NHS
Gloucestershire
Care Services
NHS Trust

GCS Trust Board Thursday 23rd March 12.30pm
Edward Jenner Court, Brockworth, 1010 Pioneer Avenue, Brockworth, Gloucester, GL3 4AW

AGENDA

General Business			Presenter	Purpose
12.30	**1/0317**	**Apologies for Absence and Confirmation the Meeting is Quorate (**4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair)	Chair	To note
	2/0317	**Declarations of Interest** To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations are attached as appendix 1.	Chair	To note
12.35	**3/0317**	**Service User Story**	Director of Nursing	To note
13.05	**4/0317**	**Minutes of the previous Board Meeting –** held on 24th January 2017	Chair	For Approval
13.10	**5/0317**	**Matters Arising Action Log** - matters arising not covered by other items on the agenda	Chair	To note
	5a/0317	**Questions from the Public**		To note
Leadership and Strategy				
13.15	**6/0317**	**Chair's Report**	Chair	To note To approve
13.25	**7/0317**	**Chief Executive's Report**	Chief Executive	To note
13.35	**8/0317**	**One Gloucestershire - Sustainability and Transformation Plan Update**	Chief Executive	To note
Quality and Operational Performance				
13.50	**9/0317**	**Chief Operating Officer's Report** Community Hospitals - Presentation	Chief Operating Officer	To note
14.25	**10/0317**	**Quality and Performance Committee Report**	Committee Chair	To note
14.35	**11/0317**	**Quality and Performance Report – Month 10**	COO/Director of Nursing	To note
Finance & Resources				
14.45	**12/0317**	**Workforce and Organisational Development (WFOD) Committee Report**	Committee Chair	To note

15.00	**13/0317**	**Finance Committee Report**	Committee Chair	To note
15.05	**14/0317**	**Finance Report – Month 10**	Director of Finance	To note
Assurance				
15.10	**15/0317**	**Audit and Assurance Committee Report**	Committee Chair	To note
15.20	**16/0317**	**Charitable Funds Committee Report** • **Annual Accounts**	Committee Chair	To note To approve
15.30	**17/0317**	**Board Assurance Framework**	Director of Finance	To approve
15.45	**18/0317**	**Board Governance Framework**	Trust Secretary	To note
For Information				
15.50	**19/0317**	**Forward Planner Review**	Trust Secretary	To note
Other Items				
	20/0317	**Any Other Business**		
	21/0317	**Date of Next Meeting - 18th May 2017**		

The Trust Board will hold a private session during the morning of the day of the Board meeting, in keeping with (section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960), press and other members of the public are excluded from this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Appendix 1

Standing Declarations of Interest

Ingrid Barker	Board Members and Trustee NHS Providers Governor Hartpury College Husband Vice Chancellor Nottingham Trent University
Glyn Howells	Part time secondment to Buckinghamshire, Oxfordshire & West Berkshire STP Footprint Glyn Howells Associates Limited
Richard Cryer	Trustee Action for Children, Action for Children Pension Fund, Aspire for Living
Nicola Strother Smith	Mentor Health & Justice Commissioner NHSE SW
Jan Marriott	Director Jan Marriott Associates Independent Co-Chair Gloucestershire Learning Partnership Board Independent Chair Gloucestershire Mental Health Wellbeing Partnership Board Acting Independent Chair Gloucestershire Physical Disability and Sensory Impairment Board Vice Chair Community Hospitals Association
Mike Roberts	GP Partner Rosebank Surgery Gloucester Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDoc)
Tina Ricketts	Board Member NHS Leadership Academy SW Trustee Gloucestershire UTC Chair SW NHS Graduate Management Trainee Steering Group
Candace Plouffe	Trustee Active Gloucestershire
Graham Russell	Chair Second Steps Bristol Chair Governors Cirencester Deer Park Academy Wife works at Longfield Hospice

Trust Board Minutes

Date: 24th January 2017

Meeting on 24th January 2017 at 12.30pm
at Oxstalls Tennis Centre, Plock Court, Tewkesbury Road, Gloucester

Board Members	
Ingrid Barker	Chair (Voting Member)
Robert Graves	Non-Executive Director, Vice Chair (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)
Graham Russell	Non-Executive Director (Voting Member)
Katie Norton	Chief Executive (Voting Member)
Glyn Howells	Director of Finance/Deputy Chief Executive (Voting Member)
Dr. Mike Roberts	Medical Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer
Tina Ricketts	Director of Human Resources
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Rod Brown	Head of Planning, Compliance and Partnerships
Public/Press	
Bren McInerney	Member of the Public

Ref	Minute
01/01/17	**Service User Story** The Board welcomed Saleha Moolla, who had agreed to share her story and that of her family following periods of ill health experienced by her parents. She was joined by Juliette Richardson, Matron at Stroud Community Hospital. Saleha talked through the issues that she, and her family, had experienced over two years relating to the care of her mother and her father. This had included extended periods of time as inpatients in two of the Trust's community hospitals. She described failings in cultural awareness, which included a lack of availability and appreciation of the importance of a halal menu and other customs which were associated with their faith. She spoke of the significant implications this had for her family, which included relatives having to travel from Gloucester with meals three times a day. The distance to the community hospital also resulted in isolation for patients from their friends and family. Of note, Saleha reflected that in her experience the Muslim community in Gloucester were not supportive of the community hospitals model as they were felt to be remote from their community and were not accessible (geographically and culturally).

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	The Board also heard first hand of the issues that impacted on the clinical care of Saleha's mother and father. This included issues associated with the sharing of information, delays in diagnosis and her father being taken from one of the community hospitals to GHT without appropriate preparation and support. Saleha spoke of poor communication and delays in social care provision which had also impacted on her family. She reflected that, despite working as a professional in health and care, she and her family had found it difficult to know how to best raise concerns. She had eventually approached HealthWatch and Juliette Richardson, the Matron of Stroud Community Hospital. Juliette outlined to the Board some of the actions that had been taken to address the issues that Saleha and her family had experienced. This included work to raise cultural awareness among staff, arranging family and community visits, developing a checklist for patients being taken for appointments and the development of a Halal menu which was now available across all the community hospitals. The Board were also updated on wider work being progressed to our services are able to respond effectively to the emotional, spiritual and cultural needs of all service users, as well as manage their physical care. The Board was also advised of the developing county wide Equalities Group which would help ensure learning across the health and care system. In response, Saleha wished to express her thanks to Juliette for the support she had received. She was also able to share that she had recently had positive feedback from a friend with family who were patients at one of the Trust's community hospitals. Board members thanked Saleha for sharing her experience and expressed their disappointment and regret that she and her family had not received the care and compassion that they would wish and expect. They reflected that the story presented highlighted that the Board could not be complacent with the experience evidencing shortcomings in both clinical care and the quality of care provided across the health and care system. Given the significance of the issues raised, it was agreed that the Executive would undertake some further work to gain assurance that the issues raised through this story were being addressed and appropriate learning had taken place. Richard Cryer, Non-Executive Director, highlighted that the story had emphasised the importance of securing greater diversity on the Board. The Chair confirmed she would follow up progress with the recruitment organisation who had established a programme to increase Board diversity.
Chief Executive Chair	
02/0117	**Welcome and Apologies** The Chair, Ingrid Barker, welcomed colleagues to the meeting.
03/0117	**Confirmation the Meeting is Quorate** The Chair **confirmed** that the meeting was quorate.
04/0117	**Declarations of Interest**

	Declarations of Interest previously declared were noted. There were no Declarations in relation to the agenda for the meeting.
05/0117	**Minutes of the Meeting Held on 22nd November 2016** Subject to some minor amendments the Minutes were **APPROVED** as a true record for signing by the Chair.
06/0117	**Matters Arising (Action Log)** The Board **NOTED** the items on track or completed. Members were advised that Edward Jenner Court was now included in the quality visit plans. It was **AGREED** that Hatherley Road should be classified as red to reflect the delays in the project.
07/0117	**Questions from the Public** The Trust Secretary confirmed that no questions had been received.
08/0117 HR Director/ Trust Secretary	**Chair's Report** The Chair highlighted key aspects from her report, which provided a summary of Board Developments and work with partners. Of note, the Chair: (i) formally welcomed Katie Norton as Chief Executive; (ii) recognised the contribution made by Robert Graves, Non-Executive Director, who was stepping down following his appointment to the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) Board; (iii) noted the work of the Non-Executive Directors through their quality visits and other activities. Richard Cryer, Non-Executive Director, advised that when he had met volunteers at the Tewkesbury Hospital Volunteer Christmas lunch they had discussed how volunteers might support the Trust to improve the completion rate of Friends and Family feedback surveys. It was agreed that this idea should be progressed through the Volunteer Strategy and the Volunteer Co-ordinator. The Director of HR advised that she had received positive feedback from three of the Hospital Leagues of Friends in supporting the development of the Volunteer Strategy and that she should be in a position to bring the Strategy to the next Board meeting. The Board **NOTED** the Chair's Report.
09/0117	**Chief Executive's Report** The Chief Executive thanked colleagues for the warm welcome she had received since joining the Trust. She reflected that in her visits to services she had been impressed with the quality of care and compassion she had seen, though noting that the patient story

	presented to the Board demonstrated that there could be no room for complacency. She stressed her commitment to ensuring that the Trust remained focused on delivering high quality services while also looking outwards to support system transformation within the Sustainability and Transformation Plan. She acknowledged the Trust's strong financial position, and the high level of staff engagement that would help ensure that the Trust was well positioned to meet the challenges ahead. The Board were assured that the Annual Planning Round submissions had been made on time. The Board **NOTED** the Chief Executive's Report.
10/0117 Chief Operating Officer	**Chief Operating Officer's Report** The Chief Operating Officer presented her report which sought to provide an overview of the key areas of work that were being progressed. ***Urgent Care*** It was noted that the Trust continued to work with partners to support urgent care provision. While there continued to be significant pressure, the Board were assured that there was good working across the system. The Gloucestershire Urgent and Emergency Care Resilience Plan 2016/17 – was provided for approval. It was confirmed, in response to a question from Robert Graves, Non-Executive Director, that the operational teams had been involved in the development of the plan, specifically noting that within the plan there was provisions such that: • mixed sex ward breaches would require Chief Executive approval • sharing resources to maintain priority services would be facilitated • demand capacity models should be reflected in the plans. • the ring-fencing of community beds had been maintained Sue Mead, Non-Executive Director, commented on the need to ensure the Urgent Care Resilience Plan performance measurement included metrics on the patient experience. The Chief Operating Officer advised she would add this to the next review agenda and confirmed she had raised the point previously with the Clinical Commissioning Group Richard Cryer, Non-Executive Director, noted his concern that there was a lack of integration between health and social care provision in managing discharge to support urgent care. The Chief Operating Officer advised that she had attended a review session with commissioners and providers which had reconfirmed the need to manage discharge as a system. ***Infection control*** The Board were assured that robust infection control arrangements were in place. It was noted that there had been a spike in sickness absence and an increased use of Agency staff as a result of a number of infection outbreaks. The Chair welcomed the Director of Nursing's recent communication encouraging staff to have the flu vaccination. ***Patient Access Policy***

	The Board were informed that the Patient Access Policy had been subject to considerable engagement and discussion with operational teams. It had been considered by the Quality and Performance Committee, which had recommended it for approval noting the specific safeguards for vulnerable patients. The Director of Nursing confirmed that a Quality Equality Impact assessment on the Access Policy had been undertaken by the Clinical Reference Group. This had resulted in positive feedback, with a proviso that some flexibility with regards to its implementation may be required to reflect local area needs. Jan Marriott, Non-Executive Director, sought assurance on the actions being taken to reduce the number of people not attending appointments (DNAs). The Chief Operating Officer confirmed that different systems were being used across the Trust, noting that some services used text reminders using a facility on Systm 1. The Chief Executive noted that this would be an area for further work based on recent benchmark information which suggested that there was scope for further improvement to reduce DNAs. ***Public Health Service Proposals*** The Chief Operating Officer informed the Board that as a result of decisions made by the Gloucestershire County Council Cabinet, there would be a significant reduction in the funding associated with sexual health services and public health nursing services provided by the Trust. She explained that proposals were being developed to consider new models of care that could be delivered within the reduced funding envelope. This would include detailed consideration of the impact on the population health and across the wider health and care system. ***Trakcare*** The Board were informed of ongoing work with Gloucestershire Hospitals Foundation Trust to address issues associated with the implementation of their new patient information management system, Trakcare. This was resulting in a number of operational issues within the Trust, with a number of mitigating actions having to be put in place. ***Carers Rights Charter*** The Chief Operating Officer introduced the Carers' Rights Charter. This was being proposed for consideration by the Health and Wellbeing Board with the proposal that a Memorandum of Understanding be signed by all health and social care partners. It was confirmed that the Memorandum of Understanding was in line with the Trust's current commitments. Graham Russell, Non-Executive Director, queried whether the Trust had an effective line of sight to carers, recognising there were 60,000 in Gloucestershire. The Chief Operating Officer advised the Trust had in place work with parent carers, links with Carers Gloucestershire and a Listening into Action Group was focusing on how the Trust could support adult carers, particularly in relation to dementia. The Board: (i) **NOTED** progress in key operational strategies and programmes of work; (ii) **APPROVED** the Gloucestershire Urgent and Emergency Care Resilience Plan 2016-17; (iii) **APPROVED** the Trust Access Policy; (iv) **ENDORSED** the Integrated approach to identifying and assessing carer health

	and wellbeing and the Carers' Memorandum of Understanding.
11/0117 Chief Executive/Board	**Board Assurance Framework** The Director of Finance introduced the Board Assurance Framework. In relation to the risk identified in relation to Information Governance (Risk 13) the Board were assured that a new member of staff had been appointed and was making good progress on supporting colleague queries, however more progress was required in relation to policies and procedures. This meant it would not be possible for the Trust to meet Level 2 Information Governance by 31st March 2017. In response to a question from Robert Graves, Non-Executive Director, it was confirmed that the target date for Level 2 compliance was the end of the calendar year. Richard Cryer, Non-Executive Director, noted that the risks associated with cyber security were not included in the Board Assurance Framework. The Director of Finance advised that a report on this was coming to the next Audit and Assurance Committee to ensure the Board had assurance on this issue which may result in it being escalated to the Board Assurance Framework. Members discussed the risks associated with record keeping and noted that the outcome of the clinical audit would be considered by the Quality and Performance Committee at its February meeting, after which the risk score would be reviewed. In response to the recommendation to remove Risk 5 relating to good engagement with harder to reach groups it was agreed that this should remain live subject to further assurance. In drawing the discussion to a conclusion, the Chief Executive noted that she was proposing to support a wider review and refresh of the Board Assurance Framework to better understand why a number of strategic risks remained unchanged over an extended period of time. It was agreed that this should be an item for discussion at the next Board development day. The Board: **(i)** **NOTED** the Board Assurance Framework and the proposed actions planned to mitigate the risks to an acceptable level; (ii) **AGREED** to remove risk 14 from the register (inability to gain a good or outstanding rating following a CQC inspection); (iii) **AGREED** that a review the Board Assurance Framework should be discussed at the Board Development Session in February.
12/0117	**Quality and Performance Committee Update** Sue Mead, Non-Executive Director, Chair of the Quality and Performance Committee introduced the report. She highlighted the following issues from the December meeting: • The committee had reviewed the Quality and Performance report and made a number of recommendations to ensure that it was able to provide the appropriate level of information to provide assurance and enable effective scrutiny. It had supported the

Executive	approach to map performance against the Care Quality Commission framework rather than Strategic Objectives; • The Committee had reviewed the operational arrangements to support the urgent care system, with particular focus on the escalation arrangements; • The Committee had received and reviewed the Communication and Engagement Strategy, which was recommended for Board approval; • The Committee had received and reviewed the draft Quality Equality Impact Assessment (QEIA) Policy, which was recommended for Board approval. It was noted that this had also been reviewed by the Clinical Reference Group and would incorporate feedback from Bren McInerney, member of the public. In relation to the Quality and Performance Report the importance of the information being timely and reliable was recognised as was the need to develop metrics on home based community services. It was also agreed that the Board would need to align performance to the wider outcomes associated with the Gloucestershire Sustainability and Transformation Plan. The Director of Nursing confirmed to members that the Safety Thermometer performance was now on target, and that work was on-going to ensure this continued with the focus on preventing pressure ulcers and falls. It was confirmed that the Trust now had in place a strengthened quality framework and was implementing learning from complaints and Serious Incident Requiring Investigations (SIRI). Nicola Strother Smith, Non-Executive Director, sought assurance that the feedback and learning from Non-Executive Director quality visits was being captured with a process to ensure that the issues identified were being addressed. The Chief Executive confirmed that the quality visits, complaints, concerns, SIRIs and Friends and Family Feedback were all important sources of intelligence needed to support continuous improvement, and that the process would be reviewed to ensure follow through. The Board: (i) **NOTED** the Quality and Performance Committee report; **(ii) RECEIVED** the minutes of the 1 November 2016 Quality and Performance Committee; (iii) **APPROVED** the Trust's Communication and Engagement Strategy; **(iv) APPROVED** the Trust's Quality Equality Impact Assessment Policy**.**
13/0117	**Workforce and Organisational Development Committee Update** Nicola Strother-Smith, Non-Executive Director, Chair of the Workforce and Organisational Development committee introduced the report which provided an overview of the key issues considered by the Committee at its December meeting. Of note: • the Director of HR highlighted continued improvement in the Trust's sickness absence, recruitment and mandatory training compliance. Whilst recognising the improvement in mandatory training levels, Graham Russell, Non-Executive Director, sought assurance on the further actions proposed to improve

HR Director Director of Finance	compliance in relation to mandatory training and Performance Development Reviews. The Director of HR confirmed that she was drawing on the ideas discussed with the Board in December with the aim of bringing a detailed proposal to the next Workforce and Operational Development Committee. It was expected that the proposal would address some reporting issues and practical issues specifically associated with spans of control and work-load. • The Director of HR noted the decision of the Committee to seek renewal of the Investors in People kitemark, noting that there were no financial implications associated with this. It was confirmed that if successful accreditation would last for three years and that the Listening into Action accreditation lasted for one year. The Board considered the workforce metrics and agreed the vacancy rates had seen a positive shift with improvements in community nursing having benefited from increased focus. The Board were also assured that, following discussion with other local Trusts, the performance in relation to Agency usage did reflect the strong performance within the Trust associated with the effective implementation e-rostering system. In response to a query from the Chair, the Director of HR agreed to review the process being used to support recruitment and interviews to ensure that the geographical issues associated with a dispersed community based service were reflected. Board members queried how significant the issue of overpayment of staff on leaving was. The Director of Finance advised that funds were returned. He agreed to take a detailed report to the Audit and Assurance Committee. The Board: **(i)** **NOTED** the Workforce and Organisational Development Committee update; (ii) **NOTED** the Committee's decision to launch the Investors in People assessment process in January 2017; **(iii)** **NOTED** the Committee's approval of the updated Relocation Policy and the Mandatory Training Policy; **(iv)** **RECEIVED** the approved minutes of the Committee meeting, 10th October 2016; (v) **NOTED** that a short life working group had been set up to further develop the Trust's Volunteer Strategy; **(vi)** **NOTED** the work to improve mandatory training and Personal Development Review completion.
14/0117	**Quality and Performance Report - Month 8 Data** The Director of Nursing introduced the report, noting that as the Trust's Business Intelligence Reporting Tool (BIRT) was further developed this would allow drill-down to patient level analysis on exceptions reported. Graham Russell, Non-Executive Director, commented that he felt that the revised report style was much more readable and he asked how it was used through the Trust. The Director of Nursing advised that the suite of related dashboards were used by the operational teams and confirmed that the report was also shared with staff representatives and the Clinical Commissioning Group. While overall performance was recognised as being strong, notable areas for improvement were discussed to provide assurance on mitigating actions, specifically:

Director of Nursing/Director of HR	• Single Point of Clinical Access (SPCA) abandon call rate 7.5% against 5% standard. It was noted that the SPCA had now relocated and recent recruitment had addressed staffing issues. • Adult Physiotherapy and Occupational Therapy referral to treatment targets. It was confirmed that detailed plans were in place to recover the position. • Continued low response rate for the Friends and Family Test, noting ongoing work to increase uptake, which would now consider the potential role of volunteers. The need to capture rich qualitative data from patients being visited in their homes was emphasised. Robert Graves, Non-Executive Director, sought further information on the Child Protection mandatory training. It was agreed that the Director of Nursing and Director of HR would review the reported position for the next report. There was discussion on the provision of domiciliary care across Gloucestershire. The Chair reflected that the report prepared by the Chief Operating Officer indicated issues relating to patient flow around the wider system which were being discussed with the Council. The Board **NOTED** the Quality and Performance Report.
15/0117	**Understanding You Report** The Board received the report which provided a 6 month analysis of Trust performance in relation to capturing and responding to the opinions of service users, their families and carers and staff. Of particular note, the report highlighted: - Over 60% of the Trust's contacts were now with patients over the age of 65. - While the number of formal complaints had reduced the number of concerns reported had increased. - The need to continue to champion the importance of equality and diversity recognising that the report resonated with the patient story heard earlier in the meeting which confirmed that further work was needed in this area across the Trust. The Board **NOTED** the Understanding You report.
16/0117	**Finance Committee update** Robert Graves, Non-Executive Director, Chair of the Finance Committee, introduced the report. He confirmed that the Committee had reviewed the Annual Operating Plan as delegated by the Board and was continuing to look at Estates utilisation. He commented that financial performance remained on track noting that each year became more challenging with planned cost improvement savings yet to be achieved for the year. The Board **NOTED** the renewal of Systm1 and the approval of the Operational

	Development Forum Terms of Reference. The Board **NOTED** the report and **RECEIVED** the approved the minutes of the Finance Committee held on 12th October 2016.
17/0117 Director of Finance	**Finance Report – Month 8 Data** The Director of Finance introduced the report. He advised the Board that agreeing recharges with GHNHSFT remained one of the most significant challenges with information awaited from GHNHSFT. The Chair sought an update on progress to agree the approach to managing the cost pressure relating to the MIIU. The Director of Finance confirmed that discussions were ongoing with the Clinical Commissioning Group (CCG). The Board noted the ongoing work to finalise the QIPP risk share with the CCG and the Director of Finance confirmed that discussions to date were progressing well. The Director of Finance advised the Board that following discussions on the latest progress on Hatherley Road Development the planned capital spend for the current year and been moved to 2017/18. The Board **NOTED** the financial position and actions being taken to mitigate the identified risks.
18/0117 Caldicott Guardian (Medical Director) & NED lead	**Audit and Assurance Committee Update** Richard Cryer, Non-Executive Director and Chair of the Audit and Assurance Committee updated on the Committee's work. Of note he highlighted: • Confirmation from Internal Audit that Audit recommendations were now being actioned more quickly; • An Information Governance query relating to Systm1 which had been raised with the Trust's legal advisors. They had advised on communications to be put in place, recognising that the issue was part of a wider national issue that was ongoing with TPP; • The Committee had received and reviewed the Health, Safety and Security Strategy and the Health, Safety and Security Steering Group Terms of Reference and was recommending these for approval by the Board; • The Committee had received and reviewed the Trust Information Management and Technology Strategy and was recommending the strategy for approval by the Board; • The Committee had received and reviewed the Trust Risk Management Policy and we recommending the policy for approval by the board. The Board: (i) **NOTED** the update from 5th December 2016 meeting; (ii) **RECEIVED** the Minutes from the 13th September 2016 Audit and Assurance Committee meeting; (iii) **APPROVED** the Health, Safety and Security Strategy;

	(iv) APPROVED the Information Management and Technology Strategy.
19/0117	**Agenda Forward Planner** The Board reviewed the forward agenda document. It was agreed that the Estates Strategy should come to the July Board meeting, the Workforce survey to the June Board meeting, the Investors in People update to the May meeting and that the Financial Strategy should be deferred to a date agreed with the new Director of Finance. The Chief Executive advised she would be reviewing the approach to Trust strategies and considering opportunities for greater alignment. It was **AGREED** the Forward Planner would be revised as detailed.
20/0117	**Any Other Business** None There being no further business the Chair closed the meeting at 3.25pm
	Date of Next Meeting in Public It was agreed that the next meeting of the Board be held on Thursday 23rd March 2017 at Edward Jenner Court, Brockworth.

Chair's Signature:

Date: Date

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log -23 March 2017

Key to RAG rating:

- Action completed
- 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
B006/16 (2)	Membership Strategy	Organisational status under review and updates to Board	Chief Executive Officer / Chair / Head of Planning, Compliance Partnerships	May 2017	Membership discussed at Board Strategy day, December 2016 and agreed further work to take place on this during 2017	
10/1116	Chief Operating Officer's Report	New opening hours MIIUs- The Chief Operating Officer advised that the GCCG had confirmed it would work with the Trust to mitigate the costs. The Chief Executive advised he would raise the matter at the Trust's Contract Management meeting with the GCCG on 23rd November.	Chief Executive	Original December 2016 Revised March 2017	Feedback awaited Discussed at Finance Committee Feb 2017. Further information to be provided to GCCG. Further update in COO Report	
11/1116	Board Assurance Framework	Members considered **Risk 7 –** and queried when up to date ICT specifications would be available. The Chief Operating Officer agreed to raise the timeframe for this at the Contract Management Meeting.	Chief Operating Officer	Jan 2017	Feedback awaited. Further update in COO Report	
16/1116	Finance Report - Month 6	Hatherley Road Business case The Chair stressed that taking forward the Hatherley Road Project was an important strategic issue. The Director of Finance advised that he and the Chief Operating Officer were targeted to review the	Director of Finance / Chief Operating Officer	Original Jan 2017 Revised date May 2017	Classified as red reflecting Board feedback on progress on overall project. Work on	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
		business case in 3 weeks. It was agreed this should be targeted to come to the January Board for approval.			going to take forward the business case. Further update in COO Report	
01/0117	Service User Story	It was agreed that the Executive would undertake some further work to gain assurance that the issues raised through this story were being addressed and appropriate learning had taken place.	Chief Executive	July 2017	Work ongoing.	
01/0117	Service User Story	Importance of securing greater diversity on the Board. The Chair confirmed she would follow up progress with the recruitment organisation who had established a programme to increase Board diversity.	Chair	March 2017	Insight Programme for SW, led by Gatenby Sanderson, to start Spring 2017. Aim to widen pool of applicants. GCS to host opening session 23 May 2017.	
08/0117	Chair's Report	Volunteers to support the Trust to improve the completion rate of Friends and Family feedback surveys. It was agreed that this idea should be progressed through the Volunteer Strategy and the Volunteer Co-ordinator.	Director of HR	May 2017`	Volunteer Strategy being progressed through discussions at Workforce and OD Committee	
10/0117	Chief Operating Officer's Report	Ensure the Urgent Care Resilience Plan performance measurement included metrics on the patient experience. The Chief Operating Officer advised she would add this to the next review agenda and confirmed she had raised the point previously with the Clinical Commissioning Group	Chief Operating Officer	March 2017	COO raised as requested and awaiting feedback.	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
11/0117	Board Assurance Framework	Chief Executive noted that she was proposing to support a wider review and refresh of the Board Assurance Framework to better understand why a number of strategic risks remained unchanged over an extended period of time. It was agreed that this should be an item for discussion at the next Board development day.	Chief Executive / Board	May 2017	Taken forward Board Development Day 14 Feb 2017. Also discussed at CORE 23 Feb 2017. Further discussion planned for April with revised BAF to start new financial year.	
13/0117	Workforce and OD Committee report	Board members queried how significant the issue of overpayment of staff on leaving was. The Director of Finance advised that funds were returned and would provide a detailed report to the Audit and Assurance Committee	Director of Finance	May 2017	Report to be circulated to Audit and Assurance Committee	
		Further information sought on the Child Protection mandatory training. It was agreed that the Director of Nursing and Director of HR would review the reported position for the next report.	Director of HR/ Director of Nursing	March 2017	See Workforce and OD Report.	
18/0117	Audit and Assurance Committee Report	Caldicott Guardian and NED lead to be kept up to date on Caldicott 3 responsibilities	Trust Secretary and NED Lead	May 2017	Meeting with IG Lead took place on 14/02/17. Further meeting planned once Caldicott lead transfer proposal confirmed.	

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Trust Board

Date of Meeting: **23rd March 2017**

Report Title: **Chair's Report**

Agenda reference Number	6/0317
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker- Chair
Author(s)	Ingrid Barker- Chair
Board action required	Note and Approve
Previously considered by	Not Applicable
Appendices	Non-Executive Director Portfolios

Executive Summary

The Report updates on Chair and Non-Executive Director Activity in the following areas:

1. Board Developments
2. Working with our partners
3. Working with our colleagues
4. National and Regional Meetings attended

Recommendations:

The Board is asked to:

(i) note the report, including re-appointment of Chair until 31st March 2020 , re-appointment of Richard Cryer and Jan Marriott, and the changes to Board member roles;

(ii) approve the appointment of Sue Mead as Vice Chair from 23rd March – 1st December 2017 (reflecting current period of office).

