payment terms. Supplier confusion following trust separation is now reducing and the payment performance is improving. There are still

issues with invoice approval via oracle due to on-going scanning and indexing service issues at SBS.

8. Legal Implications
None

9. Risk Implications

a) Agreeing opening balances and confirming that any adjustments and impairments can be taken to opening reserves rather than current year I&E
b) Agreeing risk share on remaining £750k of QIPP built into current forecasts, and
c) Delivery of CIP schemes in year (and planning for recovery of slippage in 2014/15)
d) Ensuring delivery of £100k of CQUIN income reported as being at risk.
e) Confirming all property related rentals and charges with propco (dependent on agreement of occupancy percentages)
f) Agreement of recharges to/from GHNSHFT for 2013/14 and 2014/15 based on agreed service specs and up to date costings.
g) Ensuring PDC holiday is invested in ways that deliver benefit and does not generate any recurrent spend
h) Ensuring the capital plan for the year is aligned to strategic and invest to save initiatives.

All of these items will remain on the risk register throughout the year and will be regularly reported to the board to ensure that they are managed appropriately and that their impact is minimised as early in the year as possible.

10. Implications for Health Inequalities
None

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)
None

12. Consultation and Communication including Public Involvement
None

13. Links to:
Objectives 5 and 6.

Prepared by: **Stuart Bird**

Presented by: **Glyn Howells**

Appendices

Appendix 1   Trust finance overview (including quarterly analysis)
Appendix 2   GCC SLA Summary

NHS Trust (excl B/S) - Income & Expenditure £k - 2013/14

	Forecast Qtr1	Forecast Qtr2	Forecast Qtr3	Forecast Qtr4	Budget Qtr1	Budget Qtr2	Budget Qtr3	Budget Qtr4	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
Income											
Clinical Commissioning Group	22,283	23,058	21,939	23,149	22,066	22,377	21,815	22,070	90,430	88,329	2,101
Foundation Trusts	1,501	1,548	1,367	1,781	1,472	1,553	1,725	1,725	6,197	6,475	(278)
Local Authorities	1,389	1,708	1,537	1,481	1,551	1,159	1,348	1,303	6,115	5,361	754
Road Traffic Act	20	61	64	71	70	70	70	70	216	281	(65)
Non NHS: Other	383	433	315	314	419	430	380	407	1,445	1,635	(190)
Education Training and Research	167	232	309	305	126	103	305	310	1,012	845	167
Non-NHS: Private Patients	0	1	1	0	0	0	0	0	1	0	1
Income Generation	174	190	(9)	127	187	187	168	181	482	723	(241)
NHS Other	0	62	39	41	0	0	40	13	142	53	88
Charitable and Other Contributions to Expenditure	0	0	0	0	0	0	0	0	0	0	0
Income	**25,916**	**27,293**	**25,562**	**27,269**	**25,891**	**25,880**	**25,851**	**26,080**	**106,040**	**103,702**	**2,338**
Pay											
Administrative Staff	2,295	2,312	2,411	2,548	2,424	2,359	2,395	2,379	9,566	9,557	(9)
Day Service Staff	0	0	0	0	0	0	0	0	0	0	0
Fieldwork Support Staff	0	0	0	0	0	0	0	0	0	0	0
Healthcare Assistants & Other Support Staff	578	559	560	572	616	610	607	607	2,269	2,441	172
Home Care & Residential Support	0	0	0	0	0	0	0	0	0	0	0
Medical & Dental	1,528	1,526	1,610	1,707	1,712	1,707	1,673	1,698	6,371	6,790	419
Miscellaneous Pay	0	0	0	0	0	0	0	0	0	0	(0)
Non Trust & Agency Staff	481	942	1,092	1,009	108	108	343	234	3,524	793	(2,731)
Nursing, Midwifery & Healthy Living	8,807	8,863	9,230	9,699	8,930	8,959	8,836	9,193	36,599	35,918	(680)
Premises & Transport Staff	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0
Savings / Reserves (Pay)	24	23	24	(138)	24	164	(514)	(698)	(66)	(1,024)	(958)
Scientific, Therapeutic & Technical	3,700	3,780	3,858	3,995	3,965	3,989	3,980	4,242	15,332	16,177	846
Senior Managers and Managers	979	1,351	917	1,099	1,225	1,235	1,261	851	4,346	4,571	226
Pay	**18,391**	**19,356**	**19,702**	**20,492**	**19,005**	**19,131**	**18,581**	**18,507**	**77,941**	**75,224**	**(2,717)**
Non Pay											
Clinical Services & Supplies (Non Pay)	1,029	1,106	1,287	1,201	1,341	1,334	1,287	1,314	4,623	5,276	653
Establishment Expenses	626	850	789	755	661	612	633	262	3,020	2,168	(852)
External Contract Staff	107	179	335	352	62	106	219	208	974	595	(379)
General Services & Supplies	529	269	220	(666)	271	267	252	261	351	1,052	700
GMS Discretionary	10	10	10	7	10	10	10	10	38	42	3
GMS Non Discretionary (Non Pay)	0	0	0	0	0	0	0	0	0	0	0
New GMS Contract (Non Pay)	45	61	48	83	91	91	91	91	237	365	128
New PMS Contract	0	0	0	0	0	0	0	0	0	0	0
Non H/Care from NHS Bodies	1,898	1,830	2,562	2,150	1,527	1,428	1,459	1,469	8,440	5,883	(2,557)
Non Pay Commissioning	1,297	(453)	436	361	1,292	(462)	415	331	1,640	1,577	(64)
Prescribing	50	48	49	61	70	23	45	46	207	183	(24)
Purchase Healthcare Non NHS	65	78	97	94	84	91	87	87	333	349	17
Misc Services	290	457	197	121	714	984	1,083	1,834	1,065	4,615	3,550
Premises & Fixed Plant - incl. Depn Adj	1,019	1,029	1,319	1,405	923	985	1,029	1,037	4,772	3,975	(797)
Reserves - incl. Depn Adj	100	100	100	100	100	100	100	100	400	400	0
Non Pay	**7,063**	**5,564**	**7,449**	**6,023**	**7,146**	**5,568**	**6,712**	**7,052**	**26,099**	**26,478**	**378**
Expenditure	**25,455**	**24,920**	**27,151**	**26,515**	**26,151**	**24,700**	**25,293**	**25,559**	**104,040**	**101,702**	**(2,338)**
Surplus/(Deficit)	**461**	**2,373**	**(1,588)**	**754**	**(260)**	**1,180**	**558**	**522**	**2,000**	**2,000**	**(0)**

Gloucestershire Care Services: Adult Social Care

SLA and Locality Board Summary   **31st December 2013**

Overall Position	SLA		
	Budget £000	**Forecast £000**	**Variance £000**
Gloucester	3501	3437	**-64**
Stroud	2459	2622	**163**
Cheltenham	**2663**	**2365**	**-298**
Cotswolds	**2021**	**1831**	**-190**
Forest	2194	2333	**139**
Tewkesbury	2234	1993	**-241**
Countywide	2782	2493	**-289**
Joint Director- Snr Mgt	312	357	**45**
Joint Director- NHS Funding for Social Care *	570	570	**0**
ASMT Meeting: Adjustments		0	
Total	**18736**	**18001**	**-735**

* £157k Early Stroke Discharge, £413k Integrated Discharge Team

Gloucestershire Care Services **NHS**

NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	Cost Improvement Programme (CIP) 2014/15	11 March 2014
Agenda Item:	**13**	
Purpose of Paper:	To provide assurance to the Board on the robust planning being undertaken for the development and implementation of 2014/15 Cost Improvement Programmes (CIPs).	
Key Points:	Work has been undertaken to progress the CIP plans, validate the assumptions in the high level plans and work with the operational teams to ensure their understanding of the central schemes and capture their savings ideas in the overall CIP / budgeting process. Detailed analysis supports the areas that CIP plans are targeting and so provides assurance that the saving potential exists. Embedding CIP delivery into operational service plans, workforce plans and the regular monthly Finance and Performance reviews improves the deliverability of the savings.	
Options and decisions required	The Board is asked to take assurance on the progress on the 2014/5 CIP plans and endorse the actions being undertaken.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
	3. Provide innovative community services that deliver health and social care together	
	4. Work as a valued partner in local communities and across health and social care	
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	X

Next steps/future actions	Finish the validation / calculation of savings by cost centre, ensure budgets, service plans and workforce plans then reflect these savings. Repeat the exercise on GCC SLA savings plans.		
Author name and title	**Sam Mongon** **Service Improvement** **Manager**	**Director Name and Title**	Glyn Howells Director of Finance

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: Tuesday 11th March 2014
Location: Edward Jenner Court

Agenda item 13

1. **Purpose**

   To provide assurance to the Board on the robust planning being
   undertaken for the development and implementation of 2014/15 Cost
   Improvement Programmes (CIPs).

2. **Recommendations**

   The Board is asked to take assurance on the progress on the 2014/5 CIP
   plans and endorse the actions being undertaken.

3. **Background**

   Nationally, the NHS has been tasked with identifying up to £20billion (20% of
   current expenditure) in efficiency savings by the end of 2014/15, with a further
   £30billion expected to be required in the following 5 year period

   As part of the Trust's long-term ambitions and aligned to its strategic
   objectives the organisation has committed to a 5 year portfolio of CIPs that
   includes its major service improvement projects and focuses on achieving
   improvements in efficiency and productivity equivalent of 4-5% every year.

   The Trust has identified a CIP target for 2014/15 of £7.3m based on the
   following requirements:
   - 2014/15 requirement of £4.3m
   - 2013/14 CIP shortfall forecast of £1m
   - Other cost pressures in 2013 (e.g. depreciation funding gap)
   - Investment in our Operational Teams and Management of £1.0m

   In 2013 the Trust, through its Performance & Resources Committee, agreed a
   CIP Strategy setting out clear objectives and quality goals for the
   development and delivery of CIPs including the following commitments;

   • to focus on achieving efficiencies through continuous improvement in
     ways of working for the benefit of service users;

   • to ensure that the development and delivery of CIPs is maintained through
     a robust process of engaging with stakeholders, so as to create a bottom-
     up process that utilises the expertise of clinicians and other colleagues;

   • to validate that there is absolutely no negative impact on quality of care
     services, by regularly assessing all CIPs with full clinical and operational
     input;

- to ensure the financial sustainability of the Trust by agreeing CIPs of sufficient scope and scale, and planning all CIP activities well in advance;

- to award ownership of CIPs across each appropriate level of the organisation, with the Trust Board taking overall responsibility and providing strong clinical leadership across all services;

- to embed CIPs as a formal on-going management cycle, that includes the assessment and evaluation of successes, and that effectively communicates and responds to any lessons learnt.

4. Discussion of Issues

4.1 2014/15 CIP Development

In order to ensure successful delivery of a challenging CIP target for 2014/15 the Trust has identified a mix of Trust wide transformational and local service led schemes.

Each operational area has developed a detailed Service Development Plan setting out key developments over the next 2 years. Based on these plans the Trust's support services, including Finance, HR and the PMO, have been supporting each service to understand their finance and workforce implications. This will allow each service to have a clear understanding and ownership of their CIP related service developments for 2014/15 including plans for managing budgets and workforce to meet the Trust's required target.

4.2 Proposed 2014/15 Schemes

Continuation or introduction of the following schemes will ensure increased productivity through more consistent and efficient pathways and processes:

Mobile Working; the implementation stage of this project is due to be completed by the end of March 2014 with over 750 staff having received laptops. This has driven efficiencies across services, delivering CIP savings of £1.2m during 2013/14. Moving into 2014/15 the project will focus on benefits realisation, ensuring that a full year effect is delivered, generating further savings of £1m.

SystmOne; our new community system will support more efficient patient pathways and processes. Through detailed "as-is" and "to-be" mapping each service is able to identify opportunities for removing waste in moving to the new system. Finance support is being provided to each service to help quantify the benefits of these opportunities. It is estimated that this will provide efficiencies of £2m during 2014/15.

Centralised Booking; by developing a single point of contact for patients, carers and other health and social care professionals each service will be able to provide a more efficient and streamlined appointment booking process. As well as providing greater choice and reducing waiting times for patients this project will maximise use of clinic and staff time, reduce the number of missed appointments and make better use of administrative resources. It is estimated that the scheme will provide £0.5m of savings during 2014/15.

In addition to these schemes each service is identifying local service changes that will create a more efficient use of resources, whilst improving the capacity and efficiency of their teams. Together these proposals will deliver £2.55m of savings during 2014/15:
- Ensuring an appropriate skill mix is available to meet current demands on the service
- Revising pathways and processes to maximise use of clinical time spent with patients.
- Reviewing non-pay expenditure, such as medicines and dressings, to ensure the Trust is spending wisely and getting value for money.

As well as service led change a number of corporate projects will be delivered to support our CIP target;

Support Services; a review of current support services to ensure expenditure is in line with national benchmarking and opportunities for self-service support are taken.

Procurement; tightening control of purchasing, contracts and invoicing will deliver savings of £0.5m during 2014/15.

Estates; a review of our Estate during 2013/14 has identified opportunities for reducing our rented, leased and underutilised properties. During 2014/15 these changes will provide savings of £0.25m.

NHS Recharges; a review of current inter-NHS contracts has identified activity in the Trust's Community Hospitals where recharges for services have not been correctly invoiced. Recovery of these charges will generate savings of £0.25m during 2014/15.

Appendices 1 and 2 sets out how each of these schemes affects each operational service.

5. Key Findings and Actions

Through detailed planning and engagement with service leads from across the organisation the Trust has identified sufficient CIP schemes for 2014/15 to meet the agreed target of £7.3m.

However, further work is required before the new financial year to validate each scheme and agree detailed activity and workforce plans to ensure delivery of targets within each service cost centre.

Following the completion of this work the CIP Programme team will provide an assurance report to the Trust's Executive team setting out;
- Agreed plans for each scheme and service
- Efficiency targets for each service as per Appendix 3
- Workforce Plans for each service
- Dependencies for deliverability of each CIP scheme requiring actions or agreement from Execs.

6. Implementation and Review of Progress

6.1 Governance

Assurance on the delivery of CIPs during 2014/15 will be delivered to the Board and Performance & Resources committee via routine reports from the Executive team. These reports will include early warning triggers when either a quality impact is identified, or CIPs are not on track, enabling senior decision-making as appropriate

6.2 Monitoring & Reporting

The monitoring and reporting of CIP targets will be embedded into the budget setting and reporting processes. Any budget holder with a CIP target will report progress as part of their monthly budget reviews with their Management Accountant, who will reduce spend during the financial year in line with this progress. In addition each service's workforce plan, to be in line with required CIP savings, will be used by the Executive team to assess and agree recruitment requests.

Reports to the Trust's Executive Team, Performance and Resources Committee will focus on the following key areas;
- Delivery of Scheme Milestones and Objectives
- CIP Activity Scorecards based on data used to calculate the savings per team as per **Appendix 3**
- Service Workforce Plans

In addition detailed Risks & Issue Logs, including proposed mitigating actions where significant risks have been identified, will be provided on a monthly basis.

7. Legal Implications

No legal implications have been identified in relation to CIPs

8. Risk Implications

GCS does not have a history of delivering well against CIP plans, failure to give due focus on this critical area risks delivery of savings which are critical to ensure the future viability of the Trust and ensure the quality of

services as failure to deliver these savings will mean that more short term cost savings will have to be implemented to make up the shortfall.

9. Equality and Quality Implications

Each CIP scheme requires an Equality and Quality Impact Assessment to be reviewed and agreed by the Trust's Executive Team. Assessments completed to date for Mobile Working, SystmOne and Centralised Booking have identified no negative equality and quality impacts.

10. Consultation and Communication including Public Involvement

Communications for the development of CIPs include;
- Manager briefings at the Trust's monthly Leadership Meeting
- Service Development Plan workshops with each service lead
- Team Brief
- Chair and Chief Executive forums

As the Trust's CIP schemes will have no impact on the quality or overall provision of services no public consultation and communication is currently proposed.

11. Links to:

Prepared by: Sam Mongon

Presented by: Glyn Howells

Appendices:

Appendix 1 – CIP Overview

Appendix 2 – CIP Detailed Allocation

Appendix 3 – Cheltenham Worked Example CIP/ Activity

Appendix 1 – CIP Scheme Summary by Service Area

Services	Mobile Working	Systm One	Central Booking	Skill Mixing	LTC Pathway Redesign	Estates Strategy	Support Services	Procurement	Inter NHS Recharges	Others	Total Savings
Hospitals	00.0	00.0	00.0	00.0	00.0	00.0	00.0	(126.8)	(250.0)	(354.7)	(731.5)
ICTs	(715.0)	(1,430.0)	(357.5)	(64.4)	(301.4)	00.0	00.0	(45.1)	00.0	00.0	(2,913.4)
Countywide	(225.0)	(450.0)	(112.5)	(47.0)	(295.6)	00.0	00.0	(134.7)	00.0	(278.3)	(1,543.1)
Specialist Nursing	(60.0)	(120.0)	(30.0)	(10.4)	(52.0)	00.0	00.0	(11.7)	00.0	(49.0)	(333.1)
Unscheduled Care	00.0	00.0	00.0	(26.0)	(125.0)	00.0	00.0	(22.5)	00.0	(117.7)	(291.3)
CYPS	00.0	00.0	00.0	(51.0)	(225.9)	00.0	00.0	(18.2)	00.0	(212.7)	(507.8)
Support Services	00.0	00.0	00.0	(38.1)	00.0	(250.0)	(250.0)	(137.0)	00.0	(245.1)	(670.2)
Total	(1,000.0)	(2,000.0)	(500.0)	(250.0)	(1,000.0)	(250.0)	(250.0)	(500.0)	(250.0)	(1,311.0)	(7,311.0)

Appendix 2 – CIP Activity Scorecard Example

	Contact Per WTE Per Day	New: Fu	DNA Rate	Non Face 2 Face Contact
Team 1 Performance	5.80	1.15	1.46%	8.4%
Locality Performance	7.00	1:12	2.05%	13.9%
GCS Best Practice	7.00	1:12	1.00%	20.0%
No of Contacts Per Annum	300	3,530	109	1,145
Capacity Identified as Cost	£ 4,500	£ 52,950	£ 1,635	£ 8,588

Team 1 Budget	£ 401,409
Team 1 WTE	10.99
Expected Saving from Operational Efficiency:	(£67,673)
CIP %	-16.86%
WTE Impact	-1.94

Notes

1 The above makes the assumption that caseload throughout the year stays constant
2 Excludes Health Education contacts and contacts made to next of kin
3 Excludes shared visits, due to coding issue

GCS CIP Overview

		Actual	Trustwide Benchmark	ICT Savings £ (*)	Other Services Savings £	Savings Target £
Operational Efficiency	New : Follow Up	1:18.72	1:16.50	460,308	42,593	1,000,000
	Non Face to Face Contact	14%	20%	454,998	42,101	
Centralised Booking	No Access Visit / DNA)	2.1%	1.50%	175,500	11,680	500,000
	Contacts Per WTE Per Day	4.7	5.7	293,300	19,520	
Mobile Working	Reduction in daily Visit Back to base	2	1	933,504	66,496	1,000,000
Systm 1	Reduction in Admin and/or travel (90 mins per Wk) / Standisation of ICT Role			1,072,310	927,690	2,000,000
Procurement					500,000	500,000
Estates Strategy					250,000	250,000
Inter NHS Recharge					250,000	250,000
Support Service					250,000	250,000
Other / Skill Mix	Started to be identified by individual teams				1,561,000	1,561,000
Grand Total				**3,389,920**	**3,921,080**	**7,311,000**

(*) Please note that ICTs were looked at first on schemes with impacts across many operational areas due to thie size. If the savings across each scheme are higher than originally expected, this will reduce the "other" schemes number.

GCS CIP Detailed Allocation   App 2

Services		Budget: Pay	Non Pay	Total Costs	Mobile Working	Systm One	Central Booking	Skill Mixing	LTC Pathway Redesign	Estates Strategy	Support Services	Procurement	Inter NHS Recharges	Others	Total Savings	2014/15 costs	Saving %
Hospitals	Inpatient	8601.0	676.9	9277.9								-15.9	-31.3	-152.2	-199.4	9078.5	-2.1%
Hospitals	MIU	2384.5	139.3	2523.7								-3.3	-6.4	-41.4	-51.1	2472.6	-2.0%
Hospitals	Theatre / Endoscopy	1189.6	482.0	1671.7								-11.3	-22.3	-27.4	-61.0	1610.6	-3.7%
Hospitals	Outpatient	726.0	490.6	1216.6								-11.5	-22.7	-20.0	-54.2	1162.4	-4.5%
Hospitals	Other	3318.4	3615.8	6934.1								-84.8	-167.3	-113.7	-365.8	6568.3	-5.3%
		16219.5	5404.5	21624.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-126.8	-250.0	-354.7	-731.5	20892.5	-3.4%
ICTs	District Nursing	9083.7	1055.1	10138.8	-422.3	-844.6	-211.2	-38.0	-176.7			-24.8			-1717.6	8421.2	-16.9%
ICTs	Occupational Therapy	3737.5	179.3	3916.8	-173.8	-347.5	-86.9	-15.7	-68.2			-4.2			-696.3	3220.5	-17.8%
ICTs	Physiotherapy	1750.0	66.2	1816.2	-81.4	-162.7	-40.7	-7.3	-31.6			-1.6			-325.3	1490.9	-17.9%
ICTs	Other	807.9	620.9	1428.8	-37.6	-75.1	-18.8	-3.4	-24.9			-14.6			-174.3	1254.5	-12.2%
		15379.0	1921.5	17300.5	-715.0	-1430.0	-357.5	-64.4	-301.4	0.0	0.0	-45.1	0.0	0.0	-2913.4	14387.1	-16.8%
Adults Ops Management	**Locality Management**	3103.3	167.8	3271.0				-13.0				-3.9		-53.7	-70.6	3200.5	-2.2%
Countywide	Wheelchairs	524.2	174.6	698.8	-23.7	-47.5	-11.9	-2.2	-12.2			-4.1		-11.5	-113.0	585.8	-16.2%
Countywide	Community Equipment	98.2	0.4	98.6				-0.4	-1.7			0.0		-1.6	-3.8	94.9	-3.8%
Countywide	Dental Services	2505.0	687.2	3192.3				-10.5	-55.6			-16.1		-52.4	-134.6	3057.7	-4.2%
Countywide	Management & Admin	406.5	7.5	413.9				-1.7	-7.2			-0.2		-6.8	-15.9	398.0	-3.8%
Countywide	Podiatry, MSK Physio & MSKCAT	3689.0	832.3	4521.4	-153.6	-307.2	-76.8	-15.4	-78.8			-19.5		-74.2	-725.6	3795.8	-16.0%
Countywide	Sexual Health	2712.6	3747.2	6459.8				-11.4	-112.6			-87.9		-106.0	-317.8	6142.0	-4.9%
Countywide	Speech & Language Therapy	658.8	108.1	766.8	-26.1	-52.1	-13.0	-2.8	-13.4			-2.5		-12.6	-122.4	644.4	-16.0%
Countywide	Health Promotion Services	486.7	148.8	635.5	-21.6	-43.2	-10.8	-2.0	-11.1			-3.5		-10.4	-102.6	532.9	-16.1%
Countywide	Occupational Therapy	143.6	35.3	178.9				-0.6	-3.1			-0.8		-2.9	-7.5	171.4	-4.2%
		11224.5	5741.4	16966.0	-225.0	-450.0	-112.5	-47.0	-295.6	0.0	0.0	-134.7	0.0	-278.3	-1543.1	15422.9	-9.1%
Specialist Nursing	Comm Respiratory Team	346.0	6.5	352.6	-10.4	-20.8	-5.2	-1.4	-6.1			-0.2		-5.8	-49.9	302.6	-14.2%
Specialist Nursing	Countywide Comm Nursing	97.7	2.9	100.6	-2.9	-5.9	-1.5	-0.4	-1.8			-0.1		-1.6	-14.2	86.4	-14.1%
Specialist Nursing	Heart Failure	393.5	108.3	501.8	-11.8	-23.7	-5.9	-1.6	-8.7			-2.5		-8.2	-62.6	439.3	-12.5%
Specialist Nursing	Telehealth	148.3	40.0	188.3				-0.6	-3.3			-0.9		-3.1	-7.9	180.4	-4.2%
Specialist Nursing	Parkinson Disease Society	186.7	17.6	204.4				-0.8	-3.6			-0.4		-3.4	-8.1	196.3	-4.0%
Specialist Nursing	Cardiac Rehab Service	383.0	28.0	411.0	-11.5	-23.0	-5.8	-1.6	-7.2			-0.7		-6.7	-56.5	354.5	-13.7%
Specialist Nursing	Specialist Nursing Management	71.0	1.0	72.0				-0.3	-1.3			0.0		-1.2	-2.8	69.3	-3.8%
Specialist Nursing	IV Therapy Services	232.3	41.0	273.3	-7.0	-14.0	-3.5	-1.0	-4.8			-1.0		-4.5	-35.6	237.7	-13.0%
Specialist Nursing	OT Management WGPCT	82.3	8.9	91.2				-0.3	-1.6			-0.2		-1.5	-3.6	87.6	-4.0%
Specialist Nursing	Diabetic Spec Nurses	308.2	33.4	341.6	-9.3	-18.5	-4.6	-1.3	-6.0			-0.8		-5.6	-46.1	295.5	-13.5%
Specialist Nursing	Bone Health Service	101.0	7.7	108.7	-3.0	-6.1	-1.5	-0.4	-1.9			-0.2		-1.8	-14.9	93.8	-13.7%
Specialist Nursing	Vacuum Therapy	0.0	198.7	198.7				0.0	-3.5			-4.7		-3.3	-11.4	187.3	-5.7%
Specialist Nursing	Tissue Viability Nurse	134.4	5.9	140.3	-4.0	-8.1	-2.0	-0.6	-2.4			-0.1		-2.3	-19.6	120.7	-14.0%
		2484.5	500.0	2984.5	-60.0	-120.0	-30.0	-10.4	-52.0	0.0	0.0	-11.7	0.0	-49.0	-333.1	2651.4	-11.2%
Unscheduled Care	Stroke Coordinators	78.9	5.2	84.1				-0.3	-1.5			-0.1		-1.4	-3.3	80.8	-3.9%
Unscheduled Care	SPCA	447.0	16.6	463.7				-1.9	-8.1			-0.4		-7.6	-17.9	445.7	-3.9%
Unscheduled Care	CDT	707.9	4.4	712.3				-3.0	-12.4			-0.1		-11.7	-27.2	685.1	-3.8%
Unscheduled Care	PCC OOH	3332.4	818.6	4151.1				-14.0	-72.3			-19.2		-68.1	-173.6	3977.5	-4.2%
Unscheduled Care	Unsched Care Med Staff	169.0	16.7	185.7				-0.7	-3.2			-0.4		-3.0	-7.4	178.3	-4.0%
Unscheduled Care	ESD Chelt and Tewks	554.2	15.9	570.1				-2.3	-9.9			-0.4		-9.4	-22.0	548.1	-3.9%
Unscheduled Care	Unscheduled Care Mgmt	172.9	2.0	174.9				-0.7	-3.0			0.0		-2.9	-6.7	168.2	-3.8%
Unscheduled Care	OOH DNS	752.5	81.2	833.7				-3.2	-14.5			-1.9		-13.7	-33.3	800.4	-4.0%
		6214.9	960.6	7175.5	0.0	0.0	0.0	-26.0	-125.0	0.0	0.0	-22.5	0.0	-117.7	-291.5	6884.2	-4.1%
CYPS	Community Equipment	99.8	33.6	133.4				-0.4	-2.3			-0.8		-2.2	-5.7	127.7	-4.3%
CYPS	Management & Admin	605.5	31.2	636.7				-2.5	-11.1			-0.7		-10.4	-24.8	611.9	-3.9%
CYPS	Public Health Nursing	7252.5	473.6	7726.2				-30.4	-134.6			-11.1		-126.7	-302.8	7423.3	-3.9%
CYPS	Safeguarding Children	405.6	19.2	424.8				-1.7	-7.4			-0.4		-7.0	-16.5	408.3	-3.9%
CYPS	Childrens Specialist Services	3827.2	217.5	4044.6				-16.0	-70.5			-5.1		-66.3	-157.9	3886.7	-3.9%
		12190.6	775.1	12965.7	0.0	0.0	0.0	-51.0	-225.9	0.0	0.0	-18.2	0.0	-212.7	-507.8	12457.9	-3.9%
Support Services	Finance	831.2	829.7	1660.9				-3.5			-27.8	-19.5		-27.2	-78.0	1582.9	-4.7%
Support Services	IM&T	569.4	1716.8	2286.2				-2.4			-38.2	-40.3		-37.5	-118.4	2167.8	-5.2%
Support Services	Information & Performance	398.7	6.1	404.8				-1.7			-6.8	-0.1		-6.6	-15.2	389.6	-3.8%
Support Services	Governance	451.6	144.6	596.1				-1.9			-10.0	-3.4		-9.8	-25.0	571.1	-4.2%
Support Services	Human Resources	1058.1	345.7	1403.8				-4.4			-23.5	-8.1		-23.0	-59.1	1344.7	-4.2%
Support Services	Hotal Services	2713.3	833.0	3546.3				-11.4			-59.3	-19.5		-58.2	-148.4	3397.9	-4.2%
Support Services	Facilities	346.7	941.3	1288.0				-1.5			-21.5	-22.1		-21.1	-66.2	1221.8	-5.1%
Support Services	Clinical & Nursing	1139.9	607.6	1747.5				-4.8			-29.2	-14.3		-28.7	-76.9	1670.6	-4.4%
Support Services	Executive	789.2	262.2	1051.4				-3.3			-17.6	-6.2		-17.2	-44.3	1007.1	-4.2%
Support Services	Projects	806.1	151.5	957.7				-3.4			-16.0	-3.6		-15.7	-38.7	919.0	-4.0%
		9104.2	5838.4	14942.7	0.0	0.0	0.0	-38.1	0.0	0.0	-250.0	-137.0	0.0	-245.1	-670.2	14272.5	-4.5%
Support Services	**Capital Charges and Depreciation**	0.0	5563.3	5563.3						-250.0					-250.0	5313.3	-4.5%
Total		75920.5	26872.7	102793.2	-1000.0	-2000.0	-500.0	-250.0	-1000.0	-250.0	-250.0	-500.0	-250.0	-1311.0	-7311.0	95482.2	-7.1%

Mobile Working	Systm One	Central Booking	LTC Pathway Redesign	Procurement	
Travel	Info sharing	diary mgmt	new to follow	pharm	tbc
Office visits	productivity		face2face	radiology	
	DNA				

	Contact Per WTE Per Day	New: Fu	DNA Rate	Non Face 2 Face Contact
Cheltham Team 1 Performance	5.80	1:15	1.46%	8.4%
Cheltham Locality Performance	7.00	1:12	2.05%	13.9%
Best Practice (internally)	7.00	1:12	1.00%	20.0%
No of Contacts Saved Per Annum	2,638	2,390	59	1,479
Capacity Identified as Cost	39,564	35,855	880	11,091

Cheltham Team 1 Budget	£	401,409
Cheltham Team 1 WTE		10.99
Assumed working days		200
Assumed Saving per contact		£15
Contacts per annum		12,748
Expected Saving from Operational Efficiency:		£87,390
CIP potential %		21.77%
Proposed CIP %		16.80%

Notes

1 The above makes the assumption that caseload throughout the year stays constant
2 Excludes Health Education contacts and contacts made to next of kin
3 Excludes shared visits, due to coding issue

INFORMATION TECHNOLOGY (IT) STRATEGY

2014-19

To ensure that information technology and all associated developments most effectively and efficiently support delivery of the Trust's health and social care services

Information Technology (IT) Strategy 2014-19

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Information Technology (IT) Strategy 2014-19

Contents

Appendices

> **Please note that this Information Technology (IT) Strategy
> is applicable to both health and social care colleagues
> managed by Gloucestershire Care Services NHS Trust**

Information Technology (IT) Strategy 2014-19

0.   Executive Summary

This Information Technology ("IT") Strategy serves to identify how Gloucestershire Care Services NHS Trust ("the Trust") will seek to develop and augment its IT services over the next five years. In doing so, this Strategy recognises that IT is a key enabler to delivering continued improvement and modernisation in local health and social care services, not only to ensure better efficiency for the Trust, its workforce and professional partners, but more significantly, to help improve the experiences and outcomes of service users, their families and carers, and the wider Gloucestershire community. Thus, this document aims to provide the strategic foundations upon which the Trust will:

- identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies, by for example, supporting the capture and reporting of information in real-time so as to ensure that organisational decisions can be based upon the most accurate, complete and timely data, and by rationalising the number of IT systems in use across the Trust in order to improve information sharing between teams;

- use technologies that will provide service users and the wider Gloucestershire public with increased choice, quality and flexibility: thus, for example, the Trust will seek to utilise specialist equipment such as telehealth and telecare to help keep service users living safely and independently within the community, and will also ensure that Trust facilities, including the organisation's community hospitals, have access to all necessary IT equipment and resources;

- enable Trust colleagues to securely access relevant information, communications and technology from any location and at any time, improving the quality of delivered care: thus, the Trust will seek to provide and support its workforce with appropriate mobile devices that better utilise their time and capacity;

- enable improved joint working across organisational boundaries, so that all local health and social care professionals can rapidly access relevant information and provide service users with a seamless service: this requires the Trust to aid the development of systems that will allow key service user information to be effectively shared between trusted partners, stakeholders and regulatory bodies;

- ensure that Trust colleagues are appropriately skilled and trained so as to make best use of existing and developing technologies.

This Information Technology Strategy therefore seeks to outline the Trust's aspirations and direction of travel in respect of technological developments and enhancements over the next 5 years. The accompanying implementation plan will detail the practical actions that will be taken in the period 2014-19 to fulfil these aspirations.

Information Technology (IT) Strategy 2014-19

1. Introduction

"The information technology industry can deliver IT solutions such as…online and mobile access to records, secure electronic communication, e-medicines management, e-prescribing, telehealth and many others. These technologies will facilitate the efficient recording, synthesis, summarising and presentation of clinical and other care information to improve the safety, quality and efficiency of our care, and to enable greater access to, and greater engagement in, our care for all of us."

The Power of Information (Department of Health, 2012)

1.1   This Strategy serves to outline the aspirations for the effective use of Information Technology ("IT") across Gloucestershire Care Services NHS Trust ("the Trust") in the period 2014-19. In doing so, this document aims to provide a firm foundation upon which the organisation will extrapolate a framework for future IT developments, in accord with both the national and local Information Management and Technology agendas.

1.2   The Strategy acknowledges the significance of IT as a fundamental Trust asset, and a key enabler to supporting the provision and continued modernisation of local health and social care services. Thus, the Strategy recognises the tangible benefits that IT can deliver, not only to the Trust and its workforce, but also to its service users, the wider Gloucestershire public, and local stakeholders and professional partners.

1.3   This Strategy is written at a time of unparalleled challenge to the NHS. In particular, there is a national requirement to deliver £20 billion in efficiency savings by 2014/15, and a further £30 billion savings in the next five years. The Trust recognises that IT can play a critical role in helping to create and maintain cost-efficiencies, and therefore that IT will underpin a number of the Trust's key Cost Improvement Programmes (CIPs) over the next five years. Notwithstanding, the Trust is also clear that technologies are not a solution in themselves, but that by effectively integrating suitable IT into working practice, sustainable financial benefits can be achieved, as well as more importantly, improved outcomes and experiences for service users.

1.4   In summary therefore, the purpose of this IT Strategy is to:

- ensure that information technology is used as an aid to empower Trust colleagues to provide their service users with the best possible care;

- provide steer for a reliable, effective IT infrastructure that employs a diverse range of technologies to improve communications both within the Trust and across the whole of the local health and social care system;

- facilitate step change efficiencies in the process and delivery of local care, in order to support fulfilment of the Trust's overarching strategic objectives.

2.   Ambition and Objectives

2.1   The ambition of this Information Technology Strategy is defined as "*To ensure that information technology and all associated developments most effectively and efficiently support delivery of the Trust's health and social care services*".

This aligns to the Trust's overarching vision which is "*To be the service people rely on to understand them and organise their care around their lives*", given that both intentions aim to enable the delivery of exemplar care and support to Gloucestershire service users, and provide increased choice so that local people may receive the care they want, where and when is most appropriate to them.

2.2   This five year Information Technology Strategy seeks to ensure that by 2019, the following objectives have been achieved, linked to the Trust's overarching strategic objectives:

Information Technology Strategy Objectives	Trust Strategic Objectives
• Supporting a robust IT infrastructure that allows colleagues across the Trust to focus on core clinical and care work • Ensuring that all IT systems, developments and enhancements enable and encompass a service user focus • Facilitating the best use of information and knowledge in order to improve standards of care, and enable best practice and decision-making • Providing service users across Gloucestershire with access to a range of specialist technologies and equipment that will enable them to maintain themselves with optimum safety and independence within the community	Achieve the best possible outcomes for our service users through high quality care

• Improving the service user experience, by enabling greater availability of choice • Providing service users with appropriate access to information about Trust services and their own individual care so that they may best understand their condition, and work with care professionals to improve the services that they receive	Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work
• Ensuring the effective integration of health and social care services by making best use of systems and networking	Provide innovative community services that deliver health and social care together
• Strengthening partnerships within the Gloucestershire community by leading the way in information sharing and exchange	Work as a valued partner in local communities and across health and social care
• Deploying the latest technologies to support new ways of working for colleagues, including mobile and remote working • Providing colleagues with access to systems, resources, training and support to enable them to deliver highest quality care	Support individuals and teams to develop the skills, confidence and ambition to deliver our vision
• Supporting Commissioners with robust communication, and the provision of relevant information and support systems • Exploiting information systems in order to deliver benefits, and achieve value from money from investments	Manage public resources wisely to ensure local services remain sustainable and accessible

3.   National Context

3.1   Over the past seven years, the national IT agenda has been dominated by the contractual framework established by NHS Connecting for Health ("CfH") and delivered through the Southern Programme for IT ("SPfIT"). At a local level, this framework supported the Trust in its introduction of a new Community and Child Health clinical system in 2013 (see section 4.1 below).

3.2   Recent IT initiatives, exemplified by *Liberating the NHS: An Information Revolution* (Department of Health, 2011) and *The Power of Information* (Department of Health, 2012), have charged all NHS organisations with moving towards the provision of faster and more appropriate access to local information, enabling that information to always be available in more than one location, and not to be dependent upon a single data source. This necessitates a scalable approach to Information Technology, which requires clinical systems in particular, to be more flexible and responsive.

3.3   Additionally, the national increase in expectation and demand for healthcare, coupled with the new and innovative ways in which health and social care services can be delivered, is impacting significantly upon IT infrastructure and requirements.

        Thus, for example, the need to make information more readily available in a range of settings requires the NHS to embrace the use of mobile devices, technologies and applications including smartphones and tablets. This approach is also fully in accord with the national *Digital Strategy* (Department of Health, 2012), which promotes the need to deliver a more flexible and convenient service for the public, and reduce inappropriate face to face contacts (*Innovation Health & Wealth,* Department of Health 2011): equally, it supports the ambitions of the *National Mobile Health Worker Project* (Department of Health 2013) to achieve "*significant increase in productivity…time…(and) reduced journeys*".

3.4   There is also a clear national drive to support the NHS in becoming paperless by 2018. The migration to electronic service user records, use of improved scanning techniques, and the indexing of historic and 'live' paper sources, will be paramount in meeting this challenge. This objective is supported by NHS England's vision for a fully Integrated Digital Care Record (IDCR) across all care settings, whereby IDCR is seen as "*the ability of local health and care services to use digital technology to ensure that vital patient related information and clinical decision and support tools can be viewed by an authorised user in a joined up manner in any single instance*" (NHS England, 2013).

3.5   Whilst each individual NHS organisation is responsible for articulating its own set of strategic objectives to respond to these various national requirements, there are a number of overarching themes by which all Trusts can evaluate whether or not their existing IT architectures are fit for purpose. These themes have been identified as:

- **Agility**: the ability for information technology to rapidly cope with those services that are being commissioned and decommissioned;

- **Security**: data and systems must have appropriate levels of confidentiality, integrity and availability;

- **Mobility**: many colleagues increasingly require access to data and applications independent of location and geography;

- **Collaboration**: NHS organisations must collaborate with other organisations (local and remote, public and private), and therefore need to share data across a wide range of settings and environments;

- **Service user access**: service users must be able to access their own healthcare information, albeit with clear consideration for security and confidentiality;

- **Integration**: information and systems must be integrated within and across organisations;

- **Affordability**: investment in IT infrastructure must meet the need to ensure value for money over the entire lifecycle of that investment.

4.   Local Context

4.1   As referenced in section 3.1 above, the Trust introduced a new Community and Child Health clinical system (namely, TPP SystmOne) in 2013, which is funded until 2017 with an option to extend for a further 3 years. This system will be rolled out across the Trust as part of a staged implementation plan, which currently aims to provide full system coverage across all settings by 2015.

SystmOne will enable a standardised approach to system and information management across the Trust, support more timely and secure access to relevant clinical information, and ensure the Trust's compliance with all prevailing statutory requirements and information returns.

4.2   The Trust currently employs a centralised IT and Clinical Systems Team which is responsible for providing practical day-to-day support for all clinical systems that are in regular use across the organisation. In addition, the team provides project management support, change support and data flow mapping for all projects that require enhancement of existing clinical systems, or deployment of new clinical systems.

The IT and Clinical Systems Team also facilitates support for all of the Trust's corporate systems. This includes oversight of IT infrastructure to ensure it enables all local services to operate effectively, with access to the right systems at the right time.

