

## Trust Public Board Meeting

### Agenda

Date: Tuesday, 22 March 2016

Time: 11.00 hrs – 15.45 hrs

Venue: Cirencester Town FC  
The Corinium Stadium  
Kingshill Lane, Cirencester, GL7 1HS

Item	Ref No.	Subject	Outcome	Presenter	Time
1	01/0316	Service User Story – Learning from complaints	To receive	Rod Brown	11:00
<b>LUNCH</b>					<b>12:00</b>
<b>STANDING ITEMS</b>					
2	02/0316	Welcome and apologies	To receive	Chair	12:30
3	03/0316	Confirmation that the meeting is quorate	To note	Assistant Trust Secretary	
4	04/0316	Declaration of Interests	To receive	Chair	
5	05/0316	Minutes of the meeting 26 January 2016	To approve	Chair	
6	06/0316	Matters Arising Action Log & Completed Action Log	To note	Chair	
7	07/0316	Forward Agenda Planner review	To approve	Chair	
8	08/0316	Questions from the Public	To discuss	Chair	
9	09/0316	Chair's Report	To receive	Chair	
10	10/0316	Chief Executive's Report	To receive	Chief Executive Officer	
11	11/0316	Chief Operating Officer's Report	To receive	Chief Operating Officer	
<b>GOVERNANCE, QUALITY AND SAFETY</b>					
12	12/0316	Board Assurance Framework	To discuss	Finance Director	
13	13/0316	Quality and Performance Committee update (Minutes)	To discuss and note	Chair of Quality and Performance Committee	

Item	Ref No.	Subject	Outcome	Presenter	Time
14	14/0316	Workforce and Organisational Development Committee update (Minutes)	To note and approve	Chair of Workforce and Organisational Development Committee	
15	15/0316	Quality and Performance report	To receive for assurance	Director of Nursing, and Chief Operating Officer	
16	16/0316	Finance Committee update (Minutes)	To discuss and note	Chair of Finance Committee	
17	17/0316	Finance Report	To discuss and note	Director of Finance	
<b>COFFEE BREAK</b>					
<b>STRATEGY</b>					
18	18/0316	Board priorities, strategy update and strategy matrix	To receive and approve	Chief Executive Officer	
<b>CORPORATE</b>					
19	19/0316	Complaints Policy, Duty of Candour and PHSO (Public Health Service Ombudsman) process	To receive and approve	Chief Executive Officer	
20	20/0316	Approval of the annual plan from the February Finance Committee	To approve	Director of Finance	
21	21/0316	Approval of annual budgets	To approve	Director of Finance	
<b>ASSURANCE AND INFORMATION</b>					
22	22/0316	Charitable Funds update (Minutes)	To discuss and note	Chair	
23	23/0316	Audit and Assurance update (Minutes)	To discuss and note	Chair	
24	24/0316	Register of Declaration of Interests	To receive	Director of Finance	
25	25/0316	Any other business	To note	Chair	

Item	Ref No.	Subject	Outcome	Presenter	Time
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The date of the next Public Trust Board Meeting will be: **Wednesday, 18 May 2016**  
and this will be held at:

The Pavilion  
Hatherley Lane  
Cheltenham  
Gloucestershire  
GL51 6PN

## **AGENDA ITEM 2**

# **WELCOME AND APOLOGIES**

**AGENDA ITEM 3**

**CONFIRMATION THAT THE MEETING IS QUORATE**

**AGENDA ITEM 4**

**DECLARATION OF INTEREST**

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Date: 26<sup>th</sup> January 2016

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Jennings	Chief Executive (Voting Member)
Robert Graves	Non-Executive Director, Vice Chair (Voting Member)
Joanna Scott	Non-Executive Director (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Mead	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Glyn Howells	Director of Finance/Deputy Chief Executive (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Dr. Mike Roberts	Medical Director (Voting Member)
Duncan Jordan	Chief Operating Officer
Candace Plouffe	Director of Service Delivery
In attendance	
Louise Simons	Assistant Trust Secretary
Secretariat	
Jenny Goode	Executive Assistant (Minute Taker)

Ref	Minute
01/0116	<p><b>Service User Story</b></p> <p>The Chair set the context for the presentation and discussion by explaining that service user's stories are a positive way of connecting people who use the Trust's services to the Board.</p> <p>The Chair welcomed Jim Rollinson (Secretary and Trustee) and Anna Gibbins (volunteer) from Gloucestershire Older Persons' Association (GOPA) to the meeting. The Chair also welcomed Dorrett Samuels from GL Communities and Geoff Wheeler, Leader of Stroud District Council. Both these organisations provide support to GOPA.</p> <p>Mr. Rollinson explained that GOPA was founded in 2000 with the aim of identifying the needs and issues of older people. They have an office based at GL Communities in Gloucester.</p> <p>Following the loss of significant funding in 2012, Stroud District Council continued to support GOPA which enabled them to work with the voluntary, private and statutory sectors representing the many voices of older people living in Stroud district.</p> <p>In 2013, with funding from Stroud District Council, an initiative called "Tea and Tell" was set up and following a grant from the Police and Crime Commissioner under the Older but not Overlooked project, the programme was opened up to the whole of Gloucestershire. Tea and</p>

Tell involves a wide range of groups and organisations including black and minority ethnic communities, gay, lesbian and transgender communities, homeless and traveller communities, and has an open door policy towards attendance with people from social and lunch clubs, social housing schemes, care homes and those with long term health conditions being well represented. Over 80 sessions have taken place to date with other activities to engage with older people. A wide range of topics are covered at the sessions including access to different public services, long term care, community safety, transport and end of life. Over 900 people have taken part in their Wellbeing Survey.

The key messages coming out from GOPA are that they will continue to act for older people; be alert to the needs of older people; work with and seek partnerships across the statutory, private and voluntary sectors; and they are committed to improving the quality of life for older people. Jim stressed that GOPA is not a campaigning organisation, but is a facilitator that works with, liaises and consults with organisations on behalf of older people.

Jan Marriott commented that GOPA was an amazing resource and queried whether they were feeding back the results of the survey to relevant organisations. Mr. Rollinson explained that they have issued a draft report to the Police and Crime Commissioner; the 40+ page report summarises the issues that have been raised. He feels this needed to be shared wider with providers and commissioners in the hope that it may positively influence the decisions being made. He will send a copy of the draft report to Rod Brown to circulate to Trust Board and said he would welcome any feedback.

The Director of Nursing referred to the recent Continence Quality Improvement Workshop which the Trust facilitated and said that those older people who attended this event had provided very helpful feedback and as a result of this pathways will be modified.

Richard Cryer commented that the older population are a principal part of the Trust's service users and asked whether through feedback GOPA have received if they have identified any gaps in our services. Mrs. Gibbins explained that GOPA rather than creating an additional channel, encourage people to give feedback through Healthwatch, and also Your Care Your Opinion.

The Director of Service Delivery echoed the other comments made around the excellent work undertaken by GOPA. She asked Mr. Rollinson for his thoughts on the main issues that concern older people in the county; he said they were transport, loneliness and isolation.

Rob Graves picked up on a point that Jim had made earlier in his presentation about a lower presence of GOPA in the Cotswolds and what could be done to help with this. Mr. Rollinson felt that more volunteers in the area would help greatly. He explained that they are working with Gloucestershire Rural Community Council (GRCC) and Village Agents\*. They also now have links in Cirencester with Signpost\*\*.

*\* **Village and Community Agents** work with the over 50s in Gloucestershire, providing easy access to a wide range of information that will enable them to make informed choices about their present and future needs. The aim is to help older people feel more independent, secure, and cared for, and to have a better quality of life*

*\*\* **Cirencester Signpost** is a group of like-minded volunteers who come alongside people in the community who are in need, embracing anyone who has issues that may limit their quality of life. This can range from those who are lonely, experiencing financial hardship, bereavement, mental health problems or addictions.*

Mr. Wheeler (Stroud District Council) reaffirmed the work that GOPA does jointly with the Village



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	<p>Agents to ensure that individual voices are heard. What takes up the time is actually getting to the root cause of the problems.</p> <p>Mr. McInerney raised a point about ensuring that there is feedback from organisations to the people that raise the matters in the first place. He said that many of these people will not want to read reports. He also raised a point about the local Polish community and that the second and third generations are still having the same problems as the first generations that came over to the UK following the Second World War.</p> <p>Mr. Rollinson stressed that GOPA on its own cannot action solutions, but if someone brings and issue ton their attention, GOPA can signpost them to the right place.</p> <p>The Chair thanked Mr. Rollinson and Mrs. Gibbins for their interesting and thought provoking presentation, and also thanked Mr. Rollinson for his continuing support of “Your Care Your Opinion”.</p>
02/0116	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed the Board and noted the apologies of Ian Dreelan, Non-Executive Director and Tina Ricketts, Director of HR.</p> <p>The Chair also welcomed the following member of the public to the meeting:</p> <p>Bren McInerney – Vice Chair for Gloucestershire LINK and Community Volunteer.</p>
03/0116	<p><b>Confirmation the Meeting is Quorate</b></p> <p>The Chair <b>confirmed</b> that the meeting was quorate.</p>
04/0116	<p><b>Declarations of Interest</b></p> <p>Members were asked to provide relevant updates to their previous declarations of interest where appropriate. No additional interests were noted.</p>
05/0116	<p><b>Minutes of the Meeting Held on 24<sup>th</sup> November 2015</b></p> <p>Assistant Trust Secretary 02/1115 – Jill Hawkins to be amended to Janet Hawkins.</p> <p>Assistant Trust Secretary 09/1115 – paragraph 8 to be amended to read “Nicola Strother Smith commented that in order to give equal treatment to unequal people, the Trust needs to be pro-active in seeking potential applicants”.</p> <p>Assistant Trust Secretary 11/1115 – Winter Planning: paragraph 2, third sentence should read “The Chief Operating Officer stated that the Trust is far better prepared due to new systems that have been brought in over the last few months; however, the provider system as a whole will struggle to manage large spikes in admissions”.</p> <p>Assistant Trust Secretary 11/1115 – Winter planning: paragraph 8, replace “terror situation” with “cyber attack”.</p>

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Assistant Trust Secretary	<p>11/1115 - MIUs – paragraph 5, replace Gloucestershire County Council with Gloucestershire Clinical Commissioning Group.</p> <p>Subject to the above modifications, the minutes were <b>received</b> and <b>approved</b> as an accurate record.</p>
06/0116	<p><b>Matters Arising (Action Log)</b></p> <p>The following matters were <b>discussed</b> and <b>noted</b>:</p> <p>The Chair was pleased to note that all actions were either green or blue status.</p> <p>Chief Operating Officer 16/1116b – Quality, Finance and Performance Report – safeguarding figures. The Chief Operating Officer confirmed that the safeguarding figures continue to show a decrease. He has asked for a review to be carried out to understand the reasons why and for the findings to be reported to the next meeting of the Quality &amp; Performance Committee.</p> <p>Assistant Trust Secretary 16/1116c – “Deep dive” of the Dental Service. It was confirmed that the report is to be discussed at the Quality and Performance Committee. Assistant Trust Secretary to ensure it is on a future agenda.</p> <p>The Chief Executive reported that he had recently met with Yvonne Coghill, Equalities Lead for NHS England, to discuss the Trust becoming a workforce equality pilot area. NHS England will provide the Trust with the support to progress with this.</p>
07/0116	<p><b>Forward Plan Review</b></p> <p>The Forward Plan Review was <b>discussed</b> and <b>approved</b> with minor changes as listed below:</p> <p>Director of Nursing John’s Campaign – Trust Board – March (Director of Nursing)</p> <p>Director of Nursing Care Quality Commission (CQC) action plan update – May (Director of Nursing)</p> <p>Director of Finance Five Year Plan - final version – July (Director of Finance)</p> <p>Assistant Trust Secretary Joanna Scott queried why the Engagement and Experience Strategy had not been included on the agenda for discussion at today’s meeting as it had been listed on the Forward Plan. The Director of Finance apologised for this omission and will ensure it is included on the agenda for the next Trust Board.</p> <p>Director of Finance The Chair pointed out that we are now undertaking a review of the strategies. Director of Finance to update at the next meeting.</p> <p>The Chair asked why the Risk Register had not been included for discussion on Part 1 of the meeting agenda. The Director of Finance explained that the new consolidated Strategic Risk register and Corporate Risk register had been reviewed in private session as it was the first time the Board had seen the format. In future the consolidated report would come to public Board..</p>
08/016	<p><b>Questions from the Public</b></p> <p>Mr. McInerney thanked the Board for the opportunity to ask a question in person and commented</p>

that in his view this was a reflection of the open culture of the Trust, which was to be commended. He asked the Board for a response to the recently published book (Dec 15) by James Titcombe, titled "Joshua's Story".

The book is based on the testimony of James Titcombe, Joshua's father and now a National Advisor on Safety for the Care Quality Commission. It documents the experience of the Titcombe family during Joshua's tragically short life. It also outlines their subsequent fight for a proper investigation into Joshua's care.

The Chief Executive responded as follows:

- a) The Trust Board welcomed Mr. McInerney's question;
- b) Elements of matters for discussion at today's Trust Board (including Listening into Action [LIA]) are about trying to create an open culture within the Trust;
- c) That every clinician who has read the book has said that "as soon as you read the first paragraph, you just know things are going to go wrong".

Sonia Pearcey, Listening into Action Lead, commented that for her the book was very poignant as a nurse, a clinician, and a mother. Clinicians know that on occasions mistakes will be made, what is important is how we learn from what happened to continually improve our processes and care.

The Director of Nursing echoed the Chief Executive's comments and also mentioned other points in the book around shift in attitude and the loss of faith in the leaders of organisations.

She also said that the Trust is making a difference where, under Duty of Candour, the Trust is increasingly involving and working with patients. This was welcomed by everyone.

The Chief Executive explained that a Complaints Oversight Group has now been put in place which he leads, and which is chaired by a Non-Executive Director (Ian Dreelan). This group has recently reviewed the Trust's Complaints Policy and the Trust's Duty of Candour Policy, and reviews correspondence involving the Ombudsman. The Chief Executive now signs off all Duty of Candour letters as he does with all complaints letters.

Mr. McInerney thanked the Board for their responses and assurances and said that he believed that the Trust was doing something practical and tangible to measure improvements against.

09/0116

## Chair's Report

The Chair presented her report to the meeting and took it as read, but in particular she commented on the following:

**Tewkesbury Hospital – 25<sup>th</sup> November.** The event to commemorate the installation of a poem into a glass globe to remember colleagues who have sadly passed away went extremely well and was a very moving, but positive occasion.

**Milsom Centre** – Alex Chalk MP attended the opening, along with other key stakeholders. It was a good opportunity to showcase the work of the Trust's sexual health team, along with the work undertaken by the leg wound clinic.

	<p>A successful informal meeting was held in December with members of <b>Gloucestershire County Council's Health, Care, Overview and Scrutiny Committee</b>. The meeting was held at Edward Jenner Court and a positive discussion took place.</p> <p>The Chair, along with Non-Executive Directors, attended a number of <b>Christmas events with volunteers</b> at the community hospitals. This provided an opportunity to thank them for the very positive feedback received about the volunteers from the CQC inspectors.</p> <p>Board <b>received</b> and <b>discussed</b> the Chair's report.</p>
10/0116	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented his report and summarised key national and local issues and developments. In particular he commented on the following:</p> <p><b>National Planning Guidance</b> - the Chief Executive updated the Board Members on the requirements for the Trust <i>that include the production of a one year plan based on individual organisations; with the first draft being submitted early in February and the final plan being submitted in early April, but also the submission by June of a system wide plan based on a geographic footprint to be decided by commissioners and providers together. This wider plan will be managed through the Gloucestershire Strategic Forum fora and the Trust would play an active part in contributing to this.</i></p> <p>The Director of Finance recently attended a meeting involving NHS Trust and Foundation Trust Directors of Finance which was an opportunity for all providers to discuss issues affecting their organisations. The day focussed on the expectations and challenges facing Trusts in closing 2015/16 in line with commitments made to regulators and planning for 2016/17 onwards.</p> <p><b>Listening into Action (LIA)</b> – the Chief Executive was very pleased to announce that Optimise have invited the Trust to apply for accreditation to become a LIA Trust – one of only 4 in the country (out of 70 Trusts). He then invited Sonia Pearcey, LIA Lead, to provide an update on current events.</p> <p>Sonia Pearcey briefed Board members on the recent, very successful, Pass It On Event which was held in Cheltenham. It was pleasing to see a large number of more junior colleagues at the event. She also provided an update on each of the Big Ticket Items.</p> <p>Nicola Strother Smith commented that the Workforce &amp; Organisational Development Committee will be discussing whether to recommend to the Board for the Trust to continue with its Investors in People (IIP) accreditation. An update will be given to the next Trust Board in March. The Chief Executive commented that LIA is more about making change in culture, whereas IIP credits an organisation on systems and process in place around formal management of colleagues..</p> <p>The Chair thanked Sonia for her presentation and congratulated her on the excellent range of work being carried out.</p> <p><b>Board Recruitment</b> – the Chief Executive updated Board on the current status with the applications for Trust Secretary and Chief Operating Officer. Interviews are due to take place for Trust Secretary on 17<sup>th</sup> February and Chief Operating Officer on 11<sup>th</sup> March. A further update will be provided at the next Trust Board on 22<sup>nd</sup> March.</p> <p><b>Ambassador for Cultural Change</b> – the recruitment process is under way for this position and a</p>

Director  
of HR

Chief

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Executive	further update will be provided at the next Trust Board on 22 <sup>nd</sup> March. Following a query raised by Joanna Scott the Chief Executive confirmed that the successful candidate will need to have a clinical background.
Chief Executive	Sue Mead commented on issues that had been raised at Quality and Performance Committee around the independence of this role and it was agreed that she will discuss this further with the Chief Executive at a separate meeting.
Chief Executive	Nicola Strother Smith asked if the interview panel would include an external assessor; the Chief Executive confirmed that the panel members would be the Chief Executive, the Director of HR and the Director of Service Delivery.
	<b>Safeguarding – Learning Disability</b> - Richard Cryer was pleased to learn that more resource is now being brought into this area.
	<b>Emergency Preparedness, Resilience and Response, Annual Assurance 2015/16</b> – following discussion the Board <b>confirmed acceptance</b> of the level of preparedness for the Trust as Partial Compliance, with an improvement plan in place to deliver compliant status by 31 <sup>st</sup> March 2016.
	<b>Media Coverage and Communications</b> – Board formally congratulated the Head of Communications and Marketing and his team on the excellent work they had undertaken over the last couple of months, particularly highlighting the “advent calendar” which Joanna Scott cited as being very creative and innovative.
	The Board <b>received</b> and <b>discussed</b> the Chief Executive’s report.
11/0116	<b>Chief Operating Officer’s Report</b>
	Prior to the Chief Operating Officer presenting his report, he invited the Director of Nursing to update Board about a Serious Incident Requiring Investigation (SIRI) relating to a dental issue. The Director of Nursing subsequently outlined the details of the ongoing SIRI and confirmed that this matter is being managed by the Dental Services Clinical Director. Board Members were also informed that based on advice given by the Trust Development Authority (TDA), this SIRI had been upgraded to a Never Event*.
	<i>* <b>Never Events</b> are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.</i>
Assistant Trust Secretary	The Board thanked the Director of Nursing for the update and noted that a full report will be presented to Quality and Performance Committee as soon as possible. The Assistant Trust Secretary to add to the Quality and Performance forward agenda.
	The Chief Operating Officer then presented his report which outlined key local issues and developments. In particular, he reported upon the following:
	<b>Operational Resilience, Capacity and Trust Escalation</b> – commended colleagues from across the Trust and partner organisations for their dedication and hard work that has gone into managing an extremely busy and pressurised period. In order to put things into context, he explained that the medically stable list currently stands at 69 and this time last year it was around 120. This is a real reflection on how much effort colleagues have put into the system and managing collectively across organisations to provide the best care for people.

The Chief Operating Officer flagged issues around capacity and performance. Where services are not achieving targets it is mostly related to staffing shortages due to vacancies and / or sickness.

Discussions are ongoing with commissioners in relation to agreeing realistic targets for services where historically more aspirational targets had been set.

The Chief Executive echoed comments made about the extraordinary efforts made by colleagues. He expressed his concerns about the amount of hours being worked by colleagues and commented that we should not have a system where people are under continual constant pressure and which is reliant on individual's efforts above and beyond their contracted hours.

Sue Mead concurred with comments made; she referred to an issue in September 2015 where community hospitals were working to capacity and there were concerns around safety at that time. She queried whether Board can be satisfied that the mechanisms in place for raising concerns are working well and that the culture is a reasonable one in terms of what we can expect from people and services.

The Chief Operating Officer thanked Sue Mead for her thoughts and in response he stated that the Trust has to be able to deal with the short term surge in demand. However, where we are tipping the scales is that the surge is becoming more and more constant. The system does not cater for this level of demand over a prolonged period. It is a fundamental challenge that we alone cannot address. We are discussing these concerns with Commissioners and other providers. This is a matter for national debate and it is not unique to Gloucestershire.

The Chair highlighted that the sustainability plan that Gloucestershire is now required to produce provides the Trust with an opportunity for this conversation.

The Director of Finance's view is that it will force providers and commissioners across the agreed footprint to align patient numbers and will give a common data set on which to have discussions. However, because of its significance these discussions will need to be at a senior level.

The Chief Operating Officer stated that Alamac has made a huge difference to the system in terms of transparency; however there are some triggers that need to be refined.

The Chief Executive confirmed that capacity and admin will be discussed at the next Board Development session. He also remarked that the Single Point of Clinical Access (SPCA) workload has doubled over the last two years.

The Chair observed as follows:

- a) A picture is emerging of services that are doing a very good job to contain the demand.
- b) The Trust is reviewing targets with commissioners.
- c) There are issues with the Minor Injuries and Illness Units having to close overnight on the grounds of safety due to the shortage of substantive staff - this is not sustainable.

The Board **received** and **discussed** the Chief Operating Officer's report.

The Chief Operating Officer left the room at 2.20pm to join an escalation call.



<p>12/0116</p> <p>Director of Nursing</p>	<p><b>Quality and Performance Committee Report</b></p> <p>Sue Mead, as Chair of the Quality and Performance Committee, took the report as read, but highlighted the following key points:</p> <p><b>Mortality Report</b> – Board had previously expressed concern about the higher reported mortality rates at weekends and invited the Medical Director to investigate. The Committee has now received assurance that this was not the case; however the situation will continue to be monitored.</p> <p>The Chair queried when the Trust might be deemed to be responsible for mortality reviews. The Director of Nursing explained that the Trust has to submit information on this matter to the TDA by the end of January; the Chair commented that she looks forward to seeing the outcome of this.</p> <p><b>Medication Errors</b> – an upward trend seems to be emerging. Quality and Performance Committee is closely monitoring this situation and receiving regular updates.</p> <p><b>Clinical Reference Group (previously known as the clinical senate)</b> – changes have been made to this group to strengthen the alliance with the Quality and Performance Committee.</p> <p>The Board <b>received</b> the Quality and Performance Committee update.</p>
<p>13/0116</p> <p>Assistant Trust Secretary</p>	<p><b>Workforce and Organisational Development Committee update</b></p> <p>Nicola Strother Smith, as Chair of the Workforce and Organisational Development Committee, took the report as read, but highlighted the following points:</p> <p><b>SystemOne Review</b> – further work needs to be undertaken in terms of cultural changes to fully utilise SystemOne and to realise the benefits.</p> <p><b>Recruitment and Retention – exit interviews</b> - a couple of recent interviews flagged up some worrying issues and Nicola Strother Smith has requested that HR follow these up with the individuals concerned. These issues will be brought back to Board once they are more clearly understood. Assistant Trust Secretary to add to future agenda.</p> <p><b>Workforce and Organisational Development Strategic Priorities for 2016 (Appendix 2)</b> - Board was asked to discuss the strategic priorities for 2016 as detailed in the report.</p> <p>Board suggested the following changes/additions:</p> <ul style="list-style-type: none"> <li>• Add the words “to support people who want to make a change”</li> <li>• Heading on pledge 3 could be reworded.</li> <li>• More emphasis put on competency frameworks - add to pledge 2</li> <li>• Needs to be jargon free</li> <li>• The communications team to have a look at layout and revise to make it easier to read</li> </ul> <p>The Board <b>received</b> the Workforce and Organisational Development Committee update.</p>

<p>14/0116</p> <p>Assistant Trust Secretary</p>	<p><b>Quality and Performance Report</b></p> <p>In the absence of the Chief Operating Officer, the Director of Nursing presented the report to the Board, summarising activity and performance under the Trust's strategic objectives.</p> <p>Discussion focussed on the following issues:</p> <p><b>Strategic Objective 1 – VTE risk assessment</b> - Sue Mead queried the poor performance percentage and asked what action is being taken to resolve this. The Director of Nursing explained that this is being investigated by Matrons and the Head of Community Hospitals, but it relates to record keeping and data collection using SystmOne. Sue Mead remarked that as this feeds into harm free care this needs to be urgently addressed. The Medical Director stated that this is a matter that is presently under the microscope by the TDA. The Quality and Performance Committee will receive updates on this at the next meeting. Assistant Trust Secretary to add to future agenda.</p> <p><b>Strategic Objective 2</b> – the Director of Nursing explained that work is ongoing to capture positive comments and the Trust's Engagement Manager, Katie Parker, is now regularly reviewing NHS Choices. However, the anonymity of reporting mechanisms can be frustrating as it restricts what investigation can be done.</p> <p>The majority of complaints are being dealt with within the stipulated timeframes; where they are not this is usually because they are joint reports with other organisations which can incur delays.</p> <p><b>Strategic Objective 3</b> – there was an observation made about medication errors and whether there were any connections with the new pharmacy provider. The Director of Nursing said that she did not believe this to be the case and that it was more likely a result of better reporting through rollout of SystmOne. This will be kept under observation by the Quality and Performance Committee.</p> <p><b>Strategic Objective 4</b> – Family and Friends Test (FFT) is still challenging. Discussions have taken place at Workforce and Organisational Development Committee. The Director of HR has carried out an in depth analysis which will be discussed at the next meeting of the Quality and Performance Committee.</p> <p>It was noted that the sickness and absence rate is high, but expected to peak in January.</p>
<p>15/0116</p>	<p><b>Finance Committee update</b></p> <p>Rob Graves as Chair of the Finance Committee highlighted the following points:</p> <p>Chris Boden's detailed and informative report was well received by the Committee and it was agreed that he will produce this on a rolling basis going forward.</p> <p>Reference Cost Report – this showed that the Trust's community services provided very good value for money; however, the information that was reviewed was backward looking – between 7 and 18 months old. More timely internal reporting of costs of each patient contact were being rolled out across the Trust.</p> <p>The Board <b>discussed</b> and <b>noted</b> the report.</p>



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16/0116	<p><b>Finance report</b></p> <p>The Director of Finance presented the report and explained the risks and opportunities remaining in the financial year. The Director of Finance updated Trust Board members on the largest risk to the year end position being that lack of agreement with Gloucestershire Hospital NHS Foundation Trust (GHFT) regarding recharges of circa. £7m in each direction. He stated his view that there is now no option but for the Trust to go to mediation/arbitration over this matter. The Chief executive and the Director of Finance stated that they will keep Board / Finance committee updated as to progress.</p> <p>The Board <b>noted</b> the financial position and actions being taken to mitigate the remaining risks.</p>
	<p>The Chief Operating Officer returned to the meeting.</p>
17/0116	<p><b>CQC Quality Improvement Plan (QIP) Update</b></p> <p>The Director of Nursing took the report as read. She reminded Board that the plan consists of 101 actions; risk areas include Minor Injuries and Illness Units (MIIUs) (staffing), End of Life records, staff training and records management.</p> <p>The Board <b>noted</b> the report and actions being taken to mitigate identified exceptions to delivery.</p>
18/0116	<p><b>Charitable Funds Committee Update plus Minutes of meeting held on 19<sup>th</sup> October 2015</b></p> <p>Nicola Strother Smith, as Chair of Charitable Funds Committee, took the report as read, but highlighted that the Annual Report and Accounts for Financial Year to 31<sup>st</sup> March 2015 were approved.</p> <p>Director of HR</p> <p>Following a discussion the Board <b>agreed</b> that it was important to recreate a locality fund arrangement and that the Director of HR is to investigate the possibility of a Business Studies Graduate from the University of Gloucestershire undertaking a short term project to work on this.</p>
19/0116	<p><b>Register of Gifts and Commercial Sponsorship</b></p> <p>Director of Nursing and Medical Director</p> <p>The Board discussed the register of applications for April to December 2015. As the majority of the applications involved clinical staff, the Director of Nursing and the Medical Director were asked to review the approval process so that it was not retrospective and to look into why there is such a large number of requests/approvals from the Sexual Health team and what the impact of these were on service provision to patients.</p>
20/0116	<p><b>Any Other Business</b></p> <p>The Chief Executive explained that he was due to attend an event being held at St. Peters School in Gloucester on Wednesday 27<sup>th</sup> January where, on behalf of the Trust, he will be receiving a baton to mark Holocaust Memorial Day. This baton will be displayed in the reception area at Edward Jenner Court, and will be handed on to another organisation at next year's Holocaust Memorial Day.</p> <p>There was no other business and the Chair thanked everyone for attending the meeting.</p>

## Trust Board Minutes

	The meeting was closed by the Chair at 3.50pm.
	<p><b>Date of Next Public Meeting</b></p> <p>It was agreed that the next private meeting of the Board will be held on:</p> <p><b>Tuesday 22 March 2016</b> Cirencester Town Football Club The Corinium Stadium, Kingshill Lane, Cirencester GL7 1HS</p>

**Chair's Signature:**

**Date:**

## TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log

### Key to RAG rating:



Action completed within agreed original timeframe

Action deferred once, but there is evidence that work is now progressing towards completion

Action on track for delivery within agreed original timeframe

Action deferred more than once

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
017/05/15	Complaints Policy	To be review at board in September 2015, ensuring narrative within the policy is appropriate.	Director of Nursing	September 2015	On agenda	
	Duty of Candour	Policy to be reviewed at September board with appropriate narrative.	Director of Nursing	September 2015	On agenda	
B006/15	Membership Strategy	To be developed and presented to the Executive management team in November 2015 and presented to Board in January 2016.	Trust Secretary	March 2016	Defer pending Sustainability and Transformation Plan	
Service User Story TB 21 July	Communication needs with deaf and hard of hearing service Users	Further consideration given to exploring other means of communication in line with NHS Accessible Information Standard.	Director of Service Delivery / Director of Nursing	Complete by July 2016	Ongoing	
18/0915	Learning Disabilities Report	Six monthly reports required via the Quality and Performance Committee. April 2016 – Quality and Performance Committee – May 2016 – Board.	Director of Nursing	May 2016	Ongoing	
12/1115	Board Assurance Framework (BAF): Corporate Risks	Quality & Performance Committee: Risks around demand and capacity to be discussed at the next Board Strategic meeting – February 2016.	Board	March 2016		

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
13/1116a	Quality, Finance and Performance Report	To ensure the 'Understanding You' report will be discussed at the next Quality & Performance Committee ahead of Board.	Trust Secretary	April 2016 – Quality and Performance Committee – May 2016 - Board	Update due through Quality & Performance report in May 2016.	
16/1116c	Quality, Finance and Performance Report	Deep dive of number of complaints received within the Dental Service.	Director of Service Delivery	March 2016	On agenda in Quality & Performance update	
19/1115b	Minutes from Statutory Committees	Audit and Assurance Committee: Minutes from the meeting held on the 18 November 2015 to be presented to the March Trust Board.	Director of Finance	March 2016	On agenda	
07/0116	Forward Plan Review	John's Campaign to be presented to the Trust Board. Update in the Quality and Performance Committee Report.	Director of Nursing	March 2016	On agenda in Quality & Performance update	
07/0116	Forward Plan Review	CQC Action Plan update to be discussed at the May 2016 Trust Board.	Director of Nursing	May 2016		
07/0116	Forward Plan Review	Review of strategies to be discussed at the March Trust Board.	Director of Finance	March 2016	On agenda	
07/0116	Forward Plan Review	New single version of the Risk Register to be reported in Part 1 of the March Trust Board.	Director of Finance	March 2016	On agenda	
10/0116	Chief Executive's Report	Update to be given on whether the Trust will continue with Investors in People (IIP).	Director of HR	March 2016	In the Workforce & OD report	
10/0116	Chief Executive's Report	Board Recruitment – An update to be provided at the March Trust Board.	Chief Executive	March 2016	On agenda in the Chief Executive Report	
12/0116	Quality and Performance Committee Report	Mortality reviews: outcome of information submitted to the TDA in January 2016, to be discussed at the March Trust Board.	Director of Nursing	March 2016	On agenda through Quality & Performance update	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
07/1116a	Forward Plan Review	Planner requires moving forward - The Chair to discuss further with the Chief Executive at the Board Agenda Planning meeting on the 16 Dec 2016.	Assistant Trust Secretary	January 2016	<b>CLOSED</b>	
07/1116b	Forward Plan Review	Audit & Assurance Committee only referred to as being "for information" and never presented to Board - The Chair to discuss further with the Chief Executive at the Board Agenda Planning meeting on the 16 Dec 2016.	Assistant Trust Secretary	January 2016	<b>CLOSED</b>	
07/1116c	Forward Plan Review	Annual Plan to be approved and added to the Board Agenda for the 26 January 2016.	Director of Finance	January 2016	<b>CLOSED</b>	
07/1116d	Forward Plan Review	Budgets to be approved and added to the Board Agenda for the 22 March 2016.	Director of Finance	March 2016	<b>CLOSED</b>	
11/1115a	Chief Operating Officer's Report	Winter Planning: A cascade list is to be compiled.	Director of Finance	January 2016	<b>CLOSED</b>	
11/1115b	Chief Operating Officer's Report	Winter Planning: A "lessons learned" exercise is in progress and future updates are to be submitted via text.	Director of Finance	January 2016	<b>CLOSED</b>	
11/1115c	Chief Operating Officer's Report	HR- Sickness Levels relating to anxiety, stress and depression: A report will be discussed at a future Workforce & Organisational Development Committee.	Director of Human Resources	January 2016	<b>CLOSED</b>	
13/1115a	Quality and Performance Committee Report	Bed occupancy: 97.4% in September 2015. There may be some risks associated with this that should be flagged up and monitored.	Chair of Quality & Performance Committee	January 2016	<b>CLOSED</b>	
16/1116b	Quality, Finance and Performance Report	Safeguarding figures have decreased. This is to be investigated and reported back to Board.	Chief Operating Officer	January 2016	<b>CLOSED</b>	
16/1116d	Quality, Finance and Performance Report	Strategic Objective 4 – Further work being carried out to identify key areas.	Director of HR	March 2016	<b>CLOSED</b>	
17/1115a	Operational Resilience Capacity and Trust Escalation Plan	The Director of Service Delivery queried the wording on Item 3.4 single sex breaches and the Chief Executive suggested this is revised.	Chief Operating Officer	January 2016	<b>CLOSED</b>	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
17/1115b	Operational Resilience Capacity and Trust Escalation Plan	It was agreed that the Chief Operating Officer will inform Board members via email, when escalation levels reach red and above, along with a commentary on actions being taken.	Chief Operating Officer	Ongoing	<b>CLOSED</b>	
19/1115a	Minutes from Statutory Committees	Charitable Funds Committee: Minutes from the meeting held on the 19 October 2015 to be presented to the next Board.	Director of Finance	January 2016	<b>CLOSED</b>	
07/0116	Forward Plan Review	Five Year Plan – final version – report to be discussed at the July 2016 Trust Board.	Director of Finance	July 2016	<b>CLOSED</b>	
07/0116	Forward Plan Review	Engagement and Experience Strategy to be included on the March Agenda.	Assistant Trust Secretary	March 2016	<b>CLOSED</b>	
10/0116	Chief Executive's Report	Ambassador for Cultural Change – An update to be provided at the March Trust Board.	Chief Executive	March 2016	<b>CLOSED</b>	
10/0116	Chief Executive's Report	Meeting to discuss the independence of the Ambassador for Cultural Change role.	Sue Mead and Chief Executive	March 2016	<b>CLOSED</b>	
19/0116	Register of Gifts and Commercial Sponsorship	Approval process to be reviewed and the large number of requests/approvals from the Sexual Health Team.	Director of Nursing and Medical Director	March 2016	<b>CLOSED</b>	

TRUST PUBLIC BOARD								
Month:	26 January 2016	22 March 2016	18 May 2016	19 July 2016	20 September 2016	22 November 2016	24 January 2017	21 March 2017
Venue:	Edward Jenner Court BROCKWORTH	Cirencester Town FC CIRENCESTER	The Pavilion CHELTENHAM	Roses Theatre TEWKESBURY	Stroud Subscription Rooms STROUD	Oxstalls Tennis Courts TBC GLOUCESTER (BOOKING TBC)	Edward Jenner Court Brockworth	Cirencester Town FC Cirencester (NOT BOOKED)
Private Session:	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs
Service User Story:	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs
Public Trust Board	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs
Standing Items								
	Service User Story - GOPA	Service User Story - Learning from Complaints	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC
	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies
	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate
	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests
	Minutes of previous meeting	Minutes of the meeting held on the 26 January 2016	Minutes of the meeting held on the 22 March 2016	Minutes of the meeting held on the 18 May 2016	Minutes of the meeting held on the 19 July 2016	Minutes of the meeting held on the 20 September 2016	Minutes of the meeting held on the 22 November 2016	Minutes of the meeting held on the 24 January 2017
	Matters arising action log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log
	Forward Agenda Planner Review	Forward agenda planner review	Forward agenda planner review	Forward agenda planner review	Forward agenda planner review	Forward agenda planner review	Forward agenda planner review	Forward agenda planner review
	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public
	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report
	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report
	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report
Governance, Quality & Safety								
	Board Assurance Framework - Corporate Risks	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework
	Quality and Performance CommitteeuUpdate (Minutes)	Quality and Performance Committee update (Minutes)	Quality and Performance Committee update (Minutes)	Quality and Performance Committee update (Minutes)	Quality and Performance Committee update (Minutes)	Quality and Performance Committee update (Minutes)	Quality and Performance Committee update (Minutes)	Quality and Performance Committee update (Minutes)
	Workforce and Organisational Development Committee update (Minutes)	Workforce and Organisational Development Committee update (Minutes)	Workforce and Organisational Development Committee update (Minutes)	Workforce and Organisational Development Committee update (Minutes)	Workforce and Organisational Development Committee update (Minutes)	Workforce and Organisational Development Committee update (Minutes)	Workforce and Organisational Development Committee update (Minutes)	Workforce and Organisational Development Committee update (Minutes)
	Finance Committee update (Minutes)	Quality and Performance report	Finance Committee update (Minutes)	Finance Committee update (Minutes)	Finance Committee update (Minutes)	Finance Committee update (Minutes)	Finance Committee update (Minutes)	Finance Committee update (Minutes)
	Quality, Finance and Performance Report	Finance Committee update (Minutes)	Finance Report	Finance Report	Finance Report	Finance Report	Finance Report	Finance Report
	Update on CQC Quality Improvement Plan	Finance Report						
Strategy								
		Board priorities, strategy update and strategy matrix	CQC Action Plan Update					
Corporate								
	DoC/Complaints Policy Review - Deferred from Nov Board (COG)	Complaints Policy, Duty of Candour and PHSO (Public Health Service Ombudsman) process		5 Year Plan - Final Version				
	Update - Operational Resilience Capacity and Trust Escalation Plan (Winter Plan SF) COO	Approval of the annual plan from the February Finance Committee		Understanding You report			Understanding You report	
	EPRR - COO	Approval of annual budgets						
		Director portfolio and initial consultation update (to be included in the Chief Executive's report)						
Assurance and Information								
	Charitable funds update (Minutes)	Charitable funds update (Minutes)	Charitable funds update (Minutes)	Charitable funds update (Minutes)	Charitable funds update (Minutes)	Charitable funds update (Minutes)	Charitable funds update (Minutes)	Charitable funds update (Minutes)
	Audit and Assurance	Audit and Assurance update (Minutes)	Audit and Assurance update (Minutes)	Audit and Assurance update (Minutes)	Audit and Assurance update (Minutes)	Audit and Assurance update (Minutes)	Audit and Assurance update (Minutes)	Audit and Assurance update (Minutes)
	Register of Gifts and Commercial Sponsorship	Register of Declaration of interests	CQC Action Plan Update					
	Any other business	Any other business	Register of Seals					
	Review of Board and sub-committee performance	Date of the next meeting	Any other business	Any other business	Any other business	Any other business	Any other business	Any other business
	Date of next meeting		Review of Board and sub-committee performance	Review of Board and sub-committee performance	Review of Board and sub-committee performance	Review of Board and sub-committee performance	Review of Board and sub-committee performance	Review of Board and sub-committee performance
			Date of the next meeting	Date of the next meeting	Date of the next meeting	Date of the next meeting	Date of the next meeting	Date of the next meeting

**Chief Executive Officer's Report to include:**  
CSCP update, Comms update, any regulatory changes, draft annual plan on planning assumptions.

**Chief Operating Officer's Report for the 26 January 2016 Board only, to include:**  
MIIU update and appendix community nursing service model from the November Board.

**NOTE:**  
Cover sheet for COO report, CEO report, Charitable Funds and Audit Assurance to include: Information, what decisions the Committee made, what concerns the Committee had and what is escalated to the Board or needs Board management.

## **AGENDA ITEM 8**

### **Questions from the Public**

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## **Meeting of Gloucestershire Care Services NHS Trust Board**

To be held on: Tuesday, 22 March 2016

Location: Cirencester Town FC

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### **AGENDA ITEM 9: Chair's report**

#### **Working with our Communities**

A group of approximately 35 service users and community stakeholders attended the Your Care Your Opinion information event in the Guildhall, Gloucester, on Tuesday 1 March 2016. Last year's session at this time of year, proved invaluable in helping us to shape our quality priorities for 2015-16 which were subsequently published in June 2015 in our Quality Account. We therefore used this opportunity again to test our thinking for this year's priorities, which we anticipate will focus upon ensuring (i) excellence in end of life care, (ii) reasonable adjustments for people with learning disabilities, (iii) improved community continence services, (iv) equality in service provision, and (v) a positive risk-taking approach in our Integrated Community Teams and community hospitals. It is critical that we continue to engage with the public in such matters, as their perspective really helps us to reflect upon our goals and objectives.

I was really pleased to note that the Trust's multi-agency workshop on Tuesday, 22 January 2016, which sought to discuss proposals for enhanced continence services within the community, included representation from public and service users. Their insight was truly beneficial to the workshop's outcomes, and I understand that follow-up focus group sessions will now be held in May 2016. This really is an excellent move towards co-production.

On the 9 February 2016 the Trust continued its promotion of the Stop Smoking Service with an event held at Cheltenham Town Football Club. The club kindly supported a 'Make Quitting Your Goal' message for the Trust and we were very grateful to have the support of manager Gary Johnson, goalkeeper Dillon Phillips and forward Billy Waters. We also had the 5,000<sup>th</sup> service user to have quit via the Quit Stop Shop who joined in the photoshoot.

