

Agenda

Trust Board

Tuesday, 17 March 2015

9.30am – 3.00pm

The Pavilion, Hatherley Lane, Cheltenham, Gloucestershire, GL51 6PN

Agenda No.	Item.	Outcome	Ref No.	Presenter
1.		For information	15/B027	
Refreshment Break				
2.	Apologies	To receive	15/B028	Chair
3.	Declaration of Interests	To receive	15/B029	Chair
4.	Minutes of the Meeting held on 20 January 2015	To approve	15/B030	Chair
5.	Matters Arising (Action Log)	To note	15/B031	Chair
6.	Forward Agenda Planner review	To approve	15/B032	Chair
7.	Questions from the Public All questions from the public should be received in advance	For discussion	15/B033	Chair
8.	Chair's Report	To receive	15/B034	Chair
9.	Chief Executive's Report	To receive	15/B035	Chief Executive
10.	Chief Operating Officer's Report	To receive	15/B036	Chief Operating Officer
Governance, Quality and Safety				
11.	Quality & Clinical Governance Committee update – minutes 11 December 2014	To note	15/B037	Chair of Q&CGC
12.	Quality & Performance Report	To note	15/B038	Director of Nursing & Quality
13.	Medical Revalidation Report	To note	15/B039	Medical Director
Refreshment Break				
Service Delivery and Performance				
14.	Performance & Resources Committee update – 16 December 2014	To note	15/B040	Chair of P&R
15.	Finance Report	To note	15/B041	Director of Finance
Items for Information Only				
16.	HR & OD Committee update – minutes 19 December 2014	To note	15/B042	Chair of HR&OD
17.	Any other Business	To note	15/B043	Chair
18.	Date of Next Public Meeting			

Tuesday, 19 May 2015 in Gloucester
Guildhall, 23 Eastgate Street,
Gloucester, GL1 1NS

Agenda Item 2 – Apologies - Blank page

Agenda Item 3 – Declaration of Interests - Blank page

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

**Minutes of the Meeting held on Tuesday, 20th January 2015
at Edward Jenner Court, 1010 Pioneer Avenue,
Brockworth, GL3 4AW**

Board Members	
Ingrid Barker (IB)	Chair
Paul Jennings (PJ)	Chief Executive
Joanna Scott (JS)	Non-Executive Director, Vice Chair
Robert Graves (RG)	Non-Executive Director
Richard Cryer (RC)	Non-Executive Director
Susan Mead (SM)	Non-Executive Director
Christopher Creswick (CC)	Non-Executive Director
Nicola Strother Smith (NSS)	Non-Executive Director
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive
Dr. Mike Roberts (MR)	Interim Medical Director
Jason Brown (JB)	Director of Corporate Governance & Public Affairs
Board Attendees	
Duncan Jordan (DJ)	Chief Operating Officer
Susan Field (SF)	Director of Service Transformation
Candace Plouffe (CP)	Director of Service Delivery
Tina Ricketts (TR)	Director of Human Resources
Invited Colleagues	
Rod Brown	Head of Corporate Planning
Christopher Brooks Daw	Deputy Director of Nursing (Interim)
Lucy Lea	Equality and Diversity Manager
Christine Thomas	Minute Taker

Ref	Minute	Action
TB 001/15	<p>Patient Story presentation – Respiratory and Home Oxygen Assessment Service</p> <p>Annie MacCallum (AM), Head of Specialist Services; Sally King (SK), Respiratory Specialist Physiotherapist and Angela Wixey (AW), Respiratory Specialist Nurse delivered a presentation about their service, which outlined progress to date and described a number of patient case studies, and the impact the service has had over the last year on the community it serves.</p> <p>The Chair thanked AM and her team for delivering the presentation which was Received and Noted by the Board.</p>	

TB 002/15	<p>Agenda Item 2: Apologies</p> <p>The Chair opened the Board meeting and welcomed members of the public and staff.</p> <p>Apologies were Received from Elizabeth Fenton, Director of Nursing & Quality.</p> <p>The Chair welcomed Christopher Brooks-Daw, Interim Head of Clinical Governance, who had been invited to represent the Director of Nursing and Quality.</p>	
TB 003/15	<p>Agenda Item 3: Declarations of Interest</p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.</p>	
TB 004/15	<p>Agenda Item 4: Minutes of the Meeting held 25 November 2014</p> <p>The minutes of the Board meeting held on 25 November 2014 were Received and Approved as an accurate record, subject to some minor amendments.</p>	
TB 005/15	<p>Agenda item 5: Matters Arising (Action Log)</p> <p>The Board reviewed the Action Log. All items due for January's meeting were closed.</p> <p>The Board Agreed the updates to the Action Log.</p>	
TB 006/15	<p>Agenda item 6 – Forward Agenda Planner review</p> <p>The Board reviewed the Forward Agenda Planner and agreed that the following items should be included and/or amended:</p> <ul style="list-style-type: none"> (1) Medical Revalidation Report, 17 March 2015 (MR) (2) Mortality Reporting, 17 March 2015 (MR) (3) Membership Strategy, January 2016 (JB) (4) Public Consultation Strategy, January 2016 (JB) (5) Corporate Risk Register to come to all future Trust Board meetings (JB) (6) The IBP and Long Term Financial model, July 2015 (GH) 	MR MR JB JB JB GH
TB 007/15	<p>Agenda Item 7: Questions from the public</p> <p>There were no public questions submitted prior to the Board meeting.</p> <p>Bren McInerney (BM) (public representative) did not have a question but wanted to share some recent experiences with</p>	

	<p>the Board.</p> <p>BM asked to formally state his thanks to the Operations Team. BM thanked Deborah Greig, Head of Adult Social Care at Gloucestershire Care Services NHS Trust, for the recent management of a local family situation. He asked that his thanks be extended to all the staff of GCS for their work, during the late December and early new year period which had seen the Health System in Gloucestershire experience significant pressures.</p> <p>The Chair acknowledged the thanks given.</p>	
<p>TB 008/15</p>	<p>Agenda item 8: Chair's Report</p> <p>The Chair presented her report and brought to the attention of the Board the following:</p> <p><u>Your Care Your Opinion Steering Group</u> – On 9th December 2014, the steering group discussed feedback following a focus group with service users in respect of nutrition and hydration in community hospitals. Additionally, the steering group agreed to discuss the development of an engagement cycle that would ideally show how decisions are fed back to the Board.</p> <p><u>HSCOSC Meeting</u> – At the end of December 2014, IB met with the Chairs of GHFT, CCG, SWAST, 2gether and the GCC Cabinet Lead for Adult Social Care to discuss the recent pressures in the urgent care system and to agree a suitable position statement.</p> <p><u>Vaughan House</u> – IB commented on the perilous position of Vaughan House. The CEO reaffirmed the Trust's commitment to the homeless, and explained that it is no longer financially possible to keep the facility open. The CEO then stated that the Trust was looking for a more financially sustainable facility in which to deliver the service.</p> <p>The Board Received the report.</p>	
<p>TB 009/15</p>	<p>Agenda item 9: Chief Executive's Report</p> <p>The CEO presented his report which outlined key national, local and Trust issues and development. In particular, he commented on:</p> <p><u>CQC Inspection</u> – At the beginning of January the Trust was informed of the dates of inspections to be conducted by the Care Quality Commission. These have been scheduled for the week of Monday 22 June 2015, covering all services provided by the Trust. This is the inspection known as the Chief Inspector's Inspection. If the Trust achieves a sufficiently positive rating then it will be in a position to be granted a</p>	

	<p>Foundation Trust licence. The rating is valid for two years. A Programme Board will be established by the CEO and Sue Mead (Non-Executive Director).</p> <p><u>Winter Pressures/Escalation</u> – The period from December 2014 heading into the New Year has seen the Health System in Gloucestershire under significant pressure. PJ acknowledged the great efforts made by colleagues to ensure that service users were cared for at home, or treated quickly and efficiently in a community hospital.</p> <p>Additionally, PJ stated that colleagues have worked additional hours and extra shifts and shown both professionalism and pride in maintaining a focus on service user care and safety in spite of an increase in numbers of people being seen over the last few weeks, both by the Trust's Integrated Community Teams and Community Hospitals.</p> <p><u>Listening into Action</u> – A second Pulse Check Survey was sent to all colleagues across the Trust at the beginning of December, and results from the second survey highlighted improvements over the first survey. PJ commented that there is still significant work required to engage and communicate well across the Trust, to support colleagues in both their work and career development, and to recognise and respond where people are being prevented from working effectively.</p> <p>PJ thanked Claire Powell, the LIA Coordinator for her contributions to the programme, and wished her well and every success on her return to clinical practice on 23 February 2015.</p> <p>The Board Received the report.</p>	
<p>TB 010/15</p>	<p>Agenda item 10: Chief Operating Officer's report</p> <p>The COO presented his report which outlined key local and Trust issues and developments. In particular, he commented on:</p> <p><u>Winter Pressures</u> – The Trust had worked extensively to alleviate significant bed pressures at Gloucester Royal Hospital and Cheltenham General Hospital, which prompted two separate major internal incidents during the last month.</p> <p>To support the Acute Trust, Gloucestershire Care Services increased staffing levels, opened an additional 16 beds in community hospitals and supported up to 30 beds in nursing and care homes in order to provide greater community capacity.</p> <p>In addition to daily management within the system, Gloucestershire Care Services jointly agreed a series of longer-term measures to help mitigate further pressures.</p>	

	<p>DJ extended his thanks and appreciation to Susan Field (Director of Service Transformation) and Helen Hodgson (Head of Capacity and Unscheduled Care) for their management of the situation.</p> <p><u>External Care</u> – DJ stated that the External Care Recovery Plan was progressing well against the 19 metrics.</p> <p><u>Recruitment and Retention</u> - DJ reported that the newly-established Recruitment and Retention Steering Group held its first formal meeting on 7 January 2015. The role of the group is to ensure there is coordinated action in attempts to recruit additional nurses, and to ensure sufficient career and development options are available to retain existing staff. DJ stated that the Trust was currently 20% below its establishment for Band 5 and 6 nursing roles.</p> <p>The Board Received the report.</p> <p>Following the presentation of the report, the Chair requested that the Board should receive regular ALAMAC updates within the COO Report.</p>	DJ
TB 011/15	<p>Agenda item 14: Quality & Clinical Governance Committee update</p> <p>SM, as Chair of the Quality and Clinical Governance Committee, presented an update of the meeting held on 11th December 2014, and the approved minutes of 16th October 2014. SM explained that at the last meeting of the Committee a lot of focus and discussion had been given to the management and treatment of pressure ulcers.</p> <p>Additionally, SM reported that the management and treatment of service user falls was also highlighted as an area of concern discussed by the Committee. This has resulted in the development of a best practice focus group managed by SF and EF to investigate the issue further.</p> <p>The Board Noted the report.</p>	

TB 012/15	<p>Agenda item 11: Quality and Performance Report</p> <p>CBD presented the Quality and Performance Report, which provided information and assurance to the Trust against nationally and locally commissioned targets. CBD also advised the Board that waiting time for MSKCAT and Podiatry remain above trajectory. CP gave assurance to the Board that this was not due to any reduction in activity, and that additional staff had been employed to reduce the backlog.</p> <p>The Board Noted the report.</p>	
TB 013/15	<p>Agenda item 12: Annual Infection Prevention and Control Report</p> <p>CBD presented the Annual Infection Prevention and Control Report. The Board Discussed and Noted the report, subject to minor changes.</p>	
TB 014/15	<p>Agenda item 15: Equality Annual Report</p> <p>LL presented the Equality Annual Report. The Board Discussed and Noted the report.</p>	
TB 015/15	<p>Agenda item 13: Safer Staffing in Community Hospitals: Patient Dependency Review</p> <p>CBD presented the Safer Staffing report, and gave assurance that appropriate processes and systems were in place to monitor, report and display planned and actual staffing levels on community hospital inpatient ward areas, and also that measures were in place to respond to changes in staffing and patient need.</p> <p>The report also presented the results of nurse staffing requirements based on the dependency audit, though it was stated that it may not fully capture the increase in acuity and the additional interventions required within a largely nurse led unit. Recent guidelines published in December provides tools to calculate the “contact time” spent with patients and provides an opportunity to move away from a pure focus on numbers and to the time spent providing care. EF/SF/JG to review.</p> <p>IB asked that “length of stay” information be added to future reports.</p> <p>The Board Discussed and Noted the report.</p>	<p>EF/SF</p> <p>EF/CBD</p>
TB 016/15	<p>Agenda item 16: Human Resources and Organisational Development Committee update</p> <p>CC, as Chair of the Human Resources and Organisational Development Committee presented an update report and the</p>	

	<p>approved minutes of the meeting held on 22 October 2014. CC informed the Board of two new workforce risks that had been added to the risk register (poor staff engagement and ageing workforce).</p> <p>Additionally, it was reported that due to ongoing work pressures, a decision had been taken not to progress with the Investors in People Bronze Award or the Health & Wellbeing Good Practice Award during 2015.</p> <p>TR also provided further assurance in respect of nursing recruitment.</p> <p>The Board Noted the update.</p>	
TB 017/15	<p>Agenda item 17: Performance & Resources Committee update – 21 October 2014</p> <p>RC, as Chair of the Performance & Resources Committee presented a report of the meeting held on 21st October 2014.</p> <p>The Board Noted the update.</p>	
TB 018/15	<p>Agenda item 18: Finance Report</p> <p>GH presented the finance report, and updated the Board on the elements of risk for the Trust, particularly around the Cost Improvement Programme (CIP). GH also advised the Board that the forecast for capital spend has been revised to £5m (in respect of spend), which has been communicated to the Trust Development Authority.</p> <p>The Board was asked to note the External Auditors KPMG had been reappointed for a further 2 years.</p> <p>The Board Discussed and Noted the report.</p>	
TB 019/15	<p>Agenda item 19: CIP, CQUIN & QIPP Update Report</p> <p>DJ presented the CIP, CQUIN & QIPP report.</p> <p>Negotiations had started with the CCG in respect of the 2015/16 CQUIN programme. Additionally, it was reported that there was a risk of non-delivery against some of the CQUIN targets set for the current year.</p> <p>The Board Discussed and Noted the report.</p>	

TB 020/15	<p>Agenda item 20: Audit & Assurance Committee update</p> <p>RG, as Chair of the Audit and Assurance Committee, presented the update report and approved minutes of the meeting held on 6th October 2014.</p> <p>The Board Noted the update.</p>	
TB 021/15	<p>Agenda item 21: Communications and Engagement Committee update</p> <p>JS, as Chair of the Communications and Engagement Committee, presented the update report of the meeting held on 9th December 2014, and the approved minutes from the meeting held on 17th June 2014. JS informed the Board that this had been the first meeting with the new Communications team and its purpose was to confirm the terms of reference and agree the programme of work.</p> <p>The Board Noted the update.</p>	
TB 022/15	<p>Agenda item 22: Your Care Your Opinion Committee update</p> <p>IB, as Chair of the Your Care Your Opinion Committee, presented the report of the meeting held on 9th December 2014.</p> <p>The Board Noted the update.</p>	
TB 023/15	<p>Agenda item 23: Strategy Dashboard</p> <p>RB presented the Strategy Dashboard, which summarised the Trust's current status against agreed quality goals within respective strategy documents. It was agreed that in future, given that the Trust will ultimately maintain 18 Strategies, the Board will receive updates in respect of progress against the Quality Strategy only, and that all other Strategy Dashboards will be owned and approved by the responsible Board Committee.</p> <p>The Board Discussed and Noted the Strategy Dashboard.</p>	
TB 024/15	<p>Agenda item 24: Financial Management Strategy</p> <p>RB presented the Financial Management Strategy. The Board Discussed and Approved the strategy subject to minor changes to be overseen by the Audit and Assurance Committee</p>	

TB 025/15	Agenda item 25: Quality Strategy RB presented the Quality Strategy. The Board Discussed and Approved the strategy subject to minor changes.	
TB 026/15	Agenda item 26: Any other Business PJ advised the Trust that Margaret Wilcox, Director of Adult Social Care, GCC received an OBE in the New Year's Honours list. IB asked that the Board formally write to congratulate Margaret. The Chair took the opportunity to thank Chris Creswick (Non-Executive Director) for his service to the Trust. CC responded by thanking the Board for their patience with him during the last year, and noted his belief that the Trust has a bright future.	
	Agenda Item 26: Date of Next Public Meeting It was Agreed that the next meeting of the Board be held on Tuesday, 17 March 2015, at 9:30am – 1:30pm The Pavilion, Hatherley Lane, Cheltenham GL51 6PN.	

Chair's Signature

Date

Gloucestershire Care Services NHS Trust Board Action Log

Minute Reference	Action Agreed	Lead Exec	Update for 16 September 2014	Proposed Close Date	Status
Actions Carried forward from Gloucestershire Care Services Operational Board					
TB118/14	Quality Strategy - Q&CGC would pull out 4/5 level items to focus on and they would report an update on that at the next Trust Board meeting.	Director of Nursing & Quality	The Quality Strategy is on the agenda	Jan-15	Closed
TB127/14	SystmOne to replace the existing use of the Patient Administration System. GH to implement proposal and bring updates back to the Board.	Director of Finance			Closed
Gloucestershire Care Services NHS Trust Board Action Log					
TB110/14	CIP Report to come to March meeting	Chief Operating Officer	Contained within COO report	Mar-15	Open
TB110/14	Complaint policy to be received	Director of Nursing & Quality		Mar-15	Open
TB110/14	Approval of budgets	Director of Finance	On agenda	Mar-15	Open
TB110/14	Rapid-response roll-out report	Director of Service Transformation		May-15	Open
TB110/14	SystmOne update report	Director of Finance		May-15	Open
TB110/14	Annual accounts	Director of Finance		May-15	Open
TB006/15	Medical Revalidation Report	Medical Director	On agenda	Mar-15	Open
TB006/15	Mortality Reporting	Medical Director	Moved to May Board	May-15	Open
TB006/15	Membership Strategy	Director of Corporate Governance and Public Affairs		Jan-16	Open
TB006/15	Corporate Risk Register	Director of Corporate Governance and Public Affairs			Open
TB006/15	IBP and Long Term Financial model	Director of Finance		Jul-15	Open
TB011/15	Board to receive regular ALAMAC updates within the COO report	Chief Operating Officer	Contained within COO report	Mar-15	Open
TB015/15	Recent guidelines provided tools to calculate the "contact time" spent with patients and provides an opportunity to move away from a pure focus on numbers. EF/SF to discuss	Director of Nursing & Quality/Director of Service Transformation		Mar-15	Open
TB015/15	IB asked for length of stay information to be added to future Safer Staffing reports	Director of Nursing & Quality/Deputy Director of Nursing		Mar-15	Open

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Agenda Item 7 – Questions from the public - Blank page

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 17 March 2015

Location: The Pavilion, Hatherley Way, Cheltenham

Agenda item 8: Chair's report

Tewkesbury Hospital opening

We held a successful and enjoyable opening ceremony and welcomed Her Royal Highness, The Princess Royal to Tewkesbury Community Hospital on Wednesday 28 January. Princess Anne was greeted by Dame Janet Trotter, Lord Lieutenant of Gloucestershire, before being given a tour of the hospital by Matron Julie Ellery.