4.3   Additional support is currently provided to the Trust by Countywide IT Services (CITS) which is under contract for the delivery of IT infrastructure and services, and which provides:

- day-to-day support for the Trust's IT infrastructure, software and hardware including domain, network and email services;

- an accredited IT helpdesk which is available on weekdays and with limited extended support hours for the out of hours teams;

- technical support teams to help address complex issues including fault diagnosis and resolution, printer/scanner maintenance, patch management, anti-virus and client installation.

4.4   At the time of writing, the Gloucestershire Clinical Commissioning Group has issued a draft Information Management and Technology (IM&T) Strategy. This document identifies the local Commissioner's current vision for IM&T as being that information and information technology will be critical enablers of service change and improvement in Gloucestershire's health and social care system. As such, the aim of the Commissioner is to realise the following goals over the next few years:

- the information in respect of service users that is needed to support their care, will be available when and where it is needed by any authorised member of the professional clinical and/or social care team caring for that person;

- service users and their carers will be empowered to take greater responsibility for their own health, including through access to information, availability of their own care records, and use of various technology-based support tools;

- home-based and community-based clinical care and monitoring will be enabled by remote / mobile technology, that will reduce the need for a professional's physical attendance at a formal care setting, or for the professional to visit the service user at home;

- commissioning decision-making will be informed and evidence-based, supported through the systematic management of knowledge, including the use of timely, high quality information and analytical tools;

- service users and clinicians will be aware of, and confident in, the security and access controls applied in the management of care records, with clear opt-out and consent-to-view steps in place.

The Trust's responses to these Commissioner requirements are identified in section 6 below.

5.   Quality Goals

5.1   In order to ensure that this Information Technology Strategy maintains optimum focus upon achieving quality outcomes, the following goals have been identified:

- to identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies;

- to use technologies that will provide service users and the wider Gloucestershire public with increased choice, quality and flexibility;

- to enable Trust colleagues to securely access relevant information, communications and technology from any location and at any time, improving the quality of delivered care;

- to enable improved joint working across organisational boundaries, so that all local health and social care professionals can rapidly access relevant information and provide service users with a seamless service;

- to ensure that Trust colleagues are appropriately skilled and trained so as to make best use of existing and developing technologies.

6.   Priorities and Actions

The following priorities have been identified, mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the Performance and Resources Committee.

6.1   <u>To identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies</u>

6.1.1   Throughout the lifecycle of this Information Technology Strategy, relevant authorities within the Trust, and ostensibly the Head of IT Developments and Operations, will be responsible for maintaining an up-to-date view of the external environment, in order to recognise all opportunities for future IT acquisitions or enhancements.

Thereafter, any emerging technologies that are identified as having the potential to offer tangible benefit to the Trust and its service users, will be subject to rigorous scrutiny so as to evaluate their perceived effectiveness, viability, sustainability and cost-efficiency prior to recommendation for use, which will be addressed via the Performance and Resources Committee.

6.1.2   The Trust will continue to develop and support technology that facilitates the capture and reporting of information in real-time. This will therefore ensure that the Trust is able to make decisions about both care and corporate affairs, based upon the most accurate, complete and timely data (for further information, please refer to the Trust's Performance and Information Strategy). Thus, all systems that are procured and/or enhanced by the Trust, as well as all IT equipment that is designed for use by Trust colleagues, will encompass the capacity and capability to both record and access appropriate information in real-time.

Moreover, as the Trust is committed to ensuring that its clinical systems in particular, do not operate in isolation, but that where appropriate, there is clear integration with adult social care and GP networks across Gloucestershire, the ambition is for the Trust to be able to access relevant up-to-date information that may be held by any organisation within the local health and social care economy. Thus, for example, the Trust will be able to monitor the care journey of any individual service user in real-time, irrespective of setting. For further information, please refer to section 6.4 below.

6.1.3   Business intelligence tools will be used as appropriate across the Trust, so that relevant authorities will be able to access, compile and report triangulated activity, performance, workforce and finance data, thereby ensuring fully integrated output information.

Such holistic reporting will enable the Trust to more readily identify correlations and trends in activity, recognise and respond more swiftly to emerging risks and pressures, and ensure more efficient and cost-effective service delivery for the Gloucestershire community.

The IT and Clinical Systems Team will be responsible for overseeing the development and use of such tools, working in close association with the Performance and Information Team, so as to ensure that all appropriate inputs and data sources are accessible at all times.

6.1.4   The Trust will continue to rationalise the number of clinical and corporate IT systems that are in regular use across the organisation, so as to concentrate upon the operation and development of key systems only. Such rationalisation will ensure cost-efficiencies, as it will result in fewer systems requiring licensing and maintenance, and will reduce unnecessary need for system-specific training and system support services.

Operationally, this rationalisation will allow colleagues across the Trust to focus their knowledge and understanding, enabling them to refine and improve their use of those systems that only add true value to care delivery. Moreover, and with specific reference to clinical systems, this rationalisation will enhance the ability of colleagues to share relevant information between teams, thereby improving the service user experience and journey, and enabling better collation, reporting and benchmarking of Trust information.

To facilitate this process, the Trust will maintain a single centralised log of all IT systems, both clinical and non-clinical, that are in routine operation, and ensure that this log is subject to regular review and scrutiny so as to identify all opportunities to streamline systems' use. Nevertheless, the Trust is clear that where there is a defined operational benefit to the maintenance of a separate standalone system (for example, where specialist care services such as Sexual Health have unique data capture and reporting requirements), rationalisation will not apply.

6.1.5   Every IT system that is in use within the Trust, relies upon an operating system, which comprises the fundamental software and files that provide system functionality, and that communicate with the system's associated hardware.

To this end, the Trust will routinely ensure that all operating systems that underpin both the organisation's clinical and corporate IT systems are kept up-to-date, offer optimum security and protection from computer viruses and all other forms of malicious software, and enable more seamless transition of information both internally and externally.

6.1.6   In order to provide storage for its wealth of data, the Trust utilises a number of servers across the county. The Trust is committed to reducing the number of these servers in order to:

- o centralise servers within a secure offsite location, which will improve the Trust's ability to protect, manage and support this business-critical equipment;

- o maintain a number of mirrored servers that will provide a business continuity solution should one server be rendered inoperable or unavailable;

- o provide better coordinated back-up of Trust data so as to support disaster recovery, and improve resilience and reliability;

- o provide a more cost-effective approach, as fewer servers will require less licencing and remote support;

- o ensure quicker access to applications, and ensure availability of systems 24/7.

6.1.7   The Trust will ensure the improved efficiency of its corporate services by delivering more robust IT solutions: these include:

- o better use of e-rostering to support capacity management: thus, by ensuring the availability of electronic tools to bring together pertinent information regarding colleagues' shift patterns, annual leave, sickness absence, skill mix and movement between locations and facilities, the Trust can more readily develop rotas that meet service user demand, enable improved workforce management of both substantive and temporary staff, and deliver efficiency savings by allowing increased time for colleagues to provide care services;

- o improved use of a centralised electronic system to report, record and track risks, thereby achieving increased and more consistent levels of incident reporting across the Trust, and capturing and managing risks using a proactive and coordinated approach: for further detail, refer to the Trust's Risk Management Strategy;

- o increased online resources and tools to provide greater availability and flexibility of training: also improved use of the training booking system in order to enable all colleagues to understand how they may access the range of courses and options that are available.

The above examples demonstrate developmental opportunities within the Trust's use of IT, which will serve to complement the more traditional corporate systems that already deliver payroll, HR functions etc.

6.1.8 The Trust will routinely seek to identify the most efficient and cost-effective way in which to purchase and manage its licences, whether these are in relation to software, hardware, clinical or corporate systems, or system servers (see section 6.1.6 above). This focus upon efficiency will therefore ensure that the organisation is able to remain legally compliant, whilst nevertheless, still providing all Trust colleagues with appropriate access to the systems and technology that they require in order to be able to deliver the highest quality of care.

To achieve this, responsibility for managing all IT licences will be centralised: thus, the IT and Clinical Systems Team will have complete overview and scrutiny of all licensing activity across the Trust. This approach will also enable the organisation to respond appropriately to the change in the NHS Enterprise Wide Agreement (EWA), which, from 2014, requires all NHS Trusts to assume individual responsibility for their own licensing replacement programme.

6.1.9 Increased use of electronic systems and records across the Trust will help to ensure that there is a much reduced reliance upon paper and other consumables. This will create service efficiencies – thus, for example, maintaining a single electronic service user record, as opposed to a multitude of paper records in different locations, settings and formats, will reduce inconsistencies, duplications and/or omissions in data recording. It will also create cost-efficiencies: thus, *The Power of Information* (Department of Health, 2012) suggests that £200 million could be saved nationally by eliminating the use of paper across the NHS.

Whilst this approach will be partially fulfilled via the systematic roll-out of effective clinical and corporate systems across the Trust, as well as by ensuring that systems are available at all times (see section 6.1.6 above), the organisation will also explore further enhancements. This may include the introduction of an electronic document management system in order to ensure that information and associated reports can be reviewed and approved prior to release, changes and revisions can be clearly identified, and relevant versions of documents can easily be made available to all appropriate readers.

6.1.10 In order to provide the most effective and reliable IT service, the Trust utilises appropriate external support and agencies as necessary (see for example, section 4.3 above). The Trust will regularly review all such contracts and arrangements so as to ensure that the organisation benefits from the most cost-effective solutions at all times.

6.2 <u>To use technologies that will provide service users and the wider Gloucestershire public with increased choice, quality and flexibility</u>

The Trust recognises the value of technology, not only as a way of enhancing Trust operations and efficiencies as illustrated in section 6.1 above, but also as a means to directly support service users. Thus, the Trust is committed to making relevant technologies accessible to service users where these may improve their experiences and quality of life. This commitment is reflected within the following actions.

6.2.1 Appropriate communications technologies will be utilised so as to improve service user contact with the Trust. This includes the use of technologies to:

- o ensure robust call centre handling processes within the Trust's centralised booking system, which will provide service users with a single telephone point via which care services will be more accessible;

- o support the delivery of the NHS e-referral service (NHS e-RS, formerly Choose and Book) that will allow service users to make, change or cancel appointments online or by phone;

- o enable appropriate messages, that include appointment and test result reminders, to be sent via text.

Similarly, technologies will be used in order to support those contact mechanisms that are designed for the use of local healthcare professionals, which will nevertheless also improve the speed and efficiency by which service users may access relevant services. These mechanisms include:

- o the Single Point of Clinical Access (SPCA) which supports GPs in reducing avoidable emergency admissions, and maximising the use of community hospital beds and services;

- o the locality-based Referral Centres by which the Trust's Integrated Community Teams may be reached.

6.2.2 The Trust will continuously explore technologies that will enable service users to remain safe and independent within the community. These technologies include:

- o telehealth, which is particularly relevant to Gloucestershire service users with long-term conditions, as it will monitor and report upon critical aspects of a service user's health (i.e. blood pressure, blood glucose levels etc) whilst they remain at home, thereby reducing the need for unnecessary GP appointments or hospital visits;

o telecare, which uses sensors to identify when a service user exhibits a change in behaviour or suffers an incident such as a fall: an example of this technology is the use of GPS trackers to monitor the movements of frail older service users who are showing early signs of confusion, alerting appropriate agencies should such a service user unexpectedly leave their home;

o emerging smartphone applications which may allow, for example, service users to view their clinical records, track the progression of chronic conditions, provide a unified diabetes management system etc.

6.2.3   The Trust will ensure that it make best use of technologies within its community hospitals and other premises so as to improve the service user experience. This will include, for example:

o interactive white boards which can be used to streamline the care delivery process so as to increase productivity, enable improved discharge planning that commences at the point of admission, and support more efficient shift transitions by the sharing of coordinated information at time of hand-over;

o telemedicine, which uses communications technologies to transfer clinical information for the purpose of consulting, or undertaking remote medical procedures or examinations;

o display boards in reception and waiting areas that will provide the public with a real-time view of relevant information including clinic waiting times, infection control rates, safety indicators and other service user experience feedback.

6.2.4   The Trust will ensure that all clinical systems that are in use across the Trust are service user focused. Thus, all clinical systems will be validated so as to ensure that they:

o support the creation and use of a single service user record that can be accessed as appropriate, by all relevant partners within the local health and social care economy, and that therefore can become the central repository for information about an individual service user;

o facilitate the delivery and redesign of care pathways by capturing all necessary clinical detail, supporting the clinical decision-making process and tracking progress across organisational boundaries following both internal and external referrals;

o provide suitable public access within agreed and legal parameters, so that service users will be able to see and review all pertinent information about themselves and their care.

6.3   <u>To enable Trust colleagues to securely access relevant information, communications and technology from any location and at any time, improving the quality of delivered care</u>

6.3.1   During the lifecycle of this Strategy, the Trust will be seeking to empower its clinical and professional care workforce to become increasingly mobile. This is to better utilise the time and capacity of colleagues, and enable them to optimise their effectiveness and productivity by, for example, reducing the need for frontline staff to regularly return to their bases in order solely to enter information following a service user visit.

Information Technology has a specific role to play in supporting this initiative, as colleagues will require the use of appropriate mobile equipment such as laptops and tablet devices, by which they may be able to securely access all necessary information irrespective of location.

Thus, the Trust will routinely reassess the continued suitability of all forms of mobile technology in order to identify which equipment is best fit for purpose, and offers appropriate balance between improved efficiency and cost-effectiveness. This initiative will also require the Trust to provide on-going training to support staff in their use of such equipment (see also section 6.5 below).

6.3.2   Further to the requirements of 6.3.1 above, the Trust also has specific obligations to ensure that new IT equipment not only supports and enhances mobile working, but that such devices also complement all other new ways of working. Thus for example, the Trust will need to evaluate whether new technologies support colleagues who as acting as lone workers, whether the devices enable real-time data capture (see section 6.1.2 above) etc.

6.3.3   The Trust will maintain robust governance processes to regulate the management of all mobile devices and technologies. Thus, from point of order, to delivery, usage, maintenance, through to decommissioning, the Trust will ensure that there are formal management arrangements which allow colleagues to receive the appropriate equipment at the earliest opportunity, and validate that all equipment is kept up-to-date so as to ensure optimum security and efficiency. These processes will complement existing procedures that seek to ensure the appropriate asset management of all fixed IT resources including desktop PC's.

6.3.4   The Trust is committed to continually improving the technical infrastructure that supports all forms of communication so as to maintain the most efficient and cost-effective ways of keeping colleagues, service users and other professionals aware and informed. This includes:

- o centralising the management and maintenance of the static telephone service, in order to consolidate the use of external providers, achieve cost savings, and reduce unnecessary and timely administration across the localities. This process will also allow the Trust to develop internal conference calling that will support flexible working patterns (NB in support of this move, all new laptops and PCs in use across the Trust will have integrated webcams and microphones that will allow users to conduct face-to-face conversations over the telephone network, exchange documents and demonstrate processes by desktop sharing);

- o eliminating the use of faxes across the Trust, transitioning such communications to electronic working, thereby reducing the need for paper, and improving speed and security;

- o supporting the extended use of the internet: thus, for example, the Trust's Clinical and Professional Care Strategy references the organisation's ambitions to develop specialised interactive online services, enabling service-specific information, video and chat rooms to be made available to service users, families and carers across Gloucestershire;

- o extending and enhancing the Trust's intranet, so that colleagues have a dedicated resource and environment through which to channel communications and exchange business-critical information;

- o ensure that the email services provided by the Trust are suitable, efficient and secure;

- o build upon the Trust's mobile telephone network to enable unified communications. Thus, colleagues who use smartphones will be able to link their mobile devices to their office telephone, thereby having one single number for all communications. Similar technology will also be employed on desktop PCs and laptops to enable instant messaging: when this is integrated with smartphones, it will provide users with a number of options to communicate with colleagues.

6.3.5   The Trust will introduce an Identity and Access Management (IAM) solution which will ensure that the right people are able to access all appropriate systems and information quickly and efficiently. Thus, use of a either SmartCard, or a Touch and Go system, will serve as a single authentication of a colleague's permission to access all agreed clinical systems, ensuring easier navigation, and allowing more consistent sharing of service user information. This solution will also enable security to be improved as colleagues will be able to utilise the same methodology for all applications and to provide access to self-service tools.

6.4   <u>To enable improved joint working across organisational boundaries, so that all local health and social care professionals can rapidly access relevant information and provide service users with a seamless service</u>

6.4.1   As referenced in section 4.1 above, the Trust has invested in SystmOne, which it foresees as its primary clinical system for the minimum duration of this Strategy. At the time of writing, SystmOne is planned for rollout across the Trust by 2015. Additionally, an increasing number of local GP practices are also choosing to migrate to SystmOne.

However, in order to further advance the organisation's strategic integration with Gloucestershire County Council, the Trust will be looking to support the Council in its scoping, selection, introduction and implementation of a compatible electronic system, so as to enable optimum information exchange between the two partner organisations.

In particular, the Trust will be seeking to encourage Gloucestershire County Council to adopt a system which will:

o allow social care colleagues to share critical information with Trust clinicians about the type of care that they are providing to local service users:

o configure workflows across the Trust and the Council;

o provide audit trails relating to the health and social care provided to each individual service user;

o enable health and social care information to be shared securely with local GPs;

o record and maintain health and social care assessments;

o link budgets to a standardised scoring system.

Such integrated working would significantly benefit the level of care that is available to service users, carers and families across the county.

6.4.2   At time of writing this Strategy, the Trust employs approximately 2,600 people (excluding bank staff). Additionally, the Trust is responsible for the management of 800 colleagues from Gloucestershire County Council, who work within the Trust's Integrated Community Teams (ICTs). However, Council colleagues are unable to access much of the information and resources that are available to their Trust counterparts.

To this end, the Trust will be looking to provide Gloucestershire County Council colleagues with appropriate Trust network and system access in order to enable seamless working within ICTs, and to ensure that all relevant information, data, policies and communications are readily available to all ICT team members, irrespective of employer.

6.4.3   In addition to improving its integration practice with Gloucestershire County Council, the Trust is also looking to advance its collaborative partnerships with other local providers of primary, acute and mental health care. A robust IT infrastructure will be critical to supporting these relationships, so as to create systems that will enable key service user information to be effectively shared between trusted partners, stakeholders and regulatory bodies.

In particular, the Trust will be supporting the development of a Clinical and Information Portal as a secure way for Gloucestershire partner organisations to view priority information about individual service users in a single online location, rather than having to access this information from a number of different systems. The benefits of adopting this approach are that it will:

o facilitate improved care delivery and professional decision-making;

o reduce time spent unnecessarily searching and retrieving clinical and care information;

o reduce delays in processes such as referral vetting;

o reduce reliance on paper based processes across the local health and social care economy.

The process to develop this portal will begin by the use of the Medical Interoperability Gateway (MIG), which will facilitate the sharing of data seamlessly between the Trust, and those within the local GP community who do not currently use SystmOne.

6.4.4   To underpin information exchange, whether internally across organisational locations or externally to partners and other stakeholders, the Trust maintains a network infrastructure. The Trust will therefore continually reassess this infrastructure so as to ensure that it remains fit for purpose, enables maximum flexibility of working, and provides clinical and care professionals with fast and easy access to service user records in any location and at any time. Thus, the Trust may explore the use of the Public Services Network (PSN), which is a national initiative for creating a single virtual network across UK government, delivered through multiple service providers and ensuring on-going value and innovation.

6.5   To ensure that Trust colleagues are appropriately skilled and trained so as to make best use of existing and developing technologies

    6.5.1   So as to ensure that the Trust is supported by an expert resource, the knowledge, capabilities and competencies of the centralised IT and Clinical Systems Team will be routinely assessed. Thereafter, the Trust is committed to providing all necessary training to meet the team's identified individual and group needs, and thereby empower them with the full range of skills and abilities necessary to successfully deliver against their Service Development Plan (NB this action is in line with the principles of the Trust's operational framework as described within its Organisational Development Strategy).

    6.5.2   Routine quality training in the application of all appropriate clinical and corporate systems, as well as all in the use of devices and other technologies, will be made readily available to Trust colleagues in a timely manner and in a range of locations. This will include specific IT training as part of colleagues' induction.

    6.5.3   In addition to routine training, the Trust will proactively deliver dedicated ad hoc training as soon as new systems or technologies become available. This will ensure that the workforce is kept suitably apprised of all IT developments that may assist them in their daily working life.

    6.5.4   The Trust will ensure that a range of training methodologies are available across the Trust, albeit with emphasis upon self-service training whereby Trust colleagues can access online support and resources at a time and location most suitable to them, in order to acquire all relevant learning.

    6.5.5   The Trust will seek to introduce its own internal service desk facility in order to actively support any colleague in their use of clinical systems. Moreover, by receiving all questions and concerns regarding available systems, the Trust will be able to better understand the categories of issues and problems experienced by colleagues, and then use this learning to inform and enhance future training.

    6.5.6   Technology Champions will be appointed within the Trust: these will usually be frontline or operational staff who have demonstrated a robust grasp and understanding of any new system or technology, and who can therefore act as mentors and support for other colleagues across the organisation.

    6.5.7   There will be an increased emphasis upon communications in order to demonstrate how the Trust is embracing information technology to provide best care to local service users, carers and families.

7.   Quality Measures

Each of the quality goals as identified in section 5 above, will be supported by a series of performance measures as detailed below, to be reported to, and monitored by, the Performance and Resources Committee on a routine basis:

Quality Goal	Quality Measure
To identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies	• Number of Trust and other colleagues accessing real-time information that represents effective triangulation of activity, performance, workforce and finance data • Number of clinical systems in use across the Trust, and the number migrated to SystmOne within the reporting period • Number of servers that have been consolidated and decommissioned within the reporting period • 100% software and hardware licences managed within legal frameworks • Reduction in the volume of paper used by clinical teams
To use technologies that will provide service users and the wider Gloucestershire public with increased choice, quality and flexibility	• Increase in the number of clinical teams supported by the centralised booking service • Increase in the number of text messages sent to service users in respect of appointments, reminders and other appropriate communications • Availability of white boards within all local community hospitals linked to SystmOne • Availability of public information boards within all local community hospitals, providing service users with access to real-time data that is updated on a daily basis

To enable Trust colleagues to securely access relevant information, communications and technology from any location and at any time, improving the quality of delivered care	- All relevant colleagues with access to suitable mobile devices that support real-time data access and entry - Maintenance of a centralised telephone management system that is based upon a single tariff - All clinical colleagues with use of an appropriate Identity and Access Management (IAM) authentication system
To enable improved joint working across organisational boundaries, so that all local health and social care professionals can rapidly access relevant information and provide service users with a seamless service	- Full implementation and use of the Medical Interoperability Gateway (MIG) across the Gloucestershire health and social care economy - Sharing of real-time information between all relevant health and social care partners in the Gloucestershire health and social care economy - All referrals, whether received from internal or external sources, received electronically
To ensure that Trust colleagues are appropriately skilled and trained so as to make best use of existing and developing technologies	- All personal development needs of Trust colleagues in respect of IT will be assessed and fulfilled on an annual basis - IT training will be provided to all colleagues joining the Trust as part of their induction - Increase in the availability of online IT support and resources so as to ensure self-service training - Appointment and maintenance of appropriate Technology Champions across the Trust

8.   Accountabilities and Assurances

This Information Technology Strategy is relevant to all colleagues and services within the Trust: however, specific duties are detailed below:

8.1   Trust Board

The Board is responsible for the delivery of safe, effective health and social care, and for ensuring that all resources are used efficiently. As such, the Board has clear duty to maintain oversight over the Trust's IT developments, so as to be assured that they remain fit for purpose, and provide optimum benefit and value to local service users, carers and families.

8.2   Performance and Resources Committee

The Performance and Resources Committee has specific responsibility for ensuring that all IT systems that are in use across the organisation are able to support relevant operational activity, and for providing the necessary assurances to the Trust Board. Thus, the Performance and Resources Committee will receive regular reports from all relevant sub-groups and other forums including the SystmOne Deployment and Operational Project Board, and the Partnership Board that encompasses representation from the Trust as well as Gloucestershire Hospitals NHS Foundation Trust and 2gether NHS Foundation Trust in order to consider local shared IT services and countywide strategic planning.

8.3   Chief Executive

The Chief Executive is the Trust's Accountable Officer, and as such, has overall responsibility for ensuring that the organisation has access to the necessary resources in order to deliver the highest quality care services.

8.4   Director of Finance

The Director of Finance is the Trust's executive lead for IT, and thus is responsible for overseeing all IT developments and implementation programmes across the organisation.

8.5   Head of IT Developments and Operations

The Head of IT Developments and Operations is responsible for the management of the IT and Clinical Systems Team, whose primary duties are detailed in section 4.2 above.

8.6   All Trust colleagues

All colleagues across the Trust will be responsible for using the IT, systems and technology to which they are given access, with optimum responsibility and security, so as to ensure protection for the Trust's assets.

9.   Enabling and Supporting Strategies

9.1   This Information Technology Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;

- the Performance and Information Strategy, which seeks to ensure that the Trust can deliver high quality, credible information and reporting at all times to colleagues and all other relevant stakeholders, and that also provides timely monitoring of Trust performance, so as to facilitate the rapid identification of opportunities to improve service efficiency and effectiveness;

- the Information Governance Strategy that specifies the Trust's plans to achieve compliance with all requisite information governance standards, and thereby ensure that the information that is maintained by the organisation is complete, safe, secure, accurate, timely and reliable;

- the Business Continuity Strategy, which seeks to outline the Trust's strategic approach to continuing its most critical services in light of a major incident including the unavailability of the organisation's systems and networks;

- the Estates Strategy, which seeks to ensure that all users of the Trust's facilities receive the best experience the Trust is able to provide, offering safety, privacy and dignity to all, whilst respecting the need to match commissioned services, quality and environmental sustainability with cost-effectiveness.

9.2   This Information Technology Strategy is directly supported by the Information Technology Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2014-19 in order to fulfil the ambitions of this Strategy.

10. References

NHS Mandate (Department of Health, 2012)

Putting Patients First (NHS England, 2013)

Liberating the NHS: An Information Revolution (Department of Health, 2011)

The Power of Information (Department of Health, 2012)

Digital Strategy (Department of Health, 2012)

Innovation Health & Wealth (Department of Health 2011)

National Mobile Health Worker Project (Department of Health 2013)

Outline IM&T Strategy (Gloucestershire Clinical Commissioning Group, 2013)

Appendix 1: Consultation

This Information Technology Strategy has been presented to the following groups and Committees so as to ensure appropriate senior support, prior to its escalation to the Trust Board in March 2014 for ratification:

Consultation Group	Date of Meeting
Executive Management Team	14 November 2013
Strategy Development Group (coordinated with the development of the Performance and Information Strategy)	19 November 2013
Performance and Resources Committee	10 December 2013
Executive Management Team	16 January 2014
Performance and Resources Committee	13 February 2014
Trust Board	11 March 2014

Gloucestershire Care Services NHS Trust Board

Title:	Information Technology (IT) Strategy (v0.14)	11 March 2014
Agenda Item:	14	
Purpose of Paper:	To seek the Board's support for the IT Strategy in its current form	
Key Points:	The Strategy has been formally approved by the Director of Finance and the Head of IT Developments and Operations. A final set of amends has been made following the document's presentation at the Performance and Resources Committee on 13 February 2014. Costs relating to the priorities and actions recommended by this Strategy will be identified within the accompanying implementation plan.	
Options and decisions required	The Board is asked to approve and ratify the IT Strategy for adoption by the Trust.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x
Next steps/future actions	A detailed implementation plan will be developed, that will subsequently be monitored by the Performance and Resources Committee.	
Author name and title	Rod Brown, FT Programme Manager	**Director Name and Title**	Glyn Howells, Director of Finance

Gloucestershire Care Services NHS
NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	Risk Management Strategy (v0.5)	11 March 2014
Agenda Item:	15	
Purpose of Paper:	To seek the Board's support for the Risk Management Strategy in its current form	
Key Points:	This Strategy represents a significant update of the Risk Management Strategy, formerly approved by the Trust Board in July 2013. The new version reflects the current standardised format for Trust strategies, and includes increased emphasis upon quality goals and the identification of 5 year priorities and actions. This Strategy has been formally approved by the Information Governance and Risk Manager. A final set of amends has been made following the document's presentation at the Integrated Governance and Quality Committee on 20 February 2014. Costs relating to the priorities and actions recommended by this Strategy will be identified within the accompanying implementation plan.	
Options and decisions required	The Board is asked to approve and ratify the Risk Management Strategy for adoption by the Trust.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x

Next steps/future actions	A detailed implementation plan will be developed, that will subsequently be monitored by the Audit and Assurance Committee.		
Author name and title	Rod Brown, FT Programme Manager	**Director Name and Title**	Simeon Foreman, Board Secretary

RISK
MANAGEMENT
STRATEGY

2014-19

To create optimum opportunity for the successful delivery of exemplar health and social care services by ensuring a consistent framework for the identification, management and mitigation of all potential or actual risks

Risk Management Strategy 2014-19

Version control	
Document reference:	TB03
Version:	0.5
Ratified by:	Trust Board
Date ratified:	
Originator/author:	Rod Brown, FT Programme Manager Amanda Harris, Information Governance and Risk Manager
Owner:	Simeon Foreman, Board Secretary
Executive lead:	Simeon Foreman, Board Secretary
Date issued:	
Review date:	

Risk Management Strategy 2014-19

Contents

Appendices

> **Please note that this Risk Management Strategy
> is applicable only to healthcare colleagues managed by
> Gloucestershire Care Services NHS Trust.**
>
> **Social care colleagues should refer to Gloucestershire County Council's
> Risk Management Policy Statement and Strategy for guidance.**
>
> **Notwithstanding, early within the lifecycle of this
> Trust Risk Management Strategy, it is the intention that networks
> and resources will be shared across the two partner organisations,
> enabling this Strategy to become relevant to the whole workforce.**

0.   **Executive Summary**

This Risk Management Strategy will ensure that Gloucestershire Care Services NHS Trust ("the Trust") maintains clear oversight in its management of strategic and operational risks (both clinical and non-clinical) in order to safeguard against the occurrence of adverse effects which may otherwise impact upon the quality of Trust services, as well as upon service user safety and experience. Thus, risk management is rightfully recognised by the Trust and this Strategy, as a key enabler to ensuring continuous improvement in the quality of delivered care.

In particular, this Risk Management Strategy seeks to ensure that:

- effective contribution is made to the Trust's culture, enabling risks to be openly and honestly acknowledged. Thus, colleagues will be actively encouraged to observe Trust's values and thereby be open and responsible in their identification of risks, and effective in their contributions to risk management and mitigation: moreover, the Trust recognises the need to be transparent in respect of risks within its routine engagements with service users, carers, families and the wider public;

- robust governance procedures are observed so that there is clear process to identify, escalate, manage and/or mitigate all risks that may potentially impact upon operational service delivery. This includes the need for colleagues to access and triangulate information from a range of sources in order to identify risks, and ensure that risk escalation and management is handled in a consistent manner. It also specifically requires action plans to be developed by appropriate leads to clarify and track all mitigations to reduce the Trust's more significant risks, and provide assurance up to the Trust Board;

- there is clear recognition and management of strategic risks so as to ensure the optimum sustainability and quality of delivered care across Gloucestershire: thus, risks to the achievement of the Trust's overarching strategic objectives and corporate strategies will be identified by the Trust's Executive Directors, and monitored through the Board Assurance Framework;

- training is delivered Trust-wide: specifically, there is need to raise the profile and understanding of risk identification, assessment and management across the Trust;

- learning from risks is communicated and integrated so as to inform future service delivery.

This Strategy therefore outlines the Trust's aspirations and direction of travel in respect of risk management over the next 5 years. The accompanying implementation plan will detail the practical actions that will be taken in the period 2014-19 to fulfil these aspirations.

Risk Management Strategy 2014-19

1. Introduction

"Every person working in NHS-funded care has a duty to identify, and help to reduce, risks to the safety of patients, and to acquire the skills necessary to do so in relation to their own job, team and adjacent teams"

A Promise to Learn - a Commitment to Act
National Advisory Group on the Safety of Patients in England, 2013

1.1 This strategy serves to outline the intentions of Gloucestershire Care Services NHS Trust ("the Trust") to ensure the effective management of all emergent strategic and operational risks (both clinical and non-clinical). This document therefore forms a core part of the Trust's internal control and corporate governance arrangements, and fulfils a specific legal requirement to give assurance that risks in the organisation are being identified in a timely manner, and thereafter appropriately managed.

1.2 The Trust recognises that delivering health and social care, and thus all associated activities including employment of the organisation's workforce, management of its premises and finances, provision of care services across Gloucestershire etc, all involve a degree of risk. The Trust is therefore seeking to build an integrated approach to the overall management of risks, including those originating from operational, financial, workforce or other sources. This approach is detailed within the Trust's risk management documentation, which includes this strategy.

1.3 The Trust recognises that the key benefit of maintaining robust risk management processes is that the organisation will be able to minimise the effects of adverse incidents. Specifically, this means:

- the Trust will be better placed to fulfil its ambitions as articulated within its vision and strategic objectives, and thereby ensure its long-term sustainability;

- the Board and sub-Committees will have full understanding and assurance of all issues that may affect the Trust's optimum functioning;

- all relevant stakeholders including the Gloucestershire public and all professional partners, will have evidence that the Trust is aware of its environment, pressures and threats, and is taking all appropriate remedial actions in line with its legal and ethical responsibilities, so as to ensure continuous quality improvement;

- there will be a measurable reduction in detrimental impacts upon the quality of health and social care services provided across Gloucestershire, thereby improving service user safety and experience;

- decisions of the Trust will be taken with full consideration and awareness of the risk environment.

Risk Management Strategy 2014-19

2.0   Definitions

2.1   "Risk" is defined as the likelihood that harm or damage may occur as a result of an action, inaction, activity, inactivity, failing or omission, and the relative consequence and severity of the outcome.

2.2   "Risk management" is defined as the proactive process by which the Trust identifies risks, assesses their relative importance, determines the appropriate risk control mechanisms, and ensures that agreed actions are taken. Risk management within the Trust will result in one of four possible responses:

- Avoidance (or Termination): some risks will only be manageable, or containable to an acceptable level, by termination of the associated activity;

- Reduction (or Treatment): although it may not be possible or practical to eliminate some risks completely, the impact of such may be reduced to an acceptable level by suitable management;

- Transfer: some risks may be transferable to a third party (for example, via insurance where appropriate), however this course of action would need to be undertaken with clear and transparent agreement;

- Retention (or Acceptance): the ability to mitigate some risks may be limited, or the cost of the necessary action may outweigh the potential benefit gained, and in such cases, the most appropriate response to the risk may be to tolerate or accept it.

2.3   "Strategic risks" are defined as those risks that, if realised, could fundamentally affect the way in which the Trust exists or operates, and/or which may have a detrimental effect on the organisation's achievement of its key strategic objectives. The realisation of strategic risks may lead to material failure, loss or lost opportunity (for example, loss of significant sums of money), failure to meet Care Quality Commission (CQC) or other mandatory requirements, death or serious injury of a service user or Trust colleague, and/or failure to meet significant strategic targets.

2.4   "Operational risks" are defined as those risks, both clinical and non-clinical, that are associated with the day-to-day workings of the Trust that would increase the likelihood of a strategic risk being realised.

2.5   "Risk appetite" is defined as the level of risk that the Trust is prepared to accept, before action is deemed necessary to reduce it. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings. The Board will agree and maintain the risk appetite of the Trust, and review this in line with national and organisational change and the *Orange Book: Management of Risk - Principles and Concepts* (HM Treasury, 2013).

3.   **Ambition and Objectives**

3.1   The ambition of this Risk Management Strategy is "*To create optimum opportunity for the successful delivery of exemplar health and social care services by ensuring a consistent framework for the identification, management and mitigation of all potential or actual risks*".

       This aligns to the Trust's overarching vision which is "*To be the service people rely on to understand them and organise their care around their lives*", given that both intentions aspire to ensure delivery of the highest possible care quality to local service users.

3.2   This five year Risk Management Strategy seeks to ensure that by 2019, the following objectives will have been embedded, linked to the Trust's overarching strategic objectives:

Risk Management Strategy Objectives	Trust Strategic Objectives
• Reducing the occurrence of adverse events and incidents that could otherwise threaten or cause avoidable harm to service users, and thus impact upon the quality of care services across Gloucestershire • Improving service user safety by increasing the Trust's ability to ensure clinical effectiveness • Enhancing the service user experience by reducing or removing events or circumstances which are perceived as obstructive to care delivery	Achieve the best possible outcomes for our service users through high quality care
• Ensuring that all relevant feedback from service users, carers and families, including that from complaints and claims, is routinely captured and reflected within the Trust's risk management processes	Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

• Integrating risk management practices into joint organisational policies, planning and decision making, as well as day-to-day health and social care activity across Gloucestershire	Provide innovative community services that deliver health and social care together
• Sharing best practice, risk actions and outcomes across the local healthcare economy in order to reduce exposure to risk, irrespective of setting	Work as a valued partner in local communities and across health and social care
• Providing leadership and commitment, supporting an environment of risk awareness and personal and professional accountability • Ensuring that all appropriate reporting arrangements and individual responsibilities in respect of risk management, are clearly identified and understood • Empowering all Trust colleagues with the knowledge and skills to make effective contribution to risk management	Support individuals and teams to develop the skills, confidence and ambition to deliver our vision
• Supporting the achievement of the Trust's strategic objectives by ensuring that all risks which could otherwise threaten or prevent success, are proactively identified, mitigated or managed to an acceptable level • Complying with all relevant legislation, regulations and standards in relation to risk management	Manage public resources wisely to ensure local services remain sustainable and accessible

4.   National Context

4.1   The *Code of Governance for NHS Foundation Trusts* (Monitor's proposed update, 2013) requires Trust Boards to:

- determine the nature and extent of the risks it is willing to take in achieving its strategic objectives;

- maintain sound risk management and internal control systems so as to safeguard the Trust's assets, service user safety and care quality;

- conduct as a minimum, an annual review of the effectiveness of the Trust's risk management and internal control systems, including consideration of all financial, operational and compliance controls.

4.2   Although responsibility for issuing guidance in respect of service user safety was transferred in 2012 from the National Patient Safety Agency (NPSA) to the NHS Commissioning Board Special Health Authority (subsequently, the NHS Commissioning Board and now NHS England), the NPSA documents still remain pertinent. Thus, the *Risk Assessment Programme Overview* (NPSA, 2006), *Healthcare Risk Assessment Made Easy* (NPSA, 2007) and *A Risk Matrix for Risk Managers* (NPSA, 2008) continue to provide the fundamental reference for risk management practice within the NHS.

4.3   The *Risk Management Standards 2013-14* (NHS Litigation Authority, 2013) incorporate a framework that enables Trusts to focus their risk management activities upon supporting the achievement of quality improvements in care delivery, organisational governance, and service user safety. Moreover, the standards seek to provide guidance in respect of the proactive identification of risks, the embedding of risk management into an organisation's culture, and the understanding of risk exposure.

4.4   The *Risk Assessment Framework* (Monitor, 2013) uses two assessments in order to identify where there is (i) risk to the financial sustainability of an NHS provider which endangers the continuity of its services, and (ii) unsatisfactory or poor governance within a Trust. Thus, the key criteria that are evaluated within these assessments should be considered as fundamental components of the Trust's risk management processes: these include particular scrutiny of risks in relation to the Trust's:

- performance against selected national access and outcomes standards;

- processes to ensure robust quality governance;

- processes to ensure robust financial governance, with particular consideration of risks to the Trust's liquidity and capital servicing capacity;

- continued ability to maintain compliance with all prevailing Care Quality Commission (CQC) standards.

4.5   There are also a number of key national documents, which although principally focused upon ensuring and assuring the quality of care services nationally, also give consideration to the need for, and impact of, risk management processes. These documents include:

- *A Promise to Learn - a Commitment to Act* (National Advisory Group on the Safety of Patients in England, 2013), which focuses upon three categories of risk to service users, namely (i) risk of harm due to neglect or wilful misconduct, (ii) risk of harm due to failures in the system, and (iii) risk of harm from error. Whilst all three categories necessitate review and management as appropriate, the report advises that harm caused by neglect or wilful misconduct, warrants particular sanctions, as it would in settings other than the NHS. The report also recognises the inherent tensions between risks and resources, and advises vigilance against reductions in staffing, time or consumables, that may raise the risk of service user harm to unnecessary or unacceptable levels;

- *Hard Truths: The Journey to Putting Patients First* (Department of Health, 2013), which seeks to improve the identification of risks within the healthcare system by maintaining standards of care, improving information sharing, and observing a new risk-based inspection regime;

- *Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England* (Department of Health, 2013), which recommends that all NHS provider organisations must confidently and competently use data and other intelligence from a range of sources in its risk assessment practices. The report also highlights concerns as to a potential significant disconnect between what Trust Boards perceive to be its key operational risks, and what is actually happening in frontline services.

5.   Local Context

5.1   The Trust maintains a number of formal processes and systems by which it seeks to manage both strategic and operational risk. These include:

- Trust policies, including the Risk Assessment and Management Policy, the Incident Reporting and Management Policy, the Serious Incident Management Policy, the Complaints Policy etc;

- risk registers that are maintained electronically and that capture all operational risks (both clinical and non-clinical), together with a Board Assurance Framework that identifies strategic risks;

- the appointment of key individuals to oversee risk processes on behalf of the Trust, including the Information Governance and Risk Manager;

- a number of key forums with specific responsibilities for relevant aspects of risk, which include the Trust Board and the sub-Board Committees (for further detail, refer to section 10 below).

6.   Quality Goals

6.1   In order to ensure that this Risk Management Strategy maintains optimum focus upon achieving quality outcomes, the following goals have been identified:

- to make effective contribution to the Trust's culture wherein risks are openly and honestly acknowledged;

- to observe robust governance procedures so that there is clear process to identify, escalate, manage and/or mitigate all risks that may potentially impact upon operational service delivery, both clinical and non-clinical;

- to enable clear recognition and management of strategic risks so as to ensure the optimum sustainability and quality of delivered care across Gloucestershire;

- to deliver training Trust-wide so that operational risk management is clearly understood and observed;

- to ensure that learning from risks is communicated and integrated so as to inform future service delivery.