Related Trust Objectives	1,2,3,4,5
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/Implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Chair's Report

1 Introduction and Purpose

This report seeks to provide an update to the Board Chair and Non-Executive Director activities in the following areas:

1. Board Developments
2. Working with our partners
3. Working with our colleagues
4. National and Regional Meetings attended

2 Board Developments

On Friday 7th April, we will be saying farewell to **Glyn Howells**, our Director of Finance and Deputy Chief Executive. Glyn has been with GCS for over five years and during that time has made a huge contribution to setting up the Trust and establishing it as a financially stable and successful organisation. I know the Board will want to join me in warmly thanking Glyn for all he has done and wishing him well for the future. We look forward to being joined at the beginning of April by **Sandra Betney as our new Director of Finance and Deputy Chief Executive.**

We are currently recruiting for a new Non-Executive Director with a financial background as a result of Rob Graves' recent departure to join the Gloucestershire Hospitals NHS Foundation Trust Board. Interviews held in February did not secure the right candidate for this role and so the position has been re-advertised with interviews planned for early May. NED Portfolios have therefore been reviewed and agreed for the interim period until we have a full complement once more. These are shown in appendix one (changes highlighted in bold).

The role of Vice Chair was vacated by Rob on his departure and **I am proposing to Board that Sue Mead is now appointed as Vice Chair based on her breadth of experience.** It is planned that she would continue to hold the role of Senior Independent Director. It has been confirmed that this will not be a conflict.

As **Chair**, my current term of office comes to a close during March and I am delighted that NHS Improvement, on behalf of the Secretary of State, has reappointed me for a further term of three years.

I am also pleased to announce that Richard Cryer and Jan Marriott, Non-Executive Directors, have also been reappointed for further terms of three years.

The need for greater **diversity in NHS Boards** is well recognised and documented in Roger Kline's 2014 report 'The Snowy White Peaks of the NHS'. The initiative we

are taking with Gatenby Sanderson to remedy this has been reported at previous Board meetings. I am pleased to confirm that the programme for the South West is to begin in Spring 2017 and that GCS is to host the launch on 23rd May. As Board members will recall, the programme aims to identify individuals from BAME and other minority backgrounds and support them with a development programme so that they are able to apply successfully for NHS Non-Executive Director roles in the future. During the coming months we can look forward to hosting and mentoring some of these individuals in our own Trust.

3. Working with our Partners

The **Sustainability and Transformation Plan** (STP) process continues to be the major vehicle for joint planning and delivery of sustainable services across the Gloucestershire health and care system. There is an agenda item on the STP in this meeting. Since the last Board there have been two meetings of the Gloucestershire Strategic Forum to which the STP is accountable and Sue Mead recently attended the STP Strategic Networking event. I am also meeting informally with fellow Chairs as together we continue to encourage clear governance, planning and delivery for this vital multi agency approach.

The **Health and Wellbeing Board** of which I and other Trust Chairs are now members, has held two development days to consider its role and how to maximise its effectiveness. At the time of writing the second is still to come on 21st March, so an update will follow.

Together with Glyn Howells, I attended the **Health and Care Overview and Scrutiny Committee** (HCOSC) on 7th March. One of the items discussed was the impact of the sudden liquidation of Cleeve Link, which as a significant provider of domiciliary care services, had the potential to impact negatively on people receiving packages of care. The issue is covered in the Chief Operating Officer's report and I would like to thank our team for the way they responded so speedily to make sure services users remained safe and cared for. The contribution by GCS alongside Gloucestershire County Council (GCC) and Gloucestershire Clinical Commissioning Group (GCCG) colleagues was recognised at HCOSC.

The Chief Executive and I held our regular quarterly meeting with **League of Friends'** Chairs. We were able to give a review on progress within the Trust, including an update on our developing approach to charitable funds and use of volunteers. Our Director of Nursing also attended to give an overview of our approach to incidents and complaints.

The regular gathering of community stakeholders and service users through **Your Care Your Opinion** took place on 14th March. I was pleased to welcome people to this session where I took the opportunity to hear views on our proposed Quality

Account priorities (falls, pressure ulcers, dementia, diversity for the coming year and how to make them most impactful from a service user perspective.

4. Engaging with our Trust Colleagues

I was invited to attend the CORE colleague network on 23rd February to hear views on how we make a reality of delivering in our draft refreshed Strategic Objectives.

The Trust was honoured to host the Holocaust Memorial Day Commemorative Service on Friday 27th January, which was held at the Friendship Café in Gloucester. Last year, the Trust was the chosen recipient of the 'Legacy of Hope' baton and this year it was passed on to High School for Girls, Denmark Road, Gloucester.

The "Health and Hustle" initiative, championed by Kevin Gannaway-Pitts has really taken on a life of its own, encouraging Trust colleagues to keep fit and active by getting involved in 'Fitbit challenges'. It was great fun to present award certificates and trophies to the winners of the various Health and Hustle categories in February. We will watch with interest the impact of this initiative on our colleagues' health and wellbeing and also its growing influence across the system as GCCG, 2Gether and GHNHSFT begin to join in the challenges.

The GCS Social Committee is to be congratulated on have raised around £2,000 for Gloucestershire Nightstop through a range of fun activities. I am looking forward to visiting this service for young homeless people on 15th March and at the end of March presenting them with the GCS cheque on behalf of our Social Committee.

The NEDs and I continue to undertake our regular visits to services. My most recent visits have been to the Dilke Hospital, where I recorded my January post-Board Vlog for communication to Trust colleagues. I also visited the Care Home Support Team, seeing just why they were commended by CQC Chief Inspector for Social Care, Andrea Sutcliffe, for their innovative work supporting care homes and improving discharge from hospitals to this sector.

4.1 Other activities undertaken by the NEDs in recent weeks include:

Non- Executive Directors Meeting in February

Learning from Deaths in the NHS Training – highlighting new responsibilities for Board Members – attended by Sue Mead in her role as Quality and Performance Chair to cascade to the Board.

Meeting with Investors in People Assessor – Nicola Strother Services

Range of Committee, sub-committee meetings and Trust Board Development Session

Quarterly Meetings with Trust Chair – Richard Cryer, Graham Russell, Jan Marriott

Meeting with CEO – Graham Russell, Sue Mead, Nicola Strother Smith

End of Life Working Group – Jan Marriott

Learning Disability Partnership Board – Jan Marriott

Learning Disability Expert Reference Group – Richard Cryer

Meeting with Director of Nursing – Sue Mead

Caldicott Guardian Update – Nicola Strother Smith

Meeting with Director of Nursing re End of Life - Nicola Strother Smith

Introductory Meeting with Charitable Funds Officer - Nicola Strother Smith

Volunteer Strategy Group - Nicola Strother Smith

4.2 Quality Visits

- MSK and Physio at Dilke and Lydney Hospital (Richard Cryer)
- GCS Cardiac Rehab Programme, Prestbury Centre (Nicola Strother Smith)
- Endoscopy Service and Outpatient Department Stroud Hospital (Graham Russell)
- Well-baby Clinic at Bartongate Children's Centre (Richard Cryer)

Feedback from these visits has been shared and will be progressed through operational leads.

5. National Networks

I attended the NHS Providers Board on 1st March. Board members have been briefed separately about this meeting which considered amongst other issues the current financial performance of the provider sector and next steps with STPs nationally. The Chief Executive and I also attended the NHSI Southern Regional event for Chairs and Chief Executives in 3rd March. We were given an overview of the financial and performance challenges facing the region as well as presentations on initiatives to improve productivity and reduce agency spend. These have been shared with Board members.

I was invited to a meeting of system stakeholders with the Chair and Chief Executive of the NHS Confederation held on 6th March. The NHS Confederation is seeking to influence national policy thinking in relation to the next phase of the 'Five Year View' and is canvassing ideas and testing its own thinking with its membership, which comprises agencies from all parts of the NHS system.

6. Conclusion and Recommendations

The Board is asked to:

(i) note the report, including re-appointment of Chair until 31st March 2020 , re-appointment of Richard Cryer and Jan Marriott, and the changes to Board member roles;

(ii) approve the appointment of Sue Mead as Vice Chair from 23rd March – 1st December 2017 (reflecting current period of office).

Non-Executive Director (NED) Portfolios (Proposed March Board 2017)

NED	LOCALITY / SERVICES CHAMPION	BOARD / COMMITTEE CHAIR	EXTERNAL GROUPS	COMMITTEE / FORUM MEMBERSHIP	CHAMPION / OTHER LEAD
Ingrid Barker (Chair) (where alternates are allowed this will be a NED, arranged as necessary by the Chair based on experience, subject and availability)		Board Board Development Board Retreat Board Strategic Sessions Remuneration Committee Your Care Your Opinion	**LOCAL** **Health and Care Overview and Scrutiny Committee** (in attendance with CEO and Exec Members) **Health & Wellbeing Board** (member – alternate allowed – with notice)) **Gloucestershire Strategic Forum** (alternate allowed) **STP Oversight Group** (alternate allowed) **NATIONAL** **NHS Provider Board** (no alternate allowed) **NHS Chairs & CEOs** (alternates allowed - c4/yr) **NHSI Chairs Meetings** (alternates allowed – c3/yr) **Healthwatch Gloucestershire** (Quarterly – Chair to Chair)	* *The Chair is not a regular member of Committees, but reserves the right to attend. The Chair does not attend Audit Committee.* Finance Committee Charitable Funds Quality and Performance Workforce and OD **Attending Charitable Funds and Brokenborough until 6th NED appointment made**	NHS constitution champion **League of Friends** (Quarterly with CEO – Chairs)
Vacancy	Cotswold Cheltenham			Board Remuneration Committee Audit and Assurance Charitable Funds	
Sue Mead Vice Chair (Senior Independent Director)	Children's Services	Quality and Performance	Attends some GSF events	Board Remuneration Committee Audit and Assurance Finance Committee	Equality and Diversity Safeguarding
Richard Cryer	Forest Tewkesbury	Audit and Assurance	Learning Disabilities Partnership Board Forest Locality Reference Group (feeds into GCCG)	Board Remuneration Committee Finance Committee Workforce and OD	**Health and Safety – Named NED (Interim from Feb 2017)** **Procurement** GCS Learning Disabilities - Chair
Jan Marriott	Gloucester			Board Remuneration Committee Audit and Assurance Quality and Performance Workforce and OD	Dementia **Freedom to Speak Up (Raise Concerns/Whistleblowing)**
Graham Russell	Stroud	**Finance Committee**		Board Remuneration Committee Audit and Assurance Finance Quality and Performance	Complaints Litigation Duty of Candour Complaints Oversight Group (Chair)
Nicola Strother Smith	County-wide Services	Workforce and OD Charitable Funds		Board Remuneration Committee	Caldicott Guardian End of Life Care

				Audit and Assurance Quality and Performance	

Executive Director Named Roles (as at August 2016)

Medical Director (Mike Roberts)	Caldicott Guardian (Proposed to move to Sue Field once training undertaken) Never Event Accountable Officer Accountable Officer GP Registration
Director of Finance	SIRO (Senior Information Risk Owner) Health & Safety Named Director

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Trust Board

Date of Meeting: **23rd March 2017**

Report Title: **Chief Executive's Report**

Agenda reference Number	7/0713
Accountable Executive Director (AED)	Katie Norton, Chief Executive
Presenter (if not AED)	
Author(s)	Katie Norton, Chief Executive
Board action required	For Information
Previously considered by	N/A

Executive Summary

As reflected in the quality and performance report and the finance report to be considered by the Board, there continues to be a relentless focus on our core business. To support this, as Chief Executive I am taking this opportunity to update the Board on key areas of work, some of which will be reflected in the discussions through the meeting.

Specifically this report:

- Provides an update to the Board on the work progressing to refresh our Strategic Objectives and the 2017/18 Board Assurance Framework;
- Confirms our continued commitment to progressing and championing the Place Based model to support new ways of working across organisational boundaries to meet the needs of local populations;
- Provides an opportunity to celebrate some of the key achievements of the Trust and our Staff since the last Board report.

Recommendations:

The Board is asked to note this report for information.

Related Trust Objectives	All
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment Requirements/implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Chief Executives Report

1 Introduction and Purpose

This report seeks to provide an overview, on behalf of the Trust Executive Team, on key issues and areas of work being progressed to support the delivery of the Trust's objectives and priorities.

2 Executive Summary

As reflected in the quality and performance report and the finance report to be considered by the Board, there continues to be a relentless focus on our core business. To support this, as Chief Executive I am taking this opportunity to update the Board on key areas of work, some of which will be reflected in the discussions through the meeting.

Specifically this report:

- Provides an update to the Board on the work progressing to refresh our Strategic Objectives and the 2017/18 Board Assurance Framework;
- Confirms our continued commitment to progressing and championing the Place Based model to support new ways of working across organisational boundaries to meet the needs of local populations.
- Provides an overview of some of the key partnership working activity that is being progressed
- Provides an opportunity to celebrate some of the key achievements of the Trust and our Staff since the last Board report.

3 Strategy and Leadership

3.1 Strategic Objectives and Board Assurance Framework

Since joining the Trust as Chief Executive in January 2017, it has been clear to me that significant work has been undertaken over recent years to embed our vision and core values. Discussions with the Board, and with staff, have also confirmed a continued commitment to, and ownership of our vision and values.

My discussions and reflections also suggested that it would timely to review our Strategic Objectives to ensure that these continue to resonate with our staff, our service users and key stakeholders. I was also keen to ensure that our strategic objectives are fully aligned to the work being progressed as part of the One Gloucestershire Sustainability and Transformation Programme (STP) and enable us to fully consider the risks and issues that need to be managed through our Board Assurance Framework.

As a result of discussions with Trust Board colleagues and with our senior leaders' forum proposed refreshed Trust Strategic Objectives are set out below. While retaining the original intent, the changes seek to give greater focus to our core purpose as a provider of community based services, and provide a clearer framework to enable us to assess our progress against the objectives. The Board will take forward the review of the Strategic Objectives at its Strategy and Development Session in April.

Draft Refreshed Strategic Objectives

We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities

We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care

We will provide services in partnership with other key providers so that people experience seamless care and support

We will have an energised and enthusiastic workforce and each individual will feel valued and support

We will manage public resources effectively so that the services we provide are secure and stable

Our senior leaders' forum has also undertaken a "pre-mortem" exercise to assist in the development of our 2017/18 Board Assurance Framework. The "pre-mortem" involved us imagining a future where we had failed to achieve our strategic objectives, with the aim of identifying and understanding the strategic risks and issues the Trust Board will need to manage to steer our journey.

The outcome of the exercise is informing work now being progressed by the Executive Team and Trust Secretary to reframe our Board Assurance for 2017/18.

3.2 Urgent Care Pressures

In response to continued pressures being experienced by Gloucestershire Hospitals Foundation Trust (GHFT) in relation to urgent care, a meeting between Chief Executives and Chief Operating Officers was held on 2nd March. The meeting confirmed our collective commitment to system working and identified a number of additional actions to be progressed. The actions included work to reframe and map the "medically stable for discharge" list across GHFT and GCS to identify gaps and issues, supporting the new Medically Sound for Discharge (MSFD) ward at GHFT to support timely discharge and a review of the discharge to assess bed model.

An update on the progress being made to support the urgent care pathway will be provided at the meeting.

3.3 One Gloucestershire Sustainability and Transformation Programme (STP)

A fuller update on the STP will be provided as a separate agenda item.

I would, however, like to take this opportunity to confirm that, building on the work of my predecessor, Paul Jennings, I have been pleased to continue to provide the STP lead for the Place Based Model (also often referred to as the 30,000 model).

As the Board will be aware, we have been actively working to realign our operational services to enable them to work effectively with GP clusters. The initial focus has been to progress the realignment of our Integrated Care Teams. I am also, however, pleased to report the wider commitment across our operational teams to explore and maximise opportunities associated with a place based approach.

I can also report on very positive discussions with the Chief Executive of 2Gether NHS Foundation Trust, who is similarly committed to exploring the opportunities for the placed based model. We will be working together to progress this agenda with the GP clusters over the coming months.

3.4 Investors in People

The Trust has now completed the Investors in People (IiP) assessment, with a rigorous process undertaken to test our systems and approach against the new IiP standards set out below.

Standard	Key Indicator
Leading and inspiring people	Leaders make the organisation's objectives clear. They inspire and motivate people to deliver against these objectives and are trusted by people in the organisation
Living the organisation's values	People and leaders act in line with the organisation's values at all times. They have the courage and support to challenge inconsistent behaviours
Empowering and involving people	There is a culture of trust and ownership in the organisation where people feel empowered to make decisions and act on them

Leading Managing performance	Objectives within the organisation are fully aligned, performance is measured and feedback is used
Recognising and rewarding high performance	Recognition and reward is clear and appropriate, creating a culture of appreciation where people are motivated to perform at their best
Structuring work	The organisation is structured to deliver the organisation's ambition. Roles are designed to deliver organisational objectives and create interesting work for people, whilst encouraging collaborative ways of working
Building capability	People's capabilities are actively managed and developed. This allows people to realise their full potential and ensures that the organisation has the right people at the right time for the right roles
Delivering continuous improvement	There is a focus on continuous improvement. People use internal and external sources to come up with new ideas and approaches, supported by a culture that encourages innovation.
Creating sustainable success	The organisation has a focus on the future and is responsive to change. Leaders have a clear understanding of the external environment and the impact this has on the organisation

The assessment included an on-line survey open to all colleagues across the Trust and interviews with 65 colleagues who were picked at random by the assessor. I hope to be in a position to confirm the outcome of the assessment at the Board meeting on 23rd March.

3.5 Community Engagement

As part of our on-going commitment to working more closely with different population groups across the county – and following the highly successful events with the local BME community held at the Friendship Café Gloucester last year – we have now made links with the African Community in Cheltenham, and are organising an event for Saturday 1 April.

The event will comprise a series of workshops, addressing issues which have been specifically identified by the community as being important to them. These include:

- Diabetes (GCS)
- Dentistry (hosted by a local dentist)
- Mental health (2G)
- School nursing (GCS)
- Health visiting (GCS)
- Prostate cancer (GCS / Macmillan Next Steps / Prostate Cancer UK)

Each of the workshops will be led by a member of the community with "lived experience" paired them with one of our clinicians to co-deliver each session. We hope this will offer the opportunity for people to hear about both the 'lived experience' alongside the clinical advice and support.

The event will run from 2-6pm, at the Bethesda Methodist Hall in Leckhampton.

We are also planning an event for the African community in Gloucester later this year, where we intend to take a similar collaborative approach.

4 Partnership Working

4.1 Learning Disability 9th Big Health Check and Social Care Open Day

I am pleased to confirm that the Trust has confirmed its commitment to this key event, which will be held at Oxstalls Sports Park on 24th May 2017. The day will focus on the health and wellbeing of people with learning disabilities in the county and is open to individuals with learning disabilities, their families and carers. Participants will be able to find out more about local services and resources and get involved in a number of fun and informative sessions on exercise and health. The event is being organised in conjunction with 2gether NHS Foundation Trust, NHS Gloucestershire Clinical Commissioning Group, Gloucestershire Voices and Gloucestershire County Council, under the umbrella of the Gloucestershire Learning Disability Partnership Board.

Big Health Check Day is part of the implementation of the 'The Big Plan' – a joint strategic plan between NHS Gloucestershire and Gloucestershire County Council.

4.2 Ofsted Inspection

Ofsted have been conducting an inspection of GCC safeguarding and care services starting on 27th February 2017, with the inspection expected to take place over 4 weeks. The inspection process is very demanding and colleagues from the Trust have been working with GCC to prepare and support the inspection.

4.3 PREVENT

Prevent is part of the Government's counter-terrorism strategy and the Gloucestershire Prevent Partnership Board has been in existence for five years. As a multi-agency board, consisting of 20 partner agencies, the Board works to consider and develop key aspects of work associated with the implementation of the national strategy between the partner agencies and local communities.

To support the delivery of this work, the Board employs a co-ordinator on a part time basis and statutory partners have been asked to make a nominal financial contribution to this post (£1k). GCS has confirmed our commitment to the work of the Prevent Partnership Board and the role of the co-ordinator.

5 Celebrating Success

5.1 Trust Colleagues join the Q Community

Two colleagues at the Trust have joined a recent national initiative driving improvement across health and care.

Sarah Morton, Professional Head of Adult Physiotherapy, and Sally King, Service Development Manager, are now part of the Q Community, led by the Health Foundation and co-funded by NHS Improvement, which aims to "foster continuous and sustainable improvement" by promoting collaboration, innovation and the sharing of ideas.

This is an 800-strong Q community which was established in 2015 in response to the Berwick Report '*A promise to learn – a commitment to act'* . They are due to attend the Q Community regional event in Bristol on March 29 2017.

5.2 Falls Assessment Service launched

A new Falls Assessment and Education Service has been launched in partnership between GCS and the Gloucestershire Hospitals NHS Foundation Trust.

The service aims to reduce the number of people falling or at risk of falling across the county through effective falls prevention information, education, assessment and intervention.

5.3 Celebrating You Awards

Nominations are still open for this year's Celebrating You awards, which pay tribute to the quality of care and service colleagues across the county are providing.

As in previous years we will be holding three award ceremonies across the county to showcase the fantastic work of the short-listed nominees and announce the winners. These will be held in The Forest of Dean, Gloucester and Cirencester on Wednesday, May 17.

5.4 Health & Hustle

The Health & Hustle group continues to find new ways to promote activity in the workplace. Fitbit trackers are now being used to create team challenges - users in Team Caring, Team Open, Team Responsible and Team Effective have been racing across a virtual Asia as well as logging steps for the Workplace Race and Workweek Hustle.

The Health & Hustle team has negotiated reduced rates for Fitbit trackers for colleagues across the Trust.

Events organised under the Health & Hustle banner include running and jogging, midweek walks and Pilates, with Zumba next on the horizon.

5.5 Community Equipment Service wins Engagement Award

The Community Equipment Service team won the outstanding engagement category at the Meeting the Challenge 2 (MtC2) Good Practice awards run by Gloucestershire County Council.

The award was presented to the service for the #handitback campaign, which used video, print and social media to encourage members of the public to return items, such as walking frames, which have been loaned.

The Community Equipment Service is a countywide venture between our Trust and Gloucestershire County Council, with support from the other NHS Trusts. It loans out a wide range of equipment, as well as cleaning and recycling items which can safely be reused.

The MtC2 awards were presented at Shire Hall in February, as an opportunity to showcase innovation and good practice.

5.6 Partnership Project shortlisted in Health Service Journal awards

The Gloucestershire Musculoskeletal Clinical Programme Group has been shortlisted in two categories of the Health Service Journal awards.

Thirteen organisations have worked together to create a more consistent approach to care with the aim of ensuring patients are seen in the right place at the right time and receive the right diagnosis and treatment.

Trust colleagues involved in the MSK Clinical Programme Group are Sarah Morton, Sarah Nicholson (Adult MSK Physiotherapy), Louise Bevan, Caroline Hooper (MSKCAT), Tina Craig and Chris Boden (Podiatry).

The group has been shortlisted in both the Clinical Support Services and Community Health Service Redesign categories. Winners will be announced at the awards ceremony in London on Wednesday 24 May.

6 Conclusion and Recommendations

The Board is asked to note this report.

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Trust Board

Date of Meeting: **23rd March 2017**

Report Title: **Chief Operating Officer's Report**

Agenda reference Number	9/0317
Accountable Executive Director	Candace Plouffe – Chief Operating Officer
Author(s)	Candace Plouffe
Board action required	For Information and Assurance
Previously considered by	Not Applicable
Appendices	None

Executive Summary

This report provides an overview of the key operational issues that are being managed by the Trust.

Of particular note, the report:

- confirms the actions taken to maintain business continuity following two significant incidents – the first relating to a failure in the Telecare responder system, which lasted for approximately 27 hours, and the second relating to domiciliary care provision following Cleeve Care domiciliary care services no longer trading.
- confirms the progress being made to finalise the medical cover arrangements for the Community hospitals.
- confirms the decision to prepare a response to the School-aged Immunisation Programme tender which has been assessed as aligned to our core business functions and financially viable. A tender response is being finalised for the March 23rd submission deadline.
- notes the actions progressing in partnership with Gloucestershire Clinical Commissioning Group (GCCG) following the decision by the Trust to serve notice on the community fracture clinics, a service which has been provided under a historical arrangement to ensure robust clinical governance and business continuity.
- provides an update on the work being progressed with GCCG to review the staffing model and funding following the remodelling of the Minor Illness and Injury Units.

The report also outlines the work ongoing to support key transformational programmes, particularly the realignment of Integrated Community teams as well as redesigning Public Health nursing and sexual health services. The latter service transformation timeframe will be impacted on by upcoming Council election pre-election period restrictions.

Recommendations:

The Board is asked to

- Receive the report and note the actions being progressed.
- Agree the Estates strategy be refreshed and considered at the September finance board subcommittee

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Related Trust Objectives	1,2,3,4,5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment Requirements/implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Chief Operating Officer Report

1 Introduction and Purpose

This report is intended to provide an update to the Board on key operational matters and wider developments across health and social care.

2 Business Continuity Response

Two recent incidents have required a systemwide response to ensure business continuity of service delivery and safety of service users.

2.1 Telecare

The Telecare service provides assistive technology in the home to enable people with vulnerabilities to live independently. It is the continuous, automatic and remote monitoring of users by means of sensors, minimising risks such as a fall, gas and flood detection. The resident is provided with a pendant alerter which when pressed alerts a call monitoring centre who then mobilise a designated responder to attend (this may be family, friends or a local firefighter).

This service is operationally managed by the Trust and jointly funded by Gloucestershire County Council and Gloucestershire Clinical Commissioning Group. There are currently 2,700 service users in receipt of the service.

On Monday the 6th February, the Telecare Service Manager was contacted by the Bristol Monitoring Service at 14:30 to report an issue with the main emergency phone lines at the Centre due to work being carried out by British Telecoms. This meant that any alarm activations from Telecare Service Users would not reach the monitoring centre and Service Users would be unaware that the Telecare system was no longer “active”.

The Telecare Service Manager escalated this issue in line with the business continuity plan, and at the time it was estimated that the issue would be resolved within an hour. When it became apparent that the fault might take up to 24 hours to resolve, the GCC Tactical Silver Co-ordinating Group instigated a teleconference with all key stakeholders and partners to ensure appropriate contingency plans (including altering nominated responders for all service users, and carrying out additional welfare checks calls to the service users) as well as a communication plan (including the local media).

No significant issues with service users were reported following the checks, however the Fire and Rescue deployed Telecare responders to conduct physical welfare checks in a small number of properties where there was a concern for safety. The service was restored by Tuesday 7th February at 17:00.

2.2 Cleeve Care Domiciliary Care Contract

Gloucestershire County Council was informed by the Care Quality Commission on the 2nd March 2017 that one of the major domiciliary care providers, Cleeve Care Homecare, had become insolvent.

Cleeve Care currently provides approximately 500 packages of domiciliary care, which includes a combination of self-funders (120) and council funded packages (380). They also provide some telecare services on behalf of the Council.
The Trust has a small contract with them to provide our overnight sitting service which supports Rapid Response.

A number of actions were taken by the Council to ensure that service users were safe and did not receive disruption to their care.

The Trust has been providing support by

- Cross referencing all service users on Systmone, to identify those open to the Trust. District nurses who have planned visits are doing additional welfare checks on those patients, to ensure care has not been disrupted
- Mapping reablement capacity over this period and had additional reablement workers on standby should their services be needed.
- Monitoring incident reporting by colleagues related to domiciliary care provision and shared this with the Council
- Offered to place the carers on our bank system to ensure payment for shifts worked, however the Council was able to arrange a way to do this within their own payroll systems
- The Care Home support team have been asked to additional support should emergency care placements be required out of hours

To date the Council has not been able to transfer the workforce and care packages to another provider, however it is continuing to work with a number of providers who currently are providing services both in the urban as well as the rural localities.

For the Overnight sitting service, the Trust has contacted the regular carers who have been covering those shifts and has arranged bank contracts to ensure there is no disruption to accessing this service. A number of Health Care Assistants have also agreed to do shifts in the Overnight sitting service to ensure the Rapid Response team has robust resources to support patients overnight who need this type of short term care.

The Head of Procurement is working with the Service lead to secure an alternate provider long term.

3 Tendering Outcomes and Opportunities

3.1 Medical Support for Community Hospitals

The Trust has completed a tendering process for the provision of medical coverage in the 7 Community Hospitals, and awarded contracts to local primary care providers for 4 of the 7 hospitals. These contracts will begin on the 1st April 2017.

The Trust was not able to award contracts for Cirencester, Stroud and Vale community hospitals.

While re-provision plans for these remaining hospitals are underway the Trust is working with the current medical workforce and local providers to ensure service continuity. This has, however resulted in limited weekend coverage for the Vale Hospital and to ensure patient safety agreement has been reached with commissioners to mitigate risks through amending admission arrangements over the weekend.

3.2 Fracture Clinics

Fracture clinics are currently provided by the Trust within our Outpatient departments in some of the Community hospitals. The patients who are referred to these clinics tend to be those who have attended Minor Injury and Illness Unit and who have been diagnosed with, or have a suspected fracture.

This service has been under a historical arrangement, without a clear service specification or funding stream and is provided by a single consultant who has recently reduced his working hours.

The current arrangements are not considered sustainable from a clinical governance and service resilience perspective – when the consultant is not available patients have either had delays in treatment, or are referred back into Gloucestershire Hospitals Foundation NHS trust (GFNHST), although there is no formal agreement in place for this.

The Trust has therefore given notice to Gloucestershire Clinical Commissioning Group (GCCG) on its intention to cease this service. We are now working with the GCCG to transfer this activity to GFNHST, who are the main providers of this service. Alongside this work will be the continued expectation that this service continue to be offered in localities, and will be included in the wider system-wide Outpatient review that is underway.