The Princess met colleagues and service users, and was given a presentation about plans for a new surgery on the site opposite the hospital. I would like to take this opportunity to thank colleagues for their continued hard work and support. It was a really special way to mark the opening and an opportunity to celebrate with colleagues, service users and local partners.

NHS Sustainability Roadshow

On Thursday 5 February I chaired the NHS Sustainability Day (NHSSD) Roadshow in Gloucester. The event was coordinated by NHSSD which receives sponsorship from the private sector to showcase sustainability innovation in the NHS, in order to galvanise progress towards the 2020 target of a thirty two percent reduction on carbon emissions.

NHSSD wanted to hold the event in Gloucestershire to represent the significant work that Gloucestershire Trusts have undertaken on sustainability. The day incorporated a presentation from Gloucestershire Hospitals NHS Foundation Trust on their new energy centre and Georgina Smith, Corporate Social Responsibility Manager, spoke about the role of community sustainability through green spaces. Professor Anthony Kessel from Public Health England was the keynote speaker and he emphasised the significant impact of climate change on health and how everyone can make simple changes that make a significant impact.

NHS Sustainability Day is marked on the 26 March as a chance for Trusts to promote and engage on sustainability, we will be linking this to NHS Change Day on the 11 March and circulating the green pledges that emerge to encourage people to think how waste can be eliminated (energy, water, travel waste, waste consumables) through a mini-audit of their area of work.

Engaging with our services

In February I, with my non-executive director colleagues, spent some truly interactive time with clinicians and admin colleagues within our Single Point of Clinical Access (SPCA) based at Edward Jenner Court. We experienced patient flows "in action" between community and acute trust services and saw packages of care being organised so that patients could stay in their own homes rather than be admitted to hospital.

SPCA is one of our "linchpin" services for the health and care system and particularly during increased winter pressures, demands on the team have increased. Yet despite this, they remain clinically focussed by doing the right thing for patients and their families. I was really impressed with their approach and the way they have been managing at a time of great pressure, a big thank you to the SPCA team for facilitating the visit on the 10 February.

The board participated in an interactive and informative session about our reablement services which took place on Tuesday 10 February. Key messages from the session included;

- The service remains an integral part of our ICTs and delivery of our external care plans
- Performance such as service user contact time is improving
- New ways of working have been implemented such as, two hour response time to referrals and four day recovery packages of reablement.

These have significantly contributed to supporting the health and social system during the recent winter pressures. Performance management plans continue and this includes the ongoing management of higher than average sickness levels. My thanks go to colleagues for hosting the enjoyable seminar session.

The Non-Executive Directors and I are continuing our series of quality visits to services. My most recent one was to the immunisation and vaccination service on Thursday 5 March at the Laker school, where about 50 girls aged 12-13 were receiving their HPV vaccine. I was able to talk with around half of them, who were complimentary about the clarity of the information they were given and the kindness of the nurses.

Health and Social Care Overview and Scrutiny Committee

In January I gave an update on the winter pressures in the urgent care system within Gloucestershire and the heightened media interest. This highlighted the concerns raised by HSCOSC - the impact of these circumstances on relationships between key partners and assurance that the system is working collaboratively.

I attended March's HCOSC, and all of the key partners were asked to provide a verbal update on the steps taken to meet the current and ongoing challenges, and demonstrating collaborative working. One of the key collaborative achievements shared within the meeting was the introduction of Alamac, and how it has helped

facilitate the handling of daily escalation through an action focused conference call and a daily information system to monitor pressures.

I also highlighted to the committee that we have expanded our capacity and reablement services to meet additional demand, provided additional beds, and flexed our Rapid Response service to support GHFT's A&E departments.

NHS Providers Board

I attended the NHS Providers Board on the 4 March; NHSP has been intervening with NHSE to reflect widespread provider questioning of the new tariff proposals.

January saw the pricing consultation which sets the annual tariff for NHS services proposed by Monitor, being rejected by the required level of providers. This meant that the price changes were not applied. The two options remaining for Monitor were to re-consult or go through the Competition and Markets Authority, both of which would have resulted in a long delay in getting a tariff in place.

In early February, NHS England and Monitor issued a proposal that each Trust either move to a locally agreed Enhanced Tariff Option (ETO) or move to a Default Tariff Rollover option which kept the previous year's tariff, but meant that the Trust would lose CQUIN of circa 2.5 percent. The value to each Trust under ETO varies but in total is worth circa. 0.5 percent (£500m) to all providers.

Following modelling of the impact, a meeting with all TDA Directors of Finance and a further review at a part two Board meeting, we will be moving to the locally agreed ETO.

Your Care Your Opinion

On Tuesday 3 March, a Your Care, Your Opinion information event was held at Gloucester Rugby Club. This welcomed a wide range of service users including many from vulnerable groups. Designed as an interactive session, the event focused upon the Trust's proposed priorities for its forthcoming Quality Account, and sought public perspectives on what truly represents quality care. Feedback was gathered from participants and will be reflected in the final document.

Working with our partners

On 12 March, together with Executive colleagues, I attended the quarterly Integrated Delivery Meeting (IDM) with the NHS Trust Development Authority (TDA). These quarterly sessions differ from the regular monthly IDMs in that they focus more strategically upon our direction of travel, and provide a greater degree of challenge and scrutiny to our plans.

My quarterly one-to-one meeting with Claire Feehily, Chair of Healthwatch Gloucestershire, took place on Tuesday, March 10. I will provide a verbal update to the board of this meeting.

Glyn Howells, Director of Finance and I attended the Gloucestershire Strategic Forum on Tuesday 27 January. We were pleased to have South Western Ambulance Service NHS Foundation Trust (SWAST) there for the first time and they will now be regular members. This will help maintain a system wide approach, particularly to urgent care matters.

Paul Jennings, Chief Executive and I, are continuing our visits to District and Borough Councils to meet with Leaders and Chief Executives. We have been warmly welcomed in all six localities and have made visits to Gloucester, Forest, Tewkesbury, Cheltenham and Stroud with only Cotswolds outstanding. There has been interesting discussion of common areas regarding housing, estates and the need to strategically plan together for the future of services. It is also clear we need to find a way to influence some of the big County strategic debates about economic development, employment and education if we are to play our full part as good corporate citizens.

Understanding You staff engagement events

I will be attending a number of Understanding You staff engagement events along with NED colleagues in the next few weeks, these events will be looking at: who we are as an organisation and include a number of priorities for the Trust these include;

- Year Two of the Listening into Action programme, what this will look like and what it will mean for us as a Trust;
- The upcoming CQC visit, what to expect and to answer any questions you may have
- An update on our Foundation Trust application

Board Developments

Paul and I met with Jason Brown, Director of Corporate Governance and Public Affairs to review our Trust committees and Board working, in light of the Trust Development Authority (TDA), Capsticks feedback and our own self reflection on our Board performance. This has resulted in some changes being made to the Board committee structure as per the attached schedule.

A series of four facilitated development sessions are being planned to address key themes. Our most recent board development meeting gave an opportunity for learning about the Duty of Candour, the recent Francis report on whistleblowing and the Fit and Proper Persons test, the requirements of all these will be reflected in revised policies and procedures for the Trust.

The Trust is currently recruiting for two NED roles. One will have a clinical background and the other a HR/legal/ business development background. Either of the roles could be designate. We hope to have made appointments by the end of April.

Board and Committee Structure - Overview

	Number of meetings per year	Core functions
Board	6 Patient Experience Session 9:30 – 10:15 Board Pre-meeting (closed session) 10:20 – 10:50 Public Board Meeting 11:00 – 13:30 Part 2 Private Board Meeting 14:00 – 14:45	Formulating strategy (1) the process for formulating strategy (2) the hallmarks of an effective strategy (3) strategic decision-making. Ensuring accountability (1) holding the organisation to account for the delivery of strategies (2) being accountable for ensuring the organisation operates effectively and with openness, transparency and candour (3) seeking assurance that the systems of control are robust and reliable. Shaping a healthy culture for the board and the organisation.
Audit and Assurance Committee	4 (plus 1 private meeting between the Chair, Trust Secretary and the External and Internal Auditors)	Reviewing significant financial reporting. Monitoring Internal financial controls. Ascertaining and reviewing Internal risk management systems, to include BAF and Corporate Risk Register. Scrutinising and reviewing the effectiveness of internal audit functions. Appointing external auditors.
Remuneration and Terms of Service Committee	2	Approving remuneration of all VSM Executive Directors (1) base salary (2) benefits (3) allowances (4) bonuses (5) incentives (6) compensation. Reviewing of remuneration policy. Considering pension guidelines. Approving Board appointments.

Charitable Funds Committee	4	<p>Advising the Board in its capacity as Corporate Trustee on all matters related to charitable funds.</p> <p>Conducting operational management of the Trust's charitable funds.</p>
Quality and Performance Committee	6	<p>Providing the Board with clear assurance on all issues pertaining to clinical and professional care, clinical governance systems and practices, clinical risk management, clinical incident reporting, investigation and lessons learnt, and all prevailing regulatory standards related to quality and safety.</p> <p>Reviewing service delivery activities, agreeing and monitoring action plans where remedial steps are necessary to improve performance.</p> <p>Maintaining oversight of pertinent Trust strategies.</p>
Finance Committee	6 (to be held on the same day as Audit and Assurance)	<p>Reviewing and monitoring the Trust's performance against the CIP, CQUIN and QIPP agendas</p> <p>Monitoring financial and budgetary planning.</p> <p>Making recommendations to the Board in respect of business development opportunities, in addition to business cases that require capital investment.</p>
Formal Executive Management Team	10	<p>Overseeing the management of the organisation on a day-to-day basis, providing a forum for key stakeholders to inform executive action.</p> <p>Reviewing the high level risks to achievement of the Trust's objectives.</p> <p>Proposing key strategies, plans and assurances for the support of the Board.</p>
Board Development	<p>4</p> <p>1 Board Retreat (1.5 days)</p> <p>Induction will be tailored to individual need</p>	<p>Delivering a structured process for induction of new Board members.</p> <p>Providing individual Board members with opportunities to refresh and update skills and knowledge.</p> <p>Creating opportunities for Board members to learn together through theme based developed covering (1) Challenge (2) Assurance (3) Risk (4) Trust</p>

Board Strategic Session	4 - ½ day sessions	<p>Session 1: Review of strategic objectives, SWOT Analysis and Accomplishments</p> <p>Sessions 2 – 4 to be defined</p>
Workforce & OD Committee	6	<p>Providing the Board will clear assurance in respect of all aspects of workforce strategy, planning and organisational development, in order that the organisation may be able to achieve exemplar clinical and professional outcomes and experiences for local service users and Trust colleagues.</p> <p>The Committee has particular responsibility for making significant contribution toward the realisation of a supporting and learning organisational culture that promotes the Trust's CORE values of being caring, open, responsible and effective.</p> <p>The Committee has also been tasked with an additional responsibility for education and learning</p>
Your Care, Your Opinion	3 and 1 Information Event	<p>Reviewing the Trust's systems and processes to ensure that:</p> <ul style="list-style-type: none"> (1) Service user feedback is suitably considered, that data is analysed and emerging themes identified, and that appropriate action is taken. (2) Particular consideration to seldom heard and seen population groups is given.
FT Programme Board	3	Overseeing the management and delivery of all work necessary to enable the Trust to progress its FT application, subject to agreement with the TDA and Monitor as appropriate.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 17 March 2015

Location: The Pavilion, Hatherley Lane, Cheltenham

Agenda item 9: Chief Executive's Report

Since the beginning of March the Chair and all the board executives, including myself, have been holding a series of staff engagement events at locations across the Trust. A total of 50 of these 'Understanding You' events are being held, running into April – often two or three per day at separate sites.

A recurring theme, revealed by both Listening into Action feedback and the recent results from the NHS Staff Survey, is that many colleagues feel communication from senior management is either infrequent or ineffective, and that we are not articulating a strategic vision for the Trust in a meaningful way.

This series of presentation and discussion events is the start of a staff engagement process which will help address that concern and map out the journey that we envisage at the Trust.

As an organisation we have a number of ongoing projects, such as Listening into Action and the drive to become a Foundation Trust. 'Understanding You' will draw together all the themes from these projects and offer a fresh opportunity to look at what they represent in our day to day work. We want to instil a culture of positive change which translates our vision and values for the Trust into improved care and services for Gloucestershire.

This will be an ongoing staff engagement project. I am taking it forward, with the aid of the newly-formed Corporate Planning team headed by Rod Brown. I will update the board of new developments as appropriate.

Safer Staffing Performance Indicators

I have received a letter from Jane Cummings, Chief Nursing Officer at NHS England, regarding the continued development of Safer Staffing Performance Indicators.

You will be aware that we have been publishing our ward staffing levels on our website since May 2014, in line with recommendations in the Department of Health's 'Hard Truths: the Journey to Putting Patients First'.

NHS England is developing a RAG (Red Amber Green) rating system for safe staffing and is liaising with every Trust regarding the underlying data used to create this rating system, which includes sickness absence rates, completion of mandatory

training, completion of performance development reviews and both staff and patient views on staffing. Data is being sourced from Trusts as well as national staff surveys and national patient surveys.

Longer-term, NHS England is also proposing to capture data on 'care contact time' every six months, and there are ongoing proposals to develop Electronic Staff Records (ESR) from which to mine data relating to safe care and performance.

At present there is no definite guidance on the publication of the RAG ratings except that it will be in Spring 2015, and we are awaiting further details on these as well as the intentions for their use in a regulatory or commissioning capacity.

Customer Service approach

The Trust currently undertakes a number of activities that represent engagement, headed by the Trust's operational teams which engage with service users, carers and families on a daily basis.

However, in terms of support services, engagement is principally managed by the Corporate Planning Team (staff and stakeholder engagement) and the Nursing and Quality Team (surveys, complaints, Friends and Family Test) with additional support from other services.

Last month the Trust agreed a new strategy to ensure that these teams work in tandem to allow the Trust to maximise its understanding of all information and feedback that it receives from its local communities, and coalesce this into a single mechanism that truly does help us to understand the voices of all local people and populations.

The revised strategy will address:

- the development of a customer services approach to engagement, so that the Trust actively welcomes, and is able to hear the voices of all local service users, carers and families
- how the Trust responds effectively to what it hears, so as to affect change that will positively impact upon the quality of care provided to people of all different backgrounds across Gloucestershire

This means taking a whole-system view of all the information coming into the Trust: surveys and complaints, established feedback channels such as Healthwatch and NHS Choices, Non-Executive Director visits, focus groups, consultations, Your Care Your Opinion, equalities and diversities reviews, performance data, incident reporting and legal claims.

This new approach will include a refreshed report for the Quality and Clinical Governance Committee to provide more comprehensive and detailed analysis and interpretation of feedback in its many forms, and more importantly, the actions that are being implemented across the Trust as a result of the analysis.

Listening into Action

A new face has just taken over the Listening into Action (LiA) project. Sonia Pearcey, Lead Nurse for Sexual Health, has taken up the secondment for 12 months as we arrive in the second year of LiA. Sonia comes with a wealth of knowledge and experience from her role within countywide sexual health services.

I would like to take this opportunity to put on record a huge thank you to Claire Powell who has been instrumental in promoting LiA in its first year and whose enthusiasm and energy has been a crucial factor in embedding the programme into the Trust.

The Trust currently has a dozen projects being taken forward under the LiA banner, a new round of Big Conversations in the pipeline and a leadership conference planned for the summer. I look forward to sharing details and outcomes with you as the LiA programme rolls forward.

Freedom to Speak Up

The recommendations from 'Freedom to Speak Up' – the review on creating a more open and honest reporting culture in the NHS by Sir Robert Francis QC – were published in February.

David Flory, Chief Executive of the Trust Development Authority, has written to every Trust to reiterate the need for a culture in which staff feel confident that they can speak up to highlight perceived risks, mistakes or shortcomings.

As you will be aware, our Trust has a dedicated Freephone number operated by an external contractor which allows staff to raise concerns anonymously. There is also a dedicated email address which only the board chair has access to.

However, the results from the recently published 2014 NHS Staff Survey were that only 64 per cent of our staff 'agree they would feel secure raising concerns about unsafe clinical practice'. This was lower than the mean result for community trusts (72 per cent) and the lowest amongst the 19 community Trusts included in the survey.

I am sorry that our colleagues feel that way and we will be trying to address this through the 'Understanding You' events, Listening into Action, and with additional promotion of existing channels for raising concerns.

The NHS has a well-established suite of materials to encourage its employees to speak up ('Raising Concerns at Work') and our communications team will be working to ensure that there is heightened awareness of all the options available within the Trust in the coming months.

Tariff decisions

As laid out in the Chair's report the Trust had to decide between Default Tariff Rollover (DTR) and the Enhanced Tariff Option (ETO) for contract pricing for 2015/16.

DTR would have increased Trust income by 1.9 per cent until the point that the new tariff is announced. However, it would also have meant the loss of 2.5 per cent CQUIN which GCS always earns that vast majority against. Had the new tariff, when agreed, been the same as the previous year the Trust would have been £600k worse off.

Under the ETO, the Trust will gain an additional 0.3% through a lower deflator – this provides for an additional £300k. ETO is the option that was chosen as discussed at Board in February. GCS has written to commissioners confirming our approach and are moving ahead to get contracts in place in line with this.

These delays have created knock-on impacts to the financial planning process: the levels of income that would have been earned under each tariff were different and so getting contracts signed and in place, submitting plans to the TDA and getting budgets rolled out to budget holders are running a little later than would have been the case had we not had the delay caused by queries regarding tariff.

The TDA has pushed the deadline for signing contracts back to 31st March and they also recognise that the annual plan will now be submitted to the TDA for final approval in May, which is clearly after the year has started and after budgets will have been pushed out to budget holders.

The Trust does not anticipate meeting these deadlines. There is a paper in today's pack that details the budget position for approval and the annual plan, when submitted, will still be in line with the one submitted in January. It will come to Board for approval prior to submission.

Leadership meetings on WebEx

In February a Trust leadership meeting was held on the online WebEx platform and was the largest such event the we have staged, with around 25 people dialling in. Holding this meeting online has real advantages, saving an estimated 500 minutes in travel time for participants and 213 miles of car journeys.

It also creates its own challenges, as the style of communication on what is essentially a large conference call is different from a face to face meeting. I feel this is a format well worth exploring, perhaps alternating meetings between face to face and WebEx. I will be inviting feedback on the initial session to hear opinions on the format and look at how we can invigorate the WebEx meetings going forward.