#### **Working with our partners**

I was delighted to be invited by Stroud League of Friends to formally receive their gift of a new X-ray machine for the hospital on Wednesday, 27 January 2016. Stroud League of Friends are always enormously supportive of the hospital but the £140,000 they donated for this state of the art piece of equipment, was extraordinarily generous. It means we can provide a quick, high-quality service for patients with digital images available in seconds and which can be shared instantly. I'd also like to thank Mark Parsons and the Estates team for great job in refurbishing the room for the new machine.

The CEO and I met for our regular session with League of Friends Chairs on Wednesday, 9 March 2016. We were able to update and share views on key developments including trust finances, the engagement about future Forest services, Minor Injury and Illness units and the future use of community hospital theatres in Cirencester and Stroud. As ever, we are grateful for their support.

The HCOSC meeting on Tuesday, 8 March 2016, coincided with the interview panel for the Chief Operating Officer role, so the Chief Executive and I were represented on this occasion by the current Chief Operating Officer and Jan Marriott. The main items on the agenda were the Care Quality Commission Inspection Report of the 2Gether NHS Foundation Trust, which achieved an overall rating of 'Good', and a presentation by the director of public health on Sexual Health Services in Gloucestershire. Across a number of agenda items there was a common theme that reflected the rising demand for services, escalating costs and the need to reduce budgets. As an example, for adult social care the forecast overspend after a series of financial mitigations is still £4.1m for 2015/16.

The Chief Executive and I were invited to attend the assessment day for the recruitment of a new CEO for GHFT on Monday, 1 February 2016, where we were part of a group who heard presentations for the candidates. We were pleased to learn of the appointment of Deborah Lee, the Chief Operating Officer and Deputy Chief Executive of University Hospitals Bristol NHS Foundation Trust. On behalf of the Board, I would like to congratulate Deborah and we look forward to welcoming her and working with her in the future.

I have held informal meetings with some local community provider Chairs, including Worcestershire's Chris Burdon and Michelle Howard from SEQOL Social Enterprise in Swindon. It is helpful to maintain these networks beyond the County boundaries for mutual learning and support.

I attended the NHS Providers' Board meeting on Wednesday, 2 March 2016. Board colleagues have been already been briefed on this meeting.

The Chief Executive and I attended the launch event of NHS Improvement on Thursday, 11 February 2016. Board members have already been briefed on this event which featured presentations from the Secretary of State Jeremy Hunt, Chair Ed Smith and CEO Jim Mackey of NHSI, Lord Darzi as an NHSI NED and panel discussion and videos featuring Trust successes in delivery and transformation.

The Director of Nursing and I attended the 2gether Trust's Care Quality Commission Quality Summit. They are to be congratulated on receiving the first 'outstanding' grade in the country for acute in patient and psychiatric intensive care units, as well as for achieving an 'outstanding' rating for mental health crisis services and their overall rating of 'good'.

Together with Rob Graves and Duncan Jordan, I attended a 'Five Year View' session on Tuesday, 9 February 2016 of Gloucestershire Strategic Forum. We were able to reflect on progress in developing further plans for integrated local services as well as

workforce challenges and the new requirement to develop system wide Sustainability and Transformation Plans.

The long planned joint meeting of the Trust Board with the Gloucestershire Clinical Commissioning Group Governing Body took place on Thursday, 4 February 2016. The meeting gave both parties an opportunity to share information on our current priorities.

The Chairs of local Trusts, the Clinical Commissioning Group and Health and Well Being Board meet informally from time to time to network and share thinking. The most recent of these meetings took place on the 10 March 2016.

### **Board Developments**

The Board held its third facilitated development day on Tuesday, 16 February, 2016 facilitated by Sheila Damon. The trio of sessions have assisted the Board in focussing on its strategic priorities and ways of working to deliver effectively on these.

Interviews were held for the vacant Board Secretary post on Wednesday, 17 February 2016. Following re-advertisement, a further round of interviews will be held on Wednesday, 23 March 2016.

Following a very thorough and testing first assessment day, the final interviews were held for the vitally important role of Chief Operating Officer on Tuesday, 8 March 2016. On behalf of the Board I would like to congratulate Candace Plouffe, currently the Trust's Director of Service Delivery, for her appointment and to wish her every success in the new role.

**Ingrid Barker**  
**Chair**

## **Meeting of Gloucestershire Care Services NHS Trust Board**

To be held on: 22<sup>nd</sup> March 2016

Location: Cirencester Town FC, The Corinium Stadium, Kingshill Lane, Cirencester.  
GL7 1HS

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### **AGENDA ITEM 10: CHIEF EXECUTIVE'S REPORT**

#### **Board Recruitment**

Interviews for Trust Secretary were held on Wednesday, February 17. Two candidates were interviewed, but the Trust made the decision not to appoint. The post has been re-advertised, and a new round of interviews is due to be held on March 23.

Initial interviews for the role of Chief Operating Officer were held on Thursday, February 25, with second interviews on Tuesday, March 8. I am pleased to announce that Candace Plouffe, Director of Service Delivery, has been appointed to the role after a rigorous national recruitment process which attracted a significant number of applicants.

#### **Staff Awards**

Nominations are open for our third annual Celebrating You awards and will be remaining open until April 1. Presentations will take place on Wednesday 25 May at the Bells Club in Coleford, Gloucester Guildhall and Corinium Stadium in Cirencester. As before, we hope to see as many staff and stakeholders as possible at these events, which will acknowledge the work and achievements of colleagues over the last 12 months.

This year we have also included a Community Health Hero award for the first time, where the public are being encouraged to nominate a health sector worker who has shown particular care and dedication. This has attracted media attention, and we are hoping for more coverage in the weeks to come.

#### **Restructuring**

The final structure for administration and non-frontline posts was distributed across the Trust on February 15, following a month-long consultation. While this has not been an easy transition, colleagues have remained committed and professional throughout the process. The new structure will come into effect on Friday 1 April and, in line with our objectives, creates a support structure which mirrors the roles of the Executive Directors as well as leaving the Trust in a sustainable financial position as we reach the end of our accounting year.

## **Listening into Action**

Listening into Action (LiA) is our approach to support change across the Trust and I am proud of what have been achieved so far. The current crop of 15 Teams and Schemes are well into their 20-week journey to make innovative changes to the way we operate.

The challenges that have been set for each of these teams are substantial: goals include embedding the gold standard framework for end of life care across adult services, creating an effective allocation system for reablement workers to maximise contact time with service users, and creating a workload management tool to support capacity management within our Integrated Community Teams.

Work continues in embedding the LiA approach as a means of empowering colleagues to find solutions in their own areas of work across the Trust. Examples of potential developments include:

- Having LiA coaches able to offer immediate support so that colleagues don't feel they are having to wait for another 'round'
- Embedding LiA into personal development
- Locking LiA in with our Quality Improvement Plan priorities and aiming to achieve LiA accreditation this year as a beacon for the Trust
- Using our LiA achievements to pro-actively promote the Trust, both internally and externally

A film made during January's 'Pass it On' event is available on YouTube and our work with Gloucestershire Deaf Association, highlighted during the event, featured nationally as part of #NHS100Stories.

## **Update on planning cycle**

In line with the planning timetable issued by the NHS Trust Development Authority (TDA) we submitted our initial one-year operational plan on Monday 8 February, including detailed forecasts on next year's workforce, finance and activity, together with an extensive narrative.

We have received positive feedback from the TDA about the plan. Nevertheless, in line with guidance we will be refreshing it in time for the next submission on Monday 11 April.

Alongside this, we are helping to develop a system-wide Sustainability and Transformation Plan in partnership with commissioners and other local providers including Gloucestershire County Council. This is due to be submitted in June 2016 and is based upon agreement from the NHS England and NHS Improvement that our footprint remains the Gloucestershire boundaries.

## **Forest of Dean Consultation**

Along with commissioners, we are continuing to have discussions with the people of the Forest of Dean to help determine the future of health and social care services within the locality.

We have made significant progress over recent months to understand the needs of the area and now have detailed information regarding both activity and finance. This will be feeding into Gloucestershire Clinical Commissioning Group's final proposals, which will be put forward for public consultation later in the year.

## **Allied Health Professionals event**

Following a number of successful and popular celebration events last year, we are continuing with the format this year, starting with a Learning and Development Day for Allied Health Professionals (AHP) on Thursday 21 April. This is open to all AHPs, whether they support adults or children.

The keynote speaker for the day will be Linda Hindle, lead allied health professional for Public Health England, and there will also be group discussions about how AHPs can benefit from the use of social media and debate around their contribution to the Trust's clinical strategy refresh.

## **Freedom to Speak Up Guardian**

Sonia Pearcey has taken on the role of Freedom to Speak Up Guardian, as recommended in the Francis Report, as part of her wider role as Ambassador for Cultural Change. This role exists to provide independent support and advice to colleagues who wish to raise patient safety concerns, in addition to other processes in place at the Trust. Sonia is keen to continue meeting colleagues across the Trust to ensure that the Francis report recommendations are implemented sensitively and appropriately.

## **Health and Social Care Economy**

Proposals are being explored to create a new unitary authority through a merger of Cotswold and West Oxfordshire District Councils. The proposals stem from plans to split Oxfordshire into a number of unitary authorities. Discussions are at an early stage and detailed proposals are not expected before the summer, prior to public consultation.

## **Legislative and Statutory Changes**

### **Auditor panel**

The *Local Audit and Accountability Act 2014* (the 2014 Act) has replaced centralised arrangements for appointing local (i.e. external) auditors to local authorities and health service bodies (clinical commissioning groups and NHS trusts, but not foundation trusts) with a system that allows each body to make its own appointment.



From 2017/18 onwards, clinical commissioning groups and NHS trusts must have an 'auditor panel' to advise on the appointment of their external auditors. As the 2017/18 appointment must be made by the end of the preceding year (i.e. by 31st December 2016), auditor panels need to be in place early in 2016.

In line with most NHS Trusts. GCS will be adding this responsibility to the terms of reference for the Audit and Assurance Committee.

It is important to note that even when this approach is followed, the statutory requirements set for auditor panels must be followed. This means that the panel must have its own terms of reference and discharge its duties separately from the audit committee.

### **Outcomes of the review of NHS Protect's functions and services**

An 18-month review of the functions and services provided by NHS Protect, the national NHS anti-crime body, has been completed. 2016-17 will be a transition year as it moves to its new operating model which it anticipates will ensure local organisations take full ownership of local anti-crime risks.

As NHS Protect intend to continue with their existing service over the course of 2016-17, I do not anticipate any local impact from their proposals over the next financial year. However; moving into 2017-18, the major change will mean that although NHS Protect will retain a capacity to investigate complex crime and have an oversight of and monitor anti-crime work across the NHS, it will no longer provide training and support services for local NHS bodies and their Local Counter Fraud Specialists and Local Security Managers. From 2017, this will be the responsibility of each local organisation.

GCS receives Counterfraud services from a Shared Service arrangement with the other provider trusts in the county and as such I do not anticipate this change will have an adverse effect on the service we receive.

### **Healthcare Safety Investigation Branch (HSIB) and Independent Medical Examiner Service announced**

Secretary of State Jeremy Hunt has announced the creation of the HSIB, previously known as the Independent Patient Safety Investigation Service. This follows criticism over the lack of rigour with which incidents at Morecambe Bay and Mid-Staffordshire were investigated.

The Independent Medical Examiner Service will begin operating from April 2018, with approximately 300 senior doctors appointed to review all causes of death. This follows a pilot which concluded that a quarter of all hospital death certificates were inaccurate.

### **Learning from Mistakes League**

Health Secretary Jeremy Hunt announced ambitious plans to improve safety and transparency within the NHS – to help build a safer service for patients seven days a

week at the first ministerial-level Global Patient Safety Summit on 9<sup>th</sup> – 10<sup>th</sup> March 2016.

Speaking at the Summit, Jeremy Hunt laid out a range of new measures including an independent Healthcare Safety Investigation Branch and legal protection for anyone giving information following a hospital mistake. As part of this drive, NHS Improvement published the first annual 'Learning from Mistakes League'. Drawing on a range of data this identified the level of openness and transparency in NHS provider organisations for the first time.

This year's League shows that 120 organisations were rated as outstanding or good, 78 had significant concerns and 32 had a poor reporting culture. Gloucestershire Care Services fell into the rating of "significant concerns". This rating has been attributed to GCS based on one key finding from the 2015 NHS Staff Survey where GCS was in the bottom 20% of Trusts. The key finding relates to the perceived fairness of reporting procedures.

### **Media Coverage and Communications**

Coverage of nurse Jenny Turner celebrating her 76th birthday, as well as 60 years as a nurse, received widespread coverage on BBC Radio Gloucestershire and in local print media. A BBC film crew also filmed an item for broadcast, but at the time of writing it had not been aired in either Gloucestershire or the Midlands. It has also been circulated to national print media.

Stroud Minor Injuries and Illness Unit has continued to receive coverage over intermittent closures at night due to staffing pressures. The latest story stated that the Trust had not been 'fined' by Gloucestershire Clinical Commissioning Group for the closures.

The £140,000 donation which purchased a new x-ray machine for Stroud Hospital was given prominent coverage in the Stroud media.

The Community Health Hero awards have received coverage in Gloucester, Stroud and Cotswold Life magazine.

Promotional work with Cheltenham Town Football Club around our smoking cessation work was given coverage in Cheltenham and Gloucester press as well as video coverage on their website.



# Trust Board

Date: 22<sup>nd</sup> March 2016

Agenda Item:	11
Agenda Ref:	11/0316
Author:	Duncan Jordan, Chief Operating Officer
Presented By:	Duncan Jordan, Chief Operating Officer
Sponsor:	

Subject:	Chief Operating Officer's Report
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This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☐ Assurance ☐ Information

## Executive Summary:

Colleagues have continued to do a tremendous job in managing the pressures that have occurred so far this winter and local planning has been effective.

Across health and social care, resourcing remains a key pressure that limits capacity and the ability to drive service improvements and change. At the Trust our vacancy levels remain high, but in line with the national and local picture. The effective vacancy rate within teams is also increased by sickness levels. The Workforce and Organisational Development Committee continues look in detail at these issues and the actions being taken by the Trust.

Additional staff are utilised to maintain safe working levels, but this in turn increases our expenditure. In some professional areas such as emergency nurse practitioners, musculoskeletal (MSK) and the integrated discharge teams (IDT) we are unable to backfill because of the shortage of the required specialists, so adjustments to service provision and targets have to be made by the teams. At all times quality and safety of care come first and if this cannot be maintained a service will close.

Staffing pressures have led to overnight closures at both Cirencester and Stroud Minor Injuries and Illness Units (MliUs). We do not believe this is having a significant impact on capacity because of the very low number of people that historically attend after 11 pm at night. People are being signposted to the most suitable alternative service to ensure their needs are met.

## Recommendations:

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

## Considerations:

*Quality implications:*

*Human Resources implications:*

*Equalities implications:*  
N/A

*Financial implications:*  
N/A

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

No

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

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
Manage public resources wisely to ensure local services remain sustainable and accessible	P
Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	
Open	
Responsible	
Effective	

**Reviewed by (Sponsor):**

**Date:** 14<sup>th</sup> March 2016

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

**Explanation of acronyms used:**

**Contributors to this paper include:**

Matt Blackman, Communications Manager

## **Meeting of Gloucestershire Care Services NHS Trust Board**

To be held on: 22<sup>nd</sup> March 2016

Location: Cirencester Town FC, The Corinium Stadium, Kingshill Lane,  
Cirencester. GL7 1HS

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### **AGENDA ITEM 11 - CHIEF OPERATING OFFICER'S REPORT**

#### **1. Purpose**

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

#### **2. Recommendations**

Note the contents of the report

#### **3. Discussion of Issues**

##### **Operational Resilience Capacity and Trust Escalation Plan (ongoing system-wide health and social care pressures)**

The current level of system wide escalation remains red, primarily due to the pressures experienced at the Acute hospitals. Accordingly, the twelve escalation beds in our Community Hospitals remain open, but a de-escalation plan is being developed that proposes a phased closure of these beds after Easter.

From January 2016 our Trust put in place the following additional actions:

- Rapid Response (RR) practitioners working with the Integrated Discharge Team (IDT) in the emergency departments on both Gloucestershire Royal and Cheltenham General Hospital sites (Admission Avoidance)
- External Communications – using social media to highlight appropriate access to healthcare using the ASAP website ([www.asapglos.nhs.uk](http://www.asapglos.nhs.uk)) or downloading the ASAP Glos NHS App
- Daily Community Hospital Conference calls regarding our medically stable patients and blocks to patient flow
- Additional 10 Nursing Home beds have been allocated to use as additional bed capacity.

Working with our community partners, we will continue to monitor these arrangements closely to ensure patients continue to access the care, services and support they need.

A Christmas and New Year system-wide debrief session was led by the Gloucestershire Clinical Commissioning Group (GCCG) on 5 February 2016. An immediate outcome from this session was the rapid development and

implementation of a six week improvement to flow and transfer (SWIFT) action plan to try to reduce pressures across the system based on some of the flagged issues. A follow-up workshop is due to be held on 26 April 2016 as part of future planning.

### **Minor Injuries and Illness Units (MIUs)**

A combination of vacancies, sickness levels and a lack of bank and agency Emergency Nurse Practitioners (ENP) with which to backfill the service has resulted in ongoing difficulties in maintaining consistent levels of staffing of the MIUs. The impact has been most pronounced at Stroud and Cirencester, where we have had to regularly close the units overnight.

We continue to recruit to vacant ENP posts as well as strengthening service delivery with the introduction of additional band 5 nursing roles in the MIUs.

A review is being undertaken of the issues and how best to ensure resilience going forward. We are also in wider discussions with commissioners about possible ways to enhance the use of MIUs, perhaps with the inclusion of other urgent care services.

On a separate note, the NHS Choices website has shown Stroud MIU as 'closed' for a number of weeks. Both the communication and engagement teams have been in contact with NHS Choices, but so far the entry on their system has not been rectified. This is not helpful at a time when we, and the health system as a whole, are trying to promote alternatives to emergency departments. I will be writing to NHS Choices to express our concern at both the lack of accuracy and the lack of timeliness with which inaccuracies are rectified.

### **Emergency Preparedness, Resilience and Response (EPRR)**

#### **Easter Readiness**

The Clinical Commissioning Group has requested all providers of NHS services to complete assurance documentation in preparation for the forthcoming Easter holiday period. The period of assurance is for Wednesday 23 March to Wednesday 6 April 2016 inclusive. The Trust submitted a 'Partially Assured' return on the 4 March due to identified gaps in rotas. The central bank team are working hard to get these covered.

All providers of Primary Care Services have been requested by NHS England to complete an assurance return relating to the Easter holiday period. The period of assurance requested is for the 24 to 30 March inclusive. The Trust completed this for our MIUs based on operational assurance received from the local managers.

#### **Industrial Action – Junior Doctors**

A further round of Industrial Action has been announced by the Junior Doctors and following on from the most recent on 9<sup>th</sup> – 11<sup>th</sup> March the dates are:

- 08:00 Wednesday 06 April 2016 to 08:00 Friday 08 April 2016
- 08:00 Tuesday 26 April 2016 to 08:00 Thursday 28 April 2016

Our Trust has three junior doctors that work within the Sexual Health team. The service has provided assurance that during the industrial action period the team will plan patient appointments to match available staffing levels and therefore, no disruption to services will be experienced.

### **Cold Weather Alerts**

All staff remain aware of the Cold Weather Alerts to enable them to plan service resilience. The EPRR officer reviews these alerts daily and forwards to appropriate service leads and the on call management team, highlighting key actions required. This remains in place from 1 November 2015 until 31 March 2016.

### **Community Hospitals**

Bed occupancy rates remain high at 99.3% in January. *The NHS Benchmarking network average for 2014/15 was 90.75%.* The Care Quality Commission's (CQC) Report for the Trust's Community Health Inpatient Services, identifies that when occupancy rates rise above 85%, it can affect the quality of the care provided to patients and the orderly running of hospitals.

That does not appear to be reflected in our data for patient harm, with incidents (147.8 per 1,000 whole time equivalent staff) well below our peer group (187.9 per 1,000 wte).

Patient slips, trips and falls within community hospital in-patient setting remains the highest reported incident by type. Of the patient falls, 551 (72%) resulted in no harm. The rate of falls – measured as falls per 1,000 bed days – is lower than last year at five of the seven community hospitals, and lower overall. The rate of falls with harm is also down at the same five hospitals.

Acquired pressure ulcers in Community Hospitals were higher (11) than at any point in the last financial year. This may be an outlier as the data is not showing a trend of increases.

Average length of stay in Community Hospitals increased further to 24.8 days in January (three patients were discharged with length of stay in excess of 100 days which increased our average from 23.0 days). Our year to date average is 20.6 days and the median in January was 19.0 days. *The NHS Benchmarking network average for 2014/15 was 26.7 days.*

### **Reablement**

Service user contact time was reported as 42.9% in January, the same as November and just below December, which at 45.8% was the highest level this financial year. The January target was 54%, rising to 60% by March.

Interestingly, calculations show that our service user contact time based on actual staff numbers (less sickness and leave) would meet the reablement targets. Therefore, addressing the sickness absence rate would help the service to meet its contact time target, but, sickness levels continue to be a significant concern.

Sickness absence within the service remains at more than double the target (7.7% against a target of 3%). The Reablement Delivery Group, which was established in May 2015, is continuing to address the pressures. Team managers are being supported to manage sickness and to help colleagues return to work as quickly as possible. Reablement co-ordinator workshops held in November proved popular and are due to be held again at the end of March. Colleagues are also being issued with new standardised uniforms to help foster a collective team spirit.

While there are still reablement interventions lasting more than six weeks, the average length of an intervention is 3.6 weeks, well within the six-week target. The shortage of domiciliary care capacity around the county is placing increased pressure on the service and leading to extended periods of reablement.

### **Admissions Avoidance**

As I reported at the last board meeting, both our RR service and the IDT have performed exceptionally well over the winter period. However, performance against targets continues to be flagged. RR referrals were 213 in January against a target of 263, while the IDT performance was 171 avoided admissions against a target of 310.

We are always looking for ways to improve outcomes and there are action plans in place for both these services. The targets for these services need to be reviewed in discussion with the GCCG to ensure they reflect viable levels of performance commensurate with demand and service capacity.

### **Capacity and Demand**

The Trust is developing its understanding and approach to managing capacity and demand. The complexity and level of required analysis varies by service. It is easier to assess capacity of a service that operates from a fixed location with known parameters than one that is community based and peripatetic in nature. A ward has a defined number of beds and is staffed to match; a community team has a fixed establishment of staff, but an open ended workload.

Accordingly, the Trust is developing a number of approaches to better understand its resourced capacity, the levels of performance this should achieve and how this corresponds with set targets, overall demand and periods of system wide escalation. This work is now possible because of the rich seam of information gathered through the use of SystmOne.

One of the big ticket items set up under the Listening into Action programme is the introduction of a caseload management system for

community nursing, which if successful would be rolled out across the integrated community teams. This system would also provide the key platform to calculate and undertake a daily analysis of capacity within the services commensurate with the workload demands.

### **Staffing Levels**

The Trust has held a steady position over the last 18 months with the number of new joiners matching the number of people retiring and leaving. The turnover rate for qualified nursing has remained consistent at just under 12%. The biggest challenges remain in recruiting band 5 staff nurses, band 6 community nurses and in to specialist areas such as musculoskeletal. A recruitment and retention group is in place to explore all possible options on how we can improve the Trust's position and the Head of Human Resources provides regular updates to the Workforce & Organisational Development Committee on the current vacancy rates, hotspots and actions that are being taken.

Improvements have been made in monitoring hotspots compared to last year through the implementation of the e-rostering system, which has also allowed us to better plan bank and agency cover.

The workforce and organisational development (OD) priorities have been refreshed for 2016 to focus on a small number of high impact actions that should help to drive recruitment and assist with retention. The workforce & OD committee is provided with a number of metrics to monitor the impact of these interventions.

### **4. Mental Health and Wellbeing**

The Gloucestershire Mental Health and Wellbeing Partnership Board has members from a broad range of agencies and includes a person with lived experience and family carers. The Board is responsible for leading and overseeing the delivery of the Gloucestershire Suicide Prevention Strategy, the Crisis Care Concordat and the Mental Health and Wellbeing Strategy. The latter strategy was coproduced with the voluntary sector and has six key desired outcomes which are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health and more people with physical ill health will have good mental health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Jan Marriott is the chair of the multi-agency Board for Gloucestershire and I attend on behalf of this Trust. At the Board's meeting on 1 March 2016 we heard from a leading individual in promoting improved outcomes for people with mental ill health, Jim Symington.



He is a non-executive director for Emergence, supporting the National Institute for Mental Health in England approach for the development of user led services. Mr Symington highlighted a number of key changes that health and social care organisations should consider in the development and delivery of services:

- The Five Year Forward View for Mental Health Services published in February 2016. Physical and mental health should not be considered separately.
- Old Problems, New Solutions: Improving Acute Psychiatric Care for Adults in England. Must address social inequality and ensure flow of care.
- Crime and Policing Bill proposes changes to the use of Section 136 and places of safety. Appropriate response and care for people with the avoidance of police cells.

In addition, it is expected that genuine additional funding, not recycled, will be made available to support the national priority of improving mental health services. It is important that as a Trust we are extensively involved to ensure that our services meet and appropriately manage people's needs and to promote good mental health for colleagues.

## **5. Financial implications**

### **Cost Improvement Programme (CIP)**

The Trust has achieved its target this year of £3.15m in recurrent savings through a combination of system re-engineering (such as e-rostering and digital dictation), revaluation of assets, tight establishment controls and the restructure of non-frontline posts.

The challenges will continue for the foreseeable future with a target of £4m to be saved in 2016/17. Six new workstreams have been set up to identify how we will achieve next year's target.

### **Commissioning for Quality and Innovation (CQUIN) and the Quality, Innovation, Productivity and Prevention programme (QIPP)**

The Trust achieved 100 per cent (£436k) of CQUIN payments in the first two quarters.

The total available for Q3 is £407k of which £78k is at risk, mainly with regard to milestones associated with urgent care.

The total available for Q4 is £446k with a projected £166k at risk.

Risks to QIPP payments currently total £900k. A proposal has been made to GCCG for revised schemes built around the SWIFT programme to make up this shortfall.



**My thanks**

After two years that have absolutely flown by, this is my last meeting and report as Chief Operating Officer for the Trust. I would like to thank the Board and everyone that works for and with the Trust for all of your support and assistance. I wish the Trust every success and hope that you continue to grow and be at the heart of great community services for the benefit of local people across Gloucestershire.

**Prepared by:** Duncan Jordan  
Matt Blackman

**Presented by:** Duncan Jordan – Chief Operating Officer

**Dated:** 22 March 2016

# Trust Board

Date: 22 March 2016

<b>Agenda Item:</b>	12
<b>Agenda Ref:</b>	12/0316
<b>Author:</b>	Rod Brown, Head of Planning, Compliance and Partnerships
<b>Presented By:</b>	Glyn Howells, Director of Finance
<b>Sponsor:</b>	Glyn Howells, Director of Finance

<b>Subject:</b>	Board Assurance Framework
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This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

## Executive Summary:

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

## Recommendations:

*The Board is asked to:*

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

## Considerations:

*Quality implications:*

Implicit within the relevant risk descriptions

*Human Resources implications:*

Implicit within the relevant risk descriptions

*Equalities implications:*

Implicit within the relevant risk descriptions

*Financial implications:*

Implicit within the relevant risk descriptions

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

N/A

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

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

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

<b>Reviewed by (Sponsor):</b>	Glyn Howells, Director of Finance
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<b>Date:</b>	11 March 2016
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Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
This draft of the Board Assurance Framework was discussed at the Trust's Risk Steering Group

Explanation of acronyms used:
BAF: Board Assurance Framework

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

# **Board Assurance Framework:**

## **Strategic Risks**

### **Part 1 Board: February 2016**

## Overview

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

Please note that the part of the BAF which details the Trust's high-level **operational risks** (i.e. the Corporate Risk Register) is detailed in a separate document.

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# 1. Definitions

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

## 1.1 Description of consequence

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

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

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






## 1.2 Description of likelihood

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



## 2. Strategic Risks

### 2.1 Summary of strategic risks

Trust strategic objectives	Strategic risks			
	Ref	Risk	RAG	Movement
Achieve the best possible outcomes for service users through high quality care	001	Under-reporting of incidents may result in missed learning opportunities and increased safety risks	12	
	003	Continued increases in demand for services may restrict the Trust's flexibility and capacity to provide services in other settings, and in particular, may limit aspirations to deliver greater preventative interventions	10	
Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work	004	Inconsistent engagement practices with service users, families and carers may result in the public's voice not being heard or used to inform Trust decision-making	8	
Actively engage in partnerships with other health and social care providers in order to deliver seamless services	005 / 006	The under-defined service delivery model for Integrated Community Teams (ICTs) may prevent the Trust from undertaking effective planning for one of its most critical services	12	
	019	Insufficient organisational preparedness and systemwide resilience in order to effectively manage winter pressures	15	

Trust strategic objectives	Strategic risks			
	Ref	Risk	RAG	Movement
Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision	009	Failure to develop a learning and supportive culture that engages, inspires and motivates colleagues, may impact upon the Trust's recruitment and retention, and its ability to deliver the highest standards of care quality	12	↔
	010	Lack of assurance that colleagues have the clinical skills and managerial competencies to create a workforce with the necessary knowledge and expertise to deliver best care	12	↓
	011	Inability of the Trust to recruit and retain staff with the right skills may be detrimental impact upon the quality of provided care	16	↔
Manage public resources wisely to ensure local services remain sustainable and accessible	014	Failure to deliver a successful CIP, CQUIN and QIPP programme	8	↓
	015	Inability to manage the delivery of the required financial plan	4	↓
	017	A breakdown in internal control / governance systems may lead to reputational loss and long-term sustainability	10	↔
	018	Inability to gain a "Good" or "Outstanding" rating following a CQC Chief Inspector of Hospitals' assessment	20	↔

## 2.2 Detail of strategic risks

Risk	Under-reporting of incidents may result in missed learning opportunities and increased safety risks						Ref	001	
Strategic objective	Achieve the best possible outcomes for service users through high quality care								
Description	The understanding and use of incident management systems requires improvement across the Trust so that colleagues know how to report issues which can then be reviewed so as to ensure that lessons are learned and future avoidable harm prevented.								
Date opened	28 February 2015					Exec lead	Susan Field		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	4	1	3	3	3	3	3	2	3
- Consequence	4	4	4	4	4	4	4	4	4
- Total	16	4	12	12	12	12	12	8	12
Controls	<ul style="list-style-type: none"><li>Datix software is used as the primary system for the collection, tracking and monitoring of incidents: however, this system is not functioning at maximum efficiency which is deterring some colleagues from using it. Equally, some colleagues have expressed a need to update their understanding of incident management requirements and responsibilities. Together, this suggests the risk of under-reporting of incidents across the organisation</li><li>In August 2015 the Trust ratified an Incident Governance Policy which focuses on the benefits of achieving a learning culture and is supported by further guidance on the intranet</li><li>Incident reporting is a standing agenda item on in the Operational Governance Forum</li><li>An Incident Governance improvement plan is owned by the Professional and Clinical Effectiveness team</li></ul>					Assurance	<ul style="list-style-type: none"><li>Incidents are identified in the Quality and Performance Report that is reviewed by the Quality and Performance Committee and the Board</li><li>Incident profiles are provided by the National Reporting and Learning System which provides indication of the Trust's performance against comparable organisations</li><li>The Professional and Clinical Effectiveness team now provides a summary report of incidents, concerns and complaints to directorate governance groups</li><li>The Complaints Oversight Group (COG) includes scrutiny of incidents</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>There is evidence of variance in understanding of incident reporting processes in some areas: this was confirmed by the CQC</li><li>Reliable incident governance through the governance structure</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>The Trust has now moved to within the middle 50% of comparative Trusts. This position needs to be sustained</li></ul>		

<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>• An Ambassador for Cultural Change has been appointed, February 2016</li> <li>• The Professional and Clinical Effectiveness team has continued to engage with clinical teams in order to promote a positive reporting and learning culture. This has included bespoke learning sessions and quality-focused briefings</li> <li>• Improved learning opportunities re: SIRIs are now in place through the Trust's Clinical Reference Group</li> <li>• The Trust's Sign Up To Safety workplan has been approved by the Trust's Quality and Performance Committee</li> <li>• A Listening into Action team is halfway through its plans to raise the profile of incident reporting and to share learning across the Trust. This includes improvements to Datix which are being tested by colleagues</li> </ul>
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>• Continue to progress the Listening into Action work</li> <li>• Commence monthly Trust-wide Quality Update</li> <li>• Roll-out the approved Sign Up To Safety workplan</li> </ul>
<b>Links to the Corporate Risk Register</b>	<p>NQ8: Colleagues are reported as not feeling sufficiently secure about raising concerns in respect of unsafe clinical practice (ref: National Staff Survey)</p> <div data-bbox="1854 635 1962 692"> <b>NEW</b> </div> <div data-bbox="1977 627 2101 753"> <b>16</b> </div>

Risk	Continued increases in demand for services may restrict the Trust's flexibility and capacity to provide services in other settings, and in particular, may limit aspirations to deliver greater preventative interventions						Ref	003	
Strategic objective	Achieve the best possible outcomes for service users through high quality care								
Description	Sustained and significant pressure for access to community services is reducing the ability to be proactive, as it is forcing the Trust to routinely react to the need to manage capacity. This not only distracts the organisation's senior operational staff from strategic planning, it also reduces the level of resource that is available elsewhere within the health and care system. Additionally, the demand to make additional community beds available to the acute sector may impact upon the quality of care being provided, and can place excessive strain upon colleagues, leading to higher turnover and lower morale								
Date opened	28 February 2015					Exec lead	Duncan Jordan		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	3	2	3	2	2	2	2	2	2
- Consequence	5	5	5	5	5	5	5	5	5
- Total	15	10	15	10	10	10	10	10	10
Controls	<ul style="list-style-type: none"><li>Alamac reporting enables a more measured and responsive approach to system-wide pressures</li><li>SystmOne is providing clearer evidence of Trust activity to underpin forward planning</li><li>The planned de-escalation of winter pressure beds in April/May resulted in a decrease in risk rating</li></ul>					Assurance	<ul style="list-style-type: none"><li>Activity and performance against contracted service levels is reported on monthly through the Quality and Performance Report</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>The lack of clear service specifications means that the Trust has limited ability to refuse ever-increasing demands upon its capacity</li><li>There is insufficient clarity regarding step-up and step-down services to and from other providers</li><li>There is limited ability to affect public perceptions and behaviours, although some local and national communications at peak periods in January 2015 did help redirect some activity to community alternatives</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>There is insufficient scrutiny given to proactive capacity planning across the whole of the health and social care economy: this should be one of the responsibilities of cross-organisational committees such as the Gloucestershire Strategic Forum and the Strategic Resilience Forum</li></ul>		

Progress made in the previous period	<ul style="list-style-type: none"><li>• System-wide CCG-led winter planning sessions (on-going)</li><li>• Wider communication and public health message plan with GCCG</li><li>• New Head of Capacity started on 1 February 2016</li></ul>	
Actions in the next period	<ul style="list-style-type: none"><li>• Continue to review the Trust’s capacity management supported by the Alamac reports: this should provide greater clarity as to system-wide response and facilitate improved future planning and modelling for both community hospitals and wider community health and social care services</li><li>• Continue the implementation of the Medworxx system – technology challenges persist</li></ul>	
Links to the Corporate Risk Register	SD5-CWS: Increasing demand for specialist services (i.e. IV therapy, Tissue Viability and Home Oxygen), and lack of clinical governance support	12
	SD20-CWS: Demand for MSKCAT service for routine 4-week appointments is not being met	12
	SD33-RR: Increased demand for overnight community service - nursing and rapid response	12
	SD34-ICT: Increasing demand for IV therapy is impacting on community nursing capacity and ability to provide safe care	NEW12

Risk	Inconsistent engagement practices with service users, families and carers may result in the public's voice not being heard or used to inform Trust decision-making							Ref	004
Strategic objective	Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work								
Description	The Trust must ensure that it develops and maintains clear routes by which all service users, families and carers can provide feedback on their experiences so that this information may be actively used to improve service delivery and quality. This must include those service users who experience health inequalities or who traditionally find it hard to engage								
Date opened	28 February 2015					Exec lead	Susan Field		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	3	1	2	2	2	2	2	2	2
- Consequence	4	4	4	4	4	4	4	4	4
- Total	12	4	8	8	8	8	8	8	8
Controls	<ul style="list-style-type: none"><li>• Use of the Friends and Family Test (FFT) across all Trust settings from January 2015</li><li>• Direct feedback to teams from FFT comments</li><li>• The updated Complaints Policy</li><li>• The Service User Experience team which manages surveys including the FFT as well as complaints, concerns and compliments</li><li>• The Engagement Team whose recently-launched Engagement Framework has established a baseline for engagement activity to include focus groups, readers panels and consultation opportunities</li><li>• Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion</li><li>• On-going review of all feedback so as to ascertain themes</li><li>• The Trust's Annual Equality Report</li><li>• The eQuality Impact Assessments that are conducted against all service improvements / redesigns / Cost Improvement Plans</li><li>• The Trust's Annual Quality Account</li><li>• Being Open Champions</li></ul>					Assurance	<ul style="list-style-type: none"><li>• The Your Care, Your Opinion Programme Board</li><li>• Relevant metrics within the Quality and Performance Report received at Board</li><li>• Service user stories at Board</li><li>• The Complaints Oversight Group</li><li>• Regular partnership meetings with Healthwatch</li><li>• Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability</li><li>• The outputs of focus groups which are reported to relevant Trust forums for learning</li><li>• The outputs of other ad-hoc engagement and consultation activities</li></ul>		

<b>Gaps in controls</b>	<ul style="list-style-type: none"> <li>Feedback to clinical teams and the public in respect of all forms of engagement needs to be strengthened</li> <li>The Engagement Team requires a more systematic approach so as to ensure effective engagement with all local populations including the most vulnerable</li> <li>The Trust needs to actively engage with partners to truly evidence coproduction in service development</li> </ul>	<b>Gaps in assurance</b>	<ul style="list-style-type: none"> <li>The Service User Experience Report needs to be further strengthened to ensure effective triangulation of all sources of information, both internal and external</li> <li>Benchmarking data suggests that the Trust receives fewer complaints than other comparable Trusts</li> </ul>
<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>Revised Duty of Candour Policy and Complaints Policy approved at the Quality and Performance Committee in March 2016</li> <li>Your Care, Your Opinion held 1 March 2016 gave local service users the opportunity to discuss next year's quality priorities</li> <li>Continued to hold public / stakeholder engagement on the future of healthcare services in the Forest of Dean</li> <li>Workshops on the future of continence services included public / service user representation</li> <li>Gloucestershire Older People's Association (GOPA) spoke at the Trust Board, January 2016</li> <li>Healthwatch visited the Cheltenham and Cirencester Complex Wound Service in January 2016</li> <li>The Trust attended the regular quarterly review with Healthwatch, 29 February 2016</li> </ul>		
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>Continue with Quality and Equality Impact Assessments</li> <li>Refresh the Engagement and Experience Strategy, and develop a corresponding implementation plan</li> <li>Finalise the complaints and incidents toolkit</li> <li>Secure the Trust Board's ratification for the revised Duty of Candour Policy and Complaints Policy</li> <li>Continue with Forest of Dean engagement activity</li> <li>Work with partners (providers and commissioners) to introduce a countywide Equality Governance Group</li> <li>Finalise the Trust's Translation and Interpretation Policy</li> <li>Progress with the Trust's Quality Account for 2015-16</li> <li>Develop the Understanding You Report for Board in May 2016</li> </ul>		
<b>Links to the Corporate Risk Register</b>	None		



Risk	The under-defined service delivery model for Integrated Community Teams (ICTs) may prevent the Trust from undertaking effective planning for one of its most critical services						Ref	005/006	
Strategic objective	Actively engage in partnerships with other health and social care providers in order to deliver seamless services								
Description	Although the ICTs have been in existence for a number of years, the fundamental operational model and even the baseline vision for the service, have not been formally clarified, confirmed and agreed between partner organisations with a service specification. The County Council has now introduced a change to the line management arrangements and responsibility for social work practice. Further challenges have arisen with new initiatives such as the High Intensity/Enhanced Care service, being added to the core model. Overall, there is not a measure against which the Trust cannot effectively assess the success or otherwise of the ICTs. This results in an inability to set the service parameters and most significantly, the service cannot quantify when it is at capacity.								
Date opened	28 February 2015					Exec lead	Candace Plouffe/Duncan Jordan		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	4	1	4	4	4	4	3	3	3
- Consequence	4	4	4	4	4	4	4	4	4
- Total	16	4	16	16	16	16	12	12	12
Controls	<ul style="list-style-type: none"><li>The Trust is employing additional dedicated project management resource to focus specifically upon the development of a ICT service delivery model</li><li>Individual action / recovery plans have been developed in respect of “hot spots” / areas of operational concern, such as reablement</li><li>Transitional arrangements has been agreed with the Council to oversee changes in line management and responsibilities for social work</li></ul>					Assurance	<ul style="list-style-type: none"><li>Assurance is received via the ICT Delivery Group which reports to the Operational Programme Board: this in turn reports to the Finance Committee which reports to Board</li><li>The refreshed governance structure has been agreed with Commissioners</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>The Trust does not have a service specification for Integrated Community Teams within its core contract</li><li>The Trust does not have an agreed ICT service delivery model</li><li>Changes in operational management of Social Care services may jeopardise the relationship between the Trust and Council, and thereby undermine delivery of integrated health and adult social care services</li></ul>					Gaps in assurance			

<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>Continued to progress the proposed overarching service specification and system-wide KPIs for Integrated Community Teams</li> <li>Received an updated service specification for the Rapid Response service</li> <li>Agreed the refreshed Section 113 agreement</li> <li>A Clinical Commissioner has been appointed specifically for ICTs: this role includes responsibility for progressing the ICT service delivery model</li> <li>Updated the ICT service delivery operational plan and action plan, although there is recognition that this will need to be refreshed once the overarching service specification has been agreed</li> <li>Developed proposals for reconfigured ICTs in order to increase clinical leadership and thereby facilitate the implementation of case management and Phase 2</li> <li>Responded to GCC in respect of future financial arrangements</li> </ul>
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>Sign off the overarching service specification and KPIs with Commissioners via contract variation process</li> <li>Complete the appendices to the overarching service specification in order to detail the expectations of the professional services/functions provided within the ICTs</li> <li>Progress the draft Service Level Agreement and Memorandum of Understanding with GCC</li> <li>Progress the agreed review of occupational therapy services</li> </ul>
<b>Links to the Corporate Risk Register</b>	None