3.3 School Aged Immunisation Programme

The Trust received notification on the 9th December from NHS England South (South Central) Public Health Team of its intention to tender the delivery of the school immunisation services for Gloucestershire. Gloucestershire Care Services NHS Trust is the current provider for the delivery of the majority School Age Immunisation Services, with the exception of the School Aged Childhood Influenza Vaccination Programme which is currently delivered in the Gloucestershire area by General Practice. The notification from NHS England confirmed the decision to recommission this service was not as a reflection of the quality of the service we currently provide, rather the aim is to standardise the delivery of school immunisation services, which includes integrating the delivery of flu with the other school aged immunisations, in a school-based setting and adopting a cost per case mechanism.

The current contract will terminate on the 31st March 2018. The Invitation to Tender was released on February 24, 2017, with a deadline of March 23rd, 2017. The financial due diligence has been completed for the tender and it is the intention of the Trust to submit an application. The Notification of Contract Award decision are expected in May/June following tender evaluation and interviews held in the first week of May.

3.4 Gloucestershire Out of Hours Contract Award to Care UK

Care UK, the current provider of NHS 111 services for this area, has been awarded the Out of Hours tender for Gloucestershire. The service will be transitioned over from the current provider South West Ambulance Trust (SWAST) and includes medical coverage into the Community Hospitals for admissions as well as clinical support evening and weekends.

Care UK is intending to retain the primary care centres sites, including those currently in 4 of our Community Hospitals. An initial service transition meeting has occurred, with further follow up required before the 1st June 2017 start date for the new contract.

4 Public Health Service Remodelling

Following Gloucestershire County Council Cabinet decision in December 2017, both the Public Health Nursing service and Sexual Health service are developing their revised service model in conjunction with Commissioning colleagues to accommodate the reduction in funding reported at the last Board meeting.
As part of this service redesign the Trust intends to lead a number of public and service user engagement sessions to assist with co-designing the new service model, however the timing of these sessions will be impacted on the upcoming County elections on the 4th May, as the pre-election restrictions begins on the 27th March 2017.

5 Supporting the Urgent Care System: Minor Injury and Illness Units Staffing Model Review

The revised Minor Injury and Illness Unit hours have been in place now for 18 weeks, and discussion continues with Commissioning colleagues on how to mitigate the remaining cost of the new staffing model which responds to the CQC inspection outcomes in 2015.

The Board will be aware that the implemented changes to Minor Injury and Illness Units closed the two larger units overnight (Cirencester and Stroud) reflecting reduced activity during this time period, while maintaining two units in the Forest of Dean.

A review of activity and staffing rostered per hour for each day has been completed and this analysis confirms that the staffing model in place is correct.

This analysis has been shared with the Commissioners for their perspective and final agreement to cover the additional cost incurred as a result of the changes to the MIIU opening hours. Should an agreement not be reached the Trust will need to consider a further change in opening hours to mitigate the cost pressure which has been created.

6 Supporting People and Place: ICT Reconfiguration

Phase 1 of the reconfiguration of the Integrated Community teams to realign around the GP clusters is completed and the new management structure will take effect by the 1st April. Work is underway to realign the clinical resource

within the new teams, beginning with consultation with therapy and reablement colleagues followed by Community nursing. It is expected that the realigned teams will be operational by the 1st July 2017.
As part of this change close working is occurring with the Council to ensure smooth care pathways continue between health and social care, while strengthening our links with primary care.
To support the GP clusters there will continue to be an integrated health and social care locality referral centre in each locality, which provides an access route for not only the Trust Integrated care team but partner agencies such as 2gether Trust locality services and the voluntary sector agencies which support people living independently within their local community.
Agreement has also been reached with the Commissioners of the Integrated Community Team for the Trust to review and refresh the service specification to reflect the changes in how the service will be offered.

7 Supporting One Gloucestershire: Need for Refreshed Estates Strategy

A key enabling strategy within the One Gloucestershire Sustainability and Transformation plan is to have a systemwide view on how to best utilise the public estates in the County.

This has highlighted the need to refresh our current Estates strategy and to be clear of future requirements of Community health and social care services alongside understanding the systemwide assets as a whole. The new Head of Estates and Facilities will start in post at the beginning of May and this will be identified as a priority task to be undertaken.

For the Trust there is a particular need to have a Community health clinic hub in Gloucester city, and there is current work underway around developing a purpose built site in which a number of services in rented accommodation could be relocated. This of course needs to considered alongside other developments and programmes of work being undertaken by system partners, and a case for change will be presented to Board in due course.

8 Conclusion and Recommendations

In conclusion the Board is asked to:

- Receive the report and note the actions being progressed.
- Agree the Estates strategy be refreshed and considered at the September finance board subcommittee

Trust Board

Date of Meeting: 23rd March 2017

Report Title: Quality and Performance Committee Report

Agenda reference Number	10/0317
Accountable Executive Director (AED)	Susan Field, Director of Nursing
Presenter (if not AED)	Sue Mead, Non-Executive Director
Author(s)	Susan Field, Director of Nursing
Board action required	To receive and approve
Previously considered by	N/A
Appendices	Appendix 1 – Approved minutes of the Quality and Performance Committee 21st December 2016

Executive Summary

The report provides assurance to the Trust Board that the Quality and Performance Committee is discharging its responsibility for oversight of the Trust's quality, performance, clinical activities and achievements on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's quality, professional and clinical activities.
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations:

The Trust Board is asked to:

1 **Note** the contents of the Quality and Performance Committee report;
2 **Note** and **Approve** the 2017-18 Quality Priorities as outlined by the Quality and Performance Committee;
3 **Note** the quality improvements that have been made with regards to clinical record keeping and that the corporate risk rating has reduced from 16 to 12.

Related Trust Objectives	1,2,3
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Committee Update

1 Introduction and Purpose

This report provides assurance to the Trust Board that the Quality and Performance Committee is discharging its responsibility for oversight of the Trust's quality, performance, clinical activities and achievements on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's quality, professional and clinical activities.
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

The minutes of the December Committee meeting were approved and are provided at Appendix 1.

2 Decisions made by the Committee in line with Scheme of Delegation

STP Governance Framework - The Committee discussed the approach being taken across the One Gloucestershire Sustainability and Transformation Programme (STP) to assess the impact of proposed plans in relation to patient safety, patient experience, quality and clinical leadership. It was agreed that this should be raised formally through the Chair and Chief Executive.

Quality Priorities 2017-18 - The Committee debated the 2017-18 Quality Priories for the Trust, agreeing that these should be developed to ensure alignment with One Gloucestershire STP and National CQUINS as well as areas identified for improvement through Trust intelligence.

The Committee agreed that the following quality priorities for 2017-18 should be recommended to the Trust Board:

- ***End of Life (EoL)*** – to consolidate the work progressed during 2016-17 and to support the ongoing delivery of the Gloucestershire EoL strategy published in 2016.
- ***Pressure ulcers*** – to maintain focus on reducing incidence, and reducing unexplained variation, while also maintaining improved incident reporting.
- ***Falls Prevention*** – to focus work to reduce falls in inpatient settings, with particular focus on reducing unexplained variation.
- ***Dementia*** – aligning work with the One Gloucestershire STP priorities.
- ***Health and well-being for Trust Colleagues*** – aligning work to the National 2017-18 CQUIN.
- ***Equality and Diversity*** – consolidating work progressed in 2016-17.

3 Issues escalated to Board

3.1 Key Issues considered at the Committee included:

Urgent Care - The Committee discussed the operational arrangements that had been put into place to support system-wide patient flow. This included discussion on Community Hospitals average length of stay. The Committee commended the hard work of the operational teams over recent months and acknowledged that relationship management arrangements with Gloucestershire Hospitals Foundation Trust (GHFT) colleagues in particular were progressing and included the consistent support of the now regular Breaking the Cycle events.

Equality and Diversity - The Committee noted the continued progress that the Trust had made with its Equality and Diversity agendas, but also highlighted whether from a governance perspective the right arrangements were in place that pulled together assurances from both a patient and colleague perspective. It was agreed that the executive team would review this.

3.2 Care Quality Commission (CQC)

The Committee noted that the Care Quality Commission had in December 2016 announced a proposed new approach for future inspections. The aim was to improve on the overall process to assess a Trust against the Key Lines of Enquiries (KLOEs).

The proposals suggest that the inspection cycle will move towards an annual frequency and will include:

- A provider information request, which will be more targeted
- Regulatory planning meeting, using CQC intelligence
- Inspection, both announced and unannounced with smaller teams
- Reporting, with shorter reports and a rating grid to show new and existing ratings.

The Committee also noted that further discussions are also taking place NHS Improvement to consider how to combine efficiency ratings derived from the NHS improvement oversight metrics with 'well led' metrics to provide both a qualitative and a quantitative public facing rating for each Trust.

3.3 Quality Priorities

The Committee noted that for the 2016-17 Quality Priorities there had been variable outcomes with regard to quality improvements being made to date. Notable successes included:

- Improved clinical record keeping
- Improved support for people with learning disabilities
- Improvements in end of life care
- Strengthened focus on equality and diversity

There was, however, discussion with regard to the need to make greater progress in relation to the following:

- Positive risk taking – noting the limited evidence to suggest that this is becoming an integral part of Trust colleagues ways of working
- Continence service developments – recognising the need to respond to changing commissioner intentions.

4 Risks identified by the Committee

It was agreed by Committee members that the following points be escalated to the Trust Board:

- ***Diabetes foot care/protection service*** – although a Gloucestershire-wide concern, the Committee concluded that this is becoming a significant risk and agreed that there should be a formal escalation of these risks to the Commissioners. Risks associated with this included high amputation rates; undefined care pathways and the absence of a dedicated foot care/protection team. It was agreed that the Chief Operating Officer would progress this with Commissioners.

- ***Medical Revalidation –*** The Committee noted that an internal audit was being undertaken to provide assurance on the current revalidation arrangements.

- ***Clinical Record Keeping*** **–** The Committee noted the actions taken to mitigate risk including:
  - Reviewing and updating the Trust Record Keeping Policy (including the ceasing of the Trust's abbreviation policy).
  - Provision of Education and Training utilising varied approaches
  - Clinically led SystmOne re-engineering
  - Re-audit

  The Committee acknowledged that there are clear indications from the formal audits that the quality of clinical record keeping has improved across the Trust, specifically improved documentation with regards to clinical assessments being completed; baseline observations being recorded in a more timely way; increased registered practitioner oversight of non-registered practitioner clinical activities. In light of all this the risk rating has been reduced from 16 to 12.

- ***Bed Occupancy*** - The Committee noted that rates across the Community Hospitals remain consistently high and over 95%. Committee members debated the need to review this risk in light of patient flow impact; CQC requirements and the Trust's intended rating. It was, however also recognised that the risk needed to be assessed across the system noting that there was limited evidence that these high rates were having an impact on patient safety. The Chief Operating Officer agreed to review this.

- ***Pressure Ulcers*** – The Committee noted that patients with pressure ulcers can stay on average 25 days in hospital and the costs of treating a pressure ulcer varies from £1,214 to £14,108 with costs increasing with severity. It was also noted that in the autumn of 2016 the Trust aligned all reported harms from pressure ulcers on the Safety Thermometer with incident reports. Of note, the incidence of acquired pressure ulcers had increased over the last two years (grades 2-4).

  April 2015 to November 2015 = 637 acquired pressure ulcers
  April 2016 to November 2016 = 831 acquired pressure ulcers

  In response to this the Committee were informed that a Quality Improvement Group has been established to oversee a range of improvement activities and the metrics to monitor impact. It was agreed that the Quality & Performance Committee will continue to have oversight of progress being made in order to mitigate these risks.

- **Falls** – The Committee considered the risks associated with falls in our community hospitals, and the unexplained variation across sites (see below). The Committee recognised the reported decrease in falls at Tewksbury hospital and agreed that it was important to share learning and best practice.

Hospital	Total Falls				Falls with harm			
	2016/17 Year to Date		2015/16 Total		2016/17 Year to Date		2015/16 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
Cirencester	158	11.1	256	13.8	38	2.7	81	4.4
Stroud General	104	10.3	111	8.2	25	2.5	34	2.5
North Cotswolds	118	20.2	121	15.6	39	6.7	31	4.0
The Vale	79	14.4	109	15.2	25	4.6	33	4.6
Dilke	93	12.8	130	14.5	30	4.1	32	3.6
Lydney	59	10.7	65	8.3	16	2.9	19	2.4
Tewkesbury	63	11.5	100	14.0	15	2.7	26	3.7
TOTAL	674	12.5	892	12.6	188	3.5	256	3.6
FORECAST	899				251			

It was agreed that the Quality & Performance Committee will continue to have oversight of progress being made in order to mitigate these risks and have requested that there need to be some success measures, standards and trajectories agreed so that improvements can be effectively monitored and reported accordingly.

5 Conclusion and recommendations

5.1 Conclusion

The Quality and Performance Committee has reviewed a number of risks and developments across the Trust and has maintained a quality patient safety and experience focus throughout. Performance across the Trust remains good and the Committee is assured that actions will be taken forward to address any existing or emergency risks

5.2 Recommendations

i. Discuss and Note the contents of the Quality and Performance Committee report;
ii. Note and Approve the 2017-18 Quality Priorities as outlined by the Quality and Performance Committee;
iii. Note the quality improvements that have been made with regards to clinical record keeping and that the corporate risk rating has reduced from 16 to 12.

Gloucestershire Care Services NHS Trust

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

21st December 2016, 13.30am – 16.30pm

Boardroom

Committee members present:	
Sue Mead	Chair (Non-Executive Director)
Susan Field	Director of Nursing
Tina Ricketts	Director of HR
Candace Plouffe	Chief Operating Officer
Nicola Strother Smith	Non-Executive Director
Jan Marriott	Non-Executive Director
Graham Russell	Non-Executive Director
In attendance:	
Rod Brown	Head of Planning, Compliance and Partnerships (for agenda item 7)
Michael Richardson	Deputy Director of Nursing
Ian Main	Head of Clinical Governance
Gillian Steels	Trust Secretary
Hannah Williams	Quality Manager, Gloucestershire Clinical Commissioning Group
Laura Baker	Community Staff Nurse (Shadowing the Director of Nursing)
Christine Thomas	Minute Taker

Item	Minute	Action
1.	**Welcome and Apologies** The Chair opened the meeting and specifically welcomed Laura Baker, who was shadowing the Director of Nursing, to the meeting. Apologies were **Received** from: Glyn Howells, Director of Finance; Dr Mike Roberts, Medical Director; Matthew O'Reilly, Head of Performance and Information	
2.	**Confirmation that the meeting is quorate** The meeting was confirmed as quorate by the Chair	
3.	**Declarations of Interests** In accordance with the Trust Standing Orders, all Committee members present were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.	

4.	**Minutes of the meeting held on 1st November 2016** The minutes of the 1st November 2016 were **Received.** Nicola Strother Smith advised that the wheelchair service were using a pressure map and not pad as stated in the minutes. The Chair requested this be changed and subject to this amend the minutes were **Approved** as an accurate record and that the Chair would sign accordingly.	
5.	**Matters arising (action log)** The following matters were discussed and noted: 07/030316 - The Chair raised concerns that bed occupancy was now very close to 100% and that there had been a small decrease in achieving some quality metrics e.g. Safety Thermometer, within Community Hospitals. An QEIA to be completed for this risk. The Chair asked for these concerns to be formally raised at the Trust Board March meeting – **Closed** 07/260416 - The Quality Manager for Gloucestershire Clinical Commissioning Group (GCCG) agreed to highlight the concerns raised by the lack of the foot protection team service. Concern was raised that the pathway for this service did not appear to be high on the agenda of the GCCG and patients were suffering as a result. **Update**: Hannah Williams acknowledged this and advised that this had been due to a lack of resources, however this was currently being recruited to. It was asked how this could become a risk on the GCCG risk register and it was agreed that the Head of Planning, Compliance and Partnership would send system-wide risks to Hannah Williams and she would escalate – **Closed** 07/260416 - It was agreed that the Chief Operating Officer (COO) would share with the GCCG concerns over the number of amputees due to the limited availability of the foot protection team service – **Closed** 11/260416 - It was agreed that the aims for the Committee would be added to the Annual statement – **Closed** 08/280616 - The acuity of patients to be reviewed for Gloucestershire Care Services (GCS) and a further benchmarking exercise with Derbyshire NHS Trust be completed. Update: Derbyshire was visiting on the 26th and 27th January 2017 – **Closed** 12/280616 - A Standard Operating Procedure (SOP) or policy was needed and following discussions with colleagues this would be brought back to the August Quality and Performance Committee – **Closed** 19/280616 - Update report to come from Children's services in December 2016 – **Closed** 28/280616 - An enhanced report to be brought to the next meeting-	**HoPCP**

	Closed 06/310816 - The Chair asked the Director of Nursing to start populating the forward planner for 2017/18 – **Closed** 07.1/310816 - The HoPCP was re-establishing the Risk Champions group and would bring an updated report to the next Quality and Performance Committee meeting – **Closed** 07.3/310816 - Healthwatch were also raising concerns over financial savings affecting packages of care. It was agreed that the DoN and Chief Operating Officer (COO) would formally raise with Tina Reid of Gloucestershire County Council (GCC) – **Closed** 07.4/310816 - The Director of Nursing to take to the Quality Review Group with Gloucestershire Clinical Commissioning Group (GCCG) concerns about financial savings affecting packages of care - **Closed** 08/310816 - It was noted that there was still an issue in recruiting Band 5 nurses for the Community Hospitals. The Director of HR (DoHR) to share the report that had gone to Workforce and OD Committee around the training and competency of nurses – **Closed** 11/310816 - The COO requested that a report to be completed on the time managers needed to complete Personal Development Reviews, training and to cover sickness etc. as there was concern expressed that colleagues did not have the capacity to complete all requirements. The Chair asked the DoHR if the Workforce and OD Committee would progress this with colleagues and assess what the issues were and if there was a way the Trust could help – **Closed** 16/310816 - The Trust Board to be asked, in the September Quality and Performance Committee report, to formally ratify the request to write to the CQC and ask for a re-inspection – **Closed** 17/310816 - It was agreed that the Clinical Strategy should go to the Board for ratification and the action plan to come back to the Committee in November and a full update re impact on patient care in 12 months – **Closed** 22.1/310816 - The Chief Operating Officer (COO) felt that a process was needed to show when a QEIA should be undertaken and did not believe the draft policy captured this. The COO to work with the Deputy Director of Nursing (DDoN) to progress this – **Closed** 22.2/310816 - Ingrid Barker asked that it be double checked that the correct process was being followed for these QEIAs and that this was clarified on the document – **Closed** 08/011116 - Demand and Capacity tool to be piloted in Gloucester City an update to come to the Committee in April 2017 – Add to forward planner – **Closed**	

	11/011116 - There was concern that the data being reviewed in the Q&P report was for August and queried whether this could be addressed outside of the meeting and as part of a wider reporting review and felt that this should be discussed external to the meeting as to how they could get more up to date data – **Closed** 11/011116 - Personal Development Reviews (PDRs) continues to be below target but compliance rates have increased. The Director of HR (DoHR) advised that this would be brought up at the next Board Development session for discussion – **Closed** 11/011116 - Nicola Strother Smith commented that she had seen an excellent pressure map used at the Wheelchair service and asked if this was used across the Trust. The Deputy Director of Nursing (DDoN) confirmed they weren't but would be in touch with the service manager to find out more – **Closed** 11/011116 - It was noted that the quality metrics around IDT were all red, but this service was performing well and the metrics no longer were appropriate in light of recent service reconfiguration changes. It was agreed that these were obsolete and should be removed from the report with the support of the GCCG – **Closed** 13/011116 - The Chair asked for a future report to be brought back, which would show outcomes from the current work being undertaken – add to forward planner – **Closed** 14/011116 - The Chair asked that for a future meeting that a report was presented that focussed on a few themes and showed the process from start to finish – add to forward planner - **Closed** 14/011116 - It was noted that no quality metrics had been set and the Chair asked that a piece of work be undertaken re quality outcomes after the end of the winter period – **Closed** 14/011116 - The forward planner was reviewed and it was agreed that the Trust Secretary (TS) and Director of Nursing (DoN) would be reviewing this. The forward planner would be populated up to October 2017 - **Closed**	
6.	**Corporate Risk Register - Quality and Performance Risk** The Head of Planning, Compliance and Partnerships (HoPCP) presented the Trusts corporate risk register (October 2016). There were 4 new risks to note, and 2 of these were still relevant at this time. These were 1) Public health review of Sexual Health and 2) Occupational Therapy review. It was noted that there were still a number of quite old risks on the register. The Chief Operating Officer (COO) advised that they had a meeting with the commissioners regarding the occupational therapy review	

	and the Trust had also received a formal letter. The Gloucestershire County Council (GCC) were expecting a more efficient and less costly service; and that they would adopt a similar commissioning approach to the sexual health review rather than "tender" out services at this stage. Jan Marriott raised concern that that there was no antimicrobial support, the Director of Nursing (DoN) advised that they would be securing this support from Gloucestershire Hospitals Foundation Trust (GHFT) in the future but acknowledged that this solution was on an interim basis i.e. until March 2017. It was noted that the Diabetes risk was initially a risk of 12 and had been reduced. The HoPCP advised that this was due to the risk not being held fully by Gloucestershire Care Services (GCS) and the COO explained that this was not a service that GCS was currently commissioned to deliver. There was concern raised about the number of patients who may have had to experience an amputation due to this service not being available. Graham Russell noted that the temperature storage risk had been raised in June 2016 and was still a risk of 16 and asked how this reflected the Trusts response. The COO advised that the Deputy Chief Operating Officer (DCOO) was looking to source some controlled refrigerators for the Minor Injury and Illness Units (MIIUs), but these were more difficult to source for the Community Hospitals. The COO advised that they were resolving this with estates. Graham Russell asked for a projection of when this risk would be reduced and the DoN confirmed that they aimed to lower the risk rating to 8 by the end of April 2017. The Committee **Discussed** and **Approved** the Corporate Risk Register	**COO/DoN**
7.	**Operational Services Report** The Chair felt that there were 4 key areas that required discussion in the Operational Services Report and these were: • Emergency and Resilience Plan and proposed changes • Process for understanding patient flows • Access Policy • Transport issues The Chief Operating Officer (COO) advised that the draft for patient flows was not yet finalised but would show capacity in vacant and occupied beds respectively. There was concern that Medworxx, a system designed to help with patient flow, was not working as well as hoped. A new red/green system was coming on line and being led by NHS England, although it was acknowledged that this tool was designed more for Acute Trusts. An evaluation of Medworxx was being undertaken to identify the difficulties raised and to see if these could be solved versus any implementation of the Red/Green System.	

	The COO advised that she wished the Committee to have sight of the plan but to be aware it was not yet finalised. It was envisaged that the final report would come to the Trust Board meeting in January 2017. The plan was clear that mixed sex breaches would only be approved by the Chief Executive Officer (CEO). Graham Russell asked the likeliness of any escalation of plans and the COO confirmed that there was a high likelihood of this happening. The Committee noted and were supportive of the plans and the policy for breaching same sex wards was noted. Jan Marriott asked if there was a preference to which system was used moving forward and CP said that the Trust was currently in favour of the Red/Green system. Hannah Williams also confirmed that from feedback from Trust colleagues that the Red/Green system was preferred. The Chair requested that a proper professional evaluation was undertaken by the Clinical Reference Group. The COO had included Domiciliary Care within her report due to concerns regarding the service and its available capacity. Short duration requests were rising and domiciliary care providers were struggling to meet needs. GCS colleagues were working with Gloucestershire County Council to do what it could to support the wider system. The COO advised that the Access Policy was still in draft as there were still some aspects of the policy that were unclear. Patient access was not clinical or HR related but was operational and so was overseen by the Executive Team. The group felt that a central referral system would be the preferred safe system for ensuring that people did not get missed, but this was not yet possible. It was felt that this was particularly important for children and adults who did not attend appointments and were potentially at risk and was not recorded. The COO advised she was looking for any feedback and also agreement as to where to get formal ratification. It was agreed that the policy would be ratified by the Executive Team meeting and that a QEIA should go to the Clinical Reference Group (January 2017) for overseeing as appropriate. The COO apologised that some of the data in the transport paper was incorrect. The COO noted that the MIIUs reporting patient transport risks had not had a good response from SWAST and they had put in the Standard Operating Plan (SOP) that a clinician should be able to access private transport, though this would incur a cost for GCS. The DoN noted that both herself and the DCOO had had a call with SWAST to agree who to escalate concerns too. Hannah Williams asked that this was shared with the GCCG and it was agreed that the DoN would share her notes with Hannah Williams. The COO advised that an incident report via Datix was now completed when patients have been waiting inappropriately and were continuing to encourage colleagues to do this, and encouraging patients to also raise concerns or even to complain.	**COO/DoN** **DoN**

	Arriva were incurring delays due to a rise in same day bookings and it was raised that patients wouldn't always realise they needed to book return journeys. It was agreed that the DoN and COO would write to the GCCG formally regarding these issues and the COO would include this in the COO Board Report. The Committee **Discussed** and **Approved** the Operational Services Report	**DoN/COO**
8.	**Professional and Clinical Effectiveness (PaCE) Directorate Report** The Deputy Director of Nursing (DDoN) presented the Professional and Clinical Effectiveness (PaCE) report and highlighted the key areas of the report to the Committee, noting in particular that the communications regarding any potential CQC visits would be commencing in January 2017 as they could revisit at any time. The Trust was currently trialling a CQC compliance module in Datix due to commence at Cirencester Hospital in January 2017. The DDoN was pleased to advise that the Safety Thermometer targets and data had improved with indications that this was now over 95% for the first time this reporting year. The Chair asked if the SystmOne and Safeguarding issues were around children changing addresses, the Director of Nursing (DoN) advised that this was not regarding Children, but it was about developing safeguarding approaches for adults. Nicola Strother Smith asked for reassurance that as "HealthAssure", the NICE system, was no longer active that NICE guidance's could be sent out. The Head of Clinical Governance (HoCG) assured the Committee that they were looking to use Datix for this in the longer term and that NICE information would continue to be managed, monitored and shared accordingly. Nicola Strother Smith expressed concern about the Friends and Family Test response rates and their variability and about the boxes used for the results to be placed in, these were just cardboard boxes covered in paper in some GCS bases and were not visible enough. The DDoN assured the Committee that the PaCE team were currently looking at all options to increase the response rates. The Committee **Discussed** and **Approved** the Professional and Clinical Effectiveness Report	
9.	**Clinical Reference Group Report** The Director of Nursing (DoN) presented the Clinical Reference Group report and highlighted that the group had been focusing on Research and Development across the Trust and that Julie Hapeshi (Associate Director, Research and Development for the Gloucestershire Consortium) attended the December Clinical Reference Group meeting.	