7.   Priorities and Actions

The following priorities have been identified, mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the Audit and Assurance Committee.

7.1   <u>To make effective contribution to the Trust's culture wherein risks are openly and honestly acknowledged</u>

The Trust's Organisational Development Strategy outlines its aspirations to nurture a supportive and learning culture that is based upon four fundamental values, namely being Caring, Open, Responsible and Effective. With particular reference to risk management, this requires the following actions to be observed.

7.1.1   All Trust colleagues will be actively encouraged via routine communications and direct interactions with line managers, to be frank, honest and therefore responsible, in their identification of risks. In particular, colleagues will be advised to be transparent should any omissions or errors have been made in practice, which may have resulted in the occurrence of negative events.

This approach is supported by the recommendations of *A Promise to Learn - a Commitment to Act* (National Advisory Group on the Safety of Patients in England, Berwick, 2013), which states that "*transparency is essential…with regard to information. The most valuable of all information is information on risks and on things that have gone wrong. Everyone should be free to state openly their concerns about patient safety without reprisal, and there is no place for compromise agreements that prevent staff discussing safety concerns*".

Notwithstanding, the Trust recognises the need for balance between openness and confidentiality in the management and use of information. Thus, whilst colleagues are required to be open about risks, they must nevertheless continue to appropriately safeguard personal information about service users, colleagues and matters of commercial sensitivity.

7.1.2   The Trust will maintain a robust process for whistleblowing, should colleagues feel unable to report or highlight any risks that they may identify through other channels.

To this end, the organisation's whistleblowing policy ("It's OK to Ask Why"), serves to support colleagues who may wish to register risks or concerns regarding the quality of care, the safety of service users or colleagues, professional misconduct or financial malpractice including fraud, bribery or corruption.

7.1.3   The Trust will openly elicit the views and opinions of service users, carers, families and the wider Gloucestershire public, in respect of any potential or actual risks that they may perceive, ostensibly to the quality of delivered care. Thus, opportunity to signpost risks should be clearly included within all forms of service user feedback, from surveys to focus groups. Moreover, all feedback that is captured via such mechanisms, must be rapidly escalated to the relevant Trust authorities, so as to ensure that the public's voice is represented and reflected within appropriate risk processes.

7.1.4   The Trust recognises its responsibilities, in line with the duty of candour, to make relevant information available to the public. This requires, for example, the Trust to display information in community hospitals covering a range of issues, such as infection control rates, safety indicators and other service user experience feedback, from which service users may be able to extrapolate and interpret risks.

Additionally, and on request, the Trust will provide service users, as well as their carers and families where there is explicit consent, with a clear summary of their health needs and proposed treatments. This should include information about risks, and should detail all alternatives where appropriate. This commitment to openness fits with the principles detailed within the Trust's Clinical and Professional Care Strategy that seeks to ensure better involvement of service users and families, in decisions about care. However, in sharing such information, the Trust will observe robust Information Governance practice, and thus only share person-based information in a controlled manner that is wholly consistent with the interests of the service user.

7.1.5   In order to realise its aspired culture, the Trust seeks to adhere to an operating framework as illustrated below:
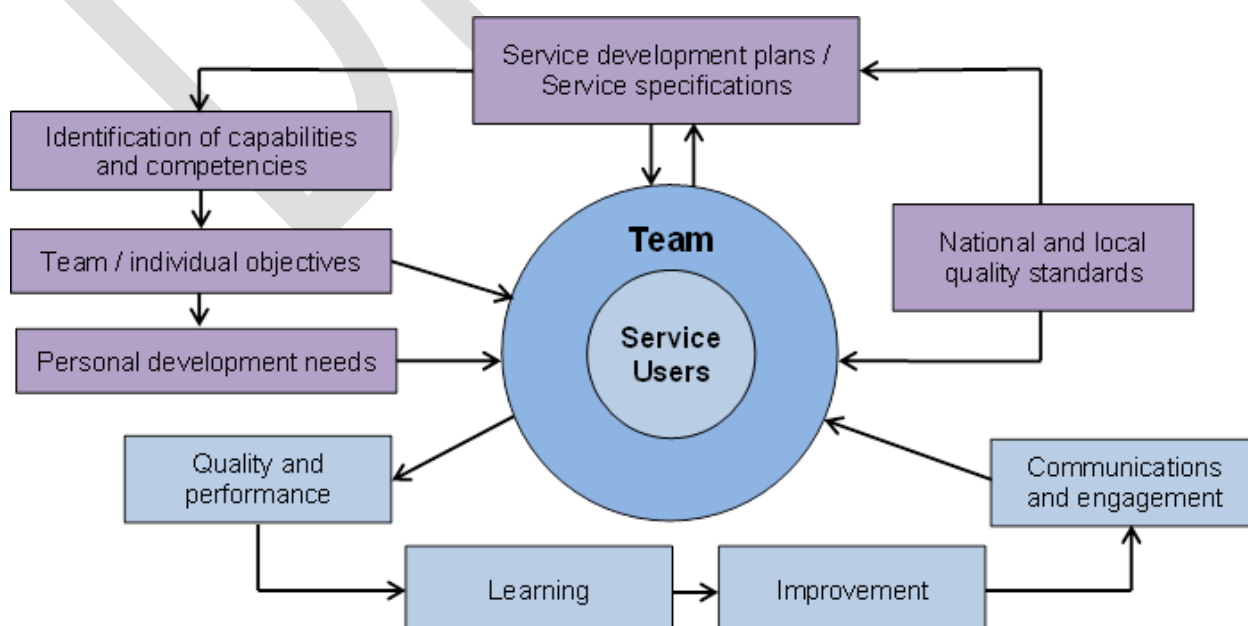
With regard to risk, the practical implementation of this operating framework requires the following actions:

o operational risks will need to be clearly identified within the Service Development Plans that are produced by every clinical and corporate team across the organisation, with salient issues being escalated to the corresponding risk leads, so as to be effectively managed as appropriate;

o specific responsibilities for individual team members, and the team as a whole, to recognise and/or manage risk as appropriate, will be formally identified within the competencies and capabilities frameworks, as well as within the individual and team objectives, both of which may highlight personal development and/or training needs (see also section 7.4 below). Notwithstanding, the Trust will ensure that all job descriptions that result from the development of competencies and capabilities, will include general responsibility for risk;

o understanding and communication of risks will be a critical component of the learning and improvement stages of the operational framework: for further detail, refer to section 7.5.

7.1.6   A further goal of the Trust's Organisational Development Strategy is to increase the focus upon leadership. With respect to this Strategy, leadership is deemed essential to provide the necessary support for risk management, and to ensure that a proactive approach to risk is adopted Trust-wide. In encouraging such leadership, the Trust will recognise and embrace the behaviours identified by Berwick as being fundamental to helping reduce risk (*A Promise to Learn - a Commitment to Act*, National Advisory Group on the Safety of Patients in England, 2013). These behaviours include:

o seeking out and listening to colleagues;

o abandoning blame as a tool in the risk management processes;

o leading by example, through commitment, encouragement, compassion and a learning approach;

o maintaining clear, mature and open dialogue about risk;

o constantly and consistently asserting the primacy of safely meeting the needs of service users and carers.

Moreover, all Trust leaders will be required to routinely reinforce the message as per the quotation in section 1 above, that risk management is the shared responsibility of all Trust colleagues, irrespective of status or base of employment.

7.2 **To observe robust governance procedures so that there is clear process to identify, escalate, manage and/or mitigate all risks that may potentially impact upon operational service delivery, both clinical and non-clinical**

      7.2.1 As detailed in section 7.1 above, all Trust colleagues have explicit responsibility for identifying operational risks relevant to their service, team and/or working environment. These risks may be apparent as a result of colleagues' observations, or they may require the triangulation of information from a range of sources including:

- risk assessments conducted in respect of issues or concerns that have been highlighted through routine working practice;

- internal or external evaluations that include audits, peer reviews or other quality assurances;

- external guidance or alerts that are issued by the Department of Health, the Care Quality Commission, Monitor etc;

- serious incidents, complaints or other related quality issues;

- public and stakeholder engagement, whether in relation to a specific consultation about a proposed service development, or as part of the Trust's regular internal or external communications (refer to the Trust's Communications and Engagement Strategy);

- the Trust's Service Development Plans (see section 7.1.5 above);

- routine benchmarking of the Trust's operational performance against that of its counterparts so as to ensure that risks are consistently identified, and managed to comparable levels.

Additionally, each Executive Director will be required to undertake a formal process to identify and consider operational risks within their individual Directorate at least twice a year.

      7.2.2 A range of tools and resources will be maintained to support colleagues in the identification and escalation of risks, including:

- a comprehensive portfolio of fully documented risk management policies, protocols, procedures and guidance documents that will be readily available via the Trust intranet;

- an electronically maintained set of risk registers that together, identify the full extent of operational risks faced by the Trust, and that are defined by service (linked to the corresponding Service Development Plan), directorate or project;

- standardised risk assessment and incident reporting forms;

o an agreed format of Quality Impact Assessments and Equality Impact Assessments which will help identify the potential risks that may inadvertently result from Trust developments.

7.2.3 The Trust will maintain a standardised process by which all operational risks can be effectively analysed, evaluated, managed and mitigated. This process will include the following:

o each identified risk will be assigned a lead and Executive owner (see section 7.2.4 below);

o each identified risk will be detailed within the corresponding risk register that is maintained electronically by the Trust;

o each identified risk will be evaluated so as to determine the comparative likelihood and consequence of that risk's occurrence: to this end, the Trust will ensure that the likelihood and consequence scores that are assigned to each risk and that result in its risk rating, will be applied in a consistent and uniform manner, irrespective of the source or originator of the risk;

o each risk will require a corresponding proactive or remedial action to be ascribed. The selection of the most suitable action will include a measure of the potential impact of the risk weighed against the cost or effort necessary to enact it. Where substantive reductions in risk can be achieved with relatively low expenditure or activity, such actions should always be implemented, albeit with the approval of the risk lead. Further options for improvement may be deemed to be uneconomic or inappropriate, and therefore judgement must be exercised by the relevant risk lead or owner as to whether or not they are justifiable;

o once a risk has been rated and the corresponding actions determined, the risk will continue to be measured and monitored by the following process, which is based upon the severity implied by its rating. Thus:

- risks that are attributed a 1-3 risk rating will be managed through normal control measures, and will only be subject to aggregate review for trend analysis;

- risks that are attributed a 4-10 risk rating will be subject to regular review at local level via the relevant forum;

- risks that are attributed a 12-14 risk rating will require the development of a formal action plan with timescales, and will be monitored and reviewed every 6 months (see section 7.2.5 below);

- risks that are attributed a 15+ risk rating will require actions to be implemented within a minimum of 3 months and audited until in control.

The details of these processes will be captured in the Trust's risk management policies and supporting documentation. The Trust will also maintain a formal Escalation and Assurance Framework which will document the processes by which the Board will ultimately be assured that all operational risks (clinical and non-clinical) are being appropriately highlighted and reported.

7.2.4 Formal responsibilities for operational risks are as follows:

- oversight of all operational (non-clinical) risks will be formally assigned to the Board Secretary, whilst oversight of all operational (clinical) risks will be formally assigned to the Director of Nursing: as such, the Board Secretary and the Director of Nursing will not necessarily serve as the lead or owner for all of these operational risks, but they will be responsible for supporting the risk leads and owners in their understanding of the appropriate processes to facilitate management or mitigation;

- the lead for each risk will be a colleague of suitable authority within the Trust who will be responsible for practically managing the necessary actions arising from each identified risk;

- the owner of each risk will be one of the Trust's Executive Directors, with ownership relative to the each of the Executive's individual areas of expertise: thus:

  - the Medical Director and Director of Nursing will own all risks relating to service user safety and clinical service quality;

  - the Director of Nursing will own all risks relating to safeguarding, infection prevention and control, incident reporting and Caldicott compliance;

  - the Medical Director will own all risks relating to research and research governance;

  - the Head of HR will own all risks relating to workforce, equality and human rights, violence and aggression, and training;

  - the Director of Finance will own all risks relating to financial risk including counter fraud, commissioning, procurement and purchasing, charitable funds, information technology and asset management, estates, and information in the role of Senior Information Risk Owner ("SIRO");

- the Director (Project Development and Strategy) will own all risks relating to complaints, civil contingencies and emergency planning, partnership working, strategic planning, public relations and reputation management, community engagement and service user experience;

- the Board Secretary will own all risks relating to corporate governance and claims management;

- the Operational Directors will own all risks relating to operational activity and performance.

7.2.5 The Trust will ensure that formally documented action plans are developed in order to support any operational risks (clinical and non-clinical) that are rated 12 or above. This will require the corresponding risk lead and owner to:

   o identify all operational risk management controls and sources of assurance, together with any gaps that may be needed to strengthen these controls;

   o clarify and track all mitigations to reduce the risks, and provide assurance to all necessary Trust forums, including the Trust Board where requested, as well as all external bodies.

7.2.6 Responsibility to review the on-going management and mitigation of operational risks will be conducted within appropriate forums at both local and Trust-wide level, dependent upon the nature and severity of the risk. Risk policies will serve to regulate where and how these risks are received, and the respective responsibilities of each of the governing forums, so as to ensure a clear governance process that ultimately provides assurance up to the Trust Board.

   In particular, each of the nominated forums will be responsible for undertaking a process of "check and challenge" that will ensure rigorous scrutiny of all presented risks, and enable the forum to make recommendations to adjust risk ratings accordingly.

7.2.7 In respect of operational risks that are deemed most significant, colleagues should refer to business continuity arrangements and practices in order to help identify potential mitigations, and to be able to demonstrate an appropriate Emergency Preparedness Resilience and Response (EPPR).

7.2.8 There will be a formal annual review of the effectiveness of the structure and processes for managing operational risks across the organisation. This will include that review that forms part of the routine proactive internal audit cycle (for further information, refer to the Trust's Audit and Effectiveness Strategy).

7.3 <u>To enable clear recognition and management of strategic risks so as to ensure the optimum sustainability and quality of delivered care across Gloucestershire</u>

7.3.1 The Trust will maintain robust processes to identify strategic risks to its business, which will comprise:

- risks that may threaten or impede the achievement of the Trust's strategic objectives (see section 3.2 above);

- risks that may threaten or impede delivery of the Trust's core strategies, based upon the six strategy domains namely:

  - Quality (relating to the Trust's Quality Strategy);

  - Culture and Environment (relating to the Trust's Organisational Development Strategy, the Workforce Strategy, and the Health, Safety and Security Strategy);

  - Care Delivery (relating to the Trust's Clinical and Professional Care Strategy, and the Audit and Effectiveness Strategy);

  - Compliance (relating to this Risk Management Strategy, as well as the Trust's Business Continuity Strategy, and the Information Governance Strategy);

  - Finance and Resources (relating to the Trust's Financial Management Strategy, the Cost Improvement Programme (CIP) Strategy, the Estates Strategy, the Information Technology (IT) Strategy, and the Performance and Information Strategy);

  - Communications (relating to the Trust's Communications and Engagement Strategy, the Membership Strategy, and the Public Consultation Strategy).

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

7.3.3 The Trust will maintain an active Board Assurance Framework ("BAF") in order to document the identified strategic risks together with details relating to risk owners, severity, impact, mitigations etc. The BAF will also identify the most significant operational risks that require the input and direction of the Board.

Thus, the format of the BAF is as summarised below:
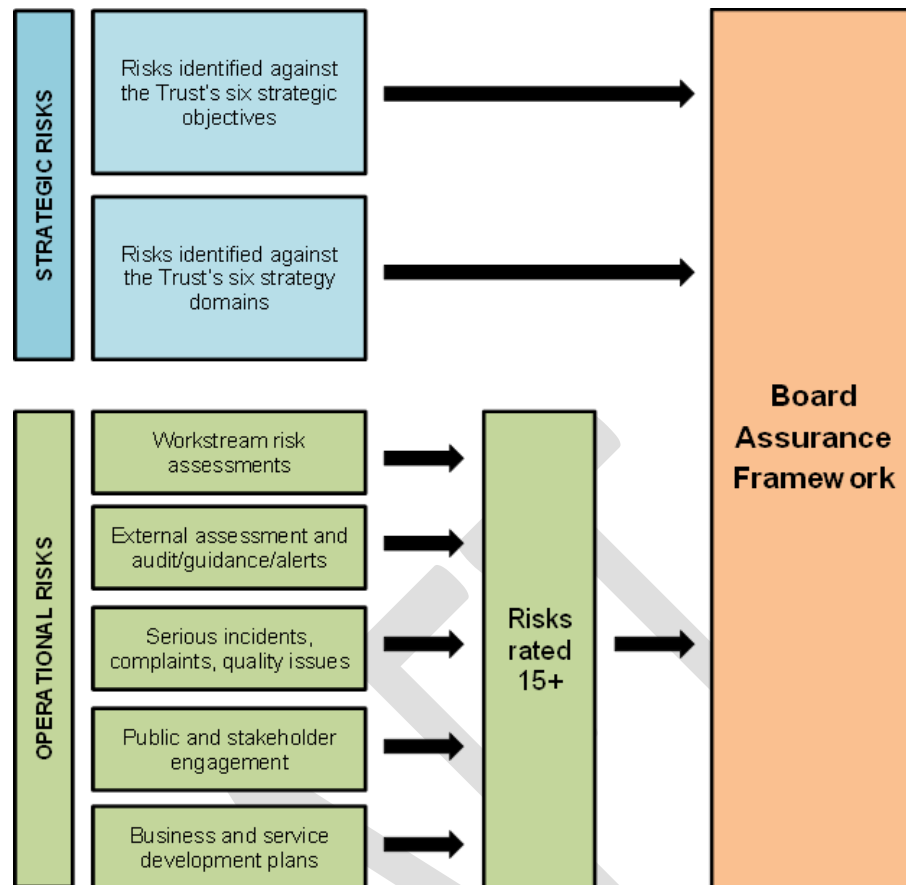
The BAF will be evaluated by the Board every six months. This will include review, assessment and update of the BAF's content as appropriate. The evaluation will also serve to provide assurance of the effectiveness of the controls and actions that have been implemented in order to manage or mitigate the identified strategic and high-level operational risks.

The BAF will also be annually evaluated by the Audit and Assurance Committee in order to ensure its consistent use to inform risk-based Board decision-making.

7.3.4   In order to support the BAF, Executive Directors will be required to refresh the Trust's SWOT and PESTELI analyses on an annual basis, and ensure that the outputs correlate to the strategic risks that are identified and captured within the Board Assurance Framework.

Thus, the SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) will serve to add maximum value to the Trust's strategic risk-based planning process, whilst the PESTELI analysis (Political, Economic, Sociological, Technological, Environmental, Legal and Industrial) will help structured planning in respect of all external factors that could be harmful to the Trust in its ambition to achieve its strategic objectives.

7.4 To deliver training Trust-wide so that operational risk management is clearly understood and observed

7.4.1 The Trust will ensure that its range of training programmes effectively raises the profile and understanding of risk identification, assessment and management, and clearly demonstrates to all colleagues across the Trust, how their routine and consistent application of risk management processes will serve as a key enabler to ensuring continuous improvement in the quality of the Trust's delivered care. This standard will apply whether the corresponding training is specific to risk (including therefore, the Trust's mandatory risk management training module), or whether it is principally dedicated to other subjects or specialisms that would nevertheless benefit from supporting coverage of risk.

This commitment to increasing all colleagues' awareness of their personal responsibilities for risk management will be enhanced by a proactive and on-going programme of communications across the Trust, that will seek to reinforce appreciation for the value and significance of risk management outcomes.

7.4.2 Specialist risk management training will be delivered across the organisation in a range of settings and using a variety of methodologies, albeit with clear focus upon self-service training which will enable colleagues to access the information and support that they need, where and when is most convenient and appropriate to them.

More specifically, an overview of risk management systems and processes will be included within the induction programme that is mandatory for all new Trust colleagues.

Furthermore, in order to augment the Trust's risk management training programmes, and to provide additional or supplemental advice and support on all issues related to risk, detailed guidance materials and resources will be maintained on the Trust intranet (see also section 7.2.2 above).

7.4.3 The Trust will ensure that its risk management training is appropriate to fulfil the personal development needs of all colleagues. This is equally applicable whether the training is being provided to frontline colleagues within operational teams who need to understand how to identify, report and escalate operational risks within their services, or whether the training is more specialist and therefore targeted at meeting the needs of those Trust colleagues with specific role-based responsibility for risk management, such as the Information Governance and Risk Manager.

7.5 <u>To ensure that learning from risks is communicated and integrated so as to inform future service delivery</u>

The Trust is committed to learning from its risk experiences, including learning from how risks occurred, how they were identified, mitigated or otherwise managed, and how they were finally resolved or accepted within the Trust's agreed tolerance levels. To this end, the Trust will ensure the following actions:

7.5.1 At an appropriate juncture within a risk's lifecycle, the risk lead and owner will formally assess the nature of the risk in order to ascertain whether it may be of significance or interest to colleagues outside the service in which it is being managed. Where the risk is deemed to be pertinent or applicable elsewhere, the risk lead will identify all transferable learning that can thereafter be escalated to relevant teams across the Trust so as to prevent or reduce the likelihood of the same or similar risk occurring. This informed guidance will include practical advice in respect of ways in which to better safeguard local activities or practice in order to ultimately improve care quality, as well as service user safety and experience.

By sharing such critical learning across teams and directorates, the Trust will seek to encourage closer working relationships within and across services, and will also strengthen its operational service delivery.

7.5.2 Via its routine communications and engagement processes, the Trust will seek to ensure that all changes to practice that result from risk learning, are effectively communicated to the Trust's professional partners and other stakeholders in order to evidence the organisation's integrity and commitment to continuous quality improvement. This action is also in line with the Trust's commitment to be an excellent partner within the wider community.

7.5.3 The Board Secretary will be responsible for producing a formal analysis report in respect of operational (clinical) risks for presentation to the Integrated Governance and Quality Committee on a biannual basis, whilst a similar biannual report in respect of operational (non-clinical) risks will be developed and shared with the Audit and Assurance Committee. These reports will facilitate the identification of trends, and will enable proactive measures to be taken to reduce the potential of repeated risks occurring in future.

7.5.4 The Board Secretary will also be responsible for developing an Annual Risk Report, which will be agreed, reviewed and monitored by the Trust Board, and which will serve to provide robust assurance that all internal control systems are performing with optimum efficiency.

8. **Quality Measures**

Each of the quality goals as identified in section 6 above, will be supported by a series of performance measures as detailed below, to be reported to, and monitored by, the Audit and Assurance Committee on a regular basis.

Quality Goal	Quality Measure
To make effective contribution to the Trust's culture wherein risks are openly and honestly acknowledged	• The number of operational risks (clinical and non-clinical) that are reported across the Trust will remain consistent or increase annually • Operational risks will be identified as a result of direct engagement with service users, carers and families across Gloucestershire • Availability of public information boards within all local community hospitals, providing service users with access to real-time data that is updated on a daily basis • Risk management responsibilities identified with colleagues' job descriptions and all Service Development Plans
To observe robust governance procedures so that there is clear process to identify, escalate, manage and/or mitigate all risks that may potentially impact upon operational service delivery, both clinical and non-clinical	• A range of appropriate information and assurance sources will be used to identify operational risks • No increase in the overall severity of operational risks (clinical and non-clinical) that are reported across the Trust • Documented action plans developed and reviewed by the appropriate forum, in respect of all operational risks rated 12+ • Formal annual review of operational risk management processes

To enable clear recognition and management of strategic risks so as to ensure the optimum sustainability and quality of delivered care across Gloucestershire	• Evidence that the Board has reviewed the content of the BAF on a 6 monthly basis in order to validate and update • Evidence that actions have been taken in response to strategic risks that have been identified within the BAF
To deliver training Trust-wide so that operational risk management is clearly understood and observed	• Improvement in colleagues' attendance at mandatory risk management training • Understanding and awareness of risk management included within all induction training • Increase in the availability of self-service training in respect of risk management
To ensure that learning from risks is communicated and integrated so as to inform future service delivery	• Development of an Annual Risk Report for Board • Trend analysis reports presented biannually to the Integrated Governance and Quality Committee and the Audit and Assurance Committee • Evidence of actions and changes to practices that have been taken as a result of learning, in order to reduce the potential for risk

9. **Accountabilities and Assurances**

9.1 Trust Board

The Trust Board has overall responsibility for the management of risk across the organisation. Its specific duties include:

- setting the risk appetite for the organisation;

- ensuring an effective system of internal control including risk management;

- receiving the Board Assurance Framework, and advising on mitigations and actions as appropriate;

- receiving assurance reports from all Board sub-Committees with regard to risks, internal control and assurance.

9.2 Audit and Assurance Committee

The Audit and Assurance Committee has responsibility to ensure an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities, enabling achievement of the Trust's vision, values and strategic objectives. This includes responsibility for overseeing the Board Assurance Framework, and for ensuring that a robust process for the identification of risk is in place.

9.3 Integrated Governance and Quality Committee

The Integrated Governance and Quality Committee has responsibility for overseeing the management of all clinical operational risks.

9.4 Chief Executive

The Chief Executive is the Trust's Accountable Officer, and as such, has overall responsibility for ensuring that the organisation delivers the highest quality services: this includes responsibility for the effective management of risks that may otherwise impact upon service quality. Moreover, whilst it is noted that in law, it is the Trust Board, as employer, that is responsible for compliance with risk management legislation, in practical terms, this responsibility has been transferred to the Chief Executive.

9.5 Executive Directors

Executive Directors are responsible for ensuring that risks are managed in their areas of responsibility. This includes duty for monitoring local systems of identification, recording and reviewing actions, escalating concerns where required, and tracking actions identified on the Board Assurance Framework. For further detail, refer to section 7.2.4 above.

9.6   The Board Secretary

The Board Secretary is responsible for the organisation's corporate governance systems including the Board Assurance Framework. This role also includes responsibility for overseeing the management of all non-clinical operational risks.

The Information Governance and Risk Manager reports to the Board Secretary, and is responsible for supporting colleagues in their management of non-clinical operational risks. This includes information governance risks in support of both the Caldicott Guardian and SIRO.

9.7   Director of Nursing

The Director of Nursing is responsible for the oversight of all clinical operational risks, and supporting colleagues accordingly in the management and mitigation of such risks.

The Head of Clinical Governance reports to the Director of Nursing, and is responsible for ensuring that appropriate systems are in place and utilised fully to improve identification, reporting and monitoring of clinical risks. This role is also responsible for managing the Trust's compliance programme for clinical risk regulatory requirements i.e. the Care Quality Commission.

9.8   Locality Managers/Senior Managers

Locality Managers and other senior managers within the Trust are expected to take an active lead in ensuring that risk management and systems of internal control are of the highest standard and integral to the operation of the organisation, and that operational risks are appropriately identified and managed in their areas of responsibility.

9.9   All Trust colleagues

Proactive management of risk is the responsibility of all Trust colleagues. Everyone who works for the Trust should therefore:

- be aware of local risks and the Trust's risk management policies;

- record and notify managers of any risks identified;

- be aware of, and comply with, incident reporting policies and procedures;

- participate in risk assessment programmes relevant to their post;

- recommend risk management solutions;

- initiate action, where appropriate, to prevent or reduce the effects of risk.

10.   Enabling and Supporting Strategies

10.1   This Risk Management Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;

- the Organisational Development Strategy, which serves to identify how the Trust's working environment will be advanced in order to create a sustainable culture that supports the delivery of high-quality, person-centred care across all health and social care services;

- the Audit and Effectiveness Strategy, which serves to ensure a robust approach to the auditing of the Trust's clinical and social care practices, which includes the internal auditing of its risk management, control and governance processes;

- the Information Governance Strategy, which serves to outline the Trust's plans to achieve compliance with requisite information governance standards, and thereby ensure that all information maintained by the organisation is complete, safe, secure, accurate, timely and reliable;

- the Health, Safety and Security Strategy, which serves to confirm the Trust's clear commitment to ensuring the optimum protection of all buildings, systems, property and other assets owned and/or operated by the Trust, and maintaining the physical and personal security of all Trust colleagues, service users, carers, families as well as the wider Gloucestershire public who attend any of the Trust's facilities;

- the Workforce Strategy, which seeks to ensure that the Trust's projected staffing models are appropriate to deliver effective health and social care within Gloucestershire, and that all Trust colleagues are suitably involved, motivated, supported, resourced, trained and developed.

10.2   This Risk Management Strategy is directly supported by the Risk Management Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2014-19 in order to fulfil the ambitions of this Strategy.

11. **References**

Orange Book: Management of Risk - Principles and Concepts (HM Treasury, 2013)

Code of Governance for NHS Foundation Trusts (Monitor, 2013)

Risk Assessment Programme Overview (National Patient Safety Agency, 2006)

Healthcare Risk Assessment Made Easy (National Patient Safety Agency, 2007)

A Risk Matrix for Risk Managers (National Patient Safety Agency, 2008)

Risk Management Standards 2013-14 (NHS Litigation Authority, 2013)

Risk Assessment Framework (Monitor, 2013)

A Promise to Learn - a Commitment to Act (National Advisory Group on the Safety of Patients in England, 2013)

Hard Truths: The Journey to Putting Patients First (Department of Health, 2013)

Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England (Department of Health, 2013)

Appendix 1: Consultation

Drafts of this Risk Management Strategy have been presented to the following groups so as to ensure appropriate Trust-wide support, prior to escalation to the Trust Board in March 2014 for ratification:

Consultation Group	Date of Meeting
Executive Management Team	13 February 2014
Integrated Governance and Quality Committee	20 February 2014
Trust Board	11 March 2014

Gloucestershire Care Services NHS Trust Board

Title:	Clinical and Professional Care Strategy (v0.12)	11 March 2014
Agenda Item:	16	
Purpose of Paper:	To seek the Board's support for the Clinical and Professional Care Strategy in its current form	
Key Points:	This Strategy has undergone significant consultation across the Trust prior to its presentation at Board. A final set of amends has been made following the document's presentation at the Integrated Governance and Quality Committee on 20 February 2014. These amends include, in particular, the addition of dedicated actions in respect of (i) waiting times, (ii) service user experience, and (iii) staffing levels. The Strategy has been formally approved by the Director of Nursing and the Medical Director. Costs relating to the priorities and actions recommended by this Strategy will be identified within the accompanying implementation plan.	
Options and decisions required	The Board is asked to approve and ratify the Clinical and Professional Care Strategy for adoption by the Trust.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x

Next steps/future actions	A detailed implementation plan will be developed, that will subsequently be monitored by the Quality and Clinical Governance Committee.		
Author name and title	Rod Brown, FT Programme Manager	**Director Name and Title**	Liz Fenton, Director of Nursing Jo Bayley, Medical Director

Gloucestershire Care Services **NHS**

NHS Trust

CLINICAL AND PROFESSIONAL CARE STRATEGY

2014-19

To remain a leading provider of community-based health and social care services that offer optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome

CLINICAL AND PROFESSIONAL CARE STRATEGY 2014-19

Version control	
Document reference:	TB07
Version:	0.12
Ratified by:	Trust Board
Date ratified:	
Originator/author:	Jason Brown, FT Programme Manager Rod Brown, FT Programme Manager
Owner:	Jo Bayley, Medical Director Liz Fenton, Director of Nursing
Executive lead:	Jo Bayley, Medical Director Liz Fenton, Director of Nursing
Date issued:	
Review date:	

CLINICAL AND PROFESSIONAL CARE STRATEGY 2014-19

Contents

Appendices

> **Please note that this Clinical and Professional Care Strategy supports both health and social care colleagues managed by Gloucestershire Care Services NHS Trust**

CLINICAL AND PROFESSIONAL CARE STRATEGY 2014-19

0.   <u>**Executive Summary**</u>

This Clinical and Professional Care Strategy outlines the Trust's aspirations to provide exemplar and innovative health and social care services that best support the people of Gloucestershire. The Strategy focuses upon:

- enabling the delivery of compassionate and considerate care which ensures that service users remain safe from avoidable harm: this includes actions to (i) increase the range of quality assurances, (ii) proactively manage infection prevention and control, (iii) ensure robust safeguarding, (iv) deliver better support for vulnerable people, (v) improve the quality of record-keeping and communications, (vi) ensure candour, openness and honesty, and (vii) embed safe medication practices;

- adopting a person-centred approach to care that is effective and efficient: this includes (i) improving the urgent care pathway, (ii) making best use of community hospitals, (iii) extending the use of technologies, (iv) ensuring appropriate community prescribing, (v) integrating care pathways, (vi) optimising waiting times, and (vii) centralising booking services;

- informing and involving service users, their carers and families so that they have the best possible experience: this includes (i) enhancing service users' choice and quality of life, (ii) improving listening and responding to service users, (iii) improving the capture and use of service user experiences, (iv) better involving families and carers, (v) providing access to real-time information, and (vi) developing interactive online services;

- helping develop a culture that is clinically-led and that will strengthen leadership: this involves (i) embedding quality governance standards, (ii) maintaining clear understanding of key competencies, (iii) building leadership skills, (iv) supporting appraisals and supervision, (v) improving internal communications, and (vi) rewarding high quality care;

- ensuring an able, flexible workforce that can meet new challenges, and that is supported by education, training and research: this includes (i) improving the availability and accessibility of training, (ii) reviewing the focus of training and education, (iii) revalidating professional colleagues, (iv) maintaining appropriate staffing levels, and (v) committing to research;

- achieving excellence in integrated health and social care, and developing partnerships with professional stakeholders: this includes (i) continuing to work with social care, (ii) forming critical alliances with other providers, (iii) improving working with primary care, (iv) increasing preventative services, and (v) improving locality knowledge of current and projected need.

This Strategy will be accompanied by an implementation plan that will detail the actions to be taken throughout 2014-19 in order to fulfil these aspirations, and ensure the highest quality of care for local service users, carers and families.

CLINICAL AND PROFESSIONAL CARE STRATEGY 2014-19

1.   <u>**Introduction**</u>

"Never lose sight of the simple messages at the core of changing culture: hear the patient, speak the truth, and act with compassion"

Hard Truths: The Journey to Putting Patients First
(Department of Health, 2013)

This Clinical and Professional Care Strategy has been developed by Gloucestershire Care Services NHS Trust ("the Trust") at a time of unparalleled challenge to the continued integrity and survival of the NHS. Thus, the requirement to deliver £50 billion cost-efficiency savings nationally within the next five years, an ageing demographic with increasing prevalence of long-term conditions, and the growing pressures on urgent care, all make regular headlines. However, as the quotation above suggests, despite these very real challenges, we cannot be distracted from our fundamental mission – that is to provide the very highest quality of care that serves the needs of our local population, and that puts service users at the heart of everything that we do. To reinforce this mission, the Trust has committed to:

- observing four core values, namely being *Caring*, *Open*, *Responsible* and *Effective*, which complement the national values enshrined within the NHS Constitution, and also mirror the principles of the 6 C's (i.e. Care, Compassion, Competence, Communication, Courage and Commitment);

- adopting a policy of zero tolerance in respect of any act of negligence or poor care. In championing such a stance, the Trust aims to ensure that all service users with whom it has contact – as well as their carers and families – are treated with equality, dignity, respect and compassion.

These commitments will therefore underpin every individual action and initiative that the Trust undertakes. Thus, whilst the prevailing environmental constraints cannot be ignored, they must be prevented from impacting detrimentally upon the quality of professional care that is provided to service users.

The result of this approach is this Clinical and Professional Care Strategy, which seeks to outline the Trust's aspirations for the development of its health and social care services across the next five years. Thus, this Strategy endeavours to encourage a greater sense of innovation and forward-thinking, but always remains mindful that such innovations must ultimately be for the benefit of our service users.

Moreover, this Strategy seeks to build directly upon the outstanding quality and performance presently recorded by the Trust's clinical and professional care workforce. Above all else, this performance demonstrates the very real commitment shared by colleagues across the organisation, to providing the people of Gloucestershire with the very highest quality health and social care, that effectively supports them from newborn to end of life.

2. Scope and Definitions

2.1 Overview of the Trust

Gloucestershire Care Services NHS Trust was established in March 2013, with the remit to provide high quality, accessible community and specialist NHS services across Gloucestershire. The Trust currently employs approx. 2,600 people which includes nursing and allied health professionals, medical and dental colleagues, support services and administrative workers. In addition, the Trust is responsible for the management of 800 colleagues from Gloucestershire County Council, which enables the Trust to provide integrated adult health and social care across the county.

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

- Integrated Community Teams, which comprise social workers, physiotherapists, occupational therapists, podiatrists, district nurses and support workers so as to ensure a fully co-ordinated approach to care;

- Community Hospitals (i.e. Tewkesbury Community Hospital, Dilke Memorial Hospital, Lydney and District Hospital, Stroud General Hospital, Vale Community Hospital, North Cotswold Hospital and Cirencester Hospital linked to Fairford Hospital), which provide care and support for local communities, 365 days a year, including:

  o inpatient sub-acute, rehabilitation and palliative care beds;
  o outpatient services including a range of nurse-led and therapy services and clinics;
  o a minor injury and illness service led by qualified Emergency Nurse Practitioners;
  o out-of-hours GP services including Primary Care Centres;

- a range of specialist community-based services, including specialist nursing (i.e. cardiac rehabilitation, stroke services, community diabetes service, heart failure, respiratory services, safeguarding), as well as countywide community dental services and sexual health services;

- children and young people's services which offer a co-ordinated approach to child health and include the universal children's services of health visiting, school nursing and neonatal hearing screening services;

- support services, which include the Service Experience Team, in addition to the full range of corporate functions namely human resources, finance, performance, clinical governance, corporate governance, communications and risk management.

2.2   Trust strategies

This Clinical and Professional Care Strategy is one of a suite of documents produced by the Trust that seeks to identify the organisation's intended direction of travel over the next five years.

The range of these strategies is illustrated within the graphic below, which additionally shows the interdependencies of the various documents. Thus, this graphic demonstrates, for example, the clear links between this Clinical and Professional Care Strategy and the Audit and Effectiveness Strategy. Nevertheless, this Clinical and Professional Care Strategy also has clear synergies with many of the Trust's other documents – these synergies are explored in greater detail in section 10.
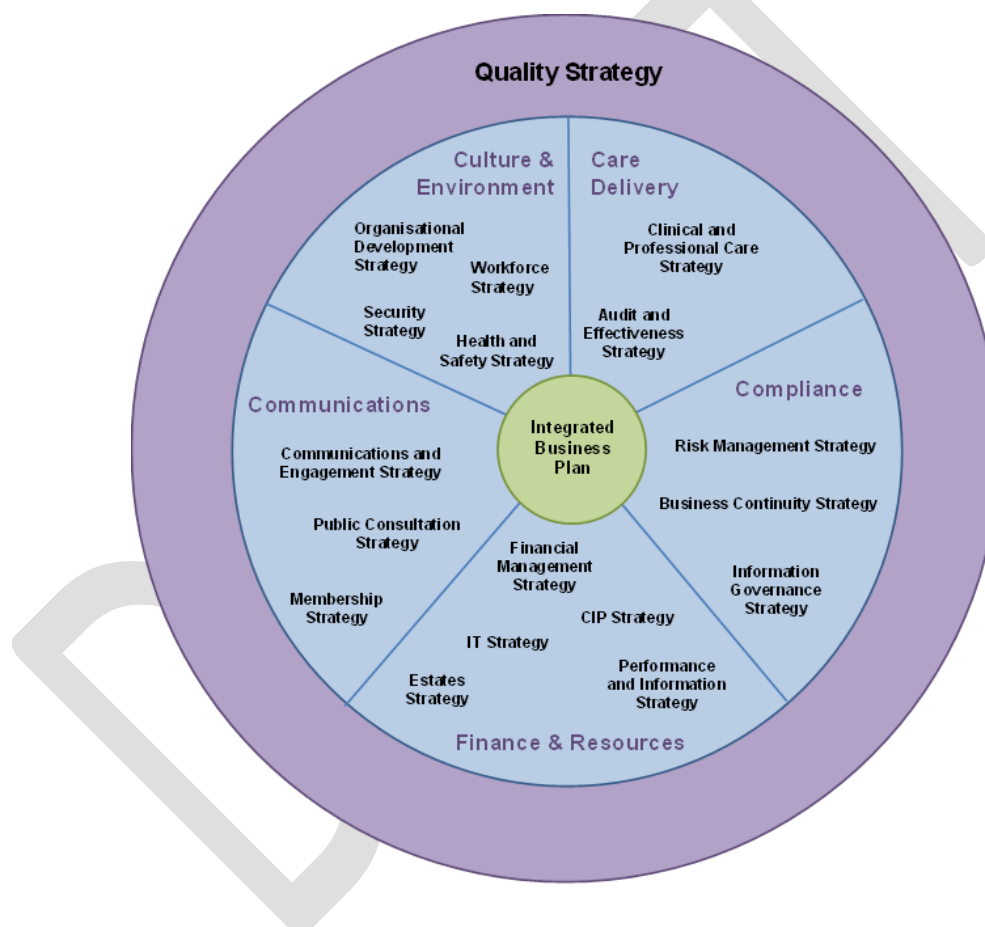
2.3   Definitions

This Clinical and Professional Care Strategy recognises that the Trust provides integrated health and social care services across the county, in close working partnership with Gloucestershire County Council.

For this reason, this Strategy and all associated documents produced by the Trust, refers to the people for whom the organisation provides care, as "service users", as opposed to "patients", "clients" or any alternative descriptor.

3. Ambition and Objectives

3.1 The ambition of this Strategy is "*to remain a leading provider of community-based health and social care services that offer optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome".* This aligns to the Trust's overarching vision which is "*To be the service people rely on to understand them and organise their care around their lives*", given that both intentions aim to facilitate the delivery of exemplar care and support to Gloucestershire service users.