Risk	Insufficient organisational preparedness and systemwide resilience in order to effectively manage winter pressures						Ref	019	
Strategic objective	Actively engage in partnerships with other health and social care providers in order to deliver seamless services								
Description	There is a continued challenge to maintain community services during periods of excessive demand across the Gloucestershire health and social care system. In addition, the Civil Contingencies Act 2004 requires providers of NHS Funded Care to demonstrate that they can effectively manage a wide range of incidents that may impact on health and service user care. Failure of the Trust to have plans in place to respond to such incidents whilst maintaining core services could impact on service delivery failures as well as breaches of legislative and/or contractual obligation.								
Date opened	16 November 2015					Exec lead	Duncan Jordan		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	3	2					3	3	3
- Consequence	5	5					5	5	5
- Total	15	10					15	15	15
Controls	<ul style="list-style-type: none"><li>• The Trust's Emergency and Preparedness and Resilience Group oversees a programme of work</li><li>• The Trust describes its management and response in the Surge and Demand Policy renewed in September 2015</li><li>• The Trust's daily input into Alamac enables measured and responsive approach to assessment of organisation capacity and demand</li><li>• SystmOne data provides clearer evidence of activity to underpin planning</li><li>• Additional community hospital beds available for winter</li><li>• The Trust has renewed its winter planning arrangement for 2015/16 described in the organisation winter plan</li><li>• Revision of the Trust's capacity management structure</li></ul>					Assurance	<ul style="list-style-type: none"><li>• Activity and performance against contracted service levels is reported on monthly through the Quality and Performance report</li><li>• Boards sign off the Trust's plans and the Gloucestershire Urgent and Emergency Care Resilience Plan 2015/16</li><li>• Countywide groups include (i) the Systems Resilience Group, (ii) the CEO/Lead urgent/emergency Group, and (iii) the Systems Directors Group</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>• SystmOne will inform demand and capacity planning for Integrated Community Teams once it has been in operation for a sufficient period of time. However currently, the lack of adequate data combined with the lack of robust service specifications, means that the Trust does not have a clear understanding of when its services are at capacity</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>• Cross-organisation confidence that the capacity and demand model for winter 2015/16 is right and that proactive planning across the local care economy will be as effective as required</li></ul>		

	<ul style="list-style-type: none"> <li>• There is limited ability for the Trust to step up priority one service for a sustained period of time without it having an impact on care service resilience</li> <li>• There is insufficient clarity regarding step up and step down service to and from other providers</li> <li>• There is limited ability to affect public perceptions and behaviours on how to use services appropriately</li> </ul>		<ul style="list-style-type: none"> <li>• System wide peaks and surges in demand can undermine the planning which is based on average levels of seasonal demand</li> </ul>
<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>• Continued to manage services throughout a period of “Red” escalation across the system</li> </ul>		
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>• Continue implementation of Medworxx systems</li> <li>• Continue to analyse internal capacity supported by the Alamac report in order to improve future modelling for both community hospitals and wider Community Health and Social Care services</li> <li>• Continue to focus on operational management of winter pressures, and maintaining quality of services</li> </ul>		
<b>Links to the Corporate Risk Register</b>	ST19-IDT: Unable to recruit suitably qualified staff to IDT to ensure preparedness for winter resilience		<b>12</b>
	ST25-CH: There are insufficient numbers of GPs providing medical cover to inpatient wards		<b>NEW</b> <b>16</b>

Risk	Failure to develop a culture that engages, inspires and motivates colleagues, may impact upon the Trust's recruitment and retention, and its ability to deliver the highest standards of care quality						Ref	009	
Strategic objective	Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision								
Description	Lack of a clear, consistent and positive working environment may negatively affect the Trust's ability to attract and retain staff. This may result in insufficient staff numbers and higher costs of employment due to increased bank/agency staff. More significantly, disaffected and demoralised staff can impact on the quality of provided care. Reputationally, the Trust may not be regarded as an Employer of Choice.								
Date opened	28 February 2015					Exec lead	Tina Ricketts		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	4	1	3	3	3	2	3	3	3
- Consequence	4	4	4	4	4	4	4	4	4
- Total	16	4	12	12	12	8	12	12	12
Controls	<ul style="list-style-type: none"><li>Agreed Organisational Development Strategy and Workforce Strategy with corresponding implementation plans</li><li>Undertaking a third year of Listening into Action in 2016-17</li><li>A ratified Communications Strategy (although this is currently being refreshed)</li><li>Core Values Framework</li><li>Annual staff survey</li><li>Staff Friends and Family Test</li></ul>					Assurance	<ul style="list-style-type: none"><li>Improvements in the Pulse Check for Listening Into Action between start and end of year two</li><li>Investors in People accreditation until March 2016</li><li>Increase in number of staff attending leadership development programmes</li><li>Workforce and Organisational Development Committee</li><li>Workforce and Organisational Development Steering Group</li><li>Joint ICT Workforce and Organisational Development Working Group</li><li>Workforce Education &amp; Development Group</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>The Trust's agreed Performance Management Framework is not widely understood or embedded across the organisation</li><li>High proportion of workforce risks relate to demand/ capacity issues</li><li>Inability to recruit to all qualified nursing vacancies having an impact on morale</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>Both the NHS Staff Survey and the Staff Friends and Family Test report below-target for staff morale / recommendation</li></ul>		

<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>• The Engagement Team undertook a staff engagement pilot with Tewkesbury ICT and Stroud Hospital staff groups to better understand how colleagues can be motivated, engaged and involved with the Trust</li> <li>• Refresh of the Workforce &amp; Organisational Development Strategy to identify strategic priorities for 2016</li> <li>• Embedding of Core Values Framework in recruitment and appraisal processes in progress</li> <li>• Recruitment and retention group refreshed</li> <li>• Listening into Action “Enabling our People” scheme launched which focuses on supporting colleagues through change</li> <li>• New role of Ambassador of Culture Change in place</li> <li>• Internal engagement aligned with organisational development priorities</li> </ul>
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>• Working towards Listening into Action accreditation</li> <li>• Focus on improving the Trust’s rating as a flexible working employer in conjunction with Timewise</li> <li>• Listening into Action Board Development session planned</li> <li>• Review of exit interview process</li> <li>• Staff engagement events planned for April/ May 2016</li> </ul>
<b>Links to the Corporate Risk Register</b>	<div data-bbox="432 831 1995 956"> HR5-404: Sickness absence rates are above NHS average and benchmark group </div> <div data-bbox="1995 831 2103 956"> <b>12</b> </div>

Risk	Lack of assurance that colleagues have the clinical skills and managerial competencies to create a workforce with the necessary knowledge and expertise to deliver best care						Ref	010	
Strategic objective	Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision								
Description	The Board does not receive the necessary assurance that colleagues are suitably skilled and empowered. Moreover, the Trust needs to establish a clear link between Personal Development Plans and Service Development Plans in order to be able to evidence a competent and flexible workforce who are able to effectively provide care despite the changing profile of service users and their increasing acuity								
Date opened	28 February 2015					Exec lead	Susan Field / Tina Ricketts		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	4	1	3	3	4	4	4	4	3
- Consequence	4	4	4	4	4	4	4	4	4
- Total	16	4	12	12	16	16	16	16	12
Controls	<ul style="list-style-type: none"><li>The Trust maintains guidance regulating the use of appraisals and Personal Development Plans</li><li>Clinical education programmes are in place and accessible via TRS</li><li>There is a defined clinical education budget</li><li>There are competency frameworks for colleagues in MIUs, Rapid Response and for Healthcare Assistants</li><li>The Trust is compliant with the Professional Bodies Registration requirement</li><li>The Trust invests in leadership development (Leading for Quality Care and NHS Leadership Academy programme)</li></ul>					Assurance	<ul style="list-style-type: none"><li>Appraisals and mandatory training rates are included in the Quality and Performance Report which goes to the Trust Board: these are also reported at team and locality level on a monthly basis</li><li>Workforce Education &amp; Development Group which reports to the Workforce &amp; Organisational Development Committee</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>Completion rates for appraisals are below the required threshold</li><li>There are no commissioned audits looking at appraisals practice</li><li>Inconsistent provision of clinical supervision</li><li>Policies on safeguarding and resuscitation training need further development to enable better recording and reporting from ESR</li><li>Service Development Plans are not yet developed for all areas</li><li>Competency frameworks need to be developed across all roles and disciplines</li><li>Existing leadership programmes are not consistently coordinated so as to ensure a clear pathway between the NHS Leadership Academy Competency framework and associated workstreams within the Trust</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>Robust reporting is required in respect of safeguarding, resuscitation and other relevant clinical mandatory training</li><li>Percentage of staff reporting access to relevant personal development</li></ul>		



<b>Progress made in the previous period</b>	<ul style="list-style-type: none"><li>• Ongoing development of the suite of “Aspiring” programmes accessible to all staff band 1 to 8</li><li>• Adoption of the Care Certificate for all new healthcare assistants</li><li>• Annual review of training and development undertaken and reported to Workforce and Organisational Development Committee</li><li>• CQC quality improvement plan actions ongoing. Progress and risks report discussed at March Quality and Performance Committee meeting</li><li>• Nurse revalidation action learning workshops held across the Trust</li><li>• Further development of the Oracle Learning Management system as to enable colleagues to access their own training records on line</li><li>• Professional Registration Policy ratified by the Trust’s Workforce and OD Committee</li><li>• Refresh of the Trust’s statutory and mandatory training matrix completed</li><li>• Completed review of the Trust’s Appraisal Form</li></ul>	
<b>Actions in the next period</b>	<ul style="list-style-type: none"><li>• Self-service to be launched so that colleagues have access to their own training records</li><li>• New mandatory and essential to role matrices to be launched</li><li>• Refreshed corporate and clinical induction programmes to be launched from 1st April 2016</li><li>• Workforce scorecard being developed to include reporting of compliance on mandatory clinical training</li><li>• Appraisal / Personal Development Plans to be aligned with the Trust’s CORE values</li><li>• Safeguarding Training Policy to be submitted to the April 2016 Quality &amp; Performance Committee</li><li>• Next progress report on the CQC Plan to be presented to the Quality and Performance Committee April 2016</li><li>• Progress with expressions of interest re: clinical apprenticeships</li><li>• Continue with Listening into Action “Enabling our People” schemes</li></ul>	
<b>Links to the Corporate Risk Register</b>	NQ3: The Trust is unable to evidence staff’s safeguarding training	12
	NQ5: Insufficient staff competencies in MliUs may result in incidents up to, and including, severe harm	12
	HR6-406: Failure to achieve requisite appraisal completion rates of 95%	12
	HR12-411: Failure to achieve requisite mandatory training completion rates of 95%	12

Risk	Inability of the Trust to recruit and retain staff with the right skills may be detrimental impact upon the quality of provided care						Ref	011	
Strategic objective	Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision								
Description	The number of qualified nursing and allied health professions vacancies has remained static over the last 12 months. This has been compounded by the inability to attract new staff to the organisation and an increase in turnover rates in some areas. This is set in the national context that qualified nurses are included on the national shortage occupational list and the recent introduction of agency cap rates.								
Date opened	28 February 2015					Exec lead	Tina Ricketts		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	4	1	4	4	4	4	4	4	4
- Consequence	4	4	4	4	4	4	4	4	4
- Total	16	4	16	16	16	16	16	16	16
Controls	<ul style="list-style-type: none"><li>Weekly submissions of nurse staffing numbers within Community Hospitals and ICT's so as to identify gaps and respond effectively</li><li>Monthly recruitment drives / fayres to attract new staff</li><li>Revised establishment control process</li><li>Any gaps in staffing are addressed by the use of bank/agency workers so as to maintain safe staffing levels at all times</li><li>Centralised bank and agency function</li><li>Roll out of e-rostering across the Trust</li><li>Safer recruitment practices in place</li><li>Development roles and training places for Community Nurses</li><li>Review of exit interviews, managed centrally in HR</li></ul>					Assurance	<ul style="list-style-type: none"><li>Workforce data which is reported through the Workforce &amp; OD Committee and thereafter to Board</li><li>Safer Staffing data which is included within the Quality and Performance Report which goes to Board</li><li>Top-level workforce plan submitted to Workforce &amp; OD Committee</li><li>Agency working group established chaired by the Director of Nursing</li><li>Recruitment &amp; Retention Working Group established</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>Lack of robust workforce information, particularly in terms of establishment &amp; vacancies, which is essential in order to drive activity and response</li><li>Available staff banding does not help to retain talented staff – thus, for example, district nurses are unable to advance above Band 6 which results in them either having to specialise within other services, or leave the employ of the Trust</li><li>Low completion rate of exit interviews</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>Data is not available to review in real-time</li></ul>		

<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>• E-rostering now in place across all community hospitals and being rolled out with Integrated Community Teams</li> <li>• Time taken to recruit reduced due to implementation of revised recruitment process and E-DBS</li> <li>• Further development of corporate and clinical skills induction</li> <li>• Detailed nurse recruitment and retention report standing agenda item on Workforce and Organisational Development Committee</li> <li>• Detailed analysis of reasons for leaving included in report to Workforce and Organisational Development Committee</li> <li>• Development of capacity tool for Community Nursing</li> <li>• Development of complexity tool for Rapid Response Service</li> <li>• Establishment of county recruitment &amp; retention group to share best practice and future initiatives</li> <li>• Workshops set up to support nurse revalidation</li> </ul>
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>• Further review of recruitment and selection processes under a Listening into Action scheme</li> <li>• Further attendance at university open days to promote the Trust as an employer of choice (particularly looking at 'border' universities who specialise in particular training eg physio)</li> <li>• Targeted marketing of year 3 students to increase the number of final placements within the Trust</li> <li>• Further exploration of how the Trust can enhance and strengthen its staff bank service</li> <li>• Celebrating AHP event – April 2016</li> <li>• Introduction of clinical apprenticeships x 12 (16-19 year olds)</li> <li>• Development of band 4 roles in Community Hospitals</li> </ul>
<b>Links to the Corporate Risk Register</b>	SD1-ICT: Staffing shortfalls are impacting on the leadership and support of the community nurses <b>RE-ENTRY</b> <b>12</b>
	SD3-ICT: Occupational therapist and physiotherapist vacancies in the Integrated Community Teams <b>12</b>
	SD21-CWS: Shortages of dental officers resulting in long waiting times for service users with special needs <b>12</b>
	SD28-CWS: Lack of speech and language therapy resource, placing service users at risk of longer term problems <b>12</b>
	ST15-CH: 43% vacancy level of trained nurses at the North Cotswolds Hospital <b>12</b>
	ST23-CH: No substantive occupational therapists at Stroud Hospital, creating risk to delivery of service user treatment plans <b>12</b>
	HR3-409: High number of nurse vacancies across the Trust <b>16</b>
	HR7-315: Insufficient workforce information may be masking further recruitment hotspots <b>12</b>

Risk	Failure to deliver a successful CIP, CQUIN and QIPP programme						Ref	014	
Strategic objective	Manage public resources wisely to ensure local services remain sustainable and accessible								
Description	The Trust has historically struggled to deliver its Cost Improvement Programme. CIPs for 2015-16 require £3.15m of cost savings in year. Additionally, the Trust is challenged to meet all QIPP and CQUIN targets. The CQUIN schemes agreed are challenging but deliverable: however, there is £900k QIPP risk which is based on system-wide improvement in KPIs that are outside the Trust's control								
Date opened	28 February 2015					Exec lead	Duncan Jordan		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	4	2	4	4	4	4	4	3	2
- Consequence	4	4	4	4	4	4	4	4	4
- Total	16	8	16	16	16	16	16	12	8
Controls	<ul style="list-style-type: none"><li>• Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation</li><li>• Accurate baseline reports and activity data to evidence progress</li><li>• Financial targets agreed at the outset between operations and finance with more financial involvement throughout the process</li><li>• A clear communications plan to emphasise the importance of CIP delivery; highlighting that CIP is a collective responsibility and requires engagement from everyone</li><li>• eQIAs completed and signed off for all CIP schemes before they are implemented</li><li>• The Trust's main commissioner is supportive of the areas being targeted by the CIP plans</li></ul>					Assurance	<ul style="list-style-type: none"><li>• Progress against CIP targets is monitored at the CIP Steering Group which reports to the Transformation and Change Programme Board – this in turn reports to the Finance Committee</li><li>• eQuality Impact Assessments are discussed at Clinical Senate ahead of sign off by the Medical Director and Director of Nursing and Quality</li><li>• eQuality Impact Assessments will be included with future Clinical Senate reports which are provided to the Quality and Performance Committee</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>• Clear evidence-base / intelligence / operational modelling upon which to build CIP plans</li><li>• Financial understanding and accountability by operational leads is improving</li><li>• Financial projections are improving</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>• The ability to deliver in-year and future CIP savings without reducing frontline services or generate additional income through increased productivity and efficiency</li></ul>		

	<ul style="list-style-type: none"> <li>• Understanding of CIPs across the Trust is improving</li> <li>• Alternative schemes need to be developed and agreed to offset the risk on CIP and QIPP under delivery</li> </ul>		
<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>• Full CIP savings will be delivered on a recurrent basis, with non-frontline posts having been removed from the organisational structure</li> <li>• Alternative QIPP schemes agreed in order to deliver £900k in 2015-16</li> <li>• Continued discussions with commissioners on QIPP schemes for 2016-17</li> </ul>		
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>• Undertake eQIAs for relevant CIP initiatives before implementing</li> <li>• Continued implementation of the communications plan and key messages</li> <li>• Continued management and monitoring of all CIP, CQUIN and QIPP plans</li> <li>• Accelerate development of plans for 2016-17</li> </ul>		
<b>Links to the Corporate Risk Register</b>	None		

Risk	Inability to manage the delivery of the required financial plan						Ref	015	
Strategic objective	Manage public resources wisely to ensure local services remain sustainable and accessible								
Description	The Trust has resubmitted a revised plan surplus of £1.0m surplus; elements of this are not cash generative and so cash reporting and management needs to be more accurately managed and reported on to ensure Board is sighted on risks and opportunities around cash. This is particularly relevant in more long term planning where the cash impact of decision needs to be reviewed in as much detail as the income and expenditure elements.								
Date opened	28 February 2015					Exec lead	Glyn Howells		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	4	1	4	4	3	3	2	2	1
- Consequence	4	4	4	4	4	4	4	4	4
- Total	16	4	16	16	12	12	8	8	4
Controls	<ul style="list-style-type: none"><li>• Good existing cash management, forecasting and planning processes</li><li>• Good processes in place to monitor spend against budget</li><li>• Good historical delivery against QIPP and CQUIN and additional QIPP schemes close to agreement</li><li>• Improved monthly reporting against CIP by scheme</li><li>• Change in assumptions underlying safe staffing and capitalisation of SystmOne have resulted in a revised plan that is now £1m surplus</li></ul>					Assurance	<ul style="list-style-type: none"><li>• Reporting to Board and Finance Committee</li><li>• CIP, QIP and CQUIN reporting to Board as well as the Finance, Quality and Performance Committees</li><li>• Milestone reporting of QIPP and CQUIN projects is well established</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>• Delivery of saving from safer staffing review is getting later in the year</li><li>• Cash collection on smaller contracts and SLAs is falling behind planned position</li></ul>					Gaps in assurance	<ul style="list-style-type: none"><li>• There is no plan for delivery of the revised safer staffing numbers</li><li>• Agreement of recharges between GHFT and GCS is still outstanding</li></ul>		
Progress made in the previous period	<ul style="list-style-type: none"><li>• Continued (unsuccessfully) to try to resolve the issue of recharges with GHFT</li><li>• Identified savings from the organisational restructure</li></ul>								
Actions in the next period	<ul style="list-style-type: none"><li>• Continue planning for 2016-17</li></ul>								

<b>Links to the Corporate Risk Register</b>	None
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Risk	A breakdown in internal control / governance systems may lead to reputational loss and long-term sustainability							Ref	017	
Strategic objective	Manage public resources wisely to ensure local services remain sustainable and accessible									
Description	Non-compliance with requisite standards is a constant risk, to which the Trust must adopt a proactive approach so as to maintain its effective performance and organisational reputation as a provider of high quality services. Governance arrangements for Board and sub-committees that have been discussed and agreed with the TDA need to be quickly embedded in the Trust, and these new arrangements mapped to strategies, relevant sub-committees and matters arising under the previous governance arrangements.									
Date opened	28 February 2015					Exec lead	Glyn Howells			
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016	
- Likelihood	2	1	2	2	2	2	1	2	2	
- Consequence	5	5	5	5	5	5	5	5	5	
- Total	10	5	10	10	10	10	5	10	10	
Controls	<ul style="list-style-type: none"><li>Clinical and corporate governance arrangements enable controls to be effectively managed</li><li>Committee / reporting structures enable controls to be monitored and reviewed</li><li>The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas</li><li>The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlled</li><li>Line management structures provide clarity in terms of responsibilities and accountabilities</li><li>Internal and external audit provides additional scrutiny</li></ul>					Assurance	<ul style="list-style-type: none"><li>The sub-Board Committee structure, and in particular, the Audit and Assurance Committee, the Quality and Performance Committee, the Finance Committee, and the Workforce and OD Committee, provide assurance on all corresponding controls to the Trust Board</li></ul>			
Gaps in controls	<ul style="list-style-type: none"><li>Revised committee structures need to be embedded and proven</li></ul>					Gaps in assurance				
Progress made in the previous period	<ul style="list-style-type: none"><li>Reviewed and updated the Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers, ready for ratification by the Audit and Assurance Committee on 23 March</li><li>Developed plans to deliver against all annual and mandatory reporting requirements</li><li>Resolved operational issues with SystmOne in order to ensure that a child will not have contact with a named adult where inappropriate or unsafe to do so</li></ul>									



<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>• Continue to develop workforce reporting through BIRT (Business Intelligence Reporting Tool)</li> <li>• Work towards extracting data from e-rostering in order to inform future planning</li> <li>• Submit the first draft Annual Governance Statement to the TDA</li> <li>• Begin formal development of the Annual Report and Accounts and Quality Account</li> </ul>
<b>Links to the Corporate Risk Register</b>	None

Risk	Inability to gain a “Good” or “Outstanding” rating following a CQC Chief Inspector of Hospitals’ assessment							Ref	018
Strategic objective	Manage public resources wisely to ensure local services remain sustainable and accessible								
Description	The CQC report published 22 September 2015 awarded the Trust a rating of “Requires Improvement”. It is the Trust’s clear ambition to secure a “Good” rating as a minimum in order to provide assurance of the organisation’s high-quality services, care and regulatory compliance.								
Date opened	22 September 2015					Exec lead	Susan Field		
Rating	Initial	Target	March 2015	May 2015	July 2015	Sept 2015	Nov 2015	Jan 2016	March 2016
- Likelihood	3	1				3	2	4	4
- Consequence	5	5				5	5	5	5
- Total	15	5				15	10	20	20
Controls	<ul style="list-style-type: none"><li>The development of a detailed Quality Improvement Plan in response to the CQC Chief Inspector of Hospitals’ report, which details all the actions being taken by the Trust to address the identified gaps / inconsistencies over time.</li></ul>					Assurance	<ul style="list-style-type: none"><li>The Quality Improvement Plan will continue to be monitored by the Quality and Performance Committee and the Trust Board</li><li>Actions to ensure compliance with CQC recommendations are also being monitored by the CQC Inspection Programme Board</li><li>CQC QIP Working Group</li><li>CQC QIP Oversight Group (TDA, CCG)</li></ul>		
Gaps in controls	<ul style="list-style-type: none"><li>The Trust is currently unable to provide satisfactory evidence / assurance to the CQC of a number of actions, which have been organised under the twelve themes of (i) leadership, (ii) staffing, (iii) training, (iv) incidents, complaints and risks, (v) policies / protocols (including audit), (vi) medicines management, (vii) accessibility, (viii) records management (including document security), (ix) equipment and supplies (including cleaning), (x) information, (xi) estates (including security), and (xii) partnership working</li></ul>					Gaps in assurance			

	<ul style="list-style-type: none"> <li>Ongoing inability to negotiate any move on the staffing or opening hours for MliU with the CCG means that a visit from the CQC now would confirm its original inadequate rating and could result in the Trust being issued with an enforcement notice or some other form of special measure. This is a considerable clinical and reputational risk</li> </ul>		
<b>Progress made in the previous period</b>	<ul style="list-style-type: none"> <li>Continued to implement the Quality Improvement Plan</li> <li>Second meeting of the CQC QIP Oversight Group on 26 February 2016</li> <li>MliU proposals paper presented at the Trust Board in January 2016</li> <li>Quality Visits across the MliUs completed, with outcome report presented at the Quality and Performance Committee in March 2016</li> </ul>		
<b>Actions in the next period</b>	<ul style="list-style-type: none"> <li>Further implement the CQC Quality Improvement Plan</li> <li>Continue to make use of the agree monitoring and delivery structure</li> <li>Continue to discuss proposals for a revised MliU operational model with the CCG</li> <li>Re-establish the CQC Inspection Programme Board</li> <li>Commence Peer Reviews to validate that actions reported as having been completed, are recognised at frontline</li> <li>Commence monthly Quality Updates within Team Brief</li> <li>CQC QIP capital expenditure proposals to be formally considered at the Trust's CAPEX Committee</li> </ul>		
<b>Links to the Corporate Risk Register</b>	SD35-ICT: Lack of compliance within ICTs with professional standards of clinical record-keeping	<b>NEW</b>	<b>16</b>
	ST8-MIU: Lack of a consistent staff model and system resilience in MliUs which requires redress with the CCG		<b>16</b>
	ST22-CH: Unable to triage MliU service users within target time as CCG funding precludes necessary staff reconfigurations		<b>12</b>
	CG1: There are gaps and inconsistencies in record-keeping		<b>12</b>

# Trust Board

Date: 22<sup>nd</sup> March 2016

<b>Agenda Item:</b>	13
<b>Agenda Ref:</b>	13/0316
<b>Author:</b>	Susan Field, Director of Nursing
<b>Presented By:</b>	Sue Mead, Non-Executive Director
<b>Sponsor:</b>	Sue Mead, Non-Executive Director

<b>Subject:</b>	Quality and Performance Committee Report
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This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

## Executive Summary:

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

- The 17<sup>th</sup> December 2015 Committee minutes (attached)
- The Trusts Sign up to Safety Implementation Plan pending some additional patient focussed outcomes to be included
- The progression of the Community Hospital Safe Staffing proposals but with the caveat that the timeframe for full implementation is brought forward to no later than June 2016
- The Annual Committee Evaluation Survey template
- The Annual Committee Statement template

The Trust Board also **RECOMMENDED** that the following issues progress to the March Trust Board:

- The recently reviewed Duty of Candour Policy that requires formal ratification by the Trust Board (Agenda item 19)
- The recently reviewed Complaints Policy and Complaints Leaflet that requires formal ratification by the Trust Board (Agenda item 19)
- The risk that the Trust has identified in terms of its capacity management arrangements

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

- That the Trust was making good progress with its activities associated with “John’s campaign” a national campaign supporting carers
- That the Trust remains broadly on track with its CQC Quality Improvement Plan (QIP), although it was acknowledged that there were some areas where full compliance had not been achieved
- That the Trusts bed occupancy rate remained high (Jan 2016 – 99.3%) and that the Committee recommended that a formal Quality Equality Impact Assessment be undertaken by the Head of Community Hospitals and the Chief Operations Officer
- Took assurance that the Trusts resilience and preparedness plans continue to be embedded, and that the Trusts performance with regards to the number of medically stable patients awaiting discharge continued to reduce and that the 12 escalation beds were still in situ
- Took assurance that the Trusts activities associated with the introduction of nurse revalidation had mitigated any risk for the Trust
- Took assurance that the Trust-wide plans to reduce agency spend and its compliance with the recently introduced national agency rules (agency caps) had not to date had a significant impact on patient safety or

quality of care

#### Recommendations:

*The Board is asked to:*

The Board is formally asked to receive the report and the approved minutes of the 17<sup>th</sup> December 2015 Quality and Performance Committee.

#### Considerations:

*Quality implications:*

This report draws on discussions and decisions at the Quality and Performance Committee and therefore has significant quality and patient safety assurance/implications throughout.

*Human Resources implications:*

N/A

*Equalities implications:*

N/A

*Financial implications:*

N/A

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

No

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

No

#### Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?

**P or C**

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

P

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

P

Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

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

P

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

#### Which Trust value(s) does this paper Progress (P) or Challenge (C)?

**P or C**

Caring

P

Open

P

Responsible

P

Effective

P

#### Reviewed by (Sponsor):

<b>Date:</b>	
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<b>Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?</b>
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Quality and Performance Committee
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<b>Explanation of acronyms used:</b>
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CQC – Care Quality Commission QIP – Quality Improvement Plan TDA – Trust Development Agency GCCG – Gloucestershire Clinical Commissioning Group LiA – Listening into Action
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<b>Contributors to this paper include:</b>
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## QUALITY AND PERFORMANCE COMMITTEE MARCH 2016 REPORT

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### 1.0 Introduction

This report provides an executive summary of the key issues and subsequent actions arising from the Quality and Performance Committee meeting which took place on 3<sup>rd</sup> March 2016.

The minutes of the previous Committee meeting of 17<sup>th</sup> December 2015 meeting were approved and can be seen in Appendix 1. The following issues are those that both the Committee Chair and Director of Nursing would like to draw to the Trust Board's attention:

### 2.0 Sign up to Safety

The Committee discussed the Trust-wide implementation plans and made the following comments and recommendations:

- That it was good to see nutrition and hydration included within the plan and that Sign up to Safety activities were now becoming an integral part of the of the Clinical Effectiveness Team's activities
- That the objectives within the plan become more SMART and patient focused in terms of outcomes
- That it be formally submitted to the Trust Development Authority (TDA) by April 2016 on behalf of the GCS Trust Board
- That the Committee formally receive progress to date/risk management reports on a quarterly basis – next due June 2016

### 3.0 Trust-wide Capacity

Committee members expressed their concerns about the increased risk to the Trust in terms of capacity management. It was highlighted that two-thirds of the operational risk register was allocated to risks pertaining to limited capacity or inability to recruit to roles and that this was over and above the increased bed occupancy rate of 99.3% across the Trusts Community Hospitals. The Committee formally requested the following:

- That a full report about capacity be prepared for the May 2016 Trust Board meeting
- That this report include the level of risk within specific areas; mitigating actions; ongoing monitoring arrangements and completed Quality Equality Impact Assessment
- That with the bed occupancy risk issued an assessment be undertaken to ascertain whether the acuity and complexity of patients has changed
- That the Chief Operating Officer and Director of Service Delivery lead this review

## 4.0 Safe Staffing

The Committee discussed the implementation proposals in detail. Members expressed disappointment that the roll-out of the revised safe staffing levels in Community Hospitals had not been progressed as quickly as planned and therefore the achievement of 2016-17 full-year savings (£900k) may be put at risk because of this. The Committee supported the safe staffing proposal but with the following caveats being applied:

- That the continued focus of safe staffing levels include aspects of a more flexible multi-disciplinary framework approach rather than just a focus on nurse staffing levels.
- That any outcome continues to be based on safe quality of patient care and not based on rigid numbers
- Trust implementation be completed across all hospitals sites by no later than end of June 2016
- That a Listening into Action (LiA) approach, supported by a Pulse Check, with hospital colleagues be adopted
- That the work be led by internal clinical leads and supported externally by Kevin Hurst (acknowledging that the latter may be challenging)
- That there is an outcome that includes what safe staffing quality metrics will be reported to the Trust Board for future assurance purposes

## 5.0 CQC Quality Improvement Plan (QIP)

The Committee reviewed progress to date and recommended that the Trust Board be made aware of those risks and achievements within the “Must-do’s” of the QIP plan. These include:

- 4 of the 19 “Must-do’s” completed
- 15 “Must-do’s” remain outstanding of which 10 can be attributed to the Trusts Minor Injury and Illness Units (MIUs)
- That full achievement of some of the “Must-do’s” remain at risk due to external factors, e.g. the continued absence of a Gloucestershire Clinical Commissioning Group (GCCG) led End of Life strategy, future commissioner intentions associated with urgent care provision which may impact on the Trusts MIUs
- That the governance and reporting arrangements be further strengthened by the reinstatement of the CQC Steering group chaired by the Non-Executive Director Quality Lead – this meeting is due to take place on 24<sup>th</sup> March 2016
- That the second GCCG/TDA overview meeting with the Trust had taken place and the outcomes from this included:
  - The Trust to provide further clarity about its risk ratings against the 101 milestones, previous risk rating and the rationale behind any changes made



- Ensuring that the Trust progresses with its “testing” plans associated with embedded change. The Quality visits to the Trusts MIUs have now been completed and will be progressed to other services utilising a peer review approach
- That the Trust starts to oversee a shift of the CQC QIP becoming an integral part of its quality agenda’s including its Sign up to Safety programme of work
- That delivery of the CQC QIP is currently rated 20 on the Trust Strategic Risk Register. This will be reviewed again mid-March 2016

## **6.0 Duty of Candour and Complaints policies**

The Committee formally reviewed these revised policies that had been overseen by the Complaints Oversight Group. It broadly welcomed the simplified approach and the new complaints leaflets and recommended they both progress with minor amendments to the Trust Board for formal ratification (see Board Agenda item 19)

## **7.0 2016-17 Quality Priorities**

The Committee broadly supported the following Quality improvement/Development areas, which included:

- End of Life Care
- Learning Disabilities
- Public Engagement
- Continence Services

**Appendix 1:** Approved minutes of Quality and Performance Committee meeting:  
17<sup>th</sup> December 2015

**Report prepared by:** Susan Field, Director of Nursing

**Report Presented by:** Sue Mead, Chair, Quality and Performance Committee and Non-Executive Director

## Gloucestershire Care Services NHS Trust

### Minutes of the Quality and Performance Committee

17 December 2015, 1:30pm-4:30pm  
Boardroom

#### Committee members present:

Sue Mead	Chair (Non-Executive Director)
Susan Field	Director of Nursing
Duncan Jordan	Chief Operating Officer
Tina Ricketts	Director of Human Resources
Nicola Strother Smith	Non-Executive Director
Ingrid Barker	Gloucestershire Care Services Chair
Candace Plouffe	Director of Service Delivery
Dr Mike Roberts	Medical Director
Glyn Howells	Director of Finance

#### In attendance:

Michael Richardson	Deputy Director of Nursing
Laura Bucknell	Head of Medicines Management (for item 16)
Rod Brown	Head of Corporate Planning
Matthew O'Reilly	Head of Performance and Information
Steve Wood	Business Intelligence Reporting Tool Manager
Christine Thomas	Minute Taker

Item	Minute	Action
1.	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed the Committee and introductions were completed.</p> <p>Apologies were <b>Received</b> from: Hannah Williams, GCCG, Quality Manager Jan Marriot, Non-Executive Director Ian Dreelan, Non-Executive Director</p>	
2.	<p><b>Confirmation that the meeting is quorate</b></p> <p>The meeting was confirmed as quorate by the Chair</p>	
3.	<p><b>Declarations of Interests</b></p> <p>In accordance with Trust Standing Orders, all Committee members present were required to declare any conflicts of interest with items on the Meeting Agenda.</p> <p>No declarations of interest were made.</p>	
4.	<p><b>Minutes of the meeting held on 22 October 2015</b></p> <p>The minutes of the meeting held on 22<sup>nd</sup> October 2015 were <b>Received</b> and <b>Approved</b> as an accurate record.</p>	

Item	Minute	Action
5.	<p><b>Matters arising (action log)</b></p> <p>The following matters were discussed and noted:</p> <p>15/QP015 - Harm discussions to take place with GCCG and GHFT regarding safety thermometer. This was currently work in progress and was being led by the GCCG. The Director of Nursing (DoN) had met with the GCCG and GHFT, though they were currently struggling to find further suitable dates to meet. The DoN would formally write to the GCCG with regards to any specific quality issues the Trust was facing</p> <p>15/QP020 - Risk Registers to be given same level of scrutiny across all Directorates. Head of Corporate Planning to schedule meetings with all Directors. Head of Corporate Governance/Trust Secretary advised that risk champions were in place, that they had been attending various meetings to discuss the completion of risk registers. Head of Corporate Planning to further update the Committee in December. <b>Update 17/12/15</b> – this would now be overseen by Director of Finance (DoF). The current risk register had been reviewed by all the Execs. A revised Risk Register process would be brought back to the next Committee.</p> <p>15/QP021 - Metrics and KPIs to be included in next report – it was agreed to move the completion date to December 2015 – <b>Closed</b></p> <p>15/QP026 – SM requested update on past cases - <b>Closed</b></p> <p>15/QP030 - Manchester Safety Framework – Self Assessment Exercise. SF to find out if this had progressed across the Trust – Update 22/10/2015 this had not progressed Director of Nursing and Medical Director to discuss – <b>Closed</b>. Activities would be included as part of Trusts Sign Up to Safety plans.</p> <p>15/QP031 - It was agreed that risk FIN1 (Ability to deliver CIPs against pay costs) and FIN3 (Ability to control and reduce agency spend) would be reviewed by HoCG and COO – <b>Closed</b></p> <p>15/QP032 - Patient Safety, Falls – Length of stay data - It was asked if the “median” length of stay could be included with the current reported figure of the “average”. The Interim Director of Nursing agreed to review this – <b>Closed</b>. Median Length of Stay now included within Performance reports</p> <p>15/QP033 - The Director of Nursing to look into “raw data” scorecards being made available for the Committee to review in response to timeliness of data currently presented – A test run of data would be presented at the December Committee meeting - <b>Closed</b></p> <p>15/QP034 - It was discussed whether the CQC QIP should be on the risk register. It was agreed that the Director of Nursing would discuss at the next CQC Programme meeting. <b>Update 17/12/15</b> – It was agreed that all risks would be added on to the risk register DoN and</p>	<p><b>DoF</b></p> <p><b>DoN/HoCP</b></p>

Item	Minute	Action
	<p>HoCP to action.</p> <p>15/QP035 - It was also agreed that the Chief Operating Officer would raise at the next Trust Board meeting as to whether capacity and demand risks should be on the corporate risk register. Update 17/12/15 – this to be completed in March 2016</p> <p>15/QP036 - The Chair raised a concern that the occupancy levels were not on the risk register. The Director of Nursing to progress this with the Head of Performance – <b>Closed</b></p> <p>15/QP037 - As the frameworks were very lengthy the Locality Manager was working on having a concise and clear document that would be included with the next report. The Director of Service Delivery agreed to include the agreed ICT Governance Structure - <b>Closed</b></p> <p>15/QP038 - The Director of Service Delivery would arrange for a communication to be put together that could be taken to meetings to help advise GPs of the shortage of District Nurses. The Director of Service Delivery to bring this to the next meeting. <b>Update 17/12/15</b> – The DoSD and MD to formalise what communications would be shared with GPs.</p> <p>15/QP039 - The Buurtzorg Model of Care was discussed by the Committee. It was agreed that further discussions would take place outside of the Committee, the Deputy Director of Nursing would explore further opportunities to becoming a pilot site and what this would entail and then further discussions would take place with the Director of Service Delivery, Director of Nursing and ICT Locality Manager – an initial exploratory meeting had been arranged to include the GCCG, this item to be closed and an update to be brought following the meeting - <b>Closed</b></p> <p>15/QP040 - An Equality Quality Impact Assessment (EQIA) to be discussed at the next Clinical Senate on Safe Staffing - <b>Closed</b></p> <p>15/QP041 - A “deep dive” approach to be adopted with regards to deaths occurring on Saturdays. The Medical Director to bring an update back to the Committee within the next Mortality Report - <b>Closed</b></p> <p>15/QP042 - Responses for family and friends tests (FFT) - the Director of Service Delivery assured the Committee they would be looking at this at the next Scheduled Care meeting and would bring back an update in the Scheduled Care report to the next Quality and Performance Committee - <b>Closed</b></p> <p>15/QP043 - It was agreed that an update on Lloyds Pharmacy contract would come to the Quality and Performance meeting in February 2016 with the medicine optimisation report - <b>Closed</b></p> <p>15/QP044 - It was agreed that the Committee Chair and Director of Nursing would formally write a letter to the Children’s lead</p>	<p><b>DoSD/MD</b></p> <p><b>DDoN</b></p> <p><b>DoN</b></p> <p><b>DoSD/</b></p>

Item	Minute	Action
	<p>commissioner, with regards to resources and the Trust's responsibility. <b>Update 17/12/15</b> - A response had been received from Simon Bilous, DoN to share this letter with the Committee and to formally meet with Simon Bilous. It was requested that for the next meeting that there was further clarity on key areas of responsibility and whether the Trust is meeting them.</p> <p>15/QP048 – Understanding You - it was felt that there was a need for the communications for these events to be improved. The Head of Corporate Governance to pick this up with the Head of Corporate Planning and The Trust Chair - <b>Closed</b></p>	<b>DoN</b>
6.	<p><b>Forward agenda planner</b></p> <p>The Forward Planner was <b>Discussed</b> and <b>Approved</b>. The following changes were requested/agreed:</p> <ul style="list-style-type: none"> <li>• Scheduled and Unscheduled Care Directorate reports would now be one report.</li> <li>• Freedom to Speak Out to move to April meeting.</li> <li>• John's Campaign to be taken off the February Committee agenda</li> <li>• GCS Children in Care report to be added to February agenda</li> <li>• Trust Quality Account to be added to February agenda</li> <li>• Clinical Senate to change its name to Clinical Reference Group</li> <li>• Equality Steering Group to be taken off the forward planner</li> <li>• Countywide Equality Steering group to come to future meetings</li> <li>• Quality aspects of NHS national staff survey to come to February meeting</li> </ul>	
7.	<p><b>Corporate Risk Register – Quality and Performance Risks</b></p> <p>The Director of Finance (DoF) presented the Corporate Risk Register. The Committee was advised that this had been scrutinised by the Executive Team but acknowledged that this was work in progress. There were plans in place to ensure the tightening up of risk register reviews and that these took place each month.</p> <p>The DoF highlighted that new risks had been added:</p> <p><b>SystemOne Address Box Option (Score 15)</b> Pop up screen offering change of address of a parent does not show whether the child was supposed to have any contact with the parent. Director of Service Delivery (DoSD) to bring an update to the next Committee meeting.</p> <p><b>Unable to achieve triage of patients within target time – all MIUs (Score 12)</b> Indications are that some patients are experiencing delays in being clinically assessed, due to full implementation of the CQC recommendations with regards to HCA ways of working. The</p>	<b>DoSD</b>