	The DoN also bought to the Committees attention the QEIA for the Ambulatory Care Unit that had been completed; the service had not been commissioned, under-utilised and did not receive referrals in order for it to be viable. The DoN also asked the Committee to formally note the revised Terms of Reference. The Chief Operating Officer (COO) noted that there was no Professional Head of Children and Young People, but was made up of different services. The Committee **Discussed** and **Approved** the Clinical reference Group Report	
10.	**Quality and Performance Report** The Director of Nursing (DoN) presented the revised Quality and Performance report, which had previously ranged from 120 pages to 65 pages and concerns had been raised that the report wasn't really highlighting and addressing the risks. The DoN asked the Committee to consider whether all information was required to be reported monthly or if some of it could be reported less frequently. Jan Marriott asked if they moved to a smaller report then were there dashboards that sat underneath the data that they could request if they wanted more information? The DoN confirmed this was the case and that this would be enhanced further as the Business Intelligence Reports Tool (BIRT) was developed. There were some comments on the practicalities of reading the report due to the font size of the narrative. Graham Russell felt that the report still provided plenty of detail, but questioned even with the reduced format whether it still gave a clear line of sight to what the issues, achievements and risks were for the Trust. The Chair felt that comparisons across different locations would be useful to compare and better understand data and that this particularly related to the Safety Thermometer data. The Chair also felt that a way of measuring against strategic objectives would also be useful. The Committee feedback about the revised report was that: • The revised format was broadly welcomed and especially the explicit links with the Trust Corporate Risk Register • Comparisons across the Trust and specifically with Safety Thermometer data was included • Redundant information that is red is removed i.e. IDT • Not all sections needed to be produced every month – but clarity was required on what should be reported each month • That the font size be amended The Committee **Discussed** and **Approved** the Quality and Performance report	**Chair/DoN**
11.	**Clinical Strategy Progress Report** The Deputy Director of Nursing (DDoN) presented the Clinical Strategy Progress report explaining that it was the first report since	

	the new strategy had been ratified by the Trust Board in September 2016, and that this report also included the work plan. The work for this strategy would be completed via various different groups and it was felt that it was important to ensure that work did not duplicate a number of other work streams. The Head of Planning, Compliance and Partnerships (HoPCP) felt that links with the STPs weren't explicit enough without the work plan. The Director of HR (DoHR) felt that this strategy should "feed" the other Trust strategies so they all aligned and that this set the standards required across all strategies. The Committee was pleased with the work so far, but stressed the importance that clinical and operational services were aligned and that the Clinical Strategy would ultimately be aligned to the Trusts Quality Strategy currently being developed. The Committee **Discussed** and **Approved** the Clinical Strategy Progress Report and noted the progress made to date.	
12.	**Pressure Ulcer Quality Improvement Plan** The Deputy Director of Nursing (DDoN) presented the Pressure Ulcer Quality Improvement report from the Quality Improvement Group. The group were aiming to get across the importance of avoiding pressure ulcers not only in Community Hospitals, but in the community too, as there were a number of pressure ulcers that were preventable. A 2 year action plan had been developed up to 2018. The Pressure Ulcer group was chaired by Sally Irving (SI) with input from PaCE via Jane Evans (JE), it was envisaged that when SI left at the end of her contract that (March 2017) JE would take over the lead of the group. The group would be looking to support teams who have had less wound prevention experience. The Director of Nursing felt there needed to also be a focus on Healthcare Assistants (HCAs). It was noted by the Committee members that the Red, Amber, Green (RAG) rating for the plan was all June 2017 and it was requested this was looked at and that more differentiation was given on dates. Graham Russell questioned how preventable many of these pressure ulcers were. The Chief Operating Officer (COO) said most were preventable but it was often harder in a community setting as opposed to a community hospital due to patient/service compliance and achieving good clinical outcomes. It was also acknowledged that it was not known what the reduction in care packages would do to pressure ulcer rates. Graham Russell asked that the Comms strategy be more integrated into this. The Committee **Discussed** and **Noted** the progress made to date	**DDoN**
13.	**Quality Account Update**	

	The Head of Planning, Compliance and Partnerships (HoPCP) presented an update on the Quality Account and a formal report would be published by June 2017. There was concern that the Continence work stream had not really progressed. Record keeping was also dependent on re-audits, but the feeling was that any results would be more positive. The Chief Operating Officer (COO) noted that there had been some double counting in last year's performance figures, but this had now been rectified and was more accurate. On the whole the news was positive regarding where the Trust was on its Quality Account with the exception of Continence. Hannah Williams advised that the lack of progress with the Continence service was completely outside of GCS's control and was happy to do some joint wording to reflect this. It was agreed that an update to this report go to Trust Board and a further update to the February Quality and Performance Committee. The Committee **Discussed** and **Noted** the Quality Account Update	**HoCG**
14.	**Learning Disability Report** The Deputy Director of Nursing (DDoN) presented the Learning Disability (LD) report highlighting that the Specialist Nurse for LD was leading this. Training was taking place and easy read information was being developed. The DDoN highlighted that some risks had been identified, but these were being worked on. The Committee were pleased to see the work progressed to date. The Committee **Approved** the Learning Disability Report	
15.	**CQC and Quality Update** The Director of Nursing (DoN) presented the CQC and Quality Update highlighting that there was nothing significantly new to update the Committee about with regards to the CQC. There was currently a joint consultation between CQC and NHS Improvement to try to ensure that the two organisations do not duplicate inspections and that this was based on a risk based approach, which was an integral part of the CQC strategy published May 2016. The consultation was open until February 2017 and the DoN would be leading a response on behalf of the Trust. There was concern raised as to what would happen if CQC unexpectedly visited during a period of escalation. It was felt that CQC would not wish to disrupt care so would be mindful of this. The Committee **Noted** the CQC and Quality Update	
16.	**Access Policy** This was covered in agenda item 7	

17.	**QEIA Policy** The Director of Nursing (DoN) asked the Committee to note the amendments and endorse approval. The changes had included a decision making matrix and this had been to both Clinical Reference Group and Operational Governance Forum. The Chief Operating Officer (COO) felt the role of the Quality and Performance Committee needed to be clearer within the policy and that the process map needed to reflect this. The DoN agreed to make this change. The Committee **Approved** that the QEIA policy subject to the amend requested would go to Trust Board January 2017.	**DoN**
18.	**Accessible Information Policy** The Accessible Information Policy was a required policy that the Trust had recently implemented. Colleagues were now required to ask service users in what format they would like any information supplied to them. It was as yet unknown as to how many service users would take up this service and what their requirements would be. Requests would be monitored and a clearer picture would emerge over the next 6 months. It was agreed that an update report would come back to the Committee in 6 months' time. The Committee **Approved** the Accessible Information Policy	
19.	**Understanding You** This was the third report produced for the Trust and therefore comparators were now included. Concern was raised with regards to the harassment and bullying results. It was questioned as to how, once a patient moves from one hospital to another, this is recorded in terms of length of stay, was this separate stays or one continual one. The Chief Operating Officer (COO) agreed to investigate this. There was a 36% increase in concerns year on year and the Committee were concerned that a high percentage of these were corporate and admin. It was noted that feedback on NHS Choices was 83% positive. There had been a decrease in the overall number of complaints. Committee members asked for clarification as to why the report was going to this Committee and Trust Board, and the Director of HR asked how widely the report got shared as not all of it was shared with colleagues, which was a comment that colleagues had previously made. It was agreed that the Head of Planning, Compliance and Partnerships (HoPCP) would produce a summary report to go to the January Board and then once approved to be	**COO** **HoPCP**

	shared with Trust colleagues. The Committee **Discussed** and **Noted** the Understand You Report	
20.	**Communication and Engagement Strategy** The Head of Planning, Compliance and Partnerships (HoPCP) advised that this strategy had already been to the Workforce and OD Committee and asked the Committee if they would endorse the policy to go to Trust Board, which they did. The Committee **Approved** the Communication and Engagement Strategy	
21.	**Terms of Reference and Draft Forward Planner** The Trust Secretary (TS) had made the changes to the Quality and Performance Committee Terms of Reference and asked the Committee it they would endorse them. The Committee approved the Terms of Reference. The TS presented the forward planner and asked the Committee to agree its use in future, which it did. The Committee **Approved** the Terms of Reference and the Forward Planner.	
23.	**Any Other Business** **November Trust Board Feedback** The Chair agreed that the next Quality and Performance report for the January Trust Board meeting should include the following items: • Elements of the COO Report (Emergency Planning and Resilience, Patient flows) • New style Quality and Performance Report feedback • Pressure Ulcer Report • QEIA Policy • Communication and Engagement Strategy • Terms of Reference – Clinical Reference Group and Quality and Performance Committee There was no other business raised; the Chair thanked everyone for attending and formally closed the meeting.	
25.	**Date of the next meeting** The next meeting of the Committee to be held on 22nd February 2017 in the Boardroom, EJC at 1:30pm.	

Signed …… Date ……

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 23rd March 2017

Report Title: Quality and Performance Report

Agenda reference Number	11/0317
Accountable Executive Director (AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Presenter (if not AED)	
Author(s)	Matthew O'Reilly, Head of Performance
Board action required	To receive
Previously considered by	Not Applicable
Appendices	Quality and Performance Report (January 2017 data)

Executive Summary

The monthly performance report provides a summary of performance against national and local targets.

The January performance notes improvements in the following areas:

- Safety Thermometer activity (95.1%).
- Improved average length of stay 22 days.
- Meeting the Minor Injury and Illness Units (MIIU) time to initial assessment for ambulance arrivals within 15 minutes continues for the 3rd consecutive month.
- Childhood measurements and HPV immunisations all ahead of trajectory.

Notable risks to performance include:

- Sickness levels for January remain at 5.4% - below the trajectory of 4%.
- Pressure ulcers (acquired) continue to increase with regards to Grade 2 pressure ulcers.
- Abandoned call 'rate' in Single Point of Clinical Access (SPCA) has increased by 6.3% compared to 4.6% in December 2016.

Recommendations:

The Trust Board is asked to receive this report and confirm the actions being progressed to mitigate risks.

Related Trust Objectives	1,2,3,4
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment Requirements/implications (QEIA)	No equality implications identified
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Report

1 Introduction and Purpose

The attached report relates to January 2017 quality and performance data.

2 Background

The Trust remains committed to delivering high quality care in line with national and local performance requirements. The monthly report provides an overview of performance, with exception reporting and risks reviewed and actioned accordingly on a monthly basis.

3 January Performance Overview

Notable performance improvements include:

- Safety Thermometer activity (95.1%).
- Improved average length of stay 22 days.
- Meeting the Minor Injury and Illness Units (MIIU) time to initial assessment for ambulance arrivals within 15 minutes continues for the 3rd consecutive month.
- Childhood measurements and HPV immunisations all ahead of trajectory.

Notable risks to performance include:

- Sickness levels for January remain at 5.4% - below the trajectory of 4%.
- Pressure ulcers (acquired) continue to increase with regards to Grade 2 pressure ulcers.
- Abandoned call 'rate' in Single Point of Clinical Access (SPCA) has increased by 6.3% compared to 4.6% in December 2016.

4 Conclusion and Recommendations

The report confirms that performance overall remains strong, while also highlighting a number of areas which require strong focus.

The Trust Board is asked to receive this report and confirm the actions being progressed to mitigate risks.

Gloucestershire Care Services NHS
NHS Trust

Quality and Performance Report

Trust Board
23 March 2017

Understanding you

Gloucestershire Care Services NHS
NHS Trust

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Executive Summary

Are Our Services Caring?

- Friends and Family Test response rate dropped to 4.1% in January compared to December 2016 (4.8%). Performance continues to be behind 2015/16 (5.4%). Response feedback continues to be positive (95.8% 'extremely likely' or 'likely' to recommend the Trust in January).

Are Our Services Safe?

- Safety Thermometer 'Harm Free Care' target of 95% was achieved again in January (95.1%), for the third consecutive month.
- Number of 'acquired pressure ulcers' continues to increase with particular respect to grade 2 pressure ulcers.

Are our Services Effective?

- Inpatient average length of stay for patients discharged in January increased to 29.5 days from 25.0 days in December.
- 'Abandoned call rate' in Single Point of Clinical Access increased in January to 6.3% from 4.6% in December. However, call volume in January was the highest recorded so far in 2016/17.

Are Our Services Responsive?

- MIIU 'time to initial assessment for ambulance arrivals' continues to be within the target of 15 minutes for the third consecutive month.
- Year to date Referral to Treatment targets have been missed by Adult Occupational Therapy, Adult Physiotherapy and MSKCAT primarily due to capacity issues.
- Childhood Measurement and HPV Immunisation programmes are all ahead of trajectory.

Are Our Services Well Led?

- Personal development reviews completed dropped in January to 78.6% from 79.5% in December.
- Mandatory training completed (based on the five previously reported measures) dropped in January to 80.7% compared to 81.1% in December.
- Sickness absence (rolling 12 months) remains consistent at 4.4%, the single month position (January 2017) has increased and both measures remain above the target of 4.0%. It is likely that this correlates with the influenza outbreak.

CQC DOMAIN - ARE SERVICES CARING?															
		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	2016/17 YTD	Exception Report?
1	Friends and Family Test Response Rate	No Target	5.4%	4.2%	4.0%	4.2%	4.8%	5.1%	4.3%	4.7%	4.4%	4.8%	4.1%	4.5%	Y
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	No Target	95.2%	95.3%	94.3%	95.9%	95.7%	94.4%	94.2%	95.3%	95.3%	96.0%	95.8%	95.2%	Y
3	Number of Compliments	No Target	333	13	39	43	19	37	62	37	56	55	31	392	
4	Number of Complaints	No Target	87	8	6	4	8	3	2	7	12	7	6	63	Y
5	Number of Concerns	No Target	315	29	28	36	43	37	34	39	43	28	43	360	
CQC DOMAIN - ARE SERVICES SAFE?															
		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	2016/17 YTD	Exception Report?
6	Number of Never Events	0	1	0	0	0	0	0	0	0	0	0	0	0	
7	Number of Serious Incidents Requiring Investigation (SIRI)	No Target	22	3	2	4	1	2	0	1	1	3	2	19	Y
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	No Target	0	0	0	0	0	0	0	0	0	0	0	0	
9	Total number of incidents reported	No Target	3,711	319	303	302	297	333	323	346	345	337	315	3,220	Y
10	% incidents resulting in low or no harm	No Target	98.4%	96.2%	96.0%	98.7%	98.7%	94.6%	95.0%	97.4%	94.5%	96.1%	99.4%	96.7%	
11	% incidents resulting in moderate harm, severe harm or death	No Target	1.6%	3.8%	4.0%	1.3%	1.3%	5.4%	5.0%	2.6%	5.5%	3.9%	0.6%	3.3%	
12	% falls incidents resulting in moderate, severe harm or death	No Target	0.4%	1.2%	0.0%	0.0%	0.0%	0.0%	1.2%	2.6%	3.9%	2.7%	0.0%	1.2%	
13	% medication errors resulting in moderate, severe harm or death	No Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
14	Number of post 48 hour Clostridium Difficile Infections	*14	9	0	0	1	1	2	2	0	0	1	2	9	Y
15	Number of MRSA bacteraemias	0	0	0	0	0	0	0	0	0	0	1	0	1	Y
16	Number of MSSA Infections	0	0	1	0	0	0	0	0	0	0	0	0	1	
17	Number of E.Coli Bloodstream Infections	0	2	0	0	0	0	0	0	0	0	0	0	0	
18	Safer Staffing Fill Rate - Community Hospitals	No Target	101.00%	98.70%	97.60%	96.00%	96.00%	95.40%	95.50%	97.20%	97.50%	97.90%	96.80%	96.90%	Y
19	VTE Risk Assessment - % of inpatients with assessment completed	95%	87.8%	95.4%	96.0%	91.5%	96.7%	97.9%	96.8%	97.2%	98.2%	96.3%	96.8%	96.3%	
20	Safety Thermometer - % Harm Free	95%	95.3%	93.6%	93.4%	93.1%	93.4%	93.8%	93.9%	94.0%	95.6%	95.2%	95.1%	94.1%	Y
21	Total number of Acquired pressure ulcers	No Target	350	46	35	42	31	46	38	50	46	56	66	456	Y
22	Total number of grades 1 & 2 Acquired pressure ulcers	No Target	310	37	33	34	30	39	33	44	38	51	63	402	Y
23	Number of grade 3 Acquired pressure ulcers	No Target	30	7	2	5	1	6	3	5	8	3	1	41	Y
24	Number of grade 4 Acquired pressure ulcers	No Target	10	2	0	3	0	1	2	1	0	2	2	13	Y

*Cumulative YTD target

Quality and Performance Dashboard – January 2017

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	2016/17 YTD	Exception Report?
CQC DOMAIN - ARE SERVICES EFFECTIVE?															
Community Hospitals															
25	Emergency re-admission within 30 days of discharge following a non-elective admission	No Target	14.6%	12.4%	15.6%	12.8%	11.2%	11.5%	12.6%	8.4%	6.8%	10.8%	8.8%	11.1%	
26	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
27	Inpatients - Average Length of Stay	No Target	20.9	24.3	24.1	23.5	25.6	23.0	27.1	29.2	24.5	25.0	29.5	25.6	Y
28	Bed Occupancy - Community Hospitals	90%	96.6%	99.4%	99.4%	98.4%	98.3%	98.9%	98.3%	98.3%	98.6%	97.6%	98.2%	98.5%	Y
29	% of direct admissions to community hospitals	No Target	29.3%	19.0%	22.1%	26.4%	25.4%	25.6%	23.7%	24.7%	27.0%	25.9%	24.9%	24.5%	
30	Delayed Transfers of Care (average number of patients each month)	10	3	2	4	3	4	4	7	10	18	15	18	8	Y
31	Average of 4 discharges per day (weekends) - Inpatients	4**	4.4	5.1	4.4	4.9	4.2	3.3	3.5	2.6	4.3	3.8	4.0	4.0	Y
32	Average of 11 discharges per day (weekdays) - Inpatients	11**	11.3	11.3	9.6	9.5	9.4	9.2	8.8	9.3	9.2	8.7	8.8	9.4	Y
33	Cancelled Operations - No urgent operation should be cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	
34	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	0	0	0	0	0	0	0	0	0	0	0	0	0	
35	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	>99%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
36	SUS Data Quality Index	TBC	99.0%	99.0%	99.0%	99.2%	98.9%	98.8%	98.8%	98.8%	98.7%	98.7%	98.7%	98.7%	
37	IAT Number of avoided admissions	*2,440	2,083	143	168	168	189	204	192	205	200	+++		1,469	Y
Other															
38	Rapid Response - Number of referrals	*2,624	2,639	257	232	236	264	275	234	255	235	257	277	2,522	Y
+39	Stop Smoking Service - **3rd Party Providers**- Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	*462	1,103			225			169			no data available	Service no longer provided by GCS	394	
+40	Stop Smoking Service - **GSSS only** - Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	*368	1,031			198			199			159		397	
41	Single Point of Clinical Access (SPCA) Calls Offered (received)	No Target	38,767	3,553	3,625	3,794	3,625	3,598	3,965	3,938	3,813	3,474	4,086	37,471	
42	SPCA % of calls abandoned	<5%	7.2%	5.1%	4.7%	5.1%	4.7%	3.8%	7.0%	7.9%	7.5%	4.6%	6.3%	5.7%	Y
43	SPCA % of calls resolved with agreed pathway within 20 mins	95%	93.2%	96.3%	96.4%	96.6%	97.1%	97.9%	97.2%	97.2%	95.8%	95.3%	95.1%	96.5%	
44	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	2,300 per 100,000 population	2,130	2,280	2,263	2,061	1,909	2,128	2,584	2,804	2,533	2,077	2,736	2,338	
45	Chlamydia Screening - Number of Positive Screens	*974	1,116	98	104	95	83	100	123	127	119	90	100	1,039	

*Cumulative YTD target
**Contract variation received and targets amended
+ Service will no longer be provided by GCS from 1st January 2017. Q3 figure is actual number of smokers who have set a quit date. This is the final data available from service ahead of transfer to alternative provider.
++ Data not currently available from NHS digital
+++ Data not received from GHT following Trakcare implementation

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	2016/17 YTD	Exception Report?
CQC DOMAIN - ARE SERVICES RESPONSIVE?															
Minor Injuries and Illnesses Unit (MIIU)															
46	MIIU % seen and discharged within 4 Hours	95%	99.8%	99.6%	99.8%	99.7%	99.6%	99.5%	99.6%	99.6%	99.7%	99.6%	99.2%	99.6%	
47	MIIU Number of breaches of 4 hour target	No Target	178	25	17	22	30	31	27	22	18	24	42	258	Y
48	Trolley waits in the MIIU must not be longer than 12 hours	<12hrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
49	Total time spent in MIIU less than 4 hours (95th percentile)	<4hrs	02:20	02:41	02:26	02:38	02:30	02:30	02:36	02:37	02:31	02:36	02:40	02:34	
50	MIIU Time to initial assessment for patients arriving by ambulance (95th percentile)	<15 m	00:17	00:24	00:21	00:43	00:38	00:17	00:19	00:28	00:14	00:14	00:14	00:23	
51	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 30 minutes.	0	0	0	0	0	0	0	0	0	0	0	0	0	
52	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 60 minutes.	0	0	0	0	0	0	0	0	0	0	0	0	0	
53	MIIU - Time to treatment in department (median)	<60 m	00:21	00:28	00:17	00:18	00:19	00:16	00:16	00:16	00:15	00:15	00:14	00:16	
54	MIIU - Unplanned re-attendance rate within 7 days	<5%	4.4%	3.2%	3.6%	4.1%	3.7%	3.2%	3.6%	3.2%	3.6%	3.0%	3.4%	3.5%	
55	MIIU - % of patients who left department without being seen	<5%	0.7%	0.7%	0.9%	1.0%	1.2%	1.0%	1.1%	0.8%	0.6%	0.8%	0.8%	0.9%	
Referral to Treatment															
56	Speech and Language Therapy - % treated within 8 Weeks	95%	95.1%	84.8%	88.6%	94.1%	100.0%	97.1%	98.9%	98.1%	98.7%	100.0%	98.4%	95.9%	
57	Podiatry - % treated within 8 Weeks	95%	98.3%	99.2%	99.3%	97.6%	92.6%	95.0%	96.0%	97.0%	96.6%	96.0%	87.0%	95.6%	Y
58	Occupational Therapy Services - % treated within 8 Weeks	95%	87.0%	90.8%	90.5%	89.9%	92.8%	94.9%	94.6%	92.4%	91.8%	91.3%	86.1%	91.5%	Y
59	Adult Physiotherapy - % treated within 8 Weeks	95%	92.9%	93.6%	93.9%	92.7%	92.5%	90.3%	88.3%	88.6%	91.9%	94.8%	89.3%	91.6%	Y
60	Occasional Wheelchairs - % treated within 8 Weeks	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
61	Parkinson's Nursing - % treated within 8 Weeks	95%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	
62	Diabetic Nursing - % treated within 8 Weeks	95%	97.9%	95.8%	95.0%	100.0%	95.9%	100.0%	96.0%	100.0%	100.0%	100.0%	98.0%	98.1%	
63	Bone Health Service - % treated within 8 Weeks	95%	99.8%	99.0%	99.5%	100.0%	100.0%	99.4%	99.4%	99.4%	100.0%	100.0%	100.0%	99.7%	
64	MSKCAT Service - % treated within 8 Weeks	95%	94.1%	99.8%	98.5%	100.0%	99.3%	98.7%	90.4%	77.5%	77.7%	78.3%	67.4%	88.8%	Y
65	Contraception Service and Sexual Health- % treated within 8 Weeks	95%	99.8%	99.8%	99.4%	99.3%	99.8%	99.5%	100.0%	98.7%	100.0%	100.0%	100.0%	99.7%	
66	HIV Service - % treated within 8 Weeks	95%	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
67	Psychosexual Service - % treated within 8 Weeks	95%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
68	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	80%	80.4%	87.8%	80.4%	75.0%	86.0%	86.5%	81.3%	80.4%	76.8%	86.2%	80.4%	82.1%	
69	Paediatric Speech and Language Therapy - % treated within 8 Weeks	95%	93.6%	95.9%	92.8%	99.5%	98.7%	97.1%	99.1%	99.3%	98.8%	99.4%	98.1%	97.9%	
70	Paediatric Physiotherapy - % treated within 8 Weeks	95%	99.3%	97.6%	98.3%	99.1%	97.2%	98.2%	94.0%	92.3%	87.9%	93.0%	95.3%	95.3%	Y
71	Paediatric Occupational Therapy - % treated within 8 Weeks	95%	98.9%	97.2%	97.4%	96.9%	96.7%	100.0%	95.2%	96.2%	96.9%	97.2%	96.3%	97.0%	

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	2016/17 YTD	Exception Report?
Other															
72	MSKCAT Service - % of referrals referred on to secondary care	<30%	11.2%	10.0%	9.3%	13.6%	12.1%	14.8%	10.9%	12.1%	11.9%	12.8%	13.2%	12.1%	
73	MSKCAT Service - Patients referred to secondary care within 2 days of decision to refer onwards	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
74	MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	95%	97.1%	95.8%	100.0%	97.8%	100.0%	100.0%	100.0%	96.3%	100.0%	97.4%	100.0%	98.7%	
75	Stroke ESD - Proportion of new patients assessed within 2 days of notification	95%	96.7%	90.6%	95.8%	100.0%	100.0%	91.9%	100.0%	100.0%	92.6%	95.2%	100.0%	96.6%	Y
76	Stroke ESD - Proportion of patients discharged within 6 weeks	95%	98.6%	96.3%	97.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	
77	Social Care ICT - % of Referrals resolved at Referral Centres and closed	No Target	67.9%	38.4%	37.8%	37.9%	36.7%	36.5%	35.0%	46.8%	47.7%	49.1%	46.7%	41.3%	
78	Reablement - Current Cases Open Longer than 6 weeks	0	57	74	69	57	54	67	73	61	76	76	65	67	Y
79	% community reablement completing after 6 weeks	No Target	17.2%	21.0%	17.2%	15.5%	20.6%	16.8%	16.9%	17.9%	17.0%	16.3%	23.6%	18.3%	Y
80	Reablement - % progressed within 6 weeks from closing this month	100%	82.8%	79.0%	82.8%	84.5%	79.4%	83.2%	83.1%	82.1%	83.0%	83.7%	76.4%	81.7%	Y
81	Reablement - % contact time	60%	40.3%	41.5%	42.1%	42.4%	40.7%	42.0%	39.4%	39.6%	41.2%	39.5%	37.4%	40.6%	Y
82	Newborn Hearing Screening Coverage	97%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
83	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	97%	99.4%	99.8%	99.6%	99.8%	99.6%	100.0%	99.8%	99.6%	100.0%	99.8%	99.8%	99.8%	
84	Newborn Bloodspot Screening Coverage - by 17 days of age (responsibility at birth)	No Target	90.5%	91.7%	95.3%	94.4%	94.4%	94.8%	96.5%	94.0%	90.7%	82.7%	88.2%	92.3%	Y
85	Newborn Bloodspot Screening Coverage - by 21 days of movement in (Movers In)	No Target	96.7%	92.3%	93.3%	100.0%	91.2%	93.3%	90.9%	100.0%	89.5%	100.0%	100.0%	95.1%	Y

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	2016/17 YTD	Exception Report?
Immunisations			2015/16 Outturn	ACADEMIC YEAR 2016/17 - Target 90% of all 2 immunisations by end of academic year (July 2017)										2016/17 YTD	
86	HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed) - **2nd immunisation**	*75%	88.1%						35.5%	52.3%	76.8%	83.4%	83.9%	83.9%	
87	1st HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed) - **1st immunisation**	*75%	91.6%						7.5%	20.7%	63.8%	85.7%	87.1%	87.1%	
Childhood Measurement Programme			2015/16 Outturn	ACADEMIC YEAR 2016/17 - Target 95% of children measured by end of academic year - Cumulative target (July 2017)										2016/17 YTD	
88	Percentage of children in Reception Year with height and weight recorded	*70%	97.8%						2.3%	21.2%	52.7%	79.0%	96.4%	96.4%	
89	Percentage of children in Year 6 with height and weight recorded	*95%	93.3%						9.9%	50.2%	76.1%	89.3%	95.4%	95.4%	

CQC DOMAIN - ARE SERVICES WELL LED?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	2016/17 YTD	Exception Report?
90	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	61%	47.0%			50.0%			49.0%			Data not currently available		49.5%	Y
91	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	67%	80.0%			83.0%			79.0%					81.0%	Y
92	Sickness Rate in Reablement workforce	3%	6.5%	4.3%	5.2%	4.4%	5.0%	3.7%	3.9%	8.1%	6.5%	6.3%	8.1%	5.6%	
93	% of Staff with completed Personal Development Reviews (Appraisal)	95%	77.5%	74.7%	70.7%	66.2%	70.3%	74.8%	76.2%	77.7%	78.2%	79.5%	78.6%	74.7%	Y
94	Sickness absence average % rolling rate - 12 months	<4%	4.7%	4.7%	4.6%	4.5%	4.5%	4.4%	4.3%	4.2%	4.3%	4.4%	4.4%	4.4%	Y
95	Sickness absence % rate (1 month only)	<4%	4.4%	4.5%	3.9%	3.8%	4.3%	4.1%	4.4%	4.5%	4.9%	5.4%	5.4%	4.5%	Y
96	Mandatory Training	**85%	81.1%	68.5%	72.9%	74.1%	75.7%	77.4%	78.4%	80.6%	80.3%	81.1%	80.7%	77.0%	Y

*Cumulative YTD Target
**Mandatory training performance reported on this summary is based on the 5 requirements as reported in 2015/16 to enable direct comparison
***Q3 data still being processed hence not available currently

EXCEPTION REPORT | ARE SERVICES CARING?

Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

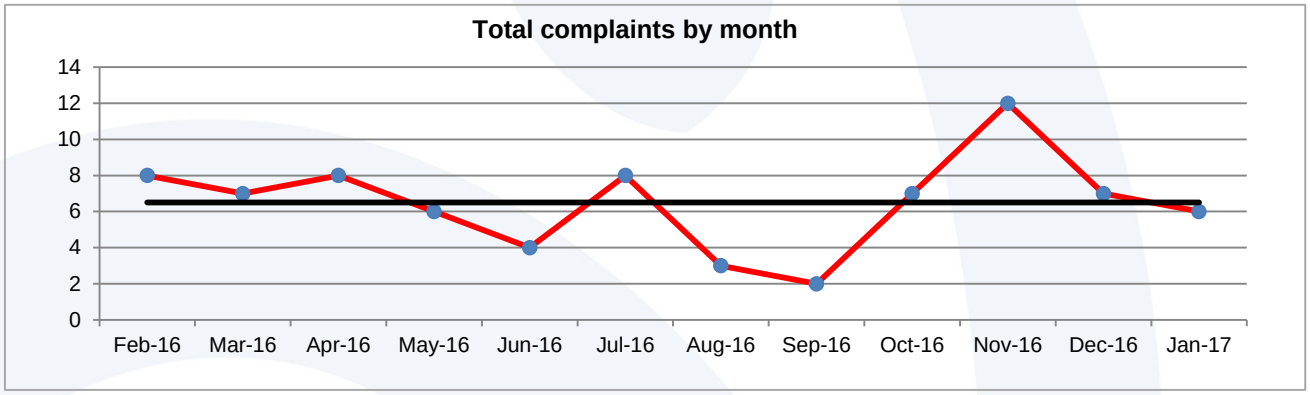
	Risk Register ref.	Risk Register rating	Performance Target	Nov	Dec	Jan
Friends and Family Test Response Rate	-	-	No Target	4.4%	4.8%	4.1%
% of respondents indicating 'extremely likely' or 'likely' to recommend service	-	-	No Target	95.3%	96.0%	95.8%
Number of Compliments	-	-	No Target	56	55	31
Number of Complaints	-	-	No Target	12	7	6
Number of Concerns	-	-	No Target	43	28	43

Factors impacting on performance	What actions have been taken to improve performance?
Friends and Family Test response rate and recommendations: • Response rate was 4.5% on a year-to-date basis. This remains below the 2015/16 outturn of 5.4%. • Respondents indicating 'extremely likely' or 'likely' to recommend service has dropped slightly to 95.8% in January compared to 96.0% in December. On a year to date basis (95.2%) the scores match the 2015/16 outturn of 95.2%.	Progress is being made in changing the process to the internal management of the Friends and Family Test. (CoMetrica contract ending June 2017): • Survey methods and processes have been finalised agreed with all services • FFT Administrator (Band 3 working 2 days per week) has been appointed; role to commence by 1st April 2017 • Questionnaire final sign off by 3rd March; this includes paper and online versions, an Easy Read version as well as Children's versions (where appropriate). • Establishing methods to send automated emails and texts as well as clinicians being able to email patients from SystmOne. • In process of agreeing reporting formats, and FFT data being available on BIRT.
Complaints, Compliments and Concerns: • More Compliments are forecast in 2016/17 (470) compared to 2015/16 (333) • More Concerns are forecast in 2016/17 (432) compared to 2015/16 (315) • Fewer Complaints are forecast in 2016/17 (76) compared to 2015/16 (87)	• N/A

EXCEPTION REPORT | ARE SERVICES CARING?