3.2 This five year Clinical and Professional Care Strategy seeks to ensure that by 2019, the following objectives have been achieved, linked to the Trust's overarching strategic objectives:

Clinical and Professional Care Strategy Objectives	Trust Strategic Objectives
• Being recognised as the provider of choice for community services, supporting all local service users unless they have acute medical or mental health need, or are best served by primary care • Delivering an increased portfolio of care closer to service users' homes using specialist Trust staff and including more complex care and services traditionally delivered in an acute setting, in order to improve service user experiences • Placing greater emphasis upon preventative services so as to facilitate earlier diagnosis and treatment, encourage a healthier population with appropriate dependence upon the healthcare sector, and enable people to live longer, more independent lives	Achieve the best possible outcomes for our service users through high quality care
• Ensuring that services are personalised, and that service users, carers and their families are directly involved in decision-making • Making appropriate services available 24/7 in order to administer to service users' needs as and when required	Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

• Continuing to spearhead the integration agenda, in order to truly deliver fully-aligned health and social care services that utilise a motivated and united workforce that works to shared standards, practices and principles • Supporting the Trust's commitment to undertake an increased range of appropriate research and development opportunities	Provide innovative community services that deliver health and social care together
• Developing strategic alliances with professional partners including acute and mental health care providers, as well as third sector organisations, in order to realise the benefits of joint working and ensure the best possible experience for the service user • Giving greater focus to child-centred services so as to give local children the very best start in life	Work as a valued partner in local communities and across health and social care
• Further developing the Trust's workforce via training and education, with particular emphasis upon investing in talent management, leadership skills and advanced/specialist clinical practice • Ensuring that the Trust's workforce is flexible, responsive and mobile	Support individuals and teams to develop the skills, confidence and ambition to deliver our vision
• Optimising the use of the Trust's community facilities in order to ensure that they provide the most efficient use of resources to the local population, and offer clear alternatives to automatic acute admissions	Manage public resources wisely to ensure local services remain sustainable and accessible

4. **National context**

4.1 In order to best understand the environment in which this Clinical and Professional Care Strategy operates, it is imperative to consider a number of key national initiatives. These are detailed in Appendix 1, and are summarised as:

- *Hard Truths: The Journey to Putting Patients First* (Department of Health, 2013), which is the Government's response to the Mid Staffordshire Public Inquiry. This identifies recommendations for how the healthcare system must improve inspection, increase transparency, put a clear emphasis on compassion, standards and safety, increase accountability for failure, and build capability;

- *Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England* (Department of Health, 2013), which explores the quality of care provided by hospitals with persistently high mortality rates given that such rates can be associated with failures in safety, clinical effectiveness, and experience, as well as in professionalism, leadership and governance;

- *How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time* (National Quality Board, 2013), which seeks to ensure that nursing and care staff are best empowered to deliver high quality care, and achieve excellent outcomes for service users;

- *The Adult Social Care Outcomes Framework 2014/15* (Department of Health, 2013), which supports the delivery of high quality social care services, provides the information to monitor the success of local interventions, and promotes the sharing of learning and best practice;

- *Everyone Counts: Planning for Patients 2013/14* (NHS Commissioning Board, 2013), which focuses upon (i) ensuring that appropriate services are available 7 days a week, (ii) providing greater transparency and choice, (iii) listening to service users and increasing their participation, (iv) improving data quality and (v) enabling higher standards and safer care;

- *The NHS Mandate* (Department of Health, 2012), which suggests that the NHS must make improvements in (i) preventing people from dying prematurely, (ii) enhancing the quality of life for people with long-term conditions, (iii) helping people to recover from episodes of ill health or following injury, (iv) ensuring that people have a positive experience of care, and (v) treating and caring for people in a safe environment and protecting them from avoidable harm.

4.2 Moreover, this Strategy seeks clear alignment to the principles of *Compassion in Practice* (NHS Commissioning Board, 2012) which first introduced the "6 C's" as the values that health and social care staff should adopt, namely Compassion, Care, Communication, Courage, Competence and Commitment. These alignments are shown in sections 7.1 to 7.6.

5. **Local Context**

5.1 Demographic and Health Profiles

5.1.1 Gloucestershire's population (approximately 600,000 people) is the second highest of the county and unitary authorities in the South West, after Devon. Conversely, the county has the seventh lowest population density in the South West, although Gloucester and Cheltenham represent the fourth and sixth highest densities of the 37 South West authorities. 93.5% of Gloucestershire's population are classified White British, with White (Other) and White Irish representing a further 1.5% and 1.2% respectively. The travelling community represents an additional 0.9% of the total population.

5.1.2 Gloucestershire is widely recognised as one of the healthiest counties in England. Thus, life expectancy statistics (a common indicator of health status) illustrate that the current average lifespan of a man in Gloucestershire is 79.7 years compared to 78.6 years nationally, whilst local women live 83.5 years on average, compared to 82.6 years nationally.

5.1.3 A projected impact of this comparative health in older people, is a corresponding shift in local demographics i.e. by 2035, it is anticipated that there will be increase in the number of local people aged 65+ of some 70% which equates to an additional 78,000 individuals (NB the number of people aged 75+ will increase by 90%, and the number of people aged 85+ will increase by 150%). This compares to only a small increase in the projected number of children and young people aged 0-19 years, and a decline in the number of working age adults. Thus, by 2035, people aged 65+ will account for 28.4% of the local population, compared to 18.9% in 2010.

The significance of this data becomes evident when analysing the onset of serious and long-term illnesses, and recognising the prevalence of such illnesses within people of advancing age. Thus, as the age profile increases, so the number of people living with a long-term illness will also grow, albeit at a quicker rate than the relative growth of the general population. Already locally, people can expect to live the last 13-15 years of their lives in poorer health. However, in the next 20 years, these health burdens will increase: thus, for example, the number of people living with diabetes or stroke will increase by approximately 34%, whilst the number of people living with coronary heart disease, will increase by approximately 50%.

5.1.4 Currently, the three main causes of death locally are equivalent to those experienced nationally i.e. circulatory diseases (heart disease and stroke), cancers, and respiratory diseases. However, compared to national averages, Gloucestershire's incidences of these diseases are relatively low i.e.:

- heart disease and stroke account for 51 in every 100,000 deaths locally, compared to 40 (lowest nationally) and 116 (highest nationally): this results in Gloucestershire being the 22nd best performing council in England (total 150);

- cancers account for 98 in every 100,000 deaths locally, compared to 83 (lowest nationally) and 152 (highest nationally): this results in Gloucestershire being the 31st best performing council in England (total 150);

- lung disease accounts for 17 in every 100,000 deaths locally, compared to 14 (lowest nationally) and 62 (highest nationally): this results in Gloucestershire being the 23rd best performing council in England (total 149).

5.1.5   Public Health England also records the following two observations in relation to disease prevalence:

- liver disease accounts for 13 in every 100,000 deaths locally, compared to 9 (lowest nationally) and 39 (highest nationally): this results in Gloucestershire being the 44th best performing council in England (total 149);

- premature deaths account for 236 per 100,000 locally, compared to 200 (lowest nationally) and 455 (highest nationally): this results in Gloucestershire being the 31st best performing council in England (total 150).

5.1.6   Whilst the data given in sections 5.1.4 and 5.1.5, suggest that locally, there are few negative-impact outliers compared to national health profiles, it is noted that across the county, there are vast differences between the health of different communities, and therefore significant health inequalities within Gloucestershire. Thus, men within Gloucestershire's most deprived areas live on average 5.3 fewer years than their counterparts in the most affluent areas: similarly, women in more deprived areas live 4.1 years fewer than women in the more affluent areas.

In terms of specific disease types, early deaths from coronary heart disease and stroke in the most deprived areas of the county are more than double the rate of those across the whole of Gloucestershire. This is also true for respiratory disease and liver disease, whilst for diabetes, the death rate for people living in the more deprived areas is 150% more than that of the county (NB the Index of Multiple Deprivation shows that that in 2010, 7.4% of local residents (about 45,000 people) lived in neighbourhoods that are considered to be among the fifth most deprived in England. In contrast, 32.8% of Gloucestershire residents lived in the fifth most affluent areas in England).

The recommendation of the Director of Public Health in this respect is to provide "*greater focus on preventative services, early intervention, greater integration and choice and flexibility of provision if we are to improve health and wellbeing and reduce health inequalities*".

5.2   Local Strategic Intent

In order to contextualise the priorities identified by this Strategy, it is essential to understand the requirements of local strategic intent, including that of the Gloucestershire Clinical Commissioning Group (GCCG) which is summarised below. Other local strategies are detailed in Appendix 2.

Thus, the GCCG Commissioning Intentions for 2014/15 that are most relevant to this Clinical and Professional Care Strategy, are:

- to ensure that service users in community hospitals receive care commensurate with their needs, and that improves their outcomes and allows them to return home as soon as appropriate;

- to enact a modernisation programme to ensure that community hospitals remain sustainable and become hubs of excellence;

- to extend community hospitals' engagement with the third sector so as to provide additional services within these settings;

- to ensure a productive and proactive relationship between the provision of community hospital medical cover and the emergent services that are community-based alternatives to hospital admissions;

- to implement Integrated Community Teams across Gloucestershire, and expand their remit to include mental health, Asset Based Community Development and Living Well (subject to review), so that resources are best used to provide sustainable care and support for local people;

- to review the interface services commissioned by the Trust via Public Health so that they work in a cost-effective and productive way;

- to review how safeguarding is undertaken and how it might be possible to move towards the development of a MASH (multi-agency safeguarding hub) so as to benefit decision-making;

- to implement agreed changes to urgent / emergency care pathways for children and young people;

- to introduce changes to continence pathways, and non-urgent respiratory care pathways, for children and young people;

- to implement changes to systems and processes to allow for the introduction of Personal Health Budgets for children and young people.

Additionally, GCCG works with the Trust in order to develop the QIPP (Quality, Innovation, Productivity and Prevention) agenda, and thereby identify, and enable the delivery of, measured improvements in the quality of provided care across Gloucestershire.

6.   Quality Goals

6.1   In order to ensure that this Clinical and Professional Care Strategy maintains optimum focus upon achieving quality outcomes for service users, carers and families across Gloucestershire, the following goals have been identified:

- to deliver compassionate and considerate care which ensures that service users remain safe from avoidable harm;

- to determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient;

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

- to help the development of a supportive and learning culture that is clinically-led, that will strengthen leadership across the Trust, and that will enable delivery of improved services and outcomes;

- to ensure an able, flexible workforce that can meet new challenges and opportunities, and that is supported by exemplar standards in education, training and research;

- to achieve excellence in integrated health and social care, and develop appropriate strategic partnerships with local professional stakeholders.

6.2   It is noted that the first three goals identified above, are focused primarily upon ensuring quality within the delivery of care services, and therefore align to the three dimensions of quality as proposed by Lord Darzi (*High Quality Care for All*, Department of Health, 2008) i.e. service user safety, clinical effectiveness and service user experience.

Thereafter, the latter three goals relate to clinical governance aspirations, as per the following definition: *"Clinical governance seeks to transform the culture, ways of working and systems of every health organisation so that quality assurance, patient safety and quality improvement are an integral part of everyday work. This requires good leadership throughout organisations, patient care that is based on different professional groups working together in teams and improved communication; not only between all services involved in patient care, but between healthcare professionals and patients and carers"* (Department of Health, 1999).

This Strategy's joint focus upon both quality and governance is represented visually within the schematic given at Appendix 5.

6.3   This Strategy's quality goals also have alignment to the 6 C's as proposed by *Compassion in Practice* (NHS Commissioning Board, 2012). These alignments are clearly highlighted in sections 7.1 to 7.6 respectively.

7.   Priorities and Actions

The following priorities have been identified, mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be regularly monitored by the Clinical Senate and the Integrated Governance and Quality Committee as appropriate.

7.1   To deliver compassionate and considerate care which ensures that service users remain safe from avoidable harm

Alignments

This quality goal fulfils the principles of **Compassion**, which is one of the 6 C's championed by *Compassion in Practice* (NHS Commissioning Board, 2012). This regards "compassion" as being the way in which care is given through relationships based on empathy, respect and dignity – compassion is also described as intelligent kindness, and is central to how service users perceive their care.

Equally, this quality goal has direct synergy with the actions proposed by *Compassion in Practice* as part of the ambition **Delivering high quality care and measuring impact**. These actions, which have been determined to help realise the 6 C's, include:

- assessing care in order to learn, improve, and highlight the positive impact on service users (see section 7.1.1 for this Strategy's related actions);

- ensuring public reporting of the incidence of pressure ulcers, falls and service user and staff experience (see sections 7.1.2 and 7.1.6).

As referenced in section 1, the Trust is wholly committed to a policy of zero tolerance, and thus will not condone, whether explicitly or implicitly, any act of negligence or other failure / omission that results in service users receiving poor care or suffering avoidable harm. This policy will therefore ensure the delivery of safe and compassionate care services, and will be implemented by adherence to the following actions:

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

o peer reviews, which will observe teams' delivery of service models and standards, and then share learning, knowledge and expertise amongst colleagues in a non-judgemental environment;

- o audits, which may be mandatory, proactive, reactive or reflective, as per the principles of the Trust's Audit and Effectiveness Strategy;

- o risk assessments, which will help services to understand the variety of risks they face, how to control those risks, their likelihood of occurrence and their potential impacts;

- o service assessments that will use the Safety Thermometer, and other questionnaires, interviews or focus groups with colleagues and service users, to facilitate sharing of opinions about a service.

Moreover, in respect of quality evaluations and assurances, the Trust will ensure that:

- o all evaluations consider record keeping procedures so as to validate that processes are fit-for-purpose and avoid repetition, enabling colleagues to reduce administration and spend increased time with service users (see section 7.1.5);

- o the outputs from all evaluations are routinely fed back across the Trust, so as to (i) validate that colleagues are providing a high quality, compassionate and safe service, (ii) ensure that recommendations as to how service quality can be improved are understood and enacted, (iii) further develop practice, (iv) help set priorities for teams and services, and (v) improve decision-making to benefit service users.

7.1.2 The Trust recognises that infection prevention and control is fundamental to good care, and that the associated practices of hygiene and safe handling, as well as the management of equipment, waste and fluids, are essential skills in preventing service users from acquiring health care associated infections (HCAI). To this end, the Trust will adopt a proactive approach to infection prevention and control, so as to ensure that:

- o responsibility for undertaking infection risk assessments and implementing actions from resultant improvement plans, will become everyone's business, albeit with ultimate accountability assigned to the Director of Infection Prevention and Control (DIPC), thereby enabling all care colleagues to actively contribute to infection prevention and control workstreams;

- o the Trust will maintain active oversight over all national guidance and best practice in respect of infection prevention and control so as to remain informed at all times: moreover, the Trust will routinely benchmark against its regional and national counterparts so as to evaluate its performance, and take remedial actions swiftly where necessary;

- o the Trust will visibly communicate to its service users and public, the organisation's clear commitment to, and responsibility for, providing clean, safe community environments. This will include the publication of a three-year plan that will outline the infection prevention and control work programme, and highlight the real actions to be undertaken within the period in order to demonstrate continual improvement for the benefit of service users;

- o colleagues will be supported to understand how they may need to modify behaviours or practice, and undertake additional risk assessments, so as provide safe, effective and compassionate care within service users' own homes, ensuring that neither service users nor Trust colleagues are placed at undue risk of avoidable harm or infection.

7.1.3 The Trust will maintain a robust approach to safeguarding for both adults and children, so as to provide the best possible protection against the potential of harm or abuse. Thus, the Trust will:

- o always respond promptly and comprehensively to any safeguarding concern or incident;

- o seek to increase colleagues' awareness of the importance of observing safeguarding practice and procedure, including ensuring that there is better understanding of when and how to undertake appropriate assessment. In particular, this will necessitate consideration of safeguarding to be explicitly included within the routine assessment of the personal development and/or training needs of individuals and teams across the Trust;

- o ensure that following the referral of a safeguarding issue, there is clear and comprehensive feedback at team level, which will include additional supervision, so that colleagues can learn lessons and share good practice;

- o improve working relations with relevant external stakeholders so as to ensure that safeguarding practices are shared consistently and that all concerns are addressed in a timely manner;

- o regularly reappraise all clinical and care risk assessment protocols and care plans with specific reference to safeguarding, so as to validate that Trust processes continue to meet the needs of service users;

- o directly and actively contribute to any local serious case reviews, reporting back to the Trust's Safeguarding Group;

- o actively participate as a valuable member of the Local Safeguarding Board.

Case Study 7.1.3: Learning Disabilities

People with learning disabilities are often at risk of suffering harm both in institutions and in the community, and are therefore amongst those who particularly need safeguarding help.

In order to respond effectively to gaps in the level of care provided to people with learning disabilities (LD) within Gloucestershire, the Trust will work with its partner organisations and create improved integrated support and resources for colleagues, linked to safeguarding.

Thus, the Trust will:

- develop a series of bespoke policies that will facilitate the improved management of LD service users in community settings, and that will also enable the development of public information leaflets and advice;

- provide an e-learning package, developed with the 2gether NHS Foundation Trust, that will raise awareness about learning disabilities, and demonstrate how to make reasonable adjustments in the types of care provided: this training will be mandatory for all frontline colleagues across the Trust, both clinical and non-clinical;

- deliver face-to-face training, that will provide more in-depth detail regarding assessment, planning and reasonable adjustments, and that will empower Trust colleagues to become LD champions in their workplace;

- liaise with local advocacy groups such as Gloucestershire Voices and Building Circles, in order to develop online LD resources that will provide Trust colleagues with all the contacts and signposting information necessary to providing better care.

7.1.4   The Trust will ensure identification of, and increased support for, vulnerable service users i.e. any service user who "*is, or may be, in need of community care services by reason of mental or other disability, age or illness: and who is, or may be, unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*" (*No Secrets*, Department of Health, 2000).

This therefore includes the frail older population, as well as children and adults with disabilities. The definition also includes minority population groups across Gloucestershire, who may find it difficult to access traditional services (i.e. the "seldom heard, seldom seen" groups): examples include people from ethnic minorities and people from the travelling community.

However, delivering improved services that are tailored to the unique requirements of vulnerable people, can, in itself, create a series of additional challenges i.e. it requires the Trust to increase the very real choice and control that these service users have in respect of the services and resources that they receive, in order to ensure they can live a healthier life and remain independent within the community for as long as possible. Thus, in order to provide a more effective, safe and compassionate service to these vulnerable populations, the Trust will:

o ensure a process of positive outreach to every community, and validate that services are available and accessible to all;

o provide vulnerable service users, as well as their carers and families, with comprehensive information, advice and guidance in an appropriate array of formats and media, so as to inform them about the range of services that are available to them as a first response to need;

o ensure that there is a clear outcome focus to all clinical interventions with the vulnerable, so as to validate these service users are subsequently able to experience the best possible quality of life;

o adopt a formal process to review the outputs of all risk assessments in order to validate that services routinely function at optimum safety and compassion, and continue to meet the needs of all vulnerable service users;

o where possible, support and encourage all vulnerable service users to adopt healthier lifestyles and behaviours, and be self-reliant;

o ensure that all care settings and environments in which service users are seen, do not increase the threat of harm: this would include, for example, ensuring that frail older service users are not at undue risk of acquiring pressure ulcers;

o facilitate better sharing of information and joining up services across the local health and social care economy, so that fully coordinated care can be provided;

o identify champions from within the organisation who will have specific, dedicated responsibilities as part of their team, to represent the views and opinions of a particular group: this will include, for example, champions of older people, champions for people with learning disabilities (see case study 7.1.3) and dementia champions.

Case Study 7.1.4: Sexual Health

To ensure best support for vulnerable people, sexual health services will:

- continue to provide treatment to those diagnosed with human immunodeficiency virus (HIV), whilst increasing service user choice, and improving the delivery and access of care based on clinical evidence within the nursing, pharmaceutical and medical fields;

- reduce late diagnosis for HIV by increasing testing and awareness for testing in non-traditional settings such as GP surgeries and other specialty services;

- reduce transmission of HIV through identification and appropriate treatment of service users, and providing rapid access for post exposure prophylaxis;

- increase access to fully integrated sexual health clinics through staff training, and merging of sites such as Cheltenham;

- reduce unintended pregnancies by increasing the provision of long-acting reversible contraception (LARC) in integrated clinics and training GPs;

- ensure that service users receive prompt care through mix of drop-in and booked clinics, including evenings and on Saturdays;

- ensure that services are young person friendly, and support access for vulnerable groups.

7.1.5   The Trust will ensure continued improvements in the quality of its record-keeping practices. This will ensure that all colleagues are able to be well informed about the service users in their care in order to provide the best possible intervention, and reduce the likelihood of error due to poor communications or lack of information. This will therefore include:

- validating that service user information that is captured and recorded is complete, accurate, reliable, timely and relevant, so as to ensure optimum safety;

- protecting the physical security of records and notes in terms of transportation, handling and storage;

- avoiding miscommunication or poor communications with colleagues, other stakeholders or service users, carers or families as a result of incomplete or inaccurate record entries;

- inviting service users, carers and families to participate in, and contribute to, discussions about their care, based upon their documented care plan (see also sections 7.3.2 and 7.3.4).

7.1.6 The Trust will ensure that it demonstrates candour, and is both honest and transparent with service users should anything go wrong throughout their care journey. Thus, although the Trust regards service user safety as fundamental, it is true that errors can occasionally be made. At such times, and in line with one of the Trust's core values as identified within its Organisational Development Strategy, it is necessary that the organisation is "open" and therefore:

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

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

- supports Trust colleagues to act consistently with openness and compassion i.e. the organisation will provide restorative supervision, so that colleagues can discuss a particular situation in a supportive environment that allows exploration of issues, with a view to finding solutions and ensuring that the circumstances are never allowed to reoccur;

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

7.1.7 Safe medication practices will be embedded across the Trust, thereby ensuring that at all times, medicines are handled safely and appropriately. This will include:

- regularly assessing service users' medicines requirements and regimes in order to optimise outcomes, and ensure maximum safety and clinical effectiveness;

- supporting service users and carers in their decision-making about medicines by providing access to expertise and advice;

- ensuring that medicines are supplied, distributed, stored, prescribed, administered and disposed in a safe, legal and timely manner, and that this is governed by robust policies and audit;

- providing accurate and timely information to relevant stakeholders regarding service users' medicines, especially when they transfer between care settings;

- empowering the pharmacy team with the right skill mix, and the capacity and capability to provide a high quality service.

7.2   **To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient**

Alignments

This quality goal fulfils the principles of **Care**, which is one of the 6 C's championed by *Compassion in Practice* (NHS Commissioning Board, 2012). This regards "care" as existing to help the individual person and improve the health of the whole community. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

Equally, this quality goal has direct synergy with the actions proposed by *Compassion in Practice* as part of the ambition **Helping people to stay independent, maximising well-being and improving health outcomes**. These actions, which have been determined to help realise the 6 C's, include:

- building relationships to help stimulate greater integration of health, care and support in meaningful ways (see sections 7.2.1 and 7.2.5 for this Strategy's related actions);

- ensuring practice is supported by appropriate technology to optimise information sharing and decision-making (see section 7.2.3).

The prescribed actions in respect of public health also link to the Trust's aspirations in respect of preventative healthcare (see section 7.6.4), whilst the drive to reflect values and behaviours in the Trust's culture, links to section 7.4.

In order to increase the Trust's focus on care quality and clinical effectiveness, the following actions are proposed:

7.2.1   *Transforming Urgent and Emergency Care Services in England* (NHS England, 2013) identified that the way in which people access healthcare services at the time of a significant unplanned event or crisis, can be confusing, frustrating and create unnecessary barriers to receiving the right care with the right speed. For these reasons, the report argued that the urgent care system "*should be intuitive, and should help people to make the right decision*".

        The Trust will therefore seek to improve the accessibility, quality and responsiveness of its urgent care services across the county, and will offer service users where appropriate, community-based alternatives to acute or care home admission, reducing unnecessary waiting times in the Emergency Department and supporting early hospital discharge. The principles of the Trust's solutions are given in the case study below.

CLINICAL AND PROFESSIONAL CARE STRATEGY 2014-19

Case Study 7.2.1: Urgent Care

In order to ensure the development and delivery of a proactive, robust system for Gloucestershire, that will redirect current levels of acute urgent care into planned or managed care within the community on a 24/7 basis, the Trust will:

- better equip service users with the knowledge and skills to self-manage their own conditions at home, thus ensuring only appropriate reliance upon the healthcare system: this will require the Trust to provide increased education for service users, and further training for carers, families and other care professionals in areas of basic care delivery;

- enhance the Integrated Community Teams through the delivery of rapid response, high intensity and core ICT services (see also section 7.6.1);

- continue to deliver the Single Point of Clinical Access (SPCA), providing a 24/7 telephone call handling response to local healthcare professionals that will help reduce avoidable emergency admissions, maximise the use of community hospital beds and services, and support the effective use of GP time;

- integrate the Trust's Minor Injuries Units and Out of Hours services under one management structure in order to create Urgent Care Centres, which will bring together skills and expertise to prevent unnecessary acute hospital admissions;

- develop a bespoke emergency and urgent care pathway to enable a greater proportion of children and young people to be treated in a community setting;

- routinely engage with the Gloucestershire public and all local professional stakeholders so as to ensure the appropriateness of the urgent care solution.

7.2.2   Throughout the lifecycle of this Clinical and Professional Care Strategy, the Trust will continue to further develop its Community Hospital sites, continuously exploring the provision of additional care services as appropriate, in order that they are best equipped to serve the needs of their local populations.

Thus for example, the Trust will consider the following potential developments:

o providing an increased proportion of ambulatory care services within Community Hospitals i.e. chronic pain care, chronic dermatology and oral medicine;

o basing a number of the Integrated Community Teams within the Community Hospitals, so as to enable the sites to offer an increase range of rehabilitation services;

o increasing the utilisation of the Community Hospitals' theatre space in partnership with a wide range of stakeholders and partners, from both the public and independent sectors;

o creating a bespoke model for urgent care centres within the Community Hospitals to include Minor Injuries Units, Out of Hours provision, rapid response teams, outpatients, pharmacies and diagnostics;

o developing the Community Hospitals so that they can become health and social care hubs for their local populations, that house traditional healthcare services alongside public health and social care specialists: this development could include the introduction of wellness centres, community gyms and complementary facilities on-site.

These examples demonstrate that the Trust is seeking to make the best use of its Community Hospitals, ensuring that they remain clinically effective, fit for purpose and vibrant centres of local health and social care excellence. Notwithstanding, prior to undertaking any of the above proposed developments, the Trust will:

o routinely review the cohort of service users who are attending the Trust's Community Hospitals in order to ensure that care services that are provided, and equally the skills and competencies of all colleagues who work within the hospitals, continue to be relevant and up-to-date;

o assess that there is appropriate equity of access to all service user groups across the county.

For further information, refer to the Trust's Estates Strategy.

7.2.3 The Trust is committed to using modern technologies as appropriate where these are proven to advance clinical effectiveness, support service delivery, and improve the quality of service users' lives and experiences. Such technologies will include:

o telehealth, which monitors and reports to the Trust upon critical aspects of a service user's health (i.e. their blood pressure and blood glucose levels) whilst they remain safe in their own home, thereby reducing unnecessary GP appointments or hospital visits, and enabling better self-management and greater independence: this is particularly pertinent for service users with long-term conditions;

- o telecare, which uses sensors and/or alarms to alert relevant authorities as soon as a service user exhibits an unexpected change in behaviour or suffers an incident such as a fall: this equipment, which is more traditionally used by social services, will become a critical tool in supporting vulnerable service users at home whilst under the care of the Trust's Integrated Community Teams;

- o telemedicine, which uses communications technologies to transfer clinical information for the purpose of consulting, and sometimes, undertaking remote medical procedures or examinations (NB this technology will be explored in the development of Community Hospitals, see section 7.2.2);

- o specialist equipment which will facilitate improved service delivery and clinical effectiveness, such as bespoke equipment to aid bariatric service users.

7.2.4 In order to maintain an appropriate number of clinicians who are qualified to prescribe safely within the community, and who can therefore increase the efficiency of the Trust's services by reducing unnecessary delays to medicines, the Trust will ensure that:

- o there is a year-on-year increase in the number of independent prescribers who are put forward for prescriber training;

- o opportunities for non-medical prescribing are integrated into workforce planning processes;

- o colleagues who attend training in independent prescribing, are given access to a Designated Medical Practitioner (DMP) who will support them throughout their education and development;

- o a non-medical prescribing plan and process is developed and implemented, that captures the requirements of revised medical prescribing legislation.

7.2.5 Where appropriate, the Trust's services will observe integrated care pathways. For some services, this will require "virtual integration" i.e. increased partnership with other health and social care providers as exemplified by the Gloucestershire Respiratory Team (see case study below).

For others, it will mean "real integration" i.e. better alignment of the Trust's own care services in order to create clear opportunities to teams to work together, and for example, refer service users from the Trust's Integrated Community Teams into specialist services (definitions from *Integrated Care*, King's Fund, 2011).

The benefits of fully integrated care are significant: thus, they will reduce the potential for fragmented, dislocated services which engender duplicated effort and multiple hand-offs, and which deliver sub-standard quality of care to service users, carers and families. Equally, integration of care services for older people has been proven to reduce the unnecessary use of acute hospitals and improve service user outcomes.

Case Study 7.2.5: Gloucestershire Respiratory Team

The Gloucestershire Respiratory Team will represent a unification of the Trust's Community Respiratory Team and the Respiratory Assisted Discharge Team that was formerly employed by Gloucestershire Hospitals NHS Foundation Trust. As such, the team will deliver holistic care along a single care pathway that crosses both community and acute settings, and that also supports primary care. The team's fundamental principles will be to:

- deliver coordinated care packages that remove the previous unnecessary burdens upon service users, as well as their families and carers;

- provide clear overall clinical leadership, and thereby eliminate the replication of processes, and inefficient working practices;

- reduce costs for the management of respiratory conditions that previously arose from increased lengths of stay, unnecessary acute admissions, increased follow-ups and avoidable primary care consultations.

7.2.6   The Trust will adhere to national or local standards for waiting times, as an absolute minimum. Thus, the Trust will not be driven by targets, but will determine waiting times for access to care as is appropriate on a case-by-case basis, following assessment of need. This commitment to introduce fairer, more systematic processes for service users, will improve the management of waiting lists, and help to reduce overall waiting times across the organisation.

7.2.6   The Trust will seek to introduce a centralised booking system. This will serve to streamline the service user experience by offering a single point of telephone contact that will ensure more direct accessibility, and deliver greater choice of appointment availability in terms of location, date and time.

For the Trust, such a system will offer increased efficiency and better use of resources: thus, it will reduce the time that clinical and administrative colleagues spend booking or chasing appointments. The proposed system will also help create a single triage point for the NHS e-referral service (NHS e-RS, formerly Choose and Book), enabling appropriate clinical assessment for service users, and generating increased business opportunities, where otherwise these referrals would go to secondary care.

7.3 **To inform and involve service users, their carers and families, so that they are confident and have the best possible experience during their care**

Alignments

This quality goal fulfils the principles of **Communication**, which is one of the 6 C's championed by *Compassion in Practice* (NHS Commissioning Board, 2012). This considers "communication" to be central to successful caring relationships and to effective team working. Moreover, it regards communication as essential to ensuring that no decision about a service user is taken without their input.

Equally, this quality goal has direct synergy with the actions proposed by *Compassion in Practice* as part of the ambition **Working with people to provide a positive experience of care**. These actions, which have been determined to help realise the 6 C's, include:

- seeking the views of the most vulnerable and those without a strong voice and prioritising improvements in their experience of NHS funded services (see section 7.3.1 for this Strategy's related actions);

- actively seeking out, listening to and acting on service user and carer feedback, identifying any themes or issues and ensuring the service user's voice is heard (see sections 7.3.2 and 7.3.3);

- building on existing evidence and using that to work with service users to find the best way of ensuring they are partners in their own care, and are at the heart of the decision-making process (see section 7.3.4).

The following actions have been determined in order to increase the involvement of service users, carers and families across Gloucestershire.

7.3.1 The Trust is committed to ensuring a service user-centred approach to its health and social care provision. For service users with long-term or complex conditions, this requires the Trust to communicate more effectively and routinely, in order to identify ways to enhance their quality of life, and enable them to benefit from as much independence as possible. Each clinical and care team will therefore be responsible for engaging with their own service users to determine the best actions to fulfil this requirement: however, some examples of the Trust's overarching aspirations in this respect are:

o to continuously review the Expert Patient Programme so as to ensure that service users living with a chronic condition can meet with volunteers who may be able to help them increase their confidence, and manage their clinical and social situation more effectively;

o to improve communications with, and signposting to, third sector and partner organisations, including charities, who can provide service users with access to targeted support services;

o to explore the introduction of a specialist Engagement Team in order to support those service users diagnosed with HIV who have a wide range of health and social needs;

o to assess how end of life care may best be provided locally, to include a review of the use of pathways and the Surprise Question, which requires a multi-disciplinary approach to ensure appropriate implementation.

Additionally, the Trust will continually re-evaluate the education that it provides to colleagues who manage service users with complex conditions: thus, for example, the Trust will consider the introduction of psychological therapy training in order to improve workforce skills in motivational interviewing, advanced communications, as well as managing and understanding depression, anxiety, stress and aggression.

7.3.2   By 2015, the Department of Health will require 80% Clinical Commissioning Groups to validate that service users are personally participating in decision-making about their care. This ambition is fully in line with the Trust's own objective to improve its processes to listen, and respond, to its service users, carers and families. Examples of where the Trust will seek to ensure tangible improvement include:

o the use of person-centred documentation, including a choice care plan wherein the particular care options chosen by the service user themselves, can be captured in order to inform subsequent practice and interventions;

o the use of personal health budgets, so that service users can practically influence the care that they receive;

o the embedding of traditional customer service standards within practice and all associated training, so as to ensure a consistent approach to service user interactions;

o increased use of service user stories and case studies within service meetings to improve understanding of service user experiences, and to help ensure that all relevant issues are acted upon locally;

o improved learning from complaints, ensuring that the Trust is transparent about the feedback that it receives, and can demonstrate clear actions taken as a consequence;

- o the availability of dedicated service user and public forums, in order to understand service user needs across a range of issues to support service developments and/or redesign;

- o a coordinated approach to surveys, so that, for example, service users with co-morbidities do not receive multiple surveys over a short period of time, causing unnecessary confusion and reducing their enthusiasm to become involved;

- o intelligent use of surveys and other feedback mechanisms, ensuring that the types of questions being asked, have clear purpose and will practically inform decision-making and enable subsequent tangible improvements in processes, systems and procedures.

In adopting this more service user-centred approach, the Trust will be mindful of the need to offer equal opportunities across the county, and therefore will seek to communicate and engage with all service users across Gloucestershire, irrespective of their age, gender, status, background or location.

Case Study 7.3.2: Personal Decision-Making (Children and Young People)

Within the Children and Young People's Service, there is clear recognition for the increasing importance of personalisation, and therefore the need to offer service users, their parents, families and carers, greater opportunity to make real choices throughout a service user's care journey. To achieve this, the service will:

- develop a series of personal decision-making tools that will enable local families to become even more directly involved in care planning, by discussing and shaping care options and outcomes, and clarifying the individual service user's personal values. As such, these tools will serve to complement, rather than replace, the contribution of clinical and professional care colleagues;

- support Gloucestershire families to manage their child's Personal Health Budget (i.e. the amount of money that is identified to support a child's health and wellbeing needs). Thus, in 2014/15, the families of local children with continuing healthcare needs will be given the option to manage their own Personal Health Budget, with the intention to extend the scheme from 2015/16 onwards, to support all children with life limiting illnesses. The vision is to enable these children and families to benefit from greater choice, flexibility and control over the services they receive from their provider of choice.

7.3.3   In line with the Trust's Communications and Engagement Strategy, the organisation will seek to introduce new and more innovative means of capturing the experiences of service users so as to ensure that their opinions are understood and clearly evident in future service delivery and design. This will necessitate using a variety of methods to elicit service users' views to complement the traditional paper-based survey, including focus groups and web-based questionnaires. It also requires the Trust to adopt a more systematic approach to compiling evidence from service user responses in order to undertake remedial action, report back on progress to service users, and ensure that the learning from these experiences is cascaded routinely across the Trust.

7.3.4   Further to the commitment to ensure improved engagement with service users as identified in section 7.3.2, the Trust will additionally enhance its engagement with service users' immediate support networks. Specifically therefore, the Trust will seek to ensure that where appropriate and with explicit agreement and full consent, all decisions about a service user's future care or treatment will be made with the active involvement, contribution and participation of that service user's carer, family and/or friends. To this end, professional colleagues across the Trust will be required to ensure dedicated time to engaging with service users' carers and families and others, whether as a group or individually, in order to ask open questions and to discuss any concerns or fears. Moreover, where actions can be taken to address the anxieties of carers or families, the Trust will commit to responding with all due speed.

7.3.5   In line with the Trust's value of being "Open", the organisation will seek to make readily available, all appropriate information to its public. Thus, the Trust will not only comply with relevant legislation in this respect (for example, The Freedom of Information Act 2000), but it will additionally seek to share real-time information with service users and visitors in community hospitals by, for example, displaying current data on electronic quality boards, evidencing clinic waiting times, infection control rates, safety metrics and other appropriate service user experience feedback. For further information, please refer to the Trust's Performance and Information Strategy.

7.3.6   The Trust will develop appropriate and complementary online services, where these can provide signposting, information and guidance that could otherwise prevent an unnecessary appointment or contact. Thus, for example, the Trust will consider the introduction of an online advice service targeting parents, to include information about parenting styles, relationships, immunisations, healthy eating, lifestyles and better choices for children. Similarly, the Trust will develop a series of interactive websites that will provide information, video clips, resources and in-depth advice, to support service users with long-term conditions to better self-manage in the community.

7.4   **To help the development of a supportive and learning culture that is clinically-led, that will strengthen leadership across the Trust, and that will enable delivery of improved services and outcomes**

> **Alignments**
>
> This quality goal fulfils the principles of **Courage**, which is one of the 6 C's championed by *Compassion in Practice* (NHS Commissioning Board, 2012). "Courage" is regarded as enabling colleagues to do the right thing for the service users, to speak up when there are concerns, and to have the personal strength and vision to innovate and embrace new ways of working.
>
> Equally, this quality goal has direct synergy with the actions proposed by *Compassion in Practice* as part of the ambition **Building and strengthening leadership**. These actions, which have been determined to help realise the 6 C's, include:
>
> • empowering colleagues to lead change locally and motivate their teams to improve the experience and outcomes of the people using their services (see section 7.4.1 for this Strategy's related actions);
>
> • developing a leadership programme that is based on values and behaviours (see section 7.4.3).

The Trust's Organisational Development Strategy describes the culture that the Trust aspires to create and embed, namely a supportive environment that emphasises the importance of team working in order to achieve common goals, and that shares the learning of its actions so as to improve teams' future performance and outcomes. Clinical and professional care colleagues across the Trust have particular contribution towards supporting the development of this culture, as detailed below:

7.4.1   The Trust will observe quality governance standards i.e. agreed structures and processes that will not only enable the Board to discharge its responsibilities for quality (*Quality Governance in the NHS*, National Quality Board, 2011), but that will also help develop the Trust's aspired culture. In particular:

o colleagues will be expected to represent the Trust's core values of being Caring, Open, Responsible and Effective at all times, and to demonstrate associated behaviours in any contact with a service user, carer, family or colleague (NB these local values support both the NHS values as identified within the NHS Constitution (2013), and the ethos of the 6 C's);

o all clinical and care services will implement the Trust's operational framework (illustrated below) by which the organisation seeks to empower all teams and thus realise its intended culture.
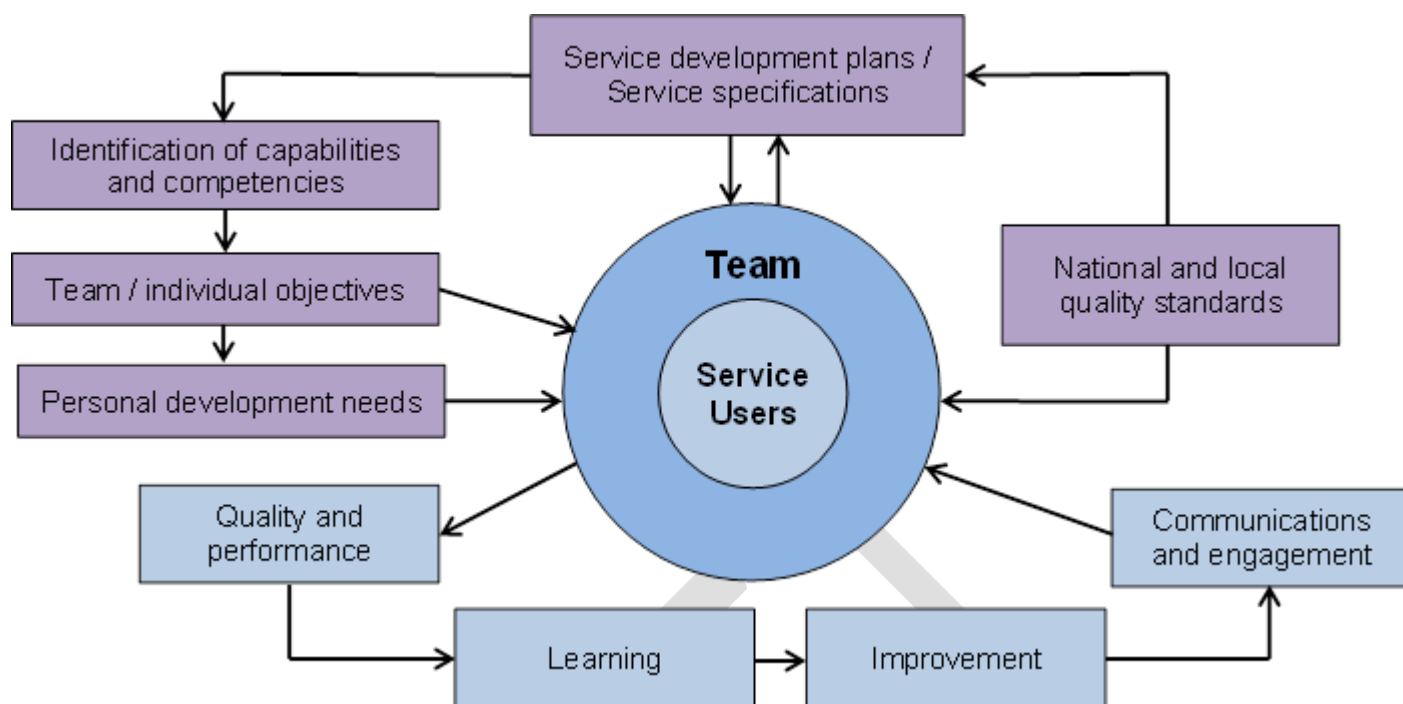
In practical terms, implementation of this framework will require relevant clinical and professional care colleagues to:

o maintain formal recognition of all prevailing quality standards and national best practice so as to inform Service Development Plans and future care delivery;

o ensure that accountabilities and responsibilities of all team colleagues are clearly defined within their respective Service Development Plans and job descriptions;

o clearly articulate each clinical and professional care team's objectives, which will thereafter be monitored and evaluated against an agreed set of specific, measurable, attainable, relevant and timely (SMART) measures;

o share critical information and learning in a positive, open and honest environment, that will enable forward planning, ensure the delivery of continuous improvements in operational efficiencies at team level, and support the necessary development and education of colleagues. Such exchange of information may occur within the Trust's clinical and professional care forums (see section 9 and Appendix 4), each of which will maintain an unambiguous remit and appropriate membership so as to provide clear opportunity for open, honest and courageous debate and discussion, and enable escalation and assurance of key quality concerns: equally, information may be shared by means of formalised communication channels (see also section 7.4.5).