Item	Minute	Action
	<p>majority of patients experience a delay to be formally clinically assessed. The MIU is unable to meet the target of triage within 15 minutes of booking in time. This risk builds on the recent CQC report. The DoF would review this risk with the other Execs and bring back to Trust Board or Quality and Performance Committee.</p> <p>There was concern that the Trusts Learning Disabilities activities not being delivered in a timely way was not on the Trusts risk register. It was agreed that the Executive team would formally assess the situation and any associated risk rating.</p> <p>The Chair queried what was happening with risk SD22 - CWS, System non-compliance with NICE Diabetes guidelines, as a report had been received previously. The Director of Nursing (DoN) explained that this was being suggested as a potential 2016-17 CQUIN as there was currently no funding available. The DoSD continued to work on closer working arrangements between the respective Trust's diabetes teams.</p> <p>The Committee <b>Discussed</b> and <b>Approved</b> the Corporate Risk Register subject to these amendments and <b>noted</b> the new risks and agreed actions.</p>	<p><b>DoF</b></p> <p><b>DoF</b></p>
8.	<p><b>Unscheduled Care Directorate Report</b></p> <p>The Chief Operating Officer (COO) introduced the report and highlighted the following:</p> <p><b>Friends and Family Test</b></p> <p>Despite some good ratings it was disappointing that the response rate had dropped again, the COO would formally provide an update and actions taken to improve rates at the next Committee meeting.</p> <p><b>Safe Staffing</b></p> <p>A discussion with regards to safe staffing proposals for Community Hospital inpatient services had taken place at the Clinical Reference group, this was to be further reviewed by the Deputy Director of Nursing (DDoN) and Head of Community Hospitals (HoCH).</p> <p><b>Community Hospitals</b></p> <p>The Community Hospitals were running at 97% occupancy during the month of November. This was now rated as "red" rather than the previous "green" rating as the occupancy thresholds had been reviewed by the Head of Community Hospitals. Ratings now reflected the risks associated with high occupancy levels i.e. infection control and patient experience rather than what had been an over-achievement of 90% commissioned activity.</p> <p>There were to be 12 escalation beds opened as of 21<sup>st</sup> December 2015.</p>	<p><b>COO</b></p>



Item	Minute	Action
	<p>There had been a need to reduce service at the Cirencester and Stroud MIIUs due to staffing levels of Emergency Nurse Practitioners (ENPs). Concerns were also reported about different rates of ENP pay between Gloucestershire and Swindon which was having a detrimental impact on ENP staff turnover.</p> <p><b>Winter Resilience</b></p> <p>The medically stable patient numbers within both Gloucestershire Hospitals Foundation Trust (GHFT) and Gloucestershire Care Services (GCS) had reduced considerably compared to November 2014.</p> <p>There was some concern raised by the Committee about the closure of the MIIUs overnight, but the COO reassured the group that the numbers that attended overnight were extremely low and the system-wide impact reduced. The Director of Finance (DoF) requested that a report should be completed in order to demonstrate how many people use the service so they could take to the contract meeting and discuss with the Gloucestershire Clinical Commissioning Group (GCCG). The Committee was reminded that any decisions to reduce service provision had been based on clinical safety and not financial grounds. The Trusts escalation process for reducing service within the MIIUs had not formally been agreed with the GCCG although they were cognisant with the communication mechanisms when service was reduced.</p> <p>Following on from John's Campaign, Nicola Strother Smith asked if the Trust was accommodating carers to stay in the hospitals. The Director of Nursing (DoN) confirmed that they were and that this would include some access to the Trust hotel services such as food but acknowledged that there was some low risk associated with these developments such as infection control and a potential cost to Hotel Services. This was not just being offered to those carers of people living with dementia but others with high need e.g. end of life care.</p> <p>There were again concerns raised about the current occupancy levels at the Community Hospitals. There were various reasons as to why some patients were in hospital so long and one patient was waiting for a panel decision. It was agreed that the COO and DoN would continue to escalate these issues with GCCG. The Chair asked that an update be included in the next report.</p> <p>The Committee <b>Discussed</b> and <b>Approved</b> the Unscheduled Care Directorate Quality and Performance Report and noted the concerns raised.</p>	<p>COO</p> <p>COO/DoN COO</p>
9.	<p><b>Scheduled Care Directorate Report</b></p> <p>The Director of Service Delivery (DoSD) introduced the report and outlined the following key points:</p>	

Gloucestershire Care Services NHS Trust – Public Trust Board – 22 March 2016  
**AGENDA ITEM 13.2: Approved minutes – Quality and Performance 17.12.15**



Item	Minute	Action
	<p>All learning from this would be reported via the Trust's Clinical Reference Group. It was proposed by the DDoN and the Director of Nursing (DoN) that the action plan be formally presented and discussed at the February Quality and Performance Committee and then to the Trust Board in March 2016.</p> <p><b>End of Life Strategy</b></p> <p>The DoN reported to the Committee that the GCCG had recently published its draft End of Life (EoL) strategy. The Trust was working to ensure that the End of Life pathways were aligning with this. The Trust had recently established its own End of Life group chaired by the DoN and this was working on refreshing the EoL pathways of care (based upon the principles of the Gold Standards Framework) and taking the service forward. There were concerns expressed that there was not enough detail in the GCCG strategy and that this would be shared with the GCCG alongside other constructive feedback</p> <p>The Committee <b>Discussed</b> and <b>Approved</b> the Quality Directorate Report</p>	<p><b>DDoN/ DoN</b></p> <p><b>DoN</b></p>
11.	<p><b>“Live” Scorecards</b></p> <p>The Head of Performance and Information (HoPI) and Business Intelligence Reporting Tool Manager (BIRTM) presented the “live” scorecards to the Committee. These reports would promote a shift towards information no longer having to be emailed out to colleagues and being more readily available. This would enable more up to date information to be presented to respective Trust Committee's and to the Trust Board. The HoPI highlighted the positives and negatives of this approach which included:</p> <p>Positives:</p> <ul style="list-style-type: none"> <li>• Enhancing and triangulating information</li> <li>• Increasing assurance</li> <li>• Consistent reporting</li> </ul> <p>Negatives:</p> <ul style="list-style-type: none"> <li>• Moving away from the familiar – may take people a while to get used to it</li> <li>• Potential difficulties during role out</li> <li>• Introduces risk of possibly too much information</li> </ul> <p>The new reporting system was broadly welcomed by Committee members. It was agreed that for the purposes of the Committee that they would still retain a high level overview report and that the Committee members would request more detail should they require it.</p> <p>The Committee <b>Discussed</b> and <b>Approved in principle the future revised approach for Quality &amp; Performance Reporting</b></p>	

Item	Minute	Action
	<p><b>Arrangements.</b></p> <p>The BIRTM left the meeting</p>	
12.	<p><b>Quality and Performance Report</b></p> <p>The Committee reviewed the Quality and Performance report.</p> <p><b>Section 1</b></p> <p><b>Chlamydia</b> - Nicola Strother Smith noted that the Chlamydia figures had taken a downturn. The Director of Service Delivery (DoSD) advised that they have refreshed the action plan and this would be sent out to all parties concerned.</p> <p>Venous Thromboembolism (VTE) – there was an inputting issue for this item and that a data box was not being completed, which was skewing the figures. Mandy Hampton (MH), Matron for Forest Hospitals, had set up a small working group to review this risk as a priority.</p> <p>Ingrid Barker raised concerns that the data on Rapid Response (RR), Integrated Discharge Teams (IDT) and Discharges appeared to have decreased and that this was a risk in light of these services supporting the Trusts winter resilience and preparedness plans. The Chief Operating Officer (COO) advised that they were currently revisiting the KPIs as they don't always reflect what is being achieved; some were also being commissioned as unachievable. It was also noted that there was currently a vacancy issue within the IDT that they could not recruit to. The COO agreed to provide a more detailed update for the next Committee meeting.</p> <p><b>Section 2</b></p> <p>It was not clear from the report what was meant by Communications being reported as a concern. Nicola Strother Smith asked for clarification as to what this meant. The Director of Nursing (DoN) explained that this could be around a broad range of things, for example communication around discharging of a patient or follow up services once they have left hospitals etc.</p> <p><b>Section 3</b></p> <p>The DoN advised that RR, IDT and Single Point of Clinical Access (SPCA) would be moving to SystmOne in January/February 2016, which would provide greater visibility of their service and activity levels.</p> <p><b>Section 4</b></p> <p>There were continued frustrations over the appraisal rates, this was to be discussed in more detail at the Workforce and OD Committee. It was requested that a strategy be brought back to this Committee for February. It was also noted that the TDA were becoming equally</p>	<p><b>COO</b></p> <p><b>DoHR</b></p>

Item	Minute	Action
	<p>frustrated by this lack of progress.</p> <p>Exit interview feedback had been useful as it had indicated that there are areas the Trust was not getting right and vice versa.</p> <p>The DoSD asked if Ingrid Barker as Trust Chair and the Chief Executive Officer (CEO) compose a positive letter to those people who were maintaining their colleague appraisal rates</p> <p>The Committee <b>Received</b> and <b>Approved</b> Quality and Performance Report, but noted the concerns raised.</p>	
13.	<p><b>Medical Revalidation Report</b></p> <p>The report was presented by the Medical Director and discussed by the Committee. It was agreed that this report would come annually to the Committee and that in future would include Medical and Dental revalidation.</p> <p>The Committee <b>Noted</b> the Medical Revalidation Report.</p>	
14.	<p><b>Complaints Oversight Group Update</b></p> <p>The Deputy Director of Nursing (DDoN) presented the Complaints Oversight Group report to the Committee. There was concern about these refreshed policies being delayed again for Trust Board ratification. As a reminder the Duty of Candour and Complaints policies had been ratified in May 2015 but were being reviewed in light of the need to make them simpler and more robust.</p> <p>It was agreed that Ingrid Barker and the Director of Finance (DoF) would agree with the CEO that these come to the Quality and Performance Committee in February 2016 and then to Trust Board in March 2016. Subject to this agreement from the CEO there would be an update, to include revised timescales, at the next Board meeting via the Chief Executives report</p> <p>There being no further questions the Committee <b>Noted</b> the report and associated actions that needed to be progressed.</p>	<p><b>Ingrid Barker/ DoF</b></p>
15.	<p><b>Annual Mortality Review</b></p> <p>The Medical Director (MD) presented the report to the Committee.</p> <p>The report indicated that progress had been made in understanding the mortality data within the Trusts Community Hospitals. The Trust had been able to share this data with the TDA and the report outcomes would link with End of Life care and care planning. Concerns had previously been raised about increased trends with regards to deaths on a Saturday. This report however, provided assurance to the Committee that this was not the case within the Community Hospitals. There was also concern that patients were transferred without care plans in place and the Director of Service Delivery (DoSD) queried whether the Committee was assured that</p>	

Item	Minute	Action
	<p>End of Life patients were not being inappropriately handed over from the acute hospital. It was agreed that this report would be sent to the Medical Director of Gloucestershire Hospital Foundation Trust (GHFT) and shared with the GCCG , highlighting concerns about inappropriate patients being transferred and patients being transferred without care plans</p> <p>It was agreed by the Committee that the next Mortality report would be presented to the Committee November 2016.</p> <p>The Committee <b>Discussed</b> and <b>Noted</b> the Mortality Review report and the subsequent actions that were to be progressed.</p>	<p><b>MD</b></p> <p><b>MD</b></p>
17.	<p><b>CQC Quality Improvement Plan</b></p> <p>The Head of Corporate Planning (HoCP) updated the Committee on the progress made on the CQC Quality Improvement plan. There had been a Trust working group set up to oversee this work, which was progressing well. There was also an oversight group that was chaired by the TDA with the GCCG also in attendance. The biggest risk areas are considered to be:</p> <ul style="list-style-type: none"> <li>• Leadership and culture</li> <li>• Staffing – particularly the MIUs</li> <li>• Records Management – this was now moving to the Trusts SystemOne Operational Board.</li> <li>• End of Life – there had been a slip in timelines, but this was currently not considered to be significant.</li> <li>• Estate issues</li> </ul> <p>Training had been seen as a risk previously but this was now in hand under the leadership and direction of the Directors of HR and Nursing.</p> <p>The Committee agreed to <b>Note</b> this paper and the risks highlighted.</p>	
16.	<p><b>Medication Errors Review</b></p> <p>The Head of Medicines Management (HoMM) attended the meeting to present the Medication Errors Review.</p> <p>The report indicated that there had been an increase in incident reporting some of which had previously been attributed to the change in pharmacy provisions (Lloyds). These issues appeared to have settled down. However, it had been noted that often the same errors were occurring and it was felt that ownership was not being taken once an incident had been reported. The HoMM had formed a short-term working group to actively review how the Trust would manage these risks and trends. There were some concerns raised with regards to incidents occurring in the Community environment which often involved medication timing issues and related to people not getting medication in a timely manner.</p>	

Item	Minute	Action
	<p>The Chair raised concerns that there were no national guidelines available to compare the Trust's medication error data against. The HoMM was not aware of any, but would explore this further. The Head of Performance and Information (HoPI) agreed to also look into this further</p> <p>The Committee <b>Noted</b> the report, the concerns raised and that a further report would be presented to the Committee April 2016.</p> <p>HoMM leaves the meeting at 16.50hrs DoN left the meeting at 16.50hrs</p>	<p><b>HoPI</b></p> <p><b>HoMM</b></p>
18.	<p><b>Freedom to Speak Out Report</b></p> <p>The Director of Human Resources (DoHR) presented the Freedom to Speak Out report. The report contained 17 recommendations and action plans. The next step was for the Trust to employ an Ambassador for Cultural Change. There were some concerns raised about this new role being someone who would join as an employee and therefore become integrated with other members of staff and not be considered as "truly independent". It was believed that this role should sit outside of the Trust and be an independent person. The DoHR explained that this person would be situated independently on the organisation structure and would report directly to the Chief Executive Officer (CEO) with a dotted line to the DoHR. It was felt that there should also be a dotted line to the Trust Chair in case this individual wished to escalate concerns past the CEO. The DoHR assured the Committee that this role would also have external guardians that they could access for support should they need to go outside of the Trust.</p> <p>It was agreed that the DoHR would bring back an update and revised policy to the April Quality and Performance Committee meeting.</p> <p>The Committee <b>Noted</b> the report and that an update would come back in April.</p>	<b>DoHR</b>
19.	<p><b>Clinical Reference Group update</b></p> <p>The Deputy Director of Nursing (DDoN) presented the Clinical Reference Group update. It was noted on the revised Terms of Reference that Children's Nursing, Health Visiting and Public Health Nursing had been inadvertently omitted from the membership. It was agreed that the Group would report to the Trust Board via the Quality and Performance Committee. The Terms of Reference were ratified subject to the above minor amendments.</p> <p>The Committee <b>Noted</b> the Clinical Reference Group update and <b>Approved</b> the Terms of Reference for this group.</p>	
20.	<p><b>Subgroup Reports</b></p> <p><b>Equality Annual Report</b></p>	

Item	Minute	Action
	<p>The Committee <b>Noted</b> this report and that the next report would be included within the Trust 2015-16 Quality Account.</p> <p><b>Sustainability Paper</b></p> <p>It was noted that the Trust was achieving in the area of utilities but not for mileage/car sharing.</p> <p>The Committee <b>Noted</b> the Sustainability Paper.</p>	
22.	<p><b>Any Other Business</b></p> <p>The Chair requested that in the next Quality and Performance update paper for Trust Board that the Mortality paper and Freedom to Speak Out papers be mentioned.</p> <p>Ingrid Barker advised the group that they had agreed a new format for Committee papers coming to the Trust Board and this was to take the form of:</p> <ul style="list-style-type: none"> <li>• Items to Note</li> <li>• Items that were Approved</li> <li>• Issues raised and progressing</li> <li>• Issues raised and concerns</li> </ul> <p>There being no other business the Chair thanked everyone for attending and formally closed the meeting.</p>	
23.	<p><b>Date of the next meeting</b></p> <p>The next meeting of the Committee to be held on 25 February 2016 in the Boardroom at 1:30pm.</p>	

Signed ..... Date .....

## Trust Board

Date: 22<sup>nd</sup> March 2016

<b>Agenda Item:</b>	14
<b>Agenda Ref:</b>	14/0316
<b>Author:</b>	Tina Ricketts, Director of HR
<b>Presented By:</b>	Nicola Strother Smith
<b>Sponsors:</b>	Duncan Jordan and Nicola Strother Smith

<b>Subject:</b>	Workforce & OD Committee Update Report
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This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☒ Assurance ☒ Information

### Executive Summary:

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

Section four of the report seeks board approval to pursue the Listening into Action accreditation in July 2016.

### Recommendations:

The Board is asked to approve the request to pursue the listening into action accreditation in July 2016.

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

### Considerations:

#### *Quality implications:*

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

#### *Human Resources implications:*

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

#### *Equalities implications:*

None identified

#### *Financial implications:*

None identified

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

Yes – this paper links to all workforce risks



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

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

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

<b>Reviewed by (Sponsors):</b>	Duncan Jordan & Nicola Strother Smith
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<b>Date:</b>	2 <sup>nd</sup> March 2016
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Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Workforce & OD Committee Workforce & OD Steering Group Workforce Education & Development Group

Explanation of acronyms used:

Contributors to this paper include:
Lindsay Ashworth, Head of HR



## WORKFORCE & ORGANISATIONAL DEVELOPMENT BOARD REPORT MARCH 2016

### 1.0 INTRODUCTION

This report provides a summary of key agenda items considered by the Workforce & OD Committee at its meeting on 18<sup>th</sup> February 2016. Attached in appendix one are the approved minutes of the meeting held on 14<sup>th</sup> December 2015.

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

As a reminder to the Board the key workforce risks have been summarised in the table below:

**Table 1: Workforce Risks by Theme**

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

staff engagement and satisfaction requires improvement	<p>in 2015/16 which is having an impact on workforce capacity</p> <p><b>Retention</b> – there has been an increase in the overall turnover rate in 2014/15 which is impacting on workforce capacity</p>
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To monitor the effectiveness of the strategy, a number of key performance indicators are monitored by the Committee and the areas requiring improvement as at 31<sup>st</sup> January 2016 are as follows:

Key Performance indicator	Performance as at 31 <sup>st</sup> January 2016	Target
Appraisal completion rate	77.7%	95%
Staff FFT (recommending Trust as a place to work)	51%	60%
Mandatory Training (excludes resuscitation and safeguarding)	80.76%	95%
Sickness absence	4.74%	4.4%
Turnover	15.43%	11%

## 2.0 ITEMS THE COMMITTEE NOTED THAT THE BOARD SHOULD BE AWARE OF

**2.1 Workforce Education and Development Report** – the Head of Professional Practice and Education updated the Committee on the progress that is being made in response to the Care Quality Commission’s Quality Improvement Plan (CQC QIP) with regard to clinical supervision, mandatory and essential training. Assurance was received that all required actions would be completed by 31<sup>st</sup> March 2016 to allow testing during April and May 2016. Further assurance was requested that the Committee has oversight of all outstanding workforce and organisational development actions within the CQC QIP and the Director of HR committed to following this up with the Head of Corporate Planning.

The Committee was informed of the work that the Workforce Education and Development team had undertaken since April 2015 and the priorities that were planned for 2016/17.

**2.2 Draft workforce plan for 2016/17** - the Committee was informed that a “top down” workforce plan had been drafted to comply with NHS Improvement’s annual planning cycle. However, the Trust had until

April 2016 to submit the final version. It was agreed that a sub group of the Committee would be formed to review and approve the workforce plan as the timings of the planning cycle was out of sync with the next meeting.

**2.3 Recruitment and Retention report** - the Head of HR provided a detailed report on the vacancy levels across the Trust and highlighted that the hard to recruit roles remained as Band 5 Staff Nurses and Band 6 District Nurses. However progress had been made with regard to the recruitment within Countywide Services and the vacancy rate is 5.3% as at the end of January 2016 and should reduce further once the anticipated newly recruited have started in post during February and March. The Committee was assured that a number of actions were being taken forward by the Recruitment & Retention Group which included improving the Trust's profile as a flexible employer.

**2.4 Worcestershire Investigation Learning for the Trust** - the Director of HR provided the Committee with a summary of the findings from an independent investigation into five complaints raised by former staff about their employment with the former Worcestershire Health organisations and Worcestershire Health and Care NHS Trust. The investigation was commissioned by the NHS Trust Development Authority and conducted by an independent investigator to formally review the management and HR processes surrounding the cases, in order to identify if there were common issues, especially evidence of bullying and harassment by Trust Managers. In the context of the five cases between 2009 and 2015, the investigation also considered the effectiveness of all the NHS Trusts' processes and procedures for managing grievances and enabling staff to raise concerns so as to identify any lessons to be learnt. The findings of the report were reviewed to ascertain whether GCS could take any learning from this investigation and six actions were identified. These will be taken forward by the Head of HR with an update report provided to the committee in June 2016.

**2.5 Workforce report** – the Committee was provided with Trust level workforce information in the form of a scorecard containing key metrics and a dashboard containing trend analysis. It was noted that turnover had increased to over 15% in the last twelve months but that this could be attributed to the mutually agreed resignation schemes and the organisational change process for non-frontline colleagues. It was noted that the lowest turnover rate was for qualified nurses.

The level of sickness absence was a concern and it was agreed that a stretch target of 4% by 31<sup>st</sup> December 2016 would be set as part of the annual performance objectives for all managers.

### **3.0 ITEMS THE COMMITTEE APPROVED THAT THE BOARD SHOULD BE AWARE OF**

**3.1 Terms of reference** – the Committee reviewed its terms of reference and approved an updated version containing minor amendments. Furthermore, the Committee approved the revised Workforce & OD Steering Group terms of reference which contained a new membership list to strengthen operational management input and the focus on workforce planning.

**3.2 Workforce & Organisational Development Plan for 2016/17** – following the Board's approval of the content of the workforce and organisational development strategy on a page the Committee approved the following top level plan for 2016/17:

Workforce and organisational development strategy Plan on a page 2016/17	Lead(s)
Listening into Action (year 3) – Further embed the LIA approach across the organisation through the 10 big ticket items and 5 enabling our people schemes. Achieve Listening into Action accreditation.	Ambassador of Culture Change
Produce “Team Map” for the Trust. Support Head of Service to develop service/ team level objectives and scorecards and embed these within the appraisal process.	Head of Comms/ Head of OD
Develop and deliver internal communication and engagement plan based on “Team Map” and feedback from the Energise project.	Head of Communications
Hold annual staff award ceremony. Introduce monthly team awards as part of internal communications and engagement plan.	Head of Comms/ Head of OD
Through the Workforce Education & Development Group refresh statutory, mandatory and essential to role training matrices. Update policy to mandate protected learning time to undertake this training.	Head of Professional Practice & Education
Develop and deliver annual training event calendar so that all colleagues can achieve their continued professional development requirements whilst being engaged in key issues of the organisation. Use celebration events to reward best practice.	Head of Professional Practice & Education
Develop and implement Trust standards so that all staff have access to regular supervision, team meetings and 1:1 meetings with their manager.	Head of Comms/ Head of OD
Embed CORE values framework within appraisal and recruitment processes.	Head of OD

Undertake a review of the Trust's approach to flexible working and work towards Timewise status.	Head of HR
Improve workforce planning capability and capacity across the Trust. Develop a "bottom up" 3 year workforce plan.	Head of Professional Practice & Education/ Head of HR
Develop and implement a Colleague Health and Wellbeing Plan.	Head of OD

**3.3 HR Policy Development** - the Committee ratified the following policies that had been reviewed through the Joint Negotiating & Consultative Forum:

- Bullying and Harassment policy
- Job Evaluation and Banding policy
- Overpayment policy

#### **4.0 ITEMS THE COMMITTEE REVIEWED AND SUPPORTS, BUT ARE PRESENTED FOR THE BOARD TO APPROVE**

**4.1 Workforce accreditation** – the Director of HR presented the Committee with an options appraisal to help identify which accreditation the Trust should pursue in 2016 to demonstrate its commitment to be an employer of choice. Options included Listening into Action, Investors in People and Timewise (helping businesses to attract and develop the best talent through flexible working). Factors taken into consideration included:

- alignment with Trust's workforce and organisational development priorities
- alignment with the Trust's staff survey results
- status of accreditation within the NHS
- state of readiness of the Trust against each of the frameworks
- views of staff side colleagues
- cost (including licence fees, cost of preparation and implementation)

Following a detailed discussion the Committee supported the Listening into Action accreditation to be taken forward in July 2016 on the basis that it rated the highest against the above criteria. Furthermore, the Committee felt that there was merit in pursuing the Timewise accreditation. The Committee requested that a detailed communications plan be developed to ensure a smooth transition between the current Investors in People status and the new accreditation(s) should the Board approve this decision. A progress report was scheduled for the Committee's meeting in June.

Since the Committee meeting in February the Director of HR has been approached by Investors in People with a possible option of extending the current accreditation to March 2017. Further information is awaited on what this will entail and an update will be provided at the board meeting. This option will mitigate the risk of the Trust having no accreditation in place after 31<sup>st</sup> March 2016.

The Board are asked to approve the decision to pursue the Listening into Action accreditation in July 2016.

## APPENDIX 1

<b>Minutes of the Workforce and Organisational Development Committee</b> <b>Boardroom, Edward Jenner Court</b> <b>14 December 2015 – 10am – 12.00 pm</b>		
<b>Present:</b>		
Nicola Strother Smith	Non-Executive Director	CHAIR
Tina Ricketts	Director of Human Resources	
Sonia Pearcey	LiA Lead	
Rod Brown	Head of Corporate Planning	
Lindsay Ashworth	Head of Human Resources	
Joanna Scott	Non-Executive Director	
Susan Field	Director of Nursing	
Stuart Bird	Deputy Director of Finance	
Candace Plouffe	Director of Service Delivery	
Duncan Jordan	Chief Operating Officer	
Jan Marriott	Non-Executive Director	
Linda Gabaldoni	Head of Organisational Development (OD)	
Maria Wallen	Head of Professional Practice and Education	
Kieth Dayment	Head of HR Business Support	
Joan James	Health Visitor, Finlay Hub	
Harriet Howell	Senior Personal Assistant (minute taker)	

Item	Minute	Action
15/HR090	<b>1. <u>Welcome and apologies</u></b>  The Chair thanked everyone for attending the meeting and welcomed Joan James from Finlay Hub who was shadowing the Director of HR for the day.  Apologies were received from Richard Cryer, Non-Executive Director.	
15/HR091	<b>2. <u>Confirmation of Quoracy</u></b>  The Chair confirmed that the Committee was quorate.	
15/HR092	<b>3. <u>Declaration of Interests</u></b>  There were no conflicts of interest declared.	
15/HR093	<b>4. <u>Minutes of the Meeting held on 20<sup>th</sup> August 2015</u></b>	



Item	Minute	Action
	The minutes of the meeting held on 20 <sup>th</sup> August 2015 were <b>Received</b> and <b>Approved</b> as an accurate record subject to minor amendments.	
15/HR094	<b>5. <u>Action Log</u></b>  The Action Log was <b>Approved</b> . See action log for updates.	
15/HR095	<b>6. <u>Forward Agenda Plan</u></b>  The Committee agreed to review the forward agenda planner at the end of the meeting.	
15/HR096	<b>7. <u>Terms of Reference</u></b>  The Committee agreed to discuss this item at the end of the meeting.	
15/HR097	<b>8. <u>Workforce and OD Priorities for 2016</u></b>  The Director of HR (DoHR) gave an overview of the current workforce and OD issues and recommended nine priorities for 2016 for discussion.  JM stated that perhaps the overall work pressures within the NHS were causing issues and stress amongst colleagues and asked how the Trust can empower staff to have more control over their working life.  The Director of Nursing (DoN) asked if the Trust is sharing these priorities wider than the Committee and enquired what integration meant within the strategy.  JM stated that a paper regarding the Hertzberg model for safer staffing was brought to the last Performance and Quality Committee and perhaps it would be helpful to pilot that in one area. The DoN stated that there is a national thrust for more autonomy with more local ways of working. Michael Richardson (Deputy Director of Nursing) is currently exploring whether the Trust can test this model as it may have an impact on the way ICT's work.  The DoHR stated that this would tie into the recruitment and retention strategy. There are two areas which the Trust can support staff with - flexible working and protected learning time.  The Director of Service Delivery felt there were too many priorities. The Trust is in danger of trying to do too much and because of the history of slow progress not seeing a	



Item	Minute	Action
	<p>positive impact.</p> <p>JS said that the CQC is a common and well understood priority and prior to the inspection there was a much greater unified approach from the Trust so if we can have fewer priorities and place them into themes then this would be more appropriate.</p> <p>The DoHR will reduce priorities and bring back a draft strategy to the next meeting for discussion.</p> <p>The Committee <b>Approved</b> the combining of Workforce and OD Strategies into one document.</p> <p>The Committee <b>Reviewed</b> the strategic priorities and the DoHR is going to revise them according to the above comments.</p> <p>The Committee <b>Reviewed</b> the diagram in appendix one. The Chair has made a suggestion regarding the diagram being easier to read by perhaps using pictures.</p> <p>The LiA Lead suggested the DoHR liaise with Claire Powell (Quality and Safety Manager) as she has experience in this field.</p>	<p>Director of HR</p> <p>Director of HR</p>
15/HR098	<p><b>9. <u>Workforce Education and Development Report</u></b></p> <p>The Head of Professional Practice and Education updated the Committee on progress regarding the CQC action plan.</p> <p>Mandatory training at corporate induction will be reduced from three days to two days and will include resuscitation and safeguarding from April 2016. The Trust is now compliant with the Skills for Health framework.</p> <p>Delivery of training will be blended learning so not just face to face but e-learning and workbooks will be developed to reduce time away from work.</p> <p>Profiles are currently being produced for Mandatory Training so staff can identify the competencies required for their role.</p> <p>The Chief Operating Officer (COO) asked for clarity around the RAG ratings on the CQC QIP plan and requested time scales to be recorded separately.</p> <p>The Head of HR Business Support stated there is a workstream looking at data for training records to make</p>	<p>Head of Professional Practice and Education</p>

Item	Minute	Action
	<p>sure that they are accurate. HR are currently re-building records in line with the pending developments so staff can see when their training is due.</p> <p>The Director of HR stated that the compliance will increase around mandatory training, apart from resuscitation and safeguarding where there will be some gaps.</p> <p>The Director of Service Delivery asked if appraisals will be changing from KSF lite to the implementation of the core values before rolling out the mandatory training.</p> <p>The Head of Professional Practice and Education confirmed that the training will reflect the new policy so this will be rolled out after the core values has been aligned with appraisals.</p> <p>The Chair thought it would be more appropriate to introduce this as a “development” rather than another change. Language plays a key part in communication and could help with getting messages across to colleagues about what the Trust is doing for them.</p> <p>The Chair asked what the governance was for the CQC QIP. The Director of Nursing (DoN) clarified that the steering group shows a clear link to the Clinical Professional group, the Workforce and OD Committee and the Quality and Performance. The DoN will circulate the governance matrix to the Committee.</p> <p>The LiA Lead said there is a model created (LiA conversation model) and used when colleagues are joining the Trust; it is important to see how they are progressing in their role and to see how they are getting on after induction. The LiA Lead suggested liaising with the new member of staff at 3 months, 6 months and then 12 months asking them fundamental questions. This may also help with retention.</p> <p>The Committee <b>Noted</b> the content and the risks identified.</p> <p><b><u>Terms of Reference for Workforce, Education and Development Group.</u></b></p> <p>The title has been changed to the Workforce, Education and Development Group (WED) from the Workforce, Education and Learning Group.</p> <p>The Chair asked for the ToR to be amended in the section regarding the purpose. It states that the purpose of the group is to maintain a strategic overview of the Trust’s workforce development and education agenda’s to enable</p>	<p>Director of Nursing</p> <p>Director of HR</p>

Item	Minute	Action
	the provision of high quality care and good clinical outcomes for service users. The Chair asked for 'clinical outcomes' to be removed from this status to just 'outcomes'.	
15/HR099	<p><b>10. <u>LiA update</u></b></p> <p>The Chair enquired if the Trust is still involved with Investors In People (IIP). The Director of HR (DoHR) stated that the Trust is IIP registered until March 2016. The Committee had previously agreed that the Trust would not continue with Investors in People but would instead focus on Listening into Action instead.</p> <p>JM raised a concern around tendering future services in respect of needing specific things such as IIP. Is the Trust ruling themselves out by not participating in IIP. The DoHR agreed to bring back a report to the next meeting.</p> <p>The Head of Professional Practice and Education asked how colleagues could get involved with LiA. The LiA Lead confirmed that the ten big ticket schemes were identified across the Trust and there will be comms released with contact details for colleagues wishing to get involved.</p> <p>The Committee <b>Noted</b> the progress to date.</p>	Director of HR
15/HR100	<p><b>11. <u>Staff Engagement update</u></b></p> <p>The Head of Corporate Planning updated the Committee on the recent engagement pilot workshops in Tewkesbury ICT and Stroud Hospital by presenting the findings and discussing future actions.</p> <p>Within Tewkesbury ICT, further workshops and meetings will be set up to commence in January 2016 to review the team development framework and how it can be embedded locally.</p> <p>The Director of HR and the Head of Corporate Planning met with Juliette Richardson (Matron, Stroud General Hospital) as there are historic concerns raised by colleagues in Stroud. The Head of Corporate Planning is arranging further meetings at Stroud including meeting with League of Friends.</p> <p>JM enquired what the comment stating "what's the point in telling you as you don't listen anyway" related to. The Head of Corporate Planning confirmed that this was</p>	

Item	Minute	Action
	<p>regarding the change in shift pattern. The Director of Nursing expanded on this stating that the change was regarding night shifts at Stroud. With the new shift pattern they were required to work a certain amount of day shifts per year. This was to ensure they kept up to date with all training (including mandatory training) making them safer practitioners and to feel more included within the Trust.</p> <p>JM asked if feedback has been given to the attendees of the workshops. The Head of Corporate planning stated that edited versions have been fed back regarding the findings. The Director of Nursing asked why an edited version was given to the attendees and the Committee agreed that colleagues should see the full results.</p> <p>The Chief Operating Officer (COO) stated that there is a need to widen the conversation about behaviours to the rest of management colleagues and also suggested it goes to the Executive Team meeting. The COO also confirmed that there is an opportunity at the leadership group once a month and discussions can take place there on how issues are to be addressed.</p> <p>The Director of Service Delivery asked how as an organisation we can begin to have conversations and wider discussions about what the Trust can do while managing messages on what is outside of the control of the Trust (eg pay awards).</p> <p>JJ suggested embedding the core values into 121 paperwork so it could be discussed routinely.</p> <p>The Committee <b>Received</b> the feedback from the staff engagement pilot.</p>	
15/HR101	<p><b><u>12. SystmOne review report</u></b></p> <p>The Director of Service Delivery discussed the process of deploying SystmOne to date and lessons learnt to date.</p> <p>The Director of HR stated that the report showed a lack of Workforce and OD planning with regards to the roll out of SystmOne and therefore suggested that this be reviewed in all future IT system implementation.</p> <p>The COO stated that with more mobile working the Trust needs to look at the issues this creates being such a large county and how this may impact teams. The COO also suggested that those teams who had been using SystmOne for some time should be given the opportunity to feedback on how they are using the system and share</p>	

Item	Minute	Action
	<p>their learning to help colleagues in later phases of the roll-out.</p> <p>The Head of Corporate Planning said this learning should be captured in an updated QIA?</p> <p>The Director of Service Delivery agreed to bring an update back to the Committee in six months' time (13 June 2016).</p> <p>The Committee <b>Agreed</b> with the proposed governance agreement and proposed action plans.</p> <p>The Committee <b>Agreed</b> with the analysis of current service review conducted and with the proposal and timeframe to bring an update back to the June Committee meeting.</p>	Director of Service Delivery
15/HR102	<p><b>13. <u>Workforce Hotspots</u></b></p> <p>The Head of HR Business Support presented the latest Workforce scorecard as highlighting current performance and hotspots.</p> <p>The Head of HR Business Support highlighted that the main reasons for absence is anxiety/stress/depression/ other psychiatric illness. Focus therefore needs to be on this area. Managers are already managing short term and long term sickness but need to focus more on targeting stress related absence.</p> <p>JM stated that there is a lot of work going on regarding mental health in the workplace and suggested GCS work together with the CCG on that. JM to liaise with The Director of HR.</p> <p>The COO asked if there is a way of reviewing the teams with higher absence rates more in depth to see if there is additional training needed for the managers.</p> <p>The Head of HR outlined the work undertaken by HR to support managers:</p> <ul style="list-style-type: none"> <li>• The new case management system (ER Tracker) records long and short term sickness separately</li> <li>• Reports from ESR are regularly sent to managers to highlight colleagues who have hit triggers or are still recorded as having an 'open' sickness and the HR team discuss each case with the relevant manager</li> <li>• Workshops are well attended and regular sessions are publicised</li> <li>• Sickness toolkit is on the intranet for managers to</li> </ul>	The Director of HR / JM

Item	Minute	Action
	<p>use.</p> <p>The Committee <b>Noted</b> the report presented to the Committee for information.</p>	
15/HR103	<p><b>14. <u>Recruitment and Retention</u></b></p> <p>The Head of HR provided the Committee with an update on the vacancy position across all directorates, hotspots and concerns, actions plans and further developments.</p> <p>The Recruitment and Retention Group has now met for a second time and the Head of HR highlighted the appendix showing the actions coming out from this group.</p> <p>The Head of HR informed the Committee that the Cotswolds conducted two exit interviews with Community Nurses recently and they were extremely negative so the Head of HR and the Director of Service Delivery will review the points raised and look at how to address the issues.</p> <p>The Committee <b>Discussed</b> the action plan and <b>Agreed</b> performance indicators they wish to receive as part of this report.</p>	
15/HR104	<p><b>15. <u>Workforce risk register</u></b></p> <p>The Head of HR Business Support updated the Committee on organisational risks reported through the Workforce Risk Register along with actions taken or planned to manage that risk. There are no changes to note from last submission.</p> <p>The Director of Nursing suggested that the risk around morale is expanded and made more explicit about stress levels. The Director of HR will review the wording around this on the risk register.</p> <p>The Committee <b>Noted</b> the report presented for their information.</p>	Director of HR
15/HR105	<p><b>16. <u>HR Policy development</u></b></p> <p>The Head of HR provided the Committee with an overview of the Trust's position regarding HR policy development and review. There are three policies to be ratified. Comments to be sent to the Head of HR after the meeting if there are any further amendments.</p> <p>The General Appearance guidance was presented for</p>	

Item	Minute	Action
	<p>information and the uniform policy will be taken to the next policy sub group. The DoHR stated that the guidance regarding general appearance should be referred to as standards rather than guidance.</p> <p>The Chair has some amendments and will send to the Head of HR outside of this Committee.</p> <p>The Director of Nursing stated that Professional Registration has significantly changed which is now clear in the policy but comms will need to be circulated separately regarding this to inform colleagues of this change.</p> <p>The Committee ratified <b>Approved</b> the following policies subject to amendments by The Chair:</p> <ul style="list-style-type: none"> <li>• Secondment</li> <li>• Professional Registration</li> <li>• Social Media</li> </ul>	The Chair / Head of HR
15/HR106	<p><b>7. <u>Terms of Reference</u></b></p> <p>Deferred from earlier in the meeting the Chair took agenda item 7 and the Committee agreed for these to be brought back to next meeting due to the pending changes for strategies.</p>	Director of HR
15/HR107	<p><b>6. <u>Forward Planner</u></b></p> <p>Deferred from earlier in the meeting the Chair took agenda item 6 as stated as agreed at the beginning of the Committee meeting.</p> <p>Items to add to the forward planner:</p> <ul style="list-style-type: none"> <li>• Reflect the merge of the workforce and OD strategies</li> <li>• Staff survey results</li> <li>• Draft workforce and OD Strategy – next meeting then strategy update at further meetings.</li> <li>• Investors in people report</li> <li>• LiA Report</li> <li>• SystemOne – 6 months' time (June 2016).</li> </ul>	
15/HR108	<p><b>17. <u>Minutes from sub committees</u></b></p> <p><b>Reviewed</b> minutes for information.</p>	
15/HR109	<p><b>18. Any Other Business</b></p> <p>No other business was tabled for discussion.</p>	

Item	Minute	Action
	<p>The Chair thanked everyone for attending.</p> <p>The Chair closed the meeting at 12:10pm.</p>	
	<p><b>Date and Time of Next Meeting:</b></p> <p>18 February 20126, 2pm-4pm, Boardroom, EJC.</p>	



## Trust Board

Date: 22<sup>nd</sup> March 2016

<b>Agenda Item:</b>	15
<b>Agenda Ref:</b>	15/0316
<b>Author:</b>	Quality and Performance Committee
<b>Presented By:</b>	Matthew O'Reilly – Head of Performance and Information; Rob Brown – Head of Corporate Planning
<b>Sponsor:</b>	Duncan Jordan – Chief Operating Officer & Susan Field – Director of Nursing
	Duncan Jordan – Chief Operating Officer & Susan Field – Director of Nursing

<b>Subject:</b>	Quality and Performance Report
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This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☐ Assurance ☐ Information

### Executive Summary:

The integrated quality and performance report, which is driven by the organisation's priority to deliver safe and effective care, has been developed to provide the Board and its sub committees with assurance that quality is being carefully monitored and that improvement measures are being identified and implemented where necessary. It also enables the Trust to demonstrate its commitment to encouraging a culture of continuous learning, improvement and accountability to patients, communities, the commissioners of its services and other key stakeholders.

### Recommendations:

1. To consider the reported position for quality and performance

### Considerations:

#### *Quality implications:*

As reported against key performance indicators in the main report.  
Ongoing workforce issues are impacting on the ability to deliver services in a timely manner

#### *Human Resources implications:*

Vacancy and sickness levels are impacting on service delivery times.

#### *Equalities implications:*

No identified issues in relation to delivering services to the groups of service users covered under the Equality Act 2010.

#### *Financial implications:*

Inability to meet performance indicators can have financial consequences.  
Additional staffing costs through the use of bank and agency due to vacancy and sickness levels.

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

Yes

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

Yes

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P
Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

**Reviewed by (Sponsor):** Duncan Jordan – Chief Operating Officer, Susan Field – Director of Nursing

**Date:** 10<sup>th</sup> March 2016

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

N/A

**Explanation of acronyms used:**

MIIUs Minor Injuries and Illness Units  
VTE Venous Thromboembolism  
NICE National Institute for Health and Clinical Excellence  
CCG Clinical Commissioning Group  
RAG Red, Amber, Green  
CQC Care Quality Commission  
QIPP Quality, Innovation Productivity and Prevention  
SLA Service Level Agreement  
CQUIN Commissioning for Quality and Innovation  
EPRR Emergency Preparedness, Resilience and Response  
GHFT Gloucester Hospitals Foundation Trust  
ICT Integrated Community Teams  
MSKCAT Musculoskeletal Assessment and Triage  
SARC Sexual Assault Referral Centre

**Contributors to this paper include:**

Duncan Jordan – Chief Operating Officer  
Susan Field – Director of Nursing  
Matthew O'Reilly – Head of Performance and Information  
Rod Brown – Head of Corporate Planning

# Quality and Performance Report

**Trust Board  
22nd March 2016**

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## Report Overview

Gloucestershire Care Services NHS Trust is committed to providing high quality care and ensuring patient safety. We strive to make improvements in the quality of the care that we provide, at the same time as ensuring that it is clinically effective, person focused and safe.

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

The report has been realigned to meet with the Trust's changed strategic objectives (five rather than six), and provides a high level overview of our progress towards meeting those commitments, illustrated via dashboards within this report.

This report includes key themes related to year to date performance up to end of January 2016, identified within each Strategic Objective on the following slides.