Safeguarding Vulnerable People in the NHS

NHS England is currently holding a consultation on a renewed accountability and assurance framework for Safeguarding in the NHS.

Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework will update and replace *Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework* which was issued by the NHS Commissioning Board in March 2013.

The context for safeguarding is always changing and it is important that safeguarding roles are clear. NHS England, working with other partners, has revised this framework to reflect recent developments and to respond to feedback from practitioners working across the health system who identified areas where further clarity of roles and expectations was necessary.

You can access the draft framework, background documents, details of the consultation and governance processes, and respond to the consultation at: www.engage.england.nhs.uk/survey/revised-safeguarding-framework.

The consultation is open until Thursday 26 March 2015, with the intention of publishing the revised version of the framework in May.

Celebrating the Health Visiting Call to Action

You may be aware that there has been an ongoing, and long-standing, national drive to increase the number of health visitors in the country. For Gloucestershire the target was to raise the numbers from 78 in March 2012 to 127 by April 2015, which represents a 63 per cent increase.

I am very pleased to report that we have been one of the most successful Trusts in the country for recruitment and we will meet our target in April. The Health Visiting service is holding a mini-conference on Thursday 26 March at which I will be speaking and I would encourage you all to attend if possible to learn more about how the service has developed and to congratulate everyone involved.

Media Coverage

On Monday 12 January, BBC Points West carried a positive feature on our Rapid Response service, with interviews with team members, a patient and GP. This highlighted an alternative to hospital during the period of extremely high demand on Emergency Departments.

Following this, from Monday 19 January, the Trust featured on a series of news items on BBC Radio Gloucestershire, examining the range of services which exist beyond the county's two acute hospitals. They ran pre-recorded segments on The Dilke Hospital, reablement, our respiratory team and integrated discharge team as well as live interviews with myself and Susan Field, Director of Service Transformation.

In February, we featured on Inside Out South West, a regional BBC TV news programme, which was examining the wider range of health services and how they interact.

Significant coverage was received in the regional media when HRH Princess Anne officially opened Tewkesbury Hospital on January 28. This also featured on ITV West. Newspaper coverage also included our Stop Smoking Team's support for New Year quitters.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 17 March 2015

Location: The Pavilion, Cheltenham

Agenda item 10: Chief Operating Officer's report

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

1. Winter Pressures and system capacity

At the time of writing our community hospitals have 16 additional beds open and the Trust is managing a further 50 care home beds in 'virtual wards.' This part of the ongoing work to deal with rising demand and ease the pressure on Gloucestershire Hospitals NHS Trust.

Providing these extra beds has a significant impact on our Integrated Community Teams (ICTs), with our reablement service reaching capacity during this period of winter pressure.

A number of inter-related pieces of work are underway as a result. We are mapping incidents, complaints and workforce against demand to better understand the correlations between activity, quality of service and impact on colleague well-being.

Heads of service are working on a workload management system for our ICTs so that we can monitor and report when the system is reaching capacity and refine our service model with a clearer view on the workforce resources required to meet various demands.

We are also building reporting systems to manage our medically stable list at community hospitals.

On Tuesday 3 March, Paul Jennings and Sue Field met NHS England and Monitor to discuss ongoing pressures on Gloucestershire's health system.

Our agreed actions include:

- To agree a target for medically stable patients in community hospitals
- To action more discharges before 10am
- To release additional bed capacity in our community hospitals over Easter weekend
- To find additional therapy capacity to support the increased community hospital and care home beds
- To contribute to the system-wide action plan

2. External Care

The current forecast outturn for 2014/15 is for an overspend of £5.8m. This is clearly an unacceptable position and of significant concern to the Trust and the County Council.

The savings programme was approved in June 2014 by the County Council, the Clinical Commissioning Group and Gloucestershire Care Services and was designed to address £6.4m of budget pressures. However, it is now apparent that the financial position at the start of the year was actually worse than forecast and a further additional £0.9m of pressures was also rolled in to the OP and PD budget part way through 2014/15.

The service changes are delivering improvements, but only providing part year savings because of the long lead in times associated with the scale of change required. The County Council's finance team estimate that the overspend would be between £2.3m and £4m higher without the improvements that have been delivered.

Priorities until the end of this month include:

- Completion of approximately 400 reassessments started this year. This is critical for the programme going into 2015-16 and there has been an emphasis on ensuring that it is actioned.
- Progressing service users waiting to leave reablement. As demand on reablement has grown due to winter pressures, so the need to progress cases within six weeks has become more pressing.
- Managing sickness within reablement. Some localities have up to 13 per cent sickness levels.

2015-16 Urgency in the first quarter

The financial challenge is significant with large savings required to balance the budget. The work programme being finalised and will include the continuation of the key workstreams of reassessments, reablement, telecare and keeping people at home.

The first 3 months of 2015-16 are critical to holding the budget for the year. Accordingly, the focus will be on reviews, recruiting into vacancies to give us the necessary capacity and resolving service issues.

Key themes for external care in 2015-16

Connecting our Data: A workstream is being developed, involving senior finance staff at the County Council, to ensure our performance data maps more consistently and accurately to the financial data.

Reassessments: For December, the percentage of service users who have had a full re-assessment of their needs within the last 12 months was 70.4%, which is the same performance as the month before, and below target of 80%.

Early and accurate reassessment has a financial impact throughout the remainder of the year, so it is vital we prioritise this in the first quarter. We are looking at recruitment of additional staff to complete reassessments. Overdue reassessments will also be a major priority.

Problem solving: To enable more people to live at home we need more capacity within our reablement and telecare services. We also need to be working closely with our Village Agents on a more comprehensive understanding of what is available within each community so we can make full use of existing services as part of our standard support planning.

Our referral centres are reviewing how we deal with crisis. Our first response and our problem solving approach will be critical and this is the same within all our teams, including the hospitals. We need to ensure that we don't make permanent changes or life-changing decisions for people when they are not stable.

Positive Risk Taking and Reducing Care Home Admissions: A new CQUIN is being developed on Positive Risk Taking, with coaching sessions giving practical examples of risk management and how we can stretch our concepts of positive risk to be more in line with our colleagues in other parts of the country. This work will form a major part of our workstream on reducing care home admissions.

Direct Payments: There will be 2 pieces of work this year around Direct Payments – increasing the take up of DPs and also making sure that we recoup contingencies held in DP accounts where they are not being used.

In summary, the External care workstreams heading into 2015-16 are:

- Referral Centres and managing demand at the front door, including developing community assets
- Reablement and telecare
- Reassessments
- Reducing care home admissions and positive risk taking
- Increasing Direct Payments and recouping contingencies where these are not being used
- Reducing short term packages spend (QSPs)
- Performance and finance reporting
- Improving practice
- Streamlining our processes

3. Recruitment and retention

Nurse Recruitment continues to be a key priority for the Trust. Whilst some progress has been made in attracting new staff, significant challenges remain in particular in recruiting Band 6 Nurses for Community Nursing and Band 5 Staff Nurses for Community Hospital inpatient units.

Bank and e-rostering

Good progress has been made with the remediation of e-rostering to facilitate automated daily monitoring of staffing levels:

- The three test sites, Stroud, Dilke and Lydney Community Hospitals are now all paperless and e-rostering. The work has included:
 - Training for 160 staff;
 - Producing new rules and operation policies, which are over seen by the matrons;
 - Work continues to achieve full functionality
- The team have just introduced e-rostering to a further site - Cirencester - there is a training program in place for the ward staff

The structure and operation of the Bank Office is being reviewed to ensure it is fit for purpose and properly resourced to best manage the Trust's bank and agency staffing requirements.

4. Cost Improvement Programme Schemes (CIPS)

The Performance & Resources Committee is meeting the day before this Board to discuss progress against this year's Cost Improvement Programme and the proposals for 2015/16. An update from the meeting can be provided at the Board.

5. CQUIN & QIPP

2014-15 CQUINs

The delivery of this year's CQUIN Programme is on track against milestone trajectories. Quarter 3 milestones have been achieved. The Trust has been formally notified by the GCCG that financial payments will be made although it is acknowledged that there is some delay with CQUIN 4 payment - information due to be submitted to the GCCG mid-March. There is no risk associated with this.

Operational teams are now working with quarter 4 milestones and remain on plan.

2015-16 CQUIN Negotiations

These have commenced with the GCCG and are progressing well. Key themes include:

- Safety Thermometer
- National CQUINs – acute kidney infection, sepsis. There remains some uncertainty as to whether there will be one for urgent care.
- Assessing and managing care for people with frailty
- Dementia
- Positive Risk Taking
- Transition of children to adult services

It is likely that key milestones within each CQUIN and the financial payments schedule associated with this will be agreed by end of March 2015.

2014-15 QIPP

The Trust has achieved over 70% of its agreed QIPP milestones. However, there remains a £1m risk and therefore a red RAG rating associated with this year's QIPP programme. Due to these challenges the majority of which are beyond the Trusts control, the Trust continues its negotiation with the GCCG to mitigate the level of risk.

2015-16 QIPP Negotiations

Negotiations for QIPP 2015-16 commenced with the GCCG in January and indications to date suggest that the key areas of Integrated Community Teams, Community Hospitals Development, and Integrated Discharge Teams from 2014-15 will continue. Suggestions also include a review of GCS' Single Point of Clinical Access Service and implementing recommendations from both the Physiotherapy and Rehabilitation reviews undertaken in 2014/15.

We have discussed *seven day working*, and *discharge to assess*, as both will need to be considered given recent developments and risks identified across the health and care system. GCCG, on behalf of primary care has also submitted a bid for the Prime Ministers Challenge Fund for extended hours, aligned to seven day working and GCS' Minor Injury and Illness Units. The Gloucestershire Hospitals Foundation Trust has also recently become a pioneer site for implementation of a *discharge to assess* service that will require community support from GCS. We continue to seek assurance from the GCCG that equality and quality impact assessments will be undertaken and that these would consider the system-wide impact.

Key messages as part of these negotiations with the GCCG include:

- QIPP needs to align with the Trusts internal Transformation & Change programme
- Avoiding delays experienced 2014-15 in signing off the QIPP schedule
- Seeking further clarification around 'Shifting Care out of Hospitals' and supporting modelling work completed by GCCG as this will apply to our 'front door' work streams.
- Transforming Elective Care – including IV therapies and requiring further clarity regarding the 'redesign of podiatry services'

- Being clear how QIPP schemes will support the reduction of emergency admissions and aligning further to Alamac data and trends.
- The need to take into account the planned CQC visit in June as well as Quarter 4 winter pressures

6. SystmOne

SystmOne went live for Integrated Community Team (ICT) occupational therapy and physiotherapy on Monday 9 March 2015. Children and Young People services went live with SystmOne in December. Performance is being monitored by the SystmOne operational sub-committee and adjustments are made where necessary to aid performance.

7. Chlamydia Screening Rates

The Trust is commissioned to deliver 1429 positive Chlamydia screens in 2014-15. The actual performance by December was 786 against a trajectory target of 967. We have not been able to achieve the monthly target in any month so far.

A meeting was held on the 10 February 2015 with commissioning colleagues in Public Health to review progress and to determine what further actions are required for both the remainder of this year as well as for 2015/16.

We are unlikely to meet the 14-15 target, but anticipate delivering the same level of positive screens as 13-14.

Key factors impacting on performance this year include:

- Chlamydia screening has been integrated with the health advising team within sexual health services. This has required the workforce to be trained to deliver the range of health screening services, and as such will have taken focus away from the current chlamydia screening team while they upskill colleagues.
- The sexual health advisors are highly skilled and have experience which lends itself to work in other areas of the service. When demand in these areas is high, the health advisers providing additional support. This takes their focus off chlamydia screening work and in particularly partner notification.

Commissioning has confirmed that they are in agreement with the move to integrate the sexual health pathway but confirmed that the 15/16 target will remain at 1429 positive screens, and have requested we review the current service delivery model to ensure it can deliver this target. We are exploring a joint approach with GPs which has worked well in other parts of the country.

8. Timely Access to Adult Speech and Language Therapy

Adult speech and language therapy have not achieved the 8 week referral to treat performance target for two consecutive months, with 89% achievement against a target of 95%. A recovery action plan is being produced.

Ongoing recruitment difficulties, alongside a growing demand for Adult speech language therapy is impacting on service provision for both Gloucestershire Care Services and Gloucestershire Hospitals NHS Foundation trust which subcontracts from our organisation for inpatient and outpatients speech language therapy service.

The service lead has secured clinicians through approved agencies, is actively recruiting and is redesigning roles to create a career progression for this group of clinicians as part of a retention plan.

9. Temporary suspension of access to the Child Health Information System

The Trust pays for an electronic system from the Health and Social Care Information Centre which provides alerts of children and young people who have moved into the county. Without this link we would be unaware of children in our area, unless they register with a GP or contact the organisation directly for a service. This is a critical link to ensure children and young people in our county are safe and receiving services to support their health and well-being.

This link was temporarily suspended over NHS England concerns with our Information Governance toolkit. This decision was reversed with the intervention of the Trust's Corporate Governance and Public Affairs directorate, which reassured NHS England over our Information Governance arrangements. We still have work to complete on Information Security Assurance due to two outstanding policies – Smart Card Policy and Registration Authority Policy – which are in draft and awaiting final approval (expected March 2015).

The link has been reactivated, and the Child Health Information Service is reviewing the file to ensure no children who have moved in have been unaccounted for and not registered on our Child Health module.

10. Alamac Updates

The Trust is planning to utilise the Alamac data within its Performance and Quality reports. The granularity of data and trends reporting is being worked through with the Trust's Performance Team. Work is also underway to develop an Alamac "kitbag" approach for each of the Community Hospital wards – this will support us with reporting on the number of medically stable patients and stand us in good stead for when we anticipate introducing the Medworxx Clinical Acuity and patient tracking tool.

10. Contributions

Many thanks to the following for helping compile this report:

- Candace Plouffe, Director of Service Delivery
- Susan Field, Director of Service Transformation
- Matt Blackman, Communications Specialist

Ref: 15/B037

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Quality and Clinical Governance Committee Report

28th February 2015

Objective:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Quality and Clinical Governance Committee Governance and Quality held on 26th February 2015.

The Board is asked to:

To receive the report and the approved minutes of the 11th December 2014 meeting for information and assurance

Executive summary:

The report sets out the key points discussed at the meeting of 26th February 2015 and highlights keys issues agreed for escalation to Board. The approved minutes of the meeting held on 11th December 2014 are attached for information

Sue Mead,
Quality and Clinical Governance Committee Chair

<input checked="" type="checkbox"/>	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
<input type="checkbox"/>	<p>This paper proposes changes. Equality analysis identifies the following equality impacts:</p> <ul style="list-style-type: none"> • • <p>A copy of the EIA is appended.</p>
<input type="checkbox"/>	<p>This paper proposes changes. Equality analysis has NOT been completed for the following reasons:</p> <ul style="list-style-type: none"> • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 17th March 2015

Location: The Pavilion, Hatherley Lane, Cheltenham, GL51 6PN

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Quality and Clinical Governance Committee meeting held on 26th February 2015. The approved minutes of the 11th December 2014 meeting are attached for information.

2. Quality Matters

The Quality Report was presented to the Committee and each of the aspects of quality; safe, caring, responsive, effective and well led were debated in some depth. This assurance was underpinned by the reports received from the Unscheduled and Scheduled Care Directorates enhancing the reporting from the point of care. The aspects presented for particular attention by the Committee were:

- The Director of Nursing and Quality stated that over the period reported the Trust achieved 80% of all applicable national NHS targets and 74.1% of local targets which is a decline on the position reported in December 2014.
- Influenza vaccinations for colleagues. The final figure for the 14/15 was 42.5% of patient facing colleagues receiving the vaccination - this is an improvement on the outturn figure for last year of 38.6%. The use of peer vaccinators is believed to have made access to vaccination easier for colleagues and consideration will be given to extend this option in the coming winter.
- The response rate for the Friends and Family Test in MIUs and inpatient areas was discussed. Response rates for December remain disappointing although the Committee was advised of significant improvement in January. As the FFT extends to all GCS services this will provide an opportunity to use the "free text" comments also collected through this process to build a richer picture of service user experience.
- Safety thermometer: the Committee noted the harm free care data and particularly discussed how the Trust may effect change in the 5% and address the marked variation in performance across the Trust. The rate of falls in the community hospitals remains of concern and Committee was informed of the work of the Head of Community Hospitals in developing an action plan with the Matrons. This includes the potential development of activity coordinator roles and open visiting alongside positive risk taking that acknowledges the inherent risk linked with rehabilitation and reablement.
- As a result of pressures across the health and social care system GCS continues to have additional beds open at both the Dilke Hospital in the Forest of Dean and Princess Anne Ward at Stroud. The Committee were informed that while attention to staffing levels the environments were not

wholly conducive to providing high quality care. The Director of Service Transformation is actively working with the CCG to agree a plan to close these additional beds. The Committee noted the issue was registered as a risk, and the actions being taken to mitigate concerns. The Chair asked for an update following the meeting with the CCG the following week.

- The Director of Human Resources reported that the sickness absence levels, mandatory training rates and appraisal rates continue to under-perform. The Chair asked for a detailed report and action plan for the next meeting.

3. Development of the “Understanding You” report

The CEO and RB introduced the Understanding You – an approach to customer service report to the Committee. The paper set out to articulate how as a Trust may become more customer services focused and “live” our commitment of “Understanding You” ensuring we listen to, and learn from service users, carers and families.

A proposed revised and extended form of reporting was presented that will bring together all aspects of service user experience and by triangulating that data present a more effective picture of the experience of our service users.

It was stressed that this is not about rewriting the Engagement Framework and Communications and Engagement Strategy.

While the need for cultural change was acknowledge there were reservations about both the use of the term customer in a health context and some of the examples of good practice in report.

Overall, the Committee were very enthusiastic about the proposal and agreed to recommend it to Board. The recommendations for improved reporting were particularly welcomed. The first such report will be presented at QCGC in April 2015.

The Chair asked that the proposals be circulated widely for consultation, especially to the next You Care, Your Opinion meeting to be held in March. It was felt however, that this should not hold up action to put the proposals into action.

4. Complaints Policy

The Director of Nursing and Quality presented the revised complaints policy and commented that the policy sets out the approach that the Trust will take to listening to and learning from those that use the Trust services aligning to the Trust “Understanding You” commitment.

It was agreed that the policy should be aligned to the core values framework, the Duty of Candour, safeguarding processes and that an implementation plan will be developed to support the policy.

Discussion took place as to how NED oversight of complaints may be incorporated into the process. It was agreed a discussion would take place outside Committee.

Subject to minor changes the policy was approved to be presented to Trust Board in March for ratification.