Gloucestershire Care Services NHS
NHS Trust

Complaints per month and by reason:



Complaints	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	2016/17 YTD
Community Hospitals	3	0	2	2	2	2	1	0	1	4	2	1	17
Countywide	1	4	0	1	0	2	1	1	3	3	1	0	12
ICTs	2	2	2	1	1	3	1	0	0	2	1	1	12
Urgent Care	2	0	3	2	1	0	0	1	0	1	2	2	12
CYP Services	0	1	1	0	0	1	0	0	3	2	1	2	10
Total	8	7	8	6	4	8	3	2	7	12	7	6	63

Complaint response times:

Response Time	Q1	Q2	Q3	Q4
Target time within agreed timescale (25 working days)	92.3%	100.0%	91.8%	

There were 6 complaints received in January:

- 2 Urgent Care service
- 2 Children and Young People's services and
- 1 related to Inpatient services
- 1 Integrated Community Team

This means that the Trust is reporting 2.9 Complaints per 1,000 WTE (Jan-16 to Dec-16) compared to the average of 5.3 based on the Trusts within the NHS Benchmarking Network monthly indicator report.

There were 0 complaints referred to the Parliamentary Health Service Ombudsman (PHSO) in January 2017.

2 other cases have been referred in 2016/17 relating to:
• Dilke Hospital regarding clinical care
• District Nursing - Cheltenham ICT regarding clinical care.

EXCEPTION REPORT | ARE SERVICES SAFE?

CQC DOMAIN - ARE SERVICES SAFE?

	Risk Register ref.	Risk Register rating	Performance Target	Nov	Dec	Jan
Number of Never Events	-	-	No Target	0	0	0
Number of Serious Incidents Requiring Investigation (SIRI)	-	-	No Target	1	3	2
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	-	-	No Target	0	0	0
Total number of incidents reported	-	-	No Target	345	337	315
% incidents resulting in low or no harm	-	-	No Target	94.5%	96.1%	99.4%
% incidents resulting in moderate harm, severe harm or death	-	-	No Target	5.5%	3.9%	0.6%
% falls incidents resulting in moderate, severe harm or death	ST5	9	No Target	3.9%	2.7%	0.0%
% medication errors resulting in moderate, severe harm or death	-	-	No Target	0.0%	0.0%	0.0%
Number of post 48 hour Clostridium Difficile Infections	-	-	*14	0	1	2
Number of MRSA bacteraemias	-	-	0	0	1	0
Number of MSSA Infections	-	-	No Target	0	0	0
Number of E.coli Bloodstream Infections	-	-	No Target	0	0	0
Safer Staffing Fill Rate - Community Hospitals	HR3	12	No Target	97.5%	97.9%	96.8%
Safety Thermometer - % Harm Free	SD50	9	95%	95.6%	95.2%	95.1%
Total number of Acquired pressure ulcers	-	-	No Target	46	56	66
Total number of grades 1 & 2 Acquired pressure ulcers	-	-	No Target	38	51	63
Number of grade 3 Acquired pressure ulcers	-	-	No Target	8	3	1
Number of grade 4 Acquired pressure ulcers	-	-	No Target	0	2	2

*Cumulative YTD target

**MRSA Bacteraemia case also a SIRI

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Factors impacting on performance	What actions have been taken to improve performance?

Number of post 48 hour *Clostridium Difficile* Infections:
• There have been 9 cases reported to date in 2016/17 compared to a year-to-date threshold of 14 (full year threshold is 18).
• There have been two cases reported in January 2017, one at The Vale hospital and the other at the Forest Inpatient Unit, Dilke.
  • The Vale patient was diagnosed with *C. difficile gene carriage* and had received a course of antibiotics. The patient was treated for gene carriage with a prolonged course of treatment (greater than 28 days) when they should have switched treatments to a different antibiotic if the initial treatments were unsuccessful after 14 days.
  • A second patient had suffered with symptoms since October 2016 and was periodically symptomatic post admission to Dilke. However a sample was not taken until after 48 hours of admission and so this is a post 48 hour case for GCSNHST.
	• The sample was taken post a failed yet ongoing course of antibiotics. The policy states that a review of treatments should be undertaken on day 10 of treatment and this was not followed.
	• Staff are reminded to follow infection control guidelines and policy on a frequent basis and to take a sample if there is any suspicion of an infection being present. This was not carried out until some days after the patients admission.

Outbreaks • There have been no Norovirus outbreaks to report for January 2017 • There have been three confirmed Influenza A outbreaks for January 2017, outbreaks on Coln ward and Windrush ward at Cirencester Hospital lasted 11 days each and resulted in 23 patients and 15 staff becoming unwell and at Dilke Hospital 14 patients and 3 staff becoming unwell.	• Personal Protective Equipment (PPE), especially masks, gets used up very quickly. More than 1,500 masks were supplied by the Infection, Prevention and Control (IP&C) team and these were used within 5 days at Cirencester. Ordering new PPE can be a challenge and there needs to be a process to ensure that the order has been placed, the order has been accepted and there is stock available. When and what PPE should be worn and the potential need for FFP3 (Filtering Facepiece) mask fit testing is also an issue.
Number of MRSA Bacteraemia: • There have been no further MRSA bacteraemia to report since the cases identified and reported in December.	• The SIRI investigation is underway. This case has been reported to commissioners and to Public Health England.
Hand Hygiene Audit • The observational hand hygiene audit, including 'bare below the elbows' organisational score for January 2017 evidenced an average of 94% compliance.	

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sept-16	Oct-16	Nov-16	Dec-16	Jan-17	2016/17 YTD
C diff Cases	1	0	0	0	1	1	2	2	0	0	1	2	9
Avoidable cases in GCS care	0	0	0	0	0	0	0	0	0	0	0	0	0
Unavoidable cases in GCS care	1	0	0	0	1	1	2	2	0	0	1	2	9
Norovirus Outbreaks	0	1	2	0	1	0	0	0	0	0	0	0	3

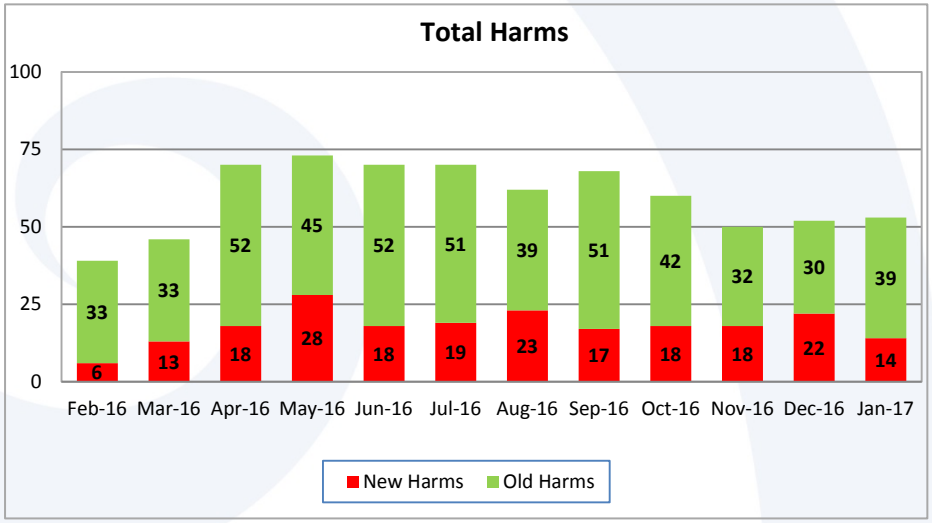
EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Factors impacting on performance	What actions have been taken to improve performance?

Safety Thermometer:

- Harm Free Care continues to be above the 95% target at 95.1% in January, a slight drop from 95.2% reported in December.
- 1,076 patient episodes of care were surveyed for the January Safety Thermometer census. 1,023 patients' care were harm free.
- Community Hospital inpatient care scored 91.7% harm free (YTD 89.7%).
- Community Nursing scored 95.7% harm free (YTD 95.0%)
- 53 harms were reported, of which 14 were new harms
- This means that the Trust reported 1.3% new harms compared to national average of 2.1% new harms (January 2017).



- The PaCE directorate continues to support operational teams to improve data quality. Current efforts to ensure that every reported harm is aligned to its corresponding Datix incident continues to yield much better information accuracy and for the third time since March 2016 the Trust can now report that harm free care is over the 95% threshold.
- Some support is still needed in a minority of teams to enhance data quality, but the improvement in score is attributable to the operational teams who have adapted to a new system for safety thermometer relatively quickly. Full alignment of incidents against safety thermometer recorded harms is providing valuable data for the Trust's safety agenda and Learning Assurance Framework in the respective quality improvement groups.

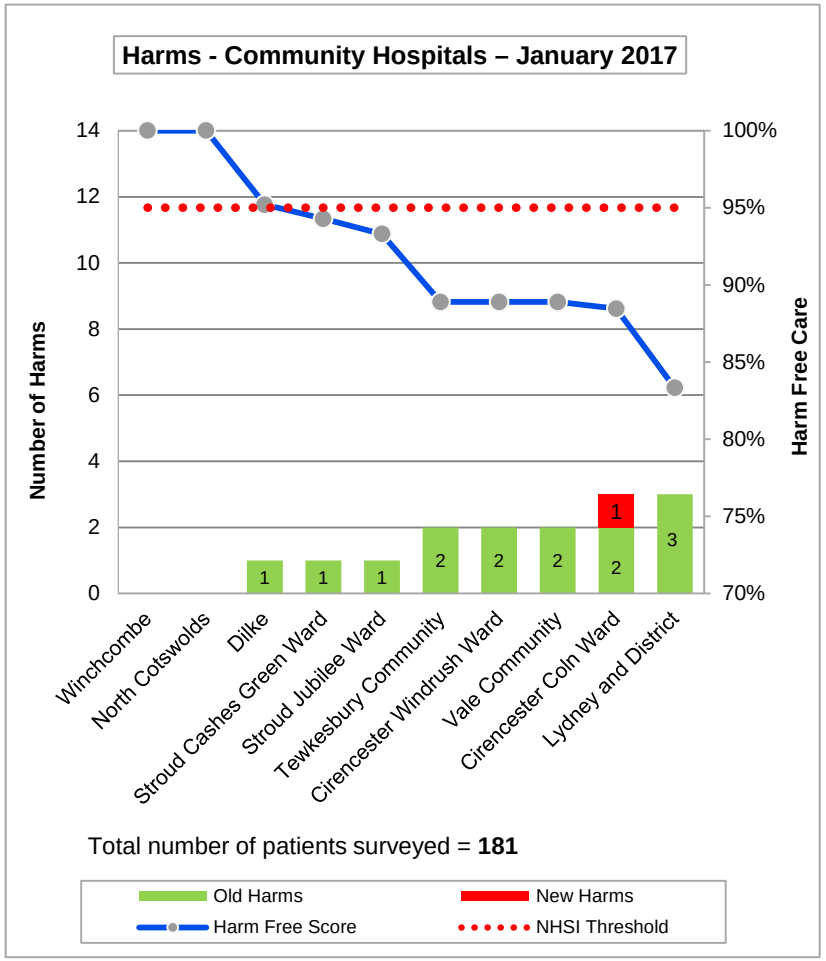
Risks

- Reference – SD50
- Rating – 9

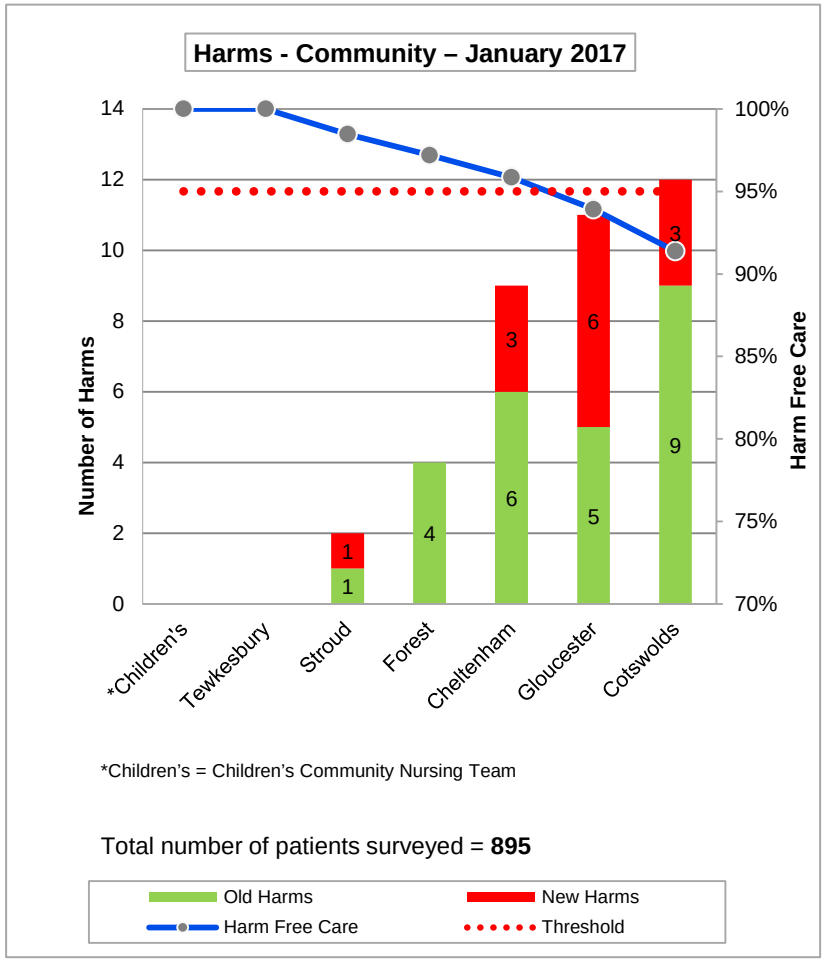
EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Safety Thermometer – Community Hospitals breakdown



Safety Thermometer – Community breakdown



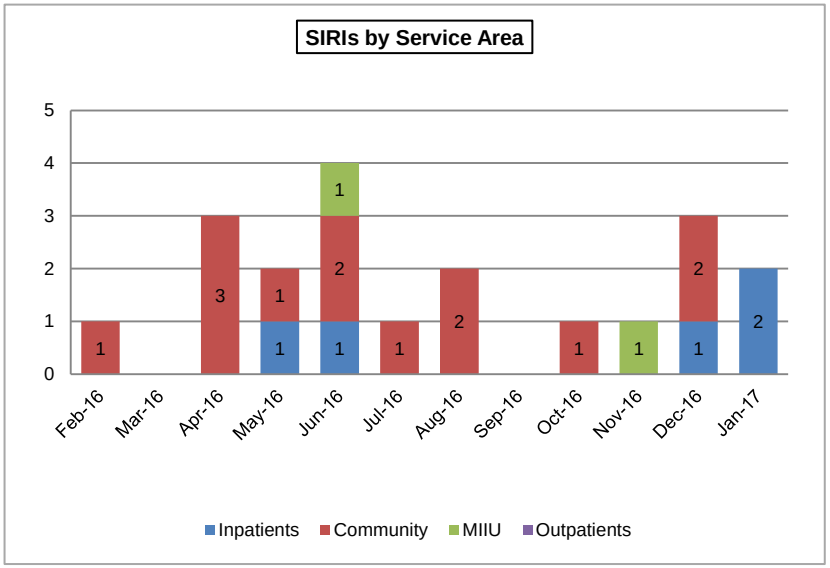
EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Factors impacting on performance	What actions have been taken to improve performance?

Serious Incidents Requiring Investigation (SIRIs)

- There were 2 SIRIs declared in January 2017.
- The Trust is reporting a rate of SIRIs (1.7 average per month) which is below the average of the Trusts within the NHS Benchmarking Network monthly indicator report (3.0 average per month).



* Please see details of the 2 SIRIs declared in January on page 15

In January 2017, Price Waterhouse Coopers was commissioned by the Director of Nursing to review the Trusts Serious Incidents Requiring Investigation Review (SIRI) through an internal audit.

The final report was released in February 2017 and the Trust received a “low risk” classification.

The scope of work covered three main areas; policies and procedures, responding to incidents, and learning.

- Although it was identified that there were “robust” SIRI reporting frameworks, areas for further improvement were identified. These include ensuring that incidents are reported within the 24 hour guidance; that concise Root Cause Analyses (RCAs) are completed within 72 hours from the outset of request, and that assurance can be given that there has been evidence of learning from the incident and that this is consistently embedded throughout the Trust.
- The PaCE directorate now need to continue to work collaboratively with our operational colleagues to ensure that these recommendations are implemented to ensure that patient safety remains the top priority within GCSNHST.
- This will occur through the Executive Led SIRI panel meetings; quality assurance visits by the “external” Quality and Safety Leads and application of the Learning Assurance Framework.

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS
NHS Trust

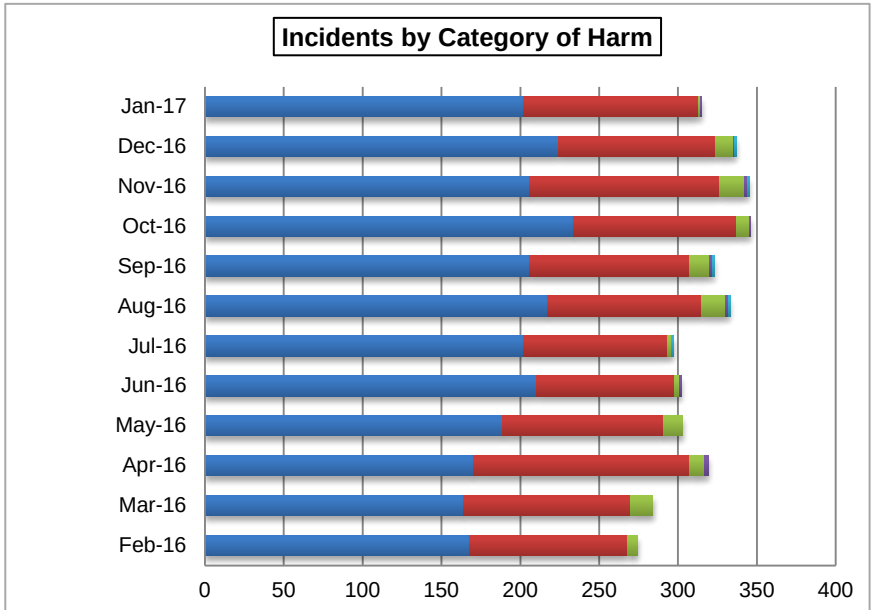
Factors impacting on performance	What actions have been taken to improve performance?
SIRI Details: • This involved a patient who was transferred to a Community Hospital from Great Western Hospital, Swindon, with an “inherited” grade 3 pressure ulcer which deteriorated to grade 4 due to conflicting boxes on the SystmOne wound template leading to a lack of clinical assessment.	**Actions:** • The Investigating Officer to work collaboratively with Clinical Governance and Clinical Systems Leads to review wound templates and reduce the risk of human error. • Ensure colleagues understand that there is a requirement to report both acquired and inherited pressure ulcers as soon as they are identified. • To establish if the “referral questionnaire” is fit for purpose and suggest alternatives if it is not.
• The second SIRI occurred at Tewkesbury Community Hospital and involves a patient with dementia who was admitted to the inpatient facility via SPCA. A lack of comprehensive medical and nursing patient information forwarded to colleagues on the ward resulted in the patient being inappropriately placed. Consequently, the patient, during an episode of confusion, physically assaulted another patient who was unable to defend herself. Other issues identified from the concise Root cause Analysis (RCA) included the provision of emergency transport and Mental Capacity Assessment.	• Head of Capacity and Single Point of Clinical Access is aware that there are recurring themes with patient handover to their service that need to be challenged. • Review of the de-escalation procedures for violent episodes within inpatient facilities. • To ensure that GCSNHST colleagues are ware that there are guidelines to escalate concerns regarding patient transfers with SWAST.

EXCEPTION REPORT | ARE SERVICES SAFE?

Factors impacting on performance	What actions have been taken to improve performance?

Incident Reporting

- Total incidents reported year-to-date are shown below. Overall number of incidents reported in January has decreased compared to the past five months.



	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
No Harm	168	164	170	189	210	202	217	206	234	206	224	202
Low Harm	100	106	137	102	88	91	98	101	103	120	100	111
Moderate Harm	6	14	10	12	3	3	15	13	8	16	11	1
Severe Harm	0	0	2	0	1	0	2	2	1	2	1	1
Death	0	0	0	0	0	1	1	1	0	1	1	0

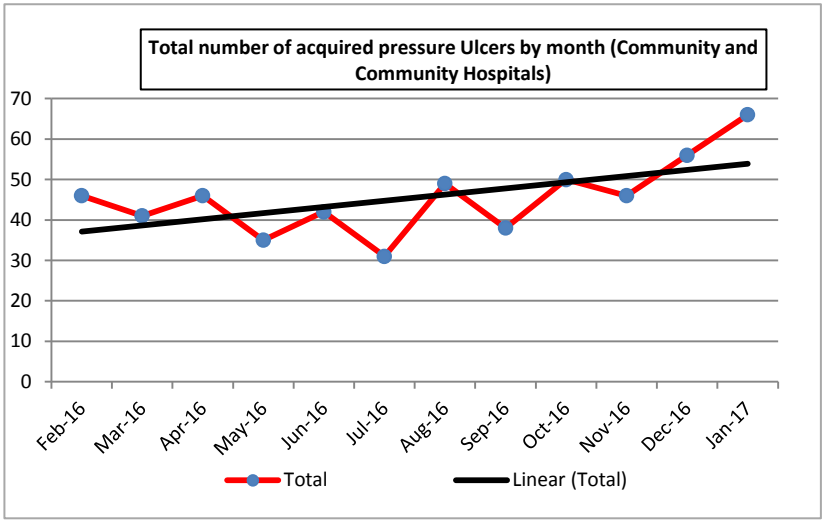
- The “Just culture” promoted by the Trust in relation to incident management is undoubtedly a contributory factor for increased levels of incident reporting. “Just Culture” is a culture where colleagues are not punished for actions, omissions or decisions taken by them which are commensurate with their experience and training, but in cases of gross negligence, wilful violations and destructive acts, professionals will be held to account.

- In light of capacity issues within the PaCE directorate, “lean” methods of reviewing incidents have had to be applied. Incidents that have been identified to be at the level of “no” or “low” harm continue to be reviewed on a daily basis. However, the ownership of these incidents ultimately lies with the incident handler. An “Incident Management Standard Operating Procedure” is currently being scribed which will enable incident handlers to finally approve incidents where the level of harm to the patient has been negligible. This initiative is consistent with the approach taken at GHNHSFT and 2gether Trust.

- As the data shows, Incidents affecting patients at the level of “moderate” harm have reduced significantly this month. However, this is because of the increased scrutiny by the clinical component of the PaCE Directorate to ensure that incidents are accurately coded in terms of severity. Significant time has been devoted to this exercise.

EXCEPTION REPORT | ARE SERVICES SAFE?

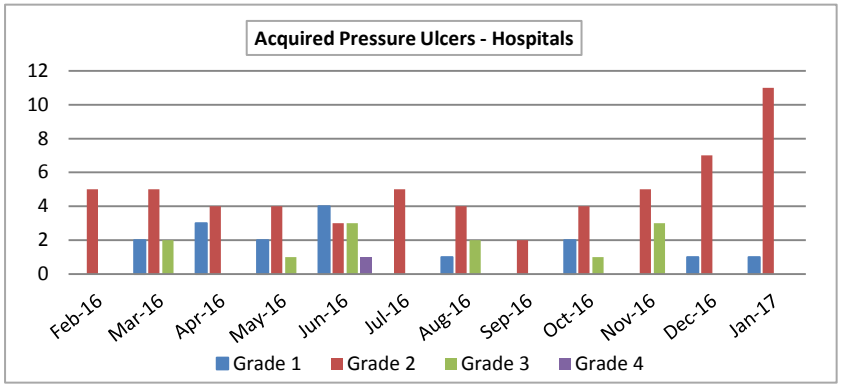
Gloucestershire Care Services NHS Trust

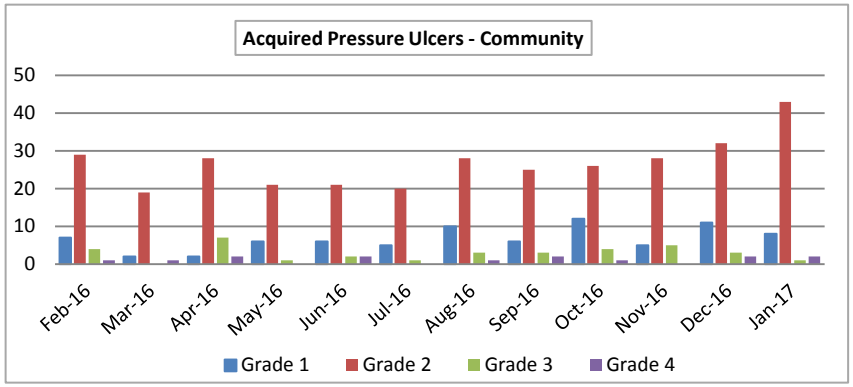
Factors impacting on performance	What actions have been taken to improve performance?
Duty of Candour (DoC) • Duty of Candour applied to 16 incidents from 1 April 2016 to 31 January 2017 but 1 incident from April was stepped down from a SIRI making a total of 15.	• Patients and relatives have received a verbal apology and written apology as per DoC guidance.
Pressure Ulcers (PUs) • Number of acquired pressure ulcers increased from 56 in December to 66 in January. Community hospital acquired increased to 12 in January from 8 in December, while Community acquired PUs increased from 48 in December to 54 in January. • This means that the Trust is reporting 0.92 grade 2,3,4 avoidable pressure ulcers in community hospitals setting per 1,000 occupied beddays (Jul-16 to Dec-16) compared to the average of 0.46 based on the Trusts within the NHS Benchmarking Network monthly indicator report.  • Please see breakdown of reported acquired pressure ulcers into Community Hospitals and Community on page 18.	• The number of patients acquiring a pressure ulcer whilst in the care of GCSNHST remains a concern. • As a Trust we need to be satisfied that we are providing our colleagues with the resources to reduce patients acquiring pressure ulcers. • There have been numerous previous SIRIs which have been declared as a result of avoidable acquired pressure ulcers. Despite the formation of a Pressure Ulcer Improvement Group and extensive collaboration of operational colleagues with the PaCE Directorate; the Trust need to examine whether these approaches are effective. • A Community Hospital Matron recently highlighted that there needs to be a collaborative, strategic response to patients who develop pressure ulcers whilst they are in the care of the NHS. This approach has already been utilised in relation to patients who sustain a fall. • Education and training packages need to be reviewed in order to ensure that they are “fit for purpose” and that there are quantifiable and tangible outcomes to promote colleague engagement and reduce the likelihood of avoidable harm to patients.

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Analysis of Acquired Pressure Ulcers – January 2017





EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Safe Staffing – January 2017

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RN	Average fill rate HCA	Average fill rate RN	Average fill rate HCA	
Cirencester	Coln Ward	96.8%	99.6%	104.8%	94.6%	99.8%
	Windrush Ward	89.0%	99.2%	98.4%	108.1%	99.8%
	Thames Ward	Ward currently closed				
Dilke	The Ward	97.2%	100.8%	100.0%	105.4%	99.0%
Lydney and District	The Ward	81.3%	88.3%	100.0%	100.0%	99.5%
North Cotswolds	NCH Ward	91.6%	89.1%	98.4%	100.0%	95.0%
Stroud General	Cashes Green Ward	89.0%	102.8%	101.6%	130.6%	94.3%
	Jubilee Ward	100.0%	98.9%	100.0%	106.5%	99.0%
Tewkesbury Community	Abbey View Ward	101.9%	93.5%	96.8%	103.2%	99.5%
Vale Community	Peak View	98.1%	88.3%	100.0%	104.8%	98.4%
TOTAL		93.9%	95.6%	100.0%	105.9%	98.2%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	12.8%	11.3%
	Windrush Ward	6.6%	8.8%
	Thames Ward	Ward currently closed	
Dilke	The Ward	8.5%	5.8%
Lydney and District	The Ward	8.1%	13.2%
North Cotswolds	NCH Ward	7.8%	7.4%
Stroud General	Cashes Green Ward	13.2%	22.0%
	Jubilee Ward	15.8%	11.5%
Tewkesbury Community	Abbey View Ward	1.0%	1.0%
Vale Community	Peak View	14.5%	10.2%
TOTAL		9.8%	10.1%

Minimum staffing levels

Hospital	Ward	Beds	Early Shift		Core Shift	Late Shift		Twilight (4hrs)	Night Shift	
			RN	HCA	RN	RN	HCA	HCA	RN	HCA
Cirencester	Coln Ward	28	3	4	1	3	4	0	2	3
	Windrush Ward	21	2	4	1	2	3	1	2	2
Dilke	The Ward	27	3	4	1	3	4	0	2	3
Lydney and District	The Ward	20	2	4	1	2	3	1	2	2
North Cotswolds	NCH Ward	22	2	4	1	2	3	1	2	2
Stroud General	Cashes Green Ward	22	2	4	1	2	3	1	2	2
	Jubilee Ward	16	2	3	0	2	3	0	2	2
Tewkesbury Community	Tewkesbury Ward	20	2	4	1	2	3	1	2	2
Vale Community	Peakview	20	2	4	1	2	3	1	2	2

The data in this report is based on revised staffing levels implemented from October 2016, latest minimum staffing levels per hospital, ward and shift are shown above.