7.4.2 In further support of the operational framework illustrated in section 7.4.1, the Trust will develop and maintain a baseline of all key competencies that are deemed necessary to ensure each clinical and professional care team's optimum delivery and quality. Thus, these competencies will highlight the full range of skills appropriate to each grade within every operational team, and will identify both the specialist skills, as well as the core skills that are necessary to provide exemplar health and social care services within the community (core skills will therefore include, for example, basic competencies in dementia, memory loss and learning disabilities for all frontline colleagues).

Moreover, as these competencies will be derived directly from each service's development forward plan, they will reflect the continuum of skills that will be needed to deliver the highest quality services over the next five years, and thus will have considered all planned or perceived organisational changes and/or service redesigns in response to service user needs, such as the move towards delivery of appropriate services on a 24/7 basis.

Equally, the identified competencies will reflect anticipated changes in local commissioning intentions and environmental pressures, including shifts in demand due to an ageing population, demographic growth, increase in certain disease types such as diabetes and alcoholic liver disease.

The Trust will also ensure that the identified competencies are achieved by training, enabling colleagues to routinely update and refresh their knowledge and skills, and thereby continue to meet the needs of the local population (see also section 7.5).

7.4.3 Clear leadership is critical to the successful delivery of a supportive team culture. Thus, the Trust will ensure that its professional leaders have the necessary capacity to spend increased time in leadership activities, and that they are appropriately empowered to become more effective, influential and courageous, acting as the custodians of high quality care.

Future leaders will be identified via the appraisal process (reference the Trust's Organisational Development Strategy), with particular consideration given to ensuring that senior roles are introduced within teams where there is a clear clinical and professional need. Thereafter, the development of clinical and professional care colleagues will align to the principles of the *Clinical Leadership Competency Framework* (NHS Leadership Academy, 2011). The Trust will also work with education partners in order to develop a range of developmental opportunities for registered and non-registered staff.

Trust colleagues will have the opportunity to become "champions" in order to provide leadership in areas of particular interest and/or responsibility: this will include the appointment of dignity champions, as well as champions for older people, champions for equality and diversity, and champions for learning disabilities. Moreover, the Trust will ensure that for all champions, appropriate training is available.

Case Study 7.4.3: Clinical Leads (Urgent Care/Rapid Response)

To support the delivery of its urgent care solution, the Trust will appoint three Clinical Leads across the county. These Leads will provide both strategic and operational direction to the Integrated Community Teams, in order to create a positive impact on service users' length of stay and to ensure timely hospital discharge.

Specifically, as clinical leaders, the role-holders will be responsible for:

- leading the development, implementation and evaluation of services that reflect local, regional and national priorities, thereby enabling continuous improvement in care standards, advancing the boundaries of professional nursing practice, and facilitating a multi-professional approach to service delivery;

- providing professional leadership and supervision to the Trust's urgent care teams;

- leading partnership working with primary care, social services, mental health and the voluntary sector, in order to effectively address the needs of service users during their unscheduled event;

- developing educational training and research programmes for Trust colleagues;

- making effective contribution to clinical decision-making and effectiveness via involvement in clinical audit, risk management and clinical governance.

7.4.4 There will be a renewed focus upon support and supervision in order to facilitate routine personal and professional learning and development for all colleagues working within a clinical or care setting. Thus, the Trust will entitle all clinical and professional colleagues to protected time so that they may participate in clinical supervision and/or action learning on a regular basis, tailored to individual need. The Trust will also explore models to allow colleagues to learn from reflection. Equally, the Trust will regularly review its supervision arrangements, including the role of clinical supervisors, their training, policies and monitoring.

In order to provide further support to colleagues, the Trust is also committed to a formal appraisal process. Specifically, annual appraisals will enable all colleagues across the organisation to recognise clear career pathways, whereby Trust professionals can progress in their specialty, and further their individual skills, knowledge, competencies and capabilities.

7.4.5 Practical improvements will be made to the ways in which the Trust communicates with its clinical and professional care colleagues, so as to ensure that that they always receive the information that they need, in an appropriate format and in a timely manner.

Thus, for example, professional leads will be required to cascade relevant information to frontline colleagues, so that they are always able to receive the necessary guidance and assurance on critical aspects of service delivery, based on the most up-to-date evidence and best practice.

Equally, the outputs of all Trust evaluations, investigations and other forms of service user feedbacks, be these in the form of audits, peer reviews, complaints or incidents, will be made available to clinical and professional care colleagues, so that this information can be circulated within teams, and thereafter used to inform and improve, future care delivery (see also section 7.1.1).

7.4.6 The Trust will seek to build into its culture, appreciation of the need to routinely recognise and reward exemplar, innovative and courageous performance (reference the organisation's Workforce Strategy). In doing so, the Trust will aim to help develop a more enthused, motivated, questioning, analytical and skilled workforce, that is supported by confident, ambitious clinical and professional leaders.

As such, all colleagues across the Trust will be encouraged to be more capable, able and willing to deliver the highest standards of quality care to the people of Gloucestershire.

7.5 **To ensure an able, flexible workforce that can meet new challenges and opportunities, and that is supported by exemplar standards in education, training and research**

> **Alignments**
>
> This quality goal fulfils the principles of **Competence**, which is one of the 6 C's championed by *Compassion in Practice* (NHS Commissioning Board, 2012). This describes "Competence" as meaning that all those in caring roles have the ability to understand an individual's health and social needs, and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.
>
> Equally, this quality goal has direct synergy with the actions proposed by *Compassion in Practice* as part of the ambition **Ensuring we have the right staff, with the right skills, in the right place**. These actions, which have been determined to help realise the 6 C's, include:
>
> - ensuring that colleagues have time to learn, to reflect and to re-energise, supported by organisations that promote a compassionate and caring culture and which dedicate time to valuing this (see section 7.5.2 for this Strategy's related actions);
>
> - ensuring that providers use appropriately trained and qualified workers as part of enforcing quality standards (see sections 7.5.1 and 7.5.3);
>
> - determining a suitable staff mix of competency, experience and education in order to improve the safety and experiences of service users and colleagues (see section 7.5.4).

Developing a competent workforce is critical to enabling delivery of high quality care, and to this end, the Trust is focused upon the following actions:

7.5.1 The Trust will continue to ensure the availability and accessibility of both mandatory and local training for all clinical and professional colleagues, so that they may be equipped with the necessary knowledge and skills to provide the very highest standards of care. To facilitate this, colleagues' capabilities will be formally reviewed as an intrinsic component of the Trust's operational framework (see section 7.4.1), with individuals' training needs being identified in relation to how additional education and support may thereafter help them to contribute towards fulfilling team objectives.

In undertaking training need reviews, the Trust will observe the aims of the *Workforce Skills and Development Strategy 2013/19* (Health Education South West, 2013), thereby ensuring that colleagues are able to acquire a suitable balance of core and specialist training.

Equally, the Trust will seek to empower colleagues to be flexible and adaptable, and thus able to adopt new ways of working, that include the need to be more mobile, deliver more complex care in the community, and recognise new working patterns in line with the drive towards 24/7 service availability.

Communications will serve to routinely reinforce the Trust's commitment to training, supported by clear tangible actions such as, for example, offering protected study leave where appropriate.

The Trust will also increase its commitment to joint training with partner organisations, particularly where colleagues support integrated care pathways.

7.5.2 The ethos and content of all training and education provided by the Trust will be routinely reassessed so as to ensure that it:

o focuses primarily upon how colleagues may best administer to the needs of local service users, carers and families, and thereby improve the service user experiences and safety, as well as the quality and outcomes of the care provided;

o demonstrates how the training will advance colleagues' abilities to incorporate the Trust's values within their daily working practice, referring also the 6C's and the values of the NHS Constitution;

o includes clear coverage of public health, so that colleagues are able to encourage a healthier population, who will ultimately be able to live longer, more independent lives;

o motivates colleagues so that they may better commit to their individual responsibilities and accountabilities.

7.5.3 The Trust will, at all times, continue to promote professionalism and accountability through on-going reflection of practice and competence. Where appropriate, this will include a process of revalidation for all clinical and professional care colleagues, in order to be able to effectively demonstrate that they continue to remain fit to practise. Revalidation will also improve the quality of care, by providing colleagues with the opportunity to explore, consider and reassess prevailing professional codes of conduct and standards.

For the Gloucestershire community, this emphasis on practice will serve to enhance public protection, and provide a better understanding of what to expect from the Trust's clinical and professional workforce. Colleagues will benefit by means of increased accountability, and stronger evidential support for continuing professional development, whilst the Trust itself will gain clearer recognition for the requirements of professional regulation.

7.5.4   In line with the recommendations of the National Quality Board in its 2013 paper *How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time* (see Appendix 1c), the Trust will commit to implementing and maintaining appropriate staffing levels across all of its services in order to fulfil service user and public need, and achieve requisite quality, safety and outcome standards.

For further information, refer to the Trust's Workforce Strategy.

7.5.5   The Trust will continue its commitment to research, thereby exploring innovations in professional practice via the support of a number of appropriate research and development projects each year.

As such, the Trust will be able to create defined opportunities for colleagues to undertake research that will support their professional growth and competence, whilst also positively impacting on service user experiences.

In undertaking this research, the Trust will create and maintain formal links with universities and other appropriate partners, thereby enabling best practice in information sharing. There will also be a clear drive towards achieving accredited status for research, as detailed below.

Case Study 7.5.5: Research and Education

Throughout the lifecycle of this Clinical and Professional Care Strategy, the Trust will explore the option to apply for Research and Education Centre accredited status, in order to

- formalise the research work that is already being undertaken across the Trust;

- create a supportive and dynamic environment for colleagues in which they can conduct world-class clinical epidemiology and translational research that will drive improved clinical and care practice;

- assist in attracting and retaining, outstanding and talented health and social care colleagues;

- fulfil a clear national need to pursue research in integrated health and social care, enhancing the Trust's reputation;

- most significantly, improve the Trust's standards and practices in health and social care, and all associated service user outcomes.

7.6   **To achieve excellence in integrated health and social care, and develop appropriate strategic partnerships with local professional stakeholders**

Alignments

This quality goal fulfils the principles of **Commitment**, which is one of the 6 C's championed by *Compassion in Practice* (NHS Commissioning Board, 2012). This describes "Commitment" as being a cornerstone of NHS activity, and identifies the need to build upon this commitment to improve the care and experience of service users, to take action to make the 6C's vision into a reality for all, and meet the health, care and support challenges ahead.

Equally, this quality goal has direct synergy with the actions proposed by *Compassion in Practice* as part of the ambition **Supporting positive staff experience**. These actions, which have been determined to help realise the 6 C's, include:

- creating worthwhile and rewarding jobs in which every role counts (see section 7.6.1 for this Strategy's related actions);

- being accountable and being prepared to embrace innovative working (see section 7.6.2).

Additionally, the prescribed actions to help improve colleagues' experiences of the workplace relate to section 7.4. Similarly, the recommendation to implement a clear organisational culture and develop a corresponding plan for its on-going monitoring, is met by the Trust's Organisational Development Strategy, whilst the requirement to develop, implement and embed plans to secure meaningful engagement with both the organisation's workforce and service users, is met by the Trust's Communications and Engagement Strategy.

The Trust is clear in its commitment to build and maintain robust working partnerships with other relevant organisations, both public and independent sector, in order to strengthen its service provision and ultimately, benefit service users. To this end, the following actions have been identified:

7.6.1   In 2010, the Trust commenced a programme of integration with Gloucestershire County Council's adult social care services. Throughout the lifecycle of this Strategy, the Trust will continue to strengthen the ambitions and reach of this integrated working, making best use of joint resources in order to improve health and social care outcomes for the people of Gloucestershire. In particular, the Trust will seek to ensure that its programme of integrated working with the Council is clearly underpinned by an absolute commitment to improving quality, productivity, innovation, prevention and excellence.

The work is exemplified by the development of the Integrated Community Teams (ICTs) which are currently in operation across the county, and which involve district nurses, physiotherapists, occupational therapists and social workers in single teams (NB this practice not only reflects the national drive towards health and social care integration, but it is also wholly in line also with the Trust's culture, which is focused upon improved team working).

The key principles of this development are:

o to deliver integrated care management across Gloucestershire, ensuring clear co-ordination of services and demonstrating excellent partnership working;

o to enable integrated health and social care services to be personalised to the needs and wishes of the individual service user;

o to support proactive rehabilitation and reablement that promotes independent living;

o to encourage self-care and management where appropriate, and explore how this could link with other stakeholder developments e.g. with primary care;

o to enable 24/7 referral and call management functions to be increasingly integrated into social care.

The benefits of providing such integrated care is that it will support the urgent care agenda (see section 7.2.1), help to avoid unnecessary hospital admissions, improve Trust working with primary care (particularly with regards to long-term condition management), and provide a responsive co-ordinated discharge function.

7.6.2　The Trust will additionally seek to form other critical alliances, partnerships and joint ventures with appropriate physical health, mental health and social care providers, particularly where these organisations share common strategic goals. This innovative work will include:

o collaborative working with local acute and mental health providers, examples of which are the establishment of the Gloucestershire Respiratory Team which represents partnership working with Gloucestershire Hospitals NHS Foundation Trust (see section 7.2.5), and the continued development of the integrated dementia care pathway with the 2gether NHS Foundation Trust (see case study below);

- partnership working with charities and voluntary organisations, such as Macmillan Cancer Support and Marie Curie for end of life care, recognising their value as partners in care, and in particular, ensuring that information about these joint services is made easily accessible to the local public;

- joint working with service user interest or representative groups such as HealthWatch or Carers Gloucestershire, enabling the service user voice to be captured and reflected in care delivery;

- strategic partnerships with the independent sector, enabling the Trust to develop appropriate commercial relationships where these are of clear benefit to local service users.

Case Study 7.6.2: Partnerships in Dementia Care

In 2013, a range of partners from the local health and social care economy, and in particular, the Trust and the 2gether NHS Foundation Trust, contributed to the updating of the Gloucestershire integrated care pathway for dementia. The Trust will continue to be committed to this countywide approach, and thus will:

- routinely engage with all other health, social care and voluntary organisations to ensure seamless referral, treatment and support;

- raise awareness of the range of support available from all local partners;

- participate in both case finding and referral onto specialist services;

- ensure that all Trust colleagues are able to access the range of training material that is pertinent to their role;

- develop the dementia link worker role to support all stages of the pathway;

- embed the needs of those with dementia into all clinical pathways and interventions, so that support is seen as normal and not an exception.

7.6.3   The Trust will seek to ensure improved working with primary care, so that community-based health and social care services are automatically recognised by all GP practices across the county, as providers of excellent care that can offer a practical and sustainable solution to maintaining service users safely outside of an acute hospital setting. Much of this ambition centres upon the need for better communications with GPs, so as to strengthen and extend existing relationships, raise the visibility of Trust services, and facilitate the identification of potential improvements in service user pathways.

7.6.4 Prevention and early intervention have been key themes of the NHS for many years, in recognition of the benefits to long-term health that can be gained by proactively identifying ill-health, or the risk of ill-health, at an earlier point in a service user's journey.

The Trust will therefore seek to work in collaboration with all its partners, so as to:

o promote healthy lifestyles and choices, in line with the Department of Health's *Every Contact Counts* initiative, signposting service users to support services where appropriate: this requires the Trust to use all opportunities wherein there is direct engagement between a service user and a professional, to take the time to explore how practical improvements could be made to the service user's lifestyle, to increase their well-being (for example, directing service users to the Stop Smoking service);

o ensure that effective advice, guidance and information on healthy lifestyles and choices is readily available to inform local service users, carers and families;

o develop locality-based Health and Wellbeing Centres that could offer access to a range of support, reviews and interventions, including, for example, assessments for people at high risk of diabetes: these Centres would be of particular benefit to the county's increasingly elderly population, effectively providing them with a holistic health MOT, detecting and addressing health concerns.

7.6.5 The ability to deliver care effectively is not only informed by a robust understanding of what is advised nationally as best practice, but also by understanding the particular, individual and diverse health and social needs of the populations with which clinical and professional care colleagues work. Thus, it is the intention of the Trust to ensure that more localised knowledge of locality profiles is made available to the workforce in each respective area of the county, so that there is real appreciation of the unique composition of each local population, and services can be tailored accordingly.

To this end, the Trust will create opportunities not only to share demographic and trend data, but also to encourage colleagues to contribute to the identification of current and future clinical needs, thereby ensuring a more proactive approach to care management.

8.   **Quality Measures**

Each of the quality goals as identified in section 6, will be supported by a series of performance measures as detailed below, to be monitored by the Clinical Senate and the Integrated Governance and Quality Committee as appropriate, on a routine basis:

Quality Goal	Quality Measure
To deliver compassionate and considerate care which ensures that service users remain safe from avoidable harm	• Compliance with all relevant CQC Essential Standards of Care • Not exceeding agreed tolerances of infection rates • 100% appropriate care teams will use the Safety Thermometer so as to clearly evidence rates of harm free care • 90% care audits that have pre-agreed deadlines, will be completed within prescribed timescales • Ensuring adherence to local formulary so as to ensure the safe and effective use of medicines
To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient	• 95% (minimum) service users will be treated and discharged from Minor Injury Units within four hours • Increase in the number of service users who are actively supported to manage within the community via the use of telehealth • Increase in productivity within community hospitals • All health and social care services that are provided by the Trust will be routinely evaluated against outcome measures • 100% compliance with agreed CQUIN targets

To inform and involve service users, their carers and families so that they are confident and have the best possible experience during their care	• Increase in service user satisfaction so that 90%+ service users recommend the Trust's services • Full implementation of the Friends and Family Test (FFT) across all Trust locations • Use of the Personal Decision Making Tool within all relevant services • Number of service users who are able to die in place of their choice
To help the development of a supportive and learning culture that is clinically-led, that will strengthen leadership across the Trust, and that will enable delivery of improved services and outcomes	• Identifying clear clinical leaders in all areas delivering organisational and business unit objectives • Increase in colleagues' satisfaction, ensuring that 90%+ colleagues recommend the Trust as a place to work
To ensure an able, flexible workforce that can meet new challenges and opportunities, and that is supported by exemplar standards in education, training and research	• Ensuring that frontline colleagues are suitably trained and supported to deliver all appropriate assessments, interventions and treatments in service users' homes • Number of clinical and professional care colleagues in post measured against baseline
To achieve excellence in integrated health and social care, and develop appropriate strategic partnerships with local professional stakeholders	• Ensuring that all Integrated Community Teams are achieving a two hour response, in order to realise a goal of a fully-integrated health and social care workforce working to shared standards • Increase in the number of people setting a quit date for smoking, and increase in the number of people successfully quitting

9.   Accountabilities and Assurances

Specific responsibilities and duties relevant to this Clinical and Professional Care Strategy, are as detailed below (please also refer to Appendix 4 for an illustration of the Trust's forum structure):

9.1   Trust Board

The Trust Board has the clear remit to shape the future direction of the organisation, ensuring that at all times, the Trust's growth and development continues to support and enable the delivery of safe, effective health and social care. Moreover, the Trust Board has explicit responsibility for focusing upon quality, and thus will routinely receive reports, both anecdotal (i.e. service user stories) and demonstrable (i.e. quality performance reports), in order to evidence continued compliance with national and local quality care standards.

9.2   Chief Executive

The Chief Executive is the Trust's Accountable Officer, and as such, has overall responsibility for ensuring that the organisation meets its statutory and mandatory requirements in its delivery of clinical and professional care.

9.3   Integrated Governance and Quality Committee

The Integrated Governance and Quality Committee is responsible for assuring the Trust Board that the organisation maintains effective processes for compliance with core standards, national practice and mandatory guidance in clinical and professional care: moreover, the Committee is responsible for identifying gaps in compliance, and monitoring resultant action plans.

The Integrated Governance and Quality Committee is supported by a number of key professional forums and locality operational boards, all of which regularly submit formal reports for scrutiny.

9.4   Clinical Senate

The Clinical Senate provides a forum wherein the Trust's collective knowledge relating to clinical and care matters, is shared, evaluated and the implications for the Trust are considered. It also provides an opportunity for clinicians to champion innovation in practice, and offers leadership and expert advice to support strategic decision-making. The Clinical Senate provides direct assurance to the Integrated Governance and Quality Committee (see section 9.3).

Professional Cabinets relating to corresponding registration bodies are established as sub groups of the Clinical Senate (see section 9.5), and as such, report formally to the Senate at each meeting.

9.5   Professional Cabinets

The Trust maintains three Professional Cabinets, formed around the professional registration bodies of nursing, allied health and social care professionals and medical and dental. Each Cabinet is responsible for sharing professional knowledge relevant to its respective specialty, and for providing clinical and professional perspective on Trust-wide performance and quality, escalating any highlighted issues or concerns to the Clinical Senate (see section 9.4). Each Cabinet also provides direct assurance to the Clinical Senate on matters relating to the appropriate professional and regulatory bodies.

Thus, the Trust's Professional Cabinets ensure an effective means of communication across the organisation, from the point of care to professional leads.

9.6   Medical Director

The Medical Director has executive accountability for clinical effectiveness, and for defining the scope of clinical services across the Trust. Additionally, the Medical Director is responsible for the overall coordination, execution and monitoring of clinical services, and for monitoring and evaluating the outcomes of health and social care services provided by the Trust.

9.7   Director of Nursing

As the Trust's lead for quality, the Director of Nursing is responsible for ensuring that the organisation provides the highest standards of care. Thus, the Director of Nursing is responsible for establishing the Trust's model for adult and children's nursing, safeguarding, clinical standards and delivery across the organisation.

9.8   Director of Adult Services / Director of CYP and Countywide Services

The Director of Adult Services and the Director of Children and Young People's (CYP) and Countywide Services, share equal responsibility for ensuring that their respective workforces demonstrate clear observance of the Trust's protocols and standards in their day-to-day working lives, and that quality of care remains a practical and primary consideration of all operational activity.

9.9   All clinical and professional care colleagues

Colleagues across the organisation are all personally responsible for observing the Trust's values in their interactions with service users, carers and families, and for adhering to prevailing professional standards and codes of good conduct.

10. **Enabling and Supporting Strategies**

10.1 This Clinical and Professional Care Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the Organisational Development Strategy, which serves to identify how the working environment of the Trust will be effectively progressed over the period 2013-18, in order to create practical and sustainable improvements in the quality of working life for all colleagues, and thereby support the delivery of high-quality, person-centred care within all the organisation's health and social care services;

- the Workforce Strategy, which seeks to ensure that the Trust's projected staffing models are appropriate to deliver effective health and social care within Gloucestershire, and that all Trust colleagues are suitably involved, motivated, supported, resourced, trained and developed;

- the Communications and Engagement Strategy, which aims to ensure that the Trust's mission to provide high-quality health and social care across Gloucestershire is fully supported by an effective programme of communications and engagement activity with service users, carers, families and the wider Gloucestershire public, as well as with the organisation's own workforce and professional partners;

- the Audit and Effectiveness Strategy, which strives to ensure a robust approach to the auditing of the Trust's clinical and social care practices, so that the organisation is fully assured of the quality of its care functions, and understands how improvements can be made where necessary, in order to increase the continued effectiveness of Trust services;

- the Performance and Information Strategy, which seeks to demonstrate how the Trust will effectively capture and report robust, timely, accurate and complete information in order to inform clinical and corporate decision-making.

10.2 This Clinical and Professional Care Strategy will be directly supported by the Clinical and Professional Care Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2014-19 in order to fulfil the ambitions of this Strategy.

11. **References**

NHS Constitution (Department of Health, 2013)

High Quality Care for All (Department of Health, 2008)

Hard Truths: The Journey to Putting Patients First (Department of Health, 2013)

Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England (Department of Health, 2013)

How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time (National Quality Board, 2013)

Compassion in Practice (NHS Commissioning Board, 2012)

Everyone Counts: Planning for Patients 2013/14 (NHS Commissioning Board, 2013)

NHS Mandate (Department of Health, 2012)

Director of Public Health Annual Report 2011-2012: Fit for the Future overview (Director of Public Health, 2012)

South West Observatory Local Profiles (South West Observatory, 2012)

Longer Lives (Public Health England, 2013)

Transforming Urgent and Emergency Care Services in England (NHS England, 2013)

Integrated Care (King's Fund, 2011)

A Promise to Learn - a Commitment to Act (National Advisory Group on the Safety of Patients in England, Berwick, 2013)

Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry Executive Summary (Department of Health, Francis, 2013)

Improving the Safety of Patients in England (National Advisory Group on the Safety of Patients in England, 2013)

Workforce Skills and Development Strategy 2013/14 - 2018/19 (Health Education South West, 2013)

NHS Gloucestershire Clinical Commissioning Group Commissioning Intentions – Community Services 2013/14 (Gloucestershire Clinical Commissioning Group, draft 23 November 2012)

CLINICAL AND PROFESSIONAL CARE STRATEGY 2014-19

Appendix 1: National Initiatives

In order to best understand the environment in which this Clinical and Professional Care Strategy operates, it is imperative to consider a number of key national initiatives. The Trust's proposed priorities and actions, which relate directly to these initiatives, are detailed in section 7.

a. *Hard Truths: The Journey to Putting Patients First* (Department of Health, 2013)

The Government's response to the Mid Staffordshire NHS Foundation Trust Public Inquiry identifies how the whole health and care system must improve inspection, increase transparency, put a clear emphasis on compassion, standards and safety, increase accountability for failure, and build capability. To this end, key recommendations of the response include:

- requiring healthcare organisations to be honest, open and truthful in all dealings with service users and the public, so that they are clear about the quality of care that is available;

- enforcing a professional duty of candour on individual staff through changes to professional guidance and codes;

- ensuring easier ways for service users to raise concerns or make complaints, with independent support available from local Healthwatch or alternative organisations;

- improving the ways in which organisations learn and respond as a result of concerns or complaints;

- enabling every person with a long-term condition to be offered a personalised care plan;

- improving the identification of problems within the healthcare system through fundamental standards of care, improved information sharing and a new inspection regime;

- introducing a new system of ratings for healthcare providers that have service user care and safety at their heart;

- increasing the responsibilities on Trust Boards to ensure that their organisations are working effectively to improve service user care;

- promoting successful leadership and addressing failures in leadership via recruitment, appraisal and exit procedures;

- ensuring that nurse training has an increased focus on the practical delivery of compassionate care, with recruitment focusing on values, attitudes, behaviours and motivation.

b.   *Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England* (Department of Health, 2013)

Keogh's review sought to explore the quality of care provided by hospitals with persistently high mortality rates, given that such rates can be associated with failures in safety, clinical effectiveness, and experience - as well as failures in professionalism, leadership and governance. Thus, the review focused upon eight ambitions, of which the following are most relevant to this Strategy:

- provider organisations must confidently and competently use data and other intelligence for the pursuit of quality improvement. They, along with service users and the public, must have rapid access to accurate, insightful and easy-to-use data about quality at service line level;

- service users, carers and the public must increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to, and see how this is impacting upon care provision;

- service users and clinicians must have confidence in the quality assessments made by the Care Quality Commission, not least because they will have been active participants in inspections;

- nurse staffing levels and skill mix must appropriately reflect the caseload and the severity of illness of the service users that provider organisations are caring for, and be transparently reported by Trust Boards;

- all NHS organisations must understand the positive impact that happy and engaged staff have on service user outcomes, including mortality rates, and will be making this a key part of their quality improvement strategy.

c.   *How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time* (National Quality Board, 2013)

This document outlines the expectations to which both NHS commissioners and providers must aspire, in order to ensure that nursing and care staff continue to play a critical role in the delivery of high quality care, and are able to achieve excellent outcomes for service users. The expectations which are most relevant to this Strategy are:

- Boards take full responsibility for the quality of care provided to service users, and as a key determinant of quality, take full and collective responsibility for nursing and care staffing capacity and capability;

- processes are in place to enable staffing establishments to be met on a shift-to-shift basis;

- clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns;

- a multi-professional approach is taken when setting staffing establishments;

- nurses and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties;

- NHS providers clearly display information about the nurses and care staff present on each ward, clinical setting, department or service on each shift.

d. *Adult Social Care Outcomes Framework 2014/15* (Department of Health, 2013)

This document serves to support the delivery of high quality social care services, providing councils with the necessary information to monitor the success of local interventions, and promoting the sharing of learning and best practice. The framework also aims to enable continuous improvements in adult social care services through strengthened accountability to local people. As such, the framework is based on four domains, namely:

- ensuring quality of life for people with care and support needs: this domain seeks to evaluate that people are able to manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs: it also validates that carers can balance their caring roles and maintain their quality of life;

- delaying and reducing the need for care and support: this domain assesses whether people are given the opportunity to have the best health and wellbeing throughout their lives, and can access support and information to help them manage their care needs: it also questions whether people have access to earlier diagnosis, intervention and reablement so that people and their carers are less dependent upon intensive services;

- ensuring that people have a positive experience of care and support: this domain asks whether people know what services are available to them locally, and whether carers also feel that they are respected as equal partners throughout the care process;

- safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm: this domain seeks to validate that everyone can enjoy physical safety and can feel secure: also that people are free from physical and emotional abuse, harassment, neglect, and are protected from avoidable harm, disease and injury.

e. *Everyone Counts: Planning for Patients* (NHS Commissioning Board, 2013)

This strategy focuses upon the following five themes:

- ensuring that appropriate services are available 7 days a week, in order to offer a more service user-focused service and the opportunity to improve clinical outcomes and reduce costs, with an initial drive upon increasing access to diagnostics and urgent care;

- providing greater transparency and more choice;

- listening to service users and increasing their participation: this includes the challenge to know more about what service users think of the care that they receive and to act upon that information: specifically, there is requirement to enable all service users to be able to leave feedback on any service in real-time by 2015, and to place increased emphasis upon improving the take-up of telehealth and telecare in line with service users' need;

- improving data quality, so as to enable better informed decision-making about integrated care;

- enabling higher standards and safer care: in particular, this requires Trusts to observe the recommendations contained within the Francis Report and the associated Department of Health response (see section 4.1), and the *Compassion in Practice* guidance (see section 4.5). Equally, it requires that Trusts ensure that the professionalism of management meets the highest quality standards.

f.   *The NHS Mandate* (Department of Health, 2012)

The NHS Mandate is structured around five key areas in which the healthcare economy must make improvements, namely (i) preventing people from dying prematurely, (ii) enhancing the quality of life for people with long-term conditions, (iii) helping people to recover from episodes of ill health or following injury, (iv) ensuring that people have a positive experience of care, and (v) treating and caring for people in a safe environment and protecting them from avoidable harm.

To this end, key objectives within the Mandate include:

- improving standards of care, and not just treatment, especially for the elderly;

- ensuring better diagnosis, treatment and care for service users with dementia;

- providing better care for women throughout pregnancy, childbirth and the postnatal period;

- embedding the Friends and Family Test so that every service user can give feedback on the quality of their care;

- preventing premature deaths from diseases with the highest prevalences;

- ensuring that by 2015, all communities can easily find out how well their local NHS is providing care, via the formalised publication of results that each Trust achieves for all its major services.

Appendix 2: Local Strategic Intent

At the time of writing this Clinical and Professional Care Strategy, the following local documents provided evidence of the aspirations of the Trust's partners:

a)   **Your Health, Your Care**

This five year strategy, developed in 2012 by NHS Gloucestershire and Gloucestershire County Council, identified the following priorities:

- to advance the equality of opportunity in order to deliver flexible services that accommodate additional or complex needs due to disabilities, cultural needs or family circumstances, and that provide high quality care to all;

- to intervene at a planned point earlier in the service user's journey: this would result in positive outcomes including the prevention of avoidable ill-health, the ability for those with a long-term condition to enjoy better quality of life, and the empowerment of older people to remain independent for longer, delaying the need to go into a residential home;

- to help service users who have undergone illness or surgery to return to their optimal way of living as soon as practical and possible;

- to provide more care in the community in order to reduce acute lengths of stay and unnecessary hospital admissions, particularly for older people: this requires greater focus upon proactive discharge planning, and increasing the accessibility of information and support in the community in relation to a range of issues including medication and self-management;

- to better coordinate the care of individual service users so as to deliver a person-centred model of care that gives them increased independence, choice and control: this to include specific focus to support vulnerable and seldom heard groups;

- to ensure that integration between care providers is more effective, reducing the burden upon service users and enabling care to be delivered in a single place where possible;

- to maintain sustainable services 24 hours per day, 7 days a week;

- to recognise changes in the health profile of communities and respond accordingly: this will include, for example, giving greater focus to people with dementia, as well as their carers who need extra support, as well as ensuring the availability of additional support to counter the growing prevalence of certain long-term conditions such as diabetes;

- to provide increased support for service users with learning disabilities who are more likely to have physical health problems but who are less likely to access care when they need it.

b) **Gloucestershire Children and Young People's Partnership Plan 2012-15**

This Plan, produced by the Gloucestershire Children's Partnership, identifies the following strategic aims:

- to provide right and timely intervention for vulnerable children and families;

  This involves (i) understanding the differences between agencies in referral processes, risk levels and statutory responsibilities, whilst reducing the impact on children and families, by eliminating duplication of activity and overlap of interventions, (ii) promoting and enabling integrated working, training and development opportunities across the statutory and voluntary sectors, (iii) sharing planning, knowledge, data and good practise to address issues and inform effective intervention and improve outcomes, and (iv) supporting whole families in challenging circumstances to engage with appropriate services and improve their opportunities in life;

- to enable vulnerable children and young people to enjoy the best start in life;

  This involves (i) enabling young children to develop well and become ready for school, (ii) supporting parents to have high aspirations for their children, and the skills to help their children grow and develop, (iii) ensuring that families are healthy and have good emotional and mental wellbeing, and (iv) facilitating families who are identified as being in greatest need, to have sustained contact with appropriate services;

- to ensure that vulnerable children and young people have opportunity to maximise their capabilities and have control over their own lives;

  This involves (i) identifying young people who need support, and understanding their individual needs across all relevant services, (ii) encouraging children, young people and families to adopt positive attitudes and healthy behaviours, and (iii) improving the transition experience for young people with a learning difficulty or disability;

- to validate that vulnerable children and young people will be safe from injury, exploitation and harm;

  This involves (i) ensuring that all safeguarding partners understand how they can help children and young people who are in need and at risk, (ii) reducing the demand for high cost, high dependency specialist services through the effective targeting of services and a greater emphasis on preventative work, (iii) providing a coordinated support plan for vulnerable children at the earliest opportunity, (iv) reducing Emergency Department attendances for children who present 3 or more times, and (vi) ensuring that every Child Protection Plan will identify what needs to change in order to reduce risk and progress.

c)   **Gloucestershire Health & Wellbeing Strategy 2012-32: Fit for the Future**

This Strategy, authored by the Gloucestershire Health and Wellbeing Board, identified its prime concerns as (i) health inequalities which result in avoidable ill health and early mortality, and (ii) growth in the ageing population, wherein the challenge is to ensure that quality of life remains high for this developing demographic.