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

- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target was not achieved in January 2016, having been achieved in the previous 2 months. This is a target that is part of QIPP delivery programme and activity is funded on a cost and volume basis. The challenge is to sustain the improved performance.
- Patient slips, trips and falls within Community Hospital in-patient setting remains the highest reported incident by type. Of the patient falls, 551 (72%) resulted in no harm (*see page 21*).
- The Trust has reported 2 Serious Incident Requiring Investigation (SIRI) during January (*see page 17*). *GCS is reporting a lower rate of SIRIs (2.4 average per month) compared to the average of the Trusts within the Aspirant Community Foundation Trust group (2.8).*
- The Trust surveyed 1,111 patients episodes of care for the January Safety Thermometer report. Of these 1,056 (95.0%) were harm free. 55 harms were reported, of which 21 were new harms (*see pages 18-20*). *This means that GCS reported 1.65% new harms compared to national average of 2.1% new harms. The national average for harm free care was 94.1% (January 2016).*
- On a year-to-date basis (April to January 2016) the Trust is reporting 82.8% compliance with national targets and 57.6% compliance with local health targets. *This represents a slight decrease in national target compliance from 85.7% reported previously; local target compliance has increased slightly in comparison with the performance reported previously (see page 11).*
- One Never event reported in January (Dentistry)

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

- The Trust is committed to providing care in an environment that protects privacy and dignity. This is supported by providing care in a single sex environment. No breaches have been reported (April to January 2016).
- The Friends and Family Test question asks service users “How likely are you to recommend our services to your friends and family”. During January, there were 1,988 responses (4.3%) from a total of 46,415 patients accessing GCS services. *This is a decrease from the 5.0% response rate recorded in December 2015. The highest rate was received from Inpatients (41.9%) and Minor Injury and Illness Units (18.6%). The average of Trusts within the Aspirant Community Foundation Trust group is 30.0% (based on 6 Trusts, with variance from 1.4% to 93.2%). Information regarding the Friends and Family Test response best practice has been requested from high-performing Trusts within the group but not yet received*
- Of those that responded, 95.2% said they were extremely likely or likely to recommend us. *This is below the average of Trusts within the Aspirant Community Foundation Trust group (96.1%).*
- 10 NHS Choices comments were received in January: 80% were positive. *Negative comments were directed to the service experience team to discuss the concerns further. Comments were also shared with the relevant Matrons and service leads.*
- Complaints: 9 complaints were received in January. In quarter three, 95.7% complaints were responded to within agreed timescale of 25 working days.

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

- Rapid response referrals achieved target for the first time in September, however have declined subsequently despite actions that are in place (page 49).
- Reablement indicators are currently rated as red, with the exception of average length of reablement service (see pages 30-31).
- The Trust is performing well against its data quality targets. The 45 data indicators that measured from data submitted to the Secondary Uses Services (SUS) shows Trust performance to be 99.0% against a target of 96%, monitored by Health and Social Care Information Centre (HSCIC) (April 2015 to December 2015). The National average is 96.2%, South Central regional average 93.5%.
- Data quality reports are not yet available from HSCIC for the Children and Young People's dataset that has been flowing since October 2015. The latest indication is that these reports will not be provided until June 2016 at the earliest.
- Average length of stay in Community Hospitals increased further to 24.8 days in January (three patients were discharged with length of stay in excess of 100 days which increased the AVLOS from 23.0 days). Year to date average is 20.6 days (page 52). The median (mid-point) in January was 19.0 days. *The NHS Benchmarking network average for 2014/15 was 26.7 days.*
- Bed Occupancy rates were 99.3% in January. *The NHS Benchmarking network average for 2014/15 was 90.75%.* Thresholds have been set by Head of Community Hospitals to identify over-performance. The CQC Report for GCS Community Health Inpatient Services identifies that when occupancy rates rise above 85%, it can affect the quality of the care provided to patients and the orderly running of hospitals.



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

- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatments (81% Q2); however, there is opportunity to improve the Trust's recommendation as a place to work (see page 55)
- Sickness absence: remains above target (4.74% rolling 12 months to December, compared to target of 3%) (see page 56). *Note: sickness absence is reported one month in arrears.*
- Appraisals: rate of reported completed appraisals (77.7%) remains behind trajectory, which has now increased to 90% (see page 56).
- Mandatory training: All aspects of mandatory training are now behind trajectory as the target increased to 90% at the end of December (see page 56).

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

- A detailed Finance report will be provided to the Finance Committee.

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

## Quality Strategy metrics 2015-16 against strategic objective 1

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
<b>Harm-free care in community hospitals and ICTs</b>	<b>More than 95%</b>	95.9%	93.9%	95.2%	95.1%	95.1%	95.8%	95.4%	95.4%	95.3%	95.0%			95.2%
Number of new harms (Safety Thermometer)	Less than 267 (14/15 total)	12	15	8	13	14	10	10	14	18	21			135
Reduction in incidents that result in severe harm	Less than 12	0	1	0	0	0	1	0	0	2	2			6
Not exceeding the agreed threshold of C. diff infections	Less than 18	0	1	2	0	1	1	0	2	0	1			8
Achieving agreed staffing levels in community hospitals	80-120%	104.7%	103.4%	104.7%	105.6%	99.2%	98.7%	99.7%	99.8%	99.4%	100.4%			101.6%
Number of Never Events within the Trust	0	0	0	0	0	0	0	0	0	0	1			1

# Summary of health performance key indicators - January year to date

	November cumulative year-to-date (with comparators to September)						Total	December cumulative year-to-date		
	Red		Amber		Green			Red	Amber	Green
National	3 10.3%	↓	2 6.9%	↑	24 82.8%	↓	29	3 10.7%	1 3.6%	24 85.7%
Local	9 27.3%	↔	5 15.2%	↔	19 57.6%	↔	33	9 27.3%	6 18.2%	18 54.5%
Total	12 19.7%	↔	7 11.3%	↓	43 69.4%	↑	62	12 19.7%	7 11.5%	42 68.9%

## National indicators

Red	Diagnostic tests waiting less than 6 weeks	Page 12
	Time to initial assessment for patients arriving by Ambulance (MilU)	Page 12
	VTE risk assessment - % of inpatients with assessment completed	Page 12
Amber	Newborn Bloodspot screening coverage (2 targets)	Page 12

## Local indicators

Red	Rapid Response – Number of referrals	Page 13
	Integrated Discharge Team – Number of avoided admissions (3 targets)	Page 13
	Chlamydia Screening –positives	Page 13
	Occupational Therapy (Adult) – referral to treatment	Page 13
	7 Day Service – Inpatients (2 targets)	Page 13
	Bed occupancy	Page 13

## Local indicators

Amber	% of terminations carried out within 9 weeks and 6 days	Page 14
	Physiotherapy (Adult) - referral to treatment within 8 weeks	Page 14
	Single Point of Clinical Access - % of Calls abandoned	Page 14
	Single Point of Clinical Access - % of calls resolved with agreed pathway within 20 minutes	Page 14
	MSKCAT service - referral to treatment within 8 weeks	Page 14

## Performance exceptions - Year-to-date National targets

Indicator	YTD RAG	Performance	Actions	Projected date of remedy
<b>Percentage of diagnostic tests waiting longer than 6 weeks</b>		Performance in January was 100% (target >99%)	The target for access to Echocardiography was not achieved during July and August due to capacity following staff sickness. The service reviewed its patient tracking processes which are robust – no significant changes to current practice have been made as a result.	Target achieved in last 5 months – however there is a risk of breaches of target due to potential capacity issues.
<b>Time to initial assessment for patient arriving at MilU by ambulance</b>		Performance in January for the 95 <sup>th</sup> percentile was 12 minutes (target <15 minutes). Year to date performance is 18 minutes.	This measure had been within target during months 1 to 4 but deteriorated since August. There have been a number of delays recorded by staff limitations of having one registered practitioner on a shift but only registered practitioners can triage. If the registered practitioner is with a patient this has resulted in a delay. GCS Trust Board has agreed a workforce action to redesign skill mix in MilUs.	Target achieved months 1 to 4 – however there is now a risk of continued breaches of target due to staffing.
<b>VTE risk assessment - % of inpatients with assessment completed</b>		Performance in January was 84.7% compared to target of 95%.	Community hospitals have confirmed that assessments are being completed, however the relevant template has not been populated on SystmOne. Community Hospitals SystmOne User Group working on this issue to ensure consistent reporting.	March 2016
<b>Newborn bloodspot screening coverage by 17 days of age</b>		Performance on year to date basis is 90.7% (target 95%)	The midwifery service in GHNHSFT are currently undergoing update training to try and reduce their repeat rate for newborn bloodspot screening.	Ongoing. CCG has agreed to remove this target.
<b>Newborn bloodspot screening coverage by 21 days of movement in</b>		Performance on year to date basis is 92.0% (target 95%)	GCS are now able to monitor this target following SystmOne development work.	Ongoing review of data now that this is available.

# Performance exceptions - Year-to-date Local

Indicator	YTD RAG	Performance	Actions	Project date of remedy
<b>Rapid response – number of referrals</b>		Performance continues to be behind target, 213 referrals compared to a target of 263 in January	The service is continuing to work to action plan, this includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads to have regular contact with GP surgeries in an attempt to increase referrals. Throughput has been impacted by a number of IV therapy patients on caseload that cannot be stepped down but take a lot of resource, and number of patients requiring more input.	Dependant on receipt of referrals. Service to continue working to action plan.
<b>Integrated Discharge Team (IDT) – number of avoided admissions (3 targets)</b>		Performance in January was 171 avoided admissions compared to a target of 310; year to date performance remains behind target	Service is working with health community service providers to review out of hours and reablement pathways to identify any scope for increase in IDT involvement.  GCCG funding being used to increase resilience within the service	Alternative model of service delivery being implemented.
<b>Chlamydia Screening - number of positive screens</b>		Performance to the end of January is behind trajectory by 90 positive screens, (864 positive screens compared to trajectory of 954)	The service have an action plan in place which has been shared with Commissioning lead. Last 3 months show increase in identification of positive screens (each in excess of 100). Countywide diagnostic rate has been ahead of target of 2,300 positives per 100,000 population for the last 4 months.	Action plan in place however dependant on identification of positive screens.
<b>Average number of discharges per day from Community Hospital (weekends)</b>		Performance on a year to date basis is an average of 4.4 discharges at weekend compared to target of 10	Number of discharges are currently behind target. The number of discharges have been impacted by an increased average length of stay within the Community Hospitals which has reduced throughput.	Discharge action plan in place to improve performance.
<b>Average number of discharges per day from Community Hospital (weekdays)</b>		Performance on a year to date basis is an average of 11.5 discharges on weekdays compared to target of 20	However the basis for the target is also being investigated by Head of Community hospitals as this would require an average length of stay in the region of 10 days.	
<b>Adult Occupational Therapy - referral to treatment within 8 weeks</b>		Performance in January was 82.0% compared to a target of 95%; year to date performance of 86.7%	Data continues to be reviewed with service following SystmOne go-live to ensure validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target.	Target unlikely to be achieved due to capacity.
<b>Bed occupancy</b>		Performance in January was 99.3% compared to a target of 90%; year to date performance of 96.1%	Thresholds have been set by Head of Community Hospitals to identify over-performance. The CQC Report for GCS Community Health Inpatient Services identifies that when occupancy rates rise above 85%, it can affect the quality of the care provided to patients and the orderly running of hospitals.	Occupancy has been consistent at this level due to demand and is expected to continue.

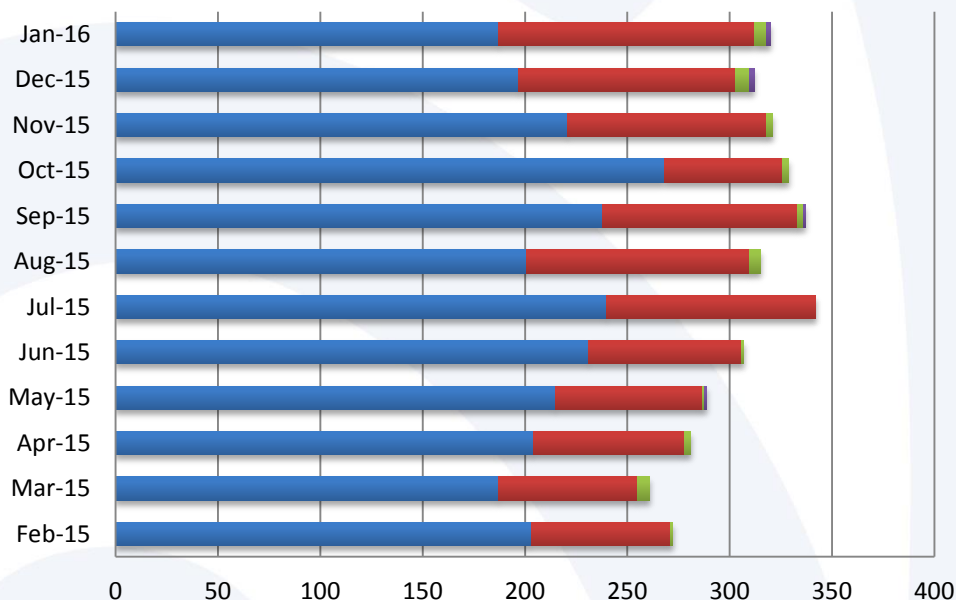
## Performance exceptions - Year-to-date Local

Indicator	YTD RAG	Performance	Actions	Project date of remedy
<b>Adult Physiotherapy Service - referral to treatment within 8 weeks</b>		Performance in January was 93.7% compared to a target of 95%; year to date performance 92.7%	The under-performance reported is within the MSK and ICT Physiotherapy service areas. Staff vacancies continue to impact on delivery of this target. Action plans to be developed to improve the performance.	Target unlikely to be achieved due to capacity.
<b>Single Point of Clinical Access % of calls abandoned</b>		Performance in January was 9.3% compared to a target of less than 5%; year to date performance 7.1%	The target was not achieved due to demand. There were 3,939 calls received in January (highest volume in 2015/16), 365 were abandoned. This equates to 197 calls abandoned above the threshold. Capacity was also impacted by SystmOne training ahead of go-live in February 2016.	Performance has been consistent at this level due to demand and is expected to continue.
<b>Single Point of Clinical Access % of calls resolved with agreed pathway within 20 minutes</b>		Performance in January was 93.5% compared to target of 95%; year to date performance 93.4%	The target was not achieved due to demand. Call complexity is adding to length of calls.	Performance has been consistent at this level due to demand and is expected to continue.
<b>MSKCAT service - referral to treatment within 8 weeks</b>		Performance in January declined to 89.0% compared to a target of 95%; year to date performance of 93.6%	The target was not achieved in January due to capacity within the service. Recruitment and training means that additional capacity is available from the end of January.	In-month February 2016.
<b>% of terminations carried out within 9 weeks and 6 days</b>		Performance in January was 84.3% compared to a target of 90%; year to date performance of 79.9%	Performance has ahead of target in the last two months and is expected to continue.	February 2016.



## Incidents by category of harm

**Incidents by Category of Harm**



	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
No Harm	203	187	204	215	231	240	201	238	268	221	197	187
Low Harm	68	68	74	72	75	102	109	95	58	97	106	125
Moderate Harm	1	6	3	1	1	0	5	3	3	3	7	6
Severe Harm	0	0	0	1	0	0	0	1	0	0	2	2
Death	0	0	0	0	0	0	0	0	0	0	0	0

### Benchmarking

Number of incidents (GCS)	147.8 per 1,000 WTE staff	April – January 2016
Number of incidents (Aspirant Community Foundation Trust Group)	187.9 per 1,000 WTE staff	Latest 6 months (June – November 2015)

### Duty of Candour (DoC)

Duty of Candour applied to 20 incidents from April 2015 to end of January 2016. In addition 3 cases were downgraded following review.

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

### Incident reporting

Incident reporting has been identified as one of the LiA “Big Tickets” to involve developing a reporting system fit for purpose and a culture of learning that empowers and enables colleagues to raise safety concerns. The aim is to reduce service user harm through an incident reporting system that is fit-for-purpose, and to maximise the potential to learn from incidents.

Benchmarking data is showing an improvement against our Aspirant Community Foundation Trust Group although we are still below the Group average. NRLS data for community hospitals has GCS ranked significantly higher than the national median which is an improvement from bottom ranking 18 months ago.

The Quality & Safety team are now raising awareness of the incident governance process through workshop based sessions at staff learning events. A workshop was well received at the Nursing Celebration event in December.

# Incidents by type (top 5 only)

Category of harm /Type of incident - <u>Patients</u> (top 5 categories)	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	12-month total
Slip, Trip or Fall (Patient)	81	69	96	72	78	69	81	93	83	77	97	90	986
Medication or drug error	16	16	14	30	31	28	36	28	32	51	32	26	340
Pressure Ulcer	14	13	23	20	23	26	21	23	19	45	45	41	313
Treatment or procedure problem	10	11	5	20	16	21	13	12	23	12	8	13	164
Problem with patient records / information	9	10	5	9	13	15	7	21	8	6	6	2	111
<b>Total (All)</b>	<b>199</b>	<b>187</b>	<b>203</b>	<b>213</b>	<b>223</b>	<b>258</b>	<b>243</b>	<b>257</b>	<b>271</b>	<b>261</b>	<b>246</b>	<b>249</b>	<b>2,810</b>

Category of harm /Type of incident - <u>Staff</u> (top 5 categories)	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	12-month total
Staffing issues	7	6	6	11	9	22	7	12	5	4	4	3	96
Verbal/written abuse	7	7	6	6	5	3	8	11	3	9	5	4	74
Premises / buildings	5	6	7	3	3	3	2	4	3	1	7	2	46
IT related issue	5	6	2	0	9	0	4	8	10	6	5	6	61
Property	4	3	4	4	9	3	3	5	1	3	5	7	51
<b>Total (All)</b>	<b>73</b>	<b>72</b>	<b>78</b>	<b>74</b>	<b>84</b>	<b>83</b>	<b>67</b>	<b>79</b>	<b>56</b>	<b>55</b>	<b>66</b>	<b>70</b>	<b>857</b>

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

There have been 13 RIDDOR reportable incidents this year to date. Of the reportable incidents 12 were staff incidents, 1 was a patient incident. The patient incident has been withdrawn following completion of a root case analysis (RCA). All of the reportable incidents are reviewed by the Health and Safety Committee.

### RIDDOR Actions taken

Staff reminded of process for cleaning.

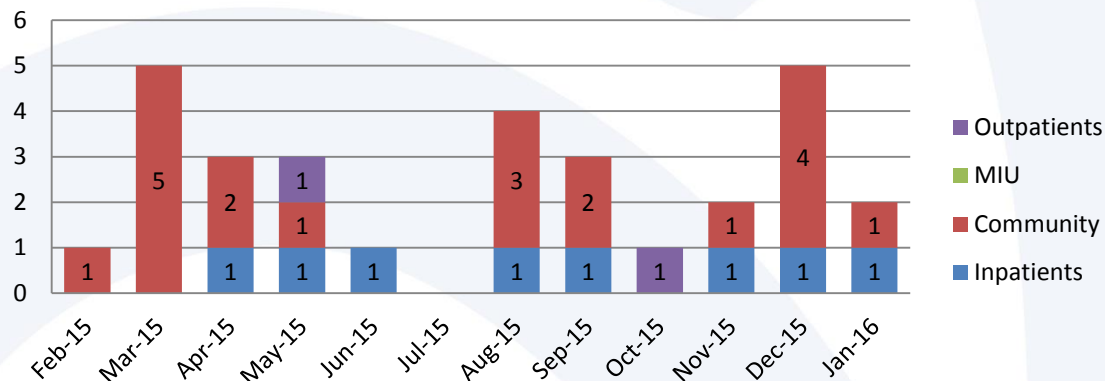
Lone working protocols information sharing reinforced. Care provider to update control process.

### Clinical Alert System (CAS)

No overdue CAS alerts this year.

# Serious Incidents Requiring Investigation And Never Events

**SIRIs by Service Area**



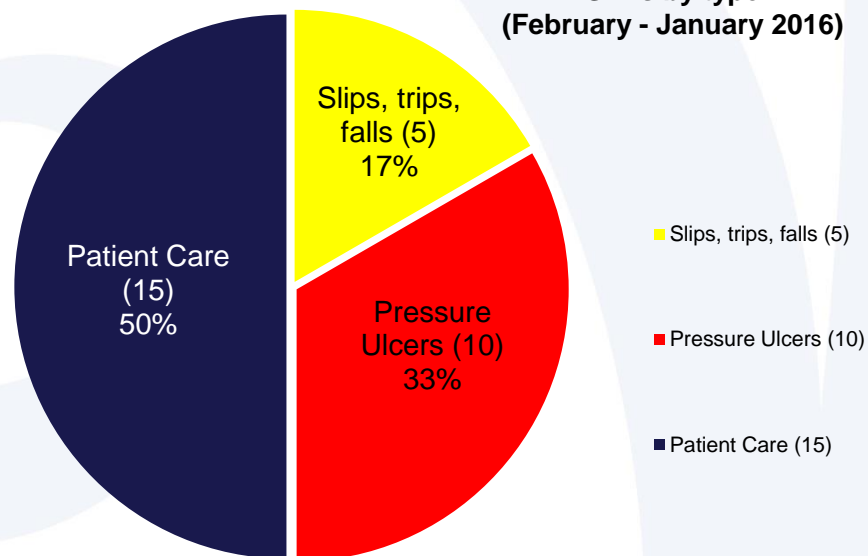
## SIRIs

The Quality and Safety team continue to support colleagues with investigation, learning and implementation of learning outcomes as part of the general LiA incident governance work stream.

## Never Event

1 Never event was reported for January 2016. This involved an extraction of the wrong deciduous tooth on a child within Dentistry. Occurred on 4 January. Declared a SIRI following a Root Cause Analysis (RCA) on 11 January.

**SIRIs by type  
(February - January 2016)**

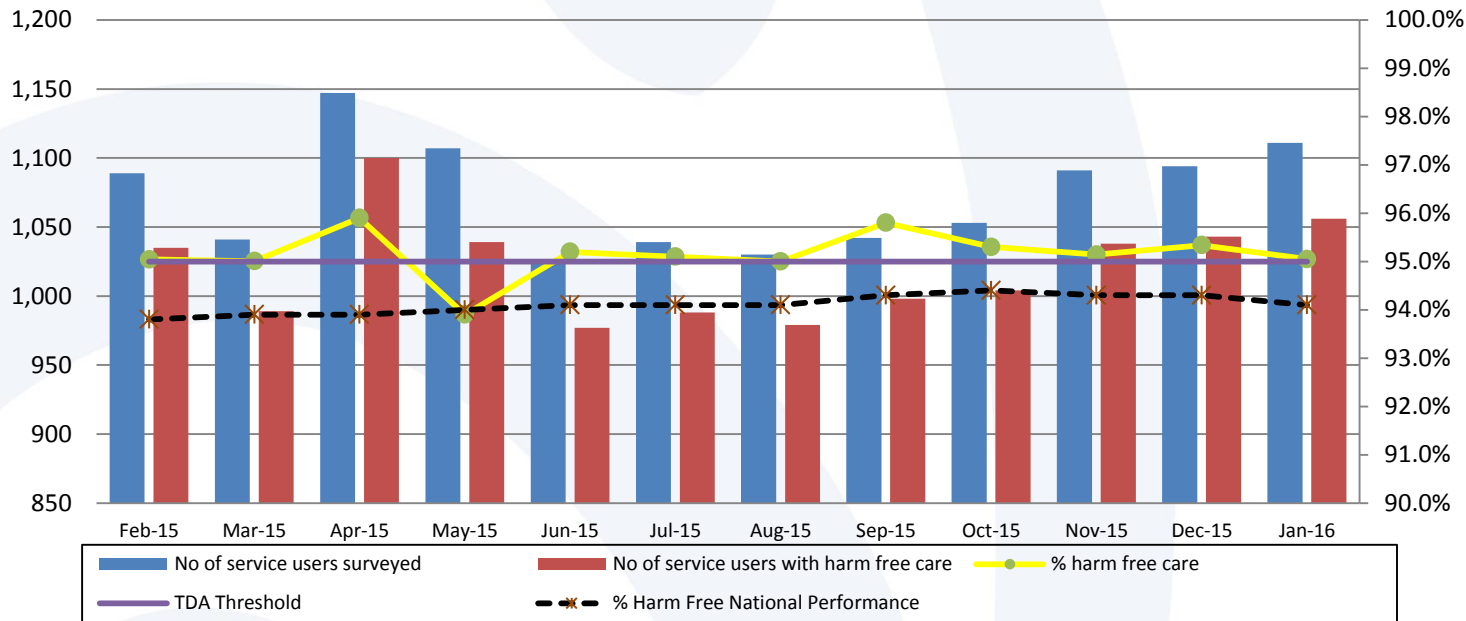


## Benchmarking

New SIRIs (GCS)	2.4 average per month, April – January 2016
New SIRIs (Aspirant Community Foundation Trust Group)	2.8 average per month, (Latest 6 months June – November 2015)

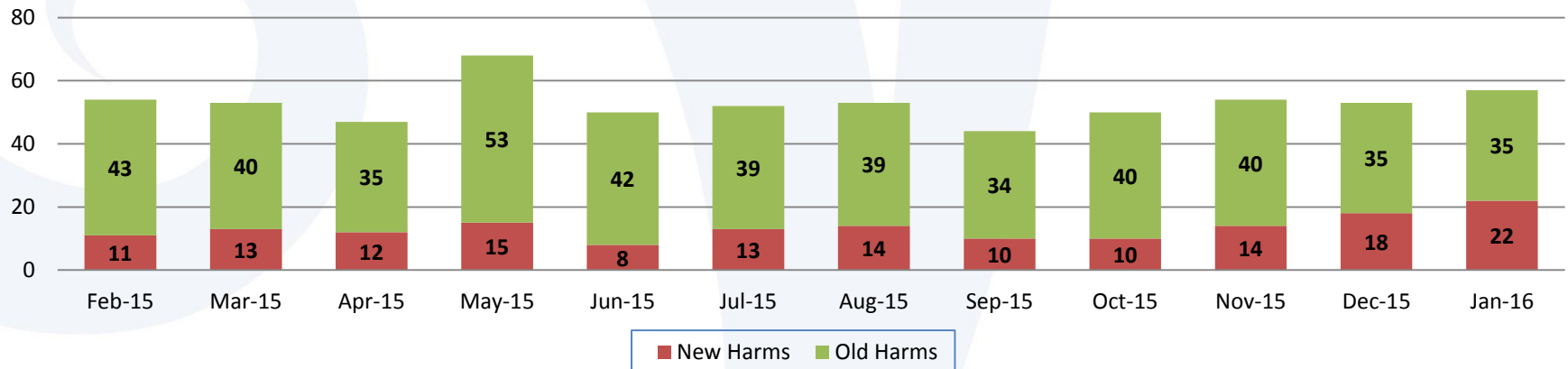
# Harm-free care / Safety Thermometer

**Safety Thermometer 2015/16**

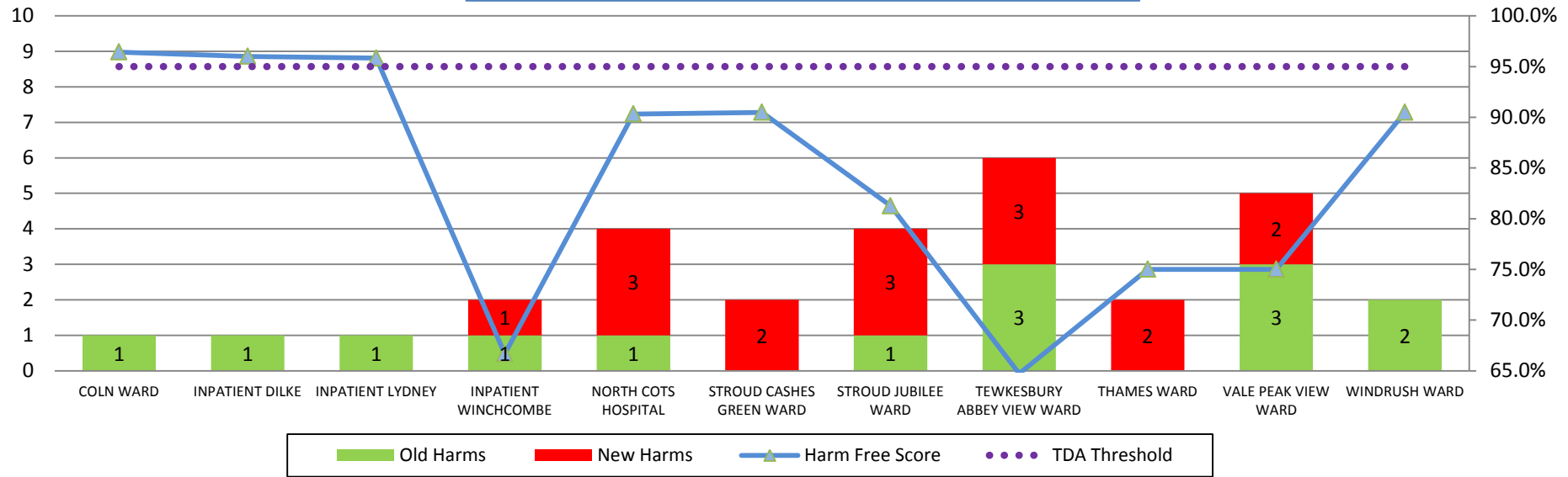


- Achievement of 95.0% harm free with variation of 78.3% - 100% across teams
- Focus remains on the key areas of falls and pressure ulcers looking at those patients who experienced harm and working across the health community to further reduce this risk

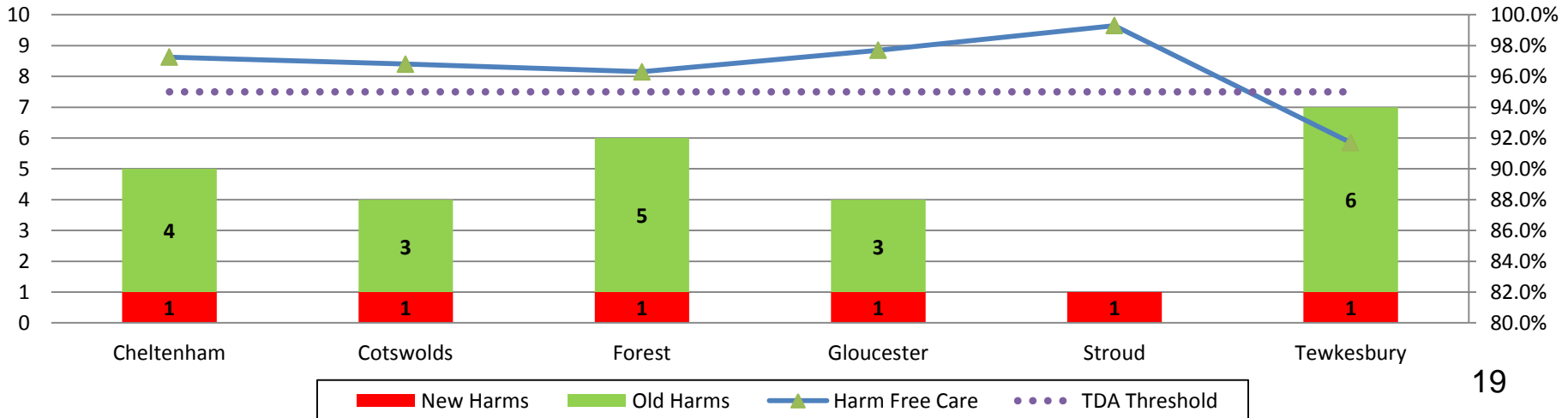
**Total Harms 2015/16**



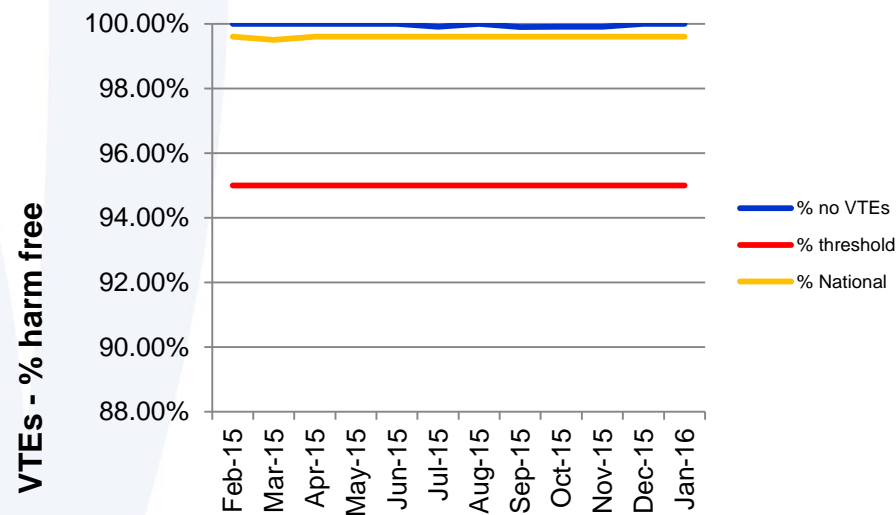
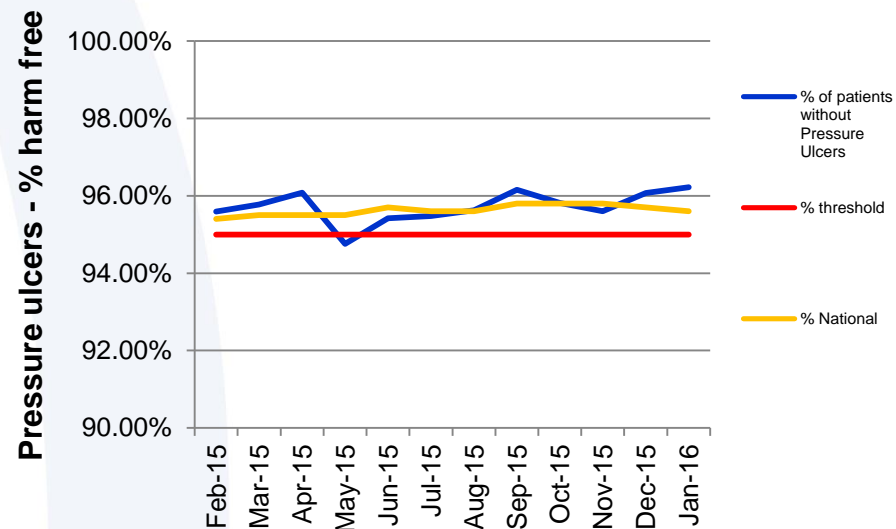
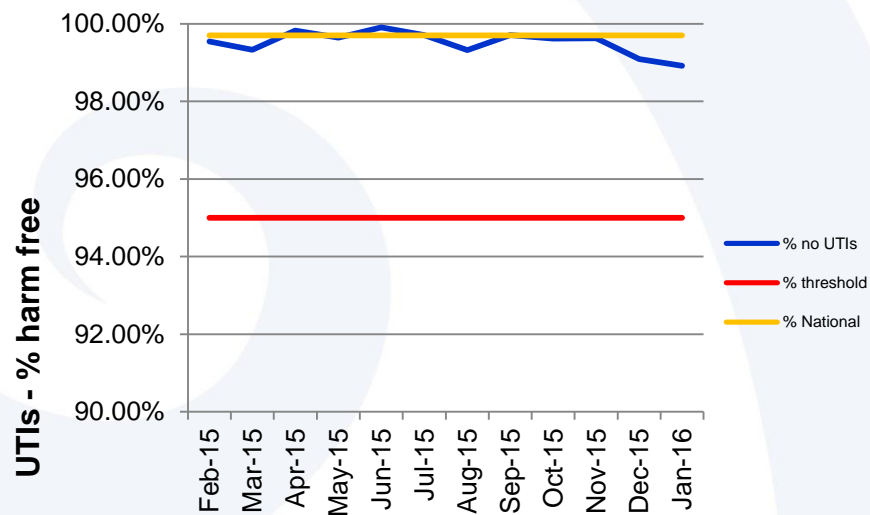
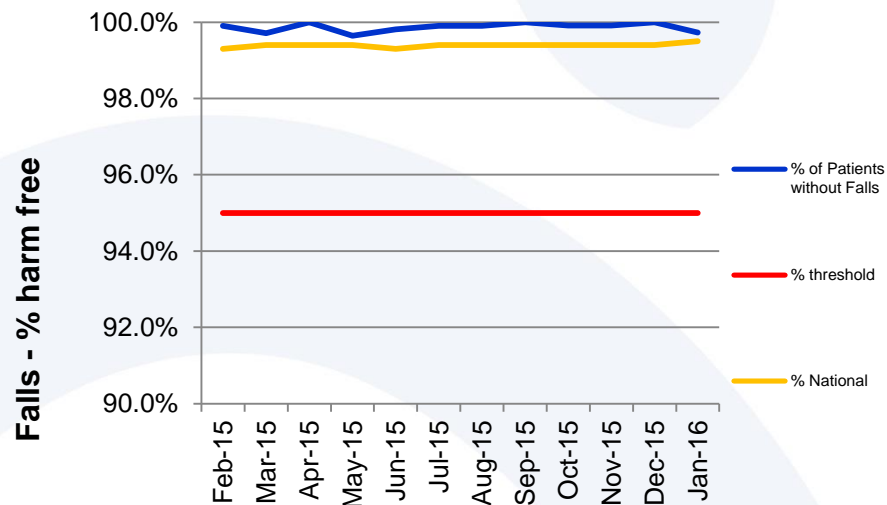
## Harms - Community Hospital – January 2016



## Harms - Community – January 2016



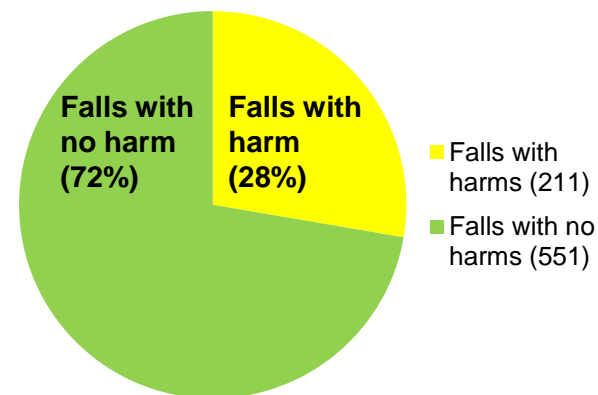
# Harm-free care by type / Safety Thermometer



## Falls in an inpatient setting

Hospital	Total Falls				Falls with harm			
	2015/16 Year to Date		2014/15 Total		2015/16 Year to Date		2014/15 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
North Cotswolds	101	15.7	137	18.3	25	3.9	43	5.8
The Vale	97	16.3	157	22.7	27	4.5	34	4.9
Dilke	115	15.6	74	9.0	29	3.9	23	2.8
Tewkesbury	89	15.0	117	16.8	23	3.9	27	3.9
Cirencester	220	14.5	213	12.5	70	4.6	65	3.8
Lydney	58	9.1	85	11.3	16	2.5	24	3.2
Stroud General	82	7.2	96	7.7	26	2.3	27	2.2
<b>TOTAL</b>	<b>762</b>	<b>13.0</b>	<b>879</b>	<b>13.2</b>	<b>216</b>	<b>3.7</b>	<b>243</b>	<b>3.6</b>
<b>FORECAST</b>	<b>914</b>				<b>259</b>			

**Result of falls  
(year-to-date)**



**Actions undertaken:**

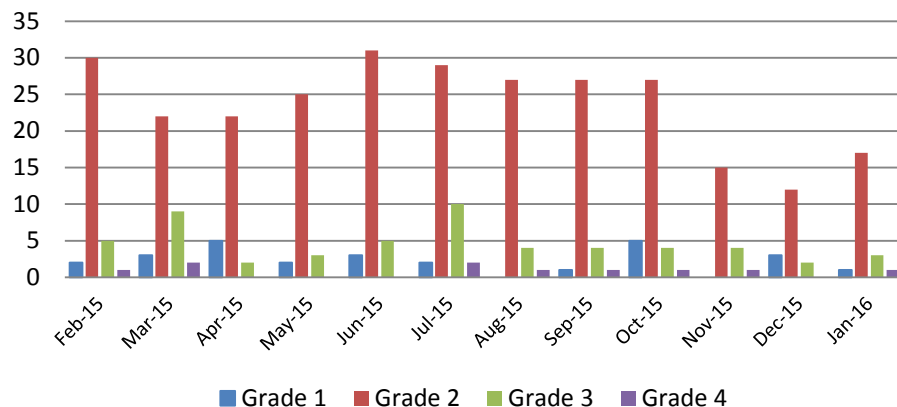
- Review of the Falls Prevention Policy
- Continued implementation of an action plan focussed on sharing best practice and learning by Clinical colleagues
- Standardisation of falls alert signage in line with NICE guidance

**Benchmarking**

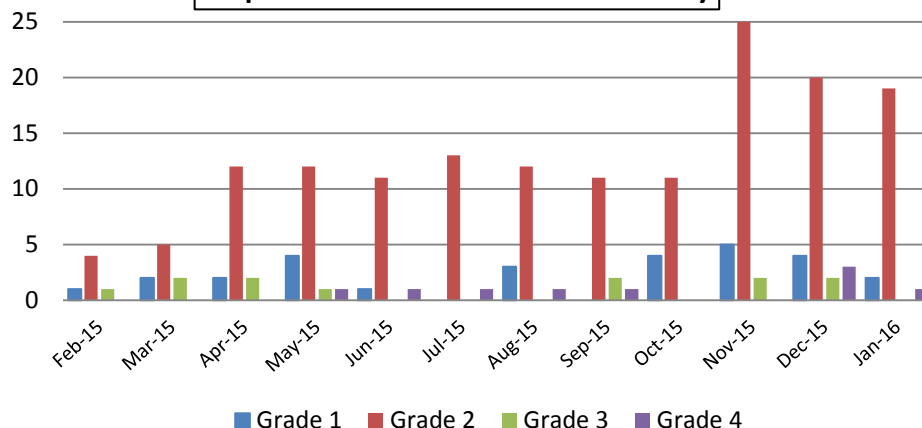
Falls with harm per 1,000 inpatient occupied bed days (GCS)	<b>3.7 average per month (April – January 2016)</b>
Falls with harm per 1,000 inpatient occupied bed days (Aspirant Community Foundation Trust Group)	<b>2.7 average per month Latest 6 months (June – November 2015)</b>

# Pressure ulcers

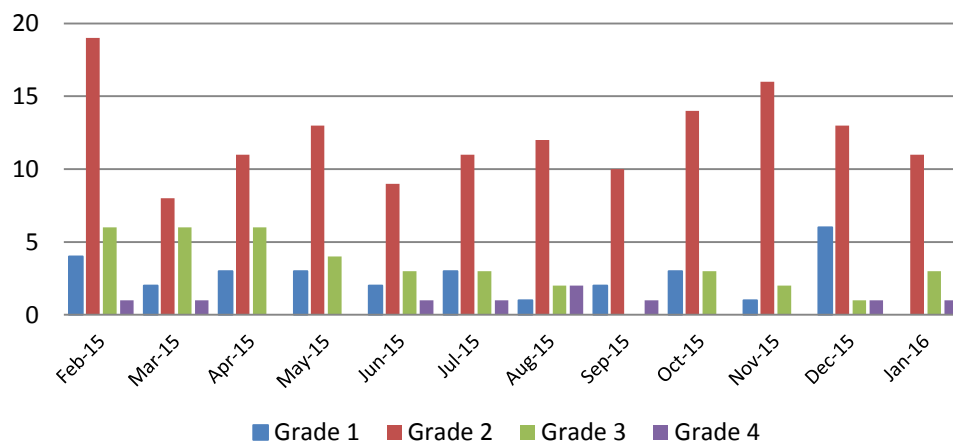
**Inherited Pressure Ulcers - Community**



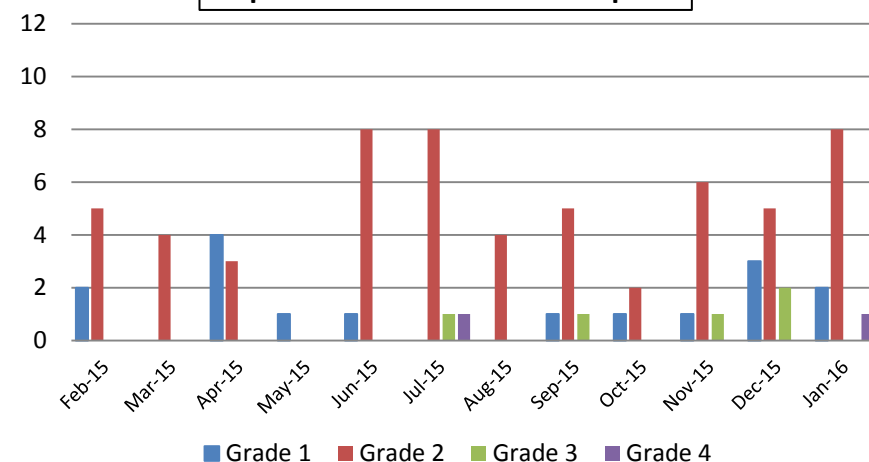
**Acquired Pressure Ulcers - Community**



**Inherited Pressure Ulcers - Hospitals**



**Acquired Pressure Ulcers - Hospitals**



There is an increased number of reporting of grade 2 acquired pressure ulcers in the community. This may be due to the efforts of the quality and safety team to encourage more reporting, it may be due to more grade 2 ulcers, or it may be due to recent changes in the reporting process which has put more onus on the front line clinicians to report directly lower grade pressure ulcers without subsequent quality control from the quality team. A short audit has shown some inherited ulcers may have been coded as "acquired"; urgent action is underway to understand this more, and as part of the LiA group the pressure ulcer datix parameters are being redeveloped to make it easier for staff to identify when damage has started.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
C diff Cases	0	1	2	0	1	1	0	2	0	1			8
*Avoidable cases in GCS care*	0	0	0	0	0	1	0	0	0	0			1
*Unavoidable cases in GCS care*	0	1	2	0	1	0	0	2	0	1			7
Norovirus Outbreaks	2	2	0	0	0	0	0	0	0	1			5

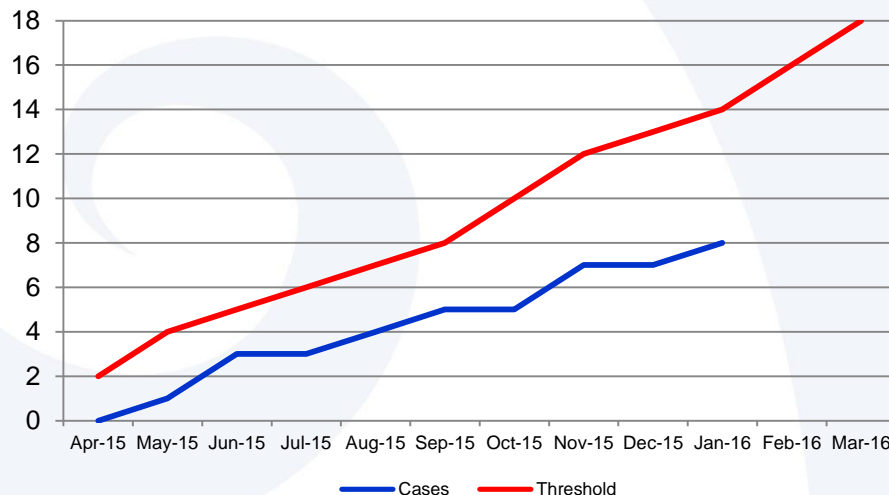
## C. difficile January 2016:

**North Cotswold Hospital** – the patient had been admitted to the acute trust following a fall resulting in fractured neck of femur, recovery complicated by UTI (E. coli isolated), the patient was subjected to repeated courses of antibiotics for pre-op prophylaxis and recurrent UTI's.

