

Non-Executive Directors Quality Visit Schedule (2015)

| Date | Who | Service | Location | Status |
|--|-----------------------|--|-------------|-----------------------|
| 7 th May 2015 | Joanna Scott | Adult MSK Physiotherapy Service | Stroud | Visit confirmed |
| 14 th May 2015 | Ingrid Barker | Public Health Nursing Service | Home Visits | Visit confirmed |
| 21 st May 2015 | Nicola Strother-Smith | Community Nursing Service (ICT) | TBC | Awaiting confirmation |
| 3 rd June 2015 | Sue Mead | Community Nursing (ICT) | TBC | Awaiting confirmation |
| July 2015 (TBC) | Rob Graves | Community Nursing (ICT) | TBC | Awaiting confirmation |
| 8 th or 9 th July 2015 | Richard Cryer | Integrated Discharge Team | TBC | Awaiting confirmation |
| TBC | TBC | Children in Care Assessment Service | TBC | Awaiting confirmation |
| TBC | TBC | School Nursing – Children's Continence Clinics | TBC | Awaiting confirmation |

This visit schedule is being developed. Each Non-Executive Director has committed to undertaking at least one visit per quarter with the Chair carrying out a minimum of two per quarter. Dates are being finalised with the relevant services.

In addition to these dates, there will also be a series of 17 unannounced quality visits in April-May, which will be attended by senior Trust colleagues together with the Chair and Non-Executive Directors.

Change Request Log

| Number | Who | Description of change | Page Number | Report Change applied to |
|--------|-------------------------------------|--|-------------|--------------------------------|
| 1 | Workforce Team | Change of format of Operational Services contained within template | 48 | 25 th February 2015 |
| 2 | Director of Nursing | Safety Thermometer snapshot added showing patients with old and new harms within Hospital and Community Settings | 12 | 25 th February 2015 |
| 3 | Director of Nursing | Removed Safer Staffing Alert Level table and incorporated into Quality Snapshot | 34 | 25 th February 2015 |
| 4 | Director of Nursing | Inclusion of Medicine Management – ward /department medicine security checklist | 20 | 25 th February 2015 |
| 5 | Director of Nursing | Inclusion of “ <i>hello my name is...</i> ” campaign narrative | 26 | 25 th February 2015 |
| 6 | Head of Performance and Information | Friends and Family Test pages revised to reflect revised National reporting requirements | 27-29 | 17 th March 2015 |
| 7 | Director of Nursing | Non-Executive Directors Quality visit schedule reformatted to show all future visits scheduled including those to be confirmed | 54-55 | 17 th March 2015 |
| 8 | Director of Nursing | Mortality reviews table updated to include data for 2013/14 to allow comparison with 2014/15 | 34 | 17 th March 2015 |
| 9 | Head of Performance and Information | Inpatient survey expanded to show Core questions and Experience questions | 30-31 | 17 th March 2015 |

Page numbers refer to page number within the specific report identified that report change applied to

Change Request Log

| Number | Who | Description of change | Page Number | Report Change applied to |
|--------|-------------------------------------|---|-------------|-----------------------------|
| 10 | Workforce Team | Change of format of Operational Services and data items contained within template | 51 | 17 th March 2015 |
| 11 | Head of Performance and Information | Introduction of 'word cloud' provided by CoMetrica to provide visual illustration of Friends and Family Test feedback received in January | 28 | 17 th March 2015 |
| 12 | Interim Deputy Director of Nursing | Falls in inpatient setting terminology change from injurious falls to falls with harm, and non-injurious falls to falls with no harm | 14 | 17 th March 2015 |

Page numbers refer to page number within the specific report identified that report change applied to

Ref: 15/B039

Gloucestershire Care Services NHS Trust Board Meeting

Medical Revalidation

17th March 2015

Objective:

To update the Trust Board of work in progress to ensure that a robust process is in place for professional validation and revalidation of all Doctors providing medical services for Gloucestershire Care Services NHST (GCS)

The Board is asked to:

To note the Medical Revalidation report

Executive summary:

There is a recognition that there needs to be a more robust and generic process of revalidation of Doctors employed by, or contracted by GCS, involving professional appraisal and managerial performance review to facilitate revalidation. The paper sets out the processes that have been developed for both trust-employed Doctors and GPSI and SLA GP contractors.

Dr. Mike Roberts

17th March 2015

Please complete the Equality Checklist over....

Please select one of the following options:

| | |
|--------------------------|---|
| <input 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.

MEDICAL REVALIDATION

PURPOSE

To update the Quality and Clinical Governance Committee of work in progress to ensure that a robust process is in place for professional validation and revalidation of all Doctors providing medical services for Gloucestershire Care Services NHST (GCS)

BACKGROUND

GCS both employs and also holds contracts/service level agreements (SLAs) with a number of Doctors providing specialist medical services, namely:

- Sexual Health services
- Out of Hours GP services (until 31st March 2015)
- Specialist Community services (Diabetes, Heart Failure, Musculo-skeletal services)
- Minor Injury/Illness Units (MIUs)
- Community Hospital Inpatient services

The majority of these Doctors are local Gloucestershire GPs, and as such are required to provide evidence (at their annual professional appraisal) of competence and Continuing Professional Development (CPD) in their work, both as a GP and also any Specialist work they undertake. The annual appraisal forms a major part of the GP Revalidation process, signed off by the NHS England Area Team Responsible Officer (RO).

GCS also employs a small number of Doctors, particularly Sexual Health Consultants and Associate Specialists, and a Consultant in Emergency Care, with responsibility for MIU medical cover.

In addition GCS currently employs three Doctors based in Cirencester Hospital, who provide both MIU and in-patient medical cover. Cirencester is unique in this regard, as all other Community Hospital beds have medical cover provided by GP consortia, under an SLA. Cirencester is now the only Community Hospital with Medical MIU cover, and the only Community Hospital with overnight cover provided by GPs working as “Resident Medical Officers”, or RMOs. In all other Community Hospitals the MIUs are now Nurse-led, and the out-of-hours GP service covers the in-patient beds during the out-of-hours period.

The structure of medical provision at Cirencester is currently under discussion with the locality and GCCG.

HISTORICAL REVALIDATION

Historically GCS has revalidated Doctors using a combination of internal and external medical appraisal. The disadvantages of this process are

- The appraisal may be carried out by an Appraiser without Specialist knowledge and expertise.
- GPs being appraised already undergo annual professional appraisal, which includes evidence of specialist training.
- Internal Appraisers need training and dedicated time to carry out appraisals

There is, therefore, a recognised need to improve and streamline the process whilst maintaining assurance that all Doctors providing medical services on behalf of GCS are competent in their specialist field, continue their professional development, and behave in a safe and appropriate manner.

PROPOSED REVALIDATION

I have been working with Service Leads and Professionals to develop a process of revalidation suitable for both contracted GPs and employed specialist Doctors. For the GP Contractors there is now an expectation that the GCS Responsible Officer (Medical Director or Deputy Medical Director) will receive, annually, evidence of a successful annual professional GP appraisal, which includes evidence of Continuing professional development in both General Practice and Specialist work (including evidence of specialist training and sign-off by a Consultant in their specialist field):

- Probity
- Complaints, concerns, and adverse incidents
- Audit
- Colleague and patient feedback.
- A professional development plan for the coming year

In addition there is an expectation that the Doctors will provide a satisfactory report from their GCS line manager (Head of Service, Hospital Matron etc) to assure the RO that the individual is working to their contract or SLA. Individuals not providing satisfactory evidence will need to undergo a separate formal appraisal process with the RO.

For Specialist Doctors employed by GCS, the expectation is that they will undertake specific professional appraisal by a specialist in their field, and provide evidence of successful appraisal and approval from their GCS Line Manager/ Head of Service to the GCS RO in order to be successfully revalidated. The revalidation process for all Doctors will take place annually.

RESOURCE IMPLICATIONS

There is recognition that specialist training has both cost and time implications. Some contracts and SLAs already reflect this, but other contracts may need to change in order to embed these more robust governance principles.

Written and Presented by: Dr Mike Roberts
Interim Medical Director, Gloucestershire Care Services

Ref: 15/B040

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Performance & Resources Chair's Report

17th March 2015

Objective:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 16th December 2014

The Board is asked to:

The Board is asked to **NOTE** the report and the approved minutes for information and assurance.

Executive summary:

The report sets out the key points discussed at the meeting of 17th February 2015. The approved minutes of the meeting held on 16th December 2014 are attached for information

Duncan Jordan

9 March 2015

Please complete the Equality Checklist over....

Please select one of the following options:

| | |
|--------------------------|---|
| <input 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. |
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- 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

Agenda item 14: Performance & Resources Committee update

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Performance & Resources Committee held on 17th February 2015. The approved minutes of the meeting held on 16th December 2014 are attached for information.

2. Chief Operating Officer's Report

The Committee received an update on the nurse recruitment issues and were assured that this 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.

The Committee were advised of the good progress made with the implementation of e-rostering to facilitate automated daily monitoring of staffing levels. Three test sites - Stroud, Dilke and Lydney Community Hospitals are now all paperless and utilise e-rostering. E-rostering has just been introduced to Cirencester. Consultant Marianne Thompson will have her contract extended on a Fixed Term basis to continue the work on E-Rostering.

The Committee NOTED the report.

3. External Care Update Report

Project Lead for External Care (Caroline Holmes) presented the External Care Update Report and highlighted the following developments:

- New commitment movement reports. These now highlight all movements each month and require LMs to explain the movements;
- Quick Support Plans have been brought into the daily panels which now run all day so that urgent support plans can be signed off within the panel process.
- Organisational and workforce development planning to address the cultural and behavioural issues identified earlier in the year;
- Continuation of the new workstreams around placements and existing workstreams to reduce the overspend.

- Commencing the planning process for 2015-16 including staff and commissioner engagement.

Committee advised of the additional pressures being experienced through the panel spends process, this is backed up by the recording of 800 more referrals in January 2015 than were recorded in January 2014.

The Committee was asked to note that priority areas have been identified and these include:

- Reduce reablement contact time
- High sickness levels across reablement colleagues
- Access to additional domiciliary care placements
- Planning the continued development and expansion of reablement, telecare and the referral centres to manage demand and introduce a wider variety of preventative services
- Fully understand the full year effect of 2014-15 schemes and rolling these forward into 2015-16
- Complete 400 reassessments before the end of March.

The Committee advised that Denise Hunt has joined the programme team as Programme Manager with effect from 2 February 2015 and will be working closely with Caroline Holmes.

The Committee NOTED the Trust's position and consistent monitoring to be continued.

4. Finance Performance Report

The Committee was advised of both the year to date and full year forecast out-turn positions for GCS at Month 9 and highlighted risks and plans in place to mitigate them.

The Trust is entering the final year of its initial three year contract with the CCG on 1st April. All major planning principles have been agreed with the CCG Chief Finance Officer (CFO) to ensure consistent planning assumptions and these are now being negotiated into the Contract Variation.

Within GCS, services are now commissioned and funded by a number of different commissioning organisations. Funding from Gloucestershire CCG and NHS England is now in place and contractually agreed. Funding for services being provided for Gloucestershire County Council (mainly public health related) are agreed but are yet to be varied into the contract. The CCG is making payments on account to prevent cash flow issues and there has been no impact on services.

The Committee NOTED the report and contract negotiations undertaken.

5. Capital Schemes – approvals and progress review

The Committee are advised that latest estimates indicate a total in year spend of £4.6m due to project slippage on the replacement Community of Interest (COIN) network which is being procured in collaboration with GHNHSFT and 2GNHSFT and delays in identifying a suitable property in Gloucester for planned service changes.

The TDA have agreed to defer £0.8m of 2014/15 planned spend into 2015/16.

The Committee were reassured that Estates management is in good order.

The Committee NOTED the capital spend position of the report.

6. Business Development Tracker

The Committee received an update on ongoing service change discussions with commissioners and other providers.

The Committee is advised of additional income potential for the Trust if unused capacity can be identified and sold to other providers or additional work can be secured from existing commissioners.

A plan for future use of Cirencester Theatre to be identified following commissioner decision to give notice to current customer (UKSH) who provide GCS with approx. £800k of income per year for using our theatre. The Trust has been approached by GHFT wishing to use the theatre. An analysis by site on theatre usage, income and costs is to be made available. Information relating to the available hours by site is to be produced and appended to a future report.

The Committee is advised of the Prime Minister's Challenge Fund – which is a GP led opportunity to increase local primary care capacity. The Trust was asked to support separate bids that propose different operating models. The GPs expect to hear the outcome of their bids by the end of March.

The Committee NOTED the report.

7. Quality & Performance Report

The Committee was asked to note that improvement plans were already in place to address the MSKCAT target concerns. The Friends and Family test targets are also now moving in the right direction. The Committee was also asked to note the steady progress that is being made on Harm Free Care.

The Committee NOTED the report and positive steps being taken.

8. Transformation and Change Report

The Committee was provided with an update on the current Cost Improvement Programme 2014-15 and discussed the progress with the three schemes for 2015/16.

Cost Improvement Programme (CIPs) – the committee were advised that the Trust could achieve the 2014-15 in year £2.5m forecast for its CIPs programme with the use of a managed vacancy factor and accounting adjustments. Analysis is still on-going to determine the Trust's position against the full year £3.4m CIP target. The Committee requested a special meeting to discuss CIPs for 2014-15 and 2015-16. A special meeting of the Performance and Resources Committee is to be scheduled to take place in March, an update will be presented to Board.

Quality, Innovation, Productivity and Prevention (QIPP) – the Trust achieved 70% of agreed milestones to the value of £1.19m as at 31 December 2014 (Quarter Three).

The Committee is asked to note the challenges with this year's QIPP Schedule, the majority of which has been beyond the Trust's control. The Trust is currently in active negotiations to mitigate the level of risk and negotiations for 2015/16 have begun with GCCG.

The Committee NOTED the report and AGREED to a special meeting of Performance and Resources Committee meeting in March.

9. Community Nursing

The Committee was provided with an update on the continued robust work being undertaken in line with the district nursing action plan to address the band 5/6 recruitment issues. CP advised the Committee that a more detailed report will be presented to the Clinical and Quality Governance Meeting.

The Committee NOTED the update.

10. Benchmarking – Referencing Costs

The Committee was advised that some of the figures supplied as part of the benchmarking group submission were incorrect and needed to be resubmitted. A robust process is to be put in place to ensure future benchmarking analysis presents the right view of the Trust.

The Committee NOTED the Report and the plan to resubmit the Trusts group submission.

11. OOH Transition Update Report

The Committee was presented with an update on the activity being undertaken to transition the Out of Hours service to SWAST on 1st April 2015. Key risks and issues identified and the costs associated with this transition project. All identified risks have been shared with the CCG and added to the risk register.

The Trust continues to be part of the 3-way engagement – GCS, CCG and SWAST. The Committee is asked to note that SWAST participation was usually by teleconference with key SWAST personnel not always present at these meetings. Staff engagement sessions across the county have now taken place and SWAST will shortly commence 1:1 meetings with staff.

In readiness for the handover of services the Trust has ensured staff rotas have been populated up to 31 March 2015.

The Committee RECEIVED and NOTED the report and the actions taken.

12. Urgent Care Service Report and Action Plan

The Committee was advised that in recent months the pressures have been high, as a result the Trust has opened an additional 16 beds in Stroud and the Forest of Dean to help with the pressures currently being experienced by GHFT. A risk to the Trust is resilience in staffing - ensuring there are adequate staff - bank or agency available to cover the required shifts. The knock on effect has been an increase in the length of stays.

The Committee NOTED the verbal update.

13. Chlamydia Performance Report

The committee were provided with an update on the performance issues relating to Chlamydia Screening and the detailed recovery action plan. The Committee was asked to note that the Commissioners have been informed and a meeting has been set to discuss the likelihood that the recovery of performance is not achievable before year end. There are plans in place to review the whole service model of chlamydia screening, with a view to consider shared care of partner notification with primary care.

The Committee NOTED the report and recovery plan and the actions being taken to improve performance.

14. SystmOne update Report

The Committee was updated on the progress of the SystmOne deployments and actions taken against the lessons learnt. The Committee is asked to note the successful deployment to all Children's and Child Health services where 450 staff went live on the same day – 9 December 2014 including successful migration of children's electronic data from the legacy system to SystmOne.

The Committee NOTED the report and recovery plan and the actions being taken to improve performance.

15. LTFM Update

The Committee was given an update on changes to the planned submission dates of the Trust's Integrated Business Plan (IBP) and LTFM).

The Committee NOTED the changes to the planned submission dates.

16. Strategy Dashboard

The Committee DEFERRED the dashboard discussions to the March meeting of the Committee.

Prepared by: Duncan Jordan, Chief Operating Officer

Presented by: Richard Cryer, Chair, Performance & Resources Committee

Appendices

Appendix 1: Approved minutes of the Performance and Resources Committee on 16th December 2014

GLOUCESTERSHIRE CARE SERVICES NHS TRUST PERFORMANCE AND RESOURCES COMMITTEE

Minutes of the Meeting held on Tuesday, 16 December 2014 at 2.00pm in the Boardroom, Edward Jenner Court

Present:

Members:

| | |
|--------------------|--|
| Richard Cryer (RC) | Non-Executive Director (Committee Chair) |
| Ingrid Barker (IB) | Trust Chair |
| Paul Jennings (PJ) | Chief Executive |
| Rob Graves (RG) | Non-Executive Director |
| Tina Ricketts (TR) | Director of HR |

In Attendance:

| | |
|-----------------------|---|
| Sue Field (SF) | Director of Service Transformation |
| Stuart Bird (SB) | Deputy Director of Finance |
| Candace Plouffe (CP) | Director of Service Delivery |
| Matthew O'Reilly (MO) | Head of Performance & Information |
| Kate Calvert (KC) | Head of Programme Transformation & Change |
| Caroline Holmes (CH) | Head of External Care |
| Rod Brown (RB) | Head of Corporate Governance |
| Caroline Hodge (CHo) | Management Consultant |

TDA

Nigel Littlewood (NL)
Nicky Mowatt (NW)

Secretariat:

Bev Samuels (BS) Executive Assistant

Apologies:

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|---------------------|---|
| Duncan Jordan (DJ) | Chief Operating Officer |
| Chris Creswick (CC) | Non-Executive Director |
| Glyn Howells (GH) | Director of Finance |
| Jason Brown (JB) | Director of Corporate Governance & Public Affairs |

| Item | Detail | Action |
|--------------|---|--------|
| P&R 98/14 | <p>Agenda Item 1: Welcome & Apologies</p> <p>The Chair opened the meeting at 2.00pm and welcomed representatives from the Trust Development Authority (TDA) - Nigel Littlewood and Nicky Mowatt.</p> <p>Apologies were noted from Duncan Jordan, Glyn Howells, Chris Creswick and Jason Brown.</p> | |

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| <p>P&R 99/14</p> | <p>Agenda Item 2: Minutes of 21 October 2014 meeting</p> <p>The Committee RECEIVED the unconfirmed minutes of the 21 October. There were some amendments noted, these were:</p> <p>93/14 – IT Strategy in depth monitoring review – delete reference to “in depth”. Committee agreed to receive regular exception reports. 95/14 – Estates Strategy in depth monitoring review – delete reference to “in depth”. Committee agreed to receive regular exception reports.</p> <p>Subject to the above amendments these minutes were approved by the Committee.</p> <p>Resolution: The Committee RECEIVED and APPROVED the minutes of the 21 October subject to the above amendments.</p> | |
| <p>P&R 100/14</p> | <p>Agenda Item 3: Matters Arising</p> <p>The Committee reviewed the Action Log.</p> <p>There were six actions closed:</p> <p>Action 58 – Benchmarking on corporate performance. Committee advised of finalisation of the Referencing costs. Report to be presented at the next Committee 17 February 2015. This item is closed.</p> <p>Action 65 – New system development now completed - review of cancelled sessions and high cost consumables being undertaken, data currently not recorded. GHFT to be invoiced for undercharged sessions and high cost consumables used in outpatient clinics. Revised billing based on the new system to be introduced in the new year. Impact on CIPs will be realised in the new year. Notification of revised billing arrangements to be shared with GHFT at the January GCS/GHFT Contract Board. Finance report to come to next Committee regarding reasonable prospect of achieving CIP savings.</p> <p>Action 66 – Podiatry monitor CCG with MSKAT target, interlinked with staff groups. Locum and additional staffing, CP to write to CCG in January. Paper on Chlamydia performance to be taken to next Committee – 17 February 2015</p> <p>Action 68 - CIPs, QIPP and CQUIN – regular item on the forward plan. Item closed.</p> <p>Action 69 – Bank Staff TNA – positive feedback received, staff are well skilled. Item closed.</p> <p>Action 70 – GHFT Outpatient clinic activity. Refer to Action 65. Item closed</p> <p>Resolution: The Committee APPROVED the updates and the closure of Actions 58, 65, 66, 68, 69 and 70.</p> | <p>BS</p> <p>SB</p> <p>CP BS</p> <p>BS</p> |

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| <p>P&R 101/14</p> | <p>Agenda Item 4: Review of Forward Agenda Plan</p> <p>Committee noted the overlap between the Performance and Resources Committee and the Quality and Clinical Governance Committee, a need to establish clear boundaries was required. Agreed that a meeting to review meeting cycle and frequency for these two committees would take place in January 2015.</p> <p>Ingrid Barker, Paul Jennings and Jason Brown to review:</p> <ol style="list-style-type: none"> 1. Clarity about papers coming to committees 2. Clarity around expectation for each committee – remove repetition <p>Committee recognised the need to reduce the unnecessary report writing for officers producing the reports and those reading especially with the likely move to a monthly meeting cycle. Agreed to discuss revised approach incorporating firm proposals for both committees.</p> <p>Resolution: The Committee NOTED the Forward Agenda Plan and AGREED to receive proposals for future P&R and QCG committee meetings.</p> | <p>BS</p> |
| <p>P&R 102/14</p> | <p>Agenda Item 5: Chief Operating Officer's Report</p> <p>In DJ's absence PJ presented the Chief Operating Officer's Report. This report provides a contextual overview for the Committee on some of the headline performance matters including for the first time, the new Operations monthly KPI dashboard, which highlights key productivity and efficiency metrics.</p> <p>The Trust continues to focus on the recruitment and retention of staff to key posts. The Trust is also progressing the remediation of its e-rostering system. Stroud Hospital went live on 1 December, ahead of schedule, The Dilke and Lydney Hospitals will follow. Stroud Community Hospital team continues to focus on ensuring as many beds as possible are available. The additional 3 beds at Lydney continue to be provided and bed occupancy rates across the Trust are being managed at a very high rate of approximately 95%.</p> <p>An extraordinary meeting of GCC's Health Overview Scrutiny Committee was held on 16th December 2014 to discuss hospital discharges and review the situation following media statements by GHFT. A one off meetings of the Chairs as requested by the HOSC committee meeting was convened and chaired by Dr Helen Miller, the group met to agree a joint statement by GCS, GHFT, GCCG and GCCG following the media statement by GHFT.</p> <p>GCS attendance at GP forums to be increased, RG confirmed NED colleagues would be happy to assist/attend forums if required.</p> <p>PJ updated the Committee on the outcome of meetings between the Trust and GCCG, the meeting agreed in principle to support the assumptions under the 5 year plan. An update to the Trust Board outlining the position as regards to the current state of play with the GCCG was arranged.</p> | |