5. Other reports presented to the Committee

- Position against the Quality Account goals – year to date
- Review of diabetes services
- Plans for the Annual Mortality Review report
- Medical Revalidation
- The Committees Annual Statement for Board
- Estates and Facilities Report

6. Conclusions and Recommendations

The Board is asked to:

- **Note** this report
- **Receive** the approved minutes of 11th December 2015 meeting for information and assurance

Report prepared by: Liz Fenton, Director of Nursing and Quality

Report Presented by: Sue Mead, Chair, Quality and Clinical Governance Committee

GLOUCESTERSHIRE CARE SERVICES NHS TRUST

QUALITY & CLINICAL GOVERNANCE COMMITTEE

**Minutes of the Meeting
held on Thursday 11 December 2014**

Voting Committee Members	
Sue Mead (SM)	Non-Executive Director
Liz Fenton (LF)	Director of Nursing and Quality
Richard Cryer (RC)	Non- Executive Director
Mike Roberts (MiR)	Interim Medical Director
Ingrid Barker (IB)	Trust Chair
Tina Ricketts (TR)	Director of HR
Nicola Strother Smith (NSS)	Non-Executive Director
Jason Brown (JB)	Director of Corporate Governance and Public Affairs
Duncan Jordan (DJ)	Chief Operating Officer
Committee Attendees (Non-Voting)	
Louise Foster (LF)	Joint Clinical Director – Dental (Countywide representative)
Christopher Brooks-Daw (CBD)	Deputy Director of Nursing (Interim)
Sue Field (SF)	Director of Service Transformation
Candace Plouffe (CP)	Director of Service Delivery
Deborah Greig (DG)	Head of Social Care
In Attendance	
Sarah Warne (SW)	Named Nurse Safeguarding Adults/Clinical Quality Manager
Rod Brown (RB)	Foundation Trust Programme Manager
Helen Chrystal (HC)	Deputy Director of Nursing, CCG
Lucy Lea (LL)	Equality & Diversity Manager
Rosemary Clifford (RC)	Clinical Audit and Compliance Manager
Julie Goodenough (JG)	Head of Community Hospitals
Alison Reddock (AR)	Clinical Effectiveness Manager
Louise Cooper (LC)	Minute Taker
Christine Thomas (CT)	Assistant Board Secretary (Interim)

Ref	Minute	Action
101/14	Agenda Item 1: Apologies The Chair opened the meeting and welcomed attendees. No apologies were received	
102/14	Agenda Item 2: Minutes of the meeting held on 16 October 2014	

	<p>The Committee reviewed and subject to minor amendments APPROVED the minutes of the meeting held on 16 October 2014.</p>	
103/14	<p>Agenda Item 3: Matters arising and action log</p> <p>The action log was reviewed by the Committee and the following updates given for the items that were not closed or featured on the agenda:</p> <p><i>(Q&CG 64/14) – MOR had provided the Chair with the details of GCS performance in relation to National and Local targets when compared with the same period last year. This showed a deteriorating position in respect of meeting local targets.</i></p> <p>This information to be circulated to the Committee and the item closed</p> <p><i>(Q&CG 64/14) - The Director of Corporate Governance was asked to add in a field to the Risk Register to show who the owner of each risk was.</i></p> <p><i>(Q&CG 66/14) – Director of Corporate Governance to look at where the Health & Safety Forum now reports as this no longer comes to the Q&CG Committee.</i></p> <p>These discussions will be concluded as part of the annual review of the sub committee's terms of reference. For February agenda</p> <p><i>(Q&CG 72/14) – An Out of Hours and Community Hospital update to be included in routine reports from operational directors.</i></p> <p>This will be included in the Unscheduled Care Report. Item closed.</p> <p><i>(Q&CG 73/14) – Director of Service Transformation to bring an update on the quality impact to the reablement service of the high levels of sickness.</i></p> <p>This would now fall to the Director of Service Delivery and included in the Scheduled Care report. Item closed.</p> <p><i>(Q&CG 86/14) – Concerns re duplication of scrutiny re waiting time between P&R and QCG Committees but recognition both have a distinct interest</i></p> <p><i>(Q&CG 89/14) Concern was raised that people still did not know how to make a complaint. SF and TR to discuss at Executive</i></p>	

	<p><i>Meeting and bring back to committee.</i></p> <p>The revised Complaints Policy will be presented to the Committee in February. Item closed.</p> <p><i>Waiting time were deemed still be to be of concern and it was questioned whether this was still SystmOne or other factors or other factors. SF to talk to DJ.</i></p> <p>The Committee RECEIVED the Action Log and NOTED the updates.</p>	
104/14	<p>Agenda Item 4: Forward Agenda Planner</p> <p>SM, LF and JB to meet early in the New Year to review the forward plan for 2015/16.</p> <p>It was agreed that the Annual Committee Statement, Standing Orders, Terms of Reference, Mortality Review and Medical Revalidation to be added to the Forward Agenda Planner for the February meeting</p>	JB
105/14	<p>Agenda Item 5 and 6: Quality Strategy and Quality Account Update were taken as one item</p> <p>RB presented the draft Quality Strategy which is an overarching document bringing together the key strands of the other Trust strategies including OD, Workforce, Clinical and Professional Care.</p> <p>Feedback was asked for with reference to the seven quality indicators. It was agreed it was clear and understandable.</p> <p>The Committee also received the plans for the development of the 14/15 Quality Account and discussed the proposed quality goals. It was agreed that to ensure these are well recognised across the Trust that they were aligned to the Quality Strategy goals and CQUINs where possible.</p> <p>SF queried the target figure of people being referred and seen within 1 hour. RB to check.</p> <p>The Committee APPROVED the draft Quality Strategy report and agreed to for it to go to BOARD</p> <p>SM proposed to take Agenda Item 8 next which was agreed</p> <p>RB left the meeting</p>	LF/RB

106/14	<p>Agenda Item 8: Quality and Performance Report</p> <p>LF presented the report in showing the Trust's performance in relation to national and local care quality indicators.</p> <p>Flu Vaccinations</p> <p>Uptake of flu vaccination amongst colleagues in October was disappointing at 13.6%. However discussions with Working Well who then reviewed the data identified 400 staff attributed to the old PCT code. This was corrected and resulted in a 32% figure for November. These figures do not include staff who have visited their GP or alternative centre for vaccine. A survey will be undertaken in the new year to capture these additional people. SM highlighted the public health importance of this programme and inquired whether there was a way to incentivise uptake. Regular communications are made to remind colleagues and to offer vaccination clinics.</p> <p>Friends and Family</p> <p>Friends and Family responses have deteriorated in October in MIU's. This is within GCS control to correct with each unit reminded to offer and make cards available. Text messages are also being used to help increase the response rate.</p> <p>There has also been a marked deterioration in both response rates and net promoter scores for in-patients. Community hospitals will now offer a face to face interview as an alternative and the impact will be measured.</p> <p>CP highlighted that the loss of the staff comment cards did not allow for staff to record comments, particularly informal feedback which can provide valuable insight into patient experience.</p> <p>The Committee saw this as a top priority to improve and will monitor the impact of improvement plans closely.</p> <p>Patient Safety</p> <p>Comparative data shows that GCS is a low reporter of incidents and we are looking at the reasons that may prevent colleagues reporting. CDB indicated there are blockages due to the structure of the datix and additions which means that reporting is time consuming. CDB is reviewing the process to simplify reporting which will be completed by March 2015, this will be supported by training.</p>	LF
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	<p>the weekends.</p> <p>Currently 95% bed occupancy rate</p> <p>SM agreed to take agenda items 10 and 11 next.</p> <p>IB/DJ/MR/SF/JG left the meeting due to a meeting with the GCCG</p>	
107/14	<p>Agenda Item 10 – Unscheduled Care Governance Report Agenda Item 11 – Scheduled Care Governance Report</p> <p>LF informed the committee of the temporary reduction of beds at Stroud on October 8th due to staff vacancies and sickness and the acuity of the patient, many needing 121 care. Phased bed reopening is underway with a net bed deficit of 5 beds countywide. Stroud General Hospital will be fully operational by 5 January 2015.</p> <p>There was concern raised with regards to Out of Hours Service and the ability to maintain a high quality service over the holiday period now the contract has been awarded to SWAST this will impact on “loyalty” of the medical support. Assurance was given re the joint arrangements in place to oversee this.</p> <p>GCS has fortnightly meeting with GCCG regarding the current pressures in the District Nursing Services. Daily nursing rotas are in the process of being communicated to GP practices.</p> <p>Children’s Services went “live” on SystmOne this week.</p> <p>NSS commented that she had visited the Wheelchair Services Clinic and there is no receptionist which does not feel good. This is the same in Children’s OT. SM commented that lack of front door services, admin/back office can impact on quality of service.</p> <p>The Committee RECEIVED the reports and acknowledged the difficulties raised.</p>	
108/14	<p>Agenda Item 7: Preparedness for the Chief Inspector of Hospitals Visit</p> <p>RC outlined the new inspection process and rating system and the actions the Trust is taking to prepare for their visit. CDB informed the Committee that mock visits to the hospitals would be undertaken to give staff an appetite for the CQC inspection. The importance of clearly communicating key messages was emphasised as well as reminding staff that they have services to be proud of and welcome the opportunity to show case their services.</p>	

	<p>The Committee NOTED the presentation and actions being taken.</p> <p>RC leaves the meeting</p>	
109/14	<p>Agenda Item 9: Terms of Reference</p> <p>No discussion. Committee to email JB with comments. To take forward to February meeting.</p>	
110/14	<p>Agenda Item 12 – Service User Experience Report</p> <p>CBD presented the Service User Report for Q2 and highlighted to the group that future reports would look very different as we are bringing together all aspects of service user feedback and focus on the quality improvement made as a result.</p> <p>The Committee NOTED the Service User Experience Report and welcomed revised focus for future reporting. This remains a key area for improvement.</p>	
111/14	<p>Agenda Item 13 – Safer Staffing – Community Hospital Dependency Review</p> <p>AR presented the Safer Staffing, Community Hospital Dependency review which was undertaken in September and October 2014. This is part of the requirements set out by the National Quality Board. Use of the same methodology allowed comparison with the 2012 benchmarking review and there was no significant change in the dependency level of the patients noted. The additional investment in staff as a result of the 2012 audit increased the ration ratio of qualified and unqualified staff and the staffing numbers continue to be consistent with the dependency of the patients. It was noted however that the clinical judgment of the Matrons and Ward Managers is used to access need on a shift by shift basis.</p> <p>SF is working with the GCCG in the implementation of an electronic package to provide real time information of care need to better inform staffing.</p> <p>The Committee APPROVED the review to be presented to the Board</p>	
112/14	<p>Agenda Item 14 - DN Services Report</p> <p>CP presented an action plan developed in partnership with GCCG. The development of a county wide vision for the service is to commence in January 2015. CP stated that the GPs have been engaged and understand the need to modernise the</p>	

	<p>service.</p> <p>This report was NOTED and ENDORSED.</p>	
113/14	<p>Agenda Item 15 – Revised Governance Framework for Social Care</p> <p>DG informed the committee that the Social Care framework was created by GCC before the GCS was formed. DG explained that her aim was to produce a Practice Guidance Handbook setting out how policy is set and monitored through a robust audit programme.</p> <p>Reports will be provided for both GCS and GCC.</p> <p>SM questioned if the focus would be both performance and quality, DG confirmed the focus would be mainly on quality.</p> <p>DG is working towards approval from Margaret Wilcox (DASS) by the end of December 2014. Update to come back to the Committee and factored into the QCGC forward planner.</p> <p>The Report was NOTED</p> <p>SM agreed to take item 16 and 18 together</p>	DG
114/14	<p>Agenda Item 16 – Sub Group Reports: Infection Control Committee Report</p> <p>Agenda Item 18 – Infection Control Annual Report</p> <p>LF presented the Annual Report of the Director of Infection Prevention and Control for 13/14. This presented an overall positive picture though the C.diff tolerance was missed by one case. Lessons learnt are being applied to ensure the minimisation of risk and a whole health community approach is being taken.</p> <p>The Committee commented on the quality and clarity of the report and LF praised the work of Sam Lonnen as the author</p> <p>The Reports were NOTED and agreed the Annual Report be presented to Board</p>	
115/14	<p>Agenda Item 17 – Equality Annual Report</p> <p>LL presented the Equality Annual report. LL confirmed that the GCS were compliant with the Equality Act and explains the implications from April 2015 it will have on the NHS framework.</p> <p>LL requested that the Committee members provide any feedback</p>	

	<p>on the report directly to her in order that the final report be complied for presentation to Board in April 2015.</p> <p>The Committee NOTED the report and the deadline for comments to be submitted</p>	All
116/14	<p>Agenda Item 19 – CQC Review Children in Care Update</p> <p>SM -asked for any comments. CP noted that this was a monitoring report of the GCS specific actions from the Countywide CQC review. LF advised that this report is presented to the Countywide Group chaired by the CCG and is on target to achieve the actions required. A GP had been informally engaged but this was now being formalised.</p> <p>The Committee NOTED the update.</p>	
117/14	<p>Agenda Item 20 – Focus Groups</p> <p>Your Care Your Opinion with Katie Parker had produced an overview report of a focus group on Food and Hydration. Project has been well received and supported by close working with Carers Gloucestershire and Healthwatch.</p> <p>Follow up meetings with the focus group members are planned at three and six months.</p> <p>LF discussed the need for a governance framework to support this important work including actions to be taken in the event of a concern or disclosure in a group that requires immediate action.</p>	
118/14	<p>Date of Next Meeting</p> <p>Thursday, 26 February 2014 at 1.30pm in the Boardroom, Edward Jenner Court</p>	

Chair's Signature

Date

Ref: 15/B038

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Quality and Performance Report

17 March 2015

Objective:

This report serves to provide information and assurance to the Board in respect of the Trust's quality performance against nationally and locally commissioned targets.

The Board is asked to:

Note the contents of this report, provided for information and assurance, with details of actions included.

Executive summary:

The report shows the Trust's position as of January 2015 against key quality and performance indicators and is showing Green or Amber against targets on a year to date basis (April to January 2015) as follows:

National = 91.2% (31 of 34)

Local = 81.5% (22 of 27)

The report has been further developed with the addition of more exception reporting. Developments and changes to the report are captured within change request log within the report. The focus of this is patient experience, with extended Friends and Family Test reporting and additional inpatient survey information.

Liz Fenton (Director of Nursing)

Matthew O'Reilly (Head of Performance and Information)

Please complete the Equality Checklist over...

Please select one of the following options:

<input checked="" type="checkbox"/>	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
<input type="checkbox"/>	<p>This paper proposes changes. Equality analysis identifies the following equality impacts:</p> <ul style="list-style-type: none"> • • <p>A copy of the EIA is appended.</p>
<input type="checkbox"/>	<p>This paper proposes changes. Equality analysis has NOT been completed for the following reasons:</p> <ul style="list-style-type: none"> • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Quality and Performance Report

17th March 2015

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Key Matters

MSKCAT

Waiting times remain above trajectory for those requiring routine appointments which has an impact on referral to treatment targets. Actions to address under performance include:

- Recruitment above establishment to create capacity
- Provision of additional clinics
- Service to offer appointments outside of locality
- Quality Impact Assessment to review scheduling of follow-up appointments in comparison to new appointments

Podiatry

Waiting times also remain above trajectory. The actions in place to address this are as for MSKCAT

Flu Vaccinations – Staff Programme

GCS recorded uptake of the vaccination of 42.5% in 2014/15. This is an increase of 3.9% on the performance for 2013/14 of 38.6%.

Incident governance

Our approach to incident governance has been reviewed with improvement actions being underway. April 2015 will see a re-launch of our new approach to incident governance with a newly built incident reporting interface on Datix creating a more user-friendly system. This will be supported by a new incident policy which pulls together reporting, understanding and learning.

Quality overview - health performance against indicators (January YTD)

	January cumulative year-to-date (with comparators to December)							December cumulative year-to-date			Average year-to-date		
	Red		Amber		Green		Total	Red	Amber	Green	Red	Amber	Green
National	3 8.8%	↑	3 8.8%	↓	28 82.4%	↑	34	3 8.6%	4 11.4%	28 80.0%	2 5.7%	3 8.6%	30 85.7%
Local	5 18.5%	↔	2 7.4%	↔	20 74.1%	↔	27	5 18.5%	2 7.4%	20 74.1%	5 18.5%	1 3.7%	21 77.8%
Total	8 13.1%	↑	5 8.2%	↓	48 78.7%	↑	61	8 12.9%	6 9.7%	48 77.4%	7 11.3%	4 6.5%	51 82.3%

National indicators

Red	Safety Thermometer - harm free care	Page 11
	Friends and Family Test - MIU response rate	Page 29
	Children in Year 6 with Height and Weight recorded	Page 43
Amber	MIU unplanned reattendance rate within 7 days	Page 43
	Health Visitors - Call to Action (number of WTEs)	Page 43
	Face to Face Consultation in PCC (Urgent to be seen within 2 hours)	Page 43

Local indicators

Red	MSKCAT service - wait time for routine patients	Page 44
	MSKCAT service - wait time for urgent patients	Page 44
	MSKCAT service - referral to treatment	Page 44
	Chlamydia Screening - number of positive screens	Page 44
	Podiatry Service - referral to treatment	Page 44
Amber	Bone Health Service – referral to treatment	Page 44
	Speech and Language Therapy (Adult) – referral to treatment	Page 44

Quality overview - health performance against indicators (in-month January 2014)

	January 2014			
	Red	Amber	Green	Total
National	2 5.9%	3 8.8%	29 85.3%	34
Local	4 15.4%	4 15.4%	18 69.2%	26
Total	6 10.0%	7 11.7%	47 78.3%	60

National indicators		
Red	Safety Thermometer - harm free care	Page 11
	Children in Year 6 with Height and Weight Recorded	Page 43
Amber	MIU unplanned reattendance rate within 7 days	Page 43
	Health Visitors - Call to Action (number of WTEs)	Page 43
	Completion of valid NHS number in Social Care data sets held by GCS	Page 43

Local indicators		
Red	MSKCAT service - wait time for routine patients	Page 44
	MSKCAT service – referral to treatment	Page 44
	Chlamydia Screening - number of positive screens	Page 44
	Speech and Language Therapy (Adult) – referral to treatment	Page 44
Amber	Single Point of Access – Abandoned Calls	Page 45
	Single Point of Access – calls resolved with agreed pathway within 20 minutes	Page 45
	Podiatry Service – referral to treatment	Page 44
	Stroke ESD – proportion of new patients assessed within 2 days of notification	Page 45



SAFE

Safe - key points

- The Trust has reported 22 SIRIs year-to-date of which 41% relate to slips, trips and falls (*see page 10*)
- Performance against the 95% threshold for harm-free care was 94.6% in January 2015 (*see page 11*)
- Falls within an inpatient setting continue to be of concern with our rate of injurious falls per 1,000 bed days considerably higher than our comparators. A detailed action plan is being developed by the Matrons that will be presented to the QCGC in April that sets out plans to reduce this risk to patients (*see page 14*)
- Although the Trust's performance regarding pressure ulcers is impacting upon the harm-free care total, it is noted that there have been only nine acquired Grade 3/4 pressure ulcers this year. The Trust compares favourably with other community trusts (*see page 15*)
- The Trust remains below the agreed tolerance for C.Diff. 8 cases have been agreed as unavoidable in GCS care by the CCG (*see page 17*)

Incidents by category of harm

Category of harm	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast	2013-14 outturn
No Harm	167	173	158	212	156	207	170	192	175	181			1,791 63%	2,149	2,405
Minor: Injury requiring minor intervention	95	101	70	94	67	97	81	72	67	86			830 29%	996	1,118
Moderate: Injury requiring professional intervention	44	31	40	44	27	2	3	2	7	7			207 7%	248	456
Major – Injury leading to long-term incapacity	0	5	2	1	1	0	0	0	0	0			9 0%	11	17
Death	0	0	1	1	0	0	0	0	0	0			2 0%	2	1
Total	306	310	271	352	251	306	254	266	249	274			2,839	3,407	3,997

Benchmarking

Number of incidents (GCS)	132.6 per 1,000 WTE staff	April - January 2015
Number of incidents (Aspirant Community Foundation Trust Group)	182.7 per 1,000 WTE staff	July - December 2014

As you will note in the moderate harm category, there is an apparent significant reduction in moderate incidents from September 2014 onwards. These figures reflect a look-back review of the severity ratings to ensure that they accurately reflect national guidance and harm definitions. The incidents rated as moderate harm were generally over-rated and therefore the severity ratings were reduced to no harm or minor harm. The same look-back approach will be applied to April 2014 to August 2014, which will also include reviewing those incidents categorised as “major” and “death”.