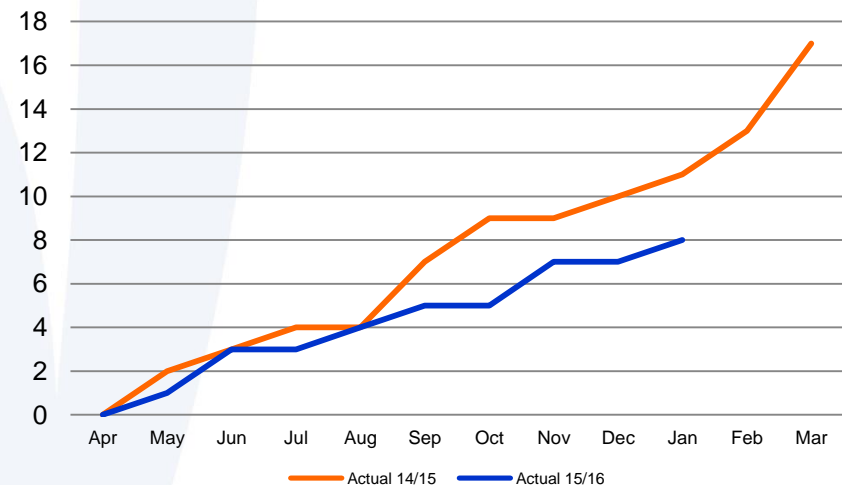
## Outbreak January 2016:

Cashes Green Ward, Stroud General Hospital - Between January 3<sup>rd</sup> - 6<sup>th</sup> four patients, four staff and a visitor reported symptoms associated with viral gastroenteritis, however the two samples provided to the laboratory did not grow Norovirus. The unit was reopened on the afternoon of 8<sup>th</sup> January following the required deep clean and in total 3 bed days were lost.

Incidence of C. diff 15/16 (compared to threshold)



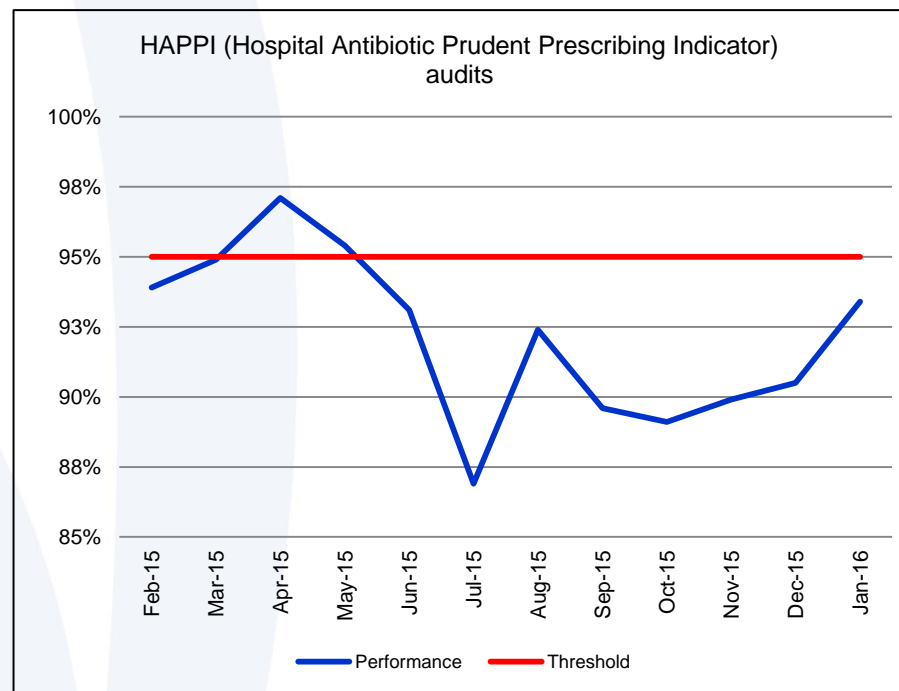
Incidence of C. diff (comparing 14/15 actuals to 15/16 actuals)



Latest Hand hygiene observation audits including the 'Bare below the Elbows' initiative evidenced an average of 89% compliance – this reduction in compliance is due to there being four areas that did not return a hand hygiene audit report so effectively scoring zero.

Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
<b>2015-16</b>	16	33	38	29	40	29	35	54	33	27			<b>334</b>
<b>2014-15</b>	22	26	12	21	14	21	27	16	15	23	20	18	<b>235</b>

Medication incidents by sub-category (2015/16)	Number
Omitted or delayed administration	124
Medication administered in error/incorrectly	86
Controlled drugs issue	35
Medication prescribed incorrectly/in error	22
Medication missing	13
Medication storage Issue	12
Illegible or unclear information	10
Medication dispensed incorrectly	7
Failure to follow up or monitor	7
Medication not stopped/reviewed/followed up	4
Non medical prescribing issue	3
Prescribed with known allergy	3
Information/advice to patient not given/wrong	3
Medication supply problem	2
Discharge/transfer medication related issue	2
IV therapy issue	1
<b>Total</b>	<b>334</b>



### Hospital Antibiotic Prudent Prescribing Audits

This indicator has improved monthly since October 2015. The 95% target is an internally set measure and the value of 95% figure is currently being reviewed.

Work is underway with colleagues in 2 inpatient units to review all medicines management processes and procedures and ensure these support safe, effective and efficient practice. This should support a reduction in medicines related incidents.

## Safe staffing - January 2016

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	118.3%	107.4%	100.0%	150.0%	99.3%
	Windrush Ward	97.3%	94.5%	100.0%	103.2%	100.0%
	Thames Ward	103.2%	94.6%	103.2%	106.5%	96.4%
Dilke	The Ward	91.1%	104.8%	96.7%	100.0%	98.8%
Lydney and District	The Ward	95.2%	100.5%	100.0%	100.0%	97.6%
North Cotswolds	NCH Ward	95.2%	97.7%	100.0%	100.0%	99.6%
Stroud General	Cashes Green Ward	94.1%	102.3%	98.4%	104.8%	99.1%
	Jubilee Ward	100.0%	100.9%	98.4%	103.2%	100.0%
Tewkesbury Community	Abbey View Ward	97.3%	98.6%	96.8%	106.5%	100.0%
Vale Community	Peak View	94.1%	99.5%	100.0%	114.5%	100.0%
TOTAL		97.9%	100.5%	99.1%	109.0%	99.3%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	13.2%	15.0%
	Windrush Ward	11.9%	4.7%
	Thames Ward	12.0%	1.4%
Dilke	The Ward	2.8%	7.5%
Lydney and District	The Ward	9.8%	2.9%
North Cotswolds	NCH Ward	10.9%	7.0%
Stroud General	Cashes Green Ward	9.6%	14.0%
	Jubilee Ward	6.6%	11.8%
Tewkesbury Community	Abbey View Ward	2.3%	2.3%
Vale Community	Peak View	15.6%	12.6%
TOTAL		9.3%	8.4%

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

Coln Ward – HCA staffing level increased to meet care needs due to opening of escalation beds which will potentially continue till the end of March 2016

It should be noted that the Trust are currently reviewing the National 1:8 staffing guidance and are working on alternative staffing models. This work is being led by the Agency Usage Group and in essence reintroduces Clinical judgement and proactive management into staffing levels rather than purely a numbers based approach.

## Safe staffing - December 2015

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	100.0%	104.6%	98.4%	112.9%	83.9%
	Windrush Ward	94.6%	95.9%	100.0%	103.2%	98.6%
	Thames Ward	103.2%	94.6%	96.8%	100.0%	96.4%
Dilke	The Ward	101.1%	105.5%	96.8%	101.6%	99.9%
Lydney and District	The Ward	91.4%	108.8%	100.0%	98.4%	96.3%
North Cotswolds	NCH Ward	95.2%	94.0%	100.0%	100.0%	99.0%
Stroud General	Cashes Green Ward	90.9%	101.4%	96.8%	129.0%	98.7%
	Jubilee Ward	99.2%	98.6%	100.0%	100.0%	99.6%
Tewkesbury Community	Abbey View Ward	102.2%	96.3%	96.8%	96.8%	93.7%
Vale Community	Peak View	91.9%	99.5%	100.0%	111.3%	99.8%
TOTAL		96.4%	100.2%	98.6%	105.6%	96.3%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	12.1%	10.5%
	Windrush Ward	10.8%	5.7%
	Thames Ward	18.3%	2.8%
Dilke	The Ward	0.6%	2.6%
Lydney and District	The Ward	7.8%	2.3%
North Cotswolds	NCH Ward	9.3%	7.1%
Stroud General	Cashes Green Ward	13.0%	16.6%
	Jubilee Ward	6.9%	8.0%
Tewkesbury Community	Abbey View Ward	1.3%	2.7%
Vale Community	Peak View	17.6%	12.9%
TOTAL		9.2%	7.4%

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

Cashes Green Ward - staffing level increased to meet care need required

## Quality Snapshot - Community Hospital Inpatient Care January 2016

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers	Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month
								No Harm	Minor	Moderate	Major	Death		Grade 1& 2	Grade 3 & 4		RNC	HCA	RNC	HCA	
SGH	Cashes Green	17.2%	5	100.0%	1	0	90.5%	0	1	0	0	0	0	95.2%	102.9%	12	9.6% (10.39)	6.2% (14.20)	100.0%	100.0%	↓
SGH	Jubilee	31.6%	6	83.3%	1	0	81.3%	2	3	0	0	0	0	99.5%	101.4%	1	3.0% (8.99)	1.1% (16.13)	90.9%	70.0%	↑
NCH	North Cotswold	28.6%	10	100.0%	2	1	90.3%	2	2	1	0	0	1	96.4%	98.2%	13	2.2% (12.09)	3.9% (15.79)	66.7%	85.0%	↓
VLH	Peak View	23.3%	7	100.0%	0	0	75.0%	8	4	0	0	0	2	95.6%	102.9%	9	1.6% (13.21)	6.1% (14.96)	76.5%	75.0%	↓
DLK	Dilke	15.6%	5	80.0%	0	0	96.0%	11	4	0	0	0	4	92.2%	103.9%	4	3.4% (16.79)	4.8% (17.29)	81.8%	95.5%	↓
TWK	Abbey View	62.1%	18	100.0%	0	0	64.7%	4	5	0	0	0	0	97.2%	100.4%	4	1.2% (16.84)	8.0% (15.13)	61.9%	83.3%	↓
LYD	Lydney	55.9%	19	100.0%	1	0	95.8%	5	5	0	0	0	2	96.4%	100.4%	9	4.6% (13.00)	10.4% (17.13)	93.8%	91.3%	↑
CIR	Coln	70.0%	14	85.7%	0	0	96.4%	6	4	0	0	0	1	113.7%	116.8%	10	3.6% (13.40)	3.5% (13.83)	64.7%	81.3%	↑
CIR	Windrush	70.8%	17	100.0%	0	0	90.5%	11	3	0	0	0	0	98.0%	96.4%	3	7.0% (11.73)	11.5% (14.69)	35.7%	33.3%	↓
CIR	Thames	28.6%	2	100.0%	0	0	75.0%	1	1	0	0	0	0	103.2%	97.6%	2	4.2% (8.27)	0.0% (5.73)	30.0%	71.4%	↓

## Quality Snapshot - Community Teams January 2016

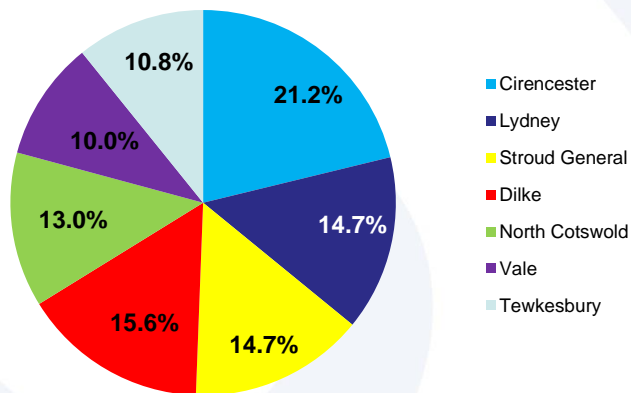
Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	97.3%	1	1	0	0	4.8% (73.1)	79.5%	1	↑
Cotswold	96.8%	0	3	0	1	5.1% (68.3)	63.1%	0	↓
Forest	96.3%	0	5	0	0	2.0% (61.2)	93.1%	0	↑
Gloucester	97.7%	0	4	0	0	10.9% (82.9)	77.6%	1	↓
Stroud	99.3%	1	3	0	0	1.5% (83.3)	82.2%	0	↓
Tewkesbury	91.7%	0	3	0	0	6.6% (56.9)	87.7%	0	↔

# Mortality Reviews: Community Hospitals

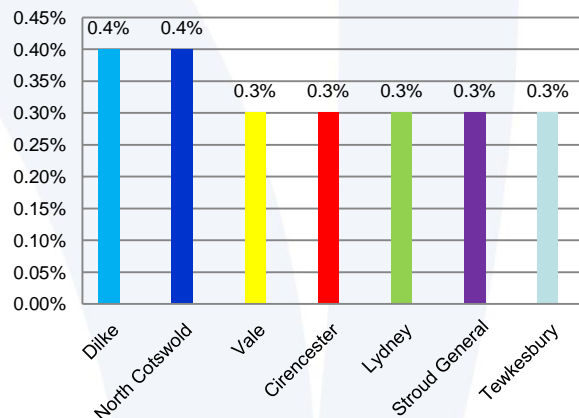
Number of Discharges from Community Hospital where discharge reason is as a result of death

Hospital Site	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Rolling 12 month total
Cirencester	6	2	2	5	5	3	6	3	4	2	5	6	49
Lydney	1	4	5	2	2	0	4	3	2	2	3	6	34
Dilke	3	1	2	2	3	6	4	3	3	1	3	5	36
Stroud General	4	4	6	5	0	2	1	3	0	1	2	6	34
North Cotswold	5	1	0	2	4	4	3	3	2	2	0	4	30
Vale	2	3	2	1	1	2	2	4	3	0	1	2	23
Tewkesbury	1	5	2	3	2	0	2	1	1	3	2	3	25
<b>Total</b>	<b>22</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>17</b>	<b>17</b>	<b>22</b>	<b>20</b>	<b>15</b>	<b>11</b>	<b>16</b>	<b>32</b>	<b>231</b>

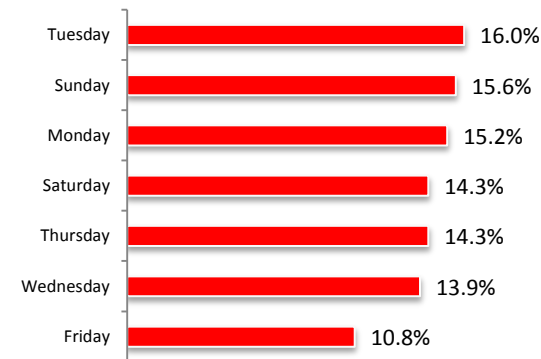
Number of deaths per Community Hospital (%) – Rolling 12 month Total



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



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



- MIDAS is used to capture the record of care after death in the community hospital setting. A detailed analysis of the July to October 2015 period can be found in the mortality report presented to December Quality and Performance Committee.
- It was evident from the analysis that incorporating this data into the SystemOne template would make the system more effective and reliable to ensure all data is captured first hand.

# Reablement Service Key Indicators

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

Target description	2014/15 Outturn	Feb-15	Mar-15	Apr-15	May-15	Jun -15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target 2015/16
% Contact Time	34.9%	41.3%	35.6%	39.0%	37.7%	37.3%	37.8%	36.7%	37.3%	41.4%	42.9%	45.8%	42.9%	40%-60% by Mar 16 Target this month: 54%
Number of Community Reablement Starts	Average 257	276	296	335	287	332	358	302	289	291	336	283	304	
Number of Current Cases open longer than 6 weeks	106	118	118	73	62	53	45	35	38	45	47	62	77	0
% of cases progressed within 6 weeks (from those closing this month)	81.1%	83.2%	73.8%	86.4%	80.5%	79.5%	84.4%	84.9%	83.9%	84.4%	83.1%	87.0%	76.4%	100%
Average Length of Reablement Service (weeks)	4.0	4.0	5.9	3.1	3.7	3.3	3.2	2.9	3.0	2.9	3.0	2.7	3.6	6.0
Sickness rate in Reablement Workforce	6.9%	6.1%	6.6%	6.2%	3.2%	5.3%	5.5%	7.7%	6.8%	6.8%	6.8%	6.0%	7.7%	3%



# Reablement actions

The Reablement Delivery Group (locality Manager lead, Reablement lead, Transformation Team support, lead Joint Commissioner) was established in May 2015 to monitor performance and set an Action Plan, meets fortnightly.

'Deep dive' report shared with ICT Performance and Delivery Group, including list of points for discussion.

Actions to deliver improvement are shown against key targets below:

Measure	Definition	Actions
Face to Face Contact Time	This targets relates to the amount of time the Reablement workers spend giving direct intervention with a service user	<ul style="list-style-type: none"> <li>• 'Deep dive' report taken to ICT Performance &amp; delivery Group in December, and again in January. Awaiting additional discussion and decision from that group.</li> <li>• Reablement Co-ordinator workshops held in November, which were very successful and generated further actions. Repeat workshops booked at end of March.</li> <li>• Additional work on definitions of 'activity categories' completed; new 'Action Cards' distributed to all ICTs plus CCG to amend reporting spreadsheet.</li> <li>• New charts showing Face to Face time of the workers <i>actually at work</i> on those days / hours, with the percentage of annual leave and sickness removed, have been produced as a comparison. These clearly indicate that countywide the target is being exceeded.</li> <li>• Reablement staff will all be issued with new standardised uniforms, aiming to improve morale, corporate image and professionalism.</li> </ul>
Sickness absence	This target relates to sickness absence of all staff within the reablement service	<ul style="list-style-type: none"> <li>• Performance / Sickness management processes to support staff to return to work as quickly as possible and if not possible, then to consider appropriate alternatives,</li> <li>• Changes to role of Team managers responsibilities has enabled a confirmation that they directly manage the Reablement Co-ordinators, and therefore 'local ownership' of the performance targets and their delivery has been reinforced.</li> <li>• 2 further stage 3 hearings booked in March.</li> </ul>
Over 6 week length of stay	This target relates to the number of people receiving a reablement service who have been in the service for longer than 6 weeks	<ul style="list-style-type: none"> <li>• First usable data on the newly agreed 'over 6 week stay' categories received. Agreed with Commissioners to discuss further after 3 sets of data received, in order to see real picture.</li> <li>• Lack of Domiciliary Care providers continues to be a real pressure in progressing people through reablement, current retender process is exacerbating the concern.</li> <li>• Reablement played very positive part in current Escalation period by accepting increased number of people from Acute hospital</li> <li>• Work is nearing completion to centralise all referrals from Community Hospitals for those who are 'out of area'.</li> </ul>

# Integrated Community Teams Key Indicators

## Integrated Community Teams key indicators

Target description	Feb-15	Mar-15	Apr-15	May-15	Jun -15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
% Service User referrals resolved at point of referral	61.2%	70.3%	70.5%	70.1%	70.5%	70.3%	71.7%	70.8%	68.0%	63.9%	64.5%	68.4%
Number of Service User referrals resolved at point of referral	1,443	1,720	2,167	2,044	2,334	2,470	2,107	2,226	1,907	1,639	1,721	2,060
Service User 'Person-led Plans' undertaken and completed	263	284	253	309	319	289	220	266	272	256	283	198
Service User Referrals from ICT to Specialist Services	24	27	41	24	18	37	30	20	23	68	49	37

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

This group will review operational issues in more detail and report operational issues to the GCCG Contract Board and wider strategic issues to the new Joint Integration Reference Panel Group.

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

Total	2014-15 outturn	Apr -15	May-15	Jun-15	Jul-15	Aug -15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Adult safeguarding concerns raised by GCS	247	35	23	28	18	10	6	10	8	6	5			144
Total county adult safeguarding concerns	3,853	356	343	338	289	246	265	310	271	217	277			2,912
GCS adult section 42 enquiries	112	17	4	7	4	3	1	2	3	1	1			43
Total county section 42 enquiries	397	137	108	100	63	57	65	80	62	51	60			783
Number of new Children's Serious Case Reviews	4	0	0	0	0	0	0	0	0	1	0			1
Number of new Safeguarding Adult Reviews	3	0	0	1	0	0	0	0	0	1	0			2
Number of children subject to a Child Protection Plan	428	425			522			595			580 (January)			580

## \*Breakdown of adult safeguarding enquiries (2015/16)

Client group		Type of concern	
Dementia	19	Financial	15
Physical Disability	15	Neglect	12
Learning Disabilities	9	Physical injury	11
Other Vulnerable	1	Sexual	4
Mental Health	0	Psychological	4
		Institutional	0

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

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

June 2015 Safeguarding Adult Review is a fire death. GCS services were involved in care provision. This is currently under investigation.

December 2015 Safeguarding Adult Review is a severe self neglect/neglect case. GCS were involved in care provision. This is currently out for expressions of interest for an Independent Case Reviewer.

See page 34 for further details

- The decrease in the amount of adult safeguarding concerns that have been raised by GCS has been looked in to by the Named Nurse for Adult Safeguarding and the Lead Specialist Practitioner for safeguarding at the county council. Initial analysis indicates that the decrease appears to be a combination of several factors and that there is an overall decrease in the total monthly adult safeguarding concerns recorded in the county.
- The change in management arrangements for social workers in 2015 has affected the number of safeguarding referrals recorded from GCS. Social workers aligned to Integrated Community Teams are now having their safeguarding concerns captured as a council source rather than a GCS source.
- The county professional safeguarding helpline is assisting significantly to ensure that raised concerns are dealt with more appropriately. For example, if a concern is raised that someone is in poor housing they will now more likely be referred to the appropriate housing services, where as in the past it would more often have been treated as a safeguarding concern. The helpline has therefore influenced practitioners' behaviour in a positive way ensuring more people receive the right services in a timelier manner and recording is more accurate.
- It also appears that the application of the Care Act (2014) is leading to a better approach by practitioners due to the helpline and the ongoing county adult safeguarding training. The Care Act focuses on adults in need of care and support and their adult carers and is very prescriptive as to who it is applied to. Specifically, a person will need to have key care and support needs, they will have to be at risk or experiencing abuse or neglect and because of their care and support needs they will be unable to protect themselves from that abuse or neglect. The clarity of definition and approach within the Care Act, which has combined previous legislation and guidance, has made it clearer for professionals and the public and appears to be influencing better referral behaviour at this time.
- The number of adult safeguarding concerns from GCS and countywide will continue to be monitored to determine whether there are any other trends or causes to be explored. In addition the issue will be raised at the Trusts March 2016 Adult Safeguarding Group to determine whether a more rigorous review of the falling numbers countywide is needed or whether the initial analysis and assumptions can be substantiated.

## Non-Executive Directors (NED) Quality Visit Report (Quarter 3, 2015/16) 1/3

Date	Service	NED	Key Findings	Actions required
08/10/15	Cardiac Rehabilitation Specialist Nurse, Group session	Rob Graves	<p>Observed all components of the session: opening talk, exercise session and closing talk.</p> <p>All service users spoken to were complimentary about the service they receive in this setting and the caring attitude of the team</p> <p>Overall a very good experience and extremely encouraging to have the opportunity to observe this great team in operation.</p>	No specific actions identified
13/10/15	Telecare, Independent Living Centre and home visit	Ingrid Barker	<p>Visit to the team offices with a briefing on the range of services on offer to a very wide client group spanning people with dementia, people with physical disabilities, learning disabilities and more, with referrals being received from agencies right across the health and social care community.</p> <p>Overall impressed with responsiveness and professionalism of the service and the personal approach</p>	No specific actions identified
21/10/15	Sexual Health, Hope House	Nicola Strother Smith	<p>Feedback from patients was positive with regard to care received.</p> <p>The privacy in coming to this service was felt to be an advantage over attending GPs where patients and their families are seen.</p> <p>There were leaflets and posters indicating the process for making a comment or complaint; also one post box for completed forms was wall mounted near the main waiting room.</p>	<p>Literature to be available in languages that reflect the catchment population.</p> <p>Other internal actions noted.</p>

## Non-Executive Directors (NED) Quality Visit Report (Quarter 3, 2015/16) 2/3

Date	Service	NED	Key Findings	Actions Required
06/11/15	Community Dental Service, Redwood House	Richard Cryer	<p>Everything witnessed confirmed the views expressed by CQC 'good' rating of the service.</p> <ul style="list-style-type: none"> <li>• Patient were well received, demonstrated confidence and were comfortable with Trust colleagues.</li> <li>• Carers were extremely complimentary about all aspects.</li> </ul>	Consideration of a new mobile unit is needed in addition to some internal actions.
12/11/15	School Nurse Incontinence Service, Medical Centre, Stonehouse	Sue Mead	<p>Service demonstrated sensitive and non-judgmental approach, engaging well with both parents and children and offering practical, professional advice as to the management of the issue.</p> <p>Nurses felt well supported by team and supervisor, and training available.</p>	No specific actions identified

## Non-Executive Directors (NED) Quality Visit Report (Quarter 3, 2015/16) 3/3

Date	Service	NED	Key Findings	Actions Required
17/11/15	Physiotherapist/OT in Referral Centre	Jan Marriott	<p>Provide a very holistic service and demonstrated empathy and respect not just for the patients but also for the whole family and their colleagues.</p> <p>All staff displayed a very high level of competence.</p> <p>While the two different IT systems used by the County Council and Care Services are not ideal they managed this well.</p> <p>The team members all appeared to feel able to speak up about anything that concerned them.</p> <p>The team demonstrate a high commitment to the team and to their caseload, working flexibly and helping each other.</p>	<p>Short term parking at Quayside.</p> <p>Colleagues often end up parking a considerable distance from the office which detracts from their productivity.</p>
17/11/15	Health Visiting Service	Joanna Scott	Awaiting report	

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

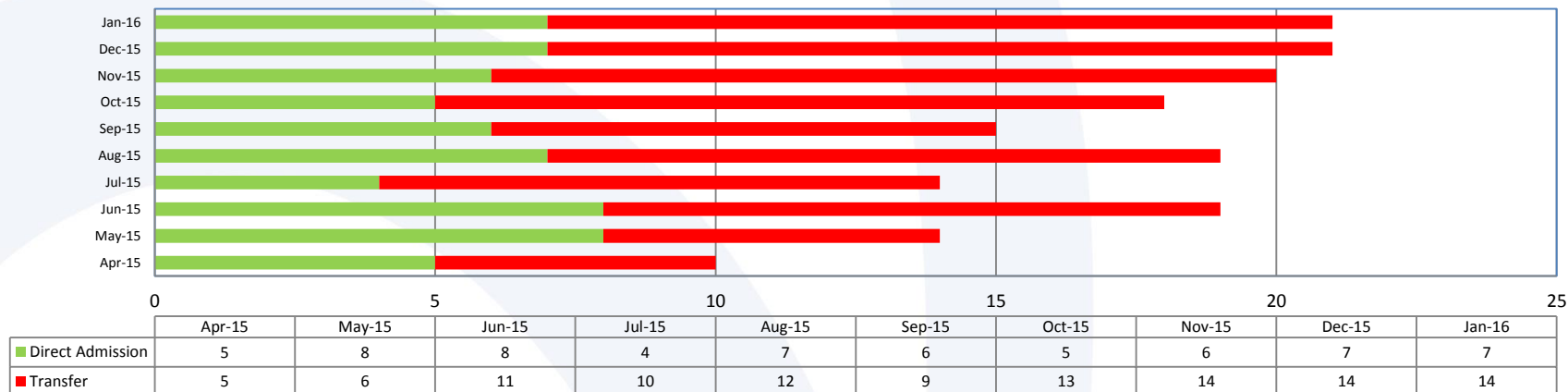


## Quality Strategy metrics 2015-16 against strategic objective 2

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Percentage of service users recommending the Trust as a place of care	More than 90%	95.9%	96.1%	95.6%	95.7%	96.1%	93.5%	94.7%	94.6%	94.8%	95.2%			95.3%
Measured increase in the number of service users who feel appropriately involved in their care and treatment	Equal or more than 95%	94.4%	95.3%	94.7%	95.5%	95.2%	93.4%	94.6%	94.0%	94.7%	94.2%			94.6%
Increasing the number of service users who feel treated with dignity and respect	Equal or more than 98%	98.3%	98.4%	98.7%	98.7%	98.4%	97.9%	97.9%	98.5%	98.5%	98.3%			98.4%
Increased response rates of service users completing the Friends and Family Test	More than 4.6%	5.6%	6.9%	5.6%	5.1%	5.4%	4.8%	5.7%	5.5%	5.0%	4.3%			5.4%
Increase in the number of public focus / discussion groups per quarter	Two topics per quarter	2			3			13 (includes Healthwatch event, work with the VCS, Forest engagements etc)						18

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

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



### Additional analysis - admissions between 23:00 and 05:59 (January 2016)

Time of admission	Direct Admission	Transfer	Total
23:00 - 23:59	2	7	9
00:00 - 00:59	2	2	4
01:00 - 01:59	2	1	3
02:00 - 02:59	0	3	3
03:00 - 03:59	0	1	1
04:00 - 04:59	1	0	1
05:00 - 05:59	0	0	0
<b>Total</b>	<b>7</b>	<b>14</b>	<b>21</b>

Day of admission	Direct Admission	Transfer	Total
Saturday	0	3	3
Sunday	0	1	1
Monday	1	1	2
Tuesday	2	4	6
Wednesday	1	1	2
Thursday	2	2	4
Friday	1	2	3
<b>Total</b>	<b>7</b>	<b>14</b>	<b>21</b>

Admitting Hospital	Direct Admission	Transfer	Total
Stroud General	4	4	8
North Cotswold	0	2	2
The Vale	0	2	2
Lydney	2	0	2
Cirencester	1	3	4
Tewkesbury	0	0	0
Dilke	0	3	3
<b>Total</b>	<b>7</b>	<b>14</b>	<b>21</b>

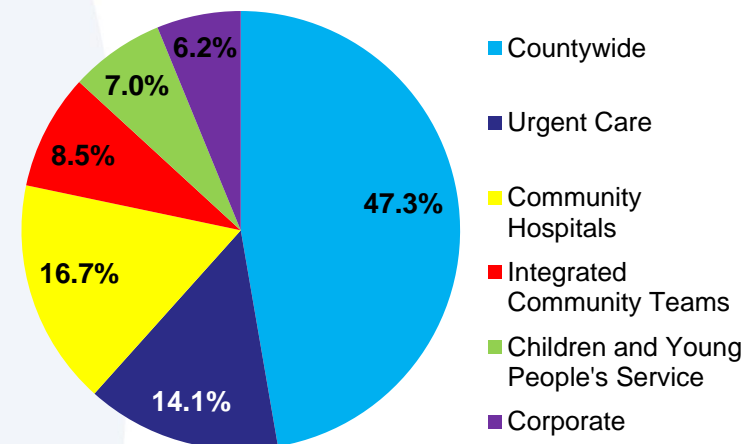
The number of admissions into Community Hospitals between 23:00 and 05:59 in January was 21. Of these:

- 43% (9) occurred between 23:00 and 23:59.
  - 29% (6) occurred on a Tuesday.
- 38% (8) were to Stroud General Hospital.

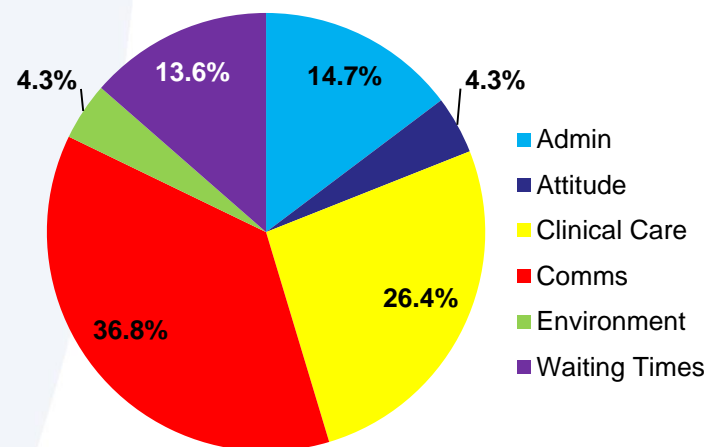
## When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse

Below are details of reported concerns:

Concerns	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	YTD
Countywide	19	8	16	12	9	8	10	12	11	17	122
Community Hospitals	4	3	4	5	4	3	7	5	6	2	43
Urgent Care	2	2	7	3	3	7	1	5	3	4	37
ICTs	0	1	1	3	2	6	7	1	1	0	22
CYP Services	3	6	2	2	1	1	1	0	1	1	18
Corporate	0	2	1	1	1	0	4	5	2	0	16
<b>Total</b>	<b>28</b>	<b>22</b>	<b>31</b>	<b>26</b>	<b>20</b>	<b>25</b>	<b>30</b>	<b>28</b>	<b>24</b>	<b>24</b>	<b>258</b>



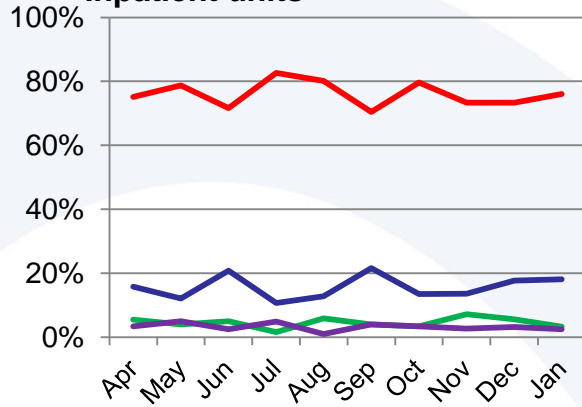
Concerns	Apr-15	May 15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	YTD
Communications	13	10	16	10	3	8	11	9	5	10	95
Clinical Care	7	3	6	9	10	9	6	4	7	7	68
Admin	2	3	3	1	3	3	4	10	4	5	38
Waiting Times	6	5	4	3	1	2	5	3	5	1	35
Attitude	0	0	2	1	0	2	3	1	2	0	11
Environment	0	1	0	2	3	1	1	1	1	1	11
<b>Total</b>	<b>28</b>	<b>22</b>	<b>31</b>	<b>26</b>	<b>20</b>	<b>25</b>	<b>30</b>	<b>28</b>	<b>24</b>	<b>24</b>	<b>258</b>



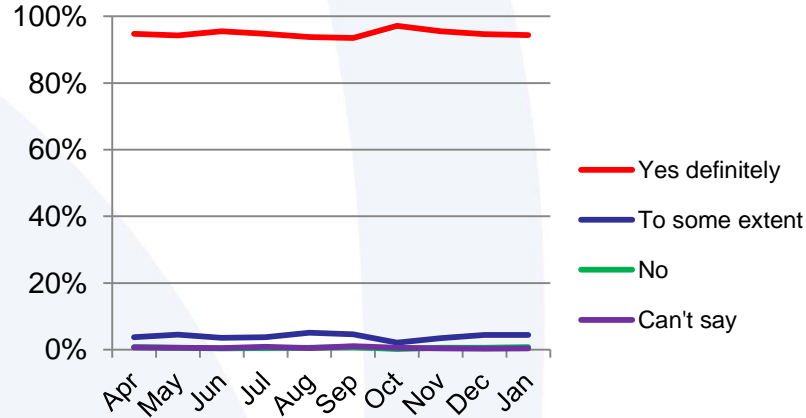
# People are informed and supported to be as involved as they wish to be in decisions about their care

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

**Inpatient units**

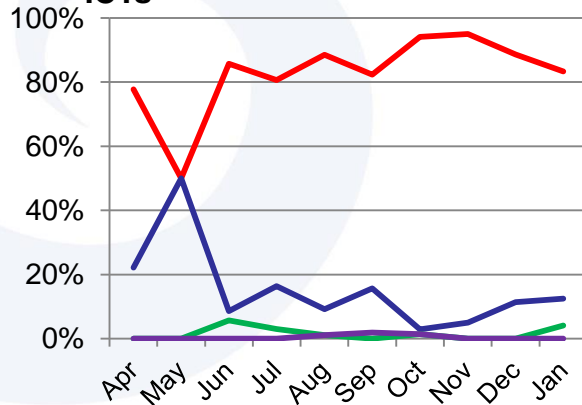


**Minor Injuries and Illness Units**

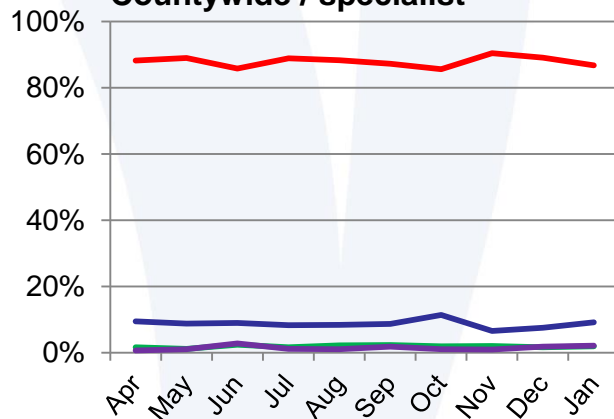


Please note that data for a number of services is based on a small sample so may not be wholly representative