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| | Resolution: The Committee NOTED the report and updates given regarding meetings with commissioners. AGREED to support and monitor the situation. | |
| P&R 103/14 | <p>Agenda Item 6: Finance Performance Report</p> <p>SB presented the Finance Performance Report.</p> <p>Committee advised of year to date and full year forecast outturn positions for the Trust at Month 7 and highlighted risks and opportunities within the current full years forecast.</p> <p>The Committee discussed the following areas from a financial perspective:</p> <ol style="list-style-type: none"> 1. Delivery of £2.5m of committed CIP savings in year and working to find additional non recurrent savings to offset the gap between this and the planned £6.4m. 2. Delivery of £3.9m of QIPP income through tight monitoring of agreed schemes and over delivery on selected additional work programmes to offset any shortfalls. 3. Delivery of CQUIN schemes of £2.0m. 4. Completing the contracting for GCC commissioned services. 5. Recruiting required staff to reduce agency usage and related cost. 6. Zero base budgeting our hospital theatres and outpatients in line with contracted income. The Trust is beginning to invoice GHFT based on actual activity (including high cost consumables). 7. Maintaining a solid cash position by collecting all contracted income and robust cash flow forecasting. 8. Preparing a detailed financial and workforce plan for 2015/16 to deliver to the TDA and use as the basis for 2015/16 departmental budgets and CIP targets. 9. Developing a detailed LTFM to support the Integrated Business Plan to underpin the Foundation Trust Application process. <p>Funding from GCCG and NHS England was now in place and contractually agreed. Funding for services being provided for GCC (mainly public health related) had been agreed and invoiced.</p> <p>The Social Care Service Level Agreement (SLA) spend is set at £17.7M for 2014/5. At month 7 there was a forecast underspend of approximately £660k. Latest forecast agreed at ASMT shows a reduced underspend of £60k. The £600k will be used to offset overspends in external care.</p> <p>Committee requested the incorporation of cashflow projections in future reports. SB informed the Committee that this would be done and that the cash forecast position at present was strong.</p> <p>Resolution: The Committee NOTED the performance of the Trust and is aware of the risks and opportunities within the full year forecast and NOTED the forecast position.</p> | |
| P&R 104/14 | <p>Agenda Item 6.2 Capital Schemes – approvals and progress review</p> <p>SB briefly updated the Committee on Capital Expenditure Update. To date, GCS has spent £1,220k of the planned £6.4m in 2014/15. The latest</p> | |

| | | |
|---------------|--|-----------------|
| | <p>estimate indicates a total in year spend of £5m due to project slippage on the replacement Community of Interest (COIN) network being procured in collaboration with GHFT and 2Gether Trust, delays identifying a suitable property in Gloucester for planned service changes. Committee informed of Cheltenham General Hospital's support regarding the Trust successfully securing alternative premises at Milsome Street to relocate the Cheltenham team and services.</p> <p>Committee advised that all spending in line with the approved plan will be approved by the Director of Finance or Chief Executive. Assurance is given to the Committee that any spend outside of the plan or revised plan will go to Performance and Resources Committee for approval on behalf of the Board.</p> <p>Resolution: The Committee APPROVED and NOTED the contents of the report.</p> | |
| P&R 105/14 | <p>Agenda Item 6.3: Business Development Tracker</p> <p>SB presented the Business Development Tracker. The Committee received an update on ongoing service change discussions with commissioners and other providers.</p> <p>Due to the commissioner's decision to give notice to CareUK, GCS will need to review the options available for Cirencester Theatre use. Change likely to take effect November 2015.</p> <p>Committee requested a report to the next meeting which identifies the Trust's surplus capacity and available opportunities to increase income. A new lower limb service business case has been submitted to GCCG. The proposed service will be provided through specialist nursing. If successful a potential gross annual value of approximately £1m would be realised.</p> <p>Committee noted that a new temporary commercial manager is in post and is dealing with service change requests as they emerge but it was agreed that there was a need for a more pro-active approach going forward.</p> <p>Further potential for additional income was to be identified relating to selling unused capacity to other providers; options to be reviewed further.</p> <p>Resolution: The Committee NOTED the report and will RECEIVE a revised report at the next meeting.</p> | BS SB |
| P&R 106/14 | <p>Agenda Item 7: Quality and Performance Report</p> <p>MO presented the Contract Performance Report.</p> <p>Over the period, the Trust achieved 85.7% of all applicable national NHS Targets (30 out of a total of 35) and 77.8% of local targets (21 out of 27). Committee then noted the exception report, and requested that future performance reports include commentary which identifies when the Trust expect to be GREEN against targets.</p> <p>Safety Thermometer – overall level of Harm Free Care is 92.5% compared to target of 95% (only 86.5% in aggregate in Community Hospitals).</p> | MO SF/MO |

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| | <p>Committee recognised the low percentage and requested better understanding of survey techniques used in community hospitals.</p> <p>Safe Staffing – Committee advised that in January the Trust is expected to be back on track with the staffing in Stroud – 7.4 WTE vacancies noted. AGREED that a paper identifying the agency usage to date would be circulated to Committee members.</p> <p>Committee advised of GCCG's agreement to financially support the backfilling for nurses wishing to undertake a 2-3 year district nurse qualification programme</p> <p>Resolution: The Committee NOTED the report and AGREED to receive revised format reports to the next Committee meeting – 17 February 2015.</p> | MO |
| P&R 107/14 | <p>Agenda Item 8 Transformation and Change Report</p> <p>KC presented the new reporting dashboard for consideration and comment. The new dashboard will provide a focussed report on the key transformation and change programmes including CIP, QIPP and CQUIN report. A "business as usual" dashboard will be further developed for all agreed KPIs. Committee advised of the drill down capabilities of the 'live' dashboard will be provided for each committee. MOR/KC working closely to achieve an automated process for dashboard updating. Future Transformation and Change report and dashboards will provide specific updates on:</p> <ul style="list-style-type: none"> • Programme highlights • Programme key issues • Plan of actions required <p>Committee noted the new reporting dashboard but requested further assurance that the reporting dashboard will provide robust year to date data. Clarity on the robustness to be presented at Trust Board and the next Committee meeting.</p> <p>KC to circulate a position report for the months September, October and November. Committee advised that the Estates CIP was secure with no emerging risks.</p> <p>Resolution: The Committee NOTED the new reporting dashboard and requested clarification on its robustness.</p> | |
| P&R 108/14 | <p>Agenda Item 9: External Care Update Report</p> <p>CH presented the External Care Update. The report updated the Committee on the ongoing concerns regarding the panel spend and provided with an understanding of the spend patterns and quick support plans. The gross commitments profile has risen at a greater rate than the panel spend forecast. A recent audit of 300 cases across the localities identified cases agreed on quick support plans were not included in the panel spend reports, short term funding cases were frequently being extended.</p> | |

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| | <p>GCC's original panel savings target of £2.3m was calculated at a gross level, the actual net saving will be £1.5m and which leaves a further £800k cost pressure against this savings programme.</p> <p>The following audits are being carried out to understand the pressures further:</p> <ul style="list-style-type: none"> • Initial audit of all November QSPs by admin leads to clarify the origin of the QSP (e.g. completed by the hospitals team or by referral centres etc.) and identify the reason it was needed – continuation of an assessment etc • A detailed professional review of 35 cases from across the hospitals and ICTs to audit the decision making and risk taking which led to the QSP being agreed – had all alternatives been tried before agreeing short term support? • Weekly reviews of QSPs by Community Managers. • QSP of £200 or more per week are now referred to panel for processing and authorisation. <p>Current risks identified –</p> <ul style="list-style-type: none"> - Placements into care homes from hospital – to be reduced - Increased numbers of reassessments - Improved reablement options <p>Committee was asked to acknowledge:</p> <ul style="list-style-type: none"> - that there is whole system pressures - significant pressure to reablement - domiciliary support not fully available <p>The Chair requested assurance that the Trust is currently doing enough to mitigate risks identified notwithstanding the outstanding work being undertaken.</p> <p>GH to meet with Mark Spilsbury (Head of Finance GCC) to review external care financial controls and establish where the authority lies regarding the making and stopping of payments. GH/MS to review the budget post 2015/16. Committee requested data on spends by month.</p> <p>PricewaterhouseCoopers (PWC) with the county council's auditors are to undertake an audit of the budget which will highlight areas for further investigation.</p> <p>Part 1 of the Care Act comes into operation in April 2015. GCS currently reviewing 13 workstreams against the Care Act partnership model. KC working closely with Steve Williams (GCC).</p> <p>AGREED KC/CH to further develop assurances for the Committee incorporating the 2015/16 position model and produce time tabled trajectories. SLA with GCC to be clearly agreed.</p> | <p>GH</p> <p>KC</p> |
|--|---|---------------------|

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| | Resolution: The Committee NOTED the content of the update and continued risks to GCS. AGREED update reports to be taken to the next Committee meeting – 17 February 2015. | BS |
| P&R 109/14 | <p>Agenda Item 10: Transition of OOH Service Report</p> <p>SF presented the Transition of OOH Service report. Committee were informed that a fortnightly tripartite meeting involving GCS, SWAST and GCCG is taking place to ensure key issues are addressed in a timely manner. A GCS Project Group has been set up to manage the transition. Committee was asked to note GCS had formally been sharing concerns with GCCG around the lack of timely engagement, clarity regarding Resident Medical Officer (RMO) provision in Cirencester, staffing and financial issues. No response had yet been received.</p> <p>Main risk concerns maintaining OOH within contract until transfer due to staff retention, shift filling and therefore keeping site open which could potentially have financial penalties implications. Any breaches associated with the risks identified could ultimately result in GCS' reputation coming into question. Actions are being put in place to mitigate these risks.</p> <p>GCS will continue to engage with SWAST to ensure a smooth transition of service. SWAST has been encouraged to meet with the GP Consortium contact Gill Moreland to review potential GP staffing shortage. A communication strategy and joint communications is being planned.</p> <p>Committee is asked to note the potential costs to GCS for Transition/project management staff - £68k, costs have been shared with the Director of Finance.</p> <p>The Chair recorded his thanks to the Director of Service Transformation and her team for their professionalism and actions in place.</p> <p>Resolution: The Committee NOTED the report and actions being taken to mitigate the risks identified.</p> | |
| P&R 110/14 | <p>Agenda Item 11: Community Nursing Update</p> <p>CP presented North Cotswold Committee update on Community Nursing.</p> <p>GCCG scoping document has been circulated, the document reviews the GCCG visions for District Nursing. It is hoped that the Service Specification will be delivered during January-March 2015.</p> <p>Resolution: The Committee NOTED the update report and action plan to improve the North Cotswold District Nursing Service.</p> | CP |
| P&R 111/14 | <p>Agenda Item 12: Long Term Financial Model (LTFM) Assumptions and Budget</p> <p>In the absence of GH, SB informed the Committee that no updates were currently available. Submissions to the TDA were due on:</p> <p>➤ 13 January 2015</p> | |

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| | <p>➤ 10 April 2015</p> <p>In readiness for the submission due on 13 January, an extra meeting of the Trust Board members had been arranged – 11 January, the Board will be given the opportunity to approve before submission.</p> <p>The TDA will be approached and asked to review the timetable for submission of the Integrated Business Plan (IBP). Scrutiny discussions with GCCG to identify the long term commissioning intentions required prior to progressing. Current GCCG commitment is not sufficient to develop the IBP and will need to be addressed.</p> <p>Resolution: The Committee NOTED the LTFM item.</p> | |
| P&R 112/14 | <p>Agenda Item 13: Data Validation Log</p> <p>PJ presented the Data Validation Log item. Committee is provided with assurance that all national data returns are thoroughly scrutinised prior to submission. The following will be in place prior to data submission to the relevant agencies:</p> <ul style="list-style-type: none"> • the proposed submission will be fully reviewed by a nominated colleague who will not be the individual responsible for collating the return in the first instance; • any identified exceptions, breaches, queries and/or concerns will be reviewed with the responsible operational lead; • proposed submissions will be formally signed off by the Head of Performance and Information and Director of Nursing and Quality (safer staffing returns) - following further scrutiny and review; • all stages of the process, will be recorded in the Data Validation Log for subsequent disclosure to the Performance and Resources Committee. <p>Resolution: The Committee NOTED the Data Validation Log report.</p> | |
| P&R 113/14 | <p>Agenda Item 14: Strategy Dashboard</p> <p>RB presented the Strategy Dashboard. The Committee was given assurance regarding the Trust's progress against the four strategies for which the Committee has overarching responsibility and which have all been ratified by the Trust Board in 2014-15. These are:</p> <ul style="list-style-type: none"> • the Estates Strategy; • the Information Technology (IT) Strategy; • the Information and Performance Management Strategy; • the Cost Improvement Programme (CIP) Strategy. <p>RB will work closely with Heads of Service responsible for the service area strategy identified above.</p> <p>Resolution: The Committee NOTED the Report.</p> | |
| P&R 114/14 | <p>Any Other Business</p> <p>15. Committee discussed the need to reduce/eliminate the overlap of topics going to Committees. Committee topic separation to be</p> | |

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| | strengthened especially the respective roles of this Committee and QCG Committee to be clarified (See 101/14 above). | |
| P&R 115/14 | Date of Next Meeting Tuesday 17 February 2015 from 14:00 – 16:00 in the Boardroom at Edward Jenner Court, Gloucester. | |

Chair's signature.....

Date.....

Ref: 15/B041

Gloucestershire Care Services NHS Trust Board

Finance Report

17th March 2015

Objective:

To advise the committee on the year to date actual and forecast full year out-turn position for the Trust at month 10 and also to provide updates regarding financial risks and priorities.

The Board is asked to:

- Note the current position and implications for the Trust.

Executive summary:

For Health budgets, the Trust has planned for a full year surplus of £1.5m. The current forecast is in line with plan though there is a dependency on non-recurrent schemes plus discussion with the CCG regarding alternative QIPP schemes and escalation costs to deliver this surplus.

Capital is now forecast to be £1.8m lower than plan due to delays in two projects (Community of Interest Network replacement and Gloucester City premises consolidation).

QIPP is expected to deliver £1m less than budget, CQUIN is expected to deliver in full and CIP schemes are now forecast to deliver £2.5m in year and £3.4m recurrently.

Work is ongoing to mitigate the shortfall in CIP and to ensure that the plan surplus is delivered. A financial bridge is included in the report summarising the main risk and opportunities within the forecast.

Stuart Bird
Deputy Director of Finance

Pease complete the Equality Checklist over....

Please select one of the following options:

| | |
|-------------------------------------|--|
| <input 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 checked="" type="checkbox"/> | <p>This paper proposes changes. Equality analysis has NOT been completed for the following reasons:</p> <ul style="list-style-type: none"> • There will be impact analyses completed for the changes that come out of the decisions being considered in this paper rather than from the paper itself • |

[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.

Board Meeting of Gloucestershire Care Services NHS Trust

To be held on: 17th March 2015

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

Agenda item 15: Finance Report

1. Purpose

To advise the board of both the year to date and full year forecast out-turn positions for Gloucestershire Care Services NHS Trust at Month 10 and to highlight risks and plans to mitigate them.

2. Recommendations

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

3. Background

The plans for the current financial year are challenging with £3.9m of QIPP income to be earned, £2.0m of CQUIN income to be earned and £6.4 of CIP savings required to deliver the budgeted surplus of £1.5m for the trust.

CIP schemes of are now forecast to deliver £2.5m in year and £3.4m recurrently which is significantly less than the £6.4m in the budget. There is a financial bridge at section 1 of this report showing how these shortfalls can potentially be mitigated but there remains significant risk to delivering the planned surplus.

Capital of £6.4m was available in the plan for use in year including rolling forward the £1.5m from 2013/4.

A new site at Milsom Street in Cheltenham has now been purchased but the search in Gloucester is proving more difficult and so the capital forecast has been dropped by £1.8m which will be rolled into next year.

Trust staff are also tasked with delivery of savings of more than £6.5m for external Care and £700k on the SLA spend for Gloucestershire County Council (GCC).

Within GCS, services are now commissioned and funded by a number of different commissioning organisations. Funding from Gloucestershire CCG and NHS England is now in place and contractually agreed, funding for services being provided for Gloucestershire County Council (mainly public health related) are agreed but are yet to be varied into the contract. The CCG is making payments on account for this to prevent cash flow issues and there has been no impact on services because of them.

4. Discussion of Issues

The main issues that the Trust faces from the financial perspective are:

1. Finalising the recurrent CIP delivered in year and removing the £3.4m from next year budgets.
2. Agreeing with the CCG how the QIPP income shortfalls of £1m is going to be offset
3. Finalisation of payment against confirmed delivery of CQUIN schemes of £2.0m.
4. Complete the Contracting for GCC commissioned services for 2014/15.
5. Agreement regarding funding of escalation costs where additional inpatient beds have been provided
6. Recruiting required staff to reduce agency usage and related cost.
7. Delivery of the External Care recovery plan of >£6.5m
8. Zero base budget for hospital theatres and outpatients in line with contracted income. Begin to bill GHFT based in actual activity (including high cost consumables)
9. Non recurrent savings schemes
 - a. Bringing stock onto balance sheet by 31/3/15
 - b. Capitalisation of IT purchases (both new and retrospective impact)
 - c. Implementing better controls around recording untaken annual leave
 - d. Reviewing the Trust's accrued creditor position
10. Maintaining a solid cash position by collecting all contracted income and robust cash flow forecasting
11. A review of the numbers of budget holders and how support is provided to operational teams following the completed restructure within the Finance team
12. Develop implementation plans to ensure delivery of the 5 year Financial Management Strategy including:
 - a. Cash Management
 - b. Capital Spend
 - c. Procurement
 - d. Commercial Arrangements
 - e. Performance Management Framework
 - f. Efficiency / Productivity management

5. Key Findings and Actions

5.1 Financial Performance

The Trust submitted a plan to the TDA for 2014/5 that shows income of £111.1m and a surplus of £1.5m (health figures alone).

As at Month 10 it is still believed that these numbers reflect the position that the Trust will achieve with finalisation of QIPP alternative schemes and finalisation of non-recurrent savings as the biggest risk.

The risk bridge below is unchanged from last month and still represents the high level view of changes from original plan.

| | | | | Month 9 View | | | Certainty (High / Medium / Low) |
|--|------------------------------------|---|--|--------------|--------|---------|---------------------------------|
| | Item heading | | Sub heading | Income | Cost | Surplus | |
| | Plan | | | 111.10 | 109.60 | 1.50 | |
| | 1 CIP Underdelivery | | | | 3.90 | (3.90) | HIGH |
| | 2 Additional agency premium | | | | 0.50 | (0.50) | HIGH |
| | 3 Non Recurrent identified Savings | a | Funding received to delay to CIP | | (0.50) | 0.50 | HIGH |
| | | b | Review of non recurrent budgets - FT program | | (0.40) | 0.40 | HIGH |
| | | c | Review of non recurrent budgets - ISO Project | | (0.25) | 0.25 | HIGH |
| | | d | Vacancy Control / slippage (above level incl. in CIP) | | (1.00) | 1.00 | HIGH |
| | | e | Others (reserve against PDC holiday projects) | | (0.30) | 0.30 | HIGH |
| | 4 Other potential savings | a | Lower Non-pay inflation | | (0.20) | 0.20 | MEDIUM |
| | 5 QIPP underdelivery | a | ICT risk share | (0.75) | | (0.75) | HIGH |
| | | b | MSK, MIU | (0.25) | | (0.25) | MEDIUM |
| | | c | Compensating schemes (lower limb, phase 2 ICTs, podiatry review) | 1.00 | | 1.00 | MEDIUM |
| | 6 Planned New Business | | Not identified / won | (2.50) | (2.25) | (0.25) | HIGH |
| | 7 Release of Reserves | | | | (2.00) | 2.00 | HIGH |
| | 8 Other volume variance | | | (0.20) | (0.20) | 0.00 | HIGH |
| | Potential Out-turn | | | 108.40 | 106.90 | 1.50 | |

Budget Monitoring

Operational accountants are allocated by service and are responsible for supporting budget holders with the financial management and efficiency of their cost centres. The allocation of operational accountants with the organisation is currently being reviewed to ensure the most effective support and challenge for each function.

Performance in Achieving Cost Improvement Plans (CIP), QIPP and CQUIN

A sub-group of execs Chaired by the Chief Operating Officer now meets monthly to review CIPs, QIPP and CQUINs and progress being made. Forecasts are being conformed on a project by project basis to get better operational grip and focus in this critical area.

These items are now reported separately through a report from the Chief Operating Officer which this month shows CIP delivering £2.5m in year (£3.4m recurrently) of the required £6.4m, it also lists areas being identified to mitigate this under-delivery. Some risks are highlighted on some CQUIN schemes but these are believed to be able to be mitigated away at present. On QIPP there is real likelihood that the Trust will not receive £1m of the available QIPP income however the Trust is in discussion with the CCG to agree values against additional schemes that are being worked on and the impact of this is captured in this report.

5.2 New Business

The CCG has requested that the Trust expand the level of the services in Integrated Community Teams (ICTs) and in the integrated discharge team (IDT), Single point of Clinical Access (SPCA) and Early Supported Discharge Team (ESD). Detailed plans are being drawn up within the Trust for the

enhanced ICT service and once all recruitment trajectories have been finalised a variation to the contract will be drawn up. In year this is likely to be around £2.0m but will be £3.9m recurrently.

For the IDT and SPCA the situation is similar with an additional full year effect expected of approximately £1.3m of additional recurrent funding with circa £800k due in the current year.

The loss of the GP Out of Hours (OOH) contract was reported in previous reports and will not impact on this year's financial performance.

5.3 Capital Spend

The latest view of likely capital spend is that it will be significantly lower at £4.6m (gross) in year compared to a plan of £6.4m as two of the larger items are likely to be delayed, namely replacement of part of the IT infrastructure (Community of interest network – COIN) which is delayed as the procurement is taking longer than expected and the replacement premises in Gloucester which are proving more difficult to find.

This reduction in capital spend will also protect the Trust's cash position which will start to come under pressure should the additional saving schemes not be cash releasing savings. Spend for the year to date is £1,689k.

As a result the forecast has been revised to a net £4m of spend in year (£4.6 from above offset by receipts from the sale of the land at Tewkesbury to the local GPs). This has been communicated to the TDA.

5.4 Contract Negotiation

The Trust is entering the final year of its initial three year contract with the CCG on 1st April. All major planning principles have been agreed with the CCG Chief Finance Officer (CFO) to ensure consistent planning assumptions and these are now being negotiated into the Contract Variation that will go into the existing contract.

On 29th January, the Monitor Board announced that the proposed pricing methodology for 2015/6 had been challenged by the required level of providers that meant that additional steps need to take place before inflation and efficiency figures in the contracts can be finalised. This is something that affects Acute / Ambulance services much more than providers paid under block arrangements. The Trust has accepted the enhanced tariff option (ETO) as described in the Chair and Chief Executives reports and the impact of this has been factored into the annual plan and revised budgets for next year. These are shared in the next paper on Budget Approval,

5.5 GCC SLA

No revised figures to be shared at public Board have been received since those reported to Board at month 8.

6. Financial implications

Income and expenditure position

The year to date financial performance and related forecast performance for the remainder of financial year 2014/15 are summarised in the table below.

High level overview of year to date and full year forecast

| Statement of Comprehensive Income | Current Year to Date | | | Forecast Outturn | | |
|---|----------------------|------------|--------------|------------------|--------------|----------|
| | Plan | Actual | Variance | Plan | Forecast | Variance |
| | £000s | £000s | £000s | £000s | £000s | £000s |
| Revenue from Patient Care Activities | 91,823 | 91,761 | (62) | 110,687 | 107,881 | (2,806) |
| Other Operating Revenue | 401 | 1,696 | 1,295 | 481 | 2,035 | 1,554 |
| Gross Employee Benefits | (65,655) | (67,572) | (1,917) | (79,279) | (79,575) | (296) |
| Other Operating Costs | (23,129) | (22,870) | 259 | (27,702) | (26,351) | 1,351 |
| Dividend Payable on Public Dividend Capital | (2,240) | (2,240) | 0 | (2,688) | (2,597) | 91 |
| Donated/Government grant assets adjustment | 0 | 90 | 90 | 0 | 107 | 107 |
| Adjusted Retained Surplus/(Deficit) | 1,200 | 865 | (335) | 1,500 | 1,500 | 0 |

The trust is currently showing an adjusted surplus of £865k for the first 10 months of the year. This is £335k short of the budgeted £1,200k for the year to date.

The full year position is currently forecast at planned level of £1.5m but with the risks as indicated above.

The main overall variances to plan within the current forecast is that we have achieved a lower new business income then planned and so have lower staff and other costs and lower than planned staff cost savings from CIP are being offset by non-pay reserve release.

7. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

None

8. Consultation and Communication including Public Involvement

None

9. Links to:

Objectives 5 and 6.

Prepared by: Stuart Bird
Presented by: Glyn Howells

Ref: 15/B042

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Human Resources & Organisational Development Committee Report

17th March 2015

Objective:

The objective of this report is to provide the Board with an overview of the key points of discussion at the HR & OD Committee meeting held on 16th February 2015.

The Board is asked to:

- Note the actions being taken to mitigate the key workforce risks
- Note the results of the 2014 NHS Staff Survey (attached in appendix 1)
- Note the Organisational Development & Workforce Strategy dashboards (attached in appendix 2) that have been developed to maintain focus on the actions against each strategy's quality goals

Executive summary:

In order to seek assurance regarding the key workforce risks the agenda items considered by the HR & OD Committee at its February meeting were:

- Staff Engagement report
- NHS Staff Survey results for 2014
- Nurse recruitment and retention update
- OD strategy dashboard
- Workforce strategy dashboard
- Top level workforce plan for 2015/16

Tina Ricketts
Director of HR

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.

Human Resources & Organisational Development Committee Report March 2015

1.0 Introduction

As a reminder to the Board, the current key workforce risks (scoring 8 or above) are:

- Low staff morale (risk register ID 407)
- Low staff engagement (ID 525)
- Nurse recruitment and retention (risk register ID 409)
- Early alert systems re staffing levels (risk register ID 433)
- Contingent workforce strategy (risk register ID 414)
- Mandatory training completion rates (risk register ID 411)
- Appraisal completion rates & quality of appraisals (risk register ID 406)
- Sickness absence rates (risk register ID 404)
- Lack of a joint workforce plan across integrated community teams (ID 413)

In order to seek assurance regarding these risks the **key** agenda items considered by the HR & OD Committee at its February meeting were:

- Staff Engagement report
- NHS Staff Survey results for 2014
- Nurse recruitment and retention update
- OD strategy dashboard
- Workforce strategy dashboard
- Top level workforce plan for 2015/16

2.0 Staff Engagement Report

Following an initial review of current staff engagement activities it was agreed that a workshop would be held in order to gauge staff opinions on the ways in which the Trust engages and interacts with its workforce. This workshop was held on 26 January 2015 and it was determined that engagement should be undertaken in respect of the following key issues:

- the Trust's strategy / overarching direction of travel, so that all colleagues are able to understand the principles and concepts behind the organisational vision and planning: this would also encourage staff to have greater ownership for ambition and developments within their own respective areas of operation;

- the roles and responsibilities of colleagues across the Trust, so that individual staff members are able to gain a better understanding of how they contribute to the organisational whole;
- terms and conditions for staff, attempting to clarify some of the confusions and mixed messaging, particularly in respect of the differences affecting Trust- and Council-employed colleagues in the same team.