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

Cashes Green: High HCA average fill rate due to 1:1 supervision being provided for patients with complex delirium.

***Thames ward is currently closed

Risks
Reference – HR3
Rating – 12

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Safeguarding

Total	2015-16 outturn	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	2016/17 YTD
Adult safeguarding concerns raised by GCS	**160**	4	5	5	8	8	8	7	12	14	12	4	0	78
Total county adult safeguarding concerns	**3,279**	171	134	164	129	138	155	153	149	172	160	150	143	1,513
GCS adult section 42 enquiries	**51**	0	2	2	2	3	6	6	4	6	5	4	0	38
Total county section 42 enquiries	**1,007**	54	54	64	53	63	96	99	72	82	85	72	55	741
Number of new Children's Serious Case Reviews	**1**	0	0	0	0	0	0	1	0	0	0	0	0	1
Number of new Safeguarding Adult Reviews	**2**	0	0	1	0	1	2	1	0	0	0	0	0	5
Number of children subject to a Child Protection Plan	**580**	**580** (Jan – Mar 2016)		**566** (Apr - Jun 2016)			**538** (Jul-Sep 2016)			**496** (Oct - Dec 2016)			**476** (Jan 2017)	

Adult Safeguarding Concerns

No new Safeguarding Adult Reviews have been commissioned during this period. One SAR will be presented to the GSAB at the end of February and a first draft report has been submitted which will go to the board in May.

Two further GSAB roadshow events will take place on 24th February.

Children Safeguarding Concerns

There have been no further children's Serious Case Reviews (SCR) commissioned during this time. The current SCR regarding the case from August 2016 continues with all GCS staff involved having been interviewed for the process.

Two cases are currently being considered by the GSCB Serious Case Review Sub group.

*Breakdown of adult safeguarding enquiries (2016/17)			
Client group		**Type of concern**	
Other vulnerable	47	Physical injury	20
Physical Disability	23	Neglect	21
Learning Disabilities	14	Financial	15
Dementia	4	Psychological	12
		Sexual	7
		Organisational	2

Gloucestershire Care Services NHS Trust

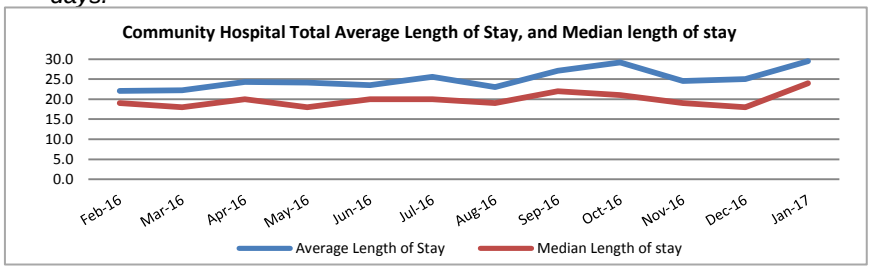
EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

CQC DOMAIN - ARE SERVICES EFFECTIVE?	Risk Register ref.	Risk Register rating	Performance Target	Nov	Dec	Jan
Community Hospitals						
Emergency re-admission within 30 days of discharge following a non-elective admission	-	-	No Target	6.8%	10.8%	8.8%
Inpatients - Average Length of Stay	-	-	No Target	24.5	25.0	29.5
Bed Occupancy - Community Hospitals	ST29	12	90%	98.6%	97.6%	98.2%
Delayed Transfers of Care to be maintained at a minimal level (average number of patients each month)	-	-	10	18	15	18
% of direct admissions to community hospitals	-	-	No Target	27.0%	25.9%	24.9%
Average of 10 discharges per day (weekends) - Inpatients	-	-	4**	4.3	3.8	4.0
Average of 20 discharges per day (weekdays) - Inpatients	-	-	11**	9.2	8.7	8.8
SUS Data Quality Index	-	-	TBC	98.7%	98.7%	++
IAT Number of avoided admissions	-	-	*2,440	200	Data unavailable	
Other						
Rapid Response - Number of referrals	-	-	*2,624	235	257	277
+Stop Smoking Service - 3rd Party Providers- Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	-	-	*462		No Data available	Service no longer provided by GCS from 1st January 2017
+Stop Smoking Service - GSSS only - Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	-	-	*368		+159	
Single Point of Clinical Access (SPCA) Calls Offered (received)	-	-	No Target	3,813	3,474	4,086
SPCA % of calls abandoned	-	-	<5%	7.5%	4.6%	6.3%
Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	-	-	2,300 per 100,000 population	2,533	2,077	2,736
Chlamydia Screening - Number of Positive Screens	-	-	*974	119	90	100

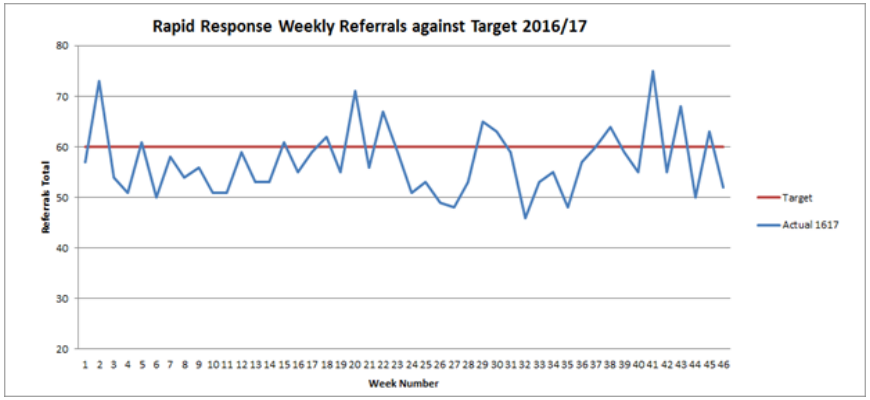
*Cumulative YTD target
*Contract variation received and targets amended
+ Service will no longer be provided by GCS from 1st January 2017. Q3 figure is actual number of smokers who have set a quit date. This is the final data available from service ahead of transfer to alternative provider.
++ Data not currently available from NHS digital
+++ Data not received from GHT following Trakcare implementation

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Gloucestershire Care Services NHS
NHS Trust

Factors impacting on performance	What actions have been taken to improve performance?
Bed Occupancy • Occupancy rate was 98.2% in January. *The NHS Benchmarking network average for 2015/16 was 91.36%.*	• All patients are reviewed on each ward on a daily basis to ensure discharge plans are in place and are being progressed. There is a weekly conference call chaired by the Head of Community Hospitals and joined by a senior nurse from each inpatient ward where all patients who are MDT stable but not yet discharged (i.e. a delayed discharge) and all patients with a length of stay over 23 days are reviewed and discussed. Following this call, any particular issues affecting patient flow are escalated to the appropriate partner organisation. **Risks** • Reference – ST29 • Rating – 12
Delayed Transfer of Care (DToC) • Delayed Transfer of Care was an average of 18 patients in January compared to an average of 15 in December.	• Average numbers have been higher in the past 2 months (November and December) compared to pre-November figures due to improved reporting, and recording work underway to transition from manual process to utilising SystmOne data. • The Trust will continue to monitor to assess whether there is any correlation with other activity e.g. domiciliary care packages. Reasons for delay, including whether the reason is within GCS accountability or is outside of GCS control, are being tracked. **Risks** • Reference – ST29 • Rating – 12
Inpatient Average Length of Stay • Average length of stay in Community Hospitals increased to 29.5 days in January, compared to 25.0 days in December. The average in 2016/17 to date is 25.6 days which is above that in 2015/16 of 20.9 days. • The median (mid-point) in January increased to 24.0 days from 18.0 days in December. *The NHS Benchmarking network average for 2015/16 was 27.6 days.*  	• The introduction of daily reports showing average length of stay by ward and the actual length of stay of each patient allow Matrons and other colleagues in the community hospitals to review patient flow on a daily basis and identify any hot spots that need to be addressed. All patients are reviewed on a daily basis to ensure discharge plans are in place and are being progressed. • There is a weekly conference call chaired by the Head of Community Hospitals and joined by a senior nurse from each inpatient ward where all patients who are MDT stable but not yet discharged (i.e. a delayed discharge) and all patients with a length of stay over 23 days are reviewed and discussed. Following this call, any particular issues affecting patient flow are escalated to the appropriate partner organisation.

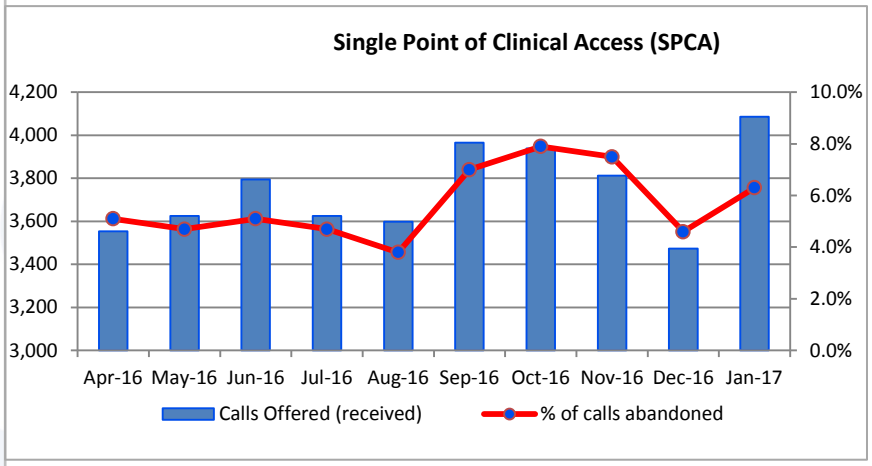
EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Factors impacting on performance	What actions have been taken to improve performance?
Average of 4 discharges per day (weekends) – Inpatients • Average of 4.0 discharges was recorded on weekends in January. **Average of 11 discharges per day (weekdays) – Inpatients** • Average of 8.8 discharges were recorded on weekdays in January.	• A contract variation received to amend these targets. This has now been included in the most recent scorecards distributed.
Rapid Response - Number of referrals accepted • YTD performance remains behind trajectory. • Number of referrals accepted in January was 277 against a target of 266 which was an increase on December figures (257). • A challenge for the service is the pattern of referrals through the week heavily weighted towards the end of the week (45% on Thurs/Fri/Sat). This presents issues for capacity as it blocks the service during that time.  	• Posts being recruited to at present • Considering impact of reducing emphasis on training during periods of escalation to maximise capacity • Discussions are underway with commissioners to review whether the target and current capacity is appropriate as the number of referrals received has increased significantly since the targets were set.
IAT Number of avoided admissions • IAT Data for January was not received from GHT following Trakcare implementation.	• It has been agreed at IAT Board to review all IAT dashboard measures as they are potentially no longer appropriate. Therefore assurance is not being sought as to performance against this KPI.

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Gloucestershire Care Services NHS Trust

Factors impacting on performance	What actions have been taken to improve performance?
SPCA % of calls abandoned Performance was 6.3% in January, which is above the target of <5.0%. However the call volume in January was the highest so far this year. • The decommissioning in GHNHSFT of Patient First system in ED since 1st December 2016 has impacted on SPCA with AEC requesting information from SPCA. However the decision for SPCA not to have access to Trakcare was made by GHNHSFT. • The availability of other services impacting on SPCA performance has not been accounted for in this report, for example, capacity in community beds, community services and Rapid Response. • If there is no capacity this may impact on time take taken to complete a referral, time taken to process calls and on outcome of pathway.	• During the month of January the induction of new bank staff continued. Once fully trained, these staff will be able to assist with shift cover more effectively. • During January, SPCA had a 1 WTE substantive sickness and a number of other short term sickness days. This was across all levels within SPCA. High short term sickness rates are expected to improve.



EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

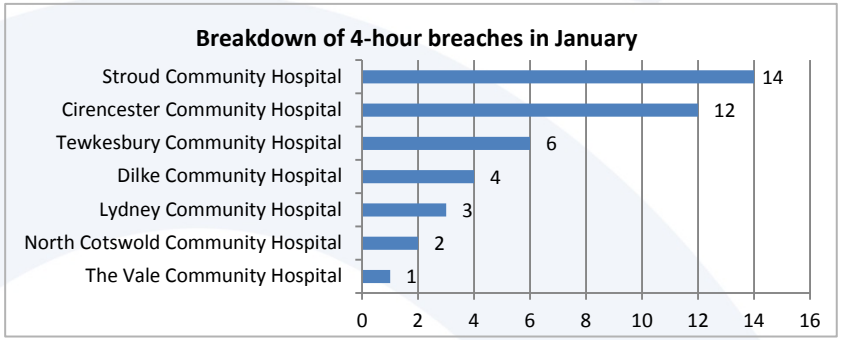
Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?	Risk Register ref.	Risk Register rating	Performance Target	Nov	Dec	Jan
Minor Injuries and Illnesses Unit (MIIU)						
MIIU Number of breaches of 4 hour target	-	-	No Target	18	24	42
Referral to Treatment						
Podiatry - % treated within 8 Weeks			95%	96.6%	96.0%	87.0%
Occupational Therapy Services - % treated within 8 Weeks	-	-	95%	91.8%	91.3%	86.1%
Adult Physiotherapy - % treated within 8 Weeks	-	-	95%	91.9%	94.8%	89.3%
MSKCAT Service - % treated within 8 Weeks	SD8	12	95%	77.7%	78.3%	67.4%
Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	-	-	80%	76.8%	86.2%	80.4%
Paediatric Physiotherapy - % treated within 8 Weeks	-	-	95%	87.9%	93.0%	95.3%
Other						
Stroke ESD - Proportion of new patients assessed within 2 days of notification	-	-	95%	92.6%	95.2%	100.0%
Social Care ICT - % of Referrals resolved at Referral Centres and closed	-	-	No Target	47.7%	49.1%	46.7%
Reablement - Current Cases Open Longer than 6 weeks	-	-	0	76	76	65
% community reablement completing after 6 weeks	-	-	No Target	17.0%	16.3%	23.6%
Reablement - % progressed within 6 weeks from closing this month	-	-	100%	83.0%	83.7%	76.4%
Reablement - % contact time	-	-	60%	41.2%	39.5%	37.4%
Newborn Bloodspot Screening Coverage - by 17 days of age (responsibility at birth)	-	-	No Target	90.7%	82.7%	88.2%
Newborn Bloodspot Screening Coverage - by 21 days of movement in (Movers In)	-	-	No Target	89.5%	100.0%	100.0%

*Cumulative YTD target

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

Factors impacting on performance	What actions have been taken to improve performance?
• **MIIU Number of 4hr breaches** • The number of 4-hour MIIU target breaches went up significantly in January (42) compared to previous months' average of around 24.  	• This was a one off surge in the number of 4-hour breaches. Relatively higher levels of annual leave and sickness in Stroud and Cirencester MIIUs may have contributed, but there is no specific reason for the high number.
• **Podiatry Services (% treated within 8 weeks)** • Performance dropped to 87.0% in January. • 90/692 patients with first contacts in January were seen outside of the 8 week threshold. • There were high rates of annual leave in December and January and this has been exacerbated by 2 members of clinical staff and 2 admin staff absent unwell.	• There has been an increase in the number of staff absent unwell in January with various illnesses including flu and sickness bug which have unfortunately led to a number of clinics being cancelled. As rotas are booked 6 weeks in advance this has meant patients have had to wait longer for an appointment. Patients are being rebooked as quickly as possible and staff have been instructed to offer appointments to longest waiters first.
Adult Occupational Therapy Services (% treated within 8 weeks) • Performance in January dropped to 86.1% in January from 91.3% in December. • 44/317 patients were seen outside of the 8 week threshold. • Ongoing recruitment difficulties and staff absences are impacting on capacity • Annual leave taken in December impacted clinic capacity and had a delayed effect in January.	• Ongoing issues with recruitment and staff absences

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Factors impacting on performance	What actions have been taken to improve performance?

Adult Physiotherapy (% treated within 8 weeks)
 	
• Performance dropped to 89.3% in January compared to 94.8% in December.
 	
• 190/1,777 patients were seen outside of the 8 week threshold.
	• It should be noted that there is a national shortage of physiotherapists, especially specialists which is having an adverse effect on ability to recruit and retain staff.
	
	• There is an ongoing action plan that has a number of actions to promote not only recruitment, but also retention and includes:
	
	  • Developed a Band 5 and Band 6 Competency framework. Increased the number of rotation programmes in-County to 4.
	  • Recruitment marketing materials and adverts detailing the level of clinical specialist services within GCS. There is a historic and widely held perception that Community organisations do not hold the levels of expertise located within Acute Trusts.
	  • Strengthened of in-house Service Training programme.
	  • Production of a 60 second clip on Rehab Physiotherapy to attach to adverts.
	  • Meeting with key educational partners around the Undergraduate requirements for 2016/17 and have offered over and above to Worcester University to build links with a view to forward planning ahead of the bursary changes.
	  • Visited neighbouring Universities to start to build links not only for Undergraduate recruitment but for additional Post Graduate developments.
	  • Production of a recruitment flyer and circulated to neighbouring universities.
	  • Utilisation of Social Media linking in with Physiotherapy / Health Science departments in neighbouring universities to raise the profile of our services.
	
	• ICT Service is considering use of agency/locum/fixed term to reduce the backlog of patients.

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Factors impacting on performance	What actions have been taken to improve performance?
Paediatric Physiotherapy (% treated within 8 weeks) • Performance in January improved to 95.3% and service is now above target. • 17/346 patients were seen outside of the 8 week threshold.	• Vacancies have been filled, team has increased capacity
MSKCAT Service (% treated within 8 weeks) • Performance continues to drop and January performance is the lowest so far during 2016/17 at 67.4%. • 121/371 patients were seen outside of the 8 week threshold.	• The service continues to hold vacancies in readiness for the Gloucester locality change as part of the wider MSK service redesign. This has reduced capacity and is gradually extending waits as there are fewer clinic slots than required for the number of referrals being received in comparison to when the service was fully established, when target was being met. • Referrals to the service are continuing to increase. • Performance is likely to stay at this level for the remainder of 2016/17. • Options are being considered to address the backlog of cases before the new structure is introduced at the end of March. **Risks** • Reference – SD8 • Rating – 12

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Factors impacting on performance	What actions have been taken to improve performance?
Stroke ESD - Proportion of new patients assessed within 2 days of notification Performance was 100% in January compared to 95.2% in December. Target is 95%. Steady improvement observed compared to November when performance was below target at 92.6%.	• N/A
Reablement Actual performance is reported for information and monitoring.	• As reablement service model is being reviewed metrics will not be subject to RAG rating following agreement with Commissioners.
Newborn Bloodspot Screening Coverage Actual performance is reported for information.	• Target has been removed following contract variation.

EXCEPTION REPORT | ARE SERVICES WELL LED?

CQC DOMAIN - ARE SERVICES WELL LED?	Risk Register ref.	Risk Register rating	Performance Target	Nov	Dec	Jan
Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	HR13	12	61%		Data not yet available	
Sickness Rate in Reablement workforce	-	-	3%	6.5%	6.3%	8.1%
% of Staff with completed Personal Development Reviews (Appraisal)	HR6	12	95%	78.2%	79.5%	78.6%
Sickness absence average % rolling rate - 12 months	-	-	<4%	4.3%	4.4%	4.4%
Sickness absence % rate (1 month only)	-	-	<4%	4.9%	5.4%	5.4%
Mandatory Training	-	-	**85%	80.3%	81.1%	80.7%

**Mandatory training performance reported on this summary is based on the 5 requirements as reported in 2015/16 to enable direct comparison

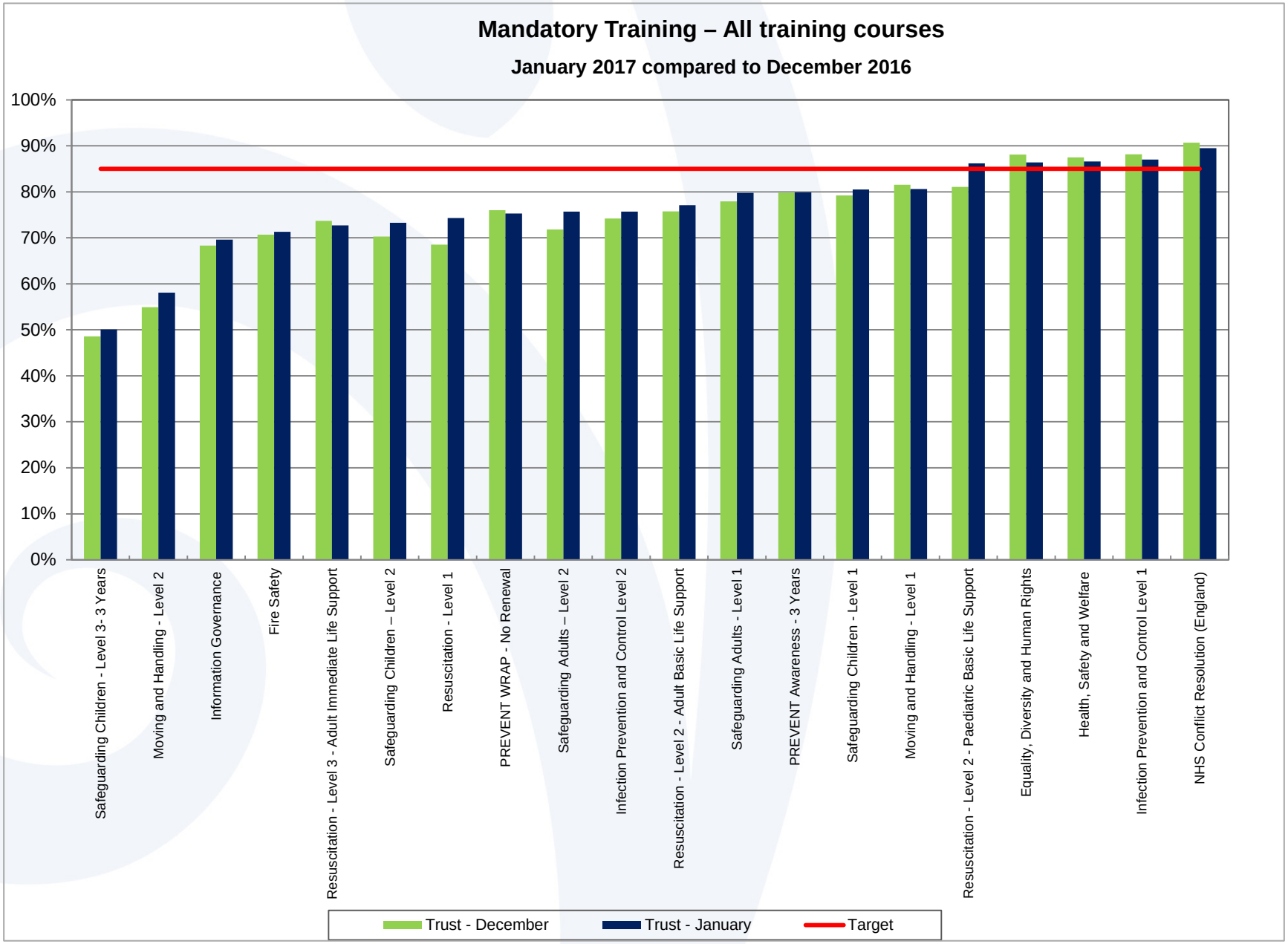
Factors impacting on performance	What actions have been taken to improve performance?
Staff Friends and Family Test • Q2 results indicated positive results in terms of colleagues recommending the Trust as a place for treatment, however, significant opportunity to improve the Trust's recommendation as a place to work (49% compared to target of 61%). • Q3 results currently being processed and not currently available.	• Presentations at CORE leadership meeting • Listening into Action programmes in place regarding Communications, Leadership and Behaviour **Risks** • Reference – HR13 • Rating - 12
Staff with completed Personal Development Reviews (Appraisal) • Rate of reported completed PDR was 78.6% in January. Performance remains significantly behind trajectory of 95%.	• The onus remains on managers to ensure PDRs are scheduled, completed and reported. Operational managers will be asked to explain to the Workforce and Organisational Development Committee why they cannot achieve the required compliance. • Performance against this measure is also discussed at Performance and Finance Review Meetings. **Risks** • Reference – HR6 • Rating - 12

EXCEPTION REPORT | ARE SERVICES WELL LED?

Factors impacting on performance	What actions have been taken to improve performance?
Sickness absence • Rolling 12 months performance to January 2017 at 4.4% remains above target of 4.0%. • January 2017 rate of 5.4% is also above target.	• Reviewed in detail at Workforce and Organisational Development Committee.

Mandatory Training
• Performance in January was 80.7% compared to 81.1% in December. Performance continues to be behind the target of 85%. Most of the measures continue to improve, but some have also dropped compared to December (this is based on the five previously reported measures to enable direct comparison).
• Mandatory training measures where January performance has decreased (compared to December) are:
  • Resuscitation - Level 3 - Adult Immediate Life Support
  • PREVENT WRAP - No Renewal
  • Moving and Handling - Level 1
  • Equality, Diversity and Human Rights
  • Health, Safety and Welfare
  • Infection Prevention and Control Level 1
  • NHS Conflict Resolution (England)
• 12/20 measures have seen an increase in January compared to December.
	• Reviewed in detail at Workforce and Organisational Development Committee (December). Compliance for all training requirements shown on page 32.
	• Performance will also be triangulated against long term absences e.g. for sickness and maternity leave to take into account where it is not possible to complete a staff member's mandatory training as they are not available.

EXCEPTION REPORT | ARE SERVICES WELL LED?



HEALTH AND SAFETY | RIDDORs 2016-17

	2015-16 Total	Aggression or violence towards staff	Manual handling	Occupational ill health confirmed or suspected	Slips, trips and falls	Falling object / struck against	Hot, poisonous or corrosive substances	2016-17 Total
Service user / visitor	**1**	-	-	-	-	-	-	**0**
Colleague	**15**	-	2	-	6	-	-	**8**
Bank / agency	**0**	-		-	-	-	-	**0**
Total	**16**	**0**	**2**	**0**	**6**	**0**	**0**	**8**

Definition

A RIDDOR incident is reportable to the Health and Safety Executive (HSE) as a result of it causing (i) death or serious injury, (ii) inability of the injured party to work for more than 7 days, or (iii) inability of the injured party to work normally.

Trends

No RIDDORs have been reported in the period October 2016 to January 2017.

RIDDOR details

1. District Nurse from Gloucester ICT carrying out patient dressings at sheltered premises (manual handling)
2. District Nurse from Cheltenham ICT slipped in unlit area outside service user's residence (slips, trips and falls)
3. District Nurse slipped off the kerb when returning to car (slips, trips and falls)
4. District Nurse slipped off step on service user's premises when taking waste to the bin (slips, trips and falls)
5. Colleague slipped on newly mopped floor despite clear signage in place (slips, trips and falls)
6. Care Home Support Nurse fell from step on 2gether premises (slips, trips and falls)
7. HCA felt pain after helping to move a bariatric patient (manual handling)
8. HCA tripped on mattress which was being used as a crash mat to prevent a service user from falling out of bed (slips, trips and falls)

Clinical Alert System (CAS) - No overdue CAS alerts have been identified this year (2016/17).

HEALTH AND SAFETY | INCIDENTS

2015-16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Verbal Abuse	7	6	5	3	10	12	6	14	9	6	4	8	**90**
Needlestick	6	2	6	8	8	6	3	6	6	10	5	4	**70**
Buildings issues	7	3	5	7	6	3	6	7	4	6	9	6	**69**
Assault	5	6	1	7	4	8	9	3	4	8	5	1	**61**
Moving Handling	8	4	6	5	8	5	1	5	2	3	8	2	**57**
Slips/Trips/Falls	1	2	2	4	7	4	5	4	3	6	5	3	**46**
Stepping/Striking	-	1	-	1	-	1	3	-	2	-	1	1	**10**
Animals	-	1	2	-	1	-	-	-	-	2	-	-	**6**
TOTAL	**34**	**25**	**27**	**35**	**44**	**39**	**33**	**39**	**30**	**41**	**37**	**25**	**408**

2016-17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Verbal Abuse	6	9	1	6	15	9	3	3	7	16			**75**
Buildings issues	7	7	8	10	5	4	6	4	3	6			**60**
Assault	3	13	6	8	4	2	1	4	5	4			**50**
Slips/Trips/Falls	5	1	4	1	6	2	2	5	2	2			**30**
Moving Handling	3	3	3	1	7	4	1	3	2	4			**31**
Needlestick	1	1	2	2	1	6	3	4	3	1			**24**
Stepping/Striking	5	-	2	2	-	-	3	1	2	4			**19**
Animals	-	1	1	1	-	1	1	-	1	1			**7**
TOTAL	**30**	**35**	**27**	**31**	**38**	**28**	**20**	**24**	**25**	**38**			**296**

- Pro-rata, there are currently fewer health and safety incidents in 2016-17 compared to the previous year (estimated outturn for 2016-17 of 355, compared to 408 for 2015-16).
- It is noted that in January 2017, there was a significant increase in the number of verbal abuse incidents: the Trust's Local Security Management Specialist has undertaken a review of this discrepancy, but has not identified any particular underlying rationale or pattern.
- In 2016-17, there has been a significant downturn in the number of needle-stick injuries as a result of increased focus on safer sharps.
- The increase noted in stepping/striking incidents in year is believed not to be an actual increase, but is attributable in improved reporting/recording of moving and handling events and increased oversight and scrutiny of reported incident numbers.
- There are no other apparent trends; the reduction is across all health and safety incident types.