Operationally, its key recommendations were to address the following areas (NB this document does not consider issues upon which the Clinical and Professional Care Strategy cannot have direct impact including, for example, children living in poverty, and people who self-harm or die by suicide):

- smoking in pregnancy (i.e. in Gloucestershire, 14.9% of women smoke during pregnancy compared to the England average of 13.6%);

- children and young people leading positive lifestyles (i.e. the number of local children and young people who use alcohol, drugs and smoking is greater than the national average);

- adults leading positive lifestyles (i.e. recognising the links between lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption, to cancer, heart disease, lung and liver disease, which nationally, account for 42% of all deaths, in order to reduce illness and early deaths, and reduce the deprivation gap);

- young people's sexual health (i.e. in 2011/12, 12,352 young people locally were tested for Chlamydia, of which 6.3% were found to be positive);

- improving the life of those with dementia and the support to carers (i.e. the number of people within the county with a form of dementia is currently around 8,500 and is projected to grow by over 70% by 2030);

- hip fractures in older people (i.e. although the overall number of hospital admissions due to a hip fracture in Gloucestershire is lower than the England average at 424 per 100,000 compared to 452, there are significant inequalities between districts: thus, the lowest rate of 356 is in the Cotswolds and the highest rate of 476 is in Gloucester City. Similarly, whilst there are fewer people locally who are admitted to hospital due to a fall compared to the England rate, there is once again variation between districts: thus, the number of admissions in Cheltenham is 2,279 per 100,000 compared to the Forest of Dean which has 1,491 per 100,000);

- excess winter deaths (i.e. although the proportion of excess winter deaths in Gloucestershire is 18.5% which is comparable to the England average of 18.7%, there is dramatic variance between districts with relative proportion of 9.6% excess winter deaths in Stroud, but 23.3% in Gloucester City).
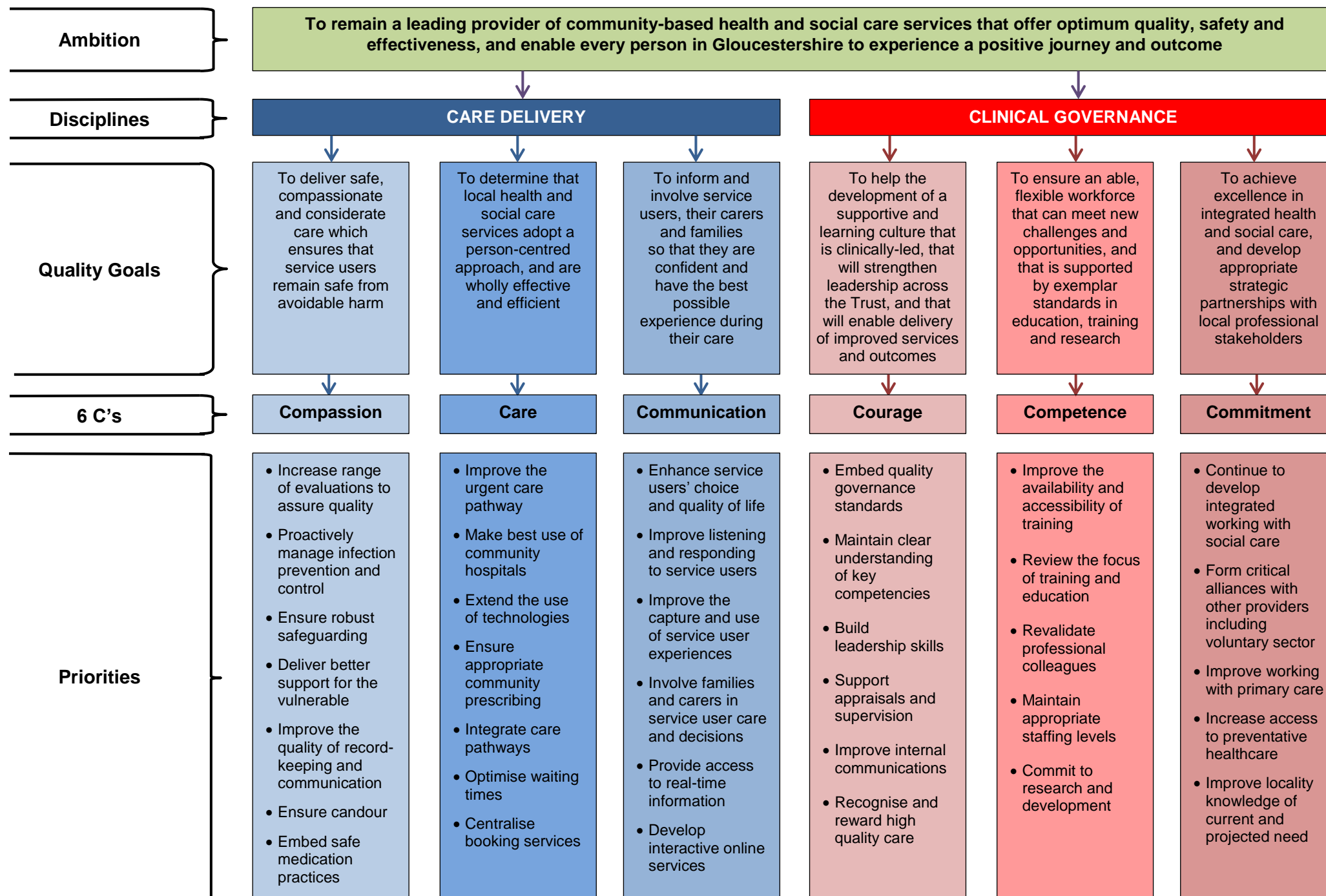
Appendix 3: Consultation

Drafts of this Clinical and Professional Care Strategy have been presented to the following groups so as to ensure appropriate Trust-wide support, prior to escalation to the Trust Board in January 2014 for ratification:

Consultation Group	Date of Meeting
Staff Forums	
Tewkesbury Staff Forum	10 September 2013
North Cotswolds Staff Forum	11 September 2013
Children and Young People Staff Forum	13 September 2013
Stroud Staff Forum	16 September 2013
Forest Staff Forum	18 September 2013
South Cotswolds Staff Forum	23 September 2013
Countywide and Corporate Staff Forum	27 September 2013
Cheltenham Staff Forum	27 September 2013
Gloucester Staff Forum	29 October 2013
Locality Boards	
Children and Young People Operational Board	17 September 2013
Countywide Operational Board	18 September 2013
Forest and Tewkesbury Locality Board	20 September 2013
Cheltenham and Cotswolds Locality Board	20 September 2013
Gloucester and Stroud Locality Board	23 September 2013
Team meetings	
HR Directorate	23 September 2013
PMO / Strategy Directorate	25 September 2013
Finance / IT / Estates / Performance Directorate	25 September 2013
Clinical Quality and Development Directorate	7 October 2013
Clinical and Professional Care Groups	
Clinical and Professional Care Strategy Away Day	23 April 2013
Quality Care Forum	23 July 2013
Strategy Workshop	8 August 2013
Quality Care Forum	3 September 2013
Your Care, Your Opinion Programme Board	29 October 2013
Executive Management Team	14 November 2013
Strategy Workshop (email circulation and feedback)	6-10 December 2013
Integrated Governance and Quality Committee	20 February 2014
Trust Board	11 March 2014

Appendix 4: Forum Structure

Appendix 5: Strategy Schematic

Gloucestershire Care Services **NHS** NHS Trust

Ambition

To remain a leading provider of community-based health and social care services that offer optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome

Disciplines

CARE DELIVERY	CLINICAL GOVERNANCE

Quality Goals

To deliver safe, compassionate and considerate care which ensures that service users remain safe from avoidable harm	To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient	To inform and involve service users, their carers and families so that they are confident and have the best possible experience during their care	To help the development of a supportive and learning culture that is clinically-led, that will strengthen leadership across the Trust, and that will enable delivery of improved services and outcomes	To ensure an able, flexible workforce that can meet new challenges and opportunities, and that is supported by exemplar standards in education, training and research	To achieve excellence in integrated health and social care, and develop appropriate strategic partnerships with local professional stakeholders

6 C's

Compassion	Care	Communication	Courage	Competence	Commitment

Priorities

Compassion	Care	Communication	Courage	Competence	Commitment
• Increase range of evaluations to assure quality • Proactively manage infection prevention and control • Ensure robust safeguarding • Deliver better support for the vulnerable • Improve the quality of record-keeping and communication • Ensure candour • Embed safe medication practices	• Improve the urgent care pathway • Make best use of community hospitals • Extend the use of technologies • Ensure appropriate community prescribing • Integrate care pathways • Optimise waiting times • Centralise booking services	• Enhance service users' choice and quality of life • Improve listening and responding to service users • Improve the capture and use of service user experiences • Involve families and carers in service user care and decisions • Provide access to real-time information • Develop interactive online services	• Embed quality governance standards • Maintain clear understanding of key competencies • Build leadership skills • Support appraisals and supervision • Improve internal communications • Recognise and reward high quality care	• Improve the availability and accessibility of training • Review the focus of training and education • Revalidate professional colleagues • Maintain appropriate staffing levels • Commit to research and development	• Continue to develop integrated working with social care • Form critical alliances with other providers including voluntary sector • Improve working with primary care • Increase access to preventative healthcare • Improve locality knowledge of current and projected need

Gloucestershire Care Services **NHS**

NHS Trust

COMMUNICATIONS AND ENGAGEMENT STRATEGY

2014-19

To be the most effective communicator of any NHS community care provider

Communications and Engagement Strategy 2014-19

Version control	
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Communications and Engagement Strategy 2014-19

Contents

**Please note that this Communications and Engagement Strategy
supports both health and social care colleagues
managed by Gloucestershire Care Services NHS Trust**

Communications and Engagement Strategy 2014-19

0.   **Executive Summary**

This Communications and Engagement Strategy confirms the commitment of Gloucestershire Care Services NHS Trust ("the Trust") to systematically communicate with its many audiences in ways which are compelling, relevant and credible. It also describes how the Trust will listen and respond to its service users and carers, its workforce, the public and all other stakeholders, so that the organisation is effectively shaped by the people it serves. To this end, the Strategy is focused upon:

- ensuring that the Trust is represented by a clear brand and consistent messaging so as to establish the organisation as distinct, reliable and credible. To achieve this, the Trust will routinely promote a memorable and unique visual identifier across all media which will provide direct support for the Trust's vision, and enable the organisation to link itself in the minds of all audiences, with an unequivocal promise to deliver high-quality, safe and effective health and social care services across Gloucestershire. It also requires the Trust's communications to be clear and focused in style, and to be honest and open in content;

- ensuring that the Trust communicates with, and responds to, all colleagues and volunteer groups so as to support the development of a unified organisation: thus, the Trust's communications will establish the concept of 'one team' working, and will keep all colleagues regularly advised through a variety of communication channels and media;

- engaging fully with service users, carers and their families: this necessitates adherence to a robust process that will capture and respond appropriately to peoples' experiences of the Trust. It also requires the Trust to improve its communication with members of the public who have extra or different needs, and conduct meaningful dialogue and local consultation where significant organisational or service changes are proposed, in order to gain public support for necessary reforms;

- extending the trust and support of opinion-formers and influencers so that they act as advocates for community care in Gloucestershire. To help achieve this, the Trust will develop a network of external stakeholders so that its influence and reputation are enhanced, and will work closely with elected representatives, media opinion-formers and community groups;

- being known and trusted by local people in Gloucestershire as an organisation that understands people and works to meet their needs. Specifically, this requires the Trust to ensure that public, service user and carer voices are at the centre of its health and social care services.

This Strategy therefore seeks to outline the Trust's aspirations and direction of travel for communications and engagement over the next 5 years. The accompanying implementation plan will detail the practical actions that will be taken in the period 2014-19 to fulfil these aspirations.

Communications and Engagement Strategy 2014-19

1.   Introduction

"Delivering consistently effective communication will have a positive impact on the reputation of NHS organisations, on their relationship with staff and stakeholders, and on how the whole NHS brand is perceived at a national and local level. But most of all, good, clear two-way communication helps to improve the quality of services."

The Communicating Organisation (Department of Health, 2009)

1.1   Gloucestershire Care Services NHS Trust ("the Trust") provides community-based services for people of all ages, and has a strong track record of delivering high quality, safe and effective health and adult social care across the county.

The Trust's wide range of specialist services are delivered in people's homes, community hospitals, community clinics, outpatient departments, schools and GP practices. The Trust also provides in-reach services into acute hospitals, and nursing and residential homes. This diversity in service type and delivery location creates a unique challenge for the Trust's communications and engagement programme: unlike acute services, for example, which are generally centred around large hospitals and therefore recognised by the general public, the nature and complexities of community care are little understood. This requires the Trust's communications to work harder to encourage greater awareness, and to ensure that the organisation's key messages are received, recognised and embraced.

1.2   The Trust has agreed a set of CORE values which describe in clear terms, the behaviours that service users, carers and families can expect from everyone working within the Trust, whatever their role. These values are Caring, Open, Responsible and Effective. They are about fostering a culture that puts quality of care and the experience of service users first and foremost. As such, these values underpin this Strategy: in particular, the Trust has committed to be open and honest in its communications, both internally with colleagues, and externally with stakeholders.

The Trust is also committed to observing both the NHS Constitution's values and the principles of the 6 C's (*Compassion in Practice*, NHS Commissioning Board, 2012) which recognise Communications as central to successful caring relationships and effective team working. Effective communications are seen as essential to ensuring that no decision about a service user is taken without their direct involvement and input.

1.3   With this background in mind, this Communications and Engagement Strategy seeks to achieve measurable outcomes by communicating with the Trust's audiences 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.

2.   Definitions and Scope

2.1   The following definitions are used throughout this Communications and Engagement Strategy:

- **Communications**

    In this Strategy, communications are defined as "*a strategic process that builds mutually beneficial relationships between organisations and their publics*".

    Everyone within the Trust has a role to play in communicating effectively with colleagues, service users, carers and partner organisations. In particular, colleagues whose role brings them into direct contact with service users and carers, are the Trust's most influential ambassadors.

- **Engagement**

    In the guidance, *Securing Sustainability Planning Guidance for NHS Trust Boards 2014/15 to 2018/19* (TDA 2013), there is clear requirement for robust engagement with both Trust colleagues and the wider public.

    In respect of workforce engagement, the guidance identifies that "*there is strong evidence that where staff are well supported and where their well-being is a priority for their organisation, there is a significant and positive impact on outcomes for patients and service users":* equally, in terms of engaging with service users, the guidance suggests that "e*nsuring that local communities are fully engaged with the local health and social care strategy and, in particular, any plans to change the way care is provided, is critical to creating the conditions to succeed".*

- **Service user experience**

    The NHS defines service user experience as being made up of the following components: respect for service user-centred values, preferences and expressed needs, coordination and integration of care, information, communication and education, clinical comfort, emotional support, welcoming the involvement of friends and family, transition and continuity, and access to care (*NHS Patient Experience Framework*, September 2013).

2.2   This Communications and Engagement Strategy is focused principally upon those activities that are managed or directly supported by the Trust's central communications function.

This means that the aspects of communications that are integral to all colleagues' role (for example, the routine personal interactions of frontline colleagues with service users and carers) are not explicitly covered within this Strategy (NB the requirement for improved communications between the Trust's staff and service users, carers and families is covered within the organisation's Clinical and Professional Care Strategy).

3.   Ambition and Objectives

3.1   The ambition of this Communications and Engagement Strategy is "*To be the most effective communicator of any NHS community care provider*".

This aligns to the Trust's overarching vision which is "*To be the service people rely on to understand them and organise their care around their lives*", as both ambitions aim to enable the Trust to be exemplar in its activities, and deliver wholly effective care for the benefit of service users, carers and families across Gloucestershire.

3.2   This five year Communications and Engagement Strategy seeks to ensure that by 2019, the following objectives have been achieved, linked to the Trust's overarching strategic objectives:

Trust Strategic Objectives	Communications and Engagement Strategy Objectives
Achieve the best possible outcomes for our service users through high quality care	• Ensuring that the Trust is identified with its vision, and is recognised to be fulfilling this vision consistently
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	• Enabling an appropriate proportion of the population to be directly engaged with the Trust through its membership programme, gaining insight into their needs and influencing their local communities • Ensuring that the experiences of service users and carers are incorporated within Trust thinking and are able to generate change in organisational practice
Provide innovative community services that deliver health and social care together	• Leading a joined-up approach which assists in organisational development and the strengthening of a distinctive culture

Work as a valued partner in local communities and across health and social care	• Demonstrating a participatory approach which makes the most of public and stakeholder engagement in improving services and identifying new developments • Maintaining a resilient approach that enables the Trust to respond effectively and rapidly to any emerging public crises
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	• Supporting a strong, unified culture where communication flows effectively upwards, downwards and across the organisation • Delivering a collaborative approach to communications and engagement which empowers clinicians and care professionals
Manage public resources wisely to ensure local services remain sustainable and accessible	• Ensuring that all the Trust's communications work together to deliver maximum benefits for an appropriate level of investment, and measurably advance the Trust towards its organisational objectives

4.   National Context

4.1   The following national documents give clear support for communications and engagement activities that will ensure honesty, openness, transparency and a consistent focus upon the needs of service users;

- in setting a framework for effective communications within the NHS, *The Communicating Organisation* (Department of Health, 2009) outlines four attributes to high-performing NHS organisations, namely (i) excellent understanding of the brand, (ii) excellence in planning, managing and evaluating communications, (iii) leadership support for communication, and (iv) communication as a core competency;

- the *Francis Report* (2013) emphasises the need for a culture in which NHS organisations continuously listen to, and learn from, service users, families and carers in order to truly deliver patient-centred care;

- the NHS Constitution commits all NHS organisations to give people "*the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of these services*";

- the NHS Constitution also commits all NHS organisations "*to engage staff in decisions that affect them and the services they provide, individually through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families*";

- the 2012/13 Adult and Social Care Outcomes Framework highlights the importance of listening to service users within social care settings, providing a set of domains with measurable outcomes. In particular, domain 3 relates to service user experience, summarised as "*the general satisfaction which people in contact with social care express with the service they receive*";

- statutory guidance to commissioners now sets out requirements for engagement with the public, underpinned by the legislative framework in the Health and Social Care Act (2012). Thus, *Transforming Participation in Health and Care* (2013) states that, "*by 2015, 80% of CCGs will be commissioning to support patients' participation and decisions over their own care. The Business Plan states that they will have a plan in place to do so by December 2013. This includes information and support for self-management, personalised care planning and shared decision making within normal service planning and commissioning*";

- the Equality Act (2010) sets out nine protected characteristics, and all of the Trust's communications and engagements will be conducted within this framework.

4.2   In 2012, the Department of Health, the NHS Institute for Innovation and Improvement and InHealth Associates issued *The Engagement Cycle*. This proposed that the rationale for engaging with service users, carers, communities and the public is based on the following dimensions:

- moral i.e. the public being engaged in decisions about planning, designing and delivering health and social care services is a fundamental right;

- business i.e. engaging people in planning, monitoring and improving health and social care services can make sound business sense by increasing quality and effectiveness and reducing cost;

- social and political i.e. engagement can lead to more trusting and confident relationships between local stakeholders;

- health i.e. service user and public engagement can deliver improvements, such as more responsive services, improved outcomes, service user experience, shared decision-making and self-care;

- legal i.e. all NHS providers are required by law to take account of the NHS Constitution in their decisions.

Given this, the Engagement Cycle identifies five different stages to the engagement process, which are summarised in the schematic below:
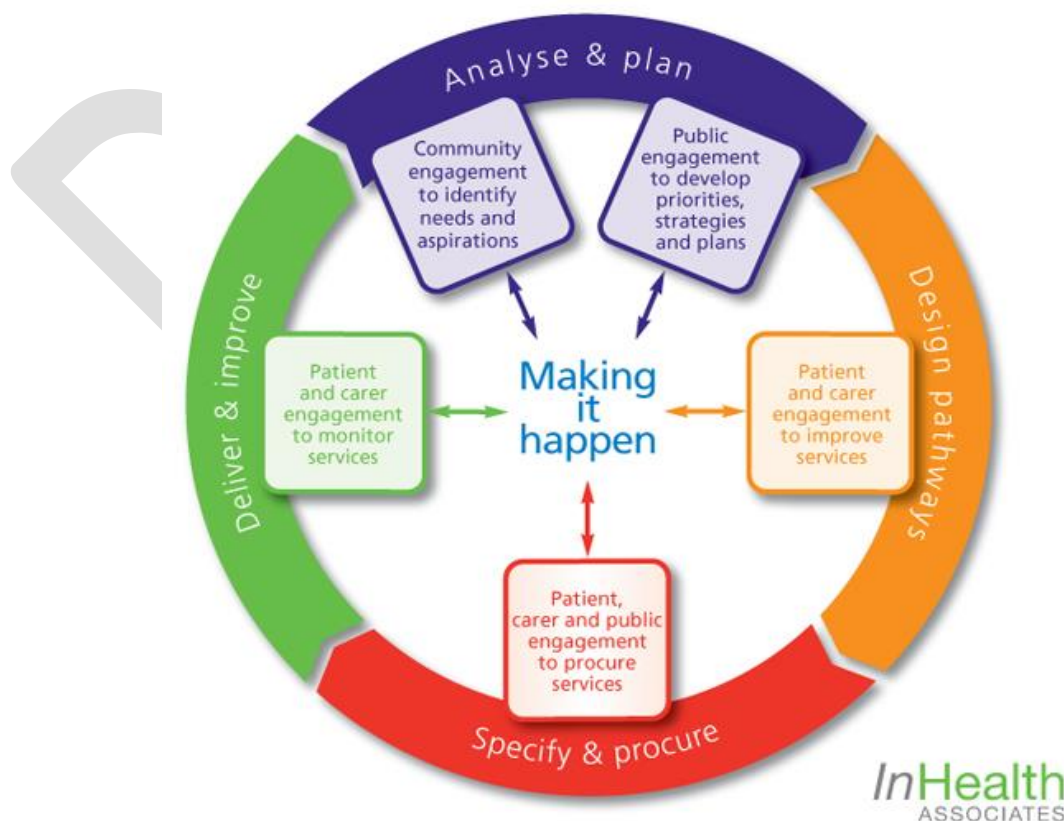
5. **Local Context**

5.1 The Trust serves a population of approximately 600,000 people. In terms of ethnic mix, the population is predominantly white British (92%). The county's Black/Ethnic Minority populations are considerable smaller (under 5%) than the national average (14.6%, Office of National Statistics, 2012).

Gloucestershire has a higher than average proportion of people aged 65+ and, by 2035, it is anticipated that there will be an increase in the number of local people within this age group of some 70%, which equates to an additional 78,000 individuals (Office of National Statistics, 2012).

5.2 Established NHS brands in the county are Gloucestershire Hospitals NHS Foundation Trust and 2gether NHS Foundation Trust. There is also a substantial residual brand effect of NHS Gloucestershire (the predecessor primary care trust that was dissolved in April 2013).

5.3 Politically, the county has six district councils and Gloucestershire County Council. The County Council's Health and Overview Scrutiny Committee (HOSC) is an active and influential stakeholder group. It is recognised that appropriate engagement and consultation must be maintained with these, and other elected representatives, in order to enable effective partnership working.

5.4 There are 8 local newspapers in Gloucestershire, two radio stations (BBC Radio Gloucestershire and Heart FM) and two local television channels (BBC Points West/ITV Central).

Advertising networks include the full suite of transport and static outdoor media channels, plus broadcast, in the urban areas of Cheltenham and Gloucester. In more rural areas, these are limited primarily to bus and radio.

5.5 The national average for take up of the internet is 86% of the population. In Gloucestershire, average take up of internet is 87.6% and 12.4% have never used the internet (Office of National Statistics, 2013). Internet connectivity is inconsistent across the county, with the Forest of Dean and Winchcombe especially poor.

5.6 Historically, there has been substantial pressure from local people over the reconfiguring of local health services, most notably in 2012 with a legal challenge to the organisation becoming a Community Interest Company. The out of court settlement required NHS Gloucestershire to undertake further public engagement in order to gauge the views of the public and key stakeholders.

This, and the Trust's own staff preference exercise (May 2012), showed overwhelming support for community health services to be provided in Gloucestershire via a standalone community NHS Trust.

5.7   The Trust currently employs approximately 2,600 people (excluding bank staff). Ahead of national thinking and in line with local commissioning requirements, the Trust has already restructured its adult and children's services, and is now additionally responsible for the management of 800 colleagues – primarily social workers and reablement workers - from Gloucestershire County Council, who work within the Trust's Integrated Community Teams. The amalgamation of these services is perhaps not widely understood by the general public. In addition, the resultant differences in working culture and practice present a challenge for effective internal communications.

5.8   In 2012/13, the Trust's staff survey highlighted the need for improvement in communication, involvement and engagement between colleagues, so as to encourage better working between individuals and teams, and contribute to increased performance. In response to these findings, this Communications and Engagement Strategy has been directly shaped by colleagues, alongside the Organisational Development Strategy, as part of a five month engagement process. This began at a workshop in June 2013 which was attended by more than ninety colleagues representing all areas of the Trust, and continued through staff forums and locality events, ending with a stakeholder workshop held in October 2013 as a subset of the Your Care, Your Opinion Programme Board. As a result, this Strategy reflects both 'top-down' and 'bottom-up' perspectives of communications and engagement, thereby giving a renewed focus and positive direction for the Trust during a period of considerable change.

5.9   In January 2014, the Trust launched 'Listening into Action', a nationally-recognised programme for NHS staff engagement and empowerment. Listening into Action places staff at the centre of change, and is about delivering quality outcomes through a fundamental shift in the way colleagues work and lead. The programme is led personally by the Chief Executive, and enables teams to focus on areas where they can make the greatest difference in terms of quality and safety, service user experience, and working together. Most importantly, Listening into Action empowers individuals and teams to make change happen, giving 'permission' to take action, with the full backing of the Trust. As such, the programme is a powerful force for fostering positive cultural change.

5.10   In January 2014, the Trust published its first equality annual report. This highlighted that whilst some of the organisation's services are highly effective at engaging with a wide range of local population groups, this is not consistent. For example, some Gloucestershire black and ethnic minority communities believe that the Trust needs to improve its communications with them, using the right language and appropriate publication formats. Equally, the Trust does not have robust understanding of how well it serves the needs of specific groups of people, including those who are protected under the Equality Act 2010: thus, there is limited knowledge about how service users' experiences differ based on their disability status, their gender identity, their religion/belief, or their sexual orientation.

6. **Quality Goals**

6.1 In order to ensure that this Communications and Engagement Strategy focuses on achieving quality outcomes, the following goals have been identified:

- to ensure that the Trust is represented by a clear brand and consistent messaging so as to establish the organisation as distinct, reliable and credible;

- to ensure that the Trust communicates with, and responds to, all colleagues and volunteer groups, so as to support the development of a unified organisation;

- to engage fully with service users, carers and their families, and respond appropriately to their experiences;

- to extend the trust and support of opinion-formers and influencers so that they act as advocates for community care in Gloucestershire;

- to be known and trusted by local people in Gloucestershire as an organisation that understands people and works to meet their needs.

7.   Priorities and Actions

The following priorities and actions have been identified, mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the Performance and Resources Committee.

7.1   <u>To ensure that the Trust is represented by a clear brand and consistent messaging so as to establish the organisation as distinct, reliable and credible</u>

The *Communicating Organisation* (Department of Health, 2009) recognises that "*The components of a brand are far more complex than purely the brand image. A communicating organisation brings its brand to life through the services it provides, as well as through its customer service, engagement and communication activity*". To this end, and to promote a clear Trust brand and supporting messages, the organisation will commit to observe the following actions:

7.1.1   The Trust will establish a memorable, appropriate and distinctive brand, including use of a unique visual identifier and accompanying strapline ("*Understanding You*"), which will provide direct support for the Trust's vision.

This refreshed brand identity will enable the Trust to link itself in the minds of all audiences, with a clear, distinctive promise to deliver high-quality, safe and effective health and social care services across Gloucestershire.

This will require the Trust to:

o roll out the Trust's branding, including use of the visual identity, vision, mission and strategic objectives, to all Trust colleagues and professional stakeholders as appropriate;

o roll out the Trust's branding, including use of the visual identity and vision, to service users, carers, families and the wider public across Gloucestershire;

o maintain a consistent approach to the management of brand licensing, including consideration of design rights, intellectual property rights, copyright and trademarks;

o ensure the visibility of consistent branding across all media including the Trust's internet and intranet sites, all printed and online publications whether for internal or external circulation, Trust stationery, signage etc, as well as within all authorised materials that are produced by third parties.

7.1.2   The Trust will observe a number of key principles in terms of style and tone for all communications, namely:

- o keep it simple: all messages will be clearly communicated in terms and language which make sense to the target audience, and which are presented in a format which is accessible;

- o ensure that communications are focused and appropriate: where communication messages are important to the intended audience, they will be presented in such a way that the recipients immediately recognise their relevance;

- o make it credible: the Trust's communications must come across as trustworthy to their audience, and will be delivered through spokespeople or media that are deemed reliable.

7.1.3   Similarly, the Trust will observe consistent principles in terms of the content of all communications, namely:

- o tell it as it is: all communications will be honest, clear, coherent and consistent, in line with the recommendations of the Francis Report, ensuring greater openness, transparency and candour throughout the local healthcare system;

- o reinforce the Trust's values: to this end, all communications and engagement activities will demonstrate links back to the organisation's core values, so that these values become automatically recognised by all stakeholders and fully embedded across the organisation (see also the Trust's Organisational Development Strategy);

- o align with the Trust's culture: communications that describe Trust activities should implicitly highlight synergies with the organisation's aspired culture i.e. they should provide clear support for, and evidence of, a supportive environment that emphasises the importance of team working in order to achieve common goals, and that shares the learning of its actions so as to improve teams' future performance and outcomes (see also section 7.2.5 below);

- o colleagues hear it first: where possible, the Trust's response to all contentious or challenging issues which may play out in the media, will be shared with colleagues first, before being issued to the press.

Communications and Engagement Strategy 2014-19

7.2 To ensure that the Trust communicates with, and responds to, all colleagues and volunteer groups so as to support the development of a unified organisation

Research shows unequivocally that high employee engagement correlates with excellence in performance. Thus, the Trust will seek to implement the following actions:

7.2.1 As referenced in section 5.7 above, the Trust currently employs approximately 2,600 healthcare colleagues, and also manages 800 staff from Gloucestershire County Council who work primarily within the Trust's Integrated Community Teams (ICTs). This creates a particular challenge as well as a specific responsibility for the communications function, as it will need to bridge the culture and working practices of two separate organisations in order to effectively create a sense of 'one team' working.

To help achieve this, the Trust will seek to:

o facilitate the sharing of all corporate communications with colleagues across the Trust, irrespective of employer, so as to keep everyone advised of organisational developments;

o enable Trust policies and other resources to be equally available to all: in particular, this will require Gloucestershire County Council colleagues to have appropriate access to the Trust's network and systems as per the organisation's IT Strategy:

o ensure that the tone and content of all communications is applicable to all colleagues, so as not to distance or alienate any particular staff group.

7.2.2 The Trust will ensure effective communication upwards, downwards and across the organisation, while limiting the burden of received communication and developing a listening environment. In particular, the Trust will develop:

o an effective and up-to-date intranet;

o a regular internal magazine/newsletter;

o an appropriate balance of Committees, groups and other forums in which information can be effectively communicated and exchanged;

o events programme for colleagues;

o Listening into Action programme (see also section 5.9 above).

7.2.3   Policies serve to establish effective governance, identify the appropriate authority to act, ensure accountability, and limit risks. Thus, the Trust's priority will be to develop and implement a coherent, complete set of communications policies across the organisation, which will be made easily available for colleagues' reference. The policies will be referenced in Trust training, including corporate induction. The Trust will also monitor colleagues' adherence to communications policies, and will provide advice and guidance as required.

7.2.4   Training will maximise the effectiveness of investment in colleagues, equipment and programmes, and will enable all communicators to work effectively by providing appropriate support at each level. Training will therefore be provided for all colleagues, active social media users, senior leaders and communications specialists, and will include:

- o overarching communications training to be available to all new Trust colleagues via corporate induction;

- o social media and intranet training for relevant colleagues;

- o crisis communications planning and training for relevant colleagues;

- o continuing professional development of the Trust's communications team.

7.2.5   The Trust has developed an operational framework by which it seeks to realise its aspired culture. This framework is described in greater detail in the Trust's Organisational Development Strategy, and is summarised as per the illustration below:
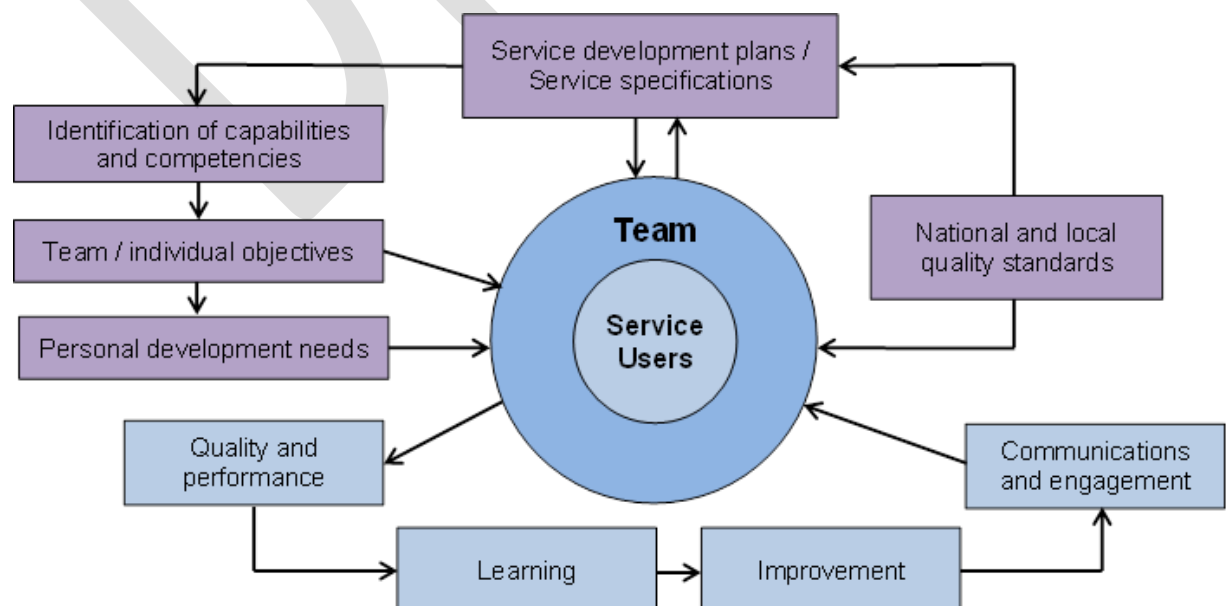
Fundamentally, this operational framework requires the Trust's leaders to take responsibility for ensuring tangible improvements in internal communications. They will be responsible for cascading information as appropriate to their teams and other colleagues: equally, they will provide the primary channel by which information, learning and experiences will be communicated back to more senior levels of the organisation as necessary. As per the scope statement in section 2.2 above however, these activities are not regulated by this Strategy.

Nevertheless, the framework does create some specific responsibilities for the Trust's communications function, namely:

o in order to embed understanding of the Trust's operational framework, its principles will be actively promoted to colleagues at every opportunity;

o regular internal communications will raise colleagues' awareness and knowledge of training opportunities in order to support their continuing professional development;

o the results of learning that has occurred as a result of team quality and performance will be actively disseminated across the Trust so as to share best practice with all relevant colleagues, and thereby encourage a more informed organisation that is able to grow, develop and mature;

o communications will publicise success stories where teams have demonstrated excellent performance: this commitment to recognise and reward colleagues is reflected in the Trust's Workforce Strategy.

7.2.6   The Trust will seek to ensure the direct involvement of all health and social care colleagues in integration and change processes, in order to move beyond one-way communication and achieve active and real engagement.

As part of this commitment to staff involvement, communications will play a supporting role to ensure (i) colleagues are made fully aware of proposals for operational change, (ii) the input of all individuals is actively elicited and, in particular, the input of clinical colleagues who have specific responsibility for validating that any potential change does not result in detrimental impact upon service quality, and (iii) all engagement activities are fully coordinated and supported.

7.3   To engage fully with service users, carers and their families, and respond appropriately to their experiences

"The goal is not for patients and carers to be the passive recipients of increased engagement, but rather to achieve a pervasive culture that welcomes authentic patient partnership – in their own care and in the processes of designing and delivering care. This should include participation in decision-making, goal-setting, care design, quality improvement, and the measuring and monitoring of patient safety. This will require the system to learn and practice partnering with patients, and to help patients acquire the skills to do so."

The above quotation from *A Promise to Learn - a Commitment to Act* (National Advisory Group on the Safety of Patients in England, 2013) demonstrates the growth in service user and carer involvement that is required of all NHS Trusts. Some of this responsibility lies with the Trust's operational teams to better their direct personal engagement and interactions with the public, and this is described more fully in the Trust's Clinical and Professional Care Strategy (thus for example, the Clinical and Professional Care Strategy includes a quality goal relating to "*informing and involving service users, their carers and families so that they are confident and have the best possible experience during their care*": this will be fulfilled by a range of actions including improving listening and responding to service users, and involving families and carers in service user care and decisions). However, as these are routine personal interactions between care professionals and their service users/carers, they are not within the scope of this Communications and Engagement Strategy as detailed in section 2.2 above.

However, at corporate level, and specifically between the functions of service user experience and communications, the following actions are identified:

7.3.1.   The Trust will ensure a systematic and robust process to capture and respond to service users' experiences of the Trust. This will include the need to:

- o ensure that service users, carers and families understand how to share their experience of care with the Trust and how to deepen their engagement: this includes the need of the Trust to maintain and publicise robust processes for raising complaints and incident reporting;

- o use a variety of formats and media in order to capture public thoughts: these will include traditional and online surveys, as well as more direct engagement as part of face-to-face focus groups or large-scale stakeholder events;

o ensure that service users, carers and families are invited as appropriate to identify and/or participate in Trust audits, so that their unique perspectives can be incorporated as part of the Trust's evaluations and quality assurances;

o create a single unified system for capturing service user experience and providing feedback and response in real-time: this will include response to individual service users, as well as to the wider public by using information boards in the Trust's community hospitals which will display up-to-date aggregated metrics on relevant site-specific service user feedback issues (for further information, refer to the Trust's IT Strategy);

o ensure that meaningful information is extracted from service user feedback and provided to those teams who are directly involved in care so that it is used to effectively shape services;

o ensure that the intelligence gathered from service user experience is used to inform the Trust's wider performance management process.

7.3.2   The Trust will introduce more innovative means to capture the experiences of service users to ensure that their opinions are understood and clearly evident in future service design. This will build upon use of the Friends and Family Test, which will be available within all services by December 2014, and will encompass a variety of complementary methods to gather service users' views, including focus groups and web-based questionnaires.

The Trust will also explore a range of opportunities to enable the collection, reporting and sharing of service user experience information to be undertaken in real time, so as to provide a more responsive way to track quality and performance.

Moreover, and to ensure that the Trust responds robustly to the feedback from service users, it will adopt a more systematic approach to its management processes, including:

o more comprehensive compiling of feedback in order to readily identify appropriate remedial actions;

o monitoring that the Trust has undertaken and completed all identified actions;

o reporting back on progress to service users to assure them that any concerns have been noted and actioned as relevant;

o ensuring that the learning from service user experiences is cascaded across the Trust and embedded in service delivery.

7.3.3   The Trust will improve its dialogue with members of the Gloucestershire public who represent people with protected characteristics (namely, age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, and sexual orientation), as well as with people who have extra or different needs, and people who traditionally experience social and health inequalities (i.e. the "seldom seen, seldom heard" populations).

By carrying out more extensive engagement with these distinct population groups, the Trust will develop a thorough understanding of how to provide more targeted care and support. This will complement the work already being carried out by the Trust's healthy lifestyle team and community development team, and will improve the Trust's knowledge of who is using care services, what their needs are, and any gaps in provision.

This will include:

- o maintaining an up-to-date understanding of all population groups within Gloucestershire and, in particular those populations which comprise people with specific health and social care needs;

- o ensuring that all population groups recognise the range of Trust services that are available to them, and how these may be accessed: this includes the need to make a range of publications available in appropriate languages and easy-to-read / alternative formats;

- o capturing experiential data from all population groups in order to inform and improve future service delivery;

- o routinely attending meetings that are held in the community to ensure that the Trust has regular face-to-face engagement and interaction with all population groups.

7.3.4   Where appropriate, the Trust will carry out a range of meaningful consultations, discussions, debates and evaluations with appropriate service users across Gloucestershire where significant organisational or service changes are proposed (for example, refer to the Trust's Public Consultation Strategy).

This commitment to service user involvement will ensure that the Trust can gauge public reaction accurately, understand the concerns of local people, and reflect a measured response in service development plans, thereby evidencing public support for all necessary reforms.

7.4   To extend the trust and support of opinion-formers and influencers so that they act as advocates for community care in Gloucestershire

7.4.1   The Trust will develop a network of external stakeholders, including community groups, voluntary organisations and self-advocacy groups, so that the organisation's influence and reputation are extended. This requires the Trust to:

- maintain a map of the stakeholder network in Gloucestershire, and identify key professional stakeholders;
- host four networking events per year;
- submit credible award bids reflecting both the operational and organisational strengths of the Trust.

7.4.2   Trusted relationships will be established with elected public representatives, so that the work of the Trust and public policy are aligned. This will involve the Trust in MP briefings, MEP briefings and Councillor briefings.

7.4.3   The Trust will routinely engage with media opinion-formers, and ensure that the organisation is the first contact for all media enquiries relating to community-based health and adult social care in the county. This requires the Trust to maintain a regular media relations programme, create a rich web and social media profile, and ensure the availability of prepared, trained spokespeople.

7.4.4   The Trust will seek to gain advanced knowledge of national and regional trends, policies and specific activities which will affect the Trust or create potential opportunities. This will include horizon scanning in the communications programme, and building intelligence gathering into senior management discussions.

7.4.5   Communications with stakeholders and influencers will focus on the Trust's delivery of continuous improvement in operational and clinical performance, to demonstrate the Trust's commitment to quality in an increasingly challenging and critical environment.

7.4.6   The Trust's Executive Directors and leaders will actively contribute to high-profile conferences, events and exhibitions both locally and nationally, to showcase the Trust's expertise and leadership, and strengthen the reputation of the organisation.

7.4.7   The Trust will strengthen its relationship with GPs as key partners through a co-ordinated communications and engagement programme, designed to build good working relationships at a local level, raise awareness of all service innovations and developments, and promote the availability, quality and range of the Trust's health and social care services.

7.5   <u>To be known and trusted by local people in Gloucestershire as an organisation that understands people and works to meet their needs</u>

7.5.1   The Trust will seek to ensure that public, service user and carer voices are at the centre of its health and social care services. In order to achieve this, the Trust will develop direct relationships with 3% or more of the population that the organisation serves: this will enable the Trust's policies and services to be positively influenced by the public, and will engage the public in healthier living and better use of the Trust's services. This will additionally serve the purpose of enabling the Trust to achieve and maintain Foundation Trust status (refer to the Trust's Membership Strategy).

7.5.2   The Trust will clearly and reliably communicate necessary information to the Trust's wider public. This requires the Trust to:

- o regularly review and refresh its range of printed publications, ensuring that all literature is service user-focused: additionally, the Trust will centralise responsibility for the management of all forms of literature and other publications so as to ensure quality and consistency;

- o maintain visibility and public awareness of the Trust website(s), keeping it up-to-date with all relevant information, and maintaining active links to partner organisations;

- o maintain an active media relations programme that will maintain visibility and awareness of the Trust's operation and brand (see also section 7.1 above);

- o commit to advertising only where there is distinct and justifiable business need and return on investment;

- o effectively harness the power of social and digital media to increase social media output, and deliver the Trust's communication goals, while managing inherent risks.

7.5.3   To support its main website, the Trust will seek to develop appropriate and complementary online services, where these can provide signposting, information and guidance that could otherwise prevent an unnecessary appointment or contact. The Trust will, for example, consider the introduction of an online advice service targeting parents, to include information about parenting styles, relationships, immunisations, healthy eating, lifestyles and better choices for children etc. Similarly, the Trust will explore the potential to develop interactive webpages/sites that can communicate information, video clips, resources and in-depth advice, to support service users with long-term conditions to better self-manage in the community.

8. **Quality Measures**

Each of the quality goals as identified in section 6 above, will be supported by a series of performance measures as detailed below, to be reported to, and monitored by, the Performances and Resources Committee on a routine basis:

Quality Goal	Quality Measure
To ensure that the Trust is represented by a clear brand and consistent messaging so as to establish the organisation as distinct, reliable and credible	- Increased public awareness of the Trust brand - Increased colleague awareness of the Trust's vision and values - Trust values and behaviours incorporated within the regular programme of internal communications
To ensure that the Trust communicates with, and responds to, all colleagues and volunteer groups, so as to support the development of a unified organisation	- All people managed by the Trust, irrespective of employer, have ready access to Trust communications, policies and electronic resources - Number of improvements made in response to colleagues' suggestions - Positive feedback to the communications function within the staff survey - Compliance with communications policies - Communications training available to all new colleagues at induction
To engage fully with service users, carers and their families, and respond appropriately to their experiences	100% completion of agreed programme of surveys - Number of improvements made in response to the suggestions of service users and carers - Annual improvement in engagement with minority groups as evidenced in the annual equality report

To extend the trust and support of opinion-formers and influencers so that they act as advocates for community care in Gloucestershire	• Increase in the number of GPs who know the Trust, what services it provides, and feel involved in service development and redesign • Increase in the volume and proportion of positive media coverage • Trust leaders receive advanced sight of trends, policies and specific activities that directly affect local services • Appropriate number of high-profile events, conferences and exhibitions attended by Executive Directors
To be known and trusted by local people in Gloucestershire as an organisation that understands people and works to meet their needs	• Maintenance of an appropriate membership • Measureable success of campaigns designed to change behaviours and/or raise awareness

9.   Accountabilities and Assurances

9.1   Trust Board

The Board is accountable for all Trust communications, and sets its framework for the operation of the communications team through a set of mandated policies and reporting arrangements. The Board will receive routine reviews, setting out communications activity, evaluation and budgets, and will receive exception briefings on a priority basis where required.

9.2   Your Care, Your Opinion Programme Board

The Your Care, Your Opinion Programme Board, led by the Trust Chair, offers assurance to the Board in terms of the effectiveness of its public and service user engagement, and gives additional understanding of key issues in the county.

9.3   Chief Executive

As Accountable Officer, the Chief Executive is personally responsible for agreeing the direction of travel as identified within this Communications and Engagement Strategy.

9.4   Director (Project Development and Strategy)

The Director (Project Development and Strategy) is responsible for communications and publications, as set out in the policies, and delegates authority to the communications team with respect to specific activities and the implementation of the overall strategy.