Initial findings from the workshop suggested:

- the need to provide resources to support team meetings and emphasise their importance to the Trust culture and fulfilment of the Performance Management Framework. This would include guidance for facilitators so that team meetings can become truly supportive, engaging and two-way, and tools so that all identified issues can be escalated upwards as appropriate;
- the need to actively engage both Trust and Council colleagues, as the disconnect between these two staff groups was a recurrent theme within the workshop;
- the need to instil a sense of purpose and ownership at all levels of the organisation;
- the need for clarity and understanding regarding the Trust's strategic vision and intentions

Based on these findings it was agreed that a detailed staff engagement plan would be developed for the next Committee meeting, which would include transition arrangements from the current ineffective activities (such as the staff council and staff forums) to the preferred methods of engagement (such as enhanced team meetings).

3.0 NHS Staff Survey Results for 2014

The full survey results (see appendix one) were shared with the Committee ahead of wider release on 24th February 2015. The Committee noted the improvements made against the 2013 results and how the Trust benchmarked against other Community Trusts.

It was highlighted that the Trust was performing below the Community Trust peer group in the following areas:

- a) Percentage of staff receiving job relevant training, learning or development in the last 12 months
- b) Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month
- c) Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice
- d) Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months
- e) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- f) Percentage of staff reporting good communication between senior management and staff

The Committee requested that a report on actions to improve items A & F be submitted to a future HR & OD meeting and that items B to D be referred to the Quality and Integrated Governance Committee for further discussion.

The Trust results were better than the peer group in the following areas:

- g) Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- h) Percentage of staff agreeing their role makes a difference to patients
- i) Percentage of staff receiving health and safety training in the last 12 months
- j) Percentage of staff suffering work related stress in the last 12 months
- k) Percentage of staff believing the trust provides equal opportunities for career progression or promotion
- l) Percentage of staff experiencing discrimination at work in the last 12 months

4.0 Nurse Recruitment & Retention

The Committee was provided with a report which detailed the current position with regard to nurse vacancies. Whilst some progress has been made in filling vacant roles the Committee was informed that challenges remain for Band 6 District Nurses and Band 5 Staff Nurses within the Community Hospitals.

A review of recruitment initiatives showed that the most successful campaigns to date had been:

1. The return to practice programme
2. Conversion of bank staff to permanent positions
3. Internal recruitment/ increase in contracted hours of current staff

As the impact of external recruitment campaigns had been limited the Committee was informed that adverts had now been placed wider afield (such as London and Birmingham) and now included the offer of a relocation package.

The Committee discussed the actions that were being taken to improve nurse retention. These included the preceptorship programme, clinical induction and the introduction of band 6 clinical development posts within Community Hospitals.

The Committee was provided with a detailed action log which highlighted progress against the five quality goals:

1. Recruit to Establishment Levels
2. Reduce Nurse Turnover
3. Reduce Agency Spend
4. Improve time taken to recruit
5. Reduce Sickness Absence Levels

5.0 Organisational Development & Workforce Strategy Dashboards

In order to maintain focus on the actions against each strategy's quality goals, the Committee was presented with dashboards which will be produced for each meeting. The proposed measures and targets for each strategy can be seen in appendix two. The dashboards will indicate where good progress is being made – they will also highlight areas of concern for which exception reporting will be provided.

6.0 Top Level Workforce plan

The Deputy Director of Finance presented the top level workforce plan that had been submitted to the NHS Trust Development Authority in January 2015.

The plan showed an overall decrease in staff numbers by 75.7 wte over the period from April 2015 to March 2016. With 20.7 wte of the reduction being delivered through lower use of agency staff. The remaining 55 wte being from substantive reductions as a result of efficiency improvements and is focused on support roles no longer being required following implementation of IT systems including SYSTM1. The detail of the cost improvement plans that will deliver these reductions together with the quality impact assessments are still being worked on and will be presented to the Performance & Resources Committee in March 2015.

2014 National NHS staff survey

Results from The Gloucestershire Care Services National Health Service Trust

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1. Introduction to this report

This report presents the findings of the 2014 national NHS staff survey conducted in The Gloucestershire Care Services National Health Service Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 to 6 of this report, the findings of the questionnaire have been summarised and presented in the form of 29 Key Findings.

These sections of the report have been structured around 4 of the seven pledges to staff in the NHS Constitution which was published in March 2013 (<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution>) plus two additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Staff satisfaction
- Additional theme: Equality and diversity
- Additional theme: Patient experience measures

Please note that the NHS pledges were amended in 2014, however the report has been structured around 4 of the pledges which have been maintained since 2009. For more information regarding this please see the “Making Sense of Your Staff Survey Data” document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

Responses to the individual survey questions can be found in Appendix 3 of this report, along with details of which survey questions were used to calculate the Key Findings.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q12a - 12d and the weighted score for Key Finding 24. The percentages for Q12a – Q12d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

The Q12d score is related to CQUIN payments for Acute trusts participating in the National NHS Staff Survey. 2013/2014 guidance on CQUIN payments can be found via the following link <https://www.supply2health.nhs.uk/eContracts/Documents/cquin-guidance.pdf>.

Q12a, Q12c and Q12d feed into Key Finding 24 “Staff recommendation of the trust as a place to work or receive treatment”.

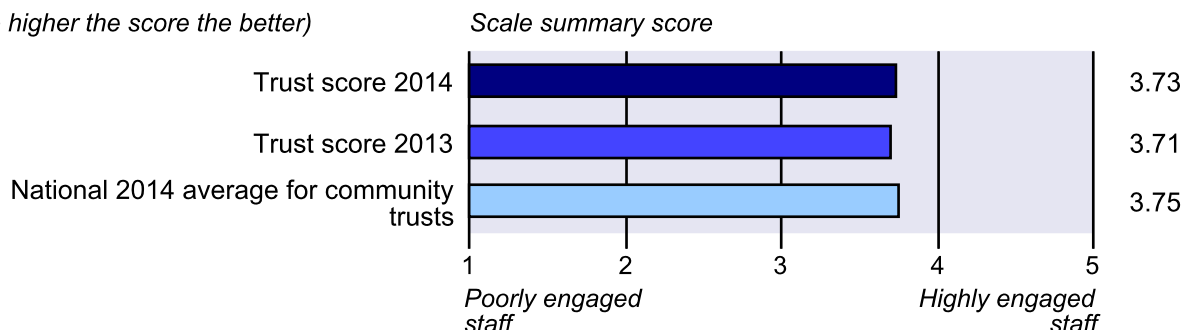
| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|-------|--|-------------------------------|--|-------------------------------|
| Q12a | "Care of patients / service users is my organisation's top priority" | 64 | 69 | 62 |
| Q12b | "My organisation acts on concerns raised by patients / service users" | 67 | 73 | 67 |
| Q12c | "I would recommend my organisation as a place to work" | 52 | 53 | 56 |
| Q12d | "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation" | 68 | 70 | 69 |
| KF24. | Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d) | 3.60 | 3.65 | 3.61 |

2. Overall indicator of staff engagement for The Gloucestershire Care Services National Health Service Trust

The figure below shows how The Gloucestershire Care Services National Health Service Trust compares with other community trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.73 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 22, 24 and 25. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 22); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 24); and the extent to which they feel motivated and engaged with their work (Key Finding 25).

The table below shows how The Gloucestershire Care Services National Health Service Trust compares with other community trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2013 survey.

| | Change since 2013 survey | Ranking, compared with all community trusts |
|---|--------------------------|---|
| OVERALL STAFF ENGAGEMENT | • No change | • Average |
| KF22. Staff ability to contribute towards improvements at work <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i> | • No change | • Average |
| KF24. Staff recommendation of the trust as a place to work or receive treatment <i>(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)</i> | • No change | • Average |
| KF25. Staff motivation at work <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i> | • No change | • Average |

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data.***

3. Summary of 2014 Key Findings for The Gloucestershire Care Services National Health Service Trust

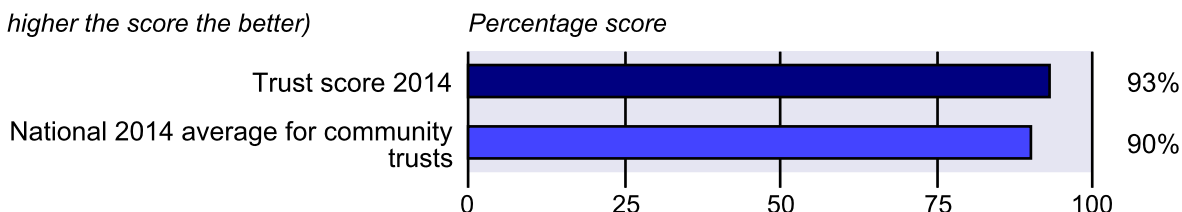
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which The Gloucestershire Care Services National Health Service Trust compares most favourably with other community trusts in England.

TOP FIVE RANKING SCORES

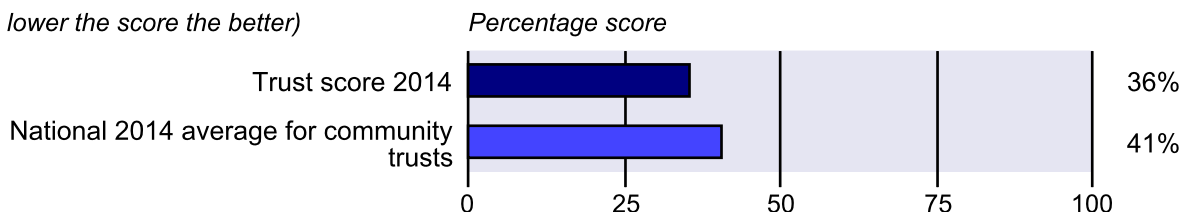
✓ KF2. Percentage of staff agreeing that their role makes a difference to patients

(the higher the score the better)



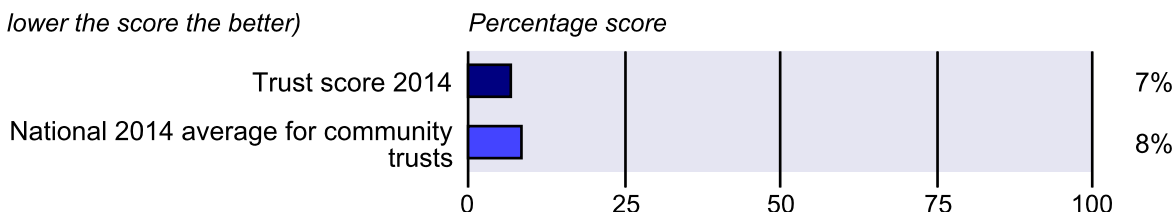
✓ KF11. Percentage of staff suffering work-related stress in last 12 months

(the lower the score the better)



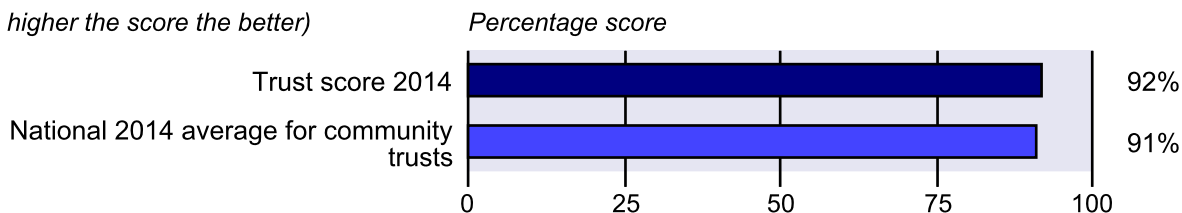
✓ KF28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



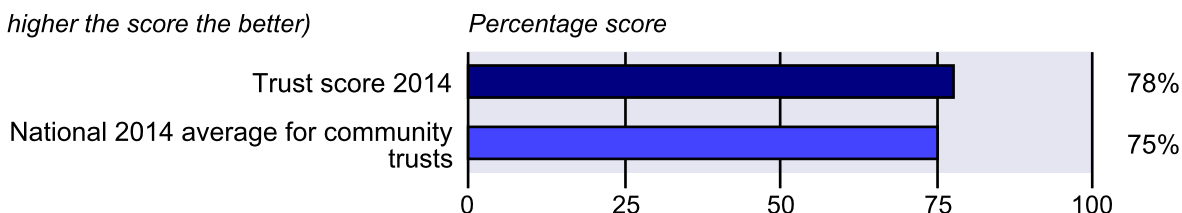
✓ KF27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



✓ KF1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better)



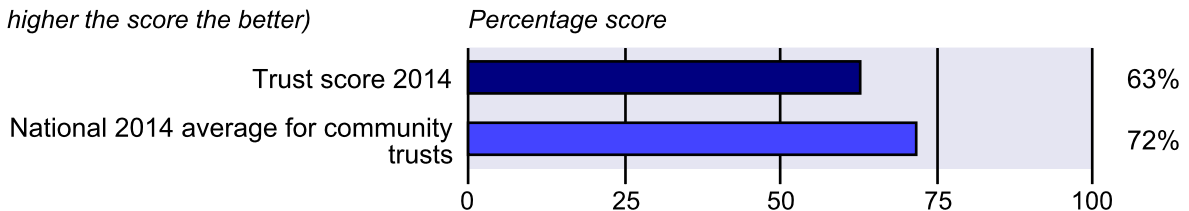
For each of the 29 Key Findings, the community trusts in England were placed in order from 1 (the top ranking score) to 19 (the bottom ranking score). The Gloucestershire Care Services National Health Service Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data.***

This page highlights the five Key Findings for which The Gloucestershire Care Services National Health Service Trust compares least favourably with other community trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

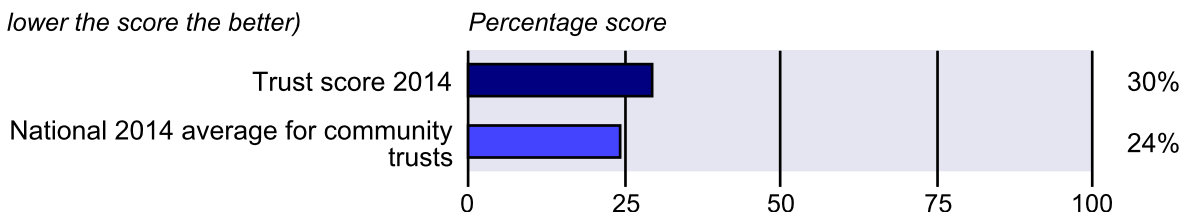
! KF15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice

(the higher the score the better)



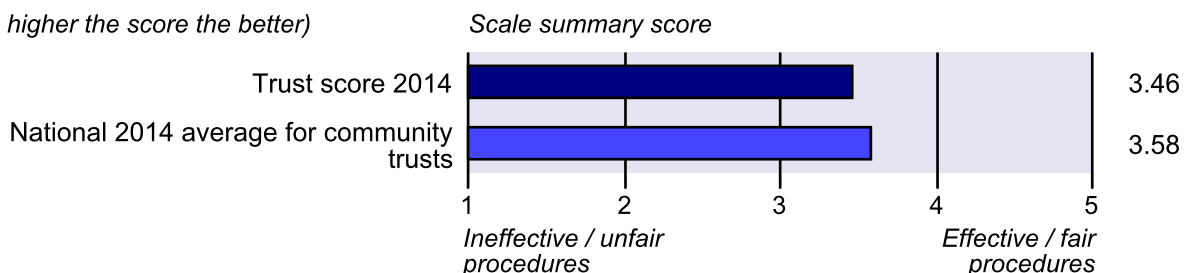
! KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



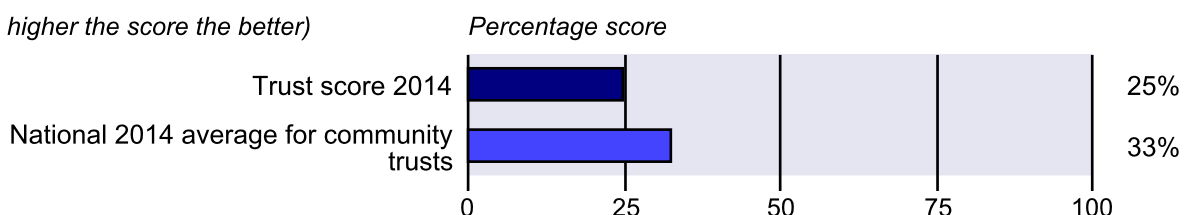
! KF14. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)



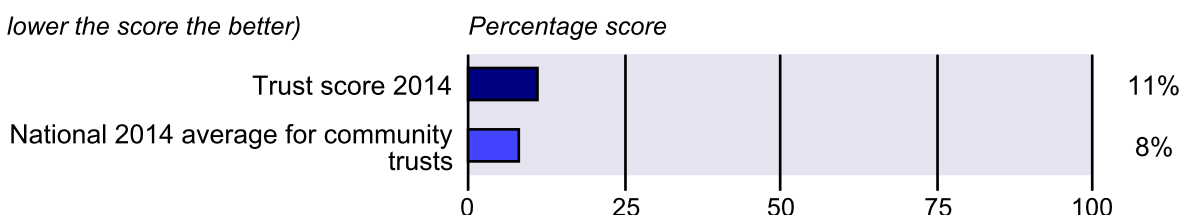
! KF21. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



! KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



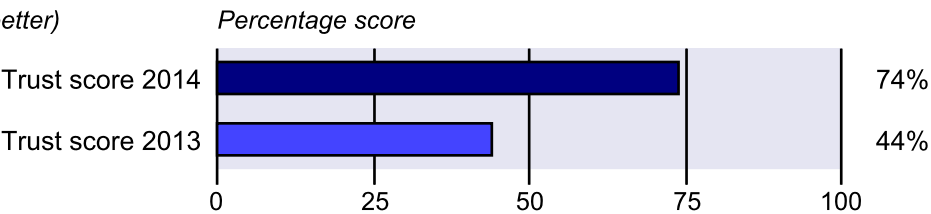
3.2 Largest Local Changes since the 2013 Survey

This page highlights the two Key Findings where staff experiences have improved at The Gloucestershire Care Services National Health Service Trust since the 2013 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

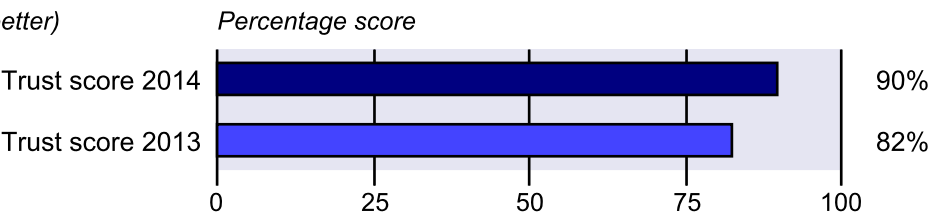
✓ **KF26. Percentage of staff having equality and diversity training in last 12 months**

(the higher the score the better)



✓ **KF7. Percentage of staff appraised in last 12 months**

(the higher the score the better)



3.2. Summary of all Key Findings for The Gloucestershire Care Services National Health Service Trust

KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2013 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2013 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2013 survey.

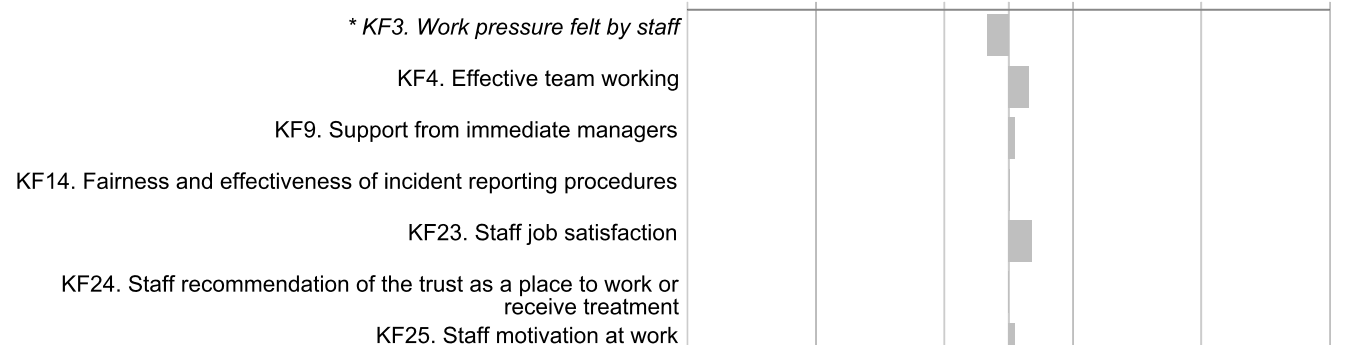
For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2013 survey

-30% -20% -10% 0% 10% 20% 30%



-1.0 -0.6 -0.2 0.2 0.6 1.0



3.2. Summary of all Key Findings for The Gloucestershire Care Services National Health Service Trust

KEY

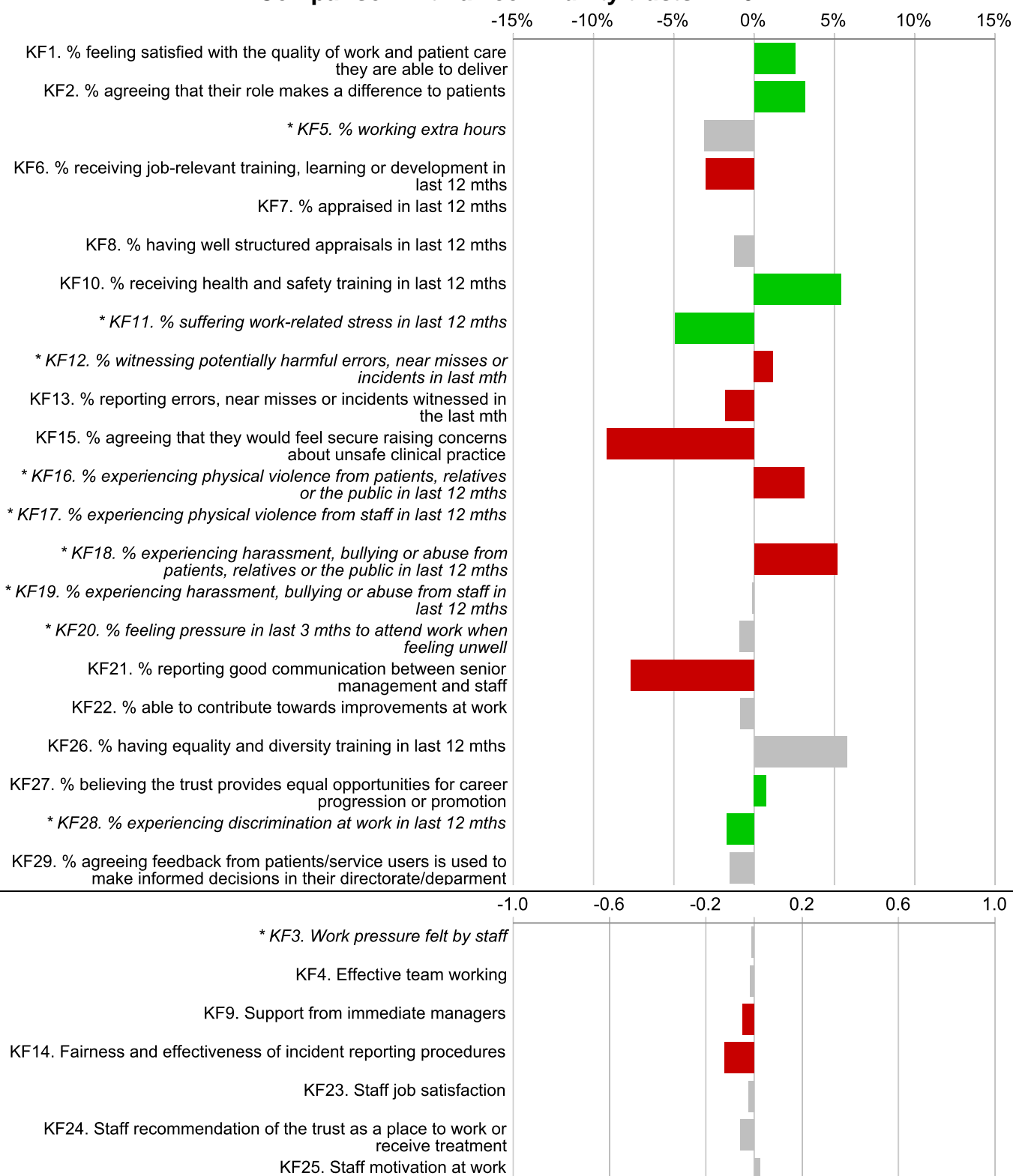
Green = Positive finding, e.g. better than average.

Red = Negative finding, e.g. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all community trusts in 2014



3.3. Summary of all Key Findings for The Gloucestershire Care Services National Health Service Trust

KEY

✓ Green = Positive finding, e.g. better than average, better than 2013.

! Red = Negative finding, e.g. worse than average, worse than 2013.