FREEDOM OF INFORMATION REQUESTS | JANUARY 2017

	Number of replies due in month	Number resolved in month	Compliance % in month	Compliance % in year
Response to FOIs (target 20 working days)	**12**	**12**	**100%**	**100%**

Freedom of Information request details

In January, the Trust received 14 Freedom of Information (FOI) requests relating to:

- service users who require obstetrics and/or gynaecology services
- public health funerals
- staff absences, health and wellbeing
- nursing vacancies
- staffing within the Pharmacy Department
- orthotics services
- foot care services
- commissioning contracts
- use of a Electronic Patient Record
- future cloud usage
- IT infrastructure and cyber security
- emergency paediatric scrotal pain and emergency scrotal exploration in children
- the Trust's clinical dress code policy
- serious incidents and deaths of service users with a learning disability

Trust Board

Date of Meeting: 23rd March 2017

Report Title: Workforce & Organisational Development Committee Update

Agenda reference Number	12/0317
Accountable Executive Director (AED)	Director of HR
Presenter (if not AED)	Nicola Strother Smith, Non Executive Director
Author(s)	Tina Ricketts. Director of HR
Board action required	Note the Report,
Previously considered by	Workforce & Organisational Development Committee
Appendices	None

Executive Summary

As a standing agenda item, this report provides the board with an overview of the key items considered by the Workforce and Organisational Development (OD) Committee.

Workforce metrics are reviewed by the Committee to monitor the effectiveness of the Trust's workforce & OD strategy. Performance as at 31st January 2017 confirms that:

- Continued improvement has been made with regard to nurse recruitment and statutory and mandatory training compliance
- Sickness absence has reduced to 4.4% from 4.7% in April 2016. However, due to an increase in influenza and other respiratory viruses the Trust has seen a spike in sickness absence during December 2016 and January 2017 which will result in the rate deteriorating for the remainder of this financial year
- Personal Development Review (PDR) compliance remains static at 80%
- The Trust has improved its performance with regard to colleagues recommending the organisation as a place to work and is now comparable to other community trusts at 55%

The report notes the progress made to develop an overarching workforce and OD strategic framework to support the One Gloucestershire Sustainability and Transformation Plan (STP). This will ensure that Gloucestershire has the right workforce with the right skills to deliver health and social care into the future. The

Trust will ensure alignment with this framework when developing its workforce plan for 2017/18.

The report also provides a summary of the 2016 NHS staff survey, which confirms that the Trust's performance has slightly improved since the 2015 survey but overall remains below average when compared to other community trusts

Following the Committee's annual review, the report notes that the Workforce & OD Steering Group has been stood and is proposing that the recruitment and Retention Steering Group will now become a formal subgroup of the Committee. The Report also sets out the proposed priorities for the Committee for 2017/18.

Recommendations:

The Board is asked to note:

(1) the progress that has been made against the Trust's workforce and OD strategy

(2) the priority areas that have been identified for 2017/18 as detailed in section 3

Related Trust Objectives	1, 2,4,5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment Requirements/implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Workforce & Organisational Development (OD) Committee Update Report

1 Introduction and Purpose

The purpose of this report is to provide the Board with an overview of:

- The effectiveness of the Trust's workforce & OD strategy
- The workforce and OD priorities for Gloucestershire Sustainability and Transformation Plan (STP)
- The apprenticeship levy and the implications to the Trust
- The results of the 2016 NHS staff survey
- The results of the internal equalities survey
- Investors in people accreditation

These were the key items considered by the Committee at its meeting on 16th February 2017.

2. Effectiveness of the Workforce & OD Strategy

A number of workforce metrics are monitored to evaluate the effectiveness of the strategy. Performance over the last 3 years is detailed in the table below.

Table 1: Workforce metrics as at 31st January 2017

Key Performance indicator	As at 31/03/13	As at 31/03/14	As at 31/03/15	As at 31/03/16	As at 31/01/17	Target by 31/03/17
PDR completion rate	67%	80.5%	71%	77.5%	78.6%	95%
Staff FFT (recommend Trust as a place to work)	Survey not in place	53%	50%	51%	55%	60%
Mandatory Training	64%	75%	71%	82%	83% (76.5% including all clinical elements)	85%
Sickness absence (rolling 12 month)	4.5%	4.3%	4.9%	4.7%	4.39%	4.0%
Turnover	12.2%	15.7%	14.7%	15%	15.1%	<12%
Nurse vacancy rates (band 5 & 6)	Not available	Not available	Peaked at 21% in August 2014	13.5%	8.6%	<10%

2.1 *Vacancy rates*

The performance to date suggests that the strategy has had a positive impact on nurse vacancy rates, with vacancies in community nursing being at their lowest level since the Trust was formed in 2013. However, the Committee is mindful of a number of "hotspots" and has noted the actions being progressed to address these.

Hotspots (as at 31/01/17)	**Summary of actions taken/ planned**
High number of qualified nurse (band 5) vacancies within community hospitals Hard to fill roles in Integrated Community Teams Hard to fill roles in Countywide Services (physiotherapy band 5)	• New safer staffing model in place • Bank/ agency staff used to fill vacant shifts • Targeted recruitment campaigns • A number of initiatives to promote the Trust as an employer of choice (listening into action accreditation, investors in people assessment, timewise accreditation, mindful employer status, disability (two ticks) standards • Improvements in our learning & development "offer" –clinical induction, return to practice schemes, preceptorship support and practice education • £20k funding from Health Education England to develop a countywide website for recruitment. This will be based on the 'Get into Cornwall' model http://www.getincornwall.com/about-us/

2.2 *Personal Development Review (PDR) Compliance rates*

PDR compliance rates have remained below 80% despite a number of initiatives to improve performance. Following discussion at a board development session in December, five further actions have been identified which will be implemented by 30th April 2017 to improve performance:

1. PDR objectives to be set for all budget holders for 2017/18. Performance against this objective to be monitored through the monthly finance and performance meetings
2. Spans of control to be reviewed with maximum number of PDR's per manager/ supervisor to be set at 8
3. PDR form to be made available in soft copy through ESR self service
4. ESR self-service to be reconfigured to send email alerts as to when PDR's are due
5. Monthly PDR compliance reports to include the percentage of staff on non-active assignments (maternity leave, long-term sickness etc.)

2.3 Staff Friends and Family Test

The Trust has improved its performance with regard to colleagues recommending the organisation as a place to work and is now comparable to other community trusts at 55%.

2.4 Mandatory Training Compliance

Mandatory training compliance continues to improve month on month and now includes all clinical elements in line with the skills for health framework. However, the Committee is mindful of a number of "hotspots" and has noted the actions being progressed to address these.

Hotspot (as at 31/01/17)	Summary of actions taken/ planned
Level 3 children safeguarding training – 50% compliance	• Electronic staff records self-service available across the Trust which enables colleagues to have live access to their training records and direct access to e-learning • Monthly compliance reports to managers • Increase in the number of training programmes available (currently commissioned through Gloucestershire Safeguarding Board) • Non-compliant colleagues contacted by the training team and auto-enrolled onto next available training • Deadline for compliance set at 31st May 2017

2.5 Sickness Absence

The Trust has seen a reduction in the overall sickness absence rate which can be attributed to the number of health and wellbeing initiatives introduced in 2016/17 and the support provided by the HR operations team in managing attendance. The focus on managing attendance as seen the Trust rated below average in the 2016 NHS staff survey with regard to the percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves. The Trust's score was 67% against a community trust average of 56%. However, due to the number of influenza and other respiratory viruses the Trust has seen a spike in sickness absence during December 2016 and January 2017 which will result in the rate deteriorating for the remainder of this financial year.

2.6 Turnover

The Trust's turnover rate has remained **consistent** over the last year. Whilst there has been a slight reduction in the turnover rate for clinical staff, the Trust has seen an increase in leavers from support services and the admin and clerical workforce due to organisational change processes.

2.7 *Workforce and OD priorities for Gloucestershire Sustainability and Transformation Plan (STP)*

The One Gloucestershire STP has identified a number of priorities through the Workforce and OD Strategy Group. This work is being taken forward through three established thematic groups (culture, capability and capacity).

- To develop and embed a common language and shared set of values across the STP
- To develop an enabling culture across the system and a model of distributed leadership
- To develop and embed a shared approach to improvement capability across the system to support transformational change
- To set up a "One Gloucestershire" approach to recruitment and to promoting careers within the health and care sector
- To develop a strategic workforce plan to ensure we have the right number of people with the right skills doing the jobs we need to deliver the STP
- To develop a sustainable medical workforce particularly for primary care
- To support the development of an agile, flexible workforce
- To support carers, communities and the voluntary sector as part of the wider workforce
- Through the Improvement Academy create joint initiatives for coaching and personalised care planning to support patient activation
- To develop local provision for the training of registered nurses

A review of STP partner organisations workforce strategies is currently being undertaken to ascertain how they align to STP priorities. This is expected to be published in March 2017. The findings of this review will be considered as part of the annual refresh of the Trust's workforce and OD strategy.

2.8 *The apprenticeship levy and the implications to the Trust*

From April 2017 the Trust will be subject to the apprenticeship levy as part of government reforms. The levy will be taken on a monthly basis via PAYE and will be set at 0.5% of the pay bill, which will be approximately £400k per year for the Trust. The levy will be paid into a digital apprenticeship service account to be used on training costs for apprenticeships and will expire after 24 months. Additionally, the Trust will be subject to the public sector apprenticeship target of 2.3% of headcount, a minimum number of 60 apprenticeships per year. However, in order to utilise the full levy the Trust will be need to have over 200 new or advanced apprenticeships each year.

To facilitate the development of this work an Apprenticeship Levy Subgroup has been set up as a short life working group of the Workforce Education and Development Group. The purpose of this group is:

- To develop a Trust plan to support the introduction of the apprenticeship levy

- To identify and ensure governance and assurance arrangements are in place on drawing down the levy
- To develop a framework for managers to identify standards and development pathways available for staff groups that can be funded via the levy
- To ensure apprenticeships are aligned to workforce planning
- To identify and prioritise key areas of focus for the apprenticeship levy funds for 2017/2018

The short life working group will provide regular reports to the Executive Team and the Workforce, Education and Development Group.

2.9 NHS staff survey results

The results of the survey, which took place between October and December 2016, were published nationally on 7th March 2017 and can be found here:

https://www.england.nhs.uk/2016/02/staff-survey-results/

The report confirms that Gloucestershire Care Services NHS Trust has scored above average when compared to other community trusts in the following areas:

	Care of patients/ service users is my organisations top priority (74% compared to a community trust average of 72%) If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (75% compared to a community trust average of 73%) Percentage of staff feeling unwell due to work related stress in the last 12 months (35% compared to a community trust average of 38%) Percentage of staff reporting most recent experience of violence, harassment, bullying or abuse

The Trust is comparable with other community trusts for recommending the organisation as a place to work. In addition, the overall staff engagement score for the Trust has remained at 3.78 which is average compared to trusts of a similar type.

However, the Trust scored below average in the following areas:

	Acting on concerns raised by patients/ service users (72% compared to the average of 74%) Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (13% compared to the average of 7%) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (32% compared to the average of 24%) Percentage of staff experiencing discrimination at work in the last 12 months (10% compared to the average of 8%) Percentage of staff witnessing potential harmful errors, near misses or incidents in last month (24% compared to the average of 20%) Percentage of staff satisfied with the opportunities for flexible working patterns (47% compared to the average of 57%) Quality of non-mandatory training, learning or development (3.98 compared to the average of 4.08) Fairness and effectiveness of procedures for reporting errors, near misses and incidents (3.69 compared to the average of 3.79 – although the Trust has improved from the score of 3.58 in 2015) Staff confidence and security in reporting unsafe clinical practice (3.67 compared to the average of 3.76 – although the Trust has improved from the score of 3.58 in 2015) Effective team working (3.78 compared to the average of 3.85 and this has deteriorated from 3.83 in 2015) Support from immediate managers (3.76 compared to the average of 3.83)

In summary the Trust performance has slightly improved since the 2015 survey but overall remains below average when compared to other community trusts. The Trust is in the process of refreshing its workforce and organisational plan for 2017/18 which will focus on the areas where we scored below average.

2.10 Internal equalities survey results

The Equality Act 2010 seeks to provide protection against discrimination on the basis of nine protected characteristics: age, disability, gender reassignment, marriage / civil partnership, pregnancy / maternity, race, religion / belief, sex and sexual orientation. Public sector organisations have extra responsibilities to

pay due regard 'in the exercise of their functions' to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between people. In practice, this means understanding the implications that organisational decisions may have upon people with protected characteristics.

Building on the responsibilities outlined in the Equality Act, in 2015 NHS England introduced the NHS Workforce Race Equality Standard (WRES). This specifically seeks to identify inequalities in the experiences and treatment of black and white staff. Its origin stemmed from evidence showing that black and minority ethnic (BME) colleagues across the NHS generally have fewer opportunities, poorer experiences, and lower representation at senior levels than their white counterparts.

The latest WRES scores for the Trust are as follows:

Table 2: NHS Staff Survey Results 2016 relating to the Workforce Race Equality Standard

Question	Ethnicity	GCS 2016	Community Trust average	GCS 2015[1]
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	**32%**	24%	28%
	BME	**26%**	24%	33%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	**21%**	18%	22%
	BME	**13%**	24%	25%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	**89%**	90%	92%
	BME	**87%**	79%	N/A
In the last 12 months have you personally experienced discrimination at work from manager/ team leader or other colleagues?	White	**6%**	4%	4%
	BME	**7%**	11%	17%

To better understand the WRES results an internal equalities survey was undertaken between 1st November and 31st December 2016. The survey received **364** responses, equating to **13.5%** of the substantive workforce (2,690 headcount as at 1 January 2017). The survey comprised a range of multiple choice and free text questions, giving a blend of both quantitative and qualitative feedback to help inform a future Trust action plan for WRES and wider equalities issues.

Over **85%** (310 headcount) colleagues who responded to the survey, reported having worked with both service users and colleagues from a range of cultures and communities. The findings also show that 80 colleagues (22% of those

[1] The survey in 2015 was based on a sample of the Trust's workforce. The survey in 2016 was sent to all Trust colleagues

who responded) felt that they do not have the knowledge, resources or facilities to provide care that meets people's different or extra needs with regards to their culture, ethnicity, religion or disability.

The findings from both the WRES survey and the NHS staff survey suggest that the Trust has seen an increase in incidents of harassment, bullying or abuse relating to service users and members of the public and a reduction year on year with regard to harassment, bullying or abuse by managers and by colleagues.

The findings have highlighted two areas for improvement; the potential under reporting of harassment, bullying or abuse and colleagues feeling that they do not have the knowledge, resources or facilities to provide care that meets people's different or extra needs with regards to their culture, ethnicity, religion or disability.

A number of recommendations were made to the Committee which will be included in the refresh of the workforce and organisational development plan.

2.11 Investors in People Accreditation

The Trust has been subject to a rigorous external assessment during January and February 2017 to ascertain whether we continue to meet the Investors in People (IiP) standards. Gloucestershire Care Services has held IiP accreditation since 2010.

At the time of writing this report the outcome of the assessment has yet to be confirmed. A verbal update will be provided at the board meeting.

3. Confirmation of decisions made by the Committee in line with Scheme of Delegation

3.1 Committee Governance Structure

The Committee reviewed its governance structure and the terms of reference of its subgroups to ensure that they remain fit for purpose and are focused on priority areas.

The Committee agreed to stand down the Workforce and OD Steering Group as operational workforce matters are now reviewed under the terms of reference of the monthly Operational Finance and Performance meetings.

The Committee agreed that the Workforce Education and Development Group should continue with a refresh of its terms of reference away from statutory and mandatory training to focus on essential to role development and the apprenticeship levy.

It was also agreed that the Recruitment & Retention Steering Group should be formalised to become a subgroup of the committee. It was agreed that this forum would be chaired by the Deputy Chief Operating Officer.

3.2 Proposed 2017/18 Priorities

From the review of the workforce metrics and staff surveys the Committee identified the following priorities for 2017/18:

1. A continued focus on recruitment and retention – it was recognised that this is a key enabler for improving other workforce metrics such as sickness absence and recommending the Trust as a place to work
2. A continued focus on the compliance and quality of personal development reviews
3. A focus on essential to role development as well as a continued focus on mandatory training compliance
4. To ensure the Trust maximises the apprenticeship levy
5. A zero tolerance campaign to encourage colleagues to report incidents of bullying, harassment, discrimination and victimisation
6. Improvements in the support available to colleagues who are subject to discrimination, harassment, bullying and victimisation from service users, the public and/ or colleagues
7. A continued focus on flexible working and the Timewise accreditation
8. Improvements in equalities awareness training for colleagues
9. A continued focus on leadership development to support Trust and STP priorities

Further priorities will be identified when the Trust receives the Investors in People assessment report, which is expected in March 2017.

4. Conclusion and recommendations

The Board is asked to note:

1) the progress that has been made against the Trust's Workforce and OD Strategy

2) the priority areas that have been identified for 2017/18 as detailed in section 3.

Minutes of the Workforce and Organisational Development Committee

Boardroom, Edward Jenner Court
12th December 2016

Members:

Nicola Strother Smith (NSS)	Non-Executive Director	CHAIR
Tina Ricketts	Director of HR	
Candace Plouffe	Chief Operating Officer *(arrived 10:58am)*	
Richard Cryer (RC)	Non-Executive Director	
Jan Marriott (JM)	Non-Executive Director	
Susan Field	Director of Nursing *(left 11:36am)*	

In attendance:

Lindsay Ashworth	Head of HR	
Linda Gabaldoni	Head of Organisational Development	
Stuart Bird	Deputy Director of Finance	
Sonia Pearcey	Ambassador for Cultural Change	
Mark Lambert	Head of Communications	
Andy Mills	Workforce Systems Manager	
Gillian Steels	Trust Secretary	
Rod Brown	Head of Corporate Planning *(left 10:19am)*	
Harriet Smith	Senior Personal Assistant	Minute taker

Item	Minute	Action
16/HR098	**1. Welcome and Apologies** The Chair thanked everyone for attending the meeting and apologies were received from Michael Richardson, Deputy Director of Nursing and Maria Wallen, Head of Professional Practice and Education.	
16/HR099	**2. Confirmation of Quoracy** The Chair confirmed that the Committee was quorate.	
16/HR100	**3. Declaration of interests** There were no conflicts of interest declared.	
16/HR101	**4. Minutes of the meeting held on 10 October 2016** The minutes of the meeting held on 10 October 2016 were **received** and **approved** as an accurate record.	

Item	Minute	Action
16/HR102	**5. <u>Matters Arising (Action Log)</u>** The Action Log was **approved.** See Action Log for updates.	
16/HR103	**6. <u>Communications and Engagement Strategy (first draft of combined strategy)</u>** The Head of Corporate Planning presented the draft combined Communications and Engagement Strategy. This will also be shared with the Quality and Performance Committee which has overview of external engagement and community partnership activity. The Director of HR (DoHR) commented on section 7 the strategy outcomes and asked how some of these would be measured. The DoHR suggested that the number of measures be reduced and asked the Head of Planning to consider this in the next iteration of the draft strategy The Committee agreed that this strategy should be submitted to the Trust Board in January 2017. The Director of Nursing (DoN) asked why the Communications and Engagement strategy is now a 5 year strategy as opposed to a 3 year strategy. The Head of Corporate Planning stated that all national strategies are 5 years and he was following this approach. NSS commented that this strategy does not currently represent volunteers within Communication and Engagement and asked whether there could be more reference to them. NSS also commented with regards to a consistent approach for signage across Trust sites. NSS suggested that there could be something within the strategy regarding Trust branding. The DoHR suggested the Communications and Engagement strategy go through the Executive Team in January 2017 after it has been to the Quality and Performance Committee on 21st December 2016. The Committee **reviewed** the Strategy and the progress made to date. The Head of Corporate Planning left the meeting at 10:19am.	Head of Corporate Planning Head of Corporate Planning Head of Corporate Planning

Item	Minute	Action
16/HR104	**7. <u>Volunteer strategy</u>** The DoHR presented the first iteration of the volunteer strategy to the Committee. It outlines the Trust's vision for volunteers and the four key aims of the strategy. NSS asked whether the Trust could take a Kitemark approach to volunteers. NSS stated that Leeds City Council have a toolkit that can be used. RC commented that the language within the volunteer strategy seems to be directed at a certain age range. The Committee agreed that the strategy should be extended to appeal to a wider age range. RC also asked for the photo's to include a diverse range of volunteers. The DoHR stated that we are limited with regards to the Trust resource to support volunteers. She informed the group that the Volunteer Co-ordinators was a 0.5 wte post at band 4. JM suggested that the League of Friends may be able to fund further resources. The DoHR recommended that a short life working group be established to further develop the strategy. This was supported by the Committee and NSS, JM and ML volunteered to be part of this group. The Ambassador for Cultural Change informed the Committee that Lisa Bennett is currently undergoing work with regards to volunteers in the Community of Lydney as a LiA scheme so suggested that the working development group may be able to tie in with this group. The Committee **noted** the first iteration of the strategy and that a short life working group would be established to support its further development.	Head of HR Head of HR
16/HR105	**8. <u>Workforce and OD Strategy progress report</u>** The DoHR presented the strategy progress report and updated the Committee with the progress made against the 12 high impact actions. JM stated that some colleagues are still finding the PDR process time consuming. The DoHR stated that the PDR process was raised at Board Development as a "wicked" issue and a detailed report would be submitted to the Committee in February 2017. The Workforce Systems Manager has created an electronic version of the PDR which will ensure the PDR process is	DoHR

Item	Minute	Action
	less time consuming. This should be rolled out in time for April 2017 and testing is currently taking place. The Committee reviewed the Trust's top level workforce plan which was detailed in section 5 of the report. RC asked how the STP will change the Trust's Workforce plan. The DoHR stated that there may be changes to the Workforce profile across the STP footprint and a training need analysis needs to be undertaken to support the development of new models of care. The DoHR will bring an updated top level workforce plan to the next Committee meeting on 16 February 2017 which would also include a summary of workforce and OD priorities for STP partner organsiations. The Committee **noted** the progress made against the strategy.	DoHR
16/HR106	**9. <u>Communication & internal engagement strategy progress report</u>** The Head of Communications provided the Committee with an update on the progress made with the Communications and Internal Engagement strategy. The Head of Communications stated that design work is progressing to look at options for a new internal magazine which will be made available both in print and digital format. NSS suggested a Trust wide competition take place for the title of this new quarterly publication. The Chief Operating Officer (COO) joined the Committee at 10:58am. The Head of OD asked for feedback regarding the 'top tips' on the Line Manager tool kit. LG will amend the toolkit in regards to the minor amendments made by the Committee and circulate to the Committee. The Committee noted the progress that was being made against the Communications and Internal Engagement Strategy	Head of OD
16/HR107	**10. <u>Workforce, Education and Development report</u>** The DoHR presented the two parts of the Workforce, Education and Development report to the Committee on behalf of the Head of Professional Practice and Education.	

Item	Minute	Action
	The Committee noted the national development regarding the Nurse Associate, Nurse Degree and Apprenticeship programmes. It was noted that statutory and mandatory training compliance was continuing to improve but that not all subject areas had achieved the 85% target. The Committee **received** this report and **noted** the impact that these initiatives may have in relation to finance, resource issues and capacity planning.	
16/HR108	**11. Investors in People report** The Head of OD presented the IIP report to the Committee. The report included a self-assessment against the IIP standards and it was the view of the DoHR and HoOD that the Trust should continue with the re-accreditation process in January 2017. The Committee **agreed** to start the assessment process for reaccreditation of the IIP standard and asked that this be highlighted to the Board in January 2017.	DoHR
16/HR109	**12. Freedom to Speak Up report** The Director of Nursing left the meeting at 11:36am. The Ambassador for Cultural Change presented the Freedom to Speak up report and updated the Committee on the progress nationally and within the Trust since the last reporting period. It was noted that 31 concerns had been raised directly to the AfCC since April 2016 The Committee **approved** the contents of the paper and **noted** the progress to date.	
16/HR110	**13. Committee Terms of Reference** The Trust Secretary presented the Workforce and OD Committee Terms of Reference. The following changes were **agreed:** • Membership to be amended to Three Non-Executive Directors. • Sonia Pearcey title to be amended to Ambassador for	

Item	Minute	Action
	Cultural Change • Amend 'Appraisals' to PDR • Frequency of Committee amended to four times a year as opposed to bi-monthly. • Quoracy to exclude any nominated deputies that have been sent on behalf of Directors. The Committee **agreed** the revised ToR subject to the above changes and recommended a revised version to the January Trust Board for approval.	Trust Secretary
16/HR111	**14. <u>Workforce risk register</u>** The DoHR presented the Workforce risk register to the Committee and stated that a new risk had been added. Resuscitation compliance has been added as a risk due to long term absence of the Trust's Resuscitation Officer. The COO stated that under 'Leadership, Capability and Capacity' there was a leadership programme in place for Community Hospital Managers which should be added to the register's action log.	DoHR
16/HR112	**15. <u>HR policy development</u>** The Head of HR provided the Committee with an overview of the Trust's position regarding HR policy development and review. It was raised as to whether the Trust could claim back loss of earnings for colleagues attending Jury service. The DoHR will investigate further and will report back to the next Committee. The Committee **approved** the following: • Pay Progression Policy and Templates • PDR Policy • Special Leave policy • Corporate and Mandatory Training policy The Relocation policy was **approved** subject to minor amendments. The Committee also asked for the all policies to be checked in relation to headers and footers and to ensure they include the Trust's Core Values.	DoHR
16/HR113	**16. <u>Workforce report</u>** The Head of HR provided the Workforce and OD Committee	

Item	Minute	Action
	with an update on progress against the Recruitment and Retention and Contingent Workforce plans. It was noted that the current workforce hotspots were the high band 5 nurse vacancies within Community Hospitals and increasing hard to fill roles within School Nursing. NSS asked for the next report to include a savings figure for the reduction in sickness absence from 4.86% to 4.2%. AM left the meeting at 12:06pm.	Head of HR
16/HR114	**17. <u>Minutes from sub-committees</u>** The Committee approved the minutes from the following sub-committees: • **JNCF – 16 June 2016** Approved • **Workforce and OD Steering Group – 20 July 2016** Approved • **Workforce, Education and Development Group – 26 August 2016** WED ToR to be brought to next Workforce and OD Committee.	
16/HR115	**18. <u>Forward agenda plan</u>** February 2017 • Apprenticeship Plan • NHS staff survey results April 2017 • IIP outcome report	
16/HR116	**19. <u>Any other business</u>** None	
	The Chair closed the meeting at 12:23pm. The next Workforce and OD Committee is taking place on 16th February 2017. The Committee **agreed** that following on from February 2017, all future Workforce and OD Committee meetings will be four times per year.	

Item	Minute	Action
	Workforce and OD Committees for 2017 will take place in April 2017, July 2017 and December 2017.	

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **23rd March 2017**

Report Title: **Finance Committee Report**

Agenda reference Number	13/0317
Accountable Executive Director (AED)	Glyn Howells – Director of Finance
Presenter (if not AED)	Graham Russell Non-Executive Director
Author(s)	Glyn Howells
Board action required	Note
Previously considered by	Not Applicable
Appendices	1- Finance Committee Minutes 15th December 2016

Executive Summary

This report provides assurance to the Trust Board that the Finance Committee is discharging its responsibility for oversight of the Trust's finances on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's financial planning.
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

The minutes of the December Committee meeting were approved and are provided at Appendix 1

Recommendations:
The Board are asked to note the update from the Committee and the minutes from the December Finance Committee

Related Trust Objectives	5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Finance Committee Report

1 Introduction and Purpose

The Finance Committee met on 15th February 2017. Key aspects considered were the Finance Report Month 9 data, latest position on QIPP (Quality, Innovation, Productivity and Prevention) and CQUIN (Commissioning for Quality and Innovation) achievement, Cost Improvement Plan Savings and System Developments.

1.1 Finance Report Month 9

The Committee was assured that at Month 9 the Trust is in line with plan with a year to date surplus pre Sustainability and Transformation (S&T) funding of £90k and that agreement with Gloucestershire Hospitals Foundation Trust on recharges is on target to be reached before the end of the financial year. It was confirmed that meetings are ongoing with the Gloucestershire Clinical Commissioning Group (GCCG) in relation to QIPP and CQUIN milestone achievement. The need to ensure that clear metrics for 2017/18 were in place for these milestones was confirmed.

The Committee was assured that at this stage GCS was in a strong position going forward to 2017/18 financial year.

1.2 Cost Improvement Plan (CIP) 2017/18-2018/19

The work which had achieved delivery of £12m of savings over the last three years was commended. The Committee reviewed plans to take forward the proposals for 2017/18-2018/19 and recognised the ongoing work and the need to continue to work with the GCCG on many of the items. The Committee were assured by the work already on going to develop the CIP schemes which was ahead of the process in previous years.