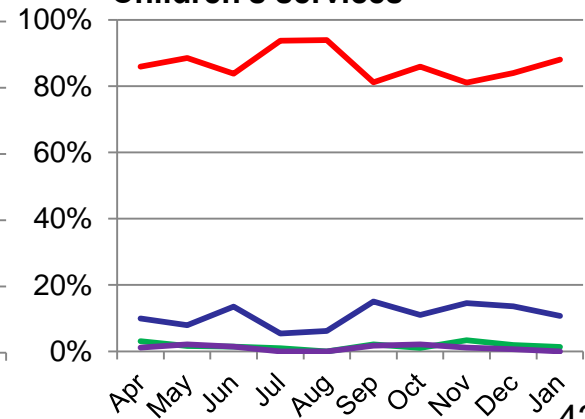
**ICTs**



**Countywide / specialist**

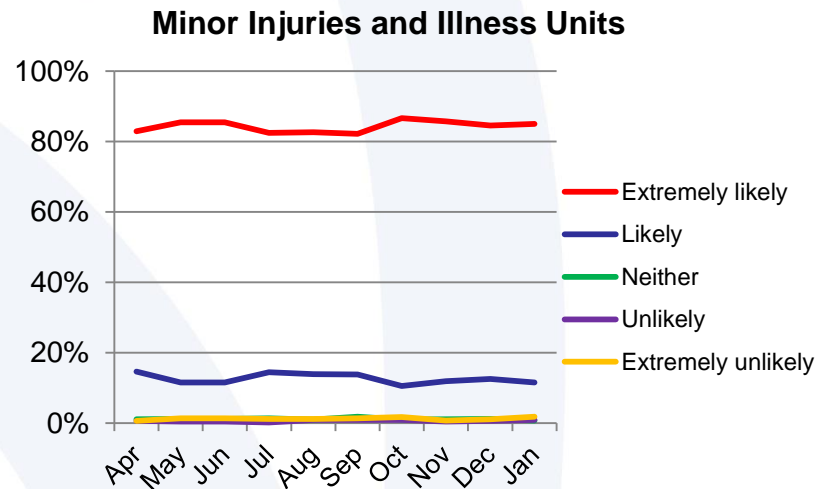
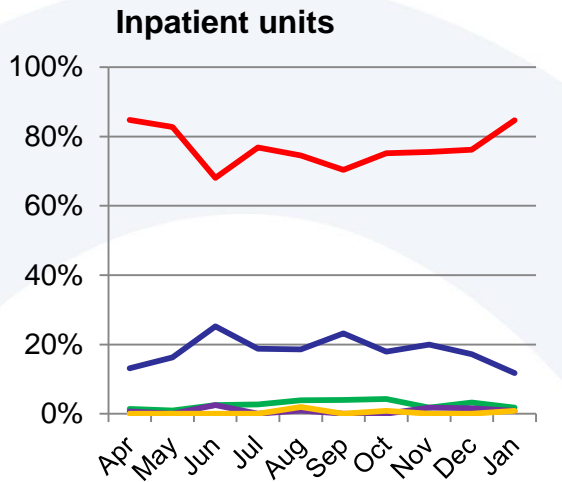


**Children's services**

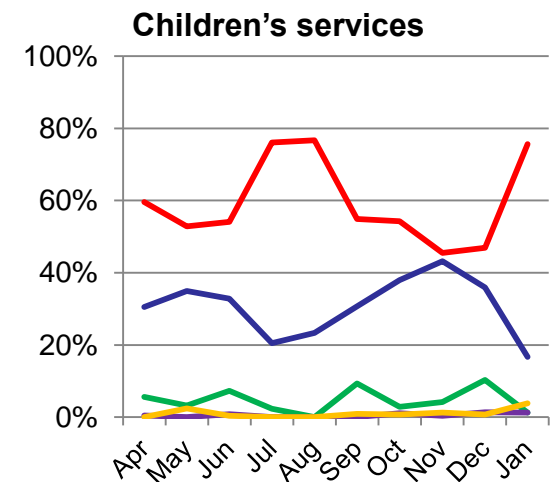
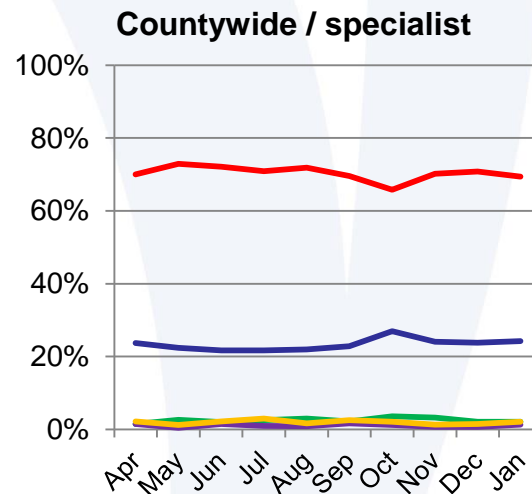
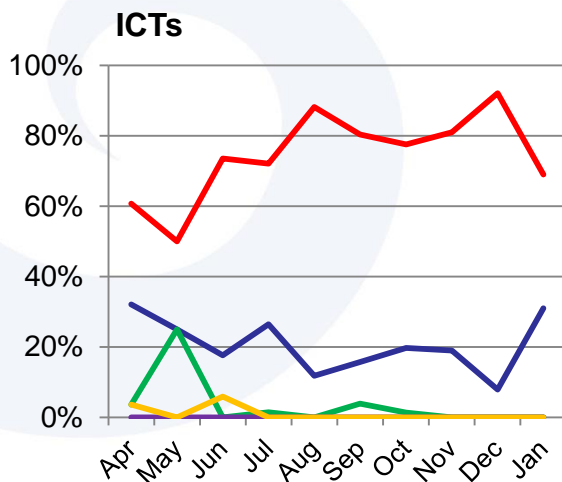


# People report positive experiences of the NHS

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



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



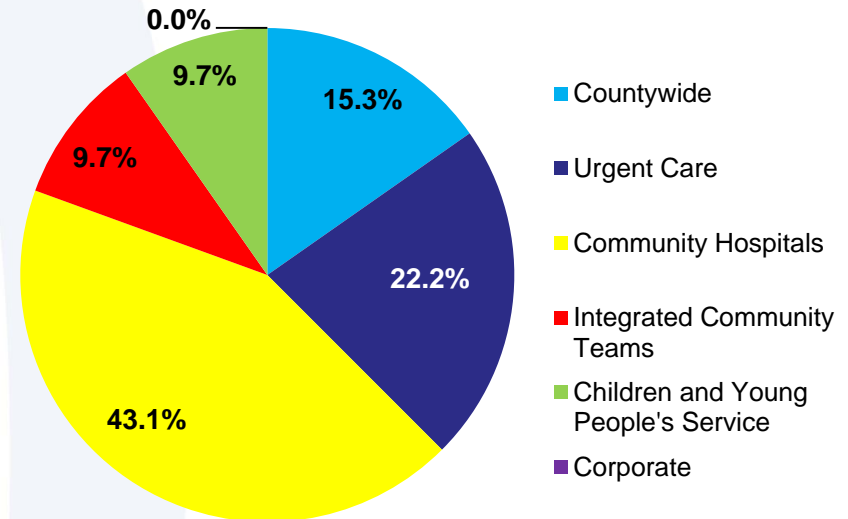
## People report positive experiences of the NHS (cont)

We received 10 NHS Choices comments in January which were shared with the relevant teams for actioning:

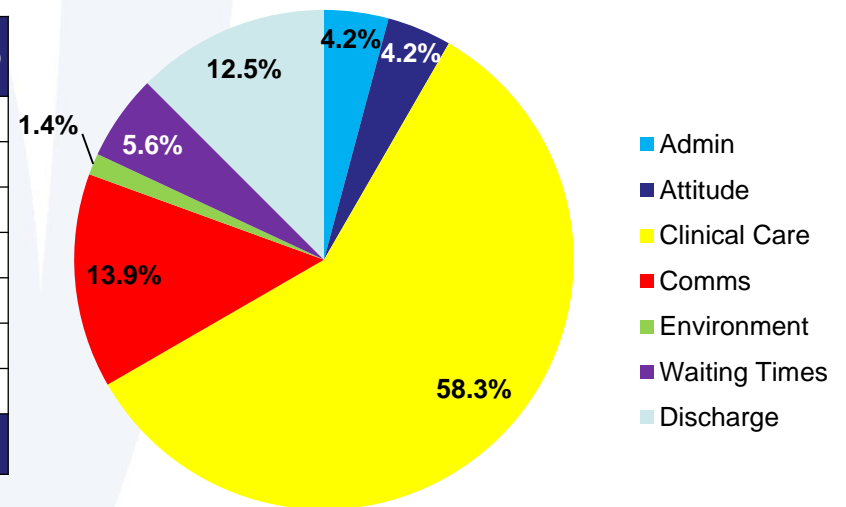
Service	Themes	Positive	Negative
Dental service	<p><i>"The nicest experience I have ever had at a dentist, the staff were friendly and polite, the dentist was lovely and really put me at ease. A very pleasant experience!"</i></p> <p><i>"Thank you so much for fitting me in, especially on a Sunday after Christmas. Relieved me from pain, so I can't thank you enough and the staff were great"</i></p>	2	0
Stroud Hospital	<p><i>"Endoscopy unit is first class... the quality of care was outstanding...everyone I encountered could not have been more helpful and reassuring... the cleanliness of the hospital is also exemplary"</i></p> <p><i>"We told reception what had happened, and were booked in, then had to wait even though nobody else was there... 40 minutes later, we were called in. We were then asked the same questions, then the computer crashed and everything was lost and they had to do it all again...20 minutes later, I was told there was nothing they could do..."</i></p>	1	1
North Cotswolds Hospital	<p><i>"My husband was admitted when his Alzheimer's became too difficult to manage... the care that he received from the hospital was superb"</i></p> <p><i>"My mother was in hospital for at least 8 weeks, and in that time, she barely moved out of her chair. Although I can't fault the care by the staff, the timescale to arrange care packages on discharge was way too long, and has been upsetting and stressful for mum"</i></p> <p><i>"Beautiful hospital with fantastic facilities... all the staff do an exceptional job and are very proud of their work. Everyone was very caring and attentive"</i></p>	3	1
Tewkesbury Hospital	<p><i>"I had a test with a wonderful optometrist who made it a very relaxed, happy examination"</i></p>	1	0
Vale Hospital	<p><i>"Triage was very efficient and friendly, and action by staff was exemplary"</i></p>	1	0

## People's complaints about services are handled respectfully and efficiently

Complaints	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	YTD
Community Hospitals	5	5	1	2	1	2	5	3	2	5	31
Urgent Care	2	0	0	0	3	9	0	0	1	1	16
Countywide	2	1	4	0	0	0	1	0	2	1	11
ICTs	0	0	0	0	0	0	3	1	1	2	7
CYP Services	0	0	2	1	1	0	3	0	0	0	7
Corporate	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>9</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>11</b>	<b>12</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>72</b>



Complaints	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	YTD
Admin	0	0	0	0	0	1	0	2	0	0	3
Attitude	0	1	0	0	0	0	0	0	1	1	3
Clinical Care	3	4	3	2	4	10	6	1	3	6	42
Communications	3	1	3	0	0	0	3	0	0	0	10
Environment	0	0	0	0	0	0	1	0	0	0	1
Waiting Times	2	0	0	0	0	0	1	0	1	0	4
Discharge	1	0	1	1	1	0	1	1	1	2	9
<b>Total</b>	<b>9</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>11</b>	<b>12</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>72</b>



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

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

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	3.4 average per month, April – January 2016
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.3 average per month, Latest 6 months (June – November 2015)



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

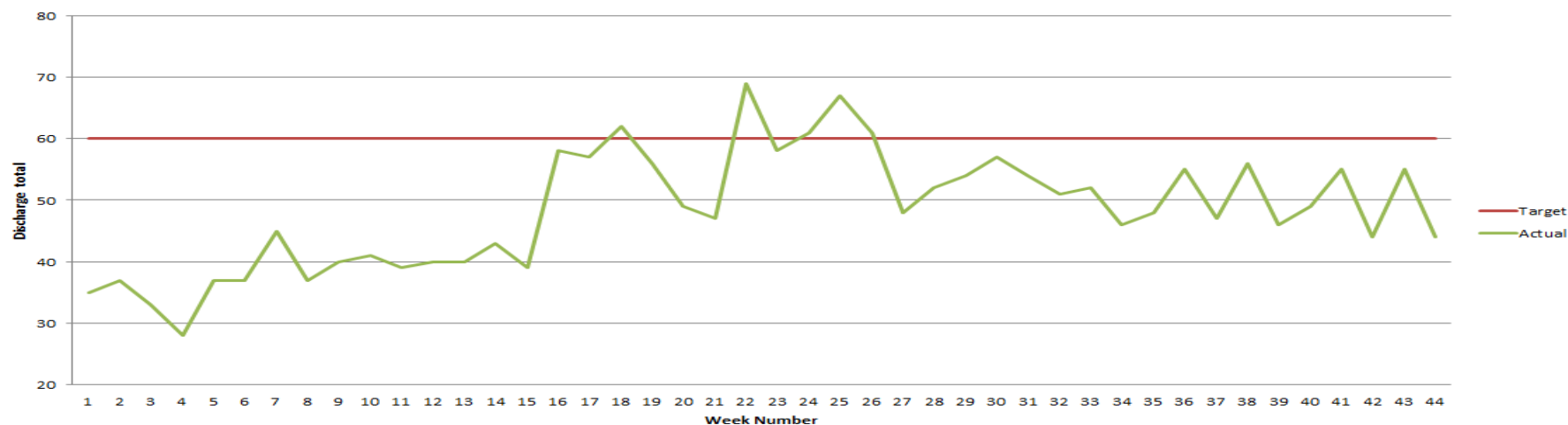
## Quality Strategy metrics 2015-16 against strategic objective 3

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
% CQUIN milestones achieved against agreed plan	n/a	100%			100%			TBC						100%
% QIPP milestones achieved against agreed plan	n/a	94.3%			TBC			TBC						94.3%
Number of referrals accepted by Rapid Response service	Target	254	266	256	266	265	256	265	257	263	263			2,348
	Actual	146	178	178	243	239	264	244	214	223	213			2,142
Number of avoided admissions as a result of ICT intervention	80%+	96.6%	98.3%	96.1%	96.3%	97.9%	97.0%	98.0%	98.0%	98.2%	95.8%			97.4%
Number of service users discharged by the IDT from the acute Trust Emergency Department	280 per month	119	96	120	124	96	119	119	121	108	118			114 average per month
Number of service users discharged by the IDT from the acute Trust ACU (same day)	56 per month	33	42	49	51	33	37	30	20	39	27			36 average per month

# Rapid Response - Key Indicators

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16	14/15 Outturn
Number of referrals accepted (plan)	Target	254	266	256	266	265	256	265	257	263	263	246	263	2,611	
Number of referrals accepted	Actual	146	178	178	243	239	264	244	214	223	213			2,142	1,381
% of patients with assessment initiated within 1 hour	95%	95.2%	97.2%	94.8%	96.2%	95.1%	95.8%	96.9%	96.1%	98.5%	95.1%			96.1%	92.4%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%
% of patients where the direct referrer reports that rapid response intervention avoids hospital admission		96.6%	98.3%	96.1%	96.3%	97.9%	97.0%	98.0%	98.0%	98.2%	95.8%			97.2%	82.0%
Number of referrals where the direct referrer reports that rapid response intervention avoids a hospital admission		139	173	169	234	227	253	236	206	219	204			2,060	1,154

**Rapid Response Weekly Discharges against Target 2015/16**



## Rapid response referrals:

Actions plan continues to be followed to increase referrals. This includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads to have regular contact with GP surgeries.

## **Alamac - Gloucestershire Health Community reporting (1/2)**

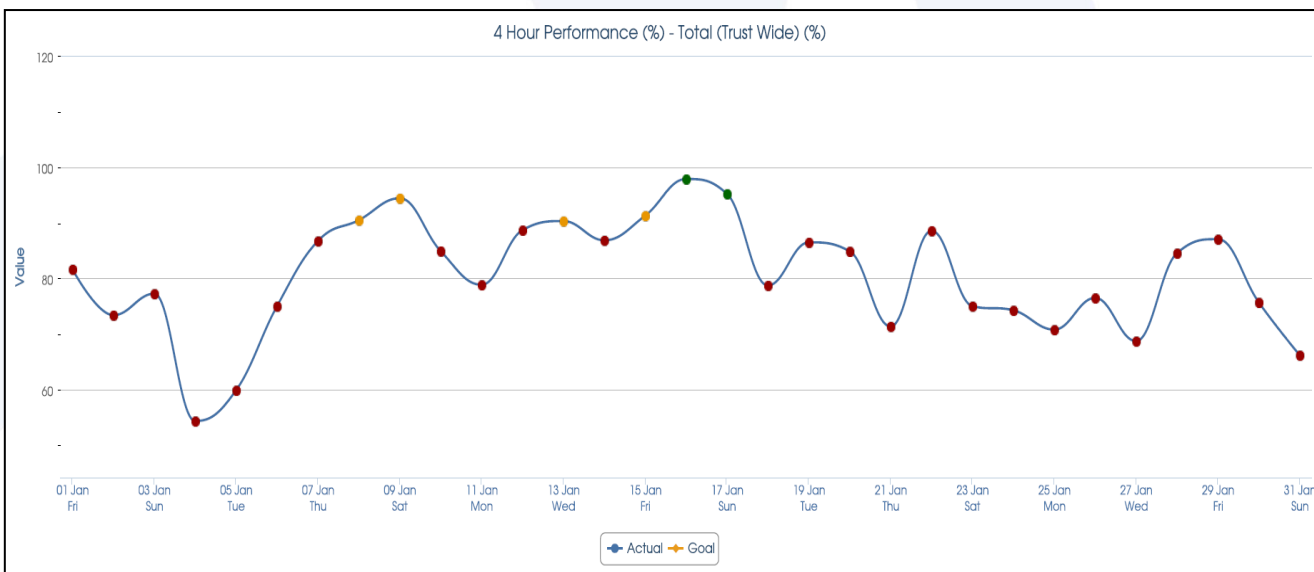
The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. This approach has been commissioned by the CCG and adopted by a number of other NHS providers including GHFT and SWASTFT. It has been in place for approximately 9 months.

As part of the process, Community Hospitals inpatient wards, SPCA, IDT and Rapid Response teams gather (on a daily basis) relevant, capacity and activity data and then use this as information to drive actions which deliver real benefits across the health & care economy.

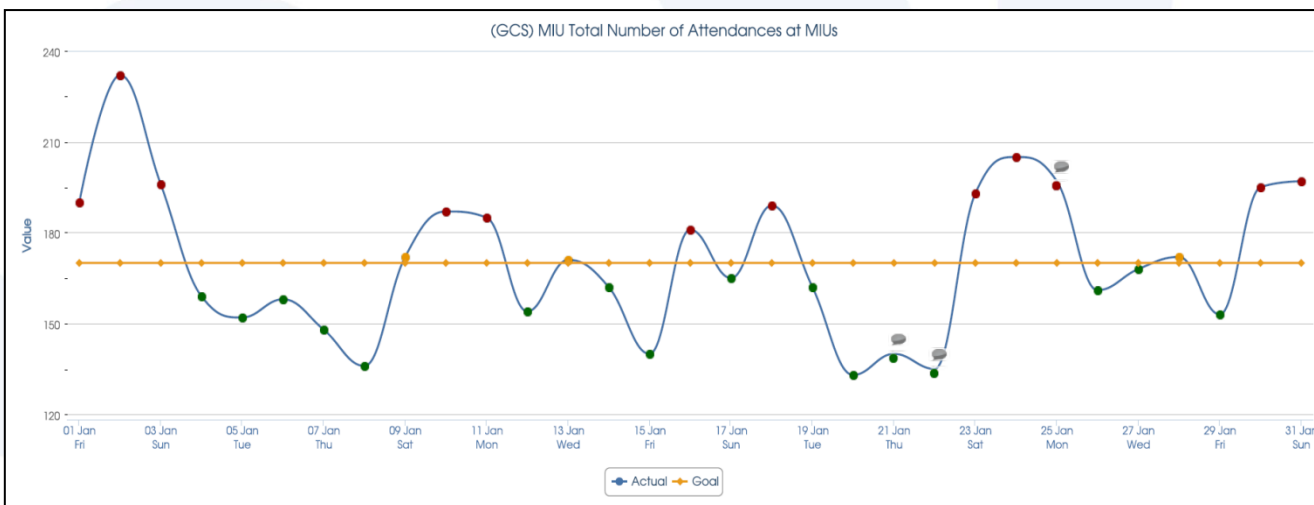
The long-term aim has been to create behavioural and cultural change alongside our partner organisations, creating improvements which can be measured, monitored and managed in real-time. This involves a daily “diagnosis” on system-wide issues and helps to inform actions (via daily conference calls) and to effectively manage these issues.

The “Alamac” approach has allowed the Trust (and others) to work on objective intelligence and reality, rather than emotion and myth. What has emerged is a more disciplined culture of support rather than blame and of action rather than story. The process of inputting data is one that is relatively simple and involves work alongside teams to gather relevant data. We are continuing to work with colleagues within the teams mentioned above to be able use this data as information to drive action - leading to more measurable improvements.

## Alamac - Gloucestershire Health Community reporting (2/2)

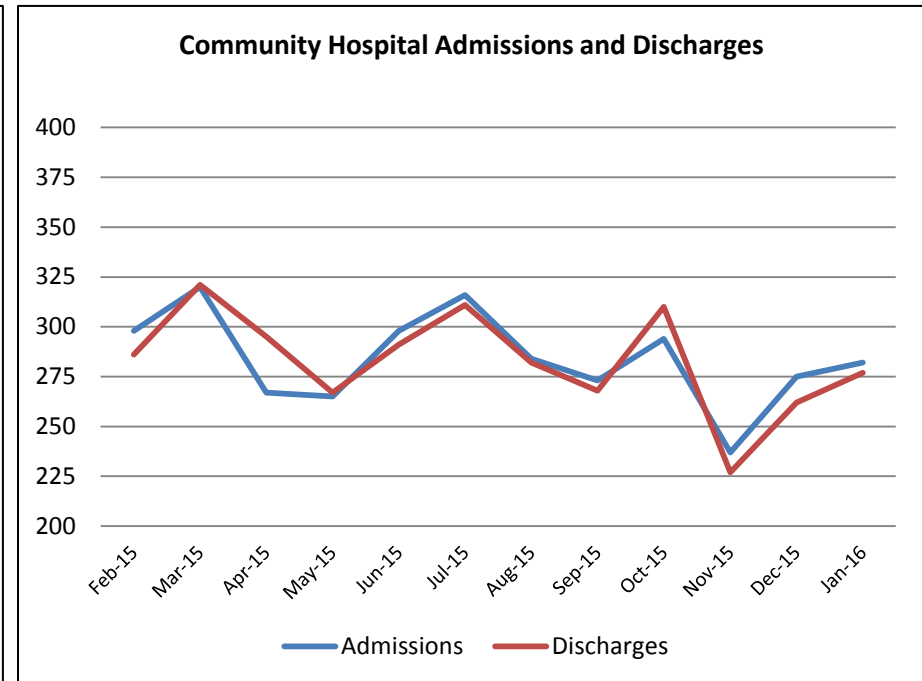
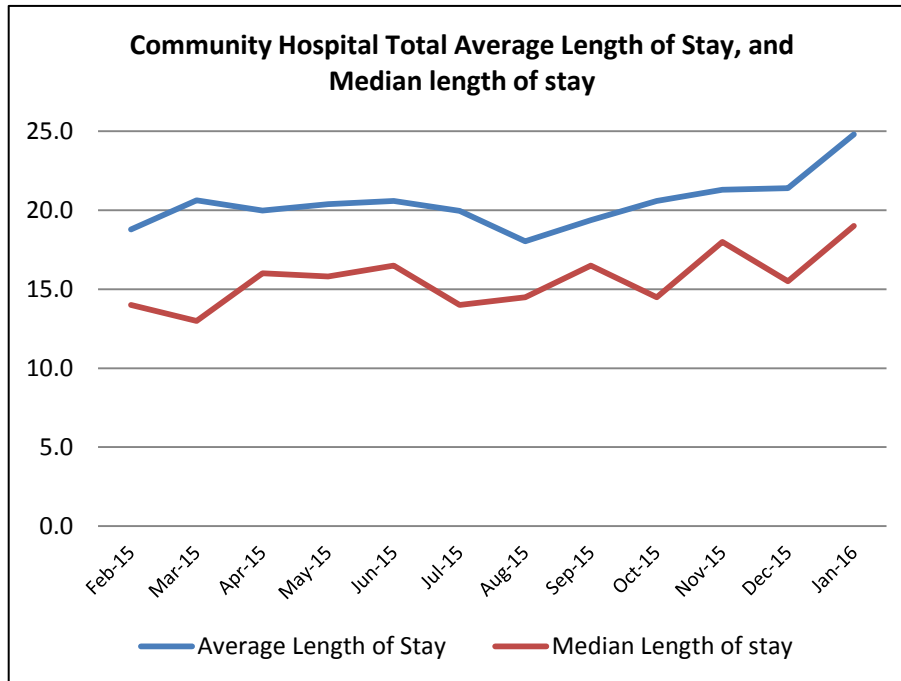


Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target –performance level was only achieved 2 times during January



GCS Minor Illness and Injury unit attendances during January 2016. This shows fluctuation in number of attendances with 12 days significantly above the goal for the month.

## Community Hospitals - Average Length of Stay



	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	12 Month Total
<b>Average Length of Stay</b>	18.8	20.6	20.0	20.4	20.6	20.0	18.0	19.4	20.6	21.3	21.4	24.8	20.5
<b>Median Length of Stay</b>	14.0	13.0	16.0	15.8	16.5	14.0	14.5	16.5	14.5	18.0	15.5	19.0	15.6
<b>Admissions</b>	298	320	267	265	298	316	284	273	294	237	275	282	3,409
<b>Discharges</b>	286	321	295	267	291	311	282	268	310	227	262	277	3,397

The average length of stay within Community Hospitals increased significantly in January 2016. There were 3 patients that had length of stay in excess of 100 days that were discharged in-month. These outliers increased the average length of stay in January from 23.0 days to 24.8 days. Over the last 12 months there has been a reduction in short-stay admissions, but an increase in longer-stay admissions. This is currently being reviewed by Head of Community Hospitals.

Deployment of SystmOne into Community Hospital inpatient wards has given increased visibility of patient information to Matrons and ward teams to ensure Estimated Date of Discharge (EDD) for patients is accurate, and to review patient management plans in line with the Estimated Date of Discharge and have an impact on patient length of stay.

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

## Quality Strategy metrics 2015-16 against strategic objective 4

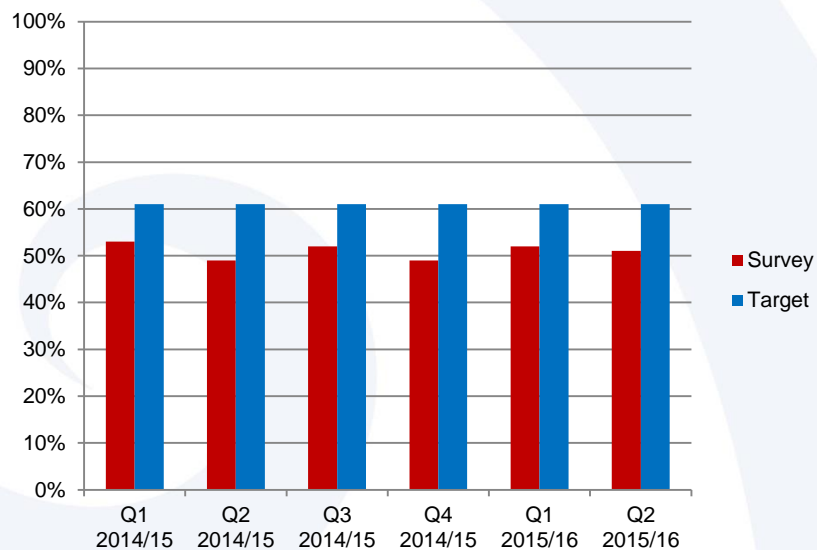
	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Staff recommending the Trust as a place to work	More than 60%	52%			51%			tbc						51%
Percentage of annual staff appraisals	More than 95%	72.1%	78.2%	77.9%	77.7%	76.8%	76.1%	77.6%	78.6%	78.7%	77.7%			77.1%
Completion of all mandatory training	100%	78.4%	81.2%	83.1%	81.8%	80.4%	79.4%	80.4%	82.2%	82.1%	80.8%			81.0%



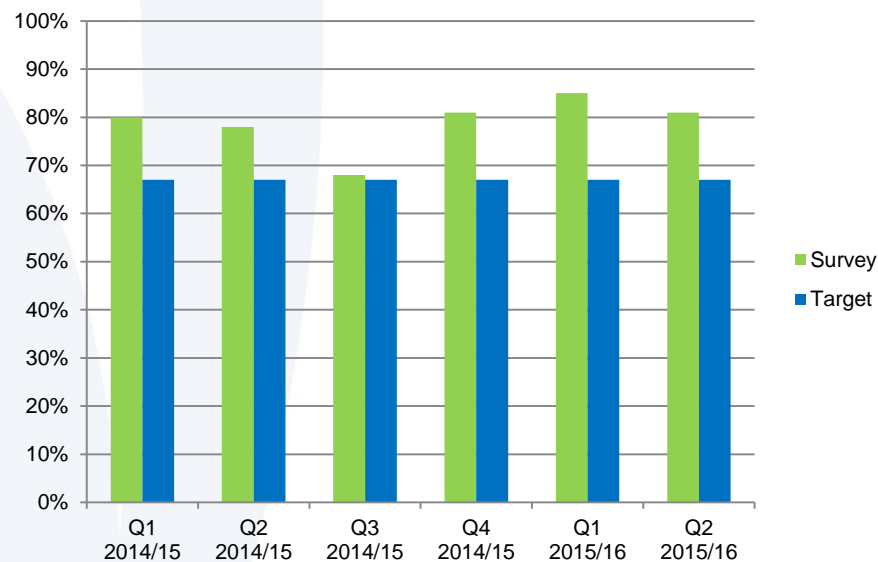
# Staff Friends and Family Test

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

Place of work



Place of treatment



More detailed report provided to Workforce & OD Committee  
Deep Dive into Staff FFT and outcomes shared at Workforce & OD Committee.  
OD plan updated accordingly.

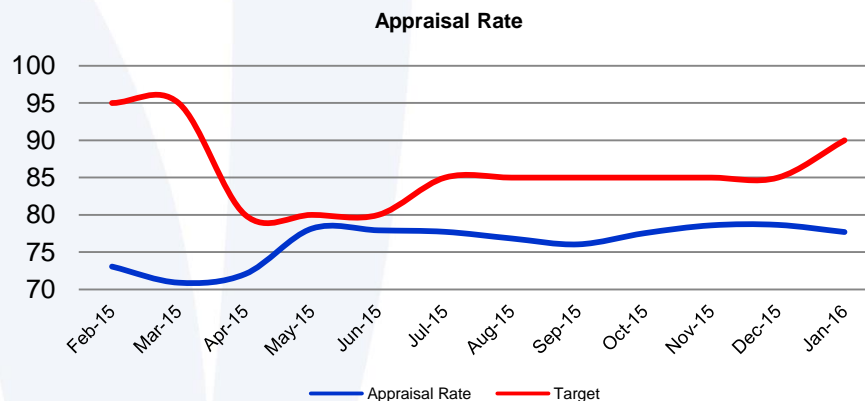
## Sickness absence / mandatory training / appraisals

	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target
<b>Sickness absence average % rolling rate - 12 months</b>	4.89	4.85	4.86	4.82	4.77	4.85	4.84	4.88	4.85	4.85	4.74	*	3.00
<b>Sickness absence % rate (1 month only)</b>	4.54	4.11	4.56	3.98	3.74	5.13	5.04	4.93	5.09	4.21	3.91	*	3.00

\*sickness absence reported 1 month in arrears

<b>Mandatory training course</b>	<b>Target (End January 2016)</b>	<b>January performance</b>
<b>Infection Control</b>	90%	86.6%
<b>Health &amp; Safety</b>	90%	86.6%
<b>Conflict Resolution</b>	90%	85.8%
<b>Equality &amp; Diversity</b>	90%	84.1%
<b>Fire Safety</b>	90%	77.2%
<b>Information Governance</b>	90%	64.2%

<b>Appraisal rate</b>	<b>Target</b>	<b>Performance</b>
January	90%	77.7%



The target for Appraisal rates has now increased to 90%, however performance has shown no sign of improvement. Regular reports are produced by the Information team to highlight to managers the staff that have appraisals due in future months to allow them to be appropriately scheduled. The onus is on managers to ensure appraisals are scheduled, completed and reported as completed. The target for Mandatory Training increased to 90% in December 2015. A full list of staff that have not completed Information Governance training has been provided to the Information Governance team for follow-up.

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

## Quality Strategy metrics 2015-16 against strategic objective 5

	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Achievement of agreed CIP financial targets against plan	Target	£340,000			£750,000									£1,090,000
	Actual	£691,000			£699,000									£1,390,000
Achievement of agreed CQUIN financial targets against plan	Target	£435,952.50			TBC									TBC
	Actual	£435,952.50												
Achievement of agreed QIPP financial targets against plan	Target	£1,125,625			TBC									TBC
	Actual	£1,110,000												
Financial sustainability via a continuity of services risk rating	2.5 or more	3.0	3.0	3.0	3.0	3.0	3.0							3.0 (average)

Detailed Finance report will be provided separately.

## **Change request log**

## Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
13	Director of Finance	Charts added to illustrate Mortality reviews as % of Occupied Bed Days per Hospital site and also % of Mortality reviews per Day of the week	33	8 <sup>th</sup> May 2015
14	Director of Finance	Graphical representations of Key Adult Social Care Indicators	53	8 <sup>th</sup> May 2015
15	Director of Nursing and Quality	Addition of details of Internal Audit – Clinical Record Keeping	39-41	8 <sup>th</sup> May 2015
16	Director of Nursing and Quality	Details on National Audit of Intermediate Care benchmarking completed May to August 2014	42-43	8 <sup>th</sup> May 2015
17	Director of Nursing and Quality	Executive Summary added	3	8 <sup>th</sup> May 2015
19	Director of Nursing and Quality	NED Quality Visit schedule expanded to include feedback from visit	60-63	8 <sup>th</sup> May 2015
20	Head of Workforce Transformation	Appraisal and Mandatory Training targets adjusted to 95%	59	8 <sup>th</sup> May 2015

## Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
21	Director of Nursing and Quality / Director of Finance	Change of format and structure of report (ongoing)	Report	18 <sup>th</sup> June 2015
22	Director of Finance	Rolling 12 month trend data added to charts	Report	21 <sup>st</sup> July 2015
23	Head of Corporate Planning	Monitor compliance statements added to report	65	21 <sup>st</sup> July 2015
24	Head of Corporate Planning	Board statements added to report	66-67	21 <sup>st</sup> July 2015
25	Head of Corporate Planning	NHS Choices data added to report	34	21 <sup>st</sup> July 2015
26	Head of Corporate Planning	Quality Strategy metrics added to report	Report	21 <sup>st</sup> July 2015
27	Director of Service Transformation	Alamac slides added to report	58-60	21 <sup>st</sup> July 2015
28	Director of Finance	Finance report incorporated	71-80	21 <sup>st</sup> July 2015

## Change Request Log (Since April 2015)

Number	Who	Description of change	Page Number	Report Change applied to
29	Head of Corporate Planning	Added details in respect of some of the Monitor Compliance Statements	64-65	7 <sup>th</sup> September 2015
30	Director of Finance	Community Hospitals – Average Length of Stay	59	7 <sup>th</sup> September 2015
31	Head of Corporate Planning	Inclusion of translation and interpretation data	36-37	22 <sup>nd</sup> September 2015
32	Head of Corporate Governance & Trust Secretary	Inclusion of Legal services data	40-44	22 <sup>nd</sup> September 2015
33	Head of Performance and Information	Adult Social Care key indicator slides removed following change in management responsibility from 1 <sup>st</sup> August 2015	n/a	22 <sup>nd</sup> October 2015
34	Head of Corporate Planning	Expanded Strategic Objective 2 (Understanding You report)	43	24 <sup>th</sup> November 2015
35	Head of Performance and Information / Head of Corporate Planning	Update of report content to reflect the refreshed strategic objectives  Updated Quality Strategy metrics	n/a	24 <sup>th</sup> November 2015



# Trust Board

Date: 22<sup>nd</sup> March 2016

Agenda Item:	16
Agenda Ref:	16/0316
Author:	Glyn Howells, Finance Director
Presented By:	Rob Graves, Non-Executive Director
Sponsor:	Rob Graves, Non-Executive Director

Subject:	Finance Committee Report
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This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

## Executive Summary:

The Trust Board are asked to received assurance that the following items were reviewed by the Finance Committee and are recommended for **APPROVAL** by the Trust Board:

- The draft annual plan

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

- The Month 9 Finance Report
- The performance on CIP for 2015/16 and plans for 2016/17
- The performance to date on QIPP and CQUIN
- The management of Estates budgets
- The detailed review of Financial Corporate Risks
- The early work on Corporate Systems consolidation
- The Process for setting the Trust's annual budget for 2016/17

**Recommendations:***The Board is asked to:*

The Board is asked to receive the report and the approved minutes of the Finance Committee held on 22<sup>nd</sup> December 2015.

**Considerations:***Quality implications:*

N/A

*Human Resources implications:*

N/A

*Equalities implications:*

N/A

*Financial implications:*

N/A

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

No

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

No

**Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?****P or C**

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

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

Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire

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

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

P

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

Caring

Open

P

Responsible

P

Effective

P

**Reviewed by (Sponsor)**

## FINANCE COMMITTEE MARCH 2016 REPORT

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### Introduction

This report provides an executive summary of the key issues and subsequent actions arising from the Finance Committee meeting held on 24<sup>th</sup> February 2016. The minutes of the 22<sup>nd</sup> December 2015 meeting were approved and can be seen in Appendix 1. It is the following issues that the Committee Chair and Director of Finance would like to draw to the Trust Board's attention:

### Finance Report.

The Committee received the Finance report for Month 9, the main points are summarized below:

- Surplus at month 9 was £13k behind plan at a surplus of £243k; the full year out-turn is now £2.5m (£1m operating surplus plus a one-off £1.5m capital to revenue transfer).
- Replacement QIPP schemes for the KPI (£900k) element of QIPP are close to being agreed with the CCG.
- CQUIN schemes are broadly on track to deliver.
- CIP schemes are expected to deliver in full the £3.15m recurrent savings as per plan
- Cash position is £500k behind plan due to an increase in debtors namely, GHFT and NHS Property Service Ltd.
- CAPEX is lower than plan due to delays in delivering schemes but is still expected to be utilized in full in the financial year.
- The main risks to the year end position remain:
  - Agreeing recharges with GHFT where discussions continue between Directors of Finance
  - Increase charges from NHS Property Services Ltd

### CIP Report

The Committee reviewed the performance against CIP for 2015/16, the Committee received assurance that the “non-frontline posts” restructuring would deliver at least the £1.5m savings needed and was expected to slightly over-deliver. Any over-delivery would be taken against the 2016/17 CIP schemes.

The Committee then reviewed the draft CIP schemes as submitted to the TDA as part

of the planning round and got an update about how the detail of these was to be worked up following a session at the Leadership Management Meeting.

The Committee congratulated the executives on the delivery of CIP for 2015/16 but raised some concerns about the lack of substance behind the schemes for the coming year. The Director of Finance commented that the work had already been done to have around £1.3m of savings delivering from the beginning of the year but recognised that more work was needed as a priority to get schemes in place. This plan will continue to be reviewed at each Committee meeting.

The planned post implementation review of the Pharmacy CIP from last year was deferred until the next meeting.

### **CQUIN and QIPP Report**

The Committee was taken through the CQUIN schemes and was informed that quarter 1 and 2 deliverables had now been confirmed as payable in full. The Trust has submitted evidence for quarter 3 deliverables and has identified that there is £78k potentially at risk although, additional evidence will be provided that would seek to recover some of this.

On QIPP against milestones (£3m of the total £3.9m) the CCG has now confirmed £15k deduction for non-delivery against quarter 1 milestones and circa £80k at risk on quarter 2. The full year out-turn has been between £300k and £500k of risk of achievement though the COO and Director of Nursing are in discussion with the CCG about mitigating actions and alternate schemes.

On QIPP KPI improvements, £900k of the total, alternate schemes have been discussed with the CCG and are close to being agreed.

### **Budget Holder Review - Estates**

The Head of Estates presented an overview of the budget areas that he is responsible for. This breaks into 3 main areas:

- Estates (maintenance and minor works)
- Hotel Services
- Cross cutting budgets for all properties (rent, rates, utilities etc.)

On the first two areas, these budgets have been stable and are well managed with year on year savings being found as part of the ongoing efficiency reviews. The last area is a new responsibility this year and so understanding is still developing. All costs relating to the Trust's estate (so rent, rates and utilities etc..) have been removed from the responsibility of operational managers and placed under the Head of Estates since the middle of 2015/16; this was done to try to get consistency and economies of scale as looking at each cost line across all properties was seen as giving a better chance of making savings than having an operational manager look at relatively low spend for the one property that they are responsible for. Much of this year has been spent in trying to get all cost allocations being done consistently so that the budgets are understood and

so provide a stable base for savings from 2016/17 onwards. The head of Estates will be invited back around this time next year to give an update on progress in this area.

### **Capital Reporting.**

Progress against the Trust's capital plan was noted.

### **Finance Risks**

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

### **Corporate Systems Consolidation**

The Committee received a presentation from the Head of IM&T regarding the new Corporate System Consolidation plans. The Trust is looking to repeat the great work done in replacing the myriad clinical systems with SystmOne (noting that Dental and Sexual Health services will remain on their individual systems) in the corporate System area. The Head of IM&T laid out a huge number of systems that are used for different corporate purposes and laid out the programme of work that will work through a solution to radically reduce the number.

### **Annual Plan**

The draft annual plan that had been submitted to the TDA earlier in the month was discussed and the underlying assumptions probed and validated by the Committee.

The Committee agreed assumptions and; subject to changes needed once the contracting round was closer to completion, recommended the plan for approval by the Board.

### **Draft Annual Budget**

The Committee were taken through the process being followed to set budget which are dependent upon the annual plan being accepted and the contracting round being settled in line with the assumptions in the plan. The Committee congratulated the Deputy Director of Finance on the diligent work that was being put in place to ensure that meaningful, accurate budget were in place by the start of the financial year – and noted the big improvement over previous years.

The Committee endorsed the process being followed.