'Change since 2013 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2013 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2013 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2013 survey Ranking, compared with all community trusts in 2014

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

| | | |
|---|-------------|-------------------------------|
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | • No change | ✓ Above (better than) average |
| KF2. % agreeing that their role makes a difference to patients | • No change | ✓ Above (better than) average |
| * <i>KF3. Work pressure felt by staff</i> | • No change | • Average |
| KF4. Effective team working | • No change | • Average |
| * <i>KF5. % working extra hours</i> | • No change | • Average |

STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

| | | |
|---|-----------------------------|------------------------------|
| KF6. % receiving job-relevant training, learning or development in last 12 mths | • No change | ! Below (worse than) average |
| KF7. % appraised in last 12 mths | ✓ Increase (better than 13) | • Average |
| KF8. % having well structured appraisals in last 12 mths | • No change | • Average |
| KF9. Support from immediate managers | • No change | ! Below (worse than) average |

STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

| | | |
|--|-------------|-------------------------------|
| KF10. % receiving health and safety training in last 12 mths | • No change | ✓ Above (better than) average |
| * <i>KF11. % suffering work-related stress in last 12 mths</i> | • No change | ✓ Below (better than) average |

Errors and incidents

| | | |
|--|-------------|------------------------------|
| * <i>KF12. % witnessing potentially harmful errors, near misses or incidents in last mth</i> | • No change | ! Above (worse than) average |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | • No change | ! Below (worse than) average |
| KF14. Fairness and effectiveness of incident reporting procedures | • No change | ! Below (worse than) average |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | -- | ! Below (worse than) average |

3.3. Summary of all Key Findings for The Gloucestershire Care Services National Health Service Trust (cont)

| | Change since 2013 survey | Ranking, compared with all community trusts in 2014 |
|--|-----------------------------|---|
| Violence and harassment | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | • No change | ! Above (worse than) average |
| * KF17. % experiencing physical violence from staff in last 12 mths | • No change | • Average |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | • No change | ! Above (worse than) average |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | • No change | • Average |
| Health and well-being | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | • No change | • Average |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | |
| KF21. % reporting good communication between senior management and staff | • No change | ! Below (worse than) average |
| KF22. % able to contribute towards improvements at work | • No change | • Average |
| ADDITIONAL THEME: Staff satisfaction | | |
| KF23. Staff job satisfaction | • No change | • Average |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | • No change | • Average |
| KF25. Staff motivation at work | • No change | • Average |
| ADDITIONAL THEME: Equality and diversity | | |
| KF26. % having equality and diversity training in last 12 mths | ✓ Increase (better than 13) | • Average |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | • No change | ✓ Above (better than) average |
| * KF28. % experiencing discrimination at work in last 12 mths | • No change | ✓ Below (better than) average |
| ADDITIONAL THEME: Patient experience measures | | |
| Patient/Service user experience Feedback | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | -- | • Average |

4. Key Findings for The Gloucestershire Care Services National Health Service Trust

378 staff at The Gloucestershire Care Services National Health Service Trust took part in this survey. This is a response rate of 47%¹ which is average for community trusts in England, and compares with a response rate of 56% in this trust in the 2013 survey.

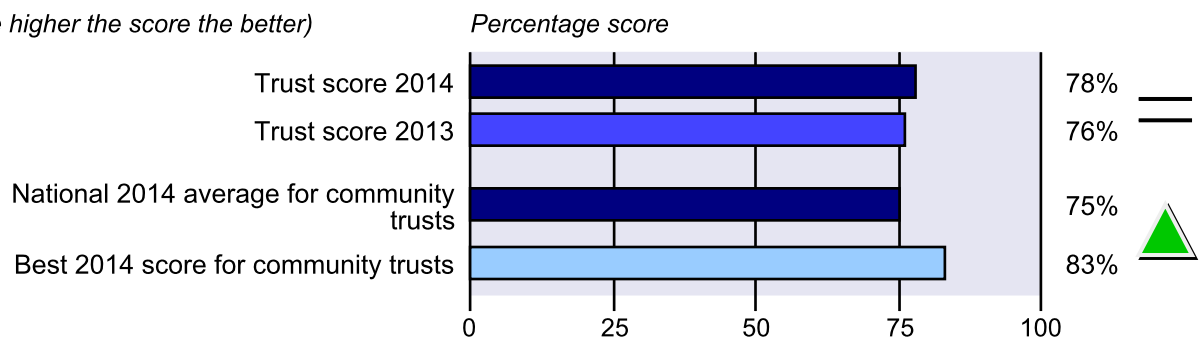
This section presents each of the 29 Key Findings, using data from the trust's 2014 survey, and compares these to other community trusts in England and to the trust's performance in the 2013 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the two additional themes of staff satisfaction and equality and diversity.

Positive findings are indicated with a **green arrow** (e.g. where the trust is better than average, or where the score has improved since 2013). **Negative findings** are highlighted with a **red arrow** (e.g. where the trust's score is worse than average, or where the score is not as good as 2013). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

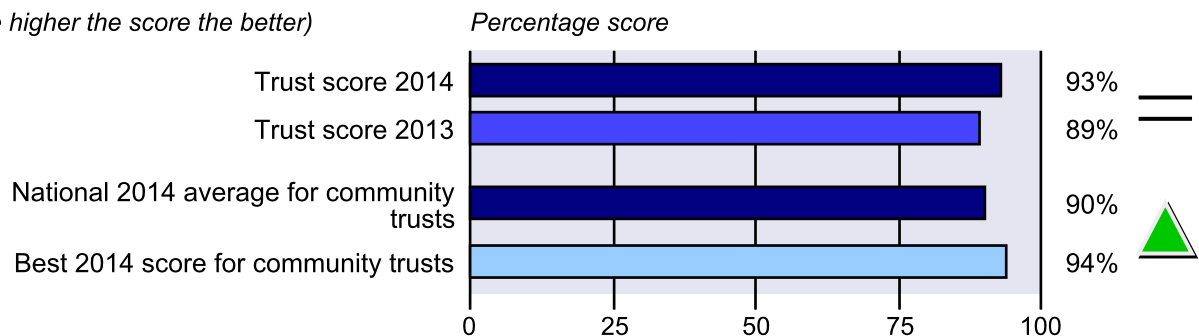
KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better)



KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients

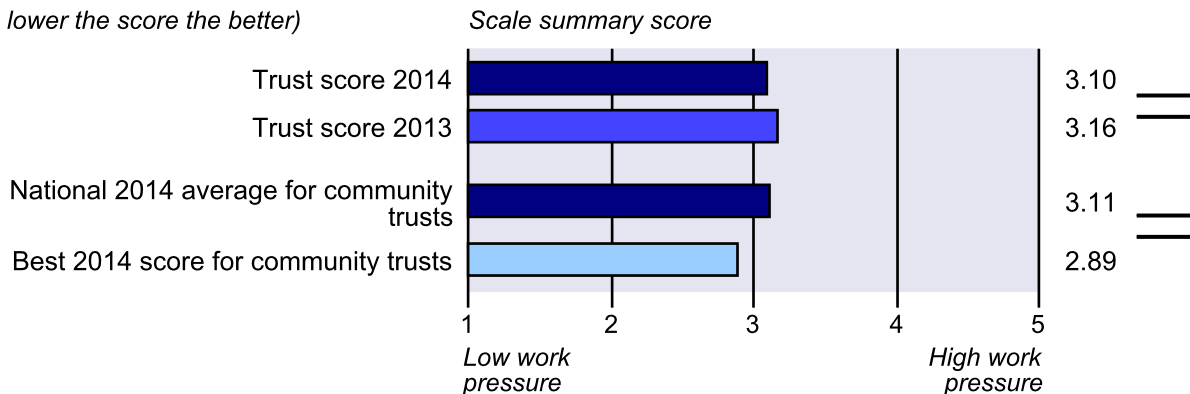
(the higher the score the better)



¹At the time of sampling, 2557 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 796 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

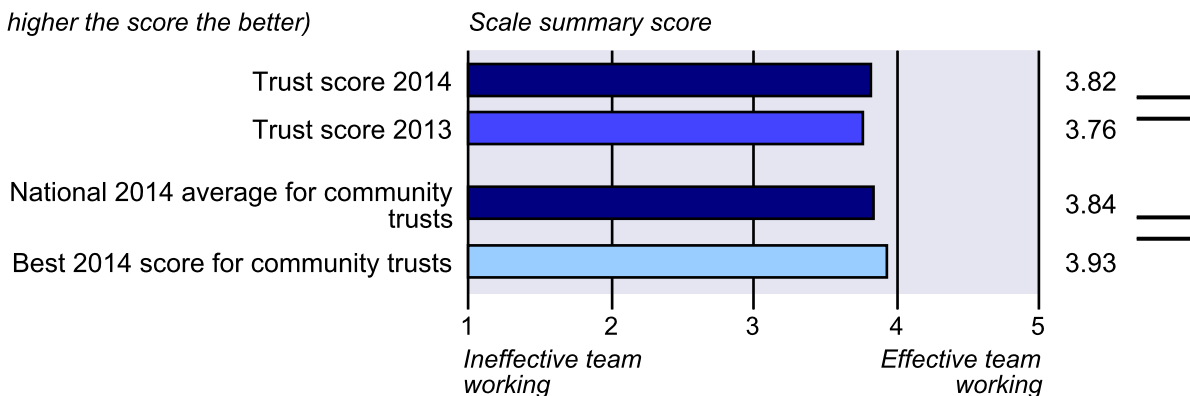
KEY FINDING 3. Work pressure felt by staff

(the lower the score the better)



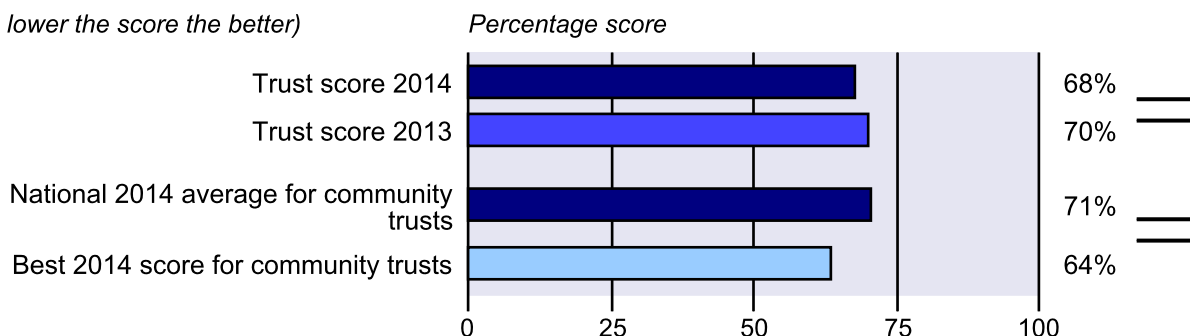
KEY FINDING 4. Effective team working

(the higher the score the better)



KEY FINDING 5. Percentage of staff working extra hours

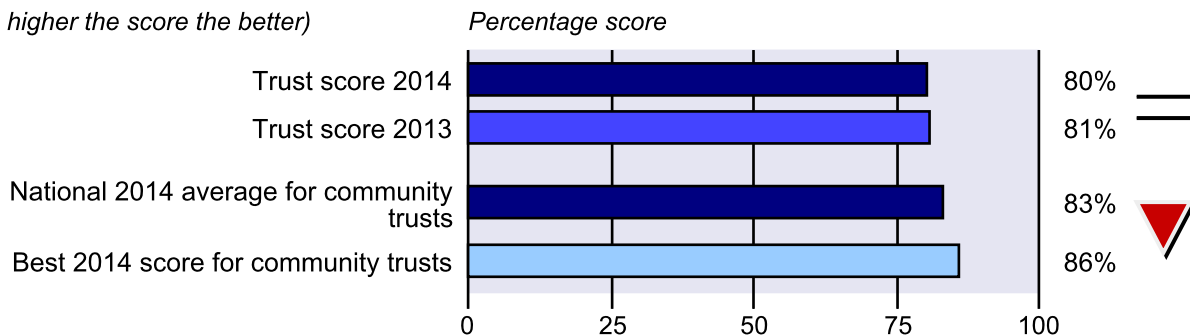
(the lower the score the better)



STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

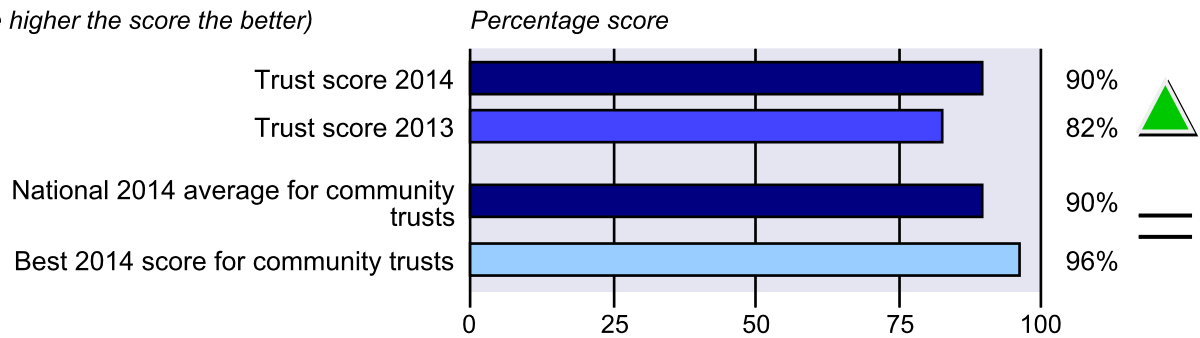
KEY FINDING 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months

(the higher the score the better)



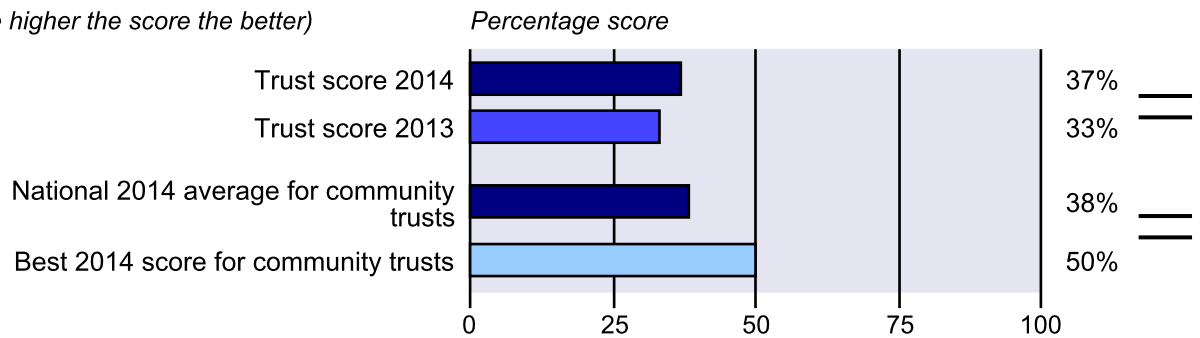
KEY FINDING 7. Percentage of staff appraised in last 12 months

(the higher the score the better)



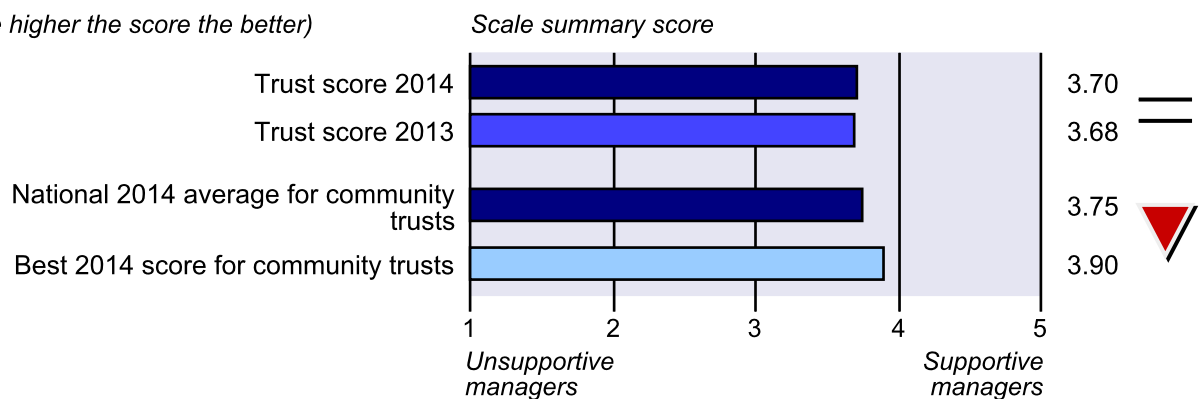
KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



KEY FINDING 9. Support from immediate managers

(the higher the score the better)

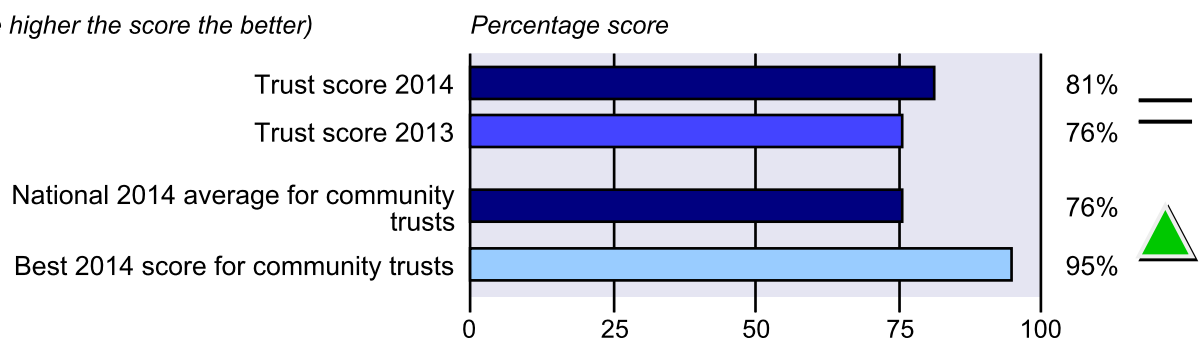


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

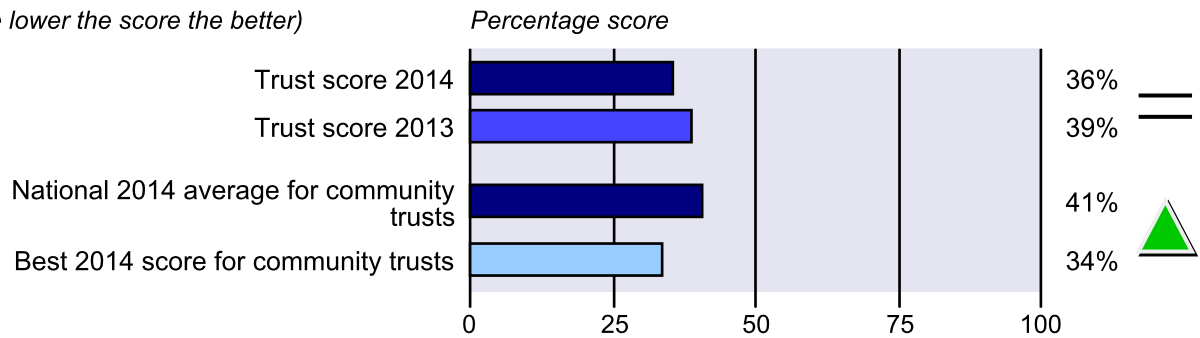
KEY FINDING 10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



KEY FINDING 11. Percentage of staff suffering work-related stress in last 12 months

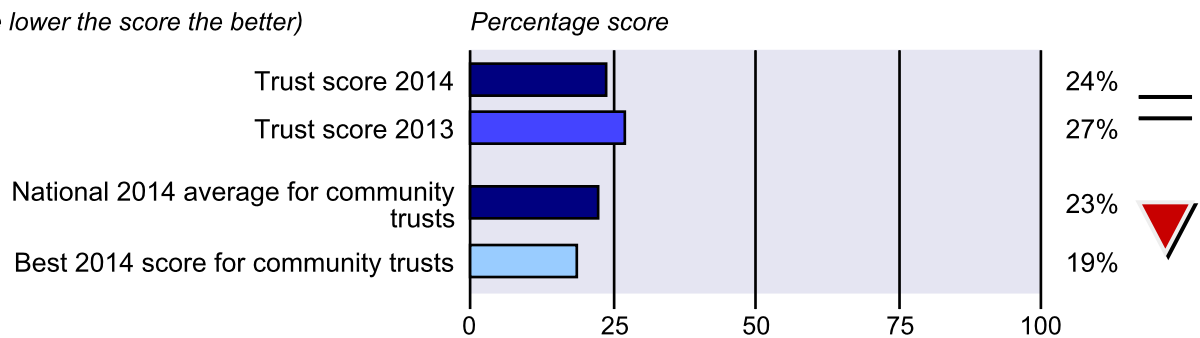
(the lower the score the better)



Errors and incidents

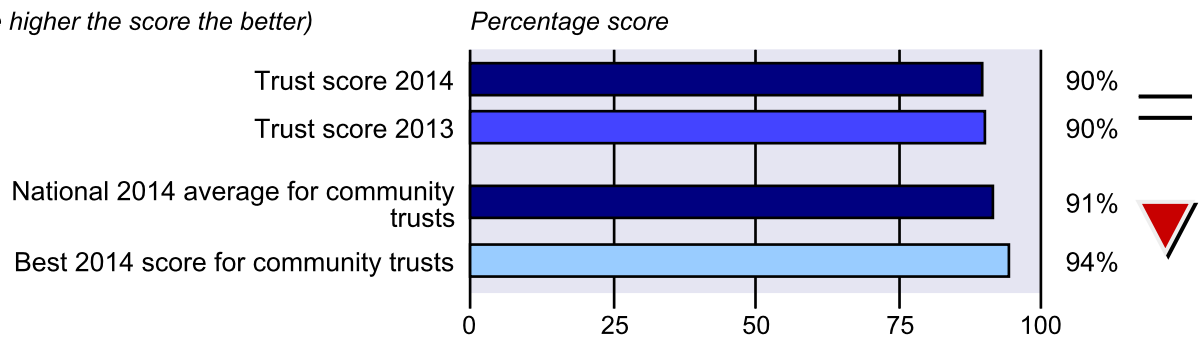
KEY FINDING 12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



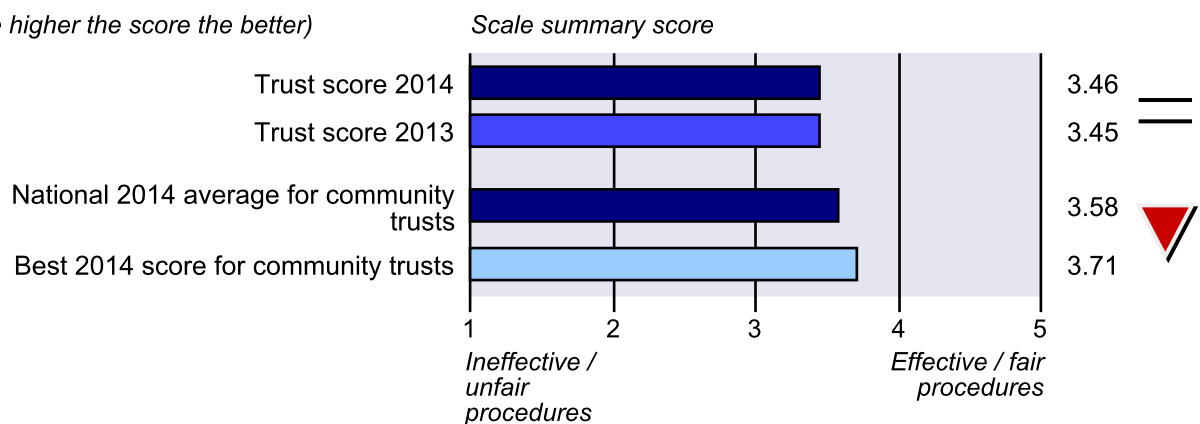
KEY FINDING 13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



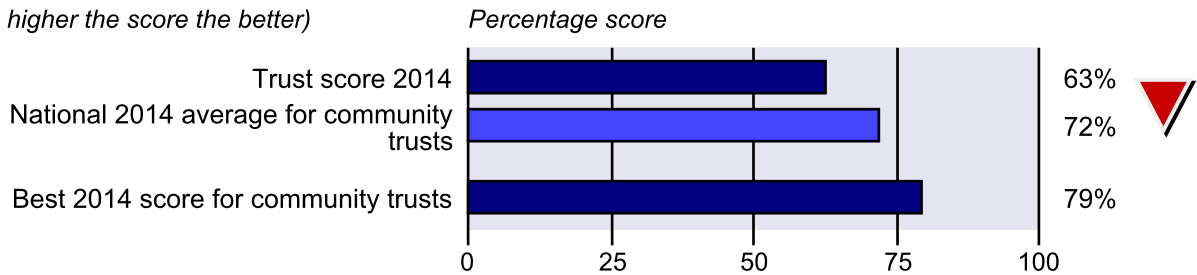
KEY FINDING 14. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)