9.5   Communications Manager

The Communications Manager is responsible for implementing this Strategy, in association with the Service User Experience Officer.

9.6   All Trust colleagues

All colleagues across the Trust are required to follow the Board's policies on communications. Colleagues will receive communications training as part of their main induction. Colleagues wishing to use social media and be identified as NHS employees in so doing, will undertake specific training, and agree to implement the Trust's approach to social media. All colleagues will be responsible for demonstrating the Trust's CORE values and fulfilling the organisation's vision in their daily work.

10. **Enabling and Supporting Strategies**

10.1 This Communications and Engagement Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the Organisational Development Strategy, which serves to identify how the working environment of the Trust will be effectively progressed over the period 2013-18, in order to create practical and sustainable improvements in the quality of working life for all colleagues, and thereby support the delivery of high-quality person-centred care within all of the organisation's health and social care services;

- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;

- the Membership Strategy, which outlines how the Trust will establish, develop and maintain an active membership comprising both public and staff members, following the organisation's authorisation as an NHS Foundation Trust;

- the Public Consultation Strategy which will provide specific detail regarding the planned public consultation on the Trust's Foundation Trust application so as to ensure appropriate engagement with, and feedback from, all relevant public stakeholders;

- the Performance and Information Strategy, which seeks to ensure that the Trust can deliver high quality, credible information and reporting at all times to colleagues and all other relevant stakeholders, and that also provides timely monitoring of Trust performance, so as to facilitate the rapid identification of opportunities to improve service efficiency and effectiveness;

- the Workforce Strategy, which seeks to ensure that the Trust's projected staffing models are appropriate to deliver effective health and social care within Gloucestershire, and that all Trust colleagues are suitably involved, motivated, supported, resourced, trained and developed.

10.2 This Communications and Engagement Strategy is directly supported by the Communications and Engagement Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2014-19 in order to fulfil the ambitions of this Strategy.

11. References

Engaged: unleashing your organization's potential through employee engagement, (L. Holbeche & G. Matthews, Jossey-Bass, 2012)

Engaging for success: enhancing performance through employee engagement, a report to Government (D. MacLeod & N. Clarke, Department of Business, Innovation and Skills, 2011)

Employee Engagement: how social media are changing internal communications – 'Share This', collection of essays (Rachel Miller, Chartered Institute of Public Relations, 2012)

NHS Constitution (Department of Health, 2013)

NHS Patient Experience Framework (September 2013)

NHS Staff Survey 2013

NHS Staff Management and Health Service Quality - Results from the NHS Staff Survey and Related Data (Lancaster University Management School and The Work Foundation Aston Business School, August 2011)

Public Perceptions of the NHS and Social Care (Ipsos Mori Social Research Insititute, June 2012)

Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry Executive Summary (Department of Health, Francis, 2013)

The Communicating Organisation (Department of Health, December 2009)

The Engagement Cycle (Department of Health, the NHS Institute for Innovation and Improvement and InHealth Associates, 2012)

Transforming Participation in Health and Care (NHS England, September 2013)

A Promise to Learn - a Commitment to Act (National Advisory Group on the Safety of Patients in England, 2013)

Communications and Engagement Strategy 2014-19

Appendix 1: Consultation

Drafts of this Communications and Engagement Strategy have been presented to the following groups so as to ensure appropriate Trust-wide support, prior to escalation to the Trust Board in March 2014 for ratification:

Consultation Group	Date of Meeting
Staff Forums	
Tewkesbury Staff Forum	10 September 2013
North Cotswolds Staff Forum	11 September 2013
Children and Young People Staff Forum	13 September 2013
Stroud Staff Forum	16 September 2013
Forest Staff Forum	18 September 2013
South Cotswolds Staff Forum	23 September 2013
Countywide and Corporate Staff Forum	27 September 2013
Cheltenham Staff Forum	27 September 2013
Gloucester Staff Forum	29 October 2013
Locality Boards	
Children and Young People Operational Board	17 September 2013
Countywide Operational Board	18 September 2013
Forest and Tewkesbury Locality Board	20 September 2013
Cheltenham and Cotswolds Locality Board	20 September 2013
Gloucester and Stroud Locality Board	23 September 2013
Team meetings	
HR Directorate	23 September 2013
PMO / Strategy Directorate	25 September 2013
Finance / IT / Estates / Performance Directorate	25 September 2013
Clinical Quality and Development Directorate	7 October 2013
Other	
Your Care, Your Opinion Programme Board subgroup	4 June 2013
Your Care, Your Opinion Programme Board – stakeholder workshop	29 October 2013
Board Development	26 November 2013
NEDs meeting	6 February 2014
Executive Management Team	13 February 2014
Performance and Resources Committee	13 February 2014
Your Care, Your Opinion Programme Board	27 February 2014
Trust Board	11 March 2014

Gloucestershire Care Services NHS Trust Board

Title:	Communications and Engagement Strategy (v0.18)	11 March 2014
Agenda Item:	17	
Purpose of Paper:	To seek the Board's support for the Communications and Engagement Strategy in its current form	
Key Points:	The Strategy has been formally approved by the Director of Project Development and Strategy. Final sets of amends have been made following the document's presentation at: • the Performance and Resources Committee on 13 February which requested some clarity in respect of specific wordings; • the Your Care, Your Opinion Programme Board on 27 February, which requested (i) more explicit reference to the need to involve carers, (ii) better definition of "consultations", (iii) recognition of the importance of community groups, voluntary organisations and self-advocacy groups as opinion-formers and influencers. Costs relating to the priorities and actions recommended by this Strategy will be identified in the accompanying implementation plan.	
Options and decisions required	The Board is asked to approve and ratify the Communications and Engagement Strategy for adoption by the Trust.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	x
	3. Provide innovative community services that deliver health and social care together	x
	4. Work as a valued partner in local communities and across health and social care	x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x

Next steps/future actions	A detailed implementation plan will be developed, that will subsequently be monitored by the Communications and Public Affairs Steering Group.		
Author name and title	Rod Brown, FT Programme Manager	**Director Name and Title**	Andrew Hall Director of Project Development & Strategy

Gloucestershire Care Services **NHS**

NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	Estates Strategy (v0.50)	11 March 2014	
Agenda Item:	18		
Purpose of Paper:	To seek the Board's support for the Estates Strategy in its current form.		
Key Points:	The Strategy has been formally approved by the Director of Finance and the Head of Estates, Safety, Security and Facilities. A final set of amends has been made following the document's presentation at the Performance and Resources Committee on 13 February 2014. Costs relating to the priorities and actions recommended by this Strategy will be identified within the accompanying implementation plan.		
Options and decisions required	The Board is asked to approve and ratify the Estates Strategy for adoption by the Trust.		
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care		x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work		x
	3. Provide innovative community services that deliver health and social care together		x
	4. Work as a valued partner in local communities and across health and social care		x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision		x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible		x
Next steps/future actions	A detailed implementation plan will be developed, that will subsequently be monitored by the Performance and Resources Committee.		
Author name and title	Rod Brown, FT Programme Manager	**Director Name and Title**	Glyn Howells, Director of Finance

Gloucestershire Care Services **NHS**

NHS Trust

ESTATES STRATEGY

2014-19

To provide all users of the Trust's facilities with the best experience the Trust is able to deliver, offering safety, privacy and dignity while respecting the need to match commissioned services, quality and environmental sustainability with cost-effectiveness

ESTATES STRATEGY 2014-19

Version control	
Document reference:	TB15
Version:	v0.50
Ratified by:	Trust Board
Date ratified:	
Originator/author:	Sophie Burkett, Project Manager Mark Parsons, Head of Estates, Safety, Security and Facilities
Owner:	Mark Parsons, Head of Estates, Safety, Security and Facilities
Executive lead:	Glyn Howells, Director of Finance
Date issued:	
Review date:	

ESTATES STRATEGY 2014-19

Contents

Please note that this Estates Strategy is applicable to both health and social care colleagues managed by Gloucestershire Care Services NHS Trust

ESTATES STRATEGY 2014-19

0. **Executive Summary**

This Strategy details the planned estates activities of Gloucestershire Care Services NHS Trust ("the Trust") in the period 2014-2019.

The Trust's estates function operates in an environment that is heavily legislated and regulated. It is strongly influenced by the Trust's commissioners, and increasingly influenced by the planned population increase throughout the county. It delivers to high sustainability standards, while working in partnership with Gloucestershire County Council and others.

This Strategy discusses the delivery detail of the Trust's goals including:

- ensuring that the accreditation of the Care Quality Commission (CQC) and all other regulators is maintained, which affects every aspect of the Trust's estates;

- developing and maximising a balanced property portfolio that is continually reviewed and that meets the needs of the Trust's service development plans, whilst representing efficient use of resources;

- supporting the development of mobile working initiatives for community-based colleagues through intelligent use of properties and technology, enabling improved working of all community teams;

- supporting the development of community hospitals to become clinical, health and social care hubs for their local populations, capable of housing traditional healthcare alongside public health and social care specialists from public, private and third sectors as appropriate;

- supporting operational services and business development to capitalise on the Trust's estate, bringing a greater range of health and social care services into communities while maximising income;

- introducing and continually developing an Estates stakeholder engagement operating model;

- delivering a low carbon, sustainable estate that minimises the use of natural resources.

The Trust will measure this Strategy's delivery in a planned and robust way that forms part of the corporate governance mechanism.

In summary, this Strategy seeks to outline the Trust's aspirations and direction of travel in respect of its estates over the next 5 years. The accompanying implementation plan details the actions that will be taken in the period 2014-19 to fulfil these aspirations, ensuring the highest quality of care for local service users, carers and families.

ESTATES STRATEGY 2014-19

1.   Introduction

1.1   During 2013, Gloucestershire Care Services NHS Trust ("the Trust") inherited a mature, health-focused property estate from NHS Gloucestershire (the predecessor Primary Care Trust) with a total asset value of approximately £68m. This now provides the Trust with assets that are fit-for-purpose but largely ageing, despite 3 new community hospitals opening in the last 5 years.

1.2   The Trust works to maintain a property portfolio that is not only appropriate for today's health and social care needs, but that is also designed to be adaptable to the changing needs of the current health and social care market together with the population that the Trust will serve in the years to come. The Trust therefore continually evaluates its properties and exploits their use to ensure that they meet the requirements of Gloucestershire residents, both operationally and financially.

1.3   The properties of the Trust play an important role as the face of the organisation by creating a positive first impression. It is important that the buildings reflect the excellent services the Trust provides today and will provide in the future. The new community hospitals, referenced in section 1.1 above, are the flagships of the property portfolio. In addition to the new-build programme, the Trust has a significant capital programme to upgrade other properties so that they too can portray a quality healthcare facility and provider.

1.4   This Estates Strategy details the direction of the Trust over the next 5 years with respect to its estates. It reflects the current and future healthcare service needs of the local population, expected changes in the service model(s), and the current and anticipated condition of the Trust's estate. This document shows how, by aligning its ambition and objectives to those of the Trust and other relevant stakeholders, the Trust will ensure that the physical assets of the Trust will be well placed to deliver what the people of Gloucestershire need.

2.   Scope and Definitions

2.1   The Trust has inherited over 100 properties that broadly fall into 4 categories of tenure: owned, leased, licenced and rented. Some are single occupancy, while a growing number are occupied by different agencies. All properties are included in the scope of this Strategy, and are summarised below:

Property Type	Number	Area (m^2) approx.
Owned (freehold)	16	34,686
Leased (leasehold)	16	>10,966
Licenced	>3	44
Rented	tbc	tbc
Undocumented	92	>785

The 32 freehold and leasehold properties form the heart of the Trust's portfolio. The 16 freehold properties comprise the 7 community hospitals, 2 healthcare clinics and other more specialised or administrative buildings. The 16 leasehold properties are leased from NHS Property Services, and are made up of 7 healthcare centres, 2 outpatients, 2 specialist dentists, plus other specialist services and the Trust's Headquarters. As illustrated in the table above, there are also a number of properties whose status is currently unknown, but these will be clarified early in the lifecycle of this Strategy.

2.2   This Strategy does not include anything that could be covered by a small works order. Everything else related to Estates is in scope including all assets (buildings and land), plant, machinery and equipment, fixtures and fittings, and contracts e.g. planned and reactive maintenance.

2.3   For the purposes of this Strategy, the following definitions apply:

- 'Owned' means properties for which the Trust holds the freehold i.e. the Trust has legal ownership of the properties with unconditional rights, including the right to grant leases and take out mortgages;

- 'Leased' means that the Trust has a contract that grants use or occupation of a property during a specified period in exchange for a specified rent. A lease is a commercial contract for a business property;

- 'Licenced' means that the Trust has been granted a licence to occupy a property in exchange for rent. The licence defines the rights of the Trust and landlord. Usually licences are for short timeframes and the property is not rented exclusively. Part of the licence may be that the Trust is responsible for partial possession;

- 'Rental' means that it is expected that the Trust will occupy the property for a few months only. Where it is likely that a property will be required longer term, the Trust seeks to change this to a lease agreement.

In a number of instances, the Trust shares occupancy with partner organisations. In these cases, the type of agreement can be slightly more complex i.e. it will be a 'Multi-agency occupancy' which means that one organisation will hold a head lease and will sub-lease to other organisations sharing occupancy and tenants' responsibilities. In such circumstances:

- 'Head lease' means the original lease between a tenant and a landlord. In such a lease, the overall contractual responsibility is given to one identifiable tenant called the head lease;

- 'Sub-lease' means a contractual agreement made between the tenant and sub-tenant which gives the right to share or take over the rented premises from the first tenant.

3.   Ambition and Objectives

3.1   The ambition of this Estates Strategy is "*To provide all users of the Trust's facilities with the best experience the Trust is able to deliver, offering privacy and dignity while respecting the need to match commissioned services, quality and environmental sustainability with cost-effectiveness*".

This aligns to the Trust's overarching vision which is *"To be the service people rely on to understand them and organise their care around their lives"* given that the Estates Department's ambition is to provide users with the best experience possible through the Trust's physical environment with an over-riding focus on people's security and propriety.

3.2   This five year Estates Strategy is linked to the Trust's overarching strategic objectives as shown in the table below:

Trust Strategic Objectives	Estates Strategic Objective
Achieve the best possible outcomes for our service users through high quality care	- Providing first-class environments that create best outcomes for service users - Supporting operational teams to deliver their services
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	- Engaging with local residents to understand whether the Trust's care environments meet their needs and how they could be improved - Responding to concerns, feedback and questionnaires promptly - Reviewing and acting upon information collated from service user-led assessments of the care environment

Provide innovative community services that deliver health and social care together	• Working in partnership with all Trust Directorates and partner organisations, keeping abreast of developing need in the community
Work as a valued partner in local communities and across health and social care	• Ensuring that the Trust's community hospitals are central to the provision of health and social care for their local communities • Enabling the built environment to house the services that Gloucestershire residents need now and in the future • Striving to provide easy access to relevant services and facilities for all local residents including children, less able people and those with complex needs, not just those with cars
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	• Providing convenient, comfortable and appropriate properties and sites to work in • Ensuring the personal development of Estates colleagues to benefit both individuals and the organisation in its succession planning and filling gaps in expertise • Supporting new and developing working practices within the Trust, in association with other enabling departments such as IT, Finance and HR
Manage public resources wisely to ensure local services remain sustainable and accessible	• Continually improving compliance levels through robust monitoring, management and audit • Ensuring the Trust's properties are effectively sustainable by focusing on the most applicable approaches to carbon, energy, lighting, water, biodiversity, transport and health • Always delivering the most efficient property solution ensuring both cost-effectiveness and quality, including outsourcing where appropriate • Benchmarking against other similar organisations

4.   National Context

4.1   Estate Code (Department of Health, 2007) covers a wide range of issues concerning legal, financial, regulatory, statutory and administrative matters. It serves to provide the Trust with best practice guidance covering buying, selling and leasing land and property, what should be considered mandatory and what discretionary, as well as informing day-to-day management decisions.

The Trust's Estates Department is mindful of Estate Code and follows its best practice guidelines. In particular by:

- ensuring that the portfolio always complies with international and national statutory and policy requirements;

- ensuring that the property portfolio is used effectively to support clinical requirements and government plans;

- ensuring that the location of organisational properties is suitable for local populations;

- ensuring that appropriate levels of affordable, fit-for-purpose health and social care facilities are available for local populations whenever required. This applies to the physical suitability of the buildings and land, as well as the technology and facilities they contain;

- ensuring minimal environmental impact by applying BREEAM standards to all new-builds and retrospectively to existing buildings;

- working collaboratively with local authorities and other partners from the public, private and third sectors in order to maximise usage of the Trust's footprint;

- only acquiring property that is to be used to deliver the functions of the Trust by purchasing freehold, not through a mortgage or any other loan;

- once Foundation Trust status is achieved, seeking the approval of Monitor before any property is disposed of. This includes any partial sale or lease;

- ensuring that any income generation activities enhance the Trust's health and social care provisions;

- ensuring that decision-making with respect to land and property is informed and auditable;

- ensuring that appropriate legal and professional advice is used for all relevant property-related matters.

4.2   The Estates Department is governed by the Care Quality Commission (CQC) Outcomes, especially Outcome 10: Safety and Suitability of Premises. This requires the Trust to care for people in safe and accessible buildings that support their health and welfare.

4.3   The Estates arena is heavily legislated and key legislation is identified below. Compliance with these requirements is a main focus of the Estates Department's operations. Audits take place on a rolling basis throughout all owned and leased properties that cover the following legislation:

4.3.1   <u>Health and Safety at Work etc Act 1974</u>

This Act is the umbrella Act that governs Estates. It encompasses all areas of the working environment, and compliance is enshrined in every employee's contract. The Estates Department has a duty to deliver a working environment that is safe and healthy for all. Offences caused by contravention of the following four pieces of legislation (not necessarily the Disability Discrimination Act) are subject to penalties under the Act.

4.3.2   <u>Fire Regulatory Reform (Fire Safety) Order 2005</u>

To comply with this Order, Estates management, on behalf of the Trust, is required to take reasonable steps to reduce fire risk in any property within its control. Adequate fire escape access must also be assured.

4.3.3   <u>Control of Asbestos Regulations 2012</u>

Estates management, on behalf of the Trust, has a duty to protect any workers in its properties from the risks to health that can be caused by exposure to asbestos.

4.3.4   <u>The Control of Legionella bacteria in water systems (L8) 1991</u>

The Trust is required to take all steps necessary to reduce the risks of exposure to legionella bacteria. These steps include a rolling maintenance plan and periodic audits.

4.3.5   <u>Control of Substances Hazardous to Health Regulations 2002</u>

The Trust, through Estates management, is required to take certain measures prescribed by these regulations, to protect the health of anyone likely to come into contact with hazardous substances.

4.3.6   <u>Disability Discrimination Act (2005)</u>

The Trust cannot reasonably discriminate against any colleague or member of the public who is disabled. Estates management ensures that all of the Trust's properties are accessible to disabled people, and that disabled workers are accommodated adequately.

4.3.7 Hazardous Waste Regulations & HTM 07-01

These regulations implement the revised EU Waste Framework directive which sets requirements for the collection, transport, recovery and disposal of waste. The Regulations require organisations to confirm that they have applied the waste management hierarchy when transferring waste, and include a declaration on their waste transfer note or consignment note.

4.4 The National Health Service Litigation Authority (NHSLA)

The National Health Service Litigation Authority (NHSLA) provides a series of risk management standards including considerations for a safe environment. However, at the time of writing this Strategy, these standards and the associated assessment processes are subject to review and update.

4.5 The Department of Health issues a variety of advice and guidance that the Estates Department follows. In particular:

4.5.1 Health Technical Memorandums (HTMs)

These are comprehensive guidelines on specialised building and engineering used in healthcare delivery. Focusing on standards, policies and up-to-date established practice, they cover design, installation and operation. Estates management considers that by following these guidelines closely, it is delivering best practice and so providing adequate governance to the environment.

4.5.2 Health Building Notices

These provide best practice guidance on the design and planning of new healthcare buildings and the adaptation of existing facilities. The Trust's Estates Department follows the guidance of these notices in all new building work.

4.5.3 Estates Alerts

The Trust's Estates Department acts as gatekeeper and auditor for Estates alerts. The person responsible for resolution may not work within Estates. The Estates Department distributes the alert to the relevant person, then logs and stores the response and audits to ensure delivery of the identified solution.

4.5.4 British Research Establishment Environmental Assessment Method (BREEAM)

Separately, the Estates Department complies with the BREEAM building design standards. These internationally recognised standards assess, rate and certify the sustainability of buildings. Their highest rating is 'Outstanding', one level above the 'Excellent' achieved to date by the Trust.

4.6   Planning Strategy

Since 2010, the Trust has been working in close partnership with Gloucestershire County Council to develop fully-integrated health and social care services. The Trust is obliged to respond to estates legislation and guidance in this arena.

The Government has legislated that all Councils must have a planning strategy that will enable them to accommodate, in a managed way, a significant increase in their populations over the next 2 decades. Provision of adequate healthcare forms an intrinsic part of these strategies. There is therefore a commitment to work with the healthcare community in Gloucestershire, ensuring that healthcare provision is planned in coordination with local primary and acute care, and that appropriate resources are made available in the new land use planning process to meet the needs of a growing population.

The Trust has a duty to be part of this process and to develop its property portfolio to support health and social care services for the growing Gloucestershire population. In Gloucestershire, there are 4 Infrastructure Development plans being developed which are outlined in section 5.2 below.

5.   Local Context

5.1   Gloucestershire Clinical Commissioning Group (CCG)

The CCG is the principal commissioner of the Trust. It is clear with regards to its expectations of the Trust's estate and its aims for the residents of Gloucestershire. These are expressed broadly in documents describing their 5 year focus.

5.1.1   The CCG's long term plans clearly indicate that there will be focus upon:

- bringing health and social care and rehabilitation close to people's homes, or within their homes where appropriate;

- developing and delivering best models of health and social care for the ageing population, especially for the increasing proportion of people with complex and long term conditions;

- harnessing the most appropriate new medical and other technologies, such as scanning machines and GP secure electronic advice request messages;

- encouraging people to adopt healthy lifestyles through promotion, and also through working with GPs and other health professionals. Service users can be referred to exercise classes and other beneficial community activities offered by the Trust or other providers;

- integrating services to ensure improved and personalised care, reduce duplication, enable faster access to and delivery of treatment including rehabilitation, and save money;

- funding village and community agents to support older people to access services.

5.1.2   The CCG's documented plans for 2014-15 are more specific. They identify that:

- community hospitals will modernise to become sustainable 'hubs of excellence' for their local populations, focusing on the challenges that Gloucestershire people will be facing;

- community hospitals and community hubs will work more closely with their local populations, particularly engaging with local Third Sector organisations, which will encourage integration and a greater focus on enabling citizens to remain independent;

- the Third Sector should provide additional services for local populations thereby optimising use of the Trust's estate. It is envisaged that local voluntary sectors will make greater use of the Trust's buildings. Where the Trust holds the freehold, it will open its facilities for community hire, and will look for options to hire at no or low cost;

- the optimal level of medical cover will be available throughout all community hospital based services. This will encompass a proactive relationship between medical cover that is hospital based and the emergent community based alternatives to hospital provision;

- the Trust's Integrated Community Team (ICT) concept will be implemented across the whole county, and will encompass wider services including mental health services. It will incorporate other programmes, activities and approaches including Asset Based Community Development. The intent is to share community assets and resources so that they are best used to provide sustainable care and support for local people quickly. Some services will be available 24 hours a day and could provide a 1 hour response service when necessary. The aim is to reduce the amount of time spent in hospital;

- continuing the theme above, the multi-agency approach taken with Gloucestershire County Council will be reviewed to achieve clarity of the optimal level of provision across the Health and Social Care system and to deliver the most cost effective and productive use of staff time. This will include formalising the contractual agreements for property arrangements and between the different staff groups.

5.2   Infrastructure Development Plans (IDPs)

All 6 District Councils in Gloucestershire have been required to produce Infrastructure Development Plans (see also section 4.6 above). Stroud, the Cotswolds and Forest of Dean have developed their own plans, while Cheltenham, Gloucester and Tewkesbury have worked together to produce a joint plan. At the time of writing this Strategy, these plans are in draft form. Together, these plans indicate that the population of Gloucestershire will increase by approximately 22.5% in the next 10-20 years to 730,698 people. Most new homes will be concentrated along the M5 corridor.

There will clearly be a requirement for additional health and social care services, and this is recognised in each plan. This requirement plainly has implications for the Trust's estate. In particular, Councils are concerned not only with the increased numbers of people, but also their changing age profile, the standard of facilities provided, ease of access and timing of community facilities construction with relation to housing.

The Trust's Estates Department will work with the relevant Councils and other interested parties to ensure that the best mix of community health and social care is available.

5.3   Gloucestershire County Council (GCC)

The Trust and GCC already have a close working relationship, with colleagues from both organisations working in the same teams in, and from, the same buildings, primarily as part of the Trust's Integrated Community Teams (ICTs). GCC is currently enhancing its Estates Strategy, and is not expected to complete this exercise before this Strategy is completed. However, its declared intention is to develop multi-agency working facilities, moving away from single-use sites, and discussions are taking place between various interested parties including the Trust, largely under the umbrella of One Gloucestershire, an organisation that is made up of GCC, the Trust, Local Authorities, the Police, the Fire Service, the Ambulance Service, NHS Property Services Ltd, the Gloucestershire acute hospitals and 2gether (Mental and Social Healthcare NHS Trust).

The Trust currently shares accommodation with GCC in 38 buildings (including 33 schools) under formal agreements. By 2018, it is anticipated this will increase to 45-50 properties.

5.4   The Trust

All Directorates within the Trust are developing Service Development Plans for their own service areas, supported by other projects and activities that cross Directorate boundaries. A number of these workstreams propose changes in accommodation requirements for both colleagues and service users. Where appropriate the principles of these Plans are captured within this Strategy (see section 7 below).

6.   Quality Goals

6.1   In order to ensure that this Estates Strategy maintains focus upon achieving quality outcomes, the following goals have been identified:

- to ensure that the accreditation of CQC and other regulators is retained, maintaining or improving compliance levels to ensure that the Trust's physical environment is delivered to the highest affordable standards;

- to develop a balanced property portfolio that is continually reviewed, that meets the needs of the Trust's service development plans, and represents efficient use of resources;

- to support the development of mobile working initiatives for community-based colleagues through intelligent use of properties and technology, enabling improved working of all community teams;

- to play a strong supporting role in developing community hospitals to be clinical, health and social care hubs for their local populations, able to house traditional healthcare alongside public health and social care specialists as appropriate for the individual context;

- to support operational services and business development to capitalise on the Trust's estate, bringing a greater range of health and social care services into communities, while maximising income;

- to introduce and continually develop an Estates stakeholder engagement operating model, encompassing service users, Trust colleagues, commissioners, partners and administrators;

- to deliver a low carbon, sustainable estate that minimises the use of natural resources.

7.   Priorities and Actions

The following priorities have been identified and mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored by the Performance and Resources Committee.

7.1   <u>To ensure that the accreditation of CQC and other regulators is retained, maintaining or improving compliance levels to ensure that the Trust's physical environment is delivered to the highest affordable standards</u>

7.1.1   Maintain a rolling maintenance and development plan for the property portfolio, aligning this with relevant service user-focused strategies and the Trust's Integrated Business Plan. This will better enable the Trust to fulfil its compliance responsibilities.

7.1.2   Develop a performance measurement matrix of the Trust's estate against other NHS organisations, especially other Community Trusts in England. Use this to monitor the performance of the various properties, especially financial performance and usage.

7.1.3   Introduce and develop an organisational model for estates management that is robust so as to ensure that relevant expertise is always available when required, but is sufficiently agile to be able to respond the changing needs of the Gloucestershire population.

7.1.4   Introduce and develop a comprehensive training programme for all Estates colleagues, so as to ensure that the Trust has access to appropriate expertise and skills when called for.

7.1.5   Meet or exceed specific service compliance requirements e.g. JAG Certification.

7.2   <u>To develop a balanced property portfolio that is continually reviewed, that meets the needs of the Trust's service development plans, and represents efficient use of resources</u>

7.2.1   Decide the shape of the retained estate. While this may be straight forward for freehold properties and those leased through NHS Property Services, effort is required to establish a similar level of understanding of the other accommodation the Trust is now responsible for. Satisfactory agreements are necessary to ensure that the Trust is protected, and condition surveys are required to ensure they are suitable for the Trust's requirements.

7.2.2   Establish the suitability of the property portfolio, considering access capabilities of all local Gloucestershire residents, not just those with cars. This makes up part of the rolling condition and suitability audit that the Estates department carries out in all properties.

This includes need for the Trust to establish the suitability of the estates portfolio considering accessibility for people of all ages from children to the elderly, as well as for the more vulnerable service users, such as the less-able and disabled people, and dementia sufferers.

7.2.3 Develop and deliver a capital investment programme and disposals and acquisition programme to ensure Trust properties are in the right place and of the right quality for the people of Gloucestershire and are within budget.

7.2.4 Ensure the Trust has a clear, and owned, footprint in all communities it serves. It is envisaged this will be achieved through developing the multi-agency models already emerging as GCC rationalises its property portfolio at the same time as the Trust is better placed to maximise use of its own properties:

- part of this activity is to establish the requirements for the Trust's headquarters for the long term and deliver to them. This will involve a review of centralised and dispersed management or operational and support service and is a secondary focus to the accommodation of frontline colleagues;

- to deliver this goal effectively will involve the Trust's estate being used to its maximum potential. This will result in less accommodation overall but more intense use of owned and leased properties.

7.2.5 Manage any impact on soft facilities, including utilities and reception services, from any change to the property portfolio. These changes are likely to include extended operating hours and changes in technology resulting in shifting working patterns.

7.2.6 Working with the appropriate service departments, the Estates Department will develop appropriate accommodation for the county's minor injuries and urgent care response. Consideration is being given currently to the role of Minor Injury Units (MIUs) for both adults and children across the county, along with GP's Out of Hours services and ambulatory care in relation to the needs of Gloucestershire residents. Where appropriate, services within the urgent care range are moving to 24 hour, or extended delivery, the Trust's Estates Department needs to respond to these developments. There are discussions taking place currently.

In part, these discussions require the Trust to have a better understanding of the CCG's and the Acute Hospital Trust's plans and expectations.

7.2.7 Deliver the accommodation plan for children, taking full advantage of the Mobile Working project outcomes and development of ICTs.

The Trust intends to accommodate teams nearer to service users, for example basing them in schools. The Estates Department is already looking to improve children's access to dedicated service areas, alongside moving teams to more suitable accommodation as the opportunity arises. The Trust is working with GCC to provide services from Children's Centres and develop GCC buildings to become Children's Centres.

7.3 To support the development of mobile working initiatives for community-based colleagues through intelligent use of properties and technology, enabling improved working of all community teams

7.3.1 Working with other departments and community teams, the Estates Department will develop a blueprint for appropriate frontline staff accommodation including office space, meeting facilities and car parking. Depending on the specific team or individual, accommodation may be in community hospitals but equally may be in other buildings, and work within the localities and directorates is driving the need for a separate blueprint. ICTs are a large part of this. As these teams develop, so the blueprint will develop and enable other organisations in multi-agency groupings to work more easily with the Trust.

Focus for this blueprint will be enabling access to a capable IT system as difficulties arise currently not only because of multiple working cultures coming together but also different IT systems being required by a single team. This is largely because of the different IT systems required by the different staff members and the coming together of separate working cultures. A further consideration is the differing needs of team members for office-based computer access.

Rapid Response teams, who have to be able to get to service users within an hour, have been a recent addition to ICTs. Inclusion of these teams adds another consideration for location of ICTs accommodation as they must be close to the general population.

This work is mindful of the Trust's efforts to move care close to service user's homes and the desire to use multi-agency working models where practicable.

7.3.2 With the IT Department, the Estates Department will assist in the development of technology solutions that will reduce travelling time and costs whilst assuring appropriate quality of delivery. The drive to move community based workers to operate more independently by using mobile technologies is progressively being adopted across the Trust and its external partners.

Currently the main partner is GCC, but could increase to include other One Gloucestershire partners and other organisations. While this may result in a reduction or change in the size of the estate, the remaining properties are likely to be better equipped to effectively manage technologies for staff activities, e.g. teleconferencing.

The IT Department is developing a network rollout plan and is dependent on Estates declaring the Trust's core sites in order that connectivity is focused on properties to be used for the long term. Realistic accommodation requirements will be assessed, and once established, supportive technology solutions can be developed.

7.4   To play a strong supporting role in developing community hospitals to be clinical, health and social care hubs for their local populations, able to house traditional healthcare alongside public health and social care specialists as appropriate for the individual context

A hub is the effective centre of activity for a local area. This includes the Trust's accommodation and technological requirements for community care but excludes different professional models of care and specific services design. Estates is not involved with these, but will lead on premises and accommodation development aspects.

7.4.1   As part of wider Trust activity, bespoke accommodation models are being developed so that new community hospitals can become both the focal points of health and social care for local Gloucestershire residents as well as team bases for some ICTs, leading to recognition as hubs of activity and centres of excellence.

It is likely that work currently being done within the Trust will lead to recommendations to change the types and availabilities of services offered by the Trust in the various locations. This will impact upon its estate. Clinics may have extended opening hours and there may be a greater requirement to deliver specific services such as endoscopies. This means the Estates Department has to plan for flexible use of some rooms, capital and operational investment to create environments for revised and additional medical interventions, and sustainable models for extended building use, including impacts on utilities and colleagues.

While the new hospitals are delivering what is wanted, there are some gaps in the portfolio which means the full range of services may not be accessible to all Gloucestershire residents. It is a priority focus that all Trust hospital accommodation is conducive to modern expectations of health and social care. Part of the Trust's approach will be relating community hospital activity to age densities in specific areas of the county and planning for anticipated need accordingly.

7.4.2   By working more closely with the independent and third sectors plus a range of community-facing organisations, the Estates Department will support the Trust's clinical and professional care services to enhance and broaden their service user offers in community hospitals, thereby providing more holistic packages of care. The more modern hospitals in the portfolio will enhance into the future what they are already delivering well.

7.4.3   Working with IT and other colleagues, the Estates Department will establish the impact of technology on Trust property requirements and related service requirements. Relevant adjustments in the development of the estate will be incorporated into planning.

As the Trust adopts more technologically driven service delivery solutions, there will undoubtedly be opportunity for increasing close working practices with partners such as GCC, GP practices and third party service providers. This may result in the size of the estate shrinking or remodelling an incorporation of other services with the remaining physical areas being better equipped to effectively manage technologies for service user interactions e.g. Skype consultations.

The Trust is actively looking for ways that technology will help in the delivery of asset and maintenance management. Currently under consideration is an integrated asset software package to support end-to-end management of all Estates assets.

7.4.4   Appropriate accommodation will be established locally for records and their management as the Trust increases adoption of e-records.

7.4.5   The Trust's visual identity, with the 'Understanding you' strapline, will be clear throughout the portfolio as defined in the current brand guidelines. This particularly focuses on signage, uniforms and communication media.

7.5   To support operational services and business development to capitalise on the Trust's estate, bringing a greater range of health and social care services into communities, while maximising income

Build utilisation of all Trust facilities throughout the working week from current levels, with significant uplifts in the evenings and during the weekends. Ideally, this will be achieved through offering a wider variety of services than the Trust can offer alone but that are required by Gloucester residents.

7.5.1   Develop closer integrated working throughout the organisation and with other relevant organisations, maximising the Trust's footprint through joint working from a variety of premises.

7.5.2 The Trust will actively investigate every opportunity for other organisations to utilise space within its freehold buildings to maximise their use within acceptable cost levels, ensuring the Trust's buildings comply with commercial and other requirements for letting space to external care providers and organisations. Such organisations will be community-facing and could come from the NHS or from the public, independent or third sectors. By doing this, the Trust can accommodate more NHS services than it can provide alone, thus avoiding the need for Gloucester residents to go to an acute hospital. This will drive income that will be invested in further development of Trust services.

7.5.3 Should there still be capacity available, the Trust will review any part of its estate that is accommodated in rental properties, and move to those buildings where it has freehold.

7.6 <u>To introduce and continually develop an Estates stakeholder engagement operating model, encompassing all service users, Trust colleagues, commissioners, partners and administrators</u>

7.6.1 The Estates Department will continue to respond swiftly to any concerns and feedback received from service users or their carers by adhering to procedures already in place.

7.6.2 The Estates Department will always aim to achieve higher than national average scores in all PLACE assessments and other similar national and local programmes

7.6.3 By engaging with other NHS organisations around England, including other Community Trusts, Estates will ensure that the Trust's estates are not working in isolation from developing trends.

7.6.4 By working with the Trust's Service User Experience Team, the Estates Department will establish and maintain appropriate levels of communication and contact with service users and colleagues, building on work already being done with comment cards and annual service user questionnaires.

7.7 <u>To deliver a low carbon, sustainable estate that minimises the use of natural resources</u>

7.7.1 Continue the rollout of low carbon and water efficient refurbishment projects across the estate. To date, heating infrastructure has been improved by boiler replacement to high efficiency boilers; heating controls improvement; insulation upgrades; lighting upgrades to LEDs and lighting control along with renewable energy projects including PV Solar panels. Water efficiency improvements have included water-efficient taps, showers and low-flush toilets.

7.7.2   Achieve good sustainability standards for any new building that equate to the BREEAM Excellent standard. To attain this, the Trust needs to demonstrate high levels of sustainability in energy, health and wellbeing, materials used, management, land use and ecology, pollution, transport, waste and water. All new buildings will need to be assessed independently against this credit scoring standard to ensure the most beneficial measures are implemented to achieve 'Excellent'. The process needs to be started at the design phase.

7.7.3   Ensure the Trust utilises its spaces effectively to minimise energy demand. For example, co-location of services in buildings to reduce the number of ancillary offices. This has taken place as part of the ongoing estates review where colleagues have been relocated in areas of larger buildings, for example additional colleagues have been relocated to Edward Jenner Court and Cirencester Hospital;

7.7.4   Protect and where possible enhance biodiversity, plant trees to contribute to the NHS Forest. This work started in 2010 with the launch of a green gym at Cirencester hospital and some trees have been planted at smaller sites. The Trust's new hospitals in Dursley and Moreton-in-Marsh included extensive planting programmes to enhance biodiversity.

7.7.5   Ensure the Trust's buildings are health promoting – walking and cycling are supported and healthy lifestyles are encouraged. Facilities to support walking and cycling are provided, and work to promote these travel modes will be enhanced in conjunction with the local councils.

7.7.6   Optimise the use of local public transport to access the Trust sites whilst recognising the necessity of some colleagues and service users to use a private vehicle to access services and the workplace. Work with GCC on bus provision to provide the most beneficial services for service users, redirecting transport services when there is a change to where services are provided.

7.7.7   Implement a tiered approach ('bronze-silver-gold') to environmental compliance. This will provide a clear measurement tool to assure the Trust of its sustainability levels.

8. **Quality Measures**

Each of the quality goals as identified in section 6 above, will be supported by a series of performance measures as detailed below, to be reported to, and monitored by the Performance and Resources Committee

Quality Goal	Quality Measure
To ensure that the accreditation of CQC and other regulators is retained, maintaining or improving compliance levels to ensure that the Trust's physical environment is delivered to the highest affordable standards	- Compliance delivery levels consistently above 2013 levels - Documented quality audit programme of all owned and leased properties containing information no older than 3 years - Performance vs budget - Financial performance against targets (to be defined) - Asset productivity - Space efficiency - Asset deployment - Estate quality - Estate occupancy - Documentary evidence that training is current for all colleagues at all times - Performance comparisons with peer organisations (to be defined)
To develop a balanced property portfolio that is continuously reviewed, that meets the needs of the Trust's service development plans, and represents efficient use of resources	- Proportion of estate consisting of rentals and licences matched to corporate goal - Continual increase in use of multi-agency sites and continual corresponding decrease in single-use sites - Performance vs planned disposals and acquisitions - Adherence to NHS age and quality standards. Evidence of increasing percentage of Trust owned and leased properties under 25 years old - Percentage of redundant floor space consistently below baseline position at 1 April 2014

To support the development of mobile working initiatives for community-based colleagues through intelligent use of properties and technology, enabling improved working of all community teams	• Percentage of ICTs accommodated to corporately agreed models against target (to be defined)
To play a strong supporting role in developing the community hospitals to be clinical, health and social care hubs for their local populations, able to house traditional healthcare alongside public health and social care specialists as appropriate for the individual context	• 100% alignment with changing service needs in hospitals o accommodation models delivered in a timely manner to suit service delivery o Estates colleagues available only when and where needed o energy supply varies according to service need • Nil service downtime through Estates causes • Continual reduction in redundant space: percentage unused space to building size
To support operational services and business development to capitalise on the Trust's estate, bringing a greater range of health and social care services into communities, while maximising income	• Changes to service offers measured against baseline – location (in relation to relevant population), frequencies, openings and closures, numbers of third parties involved • 80% utilisation of Trust facilities during the working week with significant uplift in usage at the weekends against current
To introduce and continually develop an Estates stakeholder engagement operating model, encompassing service users, Trust colleagues, commissioners, partners and administrators	• PLACE scores always above national average and increased from previous • Any Service Experience concerns resolved within 25 working days • Response to any other complaints within the agreed timeframe • Performance comparisons with peer organisations (to be defined)
To deliver a low carbon, sustainable estate that minimises the use of natural resources	• Comparison of properties with BREEAM standards – continual increase of properties containing aspects of BREEAM standards and individual instances of BREEAM compliance

9.   Accountabilities and Assurances

9.1   The Estates function is accountable to the following Committees, which all report into the Trust Board:

9.1.1   <u>Health, Safety and Security Committee</u>: the Head of Estates reports to and attends bi-monthly committee meetings. This committee reports to the Integrated Governance and Quality Committee below;

9.1.2   <u>Audit and Assurance Committee</u>: the Head of Estates reports to and attends these quarterly committee meetings as required.