Incidents by type (top 10 only)

Category of harm /Type of incident (top 10 categories)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast	2013-14 outturn
Slip, trip or fall (patient)	91	74	63	86	80	79	69	95	81	85			803	964	1,130
Medication or drug error	22	26	12	21	14	20	21	15	16	23			190	228	401
Staffing issues	12	18	11	27	12	17	18	15	9	6			145	174	145
Treatment or procedure problem	12	13	16	19	10	18	13	9	6	8			124	149	158
Pressure ulcer	24	18	15	9	2	4	9	6	12	17			116	139	211
Verbal/written abuse	7	19	12	9	9	9	5	7	6	7			90	108	90
Staff communications	10	12	18	14	6	10	7	6	2	2			87	104	133
Medical device/equipment	6	15	15	11	6	9	6	7	6	5			86	103	123
Hit by/against object	9	8	8	10	10	8	7	6	9	7			82	98	120
Discharge or transfer problem	7	9	7	9	7	15	4	5	5	4			72	86	104
Total (All)	306	310	271	352	251	306	254	266	249	267			2,832	3,398	3,997

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

There have been 11 RIDDOR reportable incidents this year to date. 7 were staff incidents, 2 were patient incidents and 2 affected members of the public. These are reviewed by the Health & Safety Committee.

RIDDOR Actions taken

Staff reminded to be aware of trip hazards while they are working
Falls risk process reviewed following a patient receiving a fracture as a result of a fall
Staff reminded to follow correct Moving & Handling processes
Staff reminded of the need to assess working area before commencing treatment
Handling for patient reviewed
Retraining on door security procedures
Lighting checked and repaired following a fall

Clinical Alert System (CAS)

In 2014-15, the Trust has had one overdue CAS alert (June) which was due to a technical error

SIRIs / Never Events

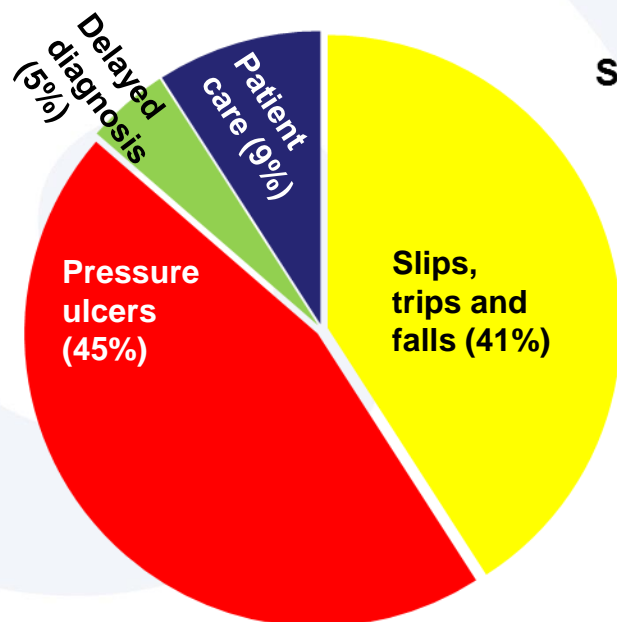
SIRIs	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Inpatients	1	4	1	2	0	1	1	0	1	2			13
Community	1	0	0	0	1	0	1	2	1	2			8
MIU	0	0	0	1	0	0	0	0	0	0			1
Total	2	4	1	3	1	1	2	2	2	4			22

SIRIs

The learning from SIRIs has resulted in:

- Revision of the falls risk assessment process
- Alignment of the falls alerts in practice used to NICE guidance
- Review of the Braden Tool to ensure assessment captures all risks of pressure damage

No Never Events have been reported in 2014-15.



SIRIs by type

- Slips, trips, falls (9)
- Pressure ulcers (10)
- Delayed diagnosis (1)
- Patient care (2)

Benchmarking

New SIRIs (GCS)	2.0 average per month, April- January 2015
New SIRIs (Aspirant Community Foundation Trust Group)	3.9 average per month, July – December 2015

Harm-free care / Safety Thermometer

Total	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14 outturn
No of service users surveyed	1,120	1,153	1,009	1,059	1,078	1,084	1,036	1,052	1,018	1,044			10,563	13,175
No of service users with harm free care	1,021	1,042	919	955	963	1,016	957	994	955	988			9,810	11,806
% harm free care	91.2%	90.4%	91.1%	90.2%	89.2%	93.7%	92.4%	94.5%	93.8%	94.6%			92.1%	89.6%
% Completeness of Submission	94.7%	97.3%	100.0%	95.5%	98.6%	98.6%	100%	100%	100%	98.6%			98.3%	97.4%

Total	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14 outturn
New Harms	48	40	27	32	35	11	29	7	10	7			245	666
Old Harms	51	71	63	72	80	57	50	51	55	51			600	703
Patients who experienced Harm	99	111	90	104	115	68	79	58	65	56			843	1,369



- 98.6% of teams submitted survey data in December
- Achievement of 94.6% harm free with variation of 66.7% - 100% across teams
- Focus remains on the key areas of falls and pressure ulcers looking at those patients who experienced harm and working across the health community to further reduce this risk

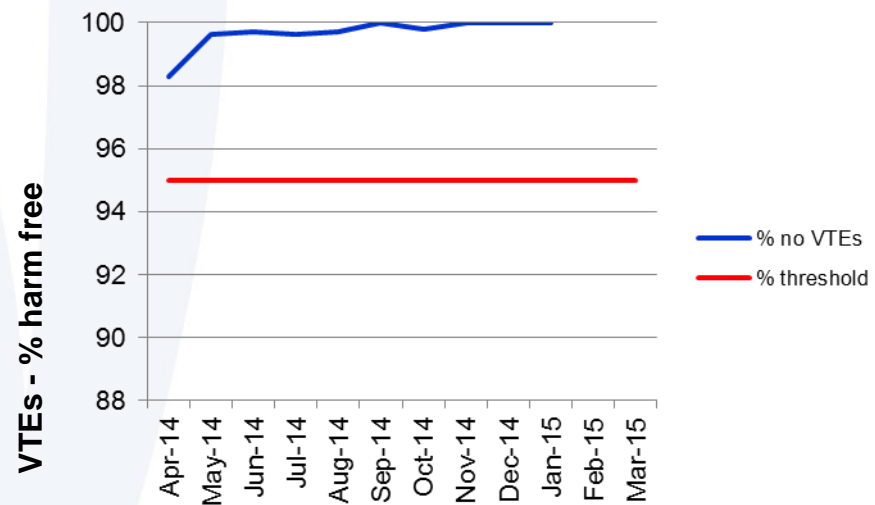
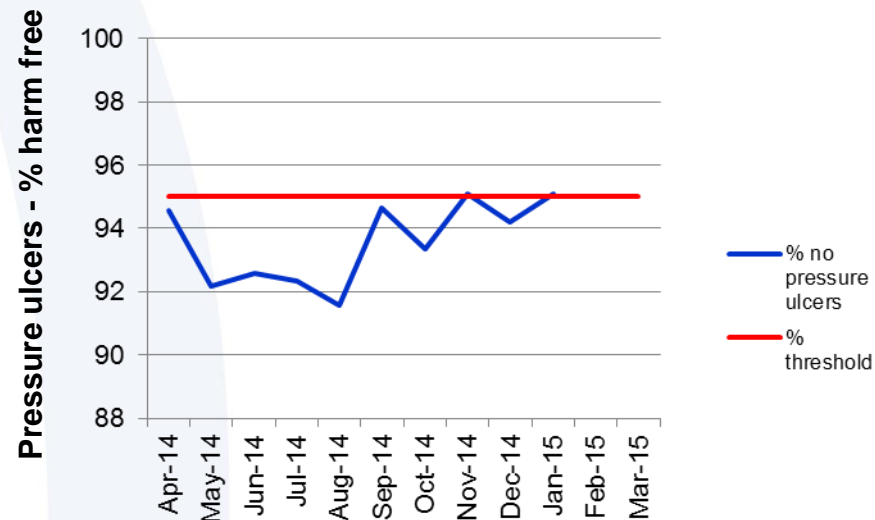
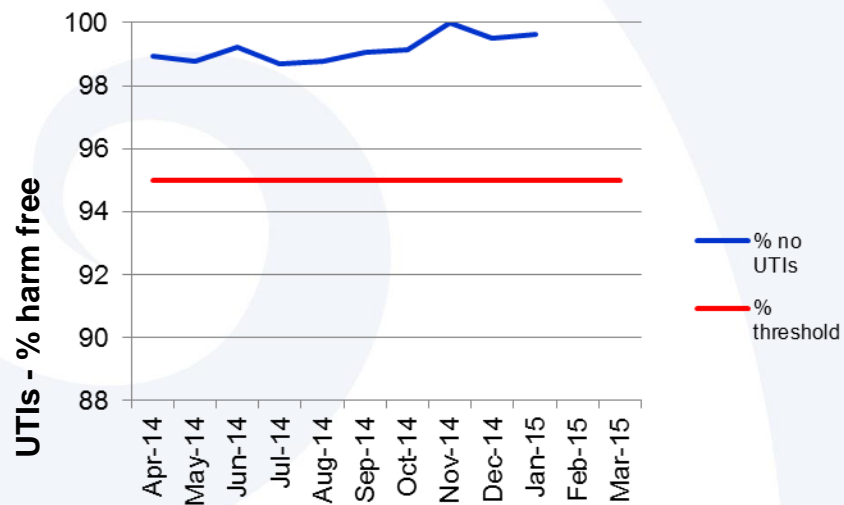
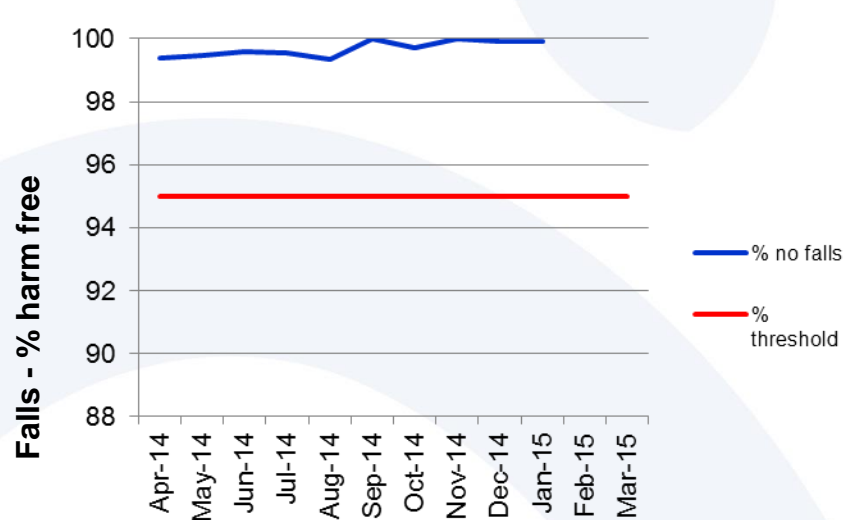
Harm-free care / Safety Thermometer January 2015

Safety Thermometer data from January 2015 census, showing variations between new and old harms, and between Community Hospital wards and Community teams by Locality. Variations will be investigated by Head of Community Hospitals and Locality Managers

Site	Ward	Harm Free Care %	No of new Harms	No of Old Harms	Total Harms	No of Patients
SGH	Jubilee	100%	0	0	0	0
LYD	Lydney	100%	0	0	0	0
CIR	Windrush	100%	0	0	0	0
CIR	Coln	95.5%	0	1	1	1
NCH	North Cotswold	94.7%	0	2	2	2
VLH	Peak View	85.0%	0	3	3	3
TWK	Abbey View	85.0%	0	3	3	3
DLK	Dilke	79.2%	2	3	5	5
SGH	Cashes Green	66.7%	0	7	7	7
All Hospitals		89.6%	2	19	21	21

Community	Harm Free Care %	No of new Harms	No of Old Harms	Total Harms	No of Patients
Forest	97.9%	0	3	3	3
Cheltenham	97.0%	0	5	5	5
Cotswold	96.5%	0	4	4	4
Tewkesbury	95.8%	1	3	4	4
Stroud	94.9%	0	9	9	9
Gloucester	92.9%	2	8	10	10
All Localities	94.3%	5	32	37	35

Harm-free care by type / Safety Thermometer



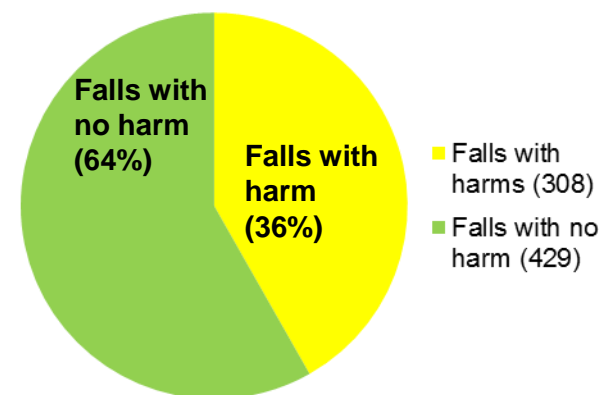
VTE risk assessment:

Performance in April to January showed 98% VTE risk assessments were completed against a target of 95%

Falls in an inpatient setting

Hospital	Total Falls				Falls with harm			
	2014/15 Year to Date		2013/14 Total		2014/15 Year to Date		2013/14 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
The Vale	133	33.0	146	20.9	53	13.1	88	12.6
North Cotswolds	117	26.7	141	18.8	52	11.9	60	8.0
Tewkesbury	102	25.2	95	12.9	39	9.6	37	5.0
Cirencester	185	18.4	264	12.9	80	8.0	139	6.8
Lydney	69	16.8	82	11.8	27	6.6	55	7.9
Dilke	59	13.5	87	9.3	25	5.7	51	5.5
Stroud General	72	10.8	191	13.0	32	4.8	102	6.9
TOTAL	737	19.6	1,006	13.7	308	8.2	532	7.2
FORECAST	884				370			

Result of falls (year-to-date)



Actions undertaken:

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

Benchmarking

Falls with harm per 1,000 inpatient occupied bed days (GCS)

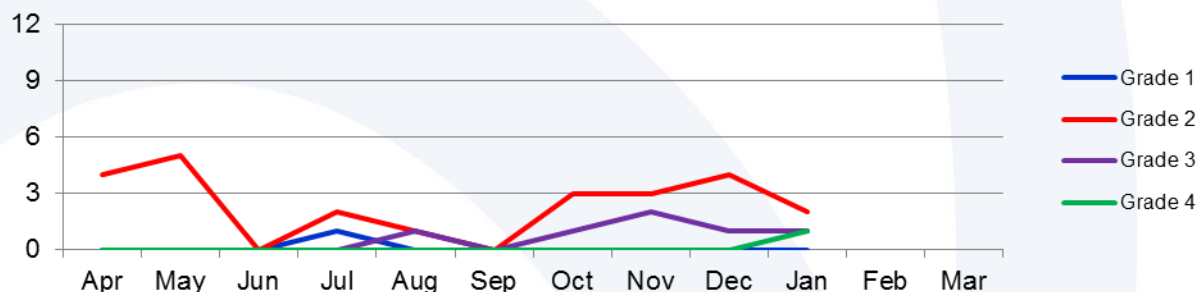
8.2 average per month, April-January 2015

Falls with harm per 1,000 inpatient occupied bed days (Aspirant Community Foundation Trust Group)

3.0 average per month, July to December 2014

Pressure ulcers

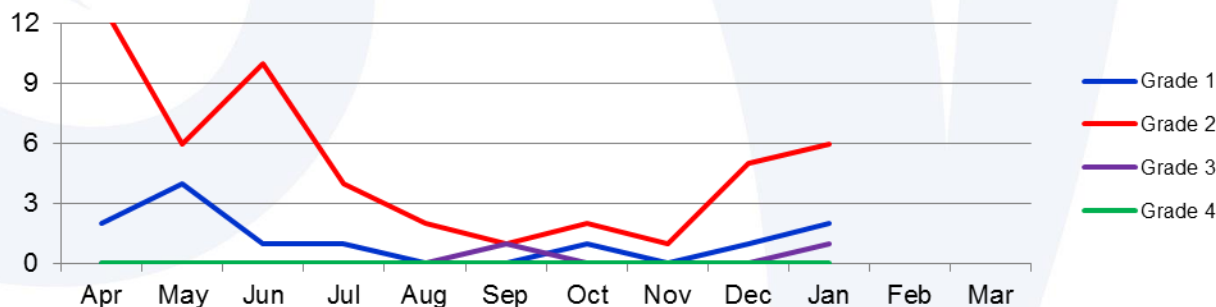
Community acquired	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Grade 1	0	0	0	1	0	0	0	0	0	0			1
Grade 2	4	5	0	2	1	0	3	3	4	2			24
Grade 3	0	0	0	0	1	0	1	2	1	1			6
Grade 4	0	0	0	0	0	0	0	0	0	1			1