KEY FINDING 15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice

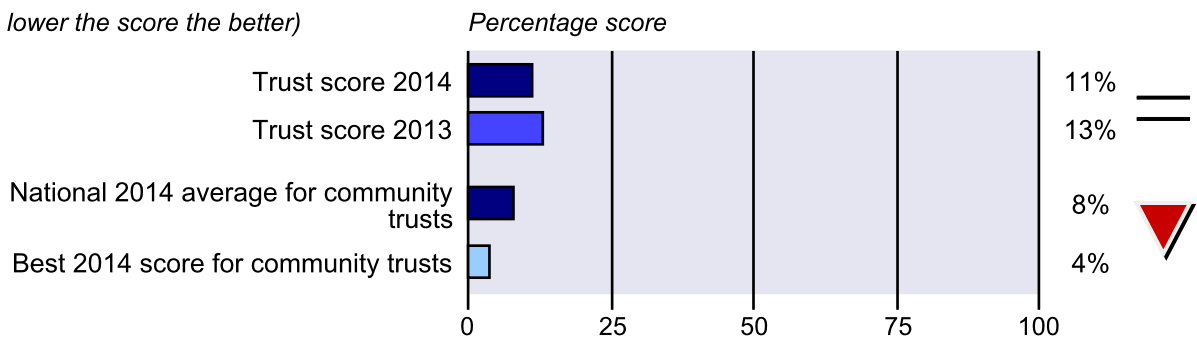
(the higher the score the better)



Violence and harassment

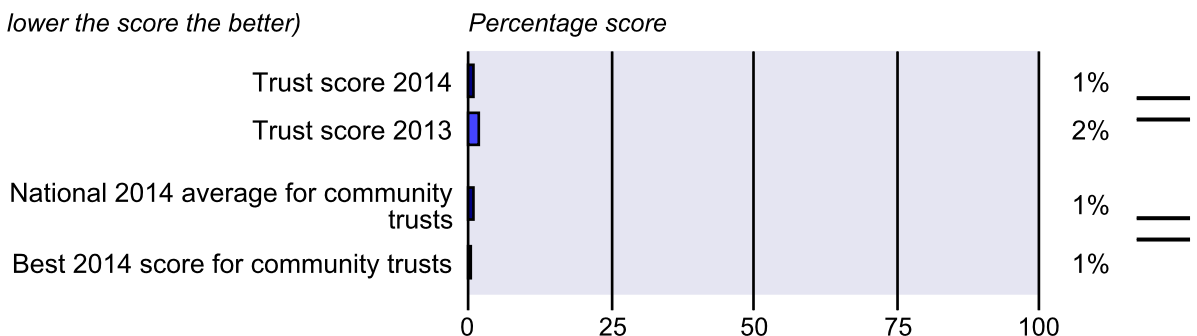
KEY FINDING 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



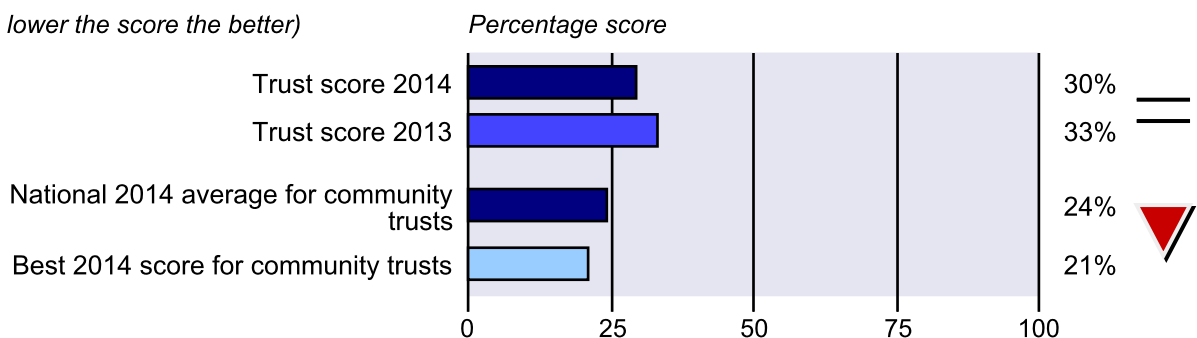
KEY FINDING 17. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



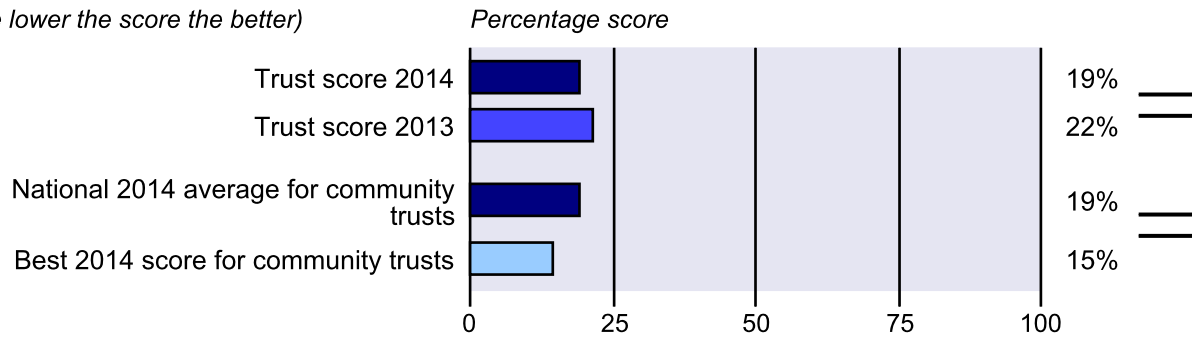
KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



KEY FINDING 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

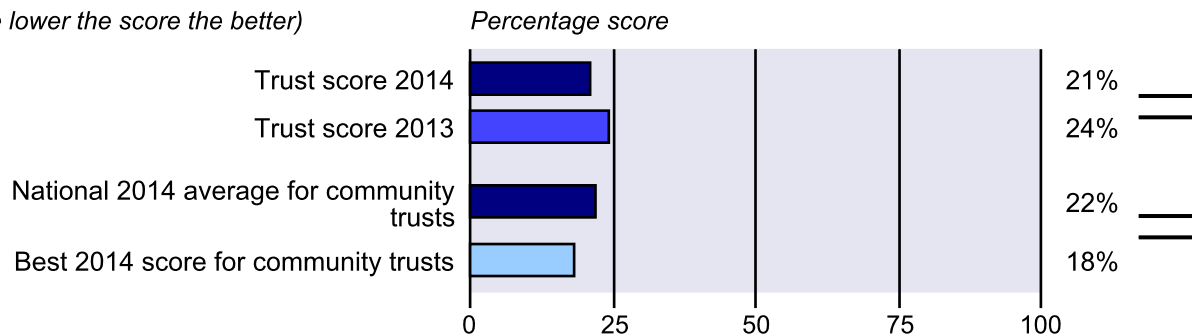
(the lower the score the better)



Health and well-being

KEY FINDING 20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

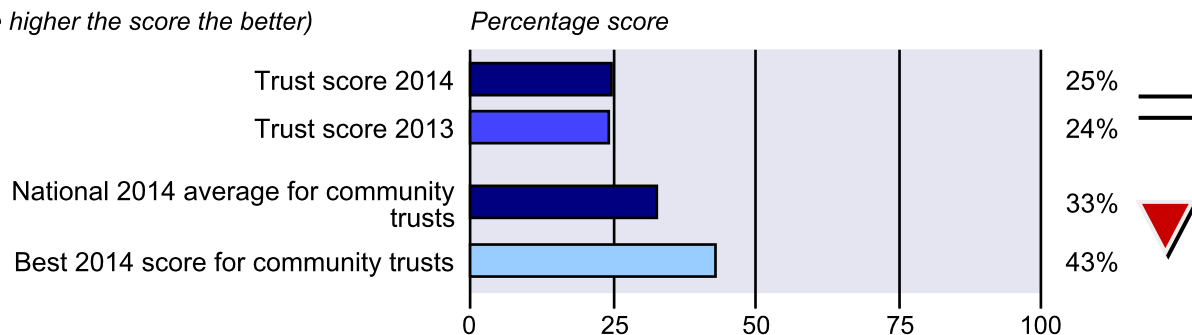
(the lower the score the better)



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

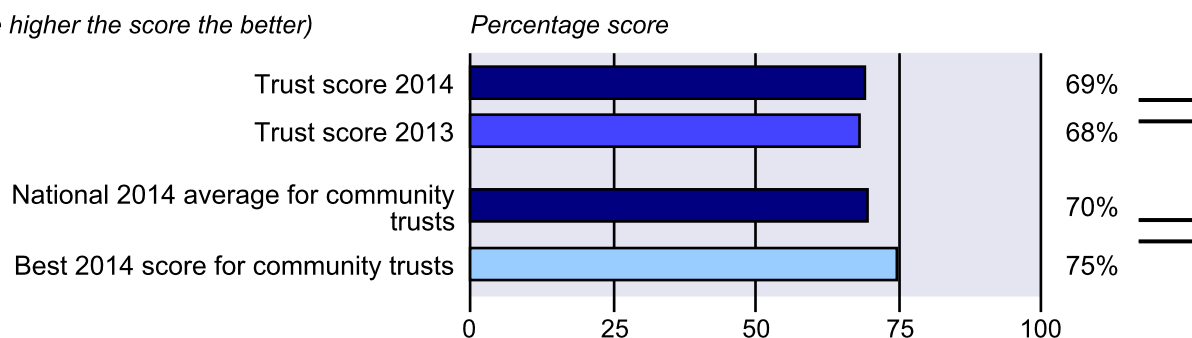
KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 22. Percentage of staff able to contribute towards improvements at work

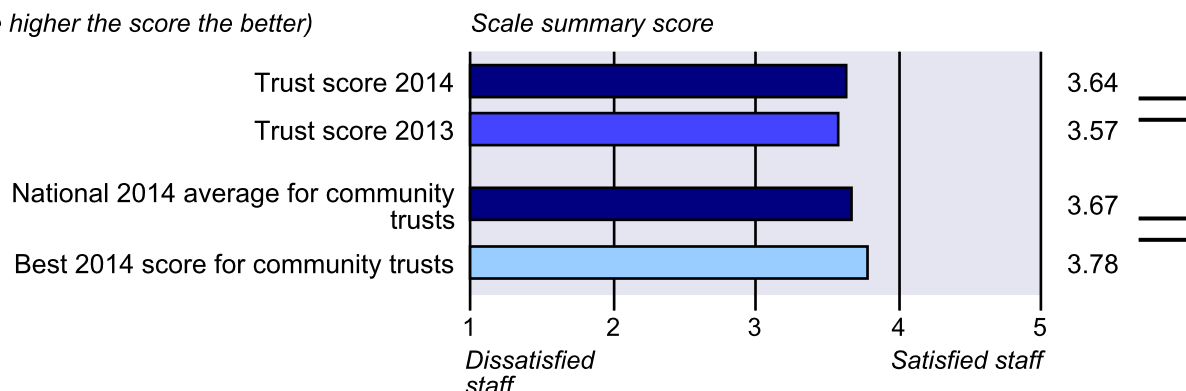
(the higher the score the better)



ADDITIONAL THEME: Staff satisfaction

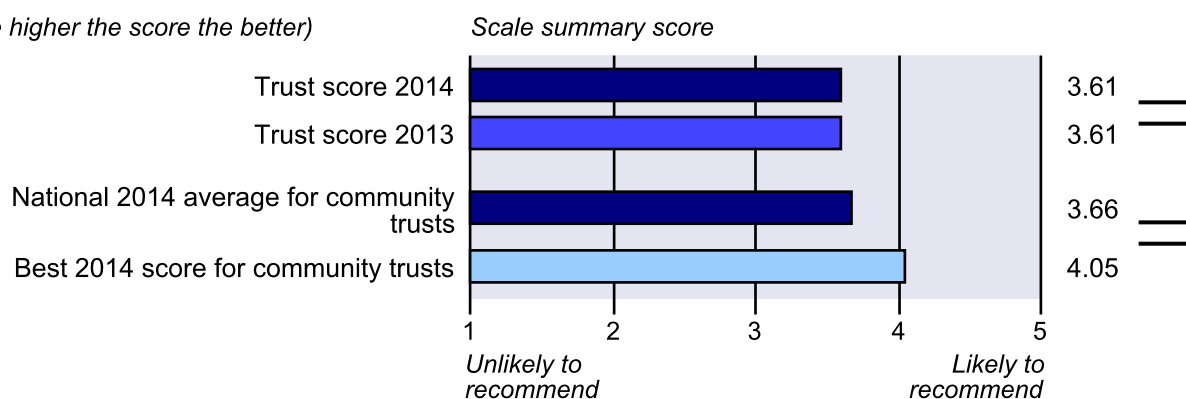
KEY FINDING 23. Staff job satisfaction

(the higher the score the better)



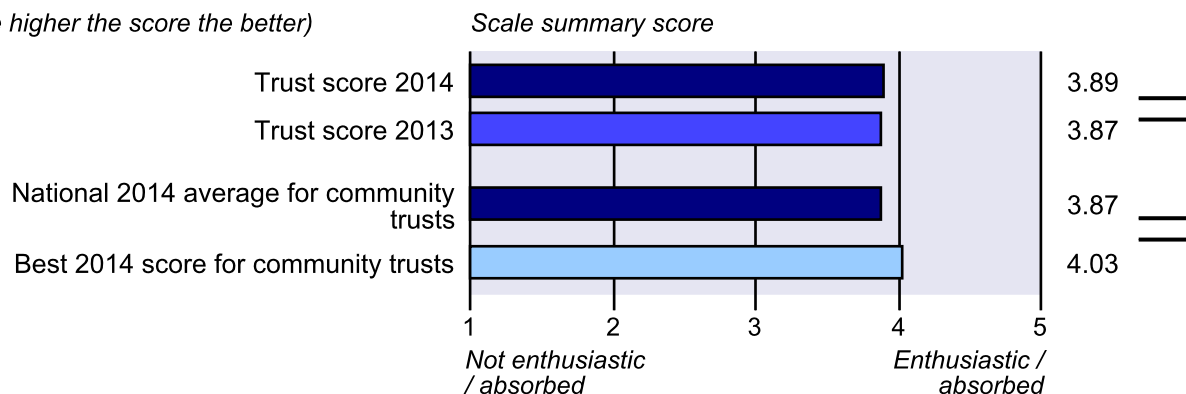
KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



KEY FINDING 25. Staff motivation at work

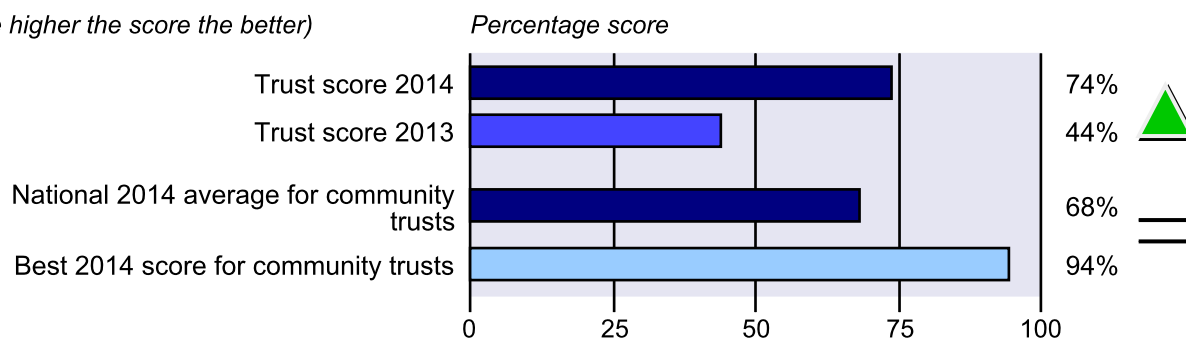
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

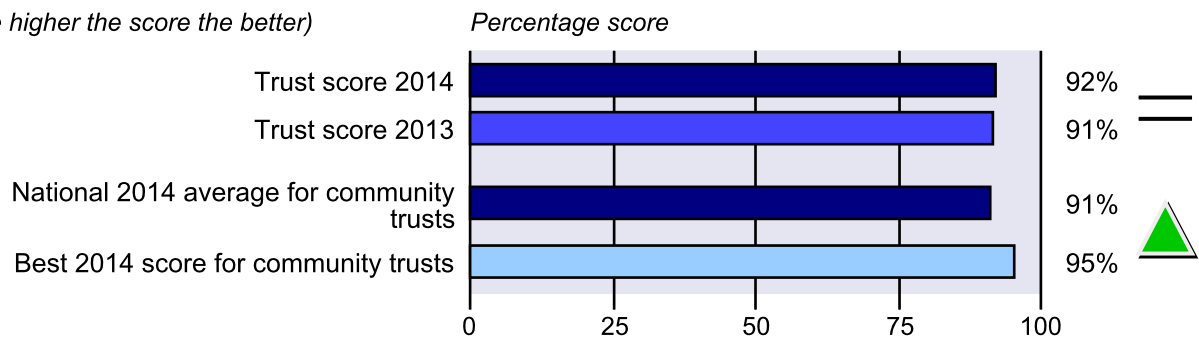
KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



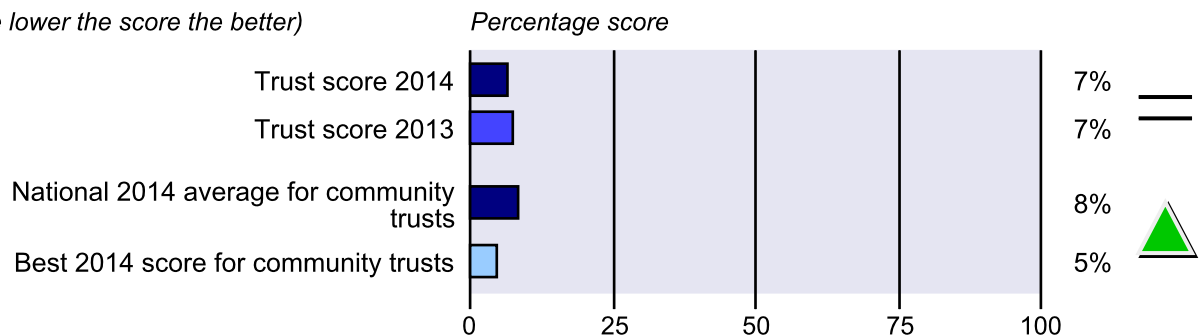
KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)

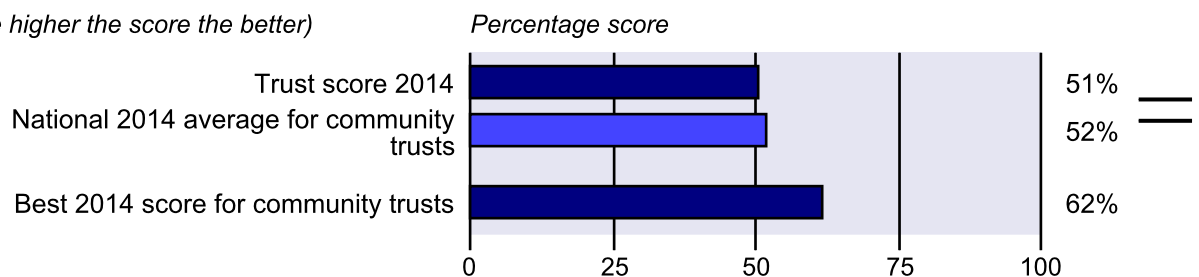


ADDITIONAL THEME: Patient experience measures

Patient/Service user experience Feedback

KEY FINDING 29. Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department

(the higher the score the better)



5. Key Findings by work group characteristics

Tables 5.1 to 5.4 show the Key Findings at The Gloucestershire Care Services National Health Service Trust broken down by work group characteristics: occupational groups, staff groups, departments and full time/part time staff.

Technical notes:

- As in previous years, there are two types of Key Finding:
 - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
 - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 5.1 to 5.4, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF8. % having well structured appraisals in last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had well structured appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have well structured appraisals.
- Please note that, unlike the overall Trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

Table 5.1: Key Findings for different occupational groups

| | Adult / General Nurses | Mental Health Nurses | Other Registered Nurses | Nursing / Healthcare Assistants | Occupational Therapy | Physiotherapy | Other Allied Health Professionals | General Management | Other Scientific & Technical | Admin & Clerical | Central Functions / Corporate Services | Maintenance / Ancillary | Social Care Staff | Public Health / Health Improvement |
|---|------------------------|----------------------|-------------------------|---------------------------------|----------------------|---------------|-----------------------------------|--------------------|------------------------------|------------------|--|-------------------------|-------------------|------------------------------------|
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | | | | | | | | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 75 | 69 | 71 | 82 | 73 | 78 | 65 | 80 | 88 | 84 | 76 | 87 | 75 | 88 |
| KF2. % agreeing that their role makes a difference to patients | 94 | 62 | 88 | 91 | 97 | 96 | 91 | 95 | 96 | 77 | 74 | 92 | 93 | 93 |
| * KF3. <i>Work pressure felt by staff</i> | 3.05 | 3.00 | 3.28 | 2.85 | 3.21 | 3.19 | 3.18 | 2.99 | 2.94 | 2.85 | 2.85 | 2.77 | 3.08 | 2.79 |
| KF4. Effective team working | 4.07 | 3.92 | 3.74 | 3.77 | 4.04 | 3.87 | 3.75 | 3.93 | 3.91 | 3.73 | 3.76 | 3.76 | 3.65 | 4.05 |
| * KF5. <i>% working extra hours</i> | 79 | 54 | 84 | 45 | 63 | 76 | 88 | 91 | 48 | 55 | 65 | 47 | 65 | 39 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | | | | | | | | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 96 | 92 | 88 | 88 | 89 | 91 | 87 | 74 | 81 | 72 | 76 | 79 | 79 | 88 |
| KF7. % appraised in last 12 mths | 85 | 100 | 78 | 82 | 92 | 99 | 92 | 83 | 87 | 83 | 77 | 91 | 78 | 93 |
| KF8. % having well structured appraisals in last 12 mths | 50 | 54 | 41 | 41 | 48 | 44 | 39 | 35 | 47 | 37 | 30 | 43 | 30 | 52 |
| KF9. Support from immediate managers | 3.78 | 3.69 | 3.81 | 3.82 | 3.93 | 4.03 | 3.36 | 4.01 | 3.99 | 3.81 | 3.86 | 3.62 | 3.56 | 3.83 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | | | | | | | | | | | |
| Occupational health and safety | | | | | | | | | | | | | | |
| KF10. % receiving health and safety training in last 12 mths | 79 | 69 | 82 | 87 | 87 | 90 | 74 | 74 | 90 | 80 | 69 | 70 | 81 | 66 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 38 | 38 | 47 | 29 | 45 | 33 | 54 | 35 | 25 | 29 | 31 | 28 | 43 | 31 |
| Errors and incidents | | | | | | | | | | | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 40 | 23 | 43 | 19 | 38 | 20 | 39 | 22 | 25 | 13 | 7 | 9 | 23 | 10 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | 92 | - | 92 | 84 | 92 | 80 | - | - | 100 | 94 | - | - | 87 | - |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.66 | 3.68 | 3.56 | 3.64 | 3.55 | 3.58 | 3.58 | 3.97 | 3.64 | 3.59 | 3.51 | 3.53 | 3.32 | 3.58 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 72 | 69 | 78 | 78 | 74 | 84 | 75 | 77 | 79 | 59 | 68 | 67 | 64 | 57 |
| Number of respondents | 124 | 13 | 115 | 106 | 63 | 81 | 24 | 23 | 53 | 133 | 84 | 47 | 100 | 29 |

Due to low numbers of respondents, no scores are shown for the following occupational groups: Medical / Dental and Commissioning Staff.