**Report prepared by:** Glyn Howells – Finance Director

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

**Appendix 1:** Approved minutes of Finance Committee meeting: 22<sup>nd</sup> December 2015

**AGENDA ITEM: 16.2**

<p style="text-align: center;">Gloucestershire Care Services NHS Trust</p> <p style="text-align: center;"><b>Minutes of the Finance Committee Meeting</b></p> <p style="text-align: center;">held on the <b>22 December 2015</b></p> <p style="text-align: center;">in the Boardroom, Edward Jenner Court, between 14:00 – 17:00 hrs</p>		
<b><u>Committee Members present:</u></b>		
Rob Graves	–	Non-Executive Director (Chair)
Glyn Howells	–	Director of Finance
Candace Plouffe	–	Director of Service Delivery
Duncan Jordan	–	Chief Operating Officer
Richard Cryer	–	Non-Executive Director
Sue Mead	–	Non-Executive Director
Susan Field	–	Director of Nursing
<b><u>In attendance:</u></b>		
Amina Ismail	–	Operational Finance Manager
Chris Boden	–	General Manager, Countywide Services
Denise Hunt	–	Programme Manager
Johanna Bogle	–	Head of Operational Finance
Kate Calvert	–	Head of Transformation and Change
Louise Simons	–	Assistant Trust Secretary
Steven Wainwright	–	Commercial Manager
Stuart Bird	–	Deputy Director of Finance

Item	Minute	Action
15/FC077	<p><b>Agenda Welcome and Apologies</b></p> <p>The Chair welcomed everyone to the Finance Committee meeting</p> <p>Apologies were <b>received</b> from Ian Dreelan, Non-Executive Director</p>	
15/FC078	<p><b>Confirmation that the meeting is quorate</b></p> <p>The meeting was <b>confirmed</b> as quorate by the Assistant Trust Secretary.</p>	
15/FC079	<p><b>Declarations of Interests</b></p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item.</p> <p>No updates or interests were declared.</p>	

Item	Minute	Action
15/FC080	<p><b>Minutes of the Finance Committee held on the 28<sup>th</sup> October 2015</b></p> <p>The minutes of the meeting held on the 28<sup>th</sup> October 2015 were <b>received</b> and <b>approved</b> as an accurate record.</p>	
15/FC081	<p><b>Matters Arising (Action Log)</b></p> <p>The following matters were <b>discussed</b> and <b>noted</b>:</p> <p><b>82.P&amp;R 007.3/15 - Cirencester Theatre</b> Heads of Terms have now been agreed with GHFT with planned activity due from January 2016. <b>Action completed.</b></p> <p><b>15/FC052 - Budget Holder Reviews</b> The Director of Finance informed the Committee that in respect of the budget holder review “deep dive reports” a schedule is now in place with Podiatry and MSK being presented to the Committee at the meeting today and a full schedule is to be circulated to all members for the year ahead.</p> <p>All other matters arising contained within the Action log were to be discussed at the Committee meeting today, covered by the agenda items.</p>	Assistant Trust Secretary
15/FC082	<p><b>Forward Agenda Planner</b></p> <p>The Forward Planner was discussed and approved with one minor change as listed below:</p> <p>12<sup>th</sup> April meeting to include all risks on the Corporate Risk Register in addition to finance risks.</p> <p>Subject to the above change the Forward Agenda Planner was <b>approved</b>.</p>	Assistant Trust Secretary
15/FC083	<p><b>Finance Report</b></p> <p>The Deputy Director of Finance presented the report and highlighted the follows key areas:</p> <ul style="list-style-type: none"> <li>Month 7: the Trust is £93k behind plan with a year to date adjusted deficit of £251k.</li> <li>The full year forecast is in line with the original plan of £1m surplus, (after adjustment for depreciation on donated assets).</li> <li>There are two significant risks to the year-end out turn, risk on approximately £650k of “risk share” QIPP and a risk of approximately £1m on the trust recharges to GHFT, for provision of services and for</li> </ul>	



Item	Minute	Action
	<p>use of outpatient and theatre facilities.</p> <ul style="list-style-type: none"> <li>Slippage in CIP recurrent delivery has been offset by non-recurrent savings through management of vacancies and a review of establishment roles in non-frontline posts. Any shortfall on recurrent CIP will impact the 2016/17 plan and work is underway to mitigate this.</li> <li>Cash is £1.6m adverse to plan at £4.3m.</li> </ul> <p>The Director of Finance also confirmed that in respect of the CIP savings, executive colleagues have agreed the consultation document regarding the review of establishment roles in non-frontline staff and this consultation will be released in January 2016. Due to redeployment opportunities the redundancy costs are not as high as originally stated and therefore this figure has been reduced. Redeployment opportunities across GCS will also be maximised.</p> <p>The Deputy Director of Finance further confirmed the position on Capital Expenditure year to date spend is £1.5m of a full year plan of £5.83m however, capital budgets are now under stringent review and the Trust expects to show a significant underspend to plan when the forecast is updated during month eight.</p> <p>The Director of Finance also noted that the Trust has reduced its capital plan for the year by £1.5m; this was agreed with the TDA agreement at the same time that TDA gave support for our purchase of Hatherley Road. Further information on how this process will be reflected will be reported to Committee and Board members once clarification has been sought and agreed with the Department of Health / TDA.</p> <p><u>Cash Position</u></p> <p>The Trust actively manages its cash position to ensure that funds are available to meet obligations. At the end of month 7 the actual balance of cash on hand was £4.305k compared to a plan of £5,741k. Debtor balance is high with GHFT (£3.9m at the end of month 7) and acknowledging this now needs to be resolved as a priority.</p> <p>Robert Graves requested an update on the position in respect of GFHT recharges. In response the Director of Finance confirmed that he is to meet with the Director of Finance for GHFT to try and agree a mutually acceptable way forward in respect of the recharges. In addition, this has now been escalated through the Chief Executives meeting. The Director of Finance agreed to provide a further update in respect of this situation following the</p>	<p>Director of Finance</p> <p>Director of Finance</p>



Item	Minute	Action
	<p>planned meeting with GHFT.</p> <p>The Director of Nursing raised a query in respect of monies outstanding in the future for the use of Cirencester theatre, and in view of the recent commitment by GHFT to utilise Cirencester theatre under a lease arrangement. In response to this the Director of Finance confirmed that a separate agreement has been set-up in respect of Cirencester theatre and this will sit outside any current outstanding balances with GHFT.</p> <p>The Committee <b>noted</b> the report.</p>	
15/FC070	<p><b>CIP Report</b></p> <p>The Head of Transformation and Change presented the CIP Report highlighting the following areas:</p> <p><u>Financial Position as at 30 November 2015</u></p> <p>The financial position for the CIP (cost improvement plan) is monitored monthly and actual savings achieved are compared to the phased savings targets provided to the Trust Development Authority (TDA), earlier this year. The Trust has reported at month eight, an achievement of £613k against a CIP target of £1,700k.</p> <p><u>Progress – Pay Savings Initiatives, Managing Non-Frontline Staffing Costs</u></p> <p>Senior Executives and members of the Transformation and Change Team have identified with managers how the Trust can recurrently achieve its £1.5m CIP savings target.</p> <p>All posts “at risk” will be consulted as from the 11 January 2016 with the consultation period ending on the 31<sup>st</sup> January 2016. A two week period will then follow for feedback to be reviewed at an organisational level, with posts being removed before April 2016. Colleagues in HR will work with service colleagues to plan for and implement changes and provide support for all staff involved.</p> <p><u>E-rostering</u></p> <p>The roll-out is progressing slower than anticipated due to individual variations of work patterns, plus an increased demand for training post go-live of the systems. The system is enabling colleagues to plan better, manage and monitor staffing levels, which in turn is helping to reduce the need for bank and agency staff.</p> <p>The Director of Nursing requested an indication of the e-rostering timeline. The Head of Transformation and</p>	

Item	Minute	Action
	<p>Change confirmed this should be at the end of March 2016 and this would include back office.</p> <p><u>Progress – Non-Pay Savings Initiatives, Contracts and Procurements</u></p> <p>Costs savings identified to date total £78k. All contracts through the NHS Supply Chain and Procurement Shared Services, are actively being reviewed and the Procurement Manager continues to work with operational and clinical quality colleagues to rationalise consumables.</p> <p>It is unlikely that the full target of £300k will be realised.</p> <p><u>CIP Planning 2016/17</u></p> <p>CIP Planning discussions for 2016/17 continue with operational and support service colleagues. A final draft CIP 2016/17 plan will be presented to the Finance Committee in February 2017.</p> <p>The Head of Transformation and Change further confirmed that the Trust still face a huge challenge and further quality discussions are taking place with service managers, to deliver the message and any income generated ideas are circulated.</p> <p>The Director of Service delivery asked where we are feeding this information to. In response the Head of Transformation and Change confirmed the governance flow for information to be:</p> <ul style="list-style-type: none"> <li>• CIP Steering Group</li> <li>• Transformation and Change Steering Group</li> <li>• Finance Committee</li> </ul> <p>The Chair queried the travel costs shown in respect of agency spend and requested this be separated out. In response the Head of Transformation and Change confirmed this piece of work is scheduled to be covered in the New Year. The Director of Nursing also confirmed that not all agencies charge for travel costs.</p> <p>The Chair also queried the delay in purchasing a stock inventory system and requested an update in respect of progressing this. The Director of Finance confirmed that a demonstration from a potential supplier had taken place yesterday (21<sup>st</sup> December 2015), which did appear to have the capability to warrant further discussions and this would continue into 2016. A further update will be given to the Committee at the meeting scheduled for February 2016.</p> <p>The Committee <b>Noted</b> the update.</p>	<p>Head of T&amp;C</p> <p>Director of Finance</p>

Item	Minute	Action
15/FC085	<p><b>Focussed Report – Agency Spend</b></p> <p>The Director of Nursing delivered a presentation on how the Trust is addressing agency spend levels and complying with TDA requirements around the use of framework agencies and maximum rates per shift. The Director of Nursing highlighted the following areas:</p> <p>An Agency Usage Group is in place and meets fortnightly. Since July 2015 the group has been chaired by the Director of Nursing.</p> <ul style="list-style-type: none"> <li>• <u>Key actions have included:</u> <ul style="list-style-type: none"> <li>▪ Focus on reducing community hospital agency spend</li> <li>▪ Review of National Agency Diagnostic Tool</li> <li>▪ Tracking reductions alongside e-rostering implementation</li> </ul> </li> </ul> <p>Since July 2015 the impact for Inpatient and MIU agency was:</p> <ol style="list-style-type: none"> <li>1) No. of shifts down from 910 to 447 per month</li> <li>2) No. of WTE down from 51.71 to 25.5 per month</li> <li>3) No. of hours down from 7757 to 3412 per month</li> <li>4) Value of agency cost down from £225k to £109k per month</li> </ol> <p>Work is continuing with agencies and capped rates have been introduced with agencies working to a framework issued. The Trust's aim is to always use agencies on the framework which has capped rates. Sue Mead asked in what circumstances this would not be used. In response the Director of Nursing confirmed that some agencies charge at a higher rate and are non-compliant with the capping and such agencies would only be used in emergency staffing situations and is much dependent on skills available.</p> <p>The Director of Nursing further presented the Community Hospital Escalation Process flowchart which is now in use at community hospitals.</p> <p>Sue Mead asked if the Trust is noticing any changes within community hospitals in respect of patient care and working environment. In response the Director of Nursing confirmed that a review of agency staff qualifications has been undertaken in October 2015 and the plan is that this will take place again in January 2016 but noted to date that no huge impact has been noted in respect of patient care. The Director of Nursing further commented that this process has brought teams together</p>	

Item	Minute	Action
	<p>and the consistent approach has made a considerable difference.</p> <p>Richard Cryer noted the significant cuts in agency shifts as almost half that of previous months. In response the Chief Operating Officer confirmed that this could also be the effect of e-rostering rollout as the Trust community hospitals are now using this as a standard tool.</p> <p>The Director of Finance commented that the month 7 figures do not appear to show reduced spend and this could be for a number of reasons which would require further investigation. It was agreed that this information could be updated to the Committee at the following meeting in February 2016.</p> <p>The Chair thanked the Director of Nursing for the presentation and <b>Noted</b> the Trust's current position.</p>	<p>Director of Finance</p>
15/FC086	<p><b>CQUIN &amp; QIPP</b></p> <p>The Director of Nursing presented the CQUIN and QIPP paper highlighting the following areas;</p> <p>The Trust continues its delivery of the respective 2015-16 CQUIN and QIPP programmes and with this, there remains a requirement to provide robust evidence internally and to Gloucestershire Clinical Commissioning Group (GCCG) against each QIPP and CQUIN milestone on a quarterly basis.</p> <p><b>QIPP – Quarter 3</b> (total value is £480.6k) The financial risk for Qtr 3 has been estimated at £135.6k for the following areas:</p> <ul style="list-style-type: none"> <li>• MSK waiting times</li> <li>• Reablement waiting times</li> <li>• IDT admission avoidance</li> <li>• Minor Injury and Illness Unit (MIU) opening hours</li> <li>• Community nurses Training Needs Analysis (TNA) and Warrington tool.</li> </ul> <p>The risk share QIPP (£900k annual target, £225k per quarter) remains. However, GCS has been formally invited by the GCCG to identify alternative QIPP schemes to mitigate some of these risks which are being explored by the Chief Operating Officer with service leads to identify the risks that can be achieved.</p> <p><b>QIPP and CQUIN 2016-17</b></p> <p>The Trust has commenced work on next years' QIPP and CQUIN programmes as has the GCCG through its</p>	

Item	Minute	Action
	contracting negotiation plans with a further meeting is planned for 8 <sup>th</sup> January 2016  The Committee <b>noted</b> the update.	
15/FC087	<p><b>Budget Holder review – MSKCAT, MSK and Podiatry</b></p> <p>The General Manager for Countywide Services and Operational Finance Manager presented the papers on MSKCAT, MSK and Podiatry and advised that they had gathered together information on financial reports with trends for last 3 years, Workforce &amp; Demographic data, Clinical Benchmarking, CIP Opportunities and Cost Pressures to produce this report and to provide a rounded oversight.</p> <p>All three services are under pressure to deliver increasing levels of service to an increasingly complex caseload of patients. Maintenance of high quality clinical standards are a constant challenge with the current turnover of staffing and levels of demand. Recruitment of suitably skilled and qualified staff continues to be a challenge for all three services. MSKCAT has benefitted from internal development of core podiatry and physiotherapy staff although retention of Band 5 &amp; 6 clinicians remains a challenge. This in turn has led to pressure on internal capacity within core services as they attempt to continue to develop the uniquely skilled Extended Scope Practitioners (ESPs) required by MSKCAT.</p> <p>Sue Mead queried if the levels of “did not attend” (DNA) had impacted the service levels and targets. In response to this the General Manager of Countywide Services commented that using S1 had enabled the Trust to plan clinics and manage flexibility better and with the use of rostering this had also assisted to plan ahead in “real time”</p> <p>Richard Cryer commented that over 1/3 of the workforce were over 50 years of age and what plans are we building into our longer term recruitment and retention. In response the General manager for Countywide Services noted that Podiatry Services have had recurring recruitment and retention issues across all bands. As part of its service strategy Core Podiatry Services have had a programme of developing specialist podiatrist in-house. Core Podiatry has been supporting MSKCAT Podiatry capacity which in term has impacted both services capacity. Recruitment has been a challenge throughout the year and some agency at Band 5 and Band 6 has been necessary to support service to meet contractual targets.</p> <p>Recruitment and retention issues in MSKCAT are complex. It has proven impossible to recruit to the level of skill and experience of Extended Scope Clinician</p>	



Item	Minute	Action
	<p>required by this service. The Trust have therefore recruited from Core Physiotherapy and Core Podiatry which at times has destabilised these services and made it difficult for them to meet their contractual obligations. It is difficult to make comparisons with other 'Interface' Services but those that we know of normally have their Extended Scope Clinicians banded at 8a.</p> <p>Sue Mead queried in terms of working practices and new ways of working what challenges are currently facing the services. The General Manager for Countywide Services commented that it would be difficult to generalise however podiatry had gone through a great deal of change and he had noted colleagues had embraced the change in a proactive and positive way.</p> <p>The Director of Service Delivery also commented that currently there is a national issue in terms of recruiting physiotherapists. The Trust has an established Junior Preceptorship scheme within Physiotherapy supporting two rotation programmes, one in the Forest, one in Stroud and Cirencester. Work is underway to roll out the competency framework for all junior Band 5 posts that are not within these schemes in order to support new graduates. Additionally, The Trust is supportive of rotations between organisations. Discussions are underway within Physiotherapy to explore rotations or secondments between 2gether and GHNHSFT to create more attractive career opportunities within Gloucestershire.</p> <p>The Chair thanked the General Manager for Countywide Services and the Operational Finance Manager for the comprehensive report and asked if any benefit had been gained from the preparation of this report for the Committee today.</p> <p>In response the General Manager for Countywide Services stated he had found this most useful and had shared the information across his teams.</p> <p>The Director of Finance also commented that he wished to thank the General manager for Countywide Services and his colleagues for the proactive lead taken with taking operational ownership of SystmOne.</p> <p>The Committee <b>noted</b> the report.</p>	
15/FC088	<p><b>Capital Schemes</b></p> <p>The Deputy DoF presented the report drawing the Committees attention to the following:</p> <p>To date, GCS has spent £1,457k of the planned £5.85m in 2015/16. Latest estimates indicate a total in year spend</p>	

Item	Minute	Action
	<p>of £4.35m with projects being managed to ensure they are delivered within the funding approved.</p> <p>The Committee <b>noted</b> the report.</p>	
15/FC089	<p><b>Business Development Tracker</b></p> <p>Steven Wainwright, Commercial Manager joined the Committee for this item and presented his report highlighting the following:</p> <ul style="list-style-type: none"> <li>• Focus has been on the finalisation of commercial arrangements for various significant service developments and new initiatives, including Complex Leg Wound service (started 1 Dec), Macmillan Next Steps /Cancer Survivorship project starting Jan 2016, use by GHFT of Cirencester Theatre from Jan 2016, and use of our outpatient rooms by GDoc to enable delivery of extended GP access (Choice+) service.</li> <li>• Several contract variations have been completed or nearly finalised to formalise changes to existing services, including Rapid Response, Single Point of Clinical Access (<b>extra £233k recurrent</b>), and GCC s76 Public Health (<b>£133k recurrent, and £133k non-recurrent</b>).</li> <li>• Verbal agreement with GHFT for their sole use of Cirencester Theatre, to utilise spare capacity resulting from exit by Care UK at end of October 2015. Formal agreement to be signed with GHFT before start date of Jan 2016. <b>No income impact as GHFT income would replace existing income from Care UK for facilities and staff recharges.</b></li> </ul> <p>The Committee <b>noted</b> the report.</p>	
15/FC090	<p><b>Corporate Risk Register</b></p> <p>The Deputy Director of Finance presented the finance risk register and drew the Committees attention to the following:</p> <p>A number of risks have been mitigated in year, those that remain and are of severity of 6 or above are as follows:</p> <ol style="list-style-type: none"> <li>1. Pay CIP delivery – savings are being delivered non-recurrently but not progressing into budget reductions</li> </ol>	

Item	Minute	Action
	<p>2. QIPP Risk Share - £650k of risk remaining in year on items that can be influenced by but are outside the direct control of the trust</p> <p>3. GHT recharges – difficulties agreeing charges to and from GHFT for services provided between the trusts.</p> <p>The Deputy Director of Finance also noted that since the report to Committee previously agreed recharges to PropCo are now being disputed and therefore this new risk will be added to the risk register.</p>	
15/FC091	<p><b>Draft Annual Plan review</b></p> <p>The Deputy Director of Finance presented the report and highlighted the following;</p> <p>The trust will be required to submit an outline plan for 2016/17 in February 2016 that captures that main assumptions in deriving budgets for 16/17 and latest expectations in terms of CIP requirement, planned surplus and capital spend.</p> <p>The plan is indicative only at present as planning assumptions are yet to be issued by the arm's length bodies (Monitor, NHS England and TDA) and is based on assumptions on expected out-turn for 2015/16 and the main variations that will be applied during the contracting round with commissioners in March/April 2016</p> <p>Latest view is that the trust will (as this year) plan for a surplus of £1.0m and that CIP requirement will be approx. £3.6m</p> <p>The Chief Operating Officer noted that this would be subject to more detailed discussion with both executives and full Board before approval.</p> <p>The Chair requested further information in respect of the timetable going forward for this item to be approved at Committee. In response to both comments the Director of Finance confirmed that the draft annual plan would be discussed in more detail at Trust Board held on 26<sup>th</sup> January 2016, part 2 before being presented back to the Finance Committee in February 2016.</p> <p>The Committee <b>noted</b> the approached being taken by the Trust.</p>	
15/FC092	<p><b>Reference Costs</b></p> <p>The Commercial Manager presented the report and</p>	



Item	Minute	Action
	<p>highlighted the following key areas:</p> <p>The headline 2014/15 figures for Gloucestershire Care Services NHS Trust indicate that at a total level its services are about 3% cheaper than the market force adjusted national average, and hence represent good value for money. Excluding hospitals, remaining community services are 11% cheaper than national average.</p> <p>The report identifies large variations in the 2014/15 GCS unit cost of delivering the same service in different sites and localities across the county for District Nursing, Inpatient, MIIU and ICT Physiotherapy services provided by the Trust. Analysis for District Nursing highlights that these variations also exist when looking at cost per episode of patient care and so raises some interesting questions about the use of consistent pathways and case management.</p> <p>Some of this variation is driven by different commissioning models and estates costs (including depreciation and capital charges). However there are also differences in direct clinical costs that warrant further investigation to understand if they are explained by underlying patient acuity/ complexity or whether they represent a valuable opportunity to inform service re-design and standardise best clinical practice that may facilitate future cost improvements.</p> <p>The Commercial Manager also asked the Committee to note that the report data is 9 month old and the positions may have changed significantly since March 2015 and he will therefore run the report again with a more up to date set of data, in advance of the final reference cost submission for 2015/16.</p> <p>The Director of Nursing confirmed that this would help inform our discussions with the CCG when looking at costs. In addition she noted that we have looked at cost per contact and could investigate this further looking at cost per episode of care. The Chair also commented that he would like to see these findings. The Commercial Manager agreed to bring a further report back to the Committee at a later date with more recent data.</p> <p>Sue Mead questioned if this data is now going to be circulated to teams as they would find it quite interesting. The Commercial Manager confirmed that this has currently only been seen at executive and head of service level and it has not yet been decided how to circulate/issue the report throughout the Trust.</p> <p>The Director of Finance confirmed this data has been</p>	

Item	Minute	Action
	used to inform Business Intelligent and reporting Tool (BIRT) development.	
15/FC093	<b>Any Other Business</b>  No other business was reported for discussion.	
15FC094	<b>Date and Time of Next Meeting</b>  The Chair <b>closed</b> the Finance Committee meeting at 17.00 hrs.  It was agreed that the next meeting of the Finance Committee be held on the:  24 <sup>th</sup> February 2016 14:00 hrs – 17:00 hrs Boardroom, Edward Jenner Court, Brockworth, GL3 4AW	

# Trust Board

Date: 22 March 2016

<b>Agenda Item:</b>	17
<b>Agenda Ref:</b>	17/0316
<b>Author:</b>	Stuart Bird, Deputy - Director of Finance
<b>Presented By:</b>	Glyn Howells, Director of Finance
<b>Sponsor:</b>	Glyn Howells, Director of Finance

<b>Subject:</b>	Finance Report
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This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☒ Assurance ☐ Information

## Executive Summary:

As at month 10 the Trust is reporting a favourable variance to forecast of £1.5m which it is forecast will remain in place at the end of month 12. If you remove the £1.5m capital to revenue transfer this puts the Trust on target to deliver the operating surplus of £1m agreed with the TDA in September 2015.

CIP of £3.15m has now been delivered in full for the year.

Alternate QIPP schemes have now been agreed with the CCG and so the risk there is now estimated at £400k

As at month 10, capital has been committed of £1.9m against the plan of £4.3m with the expectation that the Trust will spend £4.35m against the full year plan of £5.85m (being the £1.5m that was moved to revenue).

Cash position at month 10 is £0.1 away from plan due to debtors in the form of Gloucestershire County Council, Gloucestershire Hospitals NHS FT and Gloucestershire Clinical Commissioning Group "true ups" offsetting the £2.4m underspend on capital. CCG billing is expected to be completed and paid in March 2016.

Agency usage is forecast to achieve the trajectory provided by NHS Improvements.

The largest risk (circa. £1m) remains the lack of agreement of recharges between GHFT and GCS – though discussions between respective Directors' of Finance have continued and letters between Chief Executives exchanged.

## Recommendations:

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

## Considerations:

*Quality implications: None*

*Human Resources implications: None*

*Equalities implications: None*

*Financial implications: As detailed*

*Does this paper link to any risks in the corporate risk register: GHFT recharge risk, achieving the planned surplus risk and achieving QIPP risk share elements.*

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

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	C
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	
Manage public resources wisely to ensure local services remain sustainable and accessible	P

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

<b>Reviewed by (Sponsor):</b>	Glyn Howells, Director of Finance
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<b>Date:</b>	14 March 2016
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<b>Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?</b>
Finance committee on alternate months

<b>Explanation of acronyms used:</b>

<b>Contributors to this paper include:</b>
Stuart Bird – Deputy Director of Finance

# Month 10 Finance Report

V 1.4

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Risks	9

# Overview

- The new planned surplus is £2.5m (original was £0.1m). This includes the “stretch” move up to £1m from September 2015 and the £1.5m revenue receipt expected from DH as a result of our commitment to reduce our capital spend
- This new plan is now the comparator for the M10 reporting cycle and includes delivery of:
  - QIPP £3.9m
  - CQUIN £1.9m
  - CIP £3.15m
- As a result of the £1.5m of DH income the trust is £1,487k ahead of plan at month 10 with a year to date adjusted surplus of £1,969k - see slide 4. Month 10 full year forecast is in line with revised plan at £2.5m. (All figures are after adding back the full amount of the fixed asset impairment)
- The anticipated impact of property revaluation was reflected in reported figures at month 9. This resulted in an impairment (below the line) of £7.4m, a reduction in annual depreciation charge of £1.6m (full year effect in 15/16) and annual reduction of public dividend capital charge of £260k (£130 impact on 15/16)
- QIPP and CQUIN are forecast to fall short by a total of £400k. This is the result of a small number of missed milestones and an allowance for risk share related QIPP that will be withheld by the CCG. We are now forecasting that the previously reported shortfall of up to £650k on “risk share” related QIPP (see slide 5) has been mitigated by new schemes developed and agreed with the CCG
- CIP is now on track to being delivered recurrently in line with plan. (see slide 6).
- As at the end of month 10 cash is £0.1m below plan at £5.9m (see slide 8)
- Charges to and from GHFT are still not agreed. Escalation to chief execs has resulted in renewed dialog. A number of meetings between DoFs have now taken place. Some progress has been made but if this fails to achieve a speedy resolution the matter will need to be referred to independent mediation / arbitration.

# Income and Expenditure

At month 10 the Trust is £1,487 above plan with a year to date adjusted surplus £1,969k. This variance is after inclusion of £1.5m of income from DH not reflected in the plan. Subject to risks outlined on slide 10 the full year forecast is in line with plan at £2.5m (Capital to revenue transfer of £1.5m is included in both the forecast outturn the revised plan)

Year to date actuals at month 10 for income and expenditure are both £6.4m higher than plan reflecting the £1.5m income from DH, additional escalation beds, higher levels of MSKCAT activity and some other smaller additional pieces of work being requested and funded by the CCG

£3.5m of the YTD income variance comes from additional non-contracted recurrent income that was identified after full reconciliation of 14/15 out-turn. Had this been known at budget setting time the revised full year income budget would have been £109.8m compared to the submitted plan of £106.5m).

The variance in non-pay results from

- £1.9m of undelivered prior year CIP that was offset in our 14/15 out-turn by the additional income
- £1.2m of overspends on drugs, dressing and utility costs that are currently being investigated
- £0.6m of expected reductions in inter-trust recharges where budgets were reduced but charges continue at old levels
- £0.5m of increased rents and service charges from NHS Property services as a result of the move to market rents

Agency usage represents £3.3m of gross cost for the year to date so agency premium already paid represents an approximate cost of approx. £1.1m in the year to date position.

The other three risks to forecast outturn are agency spend, QIPP risk share and recharges to and from GHFT and Propco.

Based on latest forecasts agency premium in months 11 and 12 adds circa. £0.3m to the Trusts' full year pay cost.

The £0.4m QIPP risk share requires system wide improvement on indicators that are not wholly within the control of the Trust. Year to date metrics are unfavourable but recent performance has improved and work is ongoing to develop new schemes that will enable the trust to still earn its full QIPP

Statement of Comprehensive Income	Current Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
Revenue from Patient Care Activities	87,029	92,528	5,499	104,404	110,846	6,442
Capital to Revenue Transfer	0	1,500	1,500	0	1,500	1,500
Other Operating Revenue	1,729	1,124	(605)	2,075	1,279	(796)
Gross Employee Benefits	(66,007)	(65,916)	91	(78,950)	(78,926)	24
Other Operating Costs	(20,075)	(25,258)	(5,183)	(23,896)	(29,679)	(5,783)
Impairment of Fixed Assets	(6,000)	(7,453)	(1,453)	(6,000)	(7,453)	(1,453)
<b>SURPLUS/(DEFICIT) FOR THE PERIOD</b>	<b>(3,324)</b>	<b>(3,475)</b>	<b>(151)</b>	<b>(2,367)</b>	<b>(2,433)</b>	<b>(66)</b>
Public Dividend Capital Dividend	(2,294)	(2,092)	202	(2,753)	(2,623)	130
Impairments	6,000	7,453	7,453	6,000	7,453	7,453
Donated assets adjustment	100	83	(17)	120	103	(17)
<b>Adjusted Financial Performance</b>	<b>482</b>	<b>1,969</b>	<b>1,487</b>	<b>1,000</b>	<b>2,500</b>	<b>1,500</b>



## 2015/16 QIPP and CQUIN

The Trust needs to deliver £3.9 of QIPP schemes and £1.9m of CQUIN schemes to achieve its revised surplus of £1m.

Delivery against these schemes is detailed in separate reports to Finance Committee and Board so the financial impact only is captured here.

As at month 10 quarters 1 and 2 payments have been finalised and quarter 3 details submitted for validation. These schemes are likely to under-deliver by £400k which represent multiple small elements against multiple schemes.

The element of QIPP that relates to risk share (£900k) is being replaced with some alternate milestone based agreements and so this element is forecast to deliver in full.

Ref	QIPP Programme	Type of Scheme	Risk Share Activity KPIs (£000)	KPIs/Milestones (£000s)
1a	ICT: Continuation of Phase 1	Existing	650	400
1b	ICT: Testing and roll out of Phase 2	Existing		300
1c	ICT: Community Nurses	Existing		300
1d	ICT: Reablement	Existing		75
2	Integrated Discharge Team	Existing	125	250
3a	Community Hospital Programme: Service Model	Existing		300
3b	Community Hospital Programme: Bed Availability	Existing		250
3c	Community Hospital Programme: MIU Opening Hours	Existing		100
3d	Community Hospital Programme: Staffing Model	Existing		300
4	Single Point of Clinical Access	New		150
5	MSK: pathway	Existing	125	125
6	Leg Ulcers	Existing		150
<b>Service Reviews</b>				
A	Physiotherapy	Existing		100
B	Rehabilitation	Existing		100
C	Podiatry	Existing		100
<b>Total GCS QIPP Programme</b>			<b>900</b>	<b>3000</b>
			<b>3900</b>	

# 2015/16 CIP Performance

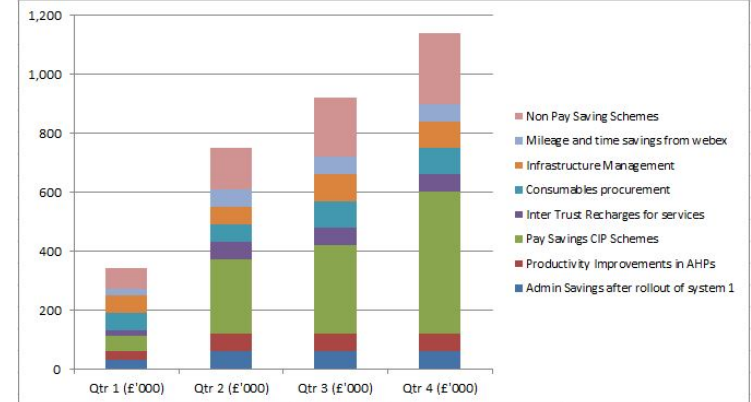
CIP full year requirement is £3.15m,

As at month 10 the Trust had planned to achieve £2.4m of recurrent savings. Against this plan the Trust has actually achieved £1,851k of recurrent savings with the remainder having been offset by non-recurrent savings.

The under delivery in recurrent savings reported previously has now been addressed through proposed revisions to budgeted establishment levels on non-frontline posts that are now our for consultation with the staff affected.

The table to the right shows the required CIP savings profile over the year. The table below shows the latest view by scheme.

Savings schemes 2015/16	Planned Profile of Savings				TOTAL
	Qtr 1 (£'000)	Qtr 2 (£'000)	Qtr 3 (£'000)	Qtr 4 (£'000)	
Admin Savings after rollout of system 1	30	60	60	60	210
Productivity Improvements in AHPs	30	60	60	60	210
Pay Savings CIP Schemes	50	250	300	480	1,080
Inter Trust Recharges for services	20	60	60	60	200
Consumables procurement	60	60	90	90	300
Infrastructure Management	60	60	90	90	300
Mileage and time savings from webex	20	60	60	60	200
Non Pay Saving Schemes	70	140	200	240	650
<b>Total 2015/16 schemes</b>	<b>340</b>	<b>750</b>	<b>920</b>	<b>1,140</b>	<b>3,150</b>



Analysis of Efficiency Programmes	Rec / Non Rec	Type	Year to Date			Forecast Outturn		
			Plan	Actual	Variance	Plan	Forecast	Variance
Admin Savings after rollout of system 1	R	Pay	170	0	(170)	210	0	(210)
Productivity Improvements in AHPs	R	Pay	170	0	(170)	210	0	(210)
Pay Savings CIP Schemes TBC	R	Pay	750	244	(506)	1,080	1,000	(80)
Inter Trust Recharges for services	R	Non Pay	160		(160)	200	0	(200)
Consumables procurement	R	Non Pay	240	68	(172)	300	150	(150)
Infrastructure Management	R	Non Pay	240	6	(234)	300	75	(225)
Mileage and time savings from webex	R	Non Pay	160	104	(56)	200	125	(75)
Non Pay Saving Schemes	R	Non Pay	490	1,429	939	650	1,800	1,150
<b>Grand Total</b>			<b>2,380</b>	<b>1,851</b>	<b>(529)</b>	<b>3,150</b>	<b>3,150</b>	<b>0</b>

# Capital Expenditure

Capital Analysis of Projects (£ 000)	Current Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
Backlog Maintenance Programme	200	180	(20)	250	250	0
Premises and Plant refurbishments 2016	800	759	(41)	1,000	1,230	230
Premises and Plant refurbishments 2017 Onwards	0	469	469	0	500	500
Medical - Equipment	400	79	(321)	500	200	(300)
COIN (Community IT Network)	400	0	(400)	400	530	130
Gloucester Premises	1,500	0	(1,500)	2,300	640	(1,660)
<b>Gross Capital Expenditure</b>	<b>4,300</b>	<b>1,864</b>	<b>(2,436)</b>	<b>5,850</b>	<b>4,350</b>	<b>(1,500)</b>

- Year to date spend is £1.8m out of a full year plan of £4.35m
- The capital plan for the year allowed for the receipt of £0.6m for land on the Tewkesbury Hospital site. This money has now been received.
- Capital spend in year will include approx £0.8m of spend on projects started and committed in 14/15 (Milsom St development and Stratton ward refurbishment)
- A property in Gloucester has been identified and the business case for purchase of the land has been approved by the TDA; a full business case for the development of the property will follow during quarter 4.
- Further business cases and proposals are still being received for spend in 15/16

# Cash Position

- The trust actively manages its cash position to ensure that funds are available to meet obligations as they fall due.
- At the end of month 10 the actual balance of cash on hand was £5,874k compared to a plan of £6,041k
- Capital spend is behind plan at month 10 with £1.8m spent in the year to date compared to an original plan of £4.3m
- Higher than expected debtor balances with GHT (£1m), Propco (£0.5m) and GCC (£0.5m) mean that the cash position compared to plan is not better by the full extent of the capital underspend
- Debtor balances with GHFT and propco need to be resolved as a priority. Income for services provided to Gloucestershire CCG on a “true up” basis will be invoiced and collected during month 12.

All figures £000s	Opening Balance 01/04/2015	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Plan	2,812	7,941	6,641	6,841	6,541	6,741	5,741	5,941	6,141	5,841	6,041	6,241	5,485
Actual	3,328	5,796	6,630	6,139	5,337	7,126	4,940	4,305	4,389	5,341	5,874		
Variance	516	(2,145)	(11)	(702)	(1,204)	385	(801)	(1,636)	(1,752)	(500)	(167)		

# Agency Usage

- The Trust continues to closely monitor agency usage and is also required to report all non framework bookings on an ongoing basis
- Agency forecast for the full year is as below

Agency / Contract Costs	Apr - Sept	Oct	Nov	Dec	Jan	Total YTD	Feb	Mar	Forecast
Qualified Nursing	1,129	181	153	97	120	1,680	103	103	1,886
Medical	155	23	16	15	19	228	31	28	287
Other	923	141	48	132	132	1,376	95	91	1,562
Total Agency / Contract	2,207	345	217	244	271	3,284	229	222	3,735

# Risks (summary)

The main risks are as follows:

- Non achievement of risk share element of QIPP £0.4m
- Inability to reduce agency spend £0.2m
- £1m risk on potential failure to agree recharges for use of outpatient and theatre space to GHFT
- Increases in recharges from NHS Property Services £0.25m

# Trust Board

Date: 22 March 2016

<b>Agenda Item:</b>	18
<b>Agenda Ref:</b>	18/0316
<b>Author:</b>	Rod Brown, Head of Planning, Compliance and Partnerships
<b>Presented By:</b>	Paul Jennings, Chief Operating Officer
<b>Sponsor:</b>	Glyn Howells, Director of Finance

<b>Subject:</b>	Board priorities, strategy update and strategy matrix
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This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☒ Information

## Executive Summary:

The attached document serves to (i) summarise the Trust and Board priorities for 2016-17 in context of the organisation's strategic objectives and agreed areas for key service development, and (ii) catalogue the planned refreshes of Trust strategies that will facilitate delivery of these priorities.

## Recommendations:

*The Board is asked to:*

Approve the Trust and Board priorities and strategy development workplan

## Considerations:

*Quality implications:*

The attached aims to set the foundations for quality development in 2016-17

*Human Resources implications:*

The attached aims to set the foundations for workforce development in 2016-17

*Equalities implications:*

The Trust strategies aim to deliver equitable services countywide

*Financial implications:*

N/A

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

No

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

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	P
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

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

<b>Reviewed by (Sponsor):</b>	Glyn Howells, Director of Finance
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<b>Date:</b>	11 March 2016
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Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
This Trust and Board priorities were developed at the Board Summit on 1 December 2015, and discussed at the closed Board session in January 2016.

Explanation of acronyms used:

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

## Strategy on a page

To be the service people rely on to understand them and to organise their care around their lives				
Achieve the best possible outcomes for our service users through high quality care	Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	Actively engage in partnerships with other health and social care providers in order to deliver seamless services	Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision	Manage public resources wisely to ensure local services remain sustainable and accessible
<ul style="list-style-type: none"> <li>• Increase commitment to community co-production</li> <li>• Reduce the need for service users to tell their stories more than once</li> </ul>	<ul style="list-style-type: none"> <li>• Create more direct relationship with primary care</li> <li>• Increase staff training and development</li> <li>• Optimise workforce flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Increase percentage of spend in community settings</li> <li>• Maximise estates flexibility</li> <li>• Achieve CQC Good or Outstanding</li> </ul>	<ul style="list-style-type: none"> <li>• Better understand capacity to respond to acuity and demand</li> <li>• Increase clinical and professional leadership</li> <li>• Embed core values / behaviours</li> </ul>	<ul style="list-style-type: none"> <li>• Lead the transformation of services in the county via formalised working partnerships</li> <li>• Increase Trust reputation / profile</li> </ul>
Ensure senior leadership for the future model of care by playing an active role in the development of the Locality Care Organisation model and the Sustainability and Transformation Plans	Manage capacity and demand through operational service delivery plans	Ensure resilient stewardship of resources	Encourage and inspire effective engagement both external and internal	Improve Trust reputation and profile
Ensure that resources are allocated appropriately and efficiently across the system, and that payment models reflect clinical need / delivery	Encourage colleagues to undertake increased collaborative working with primary care so as to ensure a more seamless service user experience	Develop and implement a robust long-term model of demand in the Forest of Dean in order to address the current and future health and social care needs of local people	Increase levels of integrated working with particular focus upon operational synergies with other local providers as well as voluntary and support organisations	Ensure that new community services delivery models are designed to consistently deliver best outcomes for local populations, and address identified need within care pathways

### Key

TRUST  
VISION

STRATEGIC  
OBJECTIVES

2016-17 TRUST  
PRIORITIES

2016-17 BOARD  
PRIORITIES

KEY SERVICE  
DEVELOPMENTS



## Strategy Matrix

Revised strategy title	Change	Author	Exec Lead	Status	Assurance Committee	Timescales where known
<b>Quality Strategy</b>	-	Head of Planning, Compliance and Partnerships	Chief Executive	Needs to act as a summary of the other 11 strategies	Board	Board in November
<b>Clinical and Professional Care Strategy</b>	This will now additionally incorporate the Audit and Effectiveness Strategy	Director of Nursing	Director of Nursing	Significant refresh required	Quality and Performance Committee	A meeting of contributors has been set for 11 May  Quality and Performance Committee approval followed by Board both in September
<b>Estates Strategy</b>	This will now additionally incorporate the security aspect of the Health, Safety and Security Strategy	Head of Estates, Safety, Security & Facilities	Chief Operating Officer	Significant refresh required	Audit and Assurance Committee	Audit and Assurance Committee approval in June, followed by Board in July
<b>Health and Safety Strategy</b>	Omitting security	Head of Planning, Compliance and Partnerships	Director of Finance	Significant refresh required	Audit and Assurance Committee	Audit and Assurance Committee approval in September, followed by Board in November
<b>IM&amp;T Strategy</b>	This will combine the previous IT Strategy, the Performance and Information Strategy and the Information Governance Strategy	Head of IT & Clinical Systems / Head of Performance and Information / Head of Planning, Compliance and Partnerships	Director of Finance	Work underway	Audit and Assurance Committee	Audit and Assurance Committee approval in June, followed by Board in July
<b>Workforce and OD Strategy</b>	This will now additionally incorporate the OD Strategy	Director of HR	Director of HR	Content agreed: format to be adjusted	Workforce and OD Committee	Workforce and OD Committee approval in June, followed by Board in July

<b>Financial Management Strategy</b>	This will now additionally incorporate the CIP Strategy and the external audit aspects of the Audit and Effectiveness Strategy	Director of Finance	Director of Finance	Work underway	Finance Committee	Finance Committee approval in August, followed by Board in September
<b>Communications Strategy</b>	This needs to include internal engagement	Head of Communications and Marketing	Director of HR	Significant refresh required	Workforce and OD Committee	Workforce and OD Committee approval in June, followed by Board in July
<b>Engagement and Experience Strategy</b>	This will now additionally incorporate the Membership Strategy and Public Consultation Strategy	Head of Planning, Compliance and Partnerships	Director of Finance	Work underway	Quality and Performance Committee	Quality and Performance Committee approval followed by Board both in September
<b>Risk Management Strategy</b>	-	Head of Planning, Compliance and Partnerships	Director of Finance	Slight refresh needed	Audit and Assurance Committee	Audit and Assurance Committee approval in June, followed by Board in July
<b>Business Continuity Strategy</b>	-	Emergency Preparedness, Resilience and Response Officer	Chief Operating Officer	Slight refresh needed	Audit and Assurance Committee	Audit and Assurance Committee approval in June, followed by Board in July
<b>Charitable Funds Strategy</b>	-	Head of Estates, Safety, Security & Facilities	Director of Finance	Slight refresh needed	Charitable Funds Committee	Charitable Funds Committee in July followed by Board in September