Actions undertaken:

- Focus on heel blisters (grade 2) with use of hydrofilm dressing as preventative measure
- Learning events with teams following avoidable damage

Hospital acquired	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Grade 1	2	4	1	1	0	0	1	0	1	2			12
Grade 2	13	6	10	4	2	1	2	1	5	6			50
Grade 3	0	0	0	0	0	1	0	0	0	1			2
Grade 4	0	0	0	0	0	0	0	0	0	0			0



Benchmarking

New Grade 2, 3 & 4 pressure ulcers (GCS)

9.1 average per month, April 2014-January 2015

New Grade 2, 3 & 4 pressure ulcers (Aspirant Community Foundation Trusts)

13.1 average per month, July – December 2014

Safeguarding (Quarterly Report)

Total	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14 outturn
Adult safeguarding alerts raised by GCS	13	9	19	17	10	8	16	22	18				132	176
Total county adult safeguarding alerts	288	324	298	344	285	336	349	330	294				2,848	4,008
GCS adult safeguarding investigations*	3	4	7	11	6	6	5	7	13				62	n/a
Total county adult safeguarding investigations	30	30	34	29	33	27	17	35	29				264	n/a
Number of new Children's Serious Case Reviews	1	0	0	1	0	2	2	0	2				8	n/a
Number of new Adult's Serious Case Reviews	Data collection to be established													n/a
Number of children subject to a Child Protection Plan	428	391	408	403	416	426	419	426	453				453	n/a

*Breakdown of adult safeguarding investigations (Q1, Q2 and Q3 2014/15)

Client group		Type of concern		Outcome of investigation	
Learning disabilities	3	Neglect	19	On-going	22
Dementia	25	Physical injury	19	Substantiated	7
Physical disability	30	Sexual	3	No further action	33
Mental health	0	Financial	13		
Other vulnerable	4	Psychological	7		
		Institutional	0		

GCS are currently supporting Serious Case Reviews relating to:

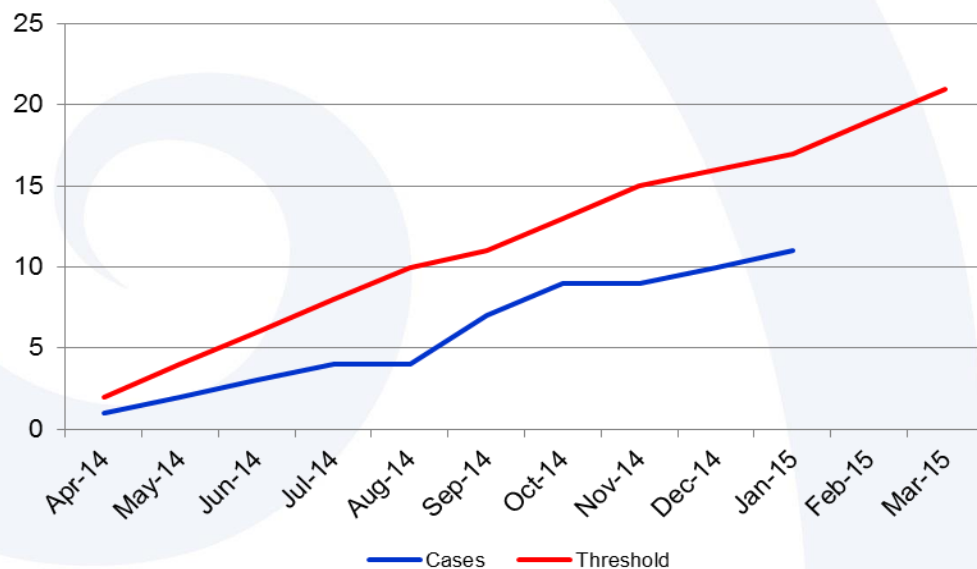
- The sexual and financial abuse of adults within a supported living home (adults)
- A domestic homicide/SCR review (children)
- Death of baby in Cotswold Locality (children)
- Physical assault on a child (children)
- Death of individual in care home (adult)

Infection control

Infections	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
MSSA	0	0	0	0	0	0	0	0	0	0			0
MRSA	0	0	0	0	0	0	0	0	0	0			0
E. Coli	0	0	1	0	0	0	0	0	0	0			1
CPE	0	0	0	0	0	0	0	0	0	0			0

C diff	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Actual	1	2	1	1	0	3	2	0	1	1			12
Threshold	2	2	2	2	2	1	2	2	1	1	2	2	17
Variance	-1	0	-1	-1	-2	2	0	-2	0	0			-5
Unavoidable cases in GCS care	0	2	1	0	0	3	2						8

Incidence of C. Diff



Following review of the incidents of C.Diff within the Trust up to and including October 2014, the Infection Control Committee took the decision to refer a number of cases for CCG review under the appeals process. All 8 cases submitted were accepted as unavoidable in GCS care.

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

Medicines management

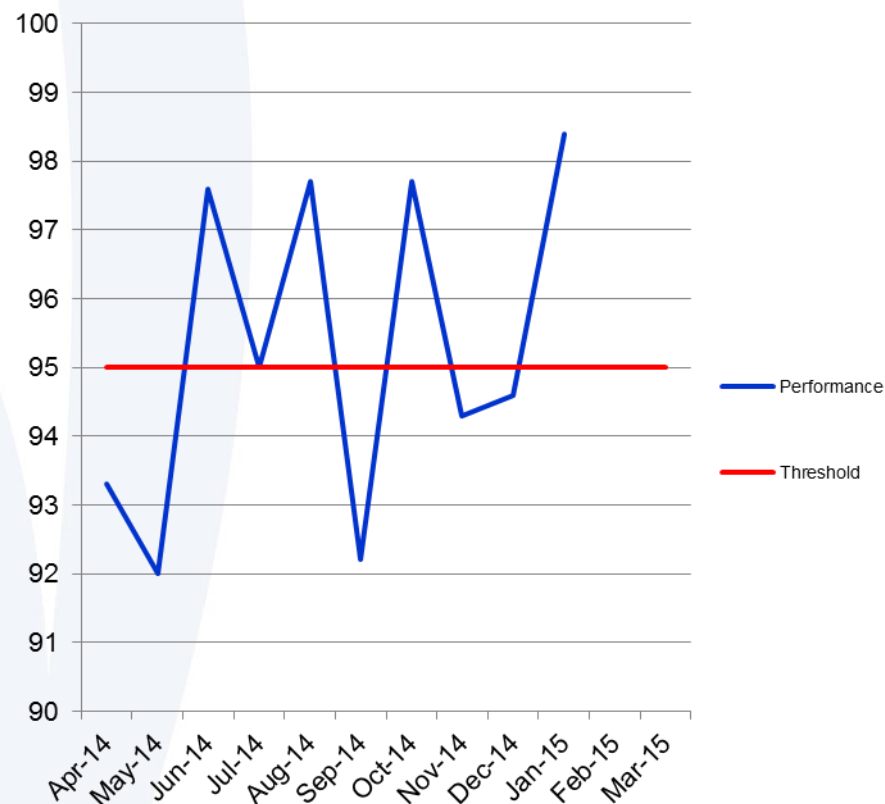
Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2014-15	22	26	12	21	14	21	27	16	15	23			197
2013-14	29	26	39	65	46	26	36	39	36	49	55	27	473

Medication incidents by sub-category	Number
Omitted or delayed administration	62
Medication administered in error/incorrectly	44
Controlled drugs issue	38
Medication prescribed incorrectly/in error	13
Medication dispensed incorrectly	10
Storage Issue	8
Illegible or unclear information	8
Medication Missing	5
Information to patient wrong or omitted	4
Failure to follow-up or monitor	2
Prescribed with known allergy	2
Discharge or transfer without TTOs	1
Total	197

Controlled Drug Issues (38) (see page 19)

- 9 incidents involved staff training/error
- 8 incidents related to incorrect or omitted entries in the CD register
 - 5 incidents were unaccounted losses (see page 19)
- 4 incidents related to incorrect counting or measuring of CDs
 - 4 incidents involved incorrect storage (not following policy)
 - 3 incidents involved a GP
 - 3 incidents involved District Nurses
 - 2 incidents involve incorrect administration

HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits



Controlled Drug issues - key points

- All incidents involving Controlled Drugs (CDs) are reported to and investigated either directly by the CD Accountable Officer or under the direction of the CD Accountable Officer.
- The majority of the CD incidents reported were as a result of failure to follow the policy and procedure with regard to storage and recording of these medicines. The staff involved in these incidents have been supported by their managers and the CD Accountable Officer to reflect on their practice with training and supervision in place where this is necessary.
- 6 reported incidents did not relate to services GCS provided but were reported by GCS staff. These incidents have been shared with the appropriate provider for investigation/action.
- In 5 cases CDs were unaccounted for and remained unaccounted for after investigation.

Unaccounted losses:

1. Anticipatory drugs for end of life care including controlled drugs unaccounted for in a patient's home.
2. Tramadol 50mg tablets were unaccounted for at the stock check at the end of the day
3. A diamorphine 10mgs ampoule unaccounted for when DNs visited a patient to replenish syringe driver. The investigation concluded this had been thrown away in error by the family.
4. Two tramadol capsules were unaccounted for when the pharmacist undertook the 3 monthly CD stock check. The investigation concluded that the error arose from incorrect calculation when the tramadol stock was entered into the CD register
5. Medication was unaccounted for in a patient's home. This was investigated, no concerns regarding misappropriation of drugs. Outcome of investigation was that they had been thrown away.

Medicine Management – ward/department medicine security audit

- A self-assessment medicine security audit was sent to all wards, departments and services in August 2014 for completion and return to the Head of Medicines Management by 30th September 2014. This will be repeated annually.
- The self-assessment audit was adapted from the NHS Protect Medicines Security Self-assessment Checklist and approved by the Medicines Management Committee. The aim of the audit was to assist service leads and managers in assessing the security and governance arrangements for medicines within their services
- The results will be taken to service governance groups by the Head of Medicines Management and services will be encouraged to share action plans and best practice. Any blanks, anomalies or missing submissions will be followed up with the service leads by the Head of Medicines Management
- 36 completed audits were returned. Data for one service is still to be provided (MSKCAT), including clarification of the number of sites that this will cover. This is being followed-up by the Head of Medicines Management with the service lead.
- Progress of action plans will be monitored by service governance groups and overseen by the Medicines Management Committee.

Service user transfers*

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

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast	2013-14 outturn
All Admissions	23:00-05:59	11	19	19	16	11	10	11	13	19	20			150	180	153
	%	3.29%	5.38%	5.35%	4.65%	3.12%	3.31%	3.55%	4.25%	5.51%	5.92%			4.54%	4.54%	3.40%
Direct Admission	23:00-05:59	3	8	7	5	6	7	7	6	10	5			64	77	74
	%	2.52%	7.02%	5.26%	5.38%	5.17%	7.00%	8.64%	6.52%	9.43%	5.62%			6.21%	6.21%	4.10%
Transfer	23:00-05:59	8	11	12	11	5	3	4	7	9	15			86	103	79
	%	3.72%	4.60%	5.41%	4.38%	1.95%	1.49%	1.75%	3.27%	3.77%	6.02%			3.78%	3.78%	2.90%

Transfer From	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast	2013-14 outturn
Transfer from GRH	7	3	8	7	3	3	1	5	4	6			47	56	47
Transfer from CGH	1	5	3	4	3	0	3	2	4	3			28	34	24
Transfer from other	0	1	1	0	0	0	0	0	1	6			9	11	4
Internal transfer	0	2	0	0	0	0	0	0	0	0			2	2	4
Total	8	11	12	11	6	3	4	7	9	15			86	103	79

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

Safer staffing – January 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	89.1%	110.6%	104.8%	101.6%	96.5%
	Windrush Ward	90.3%	100.0%	100.0%	93.5%	100.0%
Dilke Memorial	The Ward	97.6%	99.4%	100.0%	105.9%	98.6%
Lydney and District	The Ward	97.8%	97.5%	101.6%	100.0%	97.0%
North Cotswolds	NCH Ward	98.9%	98.2%	100.0%	100.0%	98.7%
Stroud General	Cashes Green Ward	98.4%	112.7%	100.0%	124.2%	95.7%
	Jubilee Ward	96.8%	88.0%	95.2%	101.6%	94.1%
Tewkesbury Community	Abbey View Ward	83.9%	106.0%	100.0%	104.8%	99.4%
Vale Community	Peak View	98.4%	100.9%	96.8%	108.1%	96.6%
TOTAL		94.4%	101.3%	99.8%	104.2%	97.3%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	11.5%	7.6%
	Windrush Ward	6.9%	8.1%
Dilke Memorial	The Ward	12.2%	31.3%
Lydney and District	The Ward	16.1%	18.0%
North Cotswolds	NCH Ward	12.1%	12.9%
Stroud General	Cashes Green Ward	12.3%	26.3%
	Jubilee Ward	11.3%	26.8%
Tewkesbury Community	Abbey View Ward	2.7%	12.1%
Vale Community	Peak View	21.2%	17.6%
TOTAL		12.0%	18.3%

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

•Cashes Green – Additional HCAs utilised due to patients requiring 1:1 care

Safer staffing – December 2014

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	88.3%	113.4%	103.2%	103.2%	96.1%
	Windrush Ward	90.3%	102.8%	98.4%	98.4%	98.7%
Dilke Memorial	The Ward	98.6%	115.0%	96.1%	141.0%	94.2%
Lydney and District	The Ward	97.8%	115.8%	100.0%	128.0%	92.2%
North Cotswolds	NCH Ward	90.9%	100.0%	98.4%	104.8%	93.3%
Stroud General	Cashes Green Ward	100.8%	118.9%	98.4%	145.2%	95.4%
	Jubilee Ward	99.0%	91.5%	100.0%	100.0%	95.1%
Tewkesbury Community	Abbey View Ward	87.1%	99.5%	100.0%	101.6%	96.9%
Vale Community	Peak View	99.5%	96.3%	100.0%	103.2%	96.4%
TOTAL		94.1%	106.5%	99.3%	114.8%	95.2%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	16.9%	17.4%
	Windrush Ward	6.6%	13.6%
Dilke Memorial	The Ward	11.2%	25.4%
Lydney and District	The Ward	13.7%	27.3%
North Cotswolds	NCH Ward	13.5%	11.7%
Stroud General	Cashes Green Ward	10.9%	22.7%
	Jubilee Ward	4.9%	34.9%
Tewkesbury Community	Abbey View Ward	3.2%	7.8%
Vale Community	Peak View	22.9%	18.8%
TOTAL		11.9%	19.9%

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

- Cashes Green – Additional HCAs utilised due to patients requiring 1:1 care

- Dilke and Lydney– Additional HCAs utilised due to patients requiring 1:1 care and additional beds resulted in an increase in HCAs for environmental and patient care reasons.

CARING

Caring - key points

- The Trust is committed to providing care in an environment that protects privacy and dignity. This is supported by providing care in a single sex environment. No breaches were reported during the period April 2014 to January 2015.
- The Friends and Family test reporting has been expanded in January 2015 to cover all services. Response rates are low for the services that began collecting data in January but showing increases into February as the process becomes embedded.
- The national guidance changes the user satisfaction score to % Extremely Likely / Likely from the Net Promoter score previously reported. Therefore we will no longer report on Net Promoter scores.
- Minor Injury Units achieved 28% response rate in January (target 20%). Year to date performance remains behind target. Teams are reminded of the need to ask for feedback and to share learning between units identifying best practice.
- Inpatient wards overall achieved 41% response rate in January, with all wards above the 30% target. Since December 1st 2014, inpatients are offered the option of a face to face discussion as an alternative to the postal questionnaire.
- The Trust will launch the “*Hello my name is...*” campaign along with other Listening into Action Trusts on 2nd February 2015. An additional question has been added to service users survey to enable the impact of this programme to be measured.

hello my name is...

- GCS along with a number of Listening into Action Trusts will participate in a launch on February 2nd 2015 of the “*Hello my name is...*” campaign.
- Launched through the social media by Dr Kate Granger, the campaign is focussed on making their initial personal contact with a service user and staff introducing themselves by name, making personal connection essential to deliver care with compassion.

Measuring how we do:

- We will ask service users and their families as part of our experience survey, “*did colleagues introduce themselves by name*”? This information will be reported monthly and will be made available at service level.
- Our baseline from December 2014 shows (based on 386 responses)

Comment	Response
<i>Yes, Definitely</i>	83.4%
<i>to some extent</i>	10.6%
<i>no / can't say</i>	6%

Friends and Family Test – Community Health January 2015

The tables below show the Friends and Family test data collected across all services during January 2015. This has expanded the coverage of the collection beyond Inpatient wards and Minor Injury units. The national guidance also changes the user satisfaction score to % Extremely Likely / Likely from the Net Promoter score previously in place.

Response rates are expected to increase as processes become embedded.

Number of Unique Patients accessing Services During the Month	Number of responses received via each mode of collection							Response rate
	SMS / Text / Smartphone app	Paper / Postcard in care / at discharge	Paper survey sent to home	Telephone survey	Online survey	Other	Total responses	
34,868	115	1,562	121	0	199	0	2,013	5.8%

Service area	Total responses in each category for Community Health						Total responses	Response rate	% Extremely Likely / Likely
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know			
Community Inpatients	86	28	10	4	1	3	132	41.8%	86.4%
Community Nursing	106	24	6	0	0	1	137	2.6%	94.9%
Rehab & Therapy Services	192	61	5	3	5	4	270	4.0%	93.7%
Specialist Services	104	20	1	0	0	2	127	2.6%	97.6%
Children & Family Services	32	14	1	0	0	0	47	0.5%	97.9%
Community Healthcare Other	1,095	175	5	7	16	2	1,300	17.1%	97.7%
Total	1,615	322	28	14	22	12	2,013	5.8%	96.2%

'Community Healthcare Other' includes Minor Injury Units, Out of Hours, Homeless Healthcare as per national guidance.

Friends and Family Test – Service User feedback

The 'word cloud' below shows a visual of the free-text responses received in January 2015 based on 1250 comments.



Friends and Family Test - Inpatient Units response rates

Responses	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Average	Target
Cirencester	56%	43%	65%	24%	36%	22%	31%	29%	27%	42%			38%	30%
Stroud	74%	74%	65%	66%	17%	32%	20%	29%	35%	44%			46%	
Tewkesbury	39%	39%	57%	23%	57%	29%	47%	38%	35%	35%			40%	
The Vale	27%	28%	55%	47%	19%	37%	27%	33%	33%	33%			34%	
North Cots	45%	31%	40%	30%	16%	41%	25%	28%	47%	56%			36%	
Dilke	33%	39%	55%	63%	13%	0%	14%	27%	11%	34%			29%	
Lydney	57%	54%	57%	30%	17%	28%	22%	18%	15%	44%			34%	
Response rate	49%	47%	58%	39%	26%	29%	27%	29%	28%	41%			37%	
Responses	172	167	205	140	50	60	52	77	98	127				
Sample Size	349	359	354	356	193	206	190	266	345	311				

• In December wards reverted back to the previous method of surveying patients before discharge from hospital. The impact of this is seen in January 2015.