Table 5.1: Key Findings for different occupational groups (cont)

| | Adult / General Nurses | Mental Health Nurses | Other Registered Nurses | Nursing / Healthcare Assistants | Occupational Therapy | Physiotherapy | Other Allied Health Professionals | General Management | Other Scientific & Technical | Admin & Clerical | Central Functions / Corporate Services | Maintenance / Ancillary | Social Care Staff | Public Health / Health Improvement |
|--|------------------------|----------------------|-------------------------|---------------------------------|----------------------|---------------|-----------------------------------|--------------------|------------------------------|------------------|--|-------------------------|-------------------|------------------------------------|
| Violence and harassment | | | | | | | | | | | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 21 | 8 | 16 | 33 | 13 | 10 | 13 | 0 | 10 | 4 | 0 | 4 | 8 | 0 |
| * KF17. % experiencing physical violence from staff in last 12 mths | 1 | 0 | 1 | 5 | 2 | 0 | 0 | 0 | 2 | 1 | 0 | 5 | 3 | 0 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 42 | 23 | 35 | 34 | 40 | 29 | 38 | 32 | 9 | 18 | 7 | 15 | 29 | 29 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 21 | 15 | 26 | 17 | 24 | 11 | 17 | 27 | 18 | 26 | 23 | 20 | 35 | 14 |
| Health and well-being | | | | | | | | | | | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 19 | 17 | 31 | 26 | 21 | 19 | 32 | 19 | 21 | 18 | 17 | 33 | 29 | 14 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | | | | | | | | | | | |
| KF21. % reporting good communication between senior management and staff | 52 | 69 | 39 | 41 | 40 | 42 | 54 | 57 | 40 | 45 | 43 | 36 | 29 | 48 |
| KF22. % able to contribute towards improvements at work | 82 | 62 | 75 | 67 | 70 | 85 | 71 | 96 | 68 | 74 | 81 | 57 | 59 | 83 |
| ADDITIONAL THEME: Staff satisfaction | | | | | | | | | | | | | | |
| KF23. Staff job satisfaction | 3.78 | 3.60 | 3.68 | 3.64 | 3.84 | 3.84 | 3.44 | 3.94 | 3.84 | 3.78 | 3.76 | 3.70 | 3.57 | 3.92 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.90 | 3.51 | 3.61 | 3.98 | 3.77 | 3.81 | 3.64 | 3.90 | 3.92 | 3.89 | 3.89 | 3.87 | 3.46 | 3.98 |
| KF25. Staff motivation at work | 4.01 | 3.59 | 3.95 | 3.93 | 3.97 | 3.87 | 3.81 | 4.09 | 3.97 | 3.78 | 3.73 | 3.87 | 3.74 | 3.83 |
| ADDITIONAL THEME: Equality and diversity | | | | | | | | | | | | | | |
| KF26. % having equality and diversity training in last 12 mths | 72 | 54 | 76 | 77 | 87 | 79 | 82 | 74 | 69 | 71 | 68 | 68 | 75 | 62 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 92 | - | 94 | 92 | 96 | 98 | 88 | 84 | 92 | 90 | 85 | 84 | 73 | 95 |
| * KF28. % experiencing discrimination at work in last 12 mths | 12 | 8 | 10 | 10 | 10 | 9 | 17 | 14 | 8 | 9 | 11 | 11 | 14 | 14 |
| ADDITIONAL THEME: Patient experience measures | | | | | | | | | | | | | | |
| Patient/Service user experience Feedback | | | | | | | | | | | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 57 | 73 | 44 | 55 | 50 | 54 | 74 | 81 | 29 | 44 | 36 | 50 | 41 | 53 |
| Overall staff engagement | 3.96 | 3.60 | 3.78 | 3.83 | 3.85 | 3.88 | 3.75 | 4.16 | 3.85 | 3.83 | 3.86 | 3.80 | 3.54 | 3.92 |
| Number of respondents | 124 | 13 | 115 | 106 | 63 | 81 | 24 | 23 | 53 | 133 | 84 | 47 | 100 | 29 |

Due to low numbers of respondents, no scores are shown for the following occupational groups: Medical / Dental and Commissioning Staff.

Table 5.2: Key Findings for different staff groups

| | Administration & Estates Staff | Allied Health Professional | Ancillary Staff | Medical & Dental Staff | Nursing, Midwifery & Health Visiting Staff |
|---|--------------------------------|----------------------------|-----------------|------------------------|--|
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 87 | 61 | 86 | 92 | 82 |
| KF2. % agreeing that their role makes a difference to patients | 89 | 94 | 93 | 100 | 94 |
| * KF3. <i>Work pressure felt by staff</i> | 2.92 | 3.28 | 3.47 | 2.97 | 3.08 |
| KF4. Effective team working | 3.84 | 3.89 | 3.28 | 3.97 | 3.82 |
| * KF5. <i>% working extra hours</i> | 61 | 72 | 53 | 73 | 72 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 71 | 91 | 57 | 83 | 82 |
| KF7. % appraised in last 12 mths | 89 | 90 | 88 | 100 | 90 |
| KF8. % having well structured appraisals in last 12 mths | 40 | 42 | 18 | 27 | 37 |
| KF9. Support from immediate managers | 3.78 | 3.72 | 3.33 | 3.26 | 3.75 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | | |
| Occupational health and safety | | | | | |
| KF10. % receiving health and safety training in last 12 mths | 71 | 91 | 75 | 67 | 85 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 29 | 44 | 29 | 33 | 36 |
| Errors and incidents | | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 9 | 24 | 18 | 8 | 34 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | - | 95 | - | - | 91 |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.51 | 3.51 | 3.15 | 3.42 | 3.43 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 53 | 68 | 35 | - | 70 |
| Number of respondents | 82 | 98 | 18 | 12 | 167 |

Table 5.2: Key Findings for different staff groups (cont)

| | Administration & Estates Staff | Allied Health Professional | Ancillary Staff | Medical & Dental Staff | Nursing, Midwifery & Health Visiting Staff |
|--|--------------------------------|----------------------------|-----------------|------------------------|--|
| Violence and harassment | | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 0 | 11 | 19 | 8 | 17 |
| * KF17. % experiencing physical violence from staff in last 12 mths | 0 | 0 | 0 | 0 | 3 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 16 | 40 | 29 | 42 | 31 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 22 | 12 | 29 | 25 | 20 |
| Health and well-being | | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 20 | 17 | 50 | 18 | 21 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | | |
| KF21. % reporting good communication between senior management and staff | 17 | 35 | 6 | 33 | 26 |
| KF22. % able to contribute towards improvements at work | 73 | 74 | 24 | 50 | 71 |
| ADDITIONAL THEME: Staff satisfaction | | | | | |
| KF23. Staff job satisfaction | 3.68 | 3.60 | 3.19 | 3.51 | 3.73 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.73 | 3.51 | 3.46 | 3.19 | 3.63 |
| KF25. Staff motivation at work | 3.83 | 3.82 | 3.40 | 4.03 | 4.03 |
| ADDITIONAL THEME: Equality and diversity | | | | | |
| KF26. % having equality and diversity training in last 12 mths | 75 | 68 | 50 | 92 | 77 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 89 | 95 | - | - | 93 |
| * KF28. % experiencing discrimination at work in last 12 mths | 5 | 4 | 17 | 25 | 6 |
| ADDITIONAL THEME: Patient experience measures | | | | | |
| Patient/Service user experience Feedback | | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 55 | 50 | - | - | 50 |
| Overall staff engagement | 3.77 | 3.67 | 3.20 | 3.67 | 3.80 |
| Number of respondents | 82 | 98 | 18 | 12 | 167 |

Table 5.3: Key Findings for different departments

| | Cheltenham and Cotswold | Children, Family & Young People | Corporate | Countywide | Forest and Tewkesbury | Gloucester and Stroud | Specialist Nursing | Unscheduled Care and Capacity |
|---|----------------------------|------------------------------------|-----------|------------|--------------------------|--------------------------|--------------------|----------------------------------|
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 75 | 70 | 76 | 87 | 89 | 61 | 92 | 70 |
| KF2. % agreeing that their role makes a difference to patients | 95 | 97 | 84 | 100 | 91 | 85 | 100 | 95 |
| * KF3. <i>Work pressure felt by staff</i> | 3.11 | 3.24 | 3.28 | 2.87 | 2.81 | 3.53 | 2.72 | 2.98 |
| KF4. Effective team working | 3.76 | 4.01 | 3.47 | 4.06 | 3.64 | 3.73 | 4.13 | 3.96 |
| * KF5. <i>% working extra hours</i> | 75 | 73 | 64 | 65 | 44 | 70 | 92 | 85 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 88 | 83 | 63 | 88 | 80 | 83 | 83 | 74 |
| KF7. % appraised in last 12 mths | 84 | 92 | 89 | 93 | 90 | 91 | 92 | 90 |
| KF8. % having well structured appraisals in last 12 mths | 38 | 37 | 30 | 48 | 38 | 28 | 31 | 55 |
| KF9. Support from immediate managers | 3.90 | 3.55 | 3.63 | 3.73 | 3.60 | 3.66 | 4.43 | 3.60 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | | | | | |
| Occupational health and safety | | | | | | | | |
| KF10. % receiving health and safety training in last 12 mths | 88 | 77 | 79 | 82 | 91 | 81 | 77 | 76 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 39 | 29 | 30 | 33 | 33 | 59 | 25 | 38 |
| Errors and incidents | | | | | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 32 | 19 | 9 | 18 | 24 | 38 | 42 | 29 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | 95 | 100 | - | 82 | 83 | 94 | - | - |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.56 | 3.41 | 3.23 | 3.63 | 3.35 | 3.49 | 3.42 | 3.48 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 63 | 60 | 46 | 67 | 67 | 87 | 46 | 62 |
| Number of respondents | 68 | 64 | 55 | 61 | 48 | 48 | 13 | 21 |

Table 5.3: Key Findings for different departments (cont)

| | Cheltenham and Cotswold | Children, Family & Young People | Corporate | Countywide | Forest and Tewkesbury | Gloucester and Stroud | Specialist Nursing | Unscheduled Care and Capacity |
|--|----------------------------|------------------------------------|-----------|------------|--------------------------|--------------------------|--------------------|----------------------------------|
| Violence and harassment | | | | | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 21 | 11 | 6 | 8 | 5 | 15 | 0 | 19 |
| * KF17. % experiencing physical violence from staff in last 12 mths | 3 | 0 | 0 | 0 | 0 | 2 | 0 | 5 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 44 | 23 | 14 | 39 | 18 | 40 | 31 | 29 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 19 | 11 | 22 | 21 | 17 | 26 | 8 | 19 |
| Health and well-being | | | | | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 14 | 14 | 31 | 21 | 20 | 26 | - | 21 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | | | | | |
| KF21. % reporting good communication between senior management and staff | 40 | 22 | 9 | 30 | 28 | 17 | 8 | 48 |
| KF22. % able to contribute towards improvements at work | 71 | 76 | 57 | 77 | 77 | 58 | 69 | 62 |
| ADDITIONAL THEME: Staff satisfaction | | | | | | | | |
| KF23. Staff job satisfaction | 3.70 | 3.82 | 3.51 | 3.63 | 3.67 | 3.48 | 3.95 | 3.54 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.69 | 3.65 | 3.53 | 3.70 | 3.59 | 3.30 | 3.67 | 3.67 |
| KF25. Staff motivation at work | 3.91 | 4.09 | 3.55 | 4.05 | 3.96 | 3.75 | 3.87 | 3.89 |
| ADDITIONAL THEME: Equality and diversity | | | | | | | | |
| KF26. % having equality and diversity training in last 12 mths | 72 | 76 | 69 | 72 | 84 | 70 | 77 | 71 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 96 | 91 | 84 | 92 | 92 | 89 | - | 100 |
| * KF28. % experiencing discrimination at work in last 12 mths | 1 | 2 | 9 | 8 | 7 | 9 | 8 | 19 |
| ADDITIONAL THEME: Patient experience measures | | | | | | | | |
| Patient/Service user experience Feedback | | | | | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 59 | 35 | 42 | 70 | 46 | 38 | - | 50 |
| Overall staff engagement | 3.76 | 3.86 | 3.51 | 3.87 | 3.77 | 3.49 | 3.85 | 3.69 |
| Number of respondents | 68 | 64 | 55 | 61 | 48 | 48 | 13 | 21 |

Please note that the departments classification was provided by The Gloucestershire Care Services National Health Service Trust

Table 5.4: Key Findings for different work groups

| | Full time / part time ^a | |
|---|------------------------------------|------------|
| | Full time | Part time |
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 74 | 80 |
| KF2. % agreeing that their role makes a difference to patients | 95 | 92 |
| * KF3. <i>Work pressure felt by staff</i> | 3.15 | 3.04 |
| KF4. Effective team working | 3.83 | 3.80 |
| * KF5. <i>% working extra hours</i> | 73 | 63 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 81 | 82 |
| KF7. % appraised in last 12 mths | 89 | 90 |
| KF8. % having well structured appraisals in last 12 mths | 37 | 38 |
| KF9. Support from immediate managers | 3.76 | 3.63 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | |
| Occupational health and safety | | |
| KF10. % receiving health and safety training in last 12 mths | 84 | 80 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 42 | 26 |
| Errors and incidents | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 28 | 19 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | 90 | 88 |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.46 | 3.45 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 66 | 59 |
| Number of respondents | 225 | 147 |

^a Full time is defined as staff contracted to work 30 hours or more a week

Table 5.4: Key Findings for different work groups (cont)

| | Full time / part time ^a | |
|--|------------------------------------|-----------|
| | Full time | Part time |
| Violence and harassment | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 12 | 11 |
| * KF17. % experiencing physical violence from staff in last 12 mths | 1 | 1 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 35 | 25 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 22 | 13 |
| Health and well-being | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 19 | 22 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | |
| KF21. % reporting good communication between senior management and staff | 29 | 19 |
| KF22. % able to contribute towards improvements at work | 74 | 62 |
| ADDITIONAL THEME: Staff satisfaction | | |
| KF23. Staff job satisfaction | 3.67 | 3.62 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.55 | 3.68 |
| KF25. Staff motivation at work | 3.89 | 3.94 |
| ADDITIONAL THEME: Equality and diversity | | |
| KF26. % having equality and diversity training in last 12 mths | 74 | 73 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 89 | 98 |
| * KF28. % experiencing discrimination at work in last 12 mths | 8 | 5 |
| ADDITIONAL THEME: Patient experience measures | | |
| Patient/Service user experience Feedback | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 52 | 47 |
| Overall staff engagement | 3.75 | 3.70 |
| Number of respondents | 225 | 147 |

^a Full time is defined as staff contracted to work 30 hours or more a week

6. Key Findings by demographic groups

Tables 6.1 and 6.2 show the Key Findings at The Gloucestershire Care Services National Health Service Trust broken down by different demographic groups: age group, gender, disability and ethnic background.

Technical notes:

- As in previous years, there are two types of Key Finding:
 - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
 - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 6.1 and 6.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF8. % having well structured appraisals in last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had well structured appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have well structured appraisals.
- Please note that, unlike the overall Trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score.

Table 6.1: Key Findings for different age groups

| | Age group | | | |
|---|-----------|-----------|-----------|---------|
| | Age 16-30 | Age 31-40 | Age 41-50 | Age 51+ |
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 78 | 78 | 74 | 78 |
| KF2. % agreeing that their role makes a difference to patients | 97 | 87 | 95 | 94 |
| * KF3. <i>Work pressure felt by staff</i> | 3.13 | 3.03 | 3.10 | 3.14 |
| KF4. Effective team working | 3.97 | 3.85 | 3.75 | 3.81 |
| * KF5. <i>% working extra hours</i> | 69 | 66 | 77 | 66 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 82 | 91 | 83 | 77 |
| KF7. % appraised in last 12 mths | 83 | 86 | 91 | 91 |
| KF8. % having well structured appraisals in last 12 mths | 44 | 37 | 46 | 32 |
| KF9. Support from immediate managers | 3.73 | 3.80 | 3.75 | 3.64 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | |
| Occupational health and safety | | | | |
| KF10. % receiving health and safety training in last 12 mths | 89 | 82 | 86 | 79 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 38 | 29 | 30 | 40 |
| Errors and incidents | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 26 | 20 | 26 | 25 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | - | - | 92 | 91 |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.53 | 3.47 | 3.39 | 3.47 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 83 | 60 | 55 | 65 |
| Number of respondents | 36 | 51 | 98 | 185 |

Table 6.1: Key Findings for different age groups (cont)

| | Age group | | | |
|--|-----------|-----------|-----------|---------|
| | Age 16-30 | Age 31-40 | Age 41-50 | Age 51+ |
| Violence and harassment | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 11 | 14 | 13 | 10 |
| * KF17. % experiencing physical violence from staff in last 12 mths | 0 | 2 | 1 | 1 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 39 | 27 | 37 | 26 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 17 | 16 | 15 | 22 |
| Health and well-being | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 21 | 30 | 17 | 20 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | |
| KF21. % reporting good communication between senior management and staff | 37 | 22 | 28 | 22 |
| KF22. % able to contribute towards improvements at work | 64 | 68 | 72 | 68 |
| ADDITIONAL THEME: Staff satisfaction | | | | |
| KF23. Staff job satisfaction | 3.65 | 3.63 | 3.73 | 3.61 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.81 | 3.64 | 3.56 | 3.56 |
| KF25. Staff motivation at work | 3.81 | 3.83 | 4.01 | 3.87 |
| ADDITIONAL THEME: Equality and diversity | | | | |
| KF26. % having equality and diversity training in last 12 mths | 78 | 66 | 78 | 72 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 93 | 100 | 92 | 90 |
| * KF28. % experiencing discrimination at work in last 12 mths | 11 | 6 | 6 | 6 |
| ADDITIONAL THEME: Patient experience measures | | | | |
| Patient/Service user experience Feedback | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 42 | 54 | 57 | 46 |
| Overall staff engagement | 3.76 | 3.65 | 3.80 | 3.70 |
| Number of respondents | 36 | 51 | 98 | 185 |

Table 6.2: Key Findings for other demographic groups

| | Gender | | Disability | | Ethnic background | |
|---|--------|-------|------------|--------------|-------------------|---------------------------|
| | Men | Women | Disabled | Not disabled | White | Black and minority ethnic |
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 93 | 75 | 87 | 75 | 77 | 79 |
| KF2. % agreeing that their role makes a difference to patients | 100 | 93 | 94 | 93 | 93 | 100 |
| * KF3. <i>Work pressure felt by staff</i> | 3.02 | 3.12 | 3.17 | 3.10 | 3.12 | 2.88 |
| KF4. Effective team working | 3.90 | 3.82 | 3.91 | 3.80 | 3.80 | 4.19 |
| * KF5. <i>% working extra hours</i> | 66 | 70 | 71 | 68 | 69 | 79 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 80 | 81 | 79 | 81 | 81 | 93 |
| KF7. % appraised in last 12 mths | 83 | 90 | 85 | 90 | 90 | 85 |
| KF8. % having well structured appraisals in last 12 mths | 47 | 37 | 42 | 37 | 37 | 45 |
| KF9. Support from immediate managers | 4.01 | 3.67 | 3.64 | 3.73 | 3.70 | 3.92 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | | | |
| Occupational health and safety | | | | | | |
| KF10. % receiving health and safety training in last 12 mths | 81 | 83 | 88 | 82 | 83 | 85 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 25 | 37 | 44 | 34 | 36 | 36 |
| Errors and incidents | | | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 19 | 25 | 26 | 24 | 25 | 23 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | - | 91 | 91 | 91 | 89 | - |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.44 | 3.46 | 3.42 | 3.46 | 3.45 | 3.55 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 62 | 64 | 59 | 64 | 64 | 58 |
| Number of respondents | 36 | 330 | 49 | 316 | 355 | 14 |

Table 6.2: Key Findings for other demographic groups (cont)

| | Gender | | Disability | | Ethnic background | |
|--|--------|-------|------------|--------------|-------------------|---------------------------|
| | Men | Women | Disabled | Not disabled | White | Black and minority ethnic |
| Violence and harassment | | | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 6 | 12 | 15 | 11 | 12 | 8 |
| * KF17. % experiencing physical violence from staff in last 12 mths | 0 | 1 | 2 | 1 | 1 | 0 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 29 | 31 | 33 | 30 | 30 | 38 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 26 | 18 | 21 | 18 | 18 | 31 |
| Health and well-being | | | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 11 | 22 | 36 | 18 | 21 | 15 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | | | |
| KF21. % reporting good communication between senior management and staff | 31 | 25 | 28 | 25 | 25 | 36 |
| KF22. % able to contribute towards improvements at work | 69 | 69 | 61 | 71 | 69 | 79 |
| ADDITIONAL THEME: Staff satisfaction | | | | | | |
| KF23. Staff job satisfaction | 3.76 | 3.64 | 3.64 | 3.67 | 3.65 | 3.74 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.55 | 3.60 | 3.56 | 3.61 | 3.59 | 3.73 |
| KF25. Staff motivation at work | 4.08 | 3.89 | 3.89 | 3.91 | 3.90 | 4.05 |
| ADDITIONAL THEME: Equality and diversity | | | | | | |
| KF26. % having equality and diversity training in last 12 mths | 69 | 74 | 73 | 74 | 74 | 85 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 77 | 94 | 85 | 94 | 93 | - |
| * KF28. % experiencing discrimination at work in last 12 mths | 8 | 6 | 12 | 6 | 6 | 31 |
| ADDITIONAL THEME: Patient experience measures | | | | | | |
| Patient/Service user experience Feedback | | | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 52 | 49 | 43 | 52 | 51 | - |
| Overall staff engagement | 3.82 | 3.72 | 3.70 | 3.74 | 3.72 | 3.99 |
| Number of respondents | 36 | 330 | 49 | 316 | 355 | 14 |

7. Work and demographic profile of the survey respondents

The occupational group of the staff survey respondents is shown in table 7.1, other work characteristics are shown in table 7.2, and demographic characteristics are shown in table 7.3.

Table 7.1: Occupational group of respondents

| Occupational group | Number questionnaires returned | Percentage of survey respondents |
|--|--------------------------------|----------------------------------|
| Operational ambulance staff | | |
| Emergency care practitioner | 1 | 0% |
| Nurses, Midwives and Nursing Assistants | | |
| Registered Nurses - Adult / General | 60 | 16% |
| Registered Nurses - Children | 2 | 1% |
| Health Visitors | 24 | 6% |
| Registered Nurses - District / Community | 21 | 6% |
| Other Registered Nurses | 7 | 2% |
| Nursing auxiliary / Nursing assistant / Healthcare assistant | 34 | 9% |
| Medical and Dental | | |
| Medical / Dental - Consultant | 2 | 1% |
| Medical / Dental - Other | 17 | 5% |
| Allied Health Professionals | | |
| Occupational Therapy | 38 | 10% |
| Physiotherapy | 27 | 7% |
| Psychotherapy | 1 | 0% |
| Other qualified Allied Health Professionals | 23 | 6% |
| Support to Allied Health Professionals | 11 | 3% |
| Other groups | | |
| Registered nurses | 7 | 2% |
| Nursing auxiliary / Nursing assistant / Healthcare assistant | 34 | 9% |
| Allied Health Professionals | 23 | 6% |
| Scientific and Technical / Healthcare Scientists | 11 | 3% |
| Public Health / Health Improvement | 4 | 1% |
| Admin and Clerical | 45 | 12% |
| Central Functions / Corporate Services | 18 | 5% |
| Maintenance / Ancillary | 16 | 4% |
| General Management | 9 | 2% |
| Other | 11 | 3% |
| Did not specify | 7 | |

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 7.2: Work characteristics of respondents

| | Number questionnaires returned | Percentage of survey respondents |
|--|--------------------------------------|--|
| <i>Full time / part time</i> | | |
| Full time | 225 | 60% |
| Part time | 147 | 40% |
| Did not specify | 6 | |
| <i>Length of time in organisation</i> | | |
| Less than a year | 29 | 8% |
| Between 1 to 2 years | 38 | 10% |
| Between 3 to 5 years | 61 | 16% |
| Between 6 to 10 years | 82 | 22% |
| Between 11 to 15 years | 63 | 17% |
| Over 15 years | 103 | 27% |
| Did not specify | 2 | |

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 7.3: Demographic characteristics of respondents

| | Number questionnaires returned | Percentage of survey respondents |
|---------------------------------|--------------------------------------|--|
| <i>Age group</i> | | |
| Between 16 and 30 | 36 | 10% |
| Between 31 and 40 | 51 | 14% |
| Between 41 and 50 | 98 | 26% |
| 51 and over | 185 | 50% |
| Did not specify | 8 | |
| <i>Gender</i> | | |
| Male | 36 | 10% |
| Female | 330 | 90% |
| Did not specify | 12 | |
| <i>Ethnic background</i> | | |
| White | 355 | 96% |
| Black and minority ethnic | 14 | 4% |
| Did not specify | 9 | |
| <i>Disability</i> | | |
| Disabled | 49 | 13% |
| Not disabled | 316 | 87% |
| Did not specify | 13 | |

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Appendix 1

Key Findings for The Gloucestershire Care Services National Health Service Trust benchmarked against other community trusts

Technical notes:

- The first column in table A1 shows the trust's scores for each of the Key Findings. The same data are displayed in section 3 and 4 of this report.
- The second column in table A1 shows the 95% confidence intervals around the trust's scores for each of the Key Findings.
- The third column in table A1 shows the average (median) score for each of the Key Findings for community trusts. The same data are displayed in section 3 and 4 of this report.
- The fourth and fifth columns in table A1 show the thresholds for below and above average scores for each of the Key Findings for community trusts. The data are used to describe comparisons with other trusts as displayed in section 3 and 4 of this report.
- The sixth column in table A1 shows the lowest score attained for each of the Key Findings by an community trust.
- The seventh column in table A1 shows the highest score attained for each of the Key Findings by an community trust.
- For most of the Key Findings presented in table A1, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative score. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Please note that the data presented in table A1 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