9.1.3   <u>Integrated Governance and Quality Committee</u>: the Head of Estates reports to and attends committee meetings every 2 months;

9.1.4   <u>Performance and Resources Committee</u>: the Head of Estates attends and reports to this bi-monthly committee.

9.2   While accountability for the Trust's Estate rests primarily with the Trust's Board of Directors, responsibility permeates throughout the Trust i.e.:

9.2.1   <u>Head of Estates, Safety, Security and Facilities</u>

The Head of Estates is responsible for advising the Board on all matters relating to the Trust Estates, including Health and Safety, asset management, maintenance, environmental and sustainability matters, ergonomics, functional suitability of properties, development of the estate, performance and all financial considerations.

This is achieved through formal submission of an annual report plus taking an active role in the Boards included above. Ad hoc issues concerning Estates are escalated to the appropriate Board via the Head of Estates.

9.2.2   <u>Estates Team and Trust colleagues</u>

The Health, Safety and Security Strategy covers relevant aspects of the Trust's statutory requirements. In addition, there is an inherent responsibility placed on all Trust colleagues to alert their line managers or the Estates Department if they find anything amiss in their working environment.

9.2.3   <u>Departmental Directors and Senior Managers</u>

In addition to the relevant line management responsibilities outlined above, these people develop their services within the environments provided by Estates. Normal working practice is that they work with the Head of Estates to ensure workable solutions are pursued. This often results in joint reporting to relevant Boards.

9.2.4   Finance Director

The Finance Director is the senior line manager for the Estates Department, and supports the Chief Executive by ensuring Estates is delivering effectively and efficiently.

9.2.5   Trust Board

While the Chief Executive is ultimately accountable for the Trust's estate, the Board of Directors are jointly accountable. They are required to ensure the Trust's estate is safe, healthy and effective, and provides a welcome and comfortable environment for service users and their carers.

9.2.6   Director of Project Development and Strategy

The Director of Project Development and Strategy is responsible for this Estates Strategy's alignment with business development of the Trust. This includes the level of utilisation of the various elements of the portfolio.

9.2.7   Chief Executive

The Chief Executive is ultimately and personally accountable for agreeing the proposals put forward in this Strategy.

10. Enabling and Supporting Strategies

10.1 There are strong dependencies between the Estates Strategy and other Trust Strategies, including:

- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that offer optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;

- the Financial Management Strategy, which supports the Trust's long-term financial stability and sustainability, and that demonstrates robust strategies to achieve best use of public monies;

- the Health, Safety and Security Strategy which demonstrates how the Trust complies with relevant legislation and how it will provide a safe and secure environment that allows delivery of quality local care;

- the Business Continuity Strategy which seeks to keep all services operational at all times, especially priority and essential services;

- the Organisational Development Strategy which serves to identify how the Trust's working environment will be advanced in order to create a sustainable culture that supports the delivery of high-quality, person-centred care across all health and social care services;

- the Communications and Engagement Strategy which aims to ensure that the Trust's mission to provide high-quality health and social care across Gloucestershire is fully supported by an effective programme of communications and engagement activity with service users, carers, families and the wider Gloucestershire public, as well as with the organisation's own workforce and professional partners;

- the Cost Improvement Programme (CIP) Strategy which sets out how the Trust will identify, develop and achieve its CIPs over a 5 year period.

10.2 There are also strong dependencies between Estates activity and activity focused across Directorates, principally the development of ICTs, the development of community hospitals and the Trust's response to urgent care requirements. In part, these are currently demonstrated in the Trust by the Space Utilisation and Mobile Working projects:

- space utilisation work aims to review and improve the utilisation, efficiencies, quality and consistency of the Trust's Outpatients, Theatres and Endoscopy services throughout the county, with a focus on increasing new activities, perhaps with third parties, as well as achieving Endoscopy JAG certified facilities;

- the Mobile Working project has been implemented. It has delivered independent working technology to all community-based health and social care professionals. Not only does this enable colleagues to spend more time with service users as their office work can be done from anywhere, it also allows improved data collection.

10.3   In addition, key to the successful delivery of this Estates Strategy are policy decisions around the service user re-ablement journey from (acute) hospital to home, the role rental accommodation will play in the future and the ultimate make-up and working patterns of ICTs.

10.4   External to the Trust, the Estates function is dependent on the work of GCC and One Gloucestershire in respect of multi-agency working development.

11. References

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ESTATES STRATEGY 2014-19

Appendix 1: Consultation

Committee	Date of meeting
Executive Board	November 2013
Executive Board	January 2013
Health and Safety Board	February 2014
Performance and Resources Committee	February 2014
Trust Board	March 2014

Contributors	Date of meeting
Rod Brown, FT Programme Manager	ongoing
Tina Ricketts, Head of HR	August 2013
Stephen Fearnside, Estates, GCC	August 2013
Marit Endreson, Patient and Public Involvement Manager	September 2013
Glyn Howells, Director of Finance	August 2013
Andrew Hall, Director of Project Development and Strategy	September 2013
Julia Doyle, Information Governance Manager and EPRR Officer	August 2013
Margy Fowler, Locality Manager	August 2013
Adrian Eggleton, 2gether/Head of Property GPNHSFT	email
Candace Plouffe, Director of Countywide and YP Services	September 2013
Caroline Holmes, Locality Manager	September 2013
Kim Forey, Associate Director, Commissioning and Community Services	September 2013
Mark Franks, Property Services Ltd	October 2013
Sue Field, Director of Adult Services	October 2013
Rosi Shepherd, Locality Manager	December 2013
Miriam Street, Urgent Care Lead	December 2013

Gloucestershire Care Services NHS Trust Board

Title:	Integrated Governance and Quality Committee Report	11 March 2014
Agenda Item:	**19**	
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the meeting of the Integrated Governance and Quality Committee held on 20 February 2014.	
Key Points:	The report sets out the key points discussed and the approved minutes of the meeting held on 9 January 2014 are attached for information.	
Options and decisions required	The Board is asked to receive the report and the approved minutes of the 9 January 2014 meeting for information and assurance.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	X
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	X
	3. Provide innovative community services that deliver health and social care together	X
	4. Work as a valued partner in local communities and across health and social care	X
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	X
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	x
Next steps/future actions	The approved minutes from the Integrated Governance & Quality Committee of 20 February 2014 will be presented to Board at the next meeting.	

Author name and title	Liz Fenton **Director of Nursing**	Director Name and Title	Sue Mead Non-Executive Director and Chair of IGQC

Gloucestershire Care Services **NHS**
NHS Trust

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 11 March 2014
Location: Coopers & Malvern Training Rooms, EJC

Agenda item 19: Integrated Governance and Quality Committee Report

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Integrated Governance and Quality Committee meeting held on 20th February 2014. The approved minutes of the 9th January 2014 meeting are attached for information.

2. Strategy Development

The Committee reviewed and discussed in detail the following three strategies presented in final draft form:
- Clinical and Professional Care Strategy
- Health, Safety and Security Strategy
- Risk Management Strategy

With the amendments proposed by the Committee all three strategies were approved for submission to the Trust Board in March for ratification.

3. Review and Management of Risk

The review and management of the organisation's risk register was discussed and the work in progress to ensure consistency in scoring and reporting noted. The importance of this work was emphasised and discussion took place about the potential need to provide further training across the Trust to ensure a good understanding of the assessment and scoring processes.

4. Equality Objectives

The Trust is required under the Equality Act (2010) to publish one or more equality objective on the GCS NHS Trust website by 1st April 2014 and that this linked to the further development work within the Trust, including CQUINs. The group approved the proposed objectives to be published, noting the timetable for the future work that is intended. The committee will receive a further report in June 2014.

5. Safe and Suitable Staffing

A gap analysis against the National Quality Board expectations set out in "How to ensure the right people, with the right skills are in the right place at the right time: A guide to nursing, midwifery and care staffing, capacity and capacity". The challenge in the interpretation of these expectations, and identifying validated tools, was discussed including the need to guard against unintended consequences by looking across the multi professional team. The group noted the progress made to date

regarding inpatient staffing and agreed that this together with the community nursing teams would be the priority are for focus.

6. Ratification of Policies

The following policies have been reviewed by Joint Negotiation and Consultative Forum and the Head of HR recommended to the IGQC that they be formally ratified. The following policies and supporting procedures were approved:

- Disciplinary
- Grievance
- Appeals
- Managing poor performance
- Annual leave
- Job evaluation
- Redeployment
- Pay protection

7. Conclusions and Recommendations

The Board is asked to:

- **Note** this report

- **Receive** the approved minutes of 9th January 2014 meeting for information and assurance

Report prepared by: Liz Fenton, Director of Nursing
Report Presented by: Sue Mead, Chair, Integrated Governance and Quality Committee

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
INTEGRATED GOVERNANCE AND QUALITY COMMITTEE

Minutes of the Meeting held on Thursday, 9 January 2014

Present:

Members:

Sue Mead (SM)	Committee Chair
Joanna Scott (JS)	Non- Executive Director
Nicola Strother Smith (NSS)	Non-Executive Director
Elizabeth Fenton (EF)	Director of Nursing

In Attendance

Ingrid Barker (IB)	Trust Chair
Candace Plouffe (CP)	Director of Operations - Countywide and CYP Services
Tina Ricketts (TR)	Head of HR
Andrew Hall (AH)	Director of Project Development & Strategy
Louise Foster (LF)	Joint Acting Clinical Director – Dental (Countywide representative)
Deborah Greig (DG)	Head of Social Care
Amanda Harris (AmH)	Information Governance and Risk Manager
Melanie Rogers (MR)	Head of Clinical Governance
Diana Kane (DK)	District Nursing Sister
Lucy Lea (LL)	Equality & Diversity Manager
Jill Rowell (JR)	Governance Project Support Officer (Minute taker)

IG&Q 87/13	**Agenda Item 1: Apologies** Apologies were noted from Glyn Howells, Jo Bayley, Bernie Wood, Mark Parsons, Simeon Foreman, Susan Field and Jackie Jenkins. Sue Mead, Non-Executive Director, who joined the Trust in November and the newly appointed Chair of the Committee, requested introductions were made and gave a brief synopsis of her background to those present and her overall approach to chairing the Committee. She considered the function of the Committee encompassed three areas, with the patient at the heart of everything: 1. Assurance to the Board regarding the quality of care delivered by the Trust, its safety and effectiveness 2. Assuring the Board of efficacy of the governance	

	arrangements in place to deliver quality consistently and to drive further improvement 3. Identifying risks to the delivery of good care and what action the Trust takes to address them	
IG&Q 88/13	**Agenda Item 2: Declaration of Interests** There were no declarations of interest noted.	
IG&Q 89/13	**Agenda Item 3: Minutes of the Meeting held on 17 October 2013** The minutes of the meeting held on 17 October were **APPROVED** as an accurate record.	
IG&Q 90/13	**Agenda Item 4: Matters Arising** The Action Log was reviewed by the Committee and the following updates given for the items that were not closed or featured on this meeting's agenda: *(IG&Q 71/83)* –the Clinical and Professional Care Strategy has been amended and a final version will be submitted to February's Committee before being presented to Board in March**.** *(IG&Q 78/13)* – the Director of Project Development & Strategy reported all patient information is being reviewed in light of the new Trust branding. *(IG&Q 80/13)* – the Information Governance & Risk Manager advised the Datix risk register module has been installed and training will be rolled out in February. Item to remain open. *(IG&Q 80/13)* – SADIE risk update unavailable as Director of Finance absent from meeting. Remain open. *(IG&Q 83/13)* – the Director of Operations - Countywide and CYP Services has been advised that looked after children do have access to dental care. The Committee **RECEIVED** the Action Log and **NOTED** the updates.	
IG&Q 91/13	**Agenda Item 5: Review Forward Agenda Map** The Committee received the forward agenda map and were asked by the Chair to identify topics they would like to see scrutinised. The number of Trust services' annual reports	

	brought to IGQC was raised by the Director of Operations – Countywide and CYP Services (CP) and it was agreed a section of the Committee's agenda should be dedicated to receiving these. However, a mapping exercise to list the annual reports and determine the reporting route for each one is required beforehand and the Director of Nursing and CP agreed to undertake this. The Chair observed the Trust appeared to know more about its services performance, quality and spending in its buildings than in services delivered in people's homes. Children's Community Nursing is a small contained service and CP suggested it could be used as a pilot to examine services in terms of quality, activity and spending. The Committee **NOTED** the forward agenda map and **RECOMMENDED:** • a section of the agenda be set aside to receive annual reports once mapping exercise complete • test the finance and quality of a few services and undertake a pilot using the Children's Community Nursing service	 **CP/EF** **CP/EF**
IG&Q 92/13	**Agenda Item 6: Draft Annual Governance Statement** The Committee received the draft Annual Governance Statement. In the absence of the Board Secretary, the Information Governance and Risk Manager advised a new Board Governance code had been released in November 2013 and the Trust's Annual Governance Statement will require more work before submission. She anticipated the Trust to achieve Level 2 compliance of the IG Toolkit by 2015. The Committee **NOTED** the draft Annual Governance Statement and **RECOMMENDED** the next iteration be brought to February's meeting and include information on GCC's integrated governance processes and more detail around contract compliance.	 **AmH**
IG&Q 93/13	**Agenda Item 7: Management of Policies Policy Review** The Committee received the update on the process to ensure Trust policies are subject to appropriate development, consultation, ratification and review. Currently all policies are subject to review to ensure fitness for purpose for the new organisation. An overarching policy guide is currently being developed by the Board Secretary. The Director of Nursing and the Board Secretary will work together to set out the process and the authority for ratification of policies which currently rests	

	with the IGQC.	
	The Committee **NOTED** the ongoing work of the Policy Review Group	
	The Committee **RECOMMENDED** a matrix is drawn up that shows the current position for all policies, identifying recommendations for the appropriate groups to approve documents supported by formal reporting for assurance to IGQC.	**SAF**
IG&Q 94/13	**Agenda Item 8: Essential Standards of Care** The Head of Clinical Governance presented three reports to evidence the Trust's declaration of compliance with the CQC's Essential Standards of Quality and Safety. Work is ongoing with the Head of Performance to amalgamate the strands of data and information within the organisation into a comprehensive quality report 8.1 The report outlined a proposed approach to the governance arrangements in place to support the Trust's declaration of compliance with the Essential Standards. Detail was given on implementing HealthAssure software to review the Provider Compliance Assessments currently in place across the Trust's 52 services and using peer groups to review services, scrutinising one outcome per visit. The Committee debated the merits of mock CQC visits, the involvement of commissioners, peers, NEDs and independent people and how to make them more robust and **RECOMMENDED** the Head of Clinical Governance and the Director of Nursing develop a programme of visits from the discussion had. 8.2 The second report outlined a proposed clinical governance structure giving assurance and providing a mechanism to deliver compliance. The Committee discussed the structure in depth and how reporting routes in to the IGQ Committee would work. The Director of Nursing and the Head of Clinical Governance will progress the work and welcomed comments from the Committee outside the meeting. 8.3 The last report updated on the initial findings from the CQC's inspection of Stroud Hospital and the Committee were advised the final report will be presented to the next meeting. All five standards focussed on during the CQC's visit were met and the Chair remarked on the significant progress made by staff at the Hospital over the past few months to attain this outcome.	**EF/MR** **EF/MR**

	The Committee **NOTED** the reports and **RECOMMENDED** more work be undertaken on the proposed approaches.
IG&Q 95/13	**Agenda Item 9: Equality Annual Report**

The Committee **RECEIVED** the Equality Annual Report presented by the Equality & Diversity Manager. The report aims to fulfil our statutory responsibilities and to provide an evidence-based analysis of the Trust's equality priorities. She advised the report had a performance feel to it and, in compiling, gaps in information and performance data for some of the organisation's 52 services had been identified. Her first task has been to determine GCS' characteristic metrics and ascertain those missing, eg disability services. Improving engagement with specific groups of the community, eg travellers, etc, was a priority and it was proposed she liaised with the Director of Project Development & Strategy and the Communications Manager to take this piece of work forward. The Chair observed engagement would be a challenge and put forward a suggestion that champions within the workforce were recruited to assist in the endeavour. The Equality & Diversity Manager welcomed the Committee's views on the style and feel of the report and their identification of any items that may have been overlooked.

The Committee **NOTED** the findings in the comprehensive and well written report and **APPROVED** for publication, subject to the following **RECOMMENDATIONS** and the Board's final approval:

- more focus on protected characteristics
- include information on staff training around equality and diversity
- present to Your Care, Your Opinion Programme Board | |
| IG&Q 96/13 | **Agenda Item 10: Patient Safety Report**

The Committee **RECEIVED** the Patient Safety Report. The Head of Clinical Governance advised that, she had undertaken a review of the data GCS send to the National Reporting and Learning System (NRLS). Previously the Trust had been reporting all patient harm incidents, for example inherited pressure ulcers. The data now uploaded to the NRLS reporting system only reflects patient harm incidents attributable to Gloucestershire Care Services NHS Trust. MR gave assurance that processes are now in place to ensure that in future the Trust will report only those incidents where harm is found to be attributable to care provided by the organisation. The Director of Nursing explained that she and the Medical Director have been in discussion with Torbay and Southern Devon Health | |

Note: The column on the far right contains "**LL**" aligned with the paragraph beginning "The Committee **NOTED** the findings in the comprehensive and well written report..."

	Care NHS Trust in regard to benchmarking. Trusts in the Isle of Wight and Kent have expressed an interest in being involved in this initiative. The Committee **NOTED** the report and **RECOMMENDED**: • Ratios are applied wherever possible • Benchmarking work is progressed • 'Falls' and 'pressure ulcers' are included in list of deep dives (communities as well as community hospitals)	**MR**	
IG&Q 97/13	**Agenda Item 11: QIPP Report** The Committee was advised the QIPP report was incomplete and a full report will be presented to Board on 21 January 2014.		
IG&Q 98/13	**Agenda Item 12: Board Assurance Framework and Risk Register** The Information Governance and Risk Manager tabled a revised Corporate Risk Register Report. The Chair observed the report needed considerable review and proposed the paper was withdrawn. She requested work is undertaken to update and cleanse the data within the report for presentation to the next Committee meeting on 20 February. The Committee **REQUESTED** a more meaningful report is presented to February's meeting.	**AmH**	
IG&Q 99/13	**Agenda Item 13: Information Governance Report** The Information Governance & Risk Manager presented the Quarter 2 report, which totalled 53 incidents for the period, compared to 58 for Quarter 1. She reported the majority of incidents were low rated and related mostly to patient record keeping, however, some were in regard to the loss or misuse of record bags. The Records Forum undertook to address and resolve this issue and a blanket statement on the correct handling of record bags has been issued to relevant staff. In general, she considered staff lacked knowledge of information governance but found they engaged better when given scenario based training rather than being asked to digest masses of information. The Committee **RECEIVED** the report.		

| IG&Q 100/13 | **Agenda Item 14: Information Governance Assurance Steering Group**

The Information and Risk Manager presented the report and approved minutes from the Information Governance Assurance Steering Group meeting on 23 October. She reported a task group had been established and a Project Initiation Document developed to take forward the actions from the internal audit report produced last month on corporate record keeping. A Project Initiation Document has also been developed to drive the work required to meet the Information Governance Toolkit Level 2. The Director of Operations - Countywide and CYP Services advised the administration review of Children's Services had been concluded and one of the outcomes was to move two post-holders within the Health Records team to sit within Information Governance and provide support across the Trust.

The Committee **NOTED** the update on the work of the Group and the work on the Information Governance Toolkit and **RECEIVED** the minutes from the meeting on 23 October. | |
|---|---|---|
| IG&Q 101/13 | **Agenda Item 15: Quality & Safety Group**

The Director of Nursing presented the report from December's meeting and action notes from the meeting of the Group on 22 October and summarised the key issues.

Stroud Hospital was to be congratulated on the positive feedback from the CQC after their inspection in November and Matron has been invited to the next meeting to share the learning with the Quality and Safety Clinical Governance Forum. The National Quality Board has produced a paper on its expectations of providers relating to staffing and consideration must be given to how the Trust implements the expectations, this requires gap analysis.

The Quality and Safety Clinical Governance Forum meets on a bi-monthly basis and its Terms of Reference will be revisited to ensure membership is appropriate.

The Committee discussed the decrease in the number of comment cards returned and debated whether patients found them too in depth. Although useful it was agreed other methods of feeding back comments are needed and advocacy groups and random phone calling of discharged patients, which would require robust management, were suggested.

The Committee **NOTED** the report and **RECEIVED** the action notes from the meeting in October. | |

IG&Q 102/13	**Agenda Item 16: Infection Prevention & Control & Decontamination Committee Report** The Director of Nursing presented an update report from the Infection Prevention & Control & Decontamination Committee (IPCD), the approved minutes from the meeting on 2 September and briefed the Committee two key issues. The Head of Health and Safety and Estates and the Infection Control team will undertake a review of the processes used to test rinse water for endoscopy services after a series of inconsistent results carried out for the Trust by Clearwater. Guidance from the Infection Control Doctor on best practice for 'laying up' theatre trollies has raised a productivity over finance challenge for staff. The Committee **NOTED** the work being undertaken by the IPCD Committee and **RECEIVED** minutes of its meeting held on 2 September.	
IG&Q 103/13	**Agenda Item 17: Any other business** Committee members were requested to advise Jill Rowell if they still required a hard set of Committee papers, now they are available to view on BoardPad.	**JR**
	The Chair closed Part 1 and DK, LL and DG left the meeting.	
	Date of Next Meeting : 20 February at 1.30pm in the Boardroom, Edward Jenner Court	

Gloucestershire Care Services **NHS**
NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	Performance & Resources Committee Report	11 March 2014
Agenda Item:	**20**	
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 13th February 2014	
Key Points:	The Committee approved the minutes of the meeting held on 10 December 2013.

Other key points discussed at the meeting are outlined in the report. | |
Options and decisions required	The Board is asked to **NOTE** the report and the approved minutes for information and assurance.	
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care	
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
	3. Provide innovative community services that deliver health and social care together	
	4. Work as a valued partner in local communities and across health and social care	
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
	6. Manage public resources wisely to ensure local services remain sustainable and accessible	
Next steps/future actions	The Committee has agreed a forward programme which will be reviewed on an on-going basis.	
Author name and title	**Jason Brown Programme Manager**	**Director Name and Title**	**David Harwood, Non-Executive Director**

Gloucestershire Care Services **NHS**

NHS Trust

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 11 March 2014
Location: Coopers & Malvern Training Rooms, EJC

Agenda item 20: Performance & Resources Committee update

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 13 February 2014. The approved minutes of the meeting held on 10 December 2013 are attached for information.

2. IT Strategy

The Committee received a presentation and overview of the strategy in the form of edited highlights.

The strategy was discussed in depth and the Committee recommended a budget statement section be included before presentation to the Board for approval.

The Committee NOTED the update on the IT Strategy and, subject to the RECOMMENDED amendment, was approved for escalation to the Board.

3. Estates Strategy

The Estates Strategy was discussed by the Committee and it was recommended that reference to maximising the use of the estate should be included within the strategy before escalation to the Board for approval.

The Committee NOTED the update on the Estates Strategy and, subject to the RECOMMENDED amendments, was approved for escalation to the Board.

4. Communications and Engagement Strategy

The Communications and Engagement Strategy was discussed by the Committee. It recommended some of the language within the document which carries implied negativity be reviewed and a budget statement section included before presentation to the Board for approval.

The Committee NOTED the update on the Communications and Engagement Strategy and, subject to the RECOMMENDED amendments, was approved for escalation to the Board.

5. Quality & Performance Report

The Quality & Performance Report was presented to the Committee by the Head of Performance & Information and focus was given to the high profile issues, namely:

- Number of post 48 hour – C.Diff Infections in Community Hospitals
- HPV immunisation
- Sexual health – Psychosexual Medicine
- Reduction in total number of falls in Community Hospitals
- Number of acquired pressure ulcers

6. Finance Performance Report

The Deputy Director of Finance presented the report, giving both the year to date and full year forecast out-turn positions for the Trust, and tabled two appendices; 2013/14 Forecast and GCS agency pay costs 2013/14.

7. Conclusion and Recommendations

The Board is asked to:

- NOTE this report
- RECEIVE the approved minutes of 10th December 2013.

Prepared by: **Jason Brown, Programme Manager**

Presented by: **David Harwood, Chair, Performance & Resources Committee**

Appendices

Appendix 1: Approved minutes of the Performance and Resources Committee on 10 December 2013.

GLOUCESTERSHIRE CARE SERVICES NHS TRUST PERFORMANCE AND RESOURCES COMMITTEE

Minutes of the Meeting held on Tuesday 10 December 2013 from 14:00 – 15:30 at Churchdown Community Centre, GL3 2JH

Present:

Members:
David Harwood	Non-Executive Director (Committee Chair)
Ingrid Barker	Trust Chair (for agenda items 5 and 7-12)
Chris Creswick	Designate Non-Executive Director
Rob Graves	Non-Executive Director
Glyn Howells	Director of Finance & Deputy Chief Executive

In Attendance
Jason Brown	Foundation Trust (FT) Programme Manager (for agenda items 6 and 7)
Simeon Foreman	Board Secretary
Jill Rowell	Board Administrator

Item	Detail	Action
P&R 33/13	**Agenda Item 1: Apologies** Apologies were noted from Paul Jennings, Interim Chief Executive.	
P&R 34/13	**Agenda Item 2: Declaration of Interests** There were no changes to the declarations previously recorded.	
P&R 35/13	**Agenda Item 3: Minutes of 25 October 2013 meeting** The Minutes were reviewed and agreed as an accurate record. These will now be signed off by the Chair. **Resolution: The Minutes were NOTED and APPROVED.**	**SAF**
P&R 36/13	**Agenda Item 4: Matters Arising** The Committee reviewed the Action Log and agreed to close items 32, 35, 37 and 38. Update on other actions were provided as follows and will be recorded on the action log for future meetings; Action 29 – Monthly expenditure column will be included in the papers presented to the February 2014 meeting. Action 33 – Quarterly reporting column also included in papers	**GH** **GH**

	presented to February 2014 meeting. Action 34 – A trial of electronic board paper package is currently underway. Action 36 – The Trust has £1m capital set aside for property purchase in Gloucester or Cheltenham for dental and/or sexual health services. Mark Parsons is developing a business case. Action 39 – Update paper on safeguarding to go to IGQC in January 2014. Further to the update on action 36, the Committee sought assurance that Mark Parsons was receiving appropriate support for his work. The Director of Finance updated that a proposal on the management of estates is being developed for the Executive Team to consider and this should provide greater support and additional capacity related to estates work. **Resolution: The Committee APPROVED the updates and closure of actions.** The Chair requested a reordering of the agenda to accommodate strategy presentations ahead of other business, and to accommodate review and scrutiny of Quality and Performance and Finance reports as requested by the Board *The FT Programme Manager joined the meeting.*	**SAF**
P&R 37/13	**Agenda Item 7: IT Strategy** The FT Programme Manager presented this item and advised that the Committee will receive a final version of the strategy, incorporating feedback from this discussion, at the meeting in February ahead of final submission to Board in March 2014. The Committee heard that the strategy is being prepared for the 5 year period from 2014 to 2019 and clearly sets out the aims and strategic objectives. It contains quality goals with priory assigned for each goal. A key aspiration of the strategy is to have a suite of systems with appropriate interconnectivity and the Director of Finance explained how Systm1 will interface with other NHS health service providers in the county (primary care, mental health and acute) and plans to enable trusted partners, such as Carers and Marie Curie, etc. There is also an aspiration to show real-time patient information such as infection control and staffing levels across sites and services.	

Discussion took place on other additional items that should be included within the Strategy or particular areas that could be strengthened or developed. The key points were;

Specific reference to mobile working and cost improvement programmes (CIP) and any other IT solutions that can drive quality improvements and cost improvements. There should be specific reference to remote monitoring linked to hub in hospitals and UBIMON research project at St Mary's whereby community hospitals monitor patients remotely and remove need for up to three visits per day.

A case study that demonstrates the strategy leading to virtual hospital at home and enabling the virtual ward would be beneficial.

The Committee felt there should be reference to the challenges being faced in spreading the word and benefits of IT to support care amongst colleagues, service users and patients, and that there should be a strong emphasis on valuing technology with everybody being a champion.

There should also be a reference to the importance of horizon scanning and promoting organisation awareness of new and emerging technologies that could enhance delivery of care.

Resolution: The Committee NOTED the update on the IT Strategy.

The Trust Chair joined the meeting at 14:30.

P&R 38/13	**Agenda Item 6: Performance and Information Strategy**	
	The FT Programme Manager presented this item and advised that the Committee will receive a final version of the strategy, incorporating feedback from this discussion, at the meeting in February ahead of final submission to Board in March 2014.	
	The Strategy describes the strategic ambition and objectives, with aligned quality goals, related to performance and information for the five year period to 2019.	
	The Committee felt the language and tone of the document should include words such as health, outcomes and quality that support the recognition of the Trust as the central "hub" that interconnects care across the county and pathways.	
	Within the strategy it should be embedded that the Trust is focused on outward looking and horizon scanning to keep up to date and avoiding a scenario where there needs to be a catch up at the end of	

	the 5 years covered by the strategy. There should be reference to feeding opportunities for CIP and to participate in and use benchmarking information. **Resolution: The Committee NOTED the update on the Performance and Information Strategy.** *The FT programme manager left the meeting following this item.*	
P&R 39/13	**Agenda Item 5. High level plans for 2014/15 and beyond** The Director of Finance presented the paper which was taken as read. Appendix 1 provided a high level view on financial planning assumptions; • £1m recurrent reserve and £1m non-recurrent reserves (approximately 2% of income). • Quality, Innovation, Productivity and Prevention (QIPP) risk is currently not agreed with the Clinical Commissioning Group (CCG) and the Committee heard that the Trust had not received a response from the CCG in response to an offer to cover £500k. The NHS Trust Development Authority (TDA) are aware of the situation and the matter will be escalated to them should resolution not be achieved locally. • Cost Improvement Programme (CIP) risk – the Chief Executive and Director of Finance have undertaken a detailed review of all plans. • £800k on non-recurrent CIP slippage. • Missing CQUIN from collaborative commissioning arrangements. • Funding from CGG on inpatient staffing is close to being resolved. • Public Sector Dividend Capital (PDC) payment holiday monies are being used to fund £2m of projects with £800k transfer to reserves. • There could be a £300k creditor release from opening balance position once known. • The overall position is that the Trust is left with a £1.5m recurrent deficit, although achieving an overall £2m surplus. The 2014/15 outturn is based on planning assumptions issued by the NHS England and the TDA. The Committee requested an update on the Trust's procurement review at the February meeting but noted that initial feedback suggests efficiencies can be made as the supply chain is primarily set up for acute trusts. The CCG savings targets are things that could be stopped (which may deliver some avoided costs) in order to provide for the	

	Integration Fund. The Director of Finance will agree CQUIN with each commissioner to avoid recurrence of issues around failure of collaborative commissioner arrangements. It is anticipated that the Trust will need to make some investment in capacity to deliver and strengthen some areas, including communications, FT application, project quality standards and Listening into Action. The split between pay and non-pay is currently £75m to £30m. 2015/16 CIP is anticipated to be £4.5m. The Director of Finance explained Appendix 2 shows CIP based on the Long Term Financial Model and confirmed that long term condition pathway redesign work is continuing. The main challenge is achieving signoff of the plans by the target deadline of 13 January 2014. Discussion took place on application of LEAN principles to all processes versus other methods, i.e. vacancy freeze. It was noted that lean needs to be fulltime approach if it is to be successful. **Resolution: The Committee NOTED the updates and APPROVED the recommendations.**	
P&R 40/13	**Agenda Item 8: Business Development Tracker** **Resolution: The Committee DEFERRED this item to the next meeting.**	
P&R 41/13	**Agenda Item 9: Capital Schemes Update** **Resolution: The Committee RECEIVED the papers and DEFERRED discussion to the February 2014 meeting.**	
P&R 42/13	**Agenda Item 10: Any Other Business** The Chair advised that the Board had delegated detailed review of the Quality and Performance and Finance reports at the Board meeting earlier in the day. Quality and Performance Report The Director of Finance presented the report which shows one indicator for national targets showing as rated RED, and 96.9% being rated GREEN or AMBER.	

The RED indicator relates to psychosexual medicine and is a consequence of one consultant having left and the other being on reduced hours. Pathway redesign work has taken place to provide triage and direction to psychologists where appropriate, but that some patients are not being seen in the required timescale. The Committee noted that the number of patients affected by this is few in number and that ability to address the delay is limited by availability of trained professional in this field. It was suggested that the Trust consider sub-contracting this work to a cross-border provider, i.e. Oxford, for a short period to allow for the catch up to take place.

GCC Targets are showing 75% GREEN for national targets and 67% GREEN or AMBER for local targets. Work continues to take place to further improve performance and the Director of Finance advised that GCC are currently happy with services provided.

The Committee members agreed to provide feedback on the form and layout of the report outside of the meeting.

ALL

The Committee heard that CQUIN for quarter 2 had been accepted and the Trust will be paid in full for this.

It was noted that the Workforce reporting team are being moved in to the Performance and Information team under Matthew O'Reilly. The Committee had previously requested information on outliers in this section and this will be followed up.

GH

Resolution: The Committee NOTED the contents of the Quality and Performance Report and ENDORSED the actions that have been put in place in order to address those areas of performance falling below target.

Finance Report

The Director of Finance presented this agenda item and reported that the Trust is forecasting, in line with budget, to deliver a £2m surplus this year.

However a shortfall of £2m CIP delivery is currently forecast, and as reported at Agenda Item 5, the CQUIN and QIPP issues are included in a planned letter to the TDA.

The Committee recognised the lack of a formal business development function within the Trust and the impact of this on the ability to bid for additional services and tenders.

Full year forecast capital spend is still in line with the full year plan, although spend year to date is less than expected. It was advised

	under matters arising that work is underway to try and purchase a property, so that GCS can move out of Southgate Moorings. Tewkesbury Hospital Opening Delay – The Trust have submitted a claim against developers for the delay for £1.2m, however the developers have issued a counter claim of £600k. Land at Tewkesbury hospital – The TDA has advised that the Trust do not need to declare the land at Tewkesbury hospital surplus to requirements. The Director of Finance advised that the land however cannot be sold for less than the balance sheet value, and this will link to the Trust opening balance when it is known. The District Valuer may be needed to revalue the asset ahead of any proposed sale. The Medical Service Level Agreement for Cirencester and Stroud has gone to zero. Cash position is fine and no reported issues. CIPs will be reported to the Performance and Resources Committee regularly and also to high level Transforming Local Care Programme Board. The Committee members felt there would be benefit in the Trust bringing in additional support to review CIP plans. **Resolution: The Committee NOTED the performance of the Trust and the risk and opportunities within the current full year forecast.**	
P&R 43/13	**Agenda Item 11: Matters for Board and Sub-Committees** Committee Chair to confirm to the Trust Board that a detailed review of the Quality and Performance and Finance reports has taken place, as requested by the Board at their meeting on morning of 10 December 2013.	**DH / SAF**
P&R 44/13	**Agenda Item 12: Date of Next Meeting** Thursday, 13 February 2014 from 14:00 – 16:00 in the Boardroom at Edward Jenner Court, Gloucester.	

Gloucestershire Care Services NHS
NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	Board Development Programme 2014/15: Learning Objectives and Forward Plan	11 March 2014	
Agenda Item:	**21**		
Purpose of Paper:	To seek approval for the proposed Board Development Forward Plan 2014-15.		
Key Points:	NHS Boards carry significant responsibility on behalf of the communities that they serve. It is critically important that Boards focus on continuously improving their ability to provide effective leadership and stewardship of public resources. To help create this focus, the Trust maintains a formal Board Development programme that serves to empower members by reflecting on the effectiveness of the Board and its supporting governance arrangements, and enabling the Board to fulfil its learning objectives as illustrated in Appendix 1 below. The attached forward plan therefore serves to clarify the proposed activities of the Board Development Programme in 2014-15.		
Options and decisions required	1. Approve the Board Development Forward Plan 2014-15 2. Suggest alternative topics for Board Development in 2014-15		
Fit with strategic objectives	1. Achieve the best possible outcomes for our service users through high quality care		x
	2. Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work		x
	3. Provide innovative community services that deliver health and social care together		x
	4. Work as a valued partner in local communities and across health and social care		x
	5. Support individuals and teams to develop the skills, confidence and ambition to deliver our vision		x
	6. Manage public resources wisely to ensure local services remain sustainable and accessible		x
Next steps/future actions	Implement the Board Forward Plan 2014-15		
Author name and title	Jason Brown, FT Programme Manager	**Director Name and Title**	Ingrid Barker, Chair

Appendix 1: Learning Objectives of the Board Development programme 2014-15

Learning Objective (What are we focusing on, ensuring it is specific, realistic and achievable)	Organisational Impact (what is the expected outcome of the learning)	Timescale (When will the learning be completed)	Resource (Who is responsible for this learning and what additional resource is needed)
Develop the Trust's Integrated Business Plan and Long-Term Financial Model	The Board will have a sustainable 5-year strategy for delivering its vision, values and strategic objectives	June 2014	CEO, Director of Finance
Embed the Trust's strategic objectives into Board members' personal objectives	The Board's energy will be focussed on the right priorities at the right times and these priorities will be rigorously managed, with Board members appropriately performance assessed	On-going	Chair, CEO, Director of Human Resources
On-going development in preparation for Foundation Trust status	The Board will be aware of its future responsibilities as an FT Board and of the interaction between the Board and the Council of Governors	On-going	CEO
Review the Board Induction Programme	Board members will understand the context of their role and will therefore be able to make the most effective contribution in a timely manner	September 2014	Chair, Director of Corporate Governance and Public Affairs
Develop and implement the Annual Effectiveness Review for the Board and its Committees to drive improvement	The Board's performance will improve as a result of better quality and more focused challenge and scrutiny	February 2015	Chair, Director of Corporate Governance and Public Affairs

Review the internal environment to ensure the Board's up-to-date knowledge of the risks and opportunities facing the Trust and its competitors	The Board will be better engaged, well informed and high performing	On-going	CEO, COO
Ensure the on-going review of the quality of communications and engagement with stakeholders, service users and the public	The Board will be better informed of the views and strategic intentions of the community served. Perceptions and reputation of the Trust will be enhanced, improving the Trust's success as a provider and employer of choice	On-going	Director of Corporate Governance and Public Affairs

Board Development - Agenda Map 2014/15

Month	08 April 2014	10 June 2014	30 September 2014	04 November 2014	02 December 2014	24 February 2015
Venue	EJC, Boardroom	EJC, Boardroom	EJC, Boardroom	EJC, Boardroom	EJC, Boardroom	EJC, Boardroom
Time	09:30 - 16:00	09:30 - 13:00	09:30 - 16:00	10:30 - 14:00	09:30 - 13:00	09:30 - 13:00
Items						
	Board Assurance Framework (90 mins Presentation/Discussion) (FT Programme Managers)	Board Evaluation (10 Minute Questionnaire)	Board Evaluation (10 Minute Questionnaire)	Board Evaluation (10 Minute Questionnaire)	Board Evaluation (10 Minute Questionnaire)	Board Evaluation (10 Minute Questionnaire)
		Colleague Story (15 minute presentation) (Dir of HR)	Colleague Story (15 minute presentation) (Dir of HR)	Colleague Story (15 minute presentation) (Dir of HR)	Colleague Story (15 minute presentation) (Dir of HR)	Colleague Story (15 minute presentation) (Dir of HR)
	Health & Safety (45 mins Presentation / Discussion) (Dir of Finance)	**Fixed Topic:** Succession Planning (45 mins Presentation / Discussion) (Dir Corp Gov & Public Affairs)	**Fixed Topic:** Council of Governors (20 mins Presentation / Discussion) (FT Programme Managers)	**Fixed Topic:** Strategic Planning Review (60 mins Presentation / Discussion) (CEO)	**Fixed Topic:** Board Committees Review (60 mins Presentation / Papers) (Dir Corp Gov & Public Affairs)	**Fixed Topic:** Quality Board Review (45 minute discussion) (Dir Corp Gov & Public Affairs)
	Equality & Diversity (60 mins Presentation / Discussion) (Dir of HR)	Integrated Business Plan / LTFM (final draft prior to submission to the TDA on 20th June)	Board Governance Assurance Framework (60 mins Presentation / Discussion) (FT Programme Managers)	Quality Governance Assurance Framework (60 mins Presentation / Discussion) (FT Programme Managers)	Board Composition Review (45 mins Presentation / Discussion) (Dir of Corp Gov & Public Affairs)	Annual Business Planning Cycle / SWOT / PESTELI (60 Mins Presentation/ Discussion) (Dir of Finance)
	Board Evaluation Process (30 mins Presentation / Discussion) (FT Programme Managers)		Review Board Induction Programme (30 mins discussion) (Dir Corp Gov & Public Affairs & Dir of HR)			
			2 hours 20 mins available			
	Organisational Learning: Information Governance Training & Awareness (60 mins Presentation / Discussion) (Adam Tuckett)	**Organisational Learning:** Quality Account (60 mins Presentation / Discussion) (Dir of Nursing)	**Organisational Learning:** Clinical Effectiveness (60 mins Presentation / Discussion) (Dir of Nursing)	**Organisational Learning:** Winter Planning (60 mins Presentation / Discussion) (COO)	**Organisational Learning:** Service User and Carer Experience (60 mins Presentation / Discussion) (Dir Corp Gov & Public Affairs)	**Organisational Learning:** Service User Safety (60 mins Presentation / Discussion) (Dir of Nursing)
	Board Development Evaluation (5 Minute Questionnaire)	**Board Development Evaluation (5 Minute Questionnaire)**	**Board Development Evaluation (5 Minute Questionnaire)**	**Board Development Evaluation (5 Minute Questionnaire)**	**Board Development Evaluation (5 Minute Questionnaire)**	**Board Development Evaluation (5 Minute Questionnaire)**