Friends and Family Test – Minor Injury Units response rates

Responses	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Average	Target
Cirencester	15%	14%	16%	24%	28%	21%	24%	21%	16%	29%			21%	20%
Stroud	13%	10%	4%	11%	19%	14%	11%	17%	17%	15%			13%	
Tewkesbury	2%	19%	36%	14%	8%	22%	10%	22%	19%	37%			19%	
The Vale	30%	17%	17%	20%	27%	24%	23%	32%	30%	36%			26%	
North Cots	11%	17%	15%	13%	16%	18%	6%	20%	34%	48%			20%	
Dilke	30%	20%	21%	18%	20%	18%	16%	15%	12%	19%			19%	
Lydney	39%	34%	14%	14%	11%	13%	9%	6%	6%	32%			18%	
Response rate	18%	17%	15%	17%	20%	18%	15%	19%	18%	28%			19%	
Responses	1,100	1,100	998	1,147	1,121	1,090	841	952	962	1,173				
Attendances	6,117	6,348	6,486	6,810	5,756	6,042	5,606	5,146	5,430	4,231				

• Patients are provided with a copy of the FFT questionnaire whilst visiting the MIU and are asked to complete and return it in the comments box before leaving the premises. The completed forms are posted to Co-Metrica on a weekly basis by GCS. Learning to be shared between units.

Inpatient survey – Core questions (Cumulative)

Description	Tewkesbury	Stroud Cashes Green	Stroud Jubilee	The Vale	Dilke	Lydney	Cirencester Coln	Cirencester Windrush	North Cotswold	Trust Total
Q.4451 Did you have confidence and trust in the staff examining or treating you?	9.5	9.1	9.5	9.6	9.1	9.3	9.3	9.3	9.4	9.3
Q.4452 Were you involved as much as you wanted to be in decisions about your care and treatment?	8.2	6.6	8.3	8.2	7.2	7.6	7.6	7.0	7.9	7.4
Q.4454 Overall, did you feel you were treated with respect and dignity?	9.9	9.3	9.3	9.7	9.5	9.5	9.5	9.5	9.5	9.6
Q.4455 Overall experience of this service.	8.2	7.9	8.4	8.5	8.3	8.7	7.7	7.6	7.9	8.2
Q.4614 Did the staff caring for you introduce themselves?	9.0	8.5	8.4	9.7	9.2	8.8	9.0	8.5	8.8	8.7
Number of Patients Surveyed	63	165	85	66	34	46	162	99	78	798

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

Scores are an average score (maximum 10).

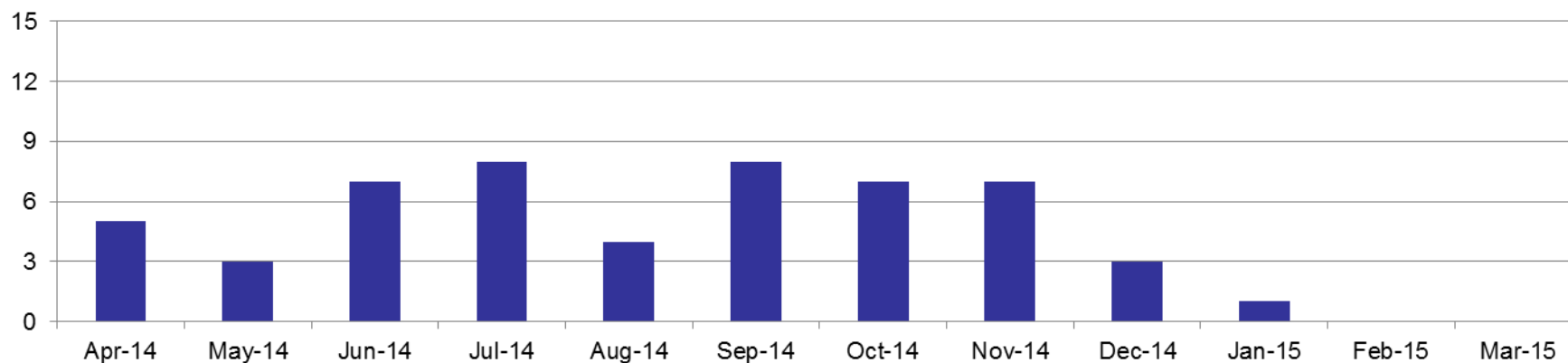
Inpatient survey – Experience questions (Cumulative)

Description	Tewkesbury	Stroud Cashes Green	Stroud Jubilee	The Vale	Dilke	Lydney	Cirencester Coln	Cirencester Windrush	North Cotswold	Trust Total
Q.4453 In your opinion, was the area clean?	10.0	9.5	9.8	9.9	9.9	9.9	9.5	9.6	9.8	9.7
Q.4461 How would you rate the hospital food?	7.6	7.4	8.0	8.1	8.7	7.5	7.0	7.2	6.7	7.6
Q.4462 Were you ever bothered by noise at night from hospital staff?	8.1	7.3	8.3	8.8	8.0	8.9	7.7	7.5	8.9	8.1
Q.4463 Were there enough nurses on duty to care for you in hospital?	7.8	7.0	8.4	7.6	6.1	7.8	6.4	7.7	7.6	6.9
Q.4464 Did staff take your family or home situation into account when planning your discharge?	8.2	8.5	9.0	9.0	7.6	8.5	8.9	8.4	8.6	8.5
Q.4465 How many minutes after you used the call button did it take before you got the help you needed?	5.6	5.6	6.4	4.9	5.6	5.6	5.3	5.1	5.0	5.4
Number of Patients Surveyed	63	165	85	66	34	46	162	99	78	798

Scores are an average score (maximum 10).

Complaints

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14
Number of complaints	5	3	7	9	4	10	9	8	3	1			59	78



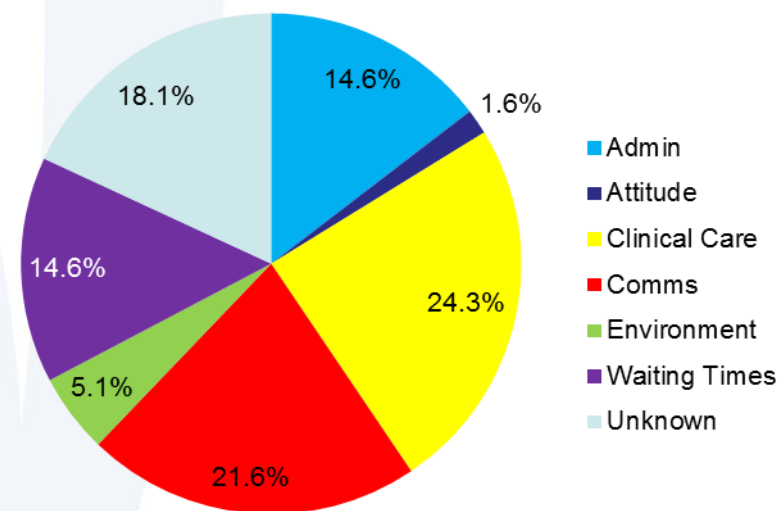
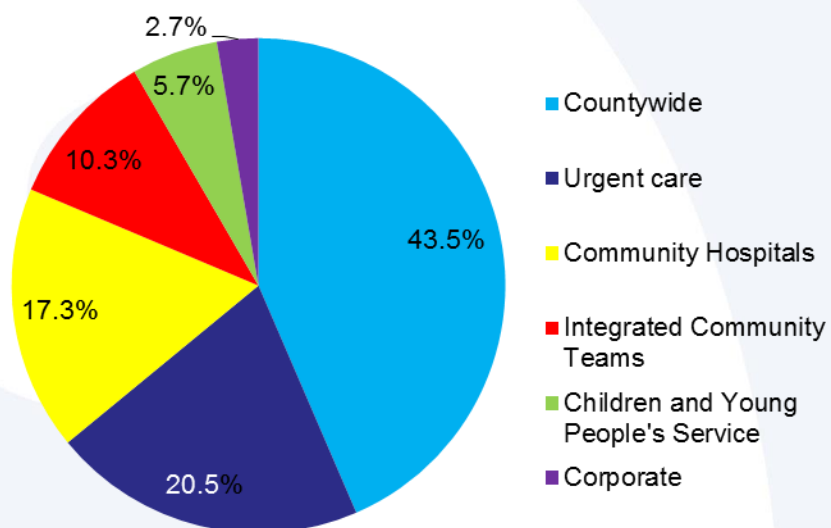
Response Time	April - January 2014-15	
	Number of responses	% of responses
Target time within agreed timescale	49	84.5%
Over the agreed timescale by 1-3 days	5	8.6%
Over the agreed timescale in excess of 4 days	4	6.9%
Awaiting investigation	1	n/a
Total	59	100%

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	2.8 average per month, April-January 15
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.4 average per month, July- December 14

The Trust complaints policy is being revised and will be taken to the QCGC in February 2015. This aims to set out our approach to listening and learning from service users. This policy will clearly define complaints and concerns to ensure all issues raised are managed appropriately.

Concerns (cumulative)

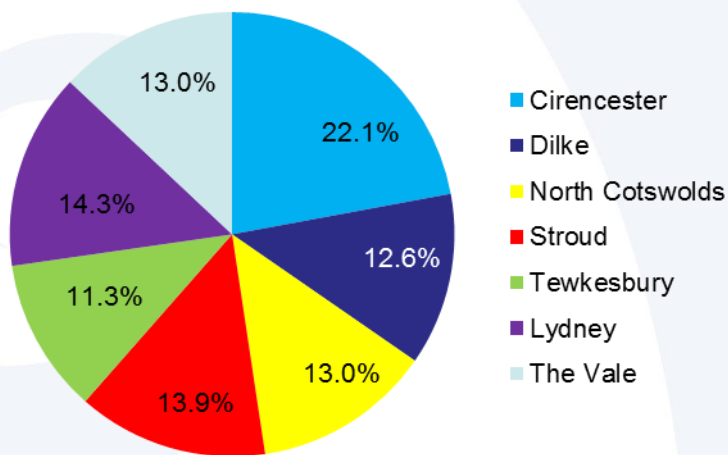
Concerns	Admin	Attitude	Clinical Care	Comms	Environ	Waiting Times	Unknown	2014/15 YTD Total
Countywide	28	0	33	31	3	23	43	161
Urgent Care	7	3	25	18	2	14	7	76
Community Hospitals	4	3	18	13	14	3	9	64
Integrated Community Teams	2	0	10	11	0	11	4	38
Children & Young People's Service	6	0	4	6	0	2	3	21
Corporate	7	0	0	1	0	1	1	10
Total	54	6	90	80	19	54	67	370



The Trust complaints policy is being revised. This aims to set out our approach to listening and learning from service users. Themes, trends and learning will be presented as part of the newly proposed "Understanding You" Report that will go to QCGC.

Mortality Reviews: Community Hospitals

Hospital Site	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15 YTD	2014/15 Forecast	2013/14
Cirencester	4	4	4	2	7	7	9	3	3	8			51	61	80
Lydney	1	4	1	2	4	2	2	4	8	5			33	40	47
Stroud	3	6	2	2	2	2	2	3	7	3			32	38	52
North Cotswolds	6	5	2	3	2	2	3	1	3	1			30	36	32
The Vale	3	4	2	1	1	2	2	3	7	5			30	36	34
Dilke	3	6	2	4	2	1	4	3	4	2			29	35	47
Tewkesbury	2	2	4	4	1	0	2	4	3	4			26	31	31
Total	22	31	17	18	19	16	24	21	35	28	0	0	231	277	323



A new electronic mortality reporting system is being introduced into Community Hospitals to standardise data collection, capture more data for analysis and help identify learning points to improve quality of care. This will be 'live' from 2nd March 2015.

Learning to date shows a need to:

- Improve the recording and review of resuscitation status
- Improve the recording of conversations with the patient and their family
- Improve the legibility of recording in the medical record

Annual report will be provided to Board in May 2015



EFFECTIVE

Effective - key points

- The quality snapshot dashboard provides an 'at a glance' picture of a number of quality metrics for the month and the movement since the last report. This provides a valuable tool to use as part of Matron's Walkabouts and Peer Review Visits. A similar dashboard is being developed for Community Services (see page 39). The Director of Nursing and Quality and the Head of Community Hospitals will review this in Q4 and consider potential additional reporting fields and if a weighting score should be added to provide an overall RAG rating.
- The Staff Flu Vaccinations Programme resulted in 42.5% of staff vaccinated, and increase from the 38.6% in 2013/14.
- A survey was sent to all staff during January to capture information on staff who received a vaccination by a route other than Working Well or a peer vaccinator and to ask staff for feedback on this year's campaign and ideas to improve future campaigns. 474 colleagues completed the survey.
- Key points from survey included 164 comments/suggestions to improve the campaign. The themes identified issues with delivery model and ideas for improvement.

Effective – Staff Flu Vaccination Programme

The Staff Flu Vaccination Programme commenced at the end of September 2014 supported by the Occupational Health Department 'Working Well'. Actions to promote uptake amongst colleagues included:

- Promotion of the programme including screen savers
- Vaccination clinics offered as part of team meetings and Corporate Inductions
- Development of the role of peer vaccinations.
- Survey completed in early 2015 to capture those colleagues receiving vaccinations from their GP or other providers

	October YTD	November YTD	December YTD	January YTD	Target	2013/14
%	13.6%	31.5%	38.9%	42.5%	75%	38.6%
Number of staff	282	655	807	883	2,077	807

Future plans:

- GCS Flu lead to meet with Working Well to discuss programme for 2015/16
- Increase number of Peer Vaccinators for 2015/16
- Develop a Public Health campaign to be promoted during September 2015 to ensure staff have accurate and correct information about the benefit of flu vaccination
- Flu vaccine ordered in February 2015 anticipating an increased uptake in the 2015/16 programme

Quality Snapshot – Community Hospital Inpatient Care January 2015

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers		Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month
								Minimal	Minor	Moderate	Major	Death	Grade 1 & 2	Grade 3 & 4	RNC	HCA		RNC	HCA	RNC	HCA	
SGH	Cashes Green	65%	26	76.9	0	0	66.7%	5	3	1	0	0	0	0	98.8%	116.5%	7	9.4% (11.39)	9.3% (13.08)	85.71%	86.67%	↓
SGH	Jubilee	12%	3	100	0	1	100.0%	2	0	0	0	0	0	0	96.2%	155.9%	3	0.0% (8.40)	12.1% (12.85)	50.00%	81.25%	↓
SGH	Princess Anne	-	-	-	-	-	-	1	0	0	0	0	0	0	-	-	-	-	-	-	-	-
NCH	North Cotswold	56%	19	89.5	0	0	94.7%	9	4	0	0	0	0	0	99.2%	113.4%	2	6.2% (13.63)	17.3% (15.03)	64.71%	60.00%	↓
VLH	Peak View	42%	11	100	1	0	85.0%	14	0	0	0	0	0	0	98.0%	114.8%	3	6.4% (14.36)	9.3% (13.25)	61.11%	58.82%	↔
DLK	Dilke	33%	13	92.3	0	0	79.2%	5	4	0	0	0	1	0	98.2%	129.3%	3	1.8% (15.99)	2.6% (13.16)	85.71%	93.75%	↑
TWK	Abbey View	35%	9	100	0	0	85.0%	4	4	0	0	0	5	0	87.9%	128.0%	31	10.1% (15.24)	15.7% (16.55)	100.00%	95.00%	↑
LYD	Lydney	44%	14	78.6	0	0	100.0%	8	2	0	0	0	1	1	98.8%	151.8%	2	1.2% (13.40)	12.6% (16.52)	75.00%	71.43%	↔
CIR	Coln	37%	14	92.9	0	0	95.5%	12	3	0	0	0	0	0	92.3%	97.6%	3	5.3% (18.87)	7.3% (14.23)	76.00%	88.24%	↔
CIR	Windrush	50%	12	75	0	0	100.0%	1	2	0	0	0	1	0	92.7%	121.3%	13	0.0% (11.15)	3.3% (16.15)	69.23%	80.95%	↑

Quality Snapshot - Community Teams January 2015

Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	97.0%	0	0	0	1	9.42% (73.2)	70.00%	0	↓
Cotswold	95.6%	0	0	0	0	9.50% (76.2)	68.48%	0	↕
Forest	97.9%	0	0	0	0	2.41% (62.2)	74.68%	0	↑
Gloucester	92.9%	0	1	0	0	8.46% (91.8)	65.74%	0	↕
Stroud	94.9%	0	0	1	0	6.16% (93.9)	77.88%	0	↕
Tewkesbury	95.8%	0	1	0	0	8.44% (53.9)	73.13%	0	↑

Effective – NICE guidance and Quality standards

Trust compliance with NICE guidance published May 2010 to January 2015

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Moderate Concern	Partially Implemented - Minimal Concern	Fully Implemented	Not Applicable	Awaiting clinical senate review
NICE Guidance	29	0	1	18	24	412	5

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

Type of guidance	Not Assessed	Not Implemented	Partially Implemented - Moderate Concern	Partially Implemented - Minimal Concern	Fully Implemented	Not Applicable	Awaiting clinical senate review
Quality Standards	30	2	0	0	7	36	3

- The Clinical Senate continues to review all recently published guidance and all Quality standards on a bi-monthly basis, nominating a lead clinician to assess implementation and compliance where relevant to the services the Trust provides. It is the committee which will review the implementation and declared compliance of cross-cutting guidance and of Quality Standards e.g. dementia, pressure ulcers.
- Where partial implementation is declared the nominated lead drafts an action plan. Progress against the plan will be monitored via Trust clinical governance structures, with significant concerns added to the risk register.