Table A1: Key Findings for The Gloucestershire Care Services National Health Service Trust benchmarked against other community trusts

| | Your trust | | National scores for community trusts | | | | |
|---|-------------|-------------------------|--------------------------------------|-----------------------------|-----------------------------|-----------------------|------------------------|
| | Trust score | 95% Confidence Interval | Median score | Threshold for below average | Threshold for above average | Lowest score attained | Highest score attained |
| Response rate | 47 | - | 48 | 39 | 51 | 30 | 62 |
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 78 | [74, 82] | 75 | 73 | 77 | 69 | 83 |
| KF2. % agreeing that their role makes a difference to patients | 93 | [90, 96] | 90 | 90 | 91 | 87 | 94 |
| * KF3. <i>Work pressure felt by staff</i> | 3.10 | [3.02, 3.18] | 3.11 | 3.09 | 3.15 | 2.89 | 3.32 |
| KF4. Effective team working | 3.82 | [3.73, 3.91] | 3.84 | 3.80 | 3.86 | 3.73 | 3.93 |
| * KF5. <i>% working extra hours</i> | 68 | [63, 73] | 71 | 67 | 72 | 64 | 78 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 80 | [76, 85] | 83 | 82 | 84 | 78 | 86 |
| KF7. % appraised in last 12 mths | 90 | [87, 93] | 90 | 85 | 91 | 78 | 96 |
| KF8. % having well structured appraisals in last 12 mths | 37 | [32, 42] | 38 | 36 | 42 | 32 | 50 |
| KF9. Support from immediate managers | 3.70 | [3.61, 3.79] | 3.75 | 3.71 | 3.80 | 3.63 | 3.90 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | | | | |
| Occupational health and safety | | | | | | | |
| KF10. % receiving health and safety training in last 12 mths | 81 | [77, 85] | 76 | 74 | 81 | 61 | 95 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 36 | [31, 41] | 41 | 38 | 45 | 34 | 53 |
| Errors and incidents | | | | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 24 | [19, 28] | 23 | 20 | 23 | 19 | 35 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | 90 | [83, 96] | 91 | 90 | 92 | 81 | 94 |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.46 | [3.40, 3.51] | 3.58 | 3.56 | 3.61 | 3.39 | 3.71 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 63 | [58, 68] | 72 | 71 | 74 | 63 | 79 |

Table A1: Key Findings for The Gloucestershire Care Services National Health Service Trust benchmarked against other community trusts (cont)

| | Your trust | | National scores for community trusts | | | | |
|--|-------------|-------------------------|--------------------------------------|-----------------------------|-----------------------------|-----------------------|------------------------|
| | Trust score | 95% Confidence Interval | Median score | Threshold for below average | Threshold for above average | Lowest score attained | Highest score attained |
| Violence and harassment | | | | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 11 | [8, 14] | 8 | 7 | 8 | 4 | 12 |
| * KF17. % experiencing physical violence from staff in last 12 mths | 1 | [0, 2] | 1 | 1 | 2 | 1 | 3 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 30 | [25, 34] | 24 | 23 | 26 | 21 | 30 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 19 | [15, 23] | 19 | 18 | 20 | 15 | 28 |
| Health and well-being | | | | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 21 | [17, 26] | 22 | 21 | 23 | 18 | 27 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | | | | |
| KF21. % reporting good communication between senior management and staff | 25 | [21, 29] | 33 | 28 | 34 | 23 | 43 |
| KF22. % able to contribute towards improvements at work | 69 | [64, 74] | 70 | 69 | 71 | 66 | 75 |
| ADDITIONAL THEME: Staff satisfaction | | | | | | | |
| KF23. Staff job satisfaction | 3.64 | [3.57, 3.71] | 3.67 | 3.63 | 3.68 | 3.54 | 3.78 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.61 | [3.53, 3.68] | 3.66 | 3.61 | 3.75 | 3.42 | 4.05 |
| KF25. Staff motivation at work | 3.89 | [3.82, 3.97] | 3.87 | 3.84 | 3.90 | 3.70 | 4.03 |
| ADDITIONAL THEME: Equality and diversity | | | | | | | |
| KF26. % having equality and diversity training in last 12 mths | 74 | [69, 78] | 68 | 64 | 75 | 32 | 94 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 92 | [88, 95] | 91 | 91 | 91 | 82 | 95 |
| * KF28. % experiencing discrimination at work in last 12 mths | 7 | [4, 9] | 8 | 8 | 9 | 5 | 17 |
| ADDITIONAL THEME: Patient experience measures | | | | | | | |
| Patient/Service user experience Feedback | | | | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 51 | [44, 57] | 52 | 50 | 55 | 41 | 62 |

Appendix 2

Changes to the Key Findings since the 2013 staff survey

Technical notes:

- For most of the Key Findings presented in tables A2.1, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- It is likely that we would see some small change simply due to sample differences between the two years. The final column of the tables shows whether the change in your trust is statistically significant or not. If a change is not significant, then there is no evidence of a real change in the trust score.
- Please note that the trust scores and change scores presented in tables A2.1 and A2.2 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.
- All percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.

To enable comparison between years, scores from 2013 have been re-calculated and re-weighted using the 2014 formulae, so may appear slightly different from figures in previous feedback reports. More details about these changes can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

Table A2.1: Changes in the Key Findings for The Gloucestershire Care Services National Health Service Trust since 2013 survey

| The Gloucestershire Care Services National Health Service Trust | | | | |
|---|------------|------------|--------|----------------------------|
| | 2014 score | 2013 score | Change | Statistically significant? |
| Response rate | 47 | 56 | -9 | - |
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | 78 | 76 | 2 | No |
| KF2. % agreeing that their role makes a difference to patients | 93 | 89 | 4 | No |
| * KF3. <i>Work pressure felt by staff</i> | 3.10 | 3.16 | -0.07 | No |
| KF4. Effective team working | 3.82 | 3.76 | 0.06 | No |
| * KF5. <i>% working extra hours</i> | 68 | 70 | -2 | No |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | 80 | 81 | 0 | No |
| KF7. % appraised in last 12 mths | 90 | 82 | 7 | Yes |
| KF8. % having well structured appraisals in last 12 mths | 37 | 33 | 4 | No |
| KF9. Support from immediate managers | 3.70 | 3.68 | 0.02 | No |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | |
| Occupational health and safety | | | | |
| KF10. % receiving health and safety training in last 12 mths | 81 | 76 | 5 | No |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | 36 | 39 | -3 | No |
| Errors and incidents | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | 24 | 27 | -3 | No |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | 90 | 90 | -1 | No |
| KF14. Fairness and effectiveness of incident reporting procedures | 3.46 | 3.45 | 0.00 | No |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | 63 | - | - | -- |

Table A2.1: Changes in the Key Findings for The Gloucestershire Care Services National Health Service Trust since 2013 survey (cont)

| | The Gloucestershire Care Services National Health Service Trust | | | |
|--|---|------------|--------|----------------------------|
| | 2014 score | 2013 score | Change | Statistically significant? |
| Violence and harassment | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | 11 | 13 | -2 | No |
| * KF17. % experiencing physical violence from staff in last 12 mths | 1 | 2 | -1 | No |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | 30 | 33 | -3 | No |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | 19 | 22 | -2 | No |
| Health and well-being | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | 21 | 24 | -3 | No |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | |
| KF21. % reporting good communication between senior management and staff | 25 | 24 | 1 | No |
| KF22. % able to contribute towards improvements at work | 69 | 68 | 1 | No |
| ADDITIONAL THEME: Staff satisfaction | | | | |
| KF23. Staff job satisfaction | 3.64 | 3.57 | 0.07 | No |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | 3.61 | 3.61 | 0.00 | No |
| KF25. Staff motivation at work | 3.89 | 3.87 | 0.02 | No |
| ADDITIONAL THEME: Equality and diversity | | | | |
| KF26. % having equality and diversity training in last 12 mths | 74 | 44 | 30 | Yes |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | 92 | 91 | 0 | No |
| * KF28. % experiencing discrimination at work in last 12 mths | 7 | 7 | -1 | No |
| ADDITIONAL THEME: Patient experience measures | | | | |
| Patient/Service user experience Feedback | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department | 51 | - | - | -- |

Appendix 3

Data tables: 2014 Key Findings and the responses to all survey questions

For each of the 29 Key Findings (Table A3.1) and each individual survey question in the core version of the questionnaire (Table A3.2), this appendix presents your trust's 2014 survey response, the average (median) 2014 response for community trusts, and your trust's 2013 survey response (where applicable).

In Table A3.1, the question numbers used to calculate the 29 Key Findings are also listed in the first column.

In Table A3.2, the responses to the survey questions are presented in the order that they appear within the core version of the 2014 questionnaire.

Technical notes:

- In certain cases a dash (-) appears in the 'Your Trust in 2013' column in Tables A3.1 or A3.2. This is because of changes to the format of survey questions or the calculation of the Key Findings so comparisons with the 2013 score are not possible.
- In certain cases a dash (-) appears in Tables A3.1 or A3.2. This is in order to preserve anonymity of individual staff, where there were fewer than 11 responses to a survey question or Key Finding.
- Please note that the figures reported in tables A3.1 and A3.2 are un-weighted, and, as a consequence there may be some slight differences between these figures and the figures reported in sections 3 and 4 and Appendix 2 of this report, which are weighted according to the occupational group profile of a typical community trust.
- More details about the calculation of Key Findings and the weighting of data can be found in the document ***Making sense of your staff survey data***, which can be downloaded from: www.nhsstaffsurveys.com

Table A3.1: Key Findings for The Gloucestershire Care Services National Health Service Trust benchmarked against other community trusts

| | Question number(s) | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|---|--------------------|--------------------|---------------------------------------|--------------------|
| STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs. | | | | |
| KF1. % feeling satisfied with the quality of work and patient care they are able to deliver | Q6d, 9a, 9c | 77 | 75 | 76 |
| KF2. % agreeing that their role makes a difference to patients | Q9b | 93 | 90 | 90 |
| * KF3. <i>Work pressure felt by staff</i> | Q7e-g | 3.12 | 3.11 | 3.17 |
| KF4. Effective team working | Q4a-d | 3.82 | 3.83 | 3.75 |
| * KF5. <i>% working extra hours</i> | Q25b-c | 68 | 70 | 70 |
| STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. | | | | |
| KF6. % receiving job-relevant training, learning or development in last 12 mths | Q1a-g, 2a-c | 81 | 83 | 81 |
| KF7. % appraised in last 12 mths | Q3a | 90 | 90 | 82 |
| KF8. % having well structured appraisals in last 12 mths | Q3a-d | 38 | 38 | 33 |
| KF9. Support from immediate managers | Q10a-e | 3.71 | 3.75 | 3.67 |
| STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety. | | | | |
| Occupational health and safety | | | | |
| KF10. % receiving health and safety training in last 12 mths | Q1a | 82 | 76 | 76 |
| * KF11. <i>% suffering work-related stress in last 12 mths</i> | Q16 | 36 | 41 | 38 |
| Errors and incidents | | | | |
| * KF12. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i> | Q17a, 17b | 24 | 23 | 28 |
| KF13. % reporting errors, near misses or incidents witnessed in the last mth | Q17a-b, 17c | 90 | 91 | 90 |
| KF14. Fairness and effectiveness of incident reporting procedures | Q18a-g | 3.46 | 3.58 | 3.45 |
| KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice | Q19b | 64 | 72 | - |

Table A3.1: Key Findings for The Gloucestershire Care Services National Health Service Trust benchmarked against other community trusts (cont)

| | Question number(s) | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|--|--------------------|--------------------|---------------------------------------|--------------------|
| Violence and harassment | | | | |
| * KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths | Q20a | 11 | 8 | 14 |
| * KF17. % experiencing physical violence from staff in last 12 mths | Q20b | 1 | 1 | 2 |
| * KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths | Q21a | 31 | 24 | 34 |
| * KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths | Q21b | 19 | 19 | 21 |
| Health and well-being | | | | |
| * KF20. % feeling pressure in last 3 mths to attend work when feeling unwell | Q15a-c | 21 | 22 | 25 |
| STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. | | | | |
| KF21. % reporting good communication between senior management and staff | Q11a-d | 26 | 32 | 23 |
| KF22. % able to contribute towards improvements at work | Q7a, 7b, 7d | 69 | 69 | 67 |
| ADDITIONAL THEME: Staff satisfaction | | | | |
| KF23. Staff job satisfaction | Q8a-g | 3.65 | 3.66 | 3.56 |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | Q12a, 12c-d | 3.60 | 3.65 | 3.60 |
| KF25. Staff motivation at work | Q5a-c | 3.90 | 3.87 | 3.89 |
| ADDITIONAL THEME: Equality and diversity | | | | |
| KF26. % having equality and diversity training in last 12 mths | Q1b | 73 | 68 | 42 |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | Q22 | 92 | 91 | 91 |
| * KF28. % experiencing discrimination at work in last 12 mths | Q23a-b | 6 | 8 | 8 |
| ADDITIONAL THEME: Patient experience measures | | | | |
| Patient/Service user experience Feedback | | | | |
| KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/deparment | Q13a, 13c | 51 | 52 | - |

Table A3.2: Survey questions benchmarked against other community trusts

| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|---|--|-----------------------|--|-----------------------|
| Areas of training, learning and development | | | | |
| % having received training, learning or development in the following areas in the last 12 months: | | | | |
| Q1a | Health and safety training | 82 | 76 | 76 |
| Q1b | Equality and diversity training | 73 | 68 | 42 |
| Q1c | How to prevent or handle violence and aggression to staff, patients / service users | 51 | 43 | 34 |
| Q1d | Infection control (e.g. guidance on hand-washing, MRSA, waste management, disposal of sharps / needles) | 73 | 76 | 71 |
| Q1e | How to handle confidential information about patients / service users | 85 | 87 | 68 |
| Q1f | How to deliver a good patient / service user experience | 42 | 49 | 35 |
| Q1g | Any other job-relevant training, learning or development | 76 | 81 | 78 |
| Job-relevant training, learning and development | | | | |
| % who had received training, learning and development in the last 12 months (YES to any part of Q1a-g) agreeing / strongly agreeing that: | | | | |
| Q2a | It has helped me to do my job more effectively | 70 | 70 | 69 |
| Q2b | It has helped me stay up-to-date with professional requirements | 76 | 77 | 73 |
| Q2c | It has helped me to deliver a better patient / service user experience | 64 | 66 | 63 |
| Appraisals | | | | |
| Q3a | % saying they had received an appraisal or performance development review in the last 12 months | 90 | 90 | 82 |
| If (YES to Q3a) had received an appraisal or performance development review in the last 12 months: | | | | |
| Q3b | % saying their appraisal or development review had helped them to improve how they do their job | 52 | 55 | 51 |
| Q3c | % saying their appraisal or development review had helped them agree clear objectives for their work | 74 | 79 | 77 |
| Q3d | % saying their appraisal or development review had made them feel their work was valued by the organisation | 60 | 62 | 61 |
| Q3e | % saying their appraisal or development review had identified training, learning or development needs | 78 | 74 | 78 |
| If (YES to Q3a) had received an appraisal or performance development review AND (YES to Q3e) training, learning or development needs identified as part of their appraisal or development review: | | | | |
| Q3f | % saying their manager supported them to receive training, learning or development | 88 | 89 | 87 |
| Team-based working | | | | |
| Q4a | % working in a team | 97 | 97 | 97 |
| If (YES to Q4a) they work in a team: | | | | |
| Q4b | % agreeing / strongly agreeing team members have a set of shared objectives | 79 | 78 | 76 |
| Q4c | % agreeing / strongly agreeing team members often meet to discuss the team's effectiveness | 69 | 69 | 65 |
| Q4d | % agreeing / strongly agreeing the team members have to communicate closely with each other to achieve the team's objectives | 81 | 80 | 77 |
| Staff motivation at work | | | | |
| % saying often or always to the following statements: | | | | |
| Q5a | "I look forward to going to work" | 55 | 54 | 53 |
| Q5b | "I am enthusiastic about my job" | 68 | 68 | 70 |
| Q5c | "Time passes quickly when I am working" | 79 | 78 | 80 |

| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|--|--|-----------------------|--|-----------------------|
| Job design | | | | |
| % agreeing / strongly agreeing with the following statements: | | | | |
| Q6a | "I have clear, planned goals and objectives for my job" | 71 | 72 | 70 |
| Q6b | "I always know what my work responsibilities are" | 79 | 82 | 79 |
| Q6c | "I am trusted to do my job" | 91 | 90 | 89 |
| Q6d | "I am able to do my job to a standard I am personally pleased with" | 76 | 74 | 75 |
| Opportunities to develop potential at work | | | | |
| % agreeing / strongly agreeing with the following statements: | | | | |
| Q7a | "There are frequent opportunities for me to show initiative in my role" | 72 | 70 | 68 |
| Q7b | "I am able to make suggestions to improve the work of my team / department" | 77 | 77 | 75 |
| Q7c | "I am involved in deciding on changes introduced that affect my work area / team / department" | 53 | 55 | 52 |
| Q7d | "I am able to make improvements happen in my area of work" | 53 | 58 | 54 |
| Q7e | "I am unable to meet all the conflicting demands on my time at work" | 48 | 47 | 50 |
| Q7f | "I have adequate materials, supplies and equipment to do my work" | 55 | 56 | 55 |
| Q7g | "There are enough staff at this organisation for me to do my job properly" | 31 | 27 | 29 |
| Staff job satisfaction | | | | |
| % satisfied or very satisfied with the following aspects of their job: | | | | |
| Q8a | "The recognition I get for good work" | 51 | 51 | 49 |
| Q8b | "The support I get from my immediate manager" | 67 | 68 | 64 |
| Q8c | "The freedom I have to choose my own method of working" | 69 | 69 | 63 |
| Q8d | "The support I get from my work colleagues" | 83 | 82 | 84 |
| Q8e | "The amount of responsibility I am given" | 77 | 75 | 76 |
| Q8f | "The opportunities I have to use my skills" | 73 | 71 | 71 |
| Q8g | "The extent to which my organisation values my work" | 37 | 41 | 32 |
| Q8h | "My level of pay" | 29 | 34 | 34 |
| Contribution to patient care | | | | |
| % agreeing / strongly agreeing with the following statements: | | | | |
| Q9a | "I am satisfied with the quality of care I give to patients / service users" | 86 | 82 | 83 |
| Q9b | "I feel that my role makes a difference to patients / service users" | 93 | 90 | 90 |
| Q9c | "I am able to deliver the patient care I aspire to" | 65 | 66 | 66 |

| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|---|--|-----------------------|--|-----------------------|
| Your managers | | | | |
| % agreeing / strongly agreeing with the following statements: | | | | |
| Q10a | "My immediate manager encourages those who work for her/him to work as a team" | 75 | 74 | 71 |
| Q10b | "My immediate manager can be counted on to help me with a difficult task at work" | 69 | 72 | 68 |
| Q10c | "My immediate manager gives me clear feedback on my work" | 55 | 61 | 52 |
| Q10d | "My immediate manager asks for my opinion before making decisions that affect my work" | 51 | 55 | 53 |
| Q10e | "My immediate manager is supportive in a personal crisis" | 71 | 75 | 72 |
| Q11a | "I know who the senior managers are here" | 80 | 83 | 81 |
| Q11b | "Communication between senior management and staff is effective" | 28 | 37 | 28 |
| Q11c | "Senior managers here try to involve staff in important decisions" | 31 | 33 | 28 |
| Q11d | "Senior managers act on staff feedback" | 28 | 30 | 22 |
| Q11e | "Senior managers where I work are committed to patient care" | 47 | 55 | 49 |
| Your organisation | | | | |
| % agreeing / strongly agreeing with the following statements: | | | | |
| Q12a | "Care of patients / service users is my organisation's top priority" | 64 | 69 | 62 |
| Q12b | "My organisation acts on concerns raised by patients / service users" | 67 | 73 | 67 |
| Q12c | "I would recommend my organisation as a place to work" | 52 | 53 | 56 |
| Q12d | "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation" | 68 | 70 | 69 |
| Patient / service user experience measures | | | | |
| "% saying 'Yes'" | | | | |
| Q13a | "Is patient / service user experience feedback collected within your directorate / department?" | 80 | 82 | - |
| "% agreeing or strongly agreeing that they receive regular updates on patient / service user experience feedback in their directorate / department" | | | | |
| Q13b | "I receive regular updates on patient / service user experience feedback in my directorate / department" | 56 | 57 | - |
| "% agreeing or strongly agreeing that feedback from patients / service users is used to make informed decisions within my directorate / department" | | | | |
| Q13c | "Feedback from patients / service users is used to make informed decisions within my directorate / department" | 51 | 52 | - |
| Health and well-being | | | | |
| % agreeing / strongly agreeing with the following statements: | | | | |
| Q14a | "In general, my job is good for my health" | 43 | 42 | 42 |
| Q14b | "My immediate manager takes a positive interest in my health and well-being" | 56 | 61 | 57 |
| Q14c | "My organisation takes positive action on health and well-being" | 39 | 47 | 36 |
| Health and well-being | | | | |
| Q15a | % saying in the last three months they had gone to work despite not feeling well enough to perform their duties: | 68 | 67 | 72 |
| (If YES to Q15a): % saying they... | | | | |
| Q15b | ...had felt pressure from their manager to come to work | 20 | 26 | 26 |
| Q15c | ...had felt pressure from their colleagues to come to work | 20 | 20 | 21 |
| Q15d | ...had put themselves under pressure to come to work | 93 | 93 | 93 |
| Q16 | % saying they have felt unwell in the last 12 months as a result of work related stress: | 36 | 41 | 38 |

| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|---|---|-----------------------|--|-----------------------|
| Witnessing and reporting errors, near misses and incidents | | | | |
| Q17a | % witnessing errors, near misses or incidents in the last month that could have hurt staff | 15 | 13 | 17 |
| Q17b | % witnessing errors, near misses or incidents in the last month that could have hurt patients / service users | 20 | 18 | 24 |
| Q17c | (If YES to Q17a or YES to Q17b): % saying the last time they witnessed an error, near miss or incident that could have hurt staff or patients / service users, either they or a colleague had reported it | 94 | 95 | 93 |
| Fairness and effectiveness of procedures for reporting errors, near misses or incidents | | | | |
| % agreeing / strongly agreeing with the following statements: | | | | |
| Q18a | "My organisation treats staff who are involved in an error, near miss or incident fairly" | 42 | 49 | 46 |
| Q18b | "My organisation encourages us to report errors, near misses or incidents" | 87 | 89 | 87 |
| Q18c | "My organisation treats reports of errors, near misses or incidents confidentially" | 65 | 65 | 68 |
| Q18d | "My organisation blames or punishes people who are involved in errors, near misses or incidents" | 7 | 10 | 7 |
| Q18e | "When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again" | 51 | 65 | 53 |
| Q18f | "We are informed about errors, near misses and incidents that happen in the organisation" | 30 | 46 | 32 |
| Q18g | "We are given feedback about changes made in response to reported errors, near misses and incidents" | 29 | 45 | 30 |
| Raising concerns about unsafe clinical practice | | | | |
| Q19a | % saying if they were concerned about unsafe clinical practice they would know how to report it | 96 | 96 | - |
| Q19b | % saying they would feel secure raising concerns about unsafe clinical practice | 64 | 72 | - |
| Q19c | % saying they are confident that the organisation would address their concern | 55 | 61 | - |
| Experiencing and reporting physical violence at work | | | | |
| % experiencing physical violence at work from patients / service users, their relatives or other members of the public in last 12 months... | | | | |
| Q20a | Never | 89 | 92 | 86 |
| Q20a | 1 to 2 times | 10 | 6 | 10 |
| Q20a | 3 to 5 times | 1 | 1 | 3 |
| Q20a | 6 to 10 times | 0 | 0 | 1 |
| Q20a | More than 10 times | 1 | 0 | 0 |
| % experiencing physical violence at work from managers / team leaders or other colleagues in last 12 months... | | | | |
| Q20b | Never | 99 | 99 | 98 |
| Q20b | 1 to 2 times | 1 | 1 | 2 |
| Q20b | 3 to 5 times | 0 | 0 | 0 |
| Q20b | 6 to 10 times | 0 | 0 | 0 |
| Q20b | More than 10 times | 0 | 0 | 0 |
| Q20c | (If YES to Q20a or YES to Q20b): % saying the last time they experienced an incident of physical violence, either they or a colleague had reported it | 77 | 75 | 82 |

| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|---|---|-----------------------|--|-----------------------|
| Experiencing and reporting harassment, bullying and abuse at work | | | | |
| % experiencing harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public in last 12 months... | | | | |
| Q21a | Never | 69 | 76 | 66 |
| Q21a | 1 to 2 times | 23 | 16 | 25 |
| Q21a | 3 to 5 times | 6 | 5 | 6 |
| Q21a | 6 to 10 times | 1 | 1 | 2 |
| Q21a | More than 10 times | 1 | 1 | 1 |
| % experiencing harassment, bullying or abuse at work from managers / team leaders or other colleagues in last 12 months... | | | | |
| Q21b | Never | 81 | 81 | 79 |
| Q21b | 1 to 2 times | 13 | 13 | 14 |
| Q21b | 3 to 5 times | 2 | 4 | 4 |
| Q21b | 6 to 10 times | 1 | 1 | 1 |
| Q21b | More than 10 times | 2 | 1 | 3 |
| Q21c | (If YES to Q21a or YES to Q21b): % saying the last time they experienced an incident of harassment, bullying or abuse, either they or a colleague had reported it | 56 | 54 | 47 |
| Equal opportunities | | | | |
| Q22 | % saying the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age | 92 | 91 | 91 |
| Discrimination | | | | |
| Q23a | % saying they had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months | 3 | 3 | 3 |
| Q23b | % saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months | 4 | 6 | 5 |
| % saying they had experienced discrimination on the grounds of: | | | | |
| Q23c | Ethnic background | 1 | 2 | 0 |
| Q23c | Gender | 1 | 2 | 2 |
| Q23c | Religion | 1 | 0 | 0 |
| Q23c | Sexual orientation | 0 | 0 | 1 |
| Q23c | Disability | 1 | 1 | 1 |
| Q23c | Age | 1 | 1 | 2 |
| Q23c | Other reason(s) | 3 | 3 | 3 |
| BACKGROUND DETAILS | | | | |
| Gender | | | | |
| Q24a | Male | 10 | 11 | 7 |
| Q24a | Female | 90 | 89 | 93 |
| Age group | | | | |
| Q24b | Between 16 and 30 | 10 | 11 | 12 |
| Q24b | Between 31 and 40 | 14 | 16 | 15 |
| Q24b | Between 41 and 50 | 26 | 25 | 29 |
| Q24b | 51 and over | 50 | 50 | 44 |
| Q25a | % working part time | 40 | 30 | 43 |
| Q25b | % working additional PAID hours | 26 | 21 | 26 |
| Q25c | % working additional UNPAID hours | 61 | 61 | 60 |

| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|---|--|-----------------------|--|-----------------------|
| Ethnic background | | | | |
| Q26 | White | 96 | 96 | 98 |
| Q26 | Mixed | 1 | 1 | 0 |
| Q26 | Asian / Asian British | 2 | 2 | 1 |
| Q26 | Black / Black British | 2 | 2 | 0 |
| Q26 | Chinese | 0 | 0 | 0 |
| Q26 | Other | 0 | 0 | 0 |
| Sexuality | | | | |
| Q27 | Heterosexual (straight) | 92 | 92 | 93 |
| Q27 | Gay Man | 0 | 0 | 0 |
| Q27 | Gay Woman (lesbian) | 0 | 1 | 1 |
| Q27 | Bisexual | 0 | 0 | 0 |
| Q27 | Other | 1 | 0 | 0 |
| Q27 | Preferred not to say | 7 | 7 | 5 |
| Religion | | | | |
| Q28 | No religion | 35 | 26 | 31 |
| Q28 | Christian | 59 | 61 | 62 |
| Q28 | Buddhist | 0 | 0 | 0 |
| Q28 | Hindu | 0 | 0 | 0 |
| Q28 | Jewish | 0 | 0 | 0 |
| Q28 | Muslim | 0 | 0 | 0 |
| Q28 | Sikh | 0 | 0 | 0 |
| Q28 | Other | 0 | 1 | 1 |
| Q28 | Preferred not to say | 5 | 6 | 6 |
| Disability | | | | |
| Q29a | % saying they have a long-standing illness, health problem or disability | 13 | 19 | 17 |
| Q29b | (If YES to Q29a and if adjustments felt necessary): % saying their employer has made adequate adjustment(s) to enable them to carry out their work | 70 | 74 | 79 |
| Contact with patients | | | | |
| Q30 | % saying they have face-to-face contact with patients / service users as part of their job | 88 | 86 | 93 |
| Length of time at the organisation (or its predecessors) | | | | |
| Q31 | Less than 1 year | 8 | 8 | 7 |
| Q31 | 1 to 2 years | 10 | 11 | 9 |
| Q31 | 3 to 5 years | 16 | 16 | 20 |
| Q31 | 6 to 10 years | 22 | 22 | 20 |
| Q31 | 11 to 15 years | 17 | 17 | 17 |
| Q31 | More than 15 years | 27 | 23 | 27 |

| | | Your Trust in 2014 | Average (median) for community trusts | Your Trust in 2013 |
|--------------------|--|-------------------------------|--|-------------------------------|
| Occupational group | | | | |
| Q32 | Emergency Care Practitioner | 0 | 0 | 0 |
| Q32 | Paramedic | 0 | 0 | 0 |
| Q32 | Emergency Care Assistant | 0 | 0 | 0 |
| Q32 | Ambulance Technician | 0 | 0 | 0 |
| Q32 | Ambulance Control Staff | 0 | 0 | 0 |
| Q32 | Patient Transport Service | 0 | 0 | 0 |
| Q32 | Registered Nurses and Midwives | 31 | 30 | 34 |
| Q32 | Nursing or Healthcare Assistants | 9 | 7 | 11 |
| Q32 | Medical and Dental | 5 | 4 | 4 |
| Q32 | Allied Health Professionals | 27 | 24 | 24 |
| Q32 | Scientific and Technical / Healthcare Scientists | 0 | 1 | 1 |
| Q32 | Social Care staff | 0 | 0 | 1 |
| Q32 | Public Health / Health Improvement | 1 | 1 | 2 |
| Q32 | Commissioning staff | 0 | 0 | 0 |
| Q32 | Admin and Clerical | 12 | 16 | 14 |
| Q32 | Central Functions / Corporate Services | 5 | 6 | 2 |
| Q32 | Maintenance / Ancillary | 4 | 2 | 5 |
| Q32 | General Management | 2 | 2 | 1 |
| Q32 | Other | 3 | 2 | 2 |

Appendix 4

Other NHS staff survey 2014 documentation

This report is one of several ways in which we present the results of the 2014 national NHS staff survey:

- 1) A separate summary report of the main 2014 survey results for The Gloucestershire Care Services National Health Service Trust can be downloaded from: www.nhsstaffsurveys.com. The summary report is a shorter version of this feedback report, which may be useful for wider circulation within the trust.
- 2) A national briefing document, describing the national Key Findings from the 2014 survey and making comparisons with previous years, will be available from www.nhsstaffsurveys.com in March 2013.
- 3) The document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com. This includes details about the calculation of Key Findings and the data weighting method used.
- 4) A series of detailed spreadsheets are available on request from www.nhsstaffsurveys.com. In these detailed spreadsheets you can find:
 - responses of staff in your trust to every core survey question
 - responses in every trust in England
 - the average responses for each major trust type (e.g. all acute trusts, all ambulance trusts)
 - the average trust responses within each strategic health authority
 - the average responses for each major occupational and demographic group within the major trust types

OD & Workforce Strategy Dashboards

Rod Brown/ Tina Ricketts

Proposed Organisational Development Strategy Dashboard

| Priority | Measure | Target | YTD | RAG |
|--|--|-------------------------------|-----|-----|
| To embed the Trust's core values across the organisation, ensuring that these are reflected in behaviours, and are used to inform and support the growth of the Trust culture | Reduction in the number of service user concerns relating to staff attitudes compared to the 2013-14 baseline | 10% reduction each year | | |
| | Percentage of new job descriptions which incorporate the Trust's CORE values framework so that candidates can be selected against the values and behaviours | 100% by March 16 | | |
| | Percentage of completed appraisals where staff have been explicitly evaluated against the Trust's CORE values | 75% by March 16 | | |
| To maintain a supportive and learning culture that emphasises team working, and shares the results of actions to improve future performance | Percentage of colleagues with an up-to-date, clear and concise job description that includes a role specific competency profile | 75% by March 16 | | |
| | Percentage of teams supported by a dedicated quality performance scorecard linked to team objectives | 75% by March 16 | | |
| | Percentage of colleagues with a personal development plan | 95% by March 16 | | |
| To increase the capacity and capability of leadership across the Trust, encouraging corresponding behaviours in colleagues | Percentage of managers who have undertaken leadership/ management development in the last 12 months | 75% by March 16 | | |
| | Stability of the executive team (excluding retirement) | 85% stability rate | | |
| To support, encourage and motivate colleagues, and elicit their direct involvement with, and positive contribution to, all relevant Trust planning and decision-making | Increase the number of colleagues who would recommend the Trust as a place to work measured through the Staff Friends and Family Test | Increase from baseline of 52% | | |
| | Increase in the response rate to the Staff Friends and Family Test | Increase from baseline of 19% | | |

Proposed Workforce Strategy Dashboard

| Priority | Measure | Target 31/03/16 | YTD | RAG |
|--|---|-------------------------------------|-----|-----|
| To ensure improved workforce planning so as to make optimum use of the Trust's most valuable resource | Annual Service Development & Operational Plan in place for each clinical and corporate service area with coverage of the proposed workforce profile which feeds into the Trust's Workforce Plan | Target to be set by COO/ DOSD/ DOST | | |
| | Quality Impact Assessments completed or all service redesigns or changes to staff configurations | 100% each month | | |
| | Roll out of the e-rostering system in line with agreed trajectory | Agreed trajectory | | |
| To improve recruitment processes so as to enable the Trust to attract and retain a strong and stable workforce | Proportion of hours allocated to agency staff | < 25% per shift | | |
| | Increase the number of leavers completing exit questionnaires | > 50% | | |
| | Reduction in length of time taken to recruit staff (from signed requisition to start date) from 2013/14 baseline | 70 days | | |
| To ensure that the Trust provides appropriate support and development for all colleagues | New staff receiving induction (corporate & Clinical) training within their first month of employment | 100% | | |
| | Compliance with all mandatory training (to include clinical mandatory training) | Target set for each subject area | | |
| | Improvement in colleagues reporting that their appraisal helped them improve how they do their job from the 2014 baseline of 53% | | | |
| To deliver governance systems that support the Trust's workforce | HR policies are developed/ reviewed in line with agreed schedule | 100% | | |
| | Compliance with all NTDA, HEE and NHS England workforce information submissions | 100% | | |
| To encourage colleagues to remain healthy | Reduction in staff sickness absence rates from 2013/14 baseline | 4.4% by March 16 4% by March 17 | | |
| | Increase in the number of front line staff having Flu Vaccines | 50% | | |
| | Increase in number of formal processes in place for staff who have met the sickness absence triggers from 2013/14 baseline | | | |
| To further develop the Trust's HR functions, so as to be responsive and accurate | Roll out of the ESR self-service capability so that colleagues can access their own records | 100% by March 16 | | |

GLOUCESTERSHIRE CARE SERVICES NHS TRUST HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT COMMITTEE

Minutes of the Meeting held on 19 December 2014 from 10am to 12pm in the Boardroom, Edward Jenner Court

| | | |
|-----------------------|--|--|
| Present: | Chris Creswick (CC) CHAIR Tina Ricketts (TR) Duncan Jordan (DJ) Nicola Strother Smith (NSS) | Non-Executive Director Director of Human Resources Chief Operating Officer Non-Executive Director |
| In Attendance: | Rod Brown (RB) Stuart Bird (SB) Candace Plouffe (CP) Sarah Curtis (SC) Lindsay Ashworth (LA) Kieth Dayment (KD) Sue Field (SF) | Head of Corporate Planning Deputy Director of Finance Director of Service Delivery HR Business Partner HR Business Partner HR Systems Business Partner Director of Service Transformation |
| Minute Taker: | Harriet Howell (HH) | Senior Personal Assistant |

| Ref | Item | Action |
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| HR/OD 17/14 | <u>Agenda item 1 - Apologies</u> Jason Brown, Director of Corporate Governance and Public Affairs | |
| HR/OD 18/14 | <u>Agenda item 2 - Minutes of the meeting held on 22 October</u> The minutes of the meeting were agreed and APPROVED by the Committee. | |
| HR/OD 19/14 | <u>Agenda item 3 - Matters arising (Action Log)</u> HR005 – JB has liaised with TR regarding a focus group - Closed HR005 – Carried forward to the next meeting as JB has given his apologies. HR006 – Closed as the item is on the agenda HR009 – Closed as the item is on the agenda HR010 – Carried forward to the next meeting as SB has | |

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| | <p>requested LTFM to be deferred. HR012 – Closed as item is on the agenda HR015 - Closed as TR circulated the Qtr 2 results of the FFT and shared the report at the Board in November.</p> <p>The Committee reviewed the outstanding actions and APPROVED the updates to the action log.</p> | |
| HR/OD 20/14 | <p><u>Agenda item 4 - Forward agenda plan</u></p> <ul style="list-style-type: none"> • Management Capability & Capacity Review to be added to the agenda for February 2015. • ICT Workforce Profile (from the HR & OD Steering Group) to be added to the agenda for February 2015. <p>The Committee APPROVED the forward agenda planner subject to the above amendments.</p> | <p>HH</p> <p>HH</p> |
| HR/OD 21/14 | <p><u>Agenda item 5 - OD Strategy Implementation Plan update report</u></p> <p>The proposed amendments to the implementation plan mainly relate to the embedding of the core values framework within key policies, the testing of the framework before organisation wide rollout.</p> <p>NSS enquired about the amber and green ratings asking what the difference is when the dates are changed. DJ stated that the Committee should be asked for approval before any dates are changed otherwise the rag rating should be amber or red. NSS asked for details of the original deadlines and TR confirmed that most dates had been moved from December 2014 to March 2015.</p> <p>CC stated that the lay out of this report is extremely helpful but raised the staff engagement options and said he isn't sure it's valid to say that there is not a risk about something that is in the process of change. Staff engagement is at the root of the success of the trust going forward and therefore if staff are disengaged this should be identified as a risk. The RAG rating is green in terms of having got the plan but CC said need to think in relation to staff delivery and where the risk lies. It was agreed that a risk should be added to the corporate risk register regarding low staff engagement</p> <p>The Committee APPROVED the amendments to the Implementation Plan.</p> | <p>TR</p> |

| Ref | Item | Action |
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| HR/OD 22/14 | <p><u>Agenda item 6 - Annual review of OD Strategy and Plan</u></p> <p>TR tabled the results of the national NHS staff survey results for 2014 and updated the Committee on the key themes</p> <p>Whilst the response rate for the Trust was lower than last year's survey, when compared to other Trusts surveyed by Quality Health GCS has performed ok. The average for all respondents is 40% and for Community Trust was 41%, GCS's response rate was 47%.</p> <p>TR felt that the results showed steady progress for the Trust. Out of the 92 questions asked there had been slight improvement in 52%. The biggest improvement is under the personal development section and in particular the percentage increase of staff who have undertaken 'equality and diversity' in last 12 months.</p> <p>There is a decline in performance in 22% of the areas and this was related to last year's performance around customer service training, quality of appraisals, staff having clear goals and objectives, staff feeling supported and valued by their manager, level of pay, staff engagement, poor staff FFT results along with the safety and quality aspects of reporting concerns. TR confirmed that these areas would be considered for the refresh of the OD Strategy and implementation plan</p> <p>SB asked how the Trust's staff FFT compares with other organisations and TR circulated a document to the Committee which had been published by NHS England. TR is working on trying to get more benchmark data around community trust but we scored low in comparison to other trusts in this area.</p> <p>TR introduced the report which contained a summary of the proposed amendments to the OD Strategy and the priority areas for 2015/16. RB said in terms of priorities it feels the right areas to focus on and fits as part of the overall Quality Strategy.</p> <p>NSS asked about integrated social care and whether it is adequately represented throughout the document. TR confirmed that she would review the document again to ensure that this was appropriately reflected.</p> <p>DJ asked if there was a need to strengthen the reference to staff retention within the OD Strategy. TR confirmed that she would add a cross reference to the Workforce Strategy.</p> <p>CC said that it was helpful to have the tracked changes produced on the document. RB confirmed that the Board would be updated on the changes through the HR & OD Committee</p> | <p>TR</p> <p>TR</p> |

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| | <p>update report.</p> <p>NSS asked how the Trust influences education training numbers. TR confirmed that the Trust submits a workforce plan to Health Education England</p> <p>The Committee APPROVED the revisions to the OD Strategy and the priority areas for 2015/16</p> | |
| HR/OD 23/14 | <p><u>Agenda item 7 - Investors in People – next steps</u></p> <p>This is a deferred item from the last Committee meeting. The report recommends that we defer going for the IIP Bronze Health & wellbeing award as investment has been made in the Listening into Action and Leading for Quality Care programmes. Too many initiatives at once may confuse. TR recommended that we defer the IIP standard assessment to March 2016. NSS agreed with TR and said that would be a sensible decision but asked what the lost opportunities might be. TR said that the lost opportunities would be the learning we would take from the external IIP assessment however we have recently received the NHS Staff Survey results and are currently undertaking the Pulse Check.</p> <p>DJ asked whether this was an item that the Board needed to endorse. CC agreed that this view should be taken back to the Board in the form of the HR & OD Committee Update report and to ask the Board to endorse this decision.</p> <p>The Committee APPROVED this decision.</p> | |
| HR/OD 24/14 | <p><u>Agenda item 8 - Review of staff engagement activities progress report</u></p> <p>LA presented the report and opened by saying that she was disappointed with the quantity of feedback received to date. LA confirmed that a presentation went out to Managers asking them to cascade this to their teams which requested feedback on what staff engagement activities worked well.</p> <p>LA took the Committee through each of the recommendation in the report, the first being a refresh of the staff forums supported by local champions. Furthermore there was some really positive feedback about the Trust's AGM and it was suggested that perhaps the current format of the staff council could be replaced with a roadshow of local AGM type events</p> <p>Those involved with the roll out of LiA have found it really useful and liked the process.</p> | |

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| | <p>There were a lot of negative comments about the amount of global emails and how long team briefs were along with the intranet being not very user friendly.</p> <p>LA raised that staffside colleagues should have a leading role in staff engagement and this was endorsed by CC.</p> <p>CC said that this limited feedback was really helpful and supports how difficult it is to keep staff engaged. However, the report did not contain enough information on how staff engagement activities would be re-launched.</p> <p>DJ queried how HR had linked with the internal Comms Team as Mark Lambert is putting together a Staff Engagement Plan. DJ's view was that Comms should be leading on this work supported by HR. LA confirmed that Katie Parker had worked with her on the report. RB said they have a Comms Engagement Strategy but it is 9 months behind as it came out in March 2014. It's just the implementation of the plan that's behind and not the strategy itself.</p> <p>Without a clear plan there is a risk of wasted time and creating expectations that may not be fulfilled and therefore the Committee requested that urgent work was undertaken and that a robust plan was brought back to the next meeting.</p> <p>CC has been to two staff forums and they were both lively and there was clearly engagement, it's the general feeling that staff forums are effective. If they prove to be effective, are they needed more often and does there need to be more of them? There are currently 9 staff forums but not all 9 are fully functioning.</p> <p>CC suggested that NEDs Chair the forums to ensure Board toward engagement and this may give refreshed visibility to the forums. CC agreed to discuss this with Ingrid Barker, Chair.</p> <p>CP said now there is mobile working staff can pick up their work in the morning and work at their home and never see colleagues so it's important that these colleagues remain engaged. CP suggested using WebEx so colleagues don't have to drive but could still access team meetings. CP is anxious that lots of staff don't have need to see anyone else in their team or in the organisation and perhaps this means they may not feel part of GCS.</p> <p>There needs to be more thought given to timing, venue and access to the meetings.</p> | <p>CC</p> |

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| | <p>CC said that there needs to be joined up thinking with the Comms Team around how to engage with the 3,600 people across the organisation. There needs to be a way to communicate with colleagues who do not have regular access to IT. Just because there is a commitment to electronic communication it doesn't guarantee that is being read.</p> <p>CC suggested to the Committee that any proposals need to recognise the importance of the staff side role.</p> <p>The Committee raised concerns about the robustness of the report and asked that a workshop be set up in January to discuss further. The Committee requested that a staff engagement plan be submitted to the February meeting.</p> | LA/ML |
| HR/OD 25/14 | <p><u>Agenda item 9 - Workforce Strategy Implementation Plan update report</u></p> <p>TR confirmed that the plan is still work in progress with a current focus on immediate priorities. The longer term priorities are yet to be included. The covering paper highlighted areas of work that had slipped to tie in with service development plans that Kate Calvert and her team are working on.</p> <p>SF pointed out a minor point on plan as it talks about Head of PMO but its Head of Transformation & Change.</p> <p>The Committee RECEIVED the update report.</p> | |
| HR/OD 26/14 | <p><u>Agenda item 10 - Workforce scorecard</u></p> <p>In the last Committee meeting KD brought produced two documents for consideration and the committee agreed that both should be developed This is the first scorecard that shows a picture of the Trust by service area.</p> <p>CC said the work life balance exit reasons are significant in some areas and was indicated at 71% in one case. Additionally the age of the workforce raises concerns and should be added to the risk register.</p> <p>CP said that this doesn't include County Council workforce information at this stage.</p> <p>KD confirmed that the scorecards are published on the intranet so it is widely available within the Trust with the intention that it</p> | |

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| | <p>will be useful information for all staff.</p> <p>CC queried how we are looking at this information in terms of capturing hotspots and making appropriate responses.</p> <p>TR confirmed that monthly Performance and Finance meetings are in place and these form part of that discussion with the relevant Service Leads.</p> <p>DJ said a summary overview would be helpful. The key is for TR, CP and SF to liaise and look at hot spots and then do a deep dive.</p> <p>SF asked if there is something that the organisation needs to do for older workforces to help them work more flexibly.</p> <p>CP asked whether you can tick more than one box for reasons for leaving. KD confirmed that only one box could be selected.</p> <p>The Committee and NEDs would like data presented in this form regularly although the dashboards should be supported by a covering report drawing out hotspots and actions being taken.</p> <p>DJ said one thing that needs doing is to put a movement column in the document for quick identification to see where the significant shifts are.</p> <p>The Performance report has been updated from last month looking at sickness, appraisals and mandatory training. There is no improvement.</p> <p>DJ said it was discussed in the leadership meeting this morning and a mini audit is going to be done on sickness absence to hold managers to account with regard to the completion of back to work interviews and formal stage meetings.</p> <p>CC asked how far we actually are an outlier against NHS in relation to sickness absence; the national picture looks at next year's budgeting process and whether the target sickness absence rate was realistic. If this was not realistic this should be taken into consideration when setting the budgets</p> <p>SB said if can get a forecast of future sickness levels then this can be used in the workforce plan.</p> <p>The Committee RECEIVED the workforce scorecard.</p> | KD |
| HR/OD 27/14 | <p><u>Agenda item 11 - Nurse recruitment and retention</u></p> <p>SC handed round an updated version of the progress report. Figure 1 and figure 6 have been amended as there were errors in the figures.</p> <p>Figure 1 is a Community Hospital vacancies summary. There were changes in whole time equivalent posts which effects the</p> | |

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| | <p>final position.</p> <p>TR emphasised the importance of a standard data set going forward.</p> <p>SC confirmed that the report has been prepared to provide the Committee with progress report made in respect of the 5 quality goal areas.</p> <p>A Workforce Steering group has been established (members: DJ, SF, CP, Liz Fenton and TR) which will oversee this work. The first meeting is scheduled to take place on 7 January 2015 and that steering group will receive detailed reports regarding the progress made of plans referred to in this paper.</p> <p>There is a current challenge around recruiting Band 5's in the Community Hospitals so the organisation is currently advertising and planning open days to take place in mid-January. An editorial piece in the Stroud News and Journal will be published before Christmas to support those campaigns.</p> <p>The Community Nursing position is the other way round, the challenge is Band 6 recruitment. The constant challenge with recruiting district nurses is due to the SPQ (Specialist Practitioner Qualification). A new role has also been developed at Band 6 level at a post graduate level. The person specification has changed rather than the job specification. There are also longer term strategies around training.</p> <p>Figure 3 is a summary position giving an update of how many post offers have been made and how many staff were appointed into posts. Not all of these have started yet but 61 have been appointed.</p> <p>SC confirmed to the Committee that there is no one at shortlisting level not appointed if they are appropriate for that role. They are being withdrawn at shortlisting because they don't have the correct qualifications. If candidates are interviewed and not correct for the role but are appointable then a role is secured for them and sometimes the organisation is over recruiting in some areas.</p> <p>DJ said we have to try everything we can to recruit nurses.</p> <p>LA expressed concern about recruitment in the progress column around appointed staff; people accept our jobs and then go elsewhere so until they start you cannot guarantee that figure is accurate.</p> <p>CC added an issue that the time taken to recruit is something which needs to be constantly under review.</p> | |

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| | <p>DJ stated there are other things that need reviewing such as looking across other professional areas and hotspots regarding age profiles and whether there are other Trusts with the same problems. It's helpful to have one on nursing but other staff will be useful too and HCAs need to be added in.</p> <p>The Committee RECEIVED the nurse recruitment and retention report and agreed that the format of this report is suitable for future Committees.</p> | |
| HR/OD 28/14 | <p><u>Agenda item 12 - HR Policy Development</u></p> <p>SC stated that this is a request to approve and endorse the following policies.</p> <p>The Committee APPROVED the Adverse Weather Policy.</p> <p>Subject to amendment of the 'Leaver' title regarding death in service, the Committee APPROVED the Management of Leavers Policy.</p> <p>The Committee APPROVED the Bullying and Harassment Policy.</p> | |
| HR/OD 29/14 | <p><u>Agenda item 13 - Workforce risk register</u></p> <p>TR was asked to add the additional risks around staff engagement and the ageing workforce as raised by the committee.</p> <p>The Committee RECEIVED the workforce risk register and noted that changes will be made outside of the meeting.</p> | TR |
| HR/OD 30/14 | <p><u>Agenda item 14 - Dignity at work review</u></p> <p>TR introduced the report and informed the committee that from the review undertaken that the Trust was meeting level 3 of the NHSLA 3 standards.</p> <p>The Committee APPROVED the dignity at work review.</p> | |
| HR/OD 31/14 | <p><u>Agenda item 15 - Any other business</u></p> <p>DJ personally thanked CC for his contributions to this Committee. He has been a huge value to this committee and added so much to all of us and the work of the trust and he will be greatly missed.</p> <p>CC wished the committee all well in their future endeavours.</p> | |

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| | The chair closed the meeting at 12:20pm. | |
| | <p><u>Date of next meeting</u></p> <p>The next meeting is scheduled to take place on 16 February 2015 at 10am in the Boardroom. There will be a new chair as CC has now retired.</p> | |

Chair's Signature

Date

Agenda Item 18 – Any other Business - Blank page