RESPONSIVE

Responsive - key points

- In January 2015, the Trust is reporting 82.4% compliance with national health targets and 74.1% compliance with local health targets on year to date basis: this is an improvement from with the position reported in December 2014
- Details of actions in respect of areas of under-performance are included (see *pages 43 to 45*)
- Updated action plans for MSKCAT and Podiatry have been reviewed with Commissioners (January 2015). Meetings are now held on fortnightly basis to review and update progress, particularly given reduction in performance in January (8 week RTT target)
- There are two social care indicators currently rated red, which are of particular priority for the Trust and Adult Social Care Commissioners (see *page 46*)

Performance exceptions – Year-to-date National

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
Friends and Family Test - MIU response rate		Performance in January was 28% compared to target of 20%, year to date performance is 18%	Engagement of staff to understand reason for data collection. Staff reminded of the importance of asking for feedback and learning to be shared from units achieving positive response rates. Improved performance expected to be maintained.	January 2015 (in-month performance)
Safety Thermometer - harm free care		Performance in January was 94.6% compared to target of 95%	Focus remains on clinically reviewing all reported 'harms' to validate in comparison to data on SystmOne and DATIX. Work ongoing across health community to reduce risk of falls and pressure ulcers	March 2015
Children in Year 6 with Height and Weight recorded		Performance in January was 87.2% compared to trajectory of 95%	Under performance due to amendments to scheduling of clinics determined by school availability. These will be rescheduled to ensure delivery of target. The performance has also been impacted by reduced clinical capacity during December due to staff being released for SystmOne training.	March 2015
MIU unplanned reattendance rate within 7 days		Year to date performance 5.5% compared to target of less than 5%	Professional Lead for Urgent Care to investigate and known issues identifying actions to include MSS Patient First recording and system issues and primary care appointment availability	TBC
Health Visitors – Call to Action (number of WTEs)		Performance in January was 127.08 against a target of 128.48	Expect 130.08 at the end of March 2015 when students have completed training and qualified. There is a delay in achieving the target due to 3 students who are delayed in qualifying, but the Trust is assured by University of West of England that requirements will be met before 31 March 2015	March 2015
Face to Face Consultation in Primary Care Centres (urgent to be seen within 2 hours)		Year to date performance 94% compared to target of 95%. Target achieved in January 2015	Target achieved in January 2015, however year to date performance remains behind target due to previous under-performance, primarily due to demand on service in previous months	YTD Performance likely to remain at 94% due to previous under-performance

Performance exceptions – Year-to-date Local

Indicator	YTD RAG	Performance	Actions	Project date of remedy
MSKCAT service - wait time for routine patients		Performance in January was 43% for routine and 100% for urgent patients against 95% targets. Year to date performance remains rated red	<p>Actions include:</p> <ul style="list-style-type: none"> Monitoring of activity recorded on SystmOne (data quality) Daily review of urgent patient waiting list Agreement to over-recruit Fortnightly performance report to be provided from Service Lead to CCG MSKCAT, MSK, Podiatry to be reviewed as one service area to ensure that changes in any of the component parts do not cause instability <p>January reduction in performance being analysed, however impacted by staff sickness. January did evidence increase in activity. Longest waits are within Podiatry element of the service.</p>	Urgent target achieved since September 2014. Routine to achieve 95% target by end of May 2015
MSKCAT service - wait time for urgent patients				
MSKCAT service - referral to treatment within 8 weeks		Performance in January was 86% (target 95%), however year-to-date performance 77%	January reduction in performance being analysed, however impacted by staff sickness. January did evidence increase in activity. Longest waits are within Podiatry element of the service.	Expected to achieve 95% by end of March 2015
Chlamydia Screening - number of positive screens		Performance to January behind trajectory by 323 positive screens, (860 positive screens recorded compared to trajectory of 1,183).	The service have a number of actions in place to attempt to increase number of positive screens, including identifying and following up partner notifications and working with partner agencies. However these actions will not recover the performance required to achieve target. Action plan being developed by March 2015 to demonstrate number of screens achievable in 2015/16, including focus group with 19-24 year olds, targeted work specific to 19-24 year olds, develop use of social media to engage target audience	Director of Service Delivery informed Commissioner target will not be achieved. Meeting February 2015 to discuss.
Podiatry Service - referral to treatment within 8 weeks		Performance in January was 93% (target 95%), however year-to-date performance 89%	The actions itemised above for the MSKCAT service apply equally to the podiatry service	Expected to achieve 95% target by end of February 2015
Bone Health Service - referral to treatment within 8 weeks		Performance in January was 97% compared to a target of 95%, however year to date performance is 92%	The target has now been achieved for 6 consecutive months (formal contract query has now been removed)	Performance has been on target since August 2014
Adult Speech & Language Therapy - referral to treatment within 8 weeks		Performance in January declined further to 77% compared to a target of 95%, year to date performance is 93%	Service has struggled to fill vacancies which has an impact upon capacity. Staff are moved between locations to cover outpatient work where possible.	Action plan to be developed February 2015

Performance exceptions – In month – National (in addition to those already referenced)

Indicator	Month RAG	Performance	Actions	Project date of remedy
Completion of valid NHS number in Social Care data sets held by GCS		Performance in January was 79.5% (target 80%). Year to date performance remains rated green (81.5%)	GCS Performance and Information team working with GCC Data and Performance Team to identify patients with no NHS number on ERIC system and trace the demographic data to identify a valid NHS number utilising the Demographic Batch Service (DBS) provided by Health and Social Care Information Centre (HSCIC)	February 2015

Performance exceptions – In month – Local (in addition to those already referenced)

Indicator	Month RAG	Performance	Actions	Project date of remedy
Single Point of Clinical Access – Abandoned Calls		Performance in January was 5.9% compared to 5% target. Year to date performance remains rated green	The target was not achieved due to demand. There were 3,128 calls received in January, average over previous 9 months was 2,658 calls per month	Year to date performance remains ahead of target – in-month performance related to demand
Single Point of Clinical Access –Calls resolved with agreed pathway within 20 minutes		Performance in January was 94.8% compared to 95% target. Year to date performance remains rated green	The target was not achieved due to demand. There were a total of 80 calls resolved that had an agreed pathway but outside of the 20 minute target. The under-performance of 0.2% is equivalent to 2 calls resolved but outside of the 20 minute target	Year to date performance remains ahead of target – in-month performance related to demand
Stroke ESD – proportion of new patients assessed within 2 days of notification		Performance in January was 94% compared to 95% target. Year to date performance remains rated green	This related to one patient that was not assessed within the required timescale. initial in-reach to community hospital was cancelled due to staff sickness. There are no underlying issues affecting future performance	February 2015

Adult Social Care Key Indicators

Target description	2013/14 Outturn	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-14	Feb-14	Mar-14	Target 2014/15
% service users who have been asked at initial assessment whether they have a carer		98.4%	98.3%	98.4%	98.3%	98.4%	98.3%	98.5%	98.5%	98.4%	98.4%			100.0%
Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population	885.87	863.66	846.57	819.24	779.35	771.05	764.40	739.47	715.38	713.72	672.17			Smaller is better 731.90
% service users who have had a full re-assessment of their needs within the last 12 months	80.8%	86.95%	85.65%	84.35%	82.45%	86.55%	84.05%	81.90%	79.35%	77.1%	73.95%			80.0%

- **% service users who have been asked if they have a carer** - performance has been very steady over the year, only fluctuating by between 98.3-98.5% each month. Performance is close to target of 100%, but consistently below it.
- **Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population** - continues to show a positive improvement in performance. Slight changes in previously reported figures are due to refreshed figures now available.
- **% service users who have had a full re-assessment of their needs within the last 12 months**- performance remains below target and worse than last year. Resources required by the teams to accommodate winter pressures and new assessments will have contributed to the drop in performance over recent weeks.

The above 3 indicators are those that have been agreed between the Trust and Gloucestershire County Council as highest priority

The target for Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population has been achieved since November 2014

Rapid Response - Key Indicators

Indicator	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Number of referrals		70	91	105	97	80	88	134	127	174	167			1,133
% of patients with assessment initiated within 1 hour	95%					88.0%	92.8%	92.5%	92.7%	96.3%	96.8%			93.2%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%
% of patients where the direct referrer reports that rapid response intervention avoids hospital admission		80.0%	76.5%	73.2%	70.7%	62.5%	80.0%	83.3%	89.4%	82.5%	89.3%			78.7%
Number of referrals where the direct referrer reports that rapid response intervention avoids a hospital admission		56	70	77	69	50	70	112	114	144	149			911

Rapid response referrals:

- Cotswold locality roll-out planned for February 2015.
- 42% of referrals from GP Practices, 28% from SWAST, 30% from other sources.
- Increase in referrals from IDT in December (25 referrals) and January (19 referrals) compared to average of 7 in previous months.
- 50% of referrals patients aged 65-84, 39% of referrals patients aged 85+, 11% of referrals patients aged under 65 years.
- There was an increase in referrals for patients aged 85+ in January, from an average in the previous 3 months of 54, to 74 referrals. In January.

WELL-LED

Well-led - key points

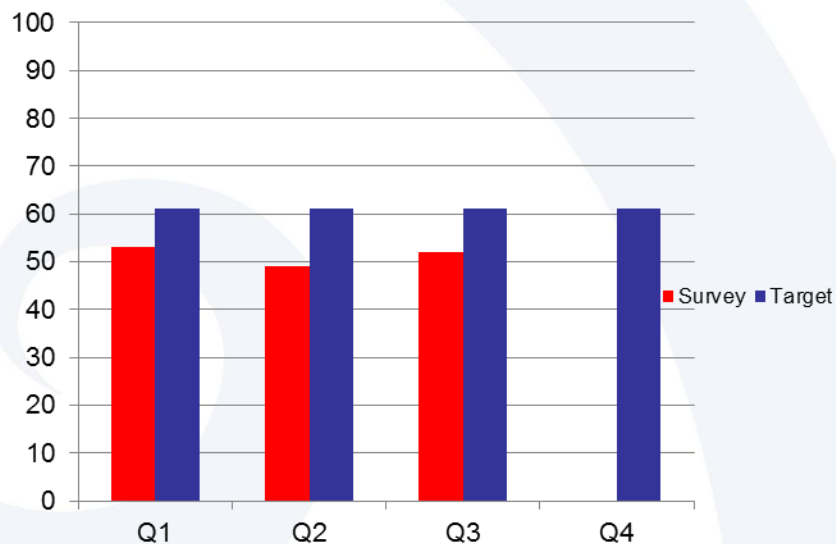
- The Trust is currently performing well against its data quality targets i.e. in respect of the validity of 45 data indicators that are routinely submitted to the Secondary Uses Services (SUS), Trust performance is 99.2% against a target of 96% (*not referenced elsewhere*) based on the latest data available from the Health and Social Care Information Centre (HSCIC) (April to December 2014)
- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatment: however, there is opportunity to improve the Trust's recommendation as a place to work (*see page 50*)
- The Trust is currently employing more staff than planned (*see page 51*)
- Sickness absence levels, mandatory training rates and appraisals continue to under-perform (*see page 52*)
- The programme of patient experience visits and peer review is being revised as part of our preparation for the Chief Inspector of Hospitals visit in order to support colleagues in their preparation and enable action to be taken where required in a timely manner

Please note that supplementary workforce data is provided to the HR/OD Committee

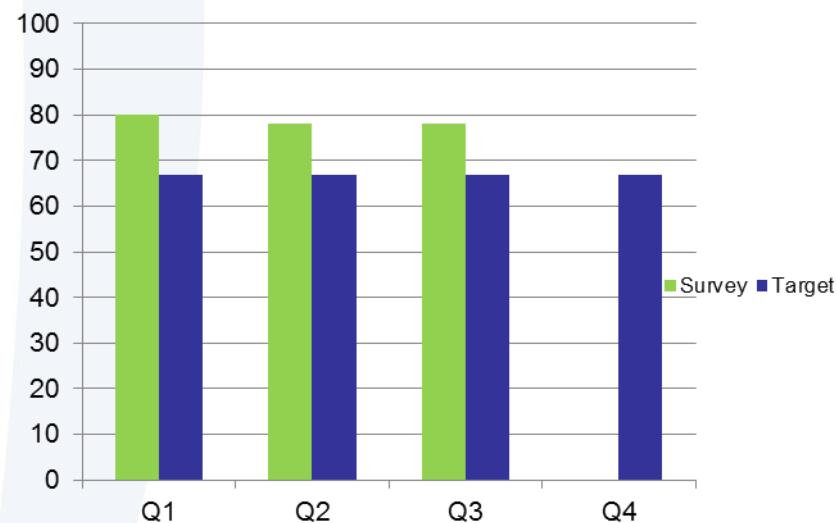
Staff Friends and Family Test

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

Place of work



Place of treatment



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

Workforce numbers

	Monthly Actual Staff in Post (WTE)	Planned Staff in Post (month) WTE	Vacancy Rate (%) (variance against plan)	Monthly Actual Spend (£000s)	Annual Plan Spend (month) £000s
Total workforce	2,254.53	2,147.59	4.98%	£6,465	£6,791
- Temporary workforce	124.82	106.92	Not Required	£491	£87
- Bank	62.80	64.49	Not Required	£169	£30
- Agency staff	62.02	42.42	Not Required	£322	£57
Substantive WTE	2,129.71	2,040.68	4.36%	£5,974	£6,703
- Non-medical - clinical staff	1,885.95	1,774.05	6.31%	£5,139	£5,878
- Non-medical - non-clinical staff	215.20	232.80	-7.56%	£617	£600
- Medical and dental staff	28.56	33.83	-15.58%	£218	£225

Non-medical – non-clinical staff vacancy rate of 7.56% compared to plan is within Administration and Estates cohort of staff

**Medical and dental staff - vacancy rate of 15.58% compared to plan is largely within Dental and Sexual Health services

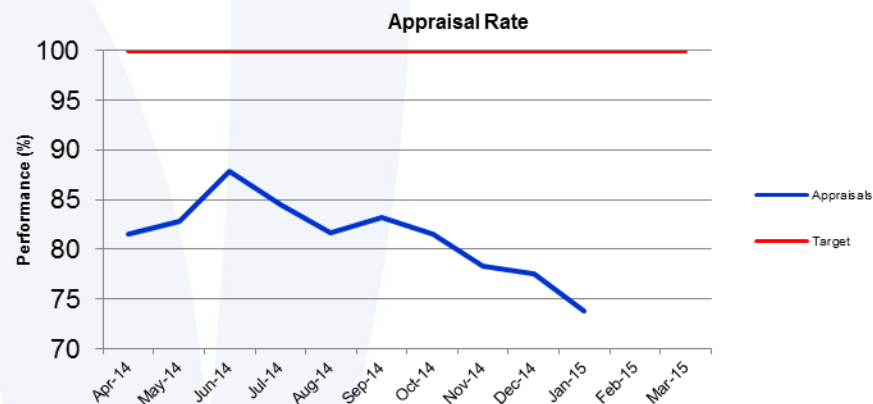
Staff Group	Funded Established – All Staff	In Post – All Staff	Difference	Starting February (WTE)	Starting March (WTE)	Appointed but with a Future Start Date (WTE)	Currently Recruiting (WTE)	Balance of Vacancies
Corporate Total	261.94	264.81	2.87	3.00	0.00	3.27	6.40	15.54
Service Delivery – ICTs	469.91	451.19	-18.72	3.40	2.00	3.80	4.00	-5.52
Service Delivery – Children	368.24	361.51	-6.73	2.37	0.00	3.90	0.00	-0.45
Service Delivery – Countywide	402.33	359.67	-42.66	0.00	0.00	4.39	3.97	-34.30
Service Delivery – Other	52.06	56.78	4.72	0.00	0.00	0.00	2.00	6.72
Service Transformation – Community Hospitals	572.97	507.93	-65.04	2.73	0.00	17.52	8.05	-36.74
Service Transformation – Other	97.62	127.82	30.20	2.00	0.00	3.00	3.44	38.64
Operational Services Total	1963.13	1864.90	-98.23	10.51	2.00	32.61	21.46	-31.65
Total	2225.07	2129.71	-95.36	13.51	2.00	35.88	27.86	-16.11

Sickness absence / mandatory training / appraisals

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Target
Sickness absence average % rolling rate - 12 months	4.35	4.39	4.45	4.55	4.59	4.59	4.69	4.73	4.80	4.92			3.00
Sickness absence % rate (1 month only)	4.88	4.48	4.88	5.43	4.94	4.34	5.17	4.83	5.15	5.35			3.00

Mandatory training course	Target	Health performance
Infection Control	100%	86.06%
Health & Safety	100%	86.06%
Conflict Resolution	100%	75.15%
Equality & Diversity	100%	74.39%
Information Governance	100%	69.35%
Fire Safety	100%	63.15%

Appraisal rate	Target	Performance
January	100%	73.86%



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

“Challenge and Support” peer review

October 2014 - CQC Outcome 16

Is the service safe?	Requires Improvement	<p>This Peer Review was led by Julie Ellery (October 2014), evaluated Stroud General Hospital against CQC Outcome 16: Assessing and monitoring the quality of service provision. The review identified the following learning:</p> <p>Safe: Documentation and the high use of agency staff poses a potential risk to patients where risk assessments are incomplete.</p> <p>Effective: The ward needs to revise effective use of documentation</p> <p>Caring: Patients in all areas feel well cared for.</p> <p>Responsive: There is a real commitment to want to improve by staff</p> <p>Well led: Matrons walkabout is very positive and the sense of team work between Band 7 nurses is evident</p>
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well led?	Good	

November 2014 - CQC Outcome 7

Is the service safe?	Good	<p>This Peer Review was led by Mandy Hampton (November 2014), evaluated North Cotswolds Community Hospital against CQC Outcome 7: Safeguarding people who use services from Abuse. The review identified the following learning:</p> <p>Safe: Staff demonstrated good knowledge of Safeguarding and their responsibilities in the process</p> <p>Effective: Good outcomes achieved through staff awareness</p> <p>Caring: Safeguarding issues in relation to equality and diversity are considered</p> <p>Responsive: Evidence of effective team communication. Further supporting evidence required to ensure everything is cascaded and received by staff</p> <p>Well led: Good progress on implementing actions in relation to Essential Standards and a structured process in place to discuss issues with clinical leads</p>
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well led?	Good	

Non-Executive Directors Quality Visit Schedule (2015)

Date	Who	Service	Location	Status
19 th February 2015	Nicola Strother- Smith	Pulmonary Rehabilitation	The Health and Well-Being Suite, Marina Court, Tewkesbury	Visit completed
March 2015 (TBC)	Rob Graves	Parkinson's / MND	TBC	Awaiting confirmation
4 th March 2015	Nicola Strother- Smith	Community Hospitals	Tewkesbury Hospital	NEDs to join Head of Community Hospitals' walkabout
5 th March 2015	Joanna Scott	Bone Health	Gloucestershire Royal Hospital, Gloucester	Visit confirmed
5 th March 2015	Ingrid Barker	Immunisation and Vaccination Service	Lakers School, Forest of Dean	Visit confirmed
16 th March 2015	Richard Cryer	Community Hospitals	Cirencester Hospital	NEDs to join Head of Community Hospitals' walkabout
27 th March 2015	Rob Graves	Community Hospitals	North Cotswolds Hospital	NEDs to join Head of Community Hospitals' walkabout
31 st March 2015	Joanna Scott	Community Hospitals	Stroud & The Vale Hospitals	NEDs to join Head of Community Hospitals' walkabout
16 th or 23 rd April 2015	Sue Mead	Children's Physiotherapy Service	Stroud	Awaiting confirmation
29 th or 30 th April 2015	Richard Cryer	Stop Smoking Service	Gloucester	Visit confirmed