1.3 Budget holder Review - Countywide

The Committee had a useful update on the Complex Leg Service and Diabetes Service. An update on the Diabetes Service from a clinical perspective will be considered by the Quality and Performance Committee in June.

1.4 Review of In-sourcing of IT Support

The Committee were assured that the expected performance service benefits and reduction in costs had been achieved in line with the pre project plan. Members were pleased with this confirmation which justified the Board's decision to in-source the service from Countywide IT Services last year.

1.5 Contract Issues for 2017/18

The Committee were assured that contract agreements with the GCCG and NHSE were in place for all material contracts.

1.6 Committee Self-Assessment and Terms of Reference

These were discussed and agreed to be taken forward.

2. Confirmation of decisions made by the Committee in line with Scheme of Delegation

It was agreed that the updated Terms of Reference would be recommended to the Board, see agenda item 19.

3. Conclusion and recommendations

The Board are asked to note the update from the Committee and the minutes from the December Finance Committee.

Gloucestershire Care Services NHS Trust

Gloucestershire Care Services NHS Trust
Minutes of the Finance Committee Meeting
held on the **12th December 2016**
in the Boardroom, Edward Jenner Court, between 13:30– 16:30 hrs

Committee Members present:

Graham Russell	- Non-Executive Director (Chair for this meeting)
Richard Cryer	- Non-Executive Director
Glyn Howells	- Director of Finance
Sue Mead	- Non-Executive Director
Candace Plouffe	- Chief Operating Officer

In attendance:

Stuart Bird	- Deputy Director of Finance
Johanna Bogle	- Head of Operational Finance
Sally Clark	- Senior Personal Assistant
Kyle Edwards	- Estates Accountant (item 16/FC215)
Mark Parsons	- Head of Estates, Facilities and Security (item 16/FC215)
Gillian Steels	- Trust Secretary

Item	Minute
16/FC206	**Agenda Welcome and Apologies** It was noted that Graham Russell would be acting in the capacity as Chair for the meeting in the absence of Robert Graves. The Chair welcomed everyone to the Finance Committee meeting.
16/FC207	**Confirmation that the meeting is quorate** The meeting was **confirmed** as quorate by the Trust Secretary.
16/FC208	**Declarations of Interests** Members were asked to declare any updates from their original Declaration of Interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.
16/FC209	**Minutes of the Finance Committee held on the 12th October 2016** The minutes of the meeting held on the 12th October 2016, subject to a minor amendment, were **approved** as an accurate record.

16/FC210	**Matters Arising (Action Log)** **16/FC168:** ICTs – funding for the remodelling and realignment of ICTs had been agreed and will be signed off as part of the GCCG/GCS contract by 23rd December 2016. The GCC funding decision was likely to be deferred until after the GCC elections on 4th May 2017. Action Log to be changed to Green. **16/FC163:** recharges with GHNHSFT – Richard Cryer asked about the potential risk to GCS for 2016-17 should agreement not be reached. The sum at risk is around £0.5M to GCS. It was noted that GHNHSFT were considering reducing out patient activity at GCS's premises to increase productivity and reduce costs. It was recognised this conflicted with the overall NHS strategy to move care closer to the patient. **16/FC171:** A revised offer had been received from NHSE for HIV funding which was £300K less than expected which would be followed up by GCS. Action Log to change to Amber. **16/FC186**: Demand and Capacity tool – Modelling to be done across services. Sue Mead was assured that the tool will be robust in identifying 'under' as well as 'over' capacity.
16/FC215 Director of Finance/ Head of Facilities and Estates	**Budget Holder Review - Estates** The Chair agreed that agenda item 16/FC215 be brought forward on the meeting agenda. The Head of Estates referred to his detailed report. The Chair commented that two main challenges appeared to face the Estates Services - the number of properties held by the Trust, and relationships with landlords. The Head of Estates agreed and advised that formal leases with market-based rents were in the process of being agreed with NHS Property Services (NHSPS). The Committee was assured that this reflected a national position NHS Trusts since NHSPS had assumed these responsibilities. Members asked that the Estates Strategy be reviewed in order to plan for post-2018 and the issues proposed within the Cost Improvement Plans. The Director of Finance informed the Committee that where there are ongoing service requirements within a rented property the Trust is looking to move the services out to make better use of property owned by the Trust. The purchase of Milsom Street in Cheltenham and the planned development in Hatherley Road, Gloucester, reflect this strategy. Further work will also be done in clustering administration staff. Members queried whether NHS estate was classified in relation to fitness for purpose. It was confirmed that data was submitted annually to NHSI to support classification and benchmarking and that costs had been reduced between £170-240k per annum in recent years. Members expressed concern that the Facilities and Estates budget is currently £1M over budget. The Head of Estates explained that this was due in part to some account processing issues and that some contracts had been paid in full in Month One rather than staged payments across the contract period. It was confirmed that the Finance Department was working to rectify these issues and that the amount over budget has been significantly reduced to approximately £500k, which will be reflected in next month's Management Accounts. Members noted that a number of contracts had been slim-lined in order to reduce costs. In response to a question from Richard Cryer, the Head of Estates confirmed that the main income for Estates was generated from GHFT. It was confirmed that maintenance compliance expenditure was on track and noted that at the Forest of Dean MIIU's has focused on essential work for CQC compliance. GCCG were expected to undertake a consultation in 2017 to decide on what healthcare will look like for the Forest of Dean Locality. Members commented that it was disappointing that

Head of Facilities and Estates	funds had to be spent maintaining old buildings. In order to generate more revenue from Estates the potential to introduce car park charges was considered, recognising that most other Trusts applied these. Members queried how the potential £500k overspend could be managed within the overall budget. The Deputy Director of Finance advised an option would be to remove posts that had remained vacant for a considerable time; currently managers were reluctant to permanently reduce establishment as it was considered easier to respond to increased demand. The need to ensure there was a mechanism to resolve this issue was recognised. It was confirmed that work on comparing costs across the Trust's more than 70 sites, was on-going. Following discussions the Committee **noted** the update on the Estates finances; **Agreed** that the Estates Strategy for 2018 onwards is set as a priority for the incoming new Head of Facilities and Estates in early 2017. **Agreed** the Estates budget be further considered at the April meeting of the Finance Committee.

16/FC212	**Finance report – Month 7 (including Capital schemes and Agency Spend)**
	
	The Deputy Director of Finance presented the report and highlighted the following key points:
	• At month 7 the Trust is in line with plan with a year to date surplus pre Sustainability and Transformation (S&T) funding of £52k
	• Full year forecast is in line with revised plan of £1.78m surplus (after adjustment for S&T income of £1.08m).
	• As in 15/16 there are 2 significant risks to year end out turn
	  • risk on approximately £900k of "risk share" Quality IPP, and
	  • risk of up to £500k on the trust recharges to GHFT for ongoing provision of services and for use of outpatient and theatre facilities
	• CIP planned for 16/17 is c£4m.
	• Cash is almost £1.5m above plan at £7.1m
	• Capital plan for 16/17 has a total value of £5m. YTD spend is significantly below plan, a detailed forecast is being prepared for M9 report cycle to verify full year outturn.
	
	Risks highlighted included:
	• The Trust has a statutory duty to deliver services within the funding received.
	• There is an expectation that to remain viable and sustainable the Trust delivers a surplus of 1% of turnover and recurrent CIP savings each year of 4% of income.
	
	Members were pleased with the Trust's current strong performance which would help position it for the challenging years to come. Members stressed the need for clarity in the metrics to be applied by commissioners in relation to QIPP and CIP work, recognising the issues which had arisen this year. Members considered the Capital underspend and the potential risks around this. The level of approval required for the Hatherley Road development was queried, the Director of Finance advised new guidance had been issued which suggested the limit was £15m subject to an affordability criteria. Members queried who was working on this and were advised the Head of Estates was charged with completing this before the end of December.
	
	After detailed discussion, the Committee **noted**:
	- the risks associated with the GHFT recharges

	- the risks associated with achieving QIPPs savings from CCG - the risks regarding a possible underspend but noted that undertaking viable business cases and non-recurrent costs would mitigate this and that the Hatherley Road business case was being developed.
16/FC213	**Project Management Office Report** The Committee noted the revised approach in reporting on QIPP, CIPs and CQUINs in a combined paper. The Committee was pleased that Quarter 1 milestones have been fully achieved for both QIPP and CQUIN, with no financial penalty. It was noted that Quarter 2 milestone achievements have yet to be confirmed, however, the Trust is not currently forecasting any penalties for QIPP while for CQUIN a risk of £75.9k is forecasted (a report had been produced and submitted to mitigate risk of penalty). It was highlighted that Quarter 3 milestones for QIPP have current risk forecast of £166k, and work is underway to reduce this. For CQUINs, there is one risk forecast of £75.9k and the Trust is working with commissioners to avoid a financial penalty. The Committee noted that the Trust is awaiting clarification of the QIPP £900k risk share activity, KPI methodology and calculation (worth £225k per quarter.) Members were advised that CIP achievement is forecasting a year-end recurrent position as £3,220k (80%) against the plan of £4,000k. It was stressed that achieving the remaining £780k continues to be challenging. It was confirmed that the Trust has received the draft CQUIN proposals for 2017/18, and as expected the focus is on nationally mandated items. QIPP proposals have yet to be received, but is expected to align fully to the priorities detailed in the One Gloucestershire Sustainability and Transformation Plan. Work is underway to detail how GCS can contribute to the delivery of the STP and therefore QIPP proposals for 2017/18. Sue Mead asked for assurance that the Trust is ensuring milestones are agreed with the GCCG when CIP, QIPP and CQUIN are put in place. The Chief Operating Officer confirmed that this was the case, and that work to clarify the GCCG evidence requirements was also ongoing. The Committee **noted**: - Delivery of the QIPP plan as at 31st October; - Delivery of the plan for CIPs; - The proposed approach for developing the QIPP and CQUIN for 2017/18
16/FC214	**CIPs Focussed Report – Historical CIPs** The Chief Operating Officer presented the report, outlining that Gloucestershire Care Services NHS Trust has followed a similar approach to other NHS organisations in delivering savings while continuing to provide services at the performance level and quality as commissioned. The typical approach to CIP planning has been to review and deliver savings by reducing non-pay costs and once these have been made to focus on corporate savings initiatives, such as modernising systems to reduce the cost and reliance on the non-clinical workforce in our organisation. Many of these savings programmes are interlinked with improved use of technology leading to automation of tasks which reduces the need for non-clinical roles to deliver services. Operational Services have successfully delivered the required level of savings each year; however there has been a tendency for this to be done non-recurrently. A review of the historical delivery of CIP savings highlighted services which have so far made a minimal

	contribution to CIP achievement in the organisation. In some areas this reflects service transformation and/or efficiencies undertaken and savings offsetting historical cost pressures. For other services ongoing capacity pressures and recruitment /retention issues have resulted in a request from Commissioners not to reduce workforce as part of a CIP programme, but rather to use released capacity to meet growing demand. It is expected that future CIP savings will only be achieved through a focus on clinical service transformation. Work is underway to set the foundations in the Operational Services to achieve this transformation in a way that does not compromise the quality and safety of the services delivered to the patients.
	
	A detailed review of those services which have not historically contributed to CIP delivery and/or have higher reference costs is being undertaken and will be used to inform the CIP plans for 2017/18.
	
	Whilst recognising the pressure to meet savings targets Sue Mead stressed the importance of protecting and developing the really efficient and effective services. The Chief Operating Officer responded that the Demand and Capacity tool currently in development would provide a more accurate picture across the teams which would support this. The need for services to recognise and understand that they should be operating a savings model as part of the NHS culture was also acknowledged.
	
	Sue Mead felt it was important that services should feel able to make judgements about the achievability of savings and that they are made at an acceptable level. As discussed above members noted the reluctance of managers to reduce establishment, which achieved a recurrent CIP, and agreed further efforts should be made to reassure services that are concerned about this that posts can be restored if circumstances demonstrate this is required.
	
	The Committee **noted** the CIP analysis, in particular:
	• the analysis of CIP delivery by service area;
	• the areas of the organisation which have historically been the focus to deliver CIP savings namely:
	  • Corporate Services
	  • Management and Administration/Clerical services
	  • Estates
	  • Contracting and Procurement
	• the areas of the organisation which have not contributed historically to the delivery of CIP savings target and which may be an area of focus on for the upcoming CIP programme

16/FC216	**Business Development Tracker** The Committee considered the update. It was noted, as discussed earlier in the meeting, that the 2017-19 contracting round with commissioners has started and the Trust is on-track to achieve the national deadline of 23 December for the signature of contracts. The main financial risk identified so far for the agreement of contracts is ensuring an appropriate value, of around £2.7 million, is included for HIV treatment services, where funding is transferring from CCGs to NHS England Specialised Commissioning from 1 April 2017. An update was provided on the outcome of recent tender activity, including Healthy Lifestyles, Child Health Information and Primary Care Out of Hours. Members were pleased that progress had been made on reaching agreement with Gloucestershire County Council on values due to the Trust for the provision of management support to social work activities and that there are no contract variations currently being progressed

Board	with a material financial impact/value. Members queried Estate utilisation levels and how this was being monitored. The Committee noted that an IT system had been purchased which would enable improved tracking of services at which sites, gaining better overall visibility. Members noted that the Trust would be monitoring what type of services currently use GCS centres in order to mitigate potential reputational and financial risk. The need to maximise use of assets was stressed. Members queried implications for estate utilisation if outpatients were moved. The Director of Finance advised the Trust would work to mitigate this through reduced use of rental sites where possible. It was agreed it would be helpful for the Board to review this as part of a Board Development session. The Committee was informed that a non-recurrent bid had been placed for a piece of work to look at outpatients services. It was agreed that in future this report would be renamed Services Changes Update. It was noted that a decision on Out of Hours would be made by GCCG in January. The Committee **noted**: - the surplus capacity - potential development opportunities
16/FC217	**Corporate Systems Update** Following a Care Quality Commission (CQC) inspection and a requirement for more central control Gloucestershire Care Services NHS Trust (GCS) has been investigating rationalising its corporate systems to enable more efficient system support and to realise revenue savings either by better use of existing systems by replacement of systems that provide more functionality. A Corporate Systems Working Group, an overarching Project Team and relevant Work streams were set up to investigate and consider changes to systems and an update on the existing systems and the proposed systems consolidation including changes to support GCS where the function does not currently exist was provided for discussion. This took into account the countywide Sustainability and Transformational Plan (STP) where it may be more prudent to buy or change systems across county rather than purchase individually. Richard Cryer asked for the reasoning behind making the proposed systems transfers and changes. The Director of Finance talked through the changes, highlighting that through updating systems the Trust would simplify current processes. The need to achieve best value for money and make best use of assets and staff time was stressed. The Committee: - **Agreed** to ratify the decision to move services away from SBS and implement the Capita system under a framework agreement and transfer the payroll and expenses services to the GHFT hosted shared services. - **Noted** and endorsed the other Corporate System changes planned.
16/FC219	**Corporate Risk Register Finance** The Director of Finance presented the Finance Risk Register. The high risk items and the mitigating actions were discussed by the Committee. Richard Cryer asked how the GHNHSFT recharge risk was being managed. The Director of Finance said that meetings with GHNHSFT were now starting to take place and this

	risk would be kept under review. Sue Mead queried why the workforce risk had increased. The Director of Finance believed that this was due to maternity, long term sick and secondments. The Committee **noted** the risks and took assurance from the mitigating actions.
16/FC220	**Sustainability and Transformation Plan (STP)** The Committee noted that STPs will be refreshed in January/February 2017.
16/FC221	**Operational Development Forum Update and Terms of Reference** The Committee received information on the remit of the Operational Development Forum. Members agreed that once the forum had considered a potential business case, it should then progress to the Executive Team. This would enable the Executive Team to assess if there are any quality/assurance/services impacts, and recommend which committee should then receive the proposal for information. The Clinical Reference Group would only consider a business case if a QEIA was required. The Committee **noted** both the terms of reference, and subject to reflecting the clarification above, the business case approval path.
16/FC222 Chief Operating Officer Chief Operating Officer Trust Secretary	**Forward Planner** The Forward Planner was discussed and **approved** with the following changes as listed below: - revisit Estates budget and strategy at the April 2017 Finance Board sub-committee - the corporate systems update be considered by the Committee twice a year. - An Agency Usage report to be received by the Committee on a quarterly basis. - The Trust Secretary would speak with the Chair of the Finance Committee about any amendments/additions to be made to the Forward Planner.
16/FC223	**Minutes of the Quality Steering Group; CIP Steering Group; and CAPEX** The minutes from the above Steering Groups were **received** and **noted**.
16/FC224	**Any other business or any Business for any other Committee** No other business was submitted for discussion. Date and time of next meeting: It was **agreed** that the next meeting of the Finance Committee to be held on the 15th February, 2017, 0930-1300 in the Boardroom at Edward Jenner Court, Brockworth, GL3 4AW.

Trust Board

Date of Meeting: 23rd March 2017

Report Title: Month 10 Finance Report

Agenda reference Number	14/0317
Accountable Executive Director (AED)	Glyn Howells – Director of Finance
Presenter (if not AED)	
Author(s)	Glyn Howells – Director of Finance Stuart Bird – Deputy Director of Finance
Board action required	To note
Previously considered by	Board and Finance Committee
Appendices	1. Details of proposed 2017/18 budget

Executive Summary

The Trust is slightly ahead of the required plan surplus at month 10 and is currently forecasting achieving the year end planned surplus.

Risks are reducing and now only the agreement of recharges with Gloucestershire Hospitals NHS Foundation Trust and the achievement of QIPP / CQUIN targets are risks to the Trust's ability to achieve the planned surplus.

The Trust's cash position is better than plan by £2.5m which it is expecting to reduce to being better than plan outturn by £1.5m by year end reflecting the reduced capital spend compared to plan.

The paper lays out the process followed in terms of setting the budget and asks for Board approval to issue the budgets to budget holders in advance of the new financial year.

Finally, the paper lays out the priorities of the finance team in managing the delivery of financial year 2017/18.

Recommendations:

The Board is asked to:

1. NOTE the current year performance and actions being taken to mitigate the remaining risks.
2. APPROVE the 2017/18 budget which has been prepared in line with the submitted plan.
3. NOTE the priorities for the Trust in terms of managing 2017/18 financial performance.

Related Trust Objectives	**5**
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements/Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Gloucestershire Care Services NHS
NHS Trust

Month 10 2016/17 Finance Report

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Understanding you

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Overview

- The total planned surplus for 2016/17 is £1,793k. This will be delivered through a £713k adjusted operating surplus from ongoing operations and £1,080k of non-recurrent sustainability and transformation (S&T) funding.
- Conditions of the S&T funding include operating within a “capped” level of agency spend of £2,379k. Usage of agency staff is monitored closely as a measure of recruitment effectiveness, staffing quality and ability to satisfy the S&T funding criteria (YTD spend at the end of M10 is £1,484k which is £566k lower than planned trajectory).
- YTD financial performance to January 2017 (month 10) was £91k above plan with a net surplus before S&T funding of £495k. Full year adjusted forecast is currently in line with plan at £713k (pre S&T funding).
- Planned CIP for 16/17 is £4m, at month 10 delivery stands at £1,964k compared to a planned ytd figure of £3,168k. In year CIP delivery is progressing well and the full year position is expected to be in the £3.2m to £3.5m range.
- QIPP (£3.9m) and CQUIN (£1.9m) are close to being finalised with the CCG. Milestones have been agreed and operational teams and now working on delivery. The current income forecast is that these will both be delivered in full with a noted risk of around £500k.
- Cash balance at 31/1/17 was £2,527k above plan at £7,496k. Forecast balance at 31/3/17 is £1.4m above plan at £7.7m
- Capital plan for the year totals £5m with main projects on Hatherley Road and IT infrastructure. YTD spend is £2,235k compared to plan of £4,560k. The latest forecast is that £3.5m will be spent in year (a £1.4m underspend versus plan being the delay in the Hatherley Road work).

Income and Expenditure

At month 10 the trust is ahead of planned YTD surplus before S&T funding by £91k . Full year forecast adjusted surplus in line with plan at £713k.

If S&T funding is included the full year surplus becomes £1,806k which is £13k higher than plan. The over delivery compared to plan is because plan is £13k higher than NHSI control total and this overperformance is being matched with STF incentive.

Underspends on pay are linked to non achievement of new business targets (masked in income by other over-recoveries) and vacancy control measures that are being targeted for CIP through removal of recurrent vacancies. All changes of this type are subject to full EQIA – posts are considered for removal when they have not been filled for some time but targets continue to be met.

Overspends on non pay are in discrete areas where significant inflationary cost pressures are being experienced. Main areas of overspend are estates , drugs and clinical services & supplies. All areas of non pay spend are under review to establish if targeted savings can be made.

Full year agency spend in 15/16 was £3,717k, the ceiling for spend in 16/17 is set at £2,379k and year to date spend to M10 was £1,484k which is £566k lower than the planned trajectory.

Risks associated with delivery to plan are as set out on page 7.

Statement of Comprehensive Income	Current Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
Revenue (exc STF)	92,687	92,253	(434)	111,657	110,988	(669)
Gross Employee Benefits	(68,190)	(65,388)	2,802	(81,878)	(78,425)	3,453
Other Operating Costs	(22,211)	(24,523)	(2,312)	(26,806)	(29,635)	(2,829)
PDC Dividend	(1,970)	(1,930)	40	(2,364)	(2,314)	50
Donated assets adjustment	88	83	(5)	104	99	(5)
Suplus / Deficit before STF income	**404**	**495**	**91**	**713**	**713**	**0**
STF Income	900	900	0	1,080	1,093	13
Adjusted Financial Performance	**1,304**	**1,395**	**91**	**1,793**	**1,806**	**13**

Balance Sheet

- Summary balance sheet at 31/1/17 shows impact of lower than planned capital spend ytd and slower than planned settlement of GHFT debtors and creditors
- Debtors at 31/1 includes £13,328 for GHFT (£5,963 current year and £7,365 prior year) and creditors includes £12,754 (£5,509 current year and £7,245 prior year). All GHFT balances at 31/10/16 settled by the end of month 7 but the entries to match them off on the ledgers still havent been processed by SBS.
- Forecast year end balance sheet for debtors and creditors is back closer to plan as many of the historic GHFT transactions were cleared in M11 and an end of year settlement and net down is planned for the balance.

SUMMARY BALANCE SHEET		2015/16	Current Year to Date			Forecast Outturn		
		Accounts	Plan	Actual	Variance	Plan	Forecast	Variance
NON-CURRENT ASSETS:	Property, Plant and Equipment	75,761	79,571	76,103	(3,468)	79,565	78,065	(1,500)
	Intangible Assets	1,256	905	1,460	555	988	988	0
	TOTAL Non Current Assets	**77,017**	**80,476**	**77,563**	**(2,913)**	**80,553**	**79,053**	**(1,500)**
CURRENT ASSETS:	Inventories	225	500	227	(273)	500	250	(250)
	Trade and Other Receivables	12,833	8,271	17,358	9,087	8,271	7,671	(600)
	Cash and Cash Equivalents	6,112	4,969	7,496	2,527	6,293	7,713	1,420
	TOTAL Current Assets	**19,170**	**13,740**	**25,081**	**11,341**	**15,064**	**15,634**	**570**
CURRENT LIABILITIES	Trade and Other Payables	(17,460)	(12,316)	(22,609)	(10,293)	(13,240)	(12,983)	257
	Provisions	(23)	0	(23)	(23)	0	(23)	(23)
	TOTAL Current Liabilities	**(17,483)**	**(12,316)**	**(22,632)**	**(10,316)**	**(13,240)**	**(13,006)**	**234**
NON-CURRENT LIABILITIES:	Provisions	0	(16)	0	16	(16)	0	16
	TOTAL Assets Employed	**78,704**	**81,884**	**80,012**	**(1,872)**	**82,361**	**81,681**	**(680)**
TAXPAYERS EQUITY	Public Dividend Capital	79,982	79,982	79,982	0	79,982	79,982	0
	Retained Earnings Reserve	(1,334)	181	(26)	(207)	658	(22)	(680)
	Revaluation Reserve	2,454	1,886	2,454	568	1,886	1,886	0
	Other Reserves	(2,398)	(165)	(2,398)	(2,233)	(165)	(165)	0
	TOTAL Taxpayers Equity	**78,704**	**81,884**	**80,012**	**(1,872)**	**82,361**	**81,681**	**(680)**

Capital Expenditure

Gloucestershire Care Services NHS Trust

	Current Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
Hatherley Road	2,000	529	(1,471)	2,000	600	(1,400)
IT replacement	400	669	269	500	1,000	500
IT WAN / LAN	500	518	18	500	700	200
Building compliance	830	178	(652)	1,000	400	(600)
Building reconfiguration	415	127	(288)	500	500	0
S1	415	214	(201)	500	300	(200)
Gross Capital Expenditure	**4,560**	**2,235**	**(2,325)**	**5,000**	**3,500**	**(1,500)**

- Trust full year capital plan is for a spend of £3.5m, full year forecast is now £3.5m
- Year to date spend in 16/17 is £2,235k compared to a plan of £4,560k. There are ongoing delays in pulling the Hatherley Road business case together and also in finalising some of the reconfiguration projects.
- The redevelopment of the Hatherley Road site is still planned but much of the spend will now slip into 17/18. The business case for development of the site is now being prepared for consideration by the trust Board.

Risks

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

- Getting service level agreements in place with GHFT – until agreements are in place there remains a difference in opinion on the value of services of circa. £500k.
- Delivering CIP including managing non-recurrent savings where in year savings are later than planned
- Delivering QIPP and CQUIN on agreed milestones and risk share criteria in line with plan and current forecast. Current risk is estimated at £500k.

2017/18 Budget Approval

The detailed budgets have been developed over the past 3 months in line with the annual plan submission to NHSI that was approved by the Board. A summary of the processes followed are listed below:

- Substantive headcount for each budget holder has been agreed and spine point / A4C inflation added as required to generate the pay budgets.
- For non-pay, 2016/17 spend levels were reviewed and “normalised” to remove any invoice timing issues. This spend level was then compared to budgets and a paper taken to the executive meeting where the executives agreed which cost pressures would be relieved in full, which ones would be relieve partially and which needed to be addressed through management action.
- These budgets will now be taken back out to the operational teams and other budget holders and will be signed of by each of them to confirm their acceptance.
- CIP is still sitting centrally at present and will be passed out to individual budgets as schemes are developed to the point where there is clarity on which budget will be removed as a result of the scheme.

The Board is asked **to approve** the budgets as laid out in Appendix 1 which is in line with the approve annual plan.

2017/18 Finance Priorities

The Finance Team are working on several priorities over the next few weeks. These are listed below for Board awareness:

- A new Finance and Procurement System is being implemented in the Trust which will replace the SBS accounting system and services. This will go live on 1st April for Procurement and the April month end will be completed on the new system.
- The Trust has been offered the opportunity to resubmit its annual plan for 2017/18. This still needs to be in line with the agreed control total and so the Trust is unlikely to take up this opportunity.
- Most of the contract positions are agreed with the Commissioners however there remain one or two outstanding matters that need to be concluded these include:
  - Agreement of the funding of the MIIU staffing cost pressure with the CCG
  - Agreement of 2017/18 contributions to ICT management cost with Gloucestershire County Council
- The CIP plans for 2017/18 need to be developed quickly and start being implemented
- QIPP and CQUIN on milestones are close to being agreed and need finalising and incorporating in the contract. QIPP risk share criteria need to be better defined than in previous years and so needs a dedicated focus.

Appendix 1a – Budget Approval

Bridge from outturn and approved annual plan

£m	2016/17 outturn	2017/18 Annual Plan	2017/18 Detailed Budget	Variance
Income	111.2	109.1	112.1	3.0
Pay	78.8	79.1	79.9	0.8
Non-pay	31.8	29.0	31.2	2.2
Operating Surplus	0.6	1.0	1.0	(0.0)
STF	1.1	1.0	1.0	0.0
Total Surplus	1.7	2.0	2.0	(0.0)

Main movements from annual plan being better outcomes in contracting and lower reductions in public health funding than was expected during planning which are reflected in higher income and costs in budget but with no impact on surplus which is in line with the required control total

Gloucestershire Care Services NHS
NHS Trust

Appendix 1b – Budget Approval

Detailed Budgets

£000s

Income - Operational	ICTs	2,305
	Urgent Care	100
	Children, Family & Young People	645
	Countywide	2,577
	Hospitals excl MIIUs	1,276
	MIIUs	0
	Operations Directorate	0
	Nursing & Quality	142
	Support Services	106,038
Income - Operational	**Total Trust**	**113,083**
Pay - Operational	ICTs	17,892
	Urgent Care	4,379
	Children, Family & Young People	12,407
	Countywide	14,190
	Hospitals excl MIIUs	15,946
	MIIUs	2,247
	Operations Directorate	0
	Nursing & Quality	1,889
	Support Services	10,939
	Total Trust	**79,888**
Non Pay - Total	ICTs	1,601
	Urgent Care	669
	Children, Family & Young People	668
	Countywide	5,947
	Hospitals excl MIIUs	5,350
	MIIUs	246
	Operations Directorate	0
	Nursing & Quality	867
	Support Services	15,862
	Total Trust	**31,210**
Surplus/(Deficit) - Grand Total	ICTs	(17,188)
	Urgent Care	(4,947)
	Children, Family & Young People	(12,429)
	Countywide	(17,560)
	Hospitals excl MIIUs	(20,021)
	MIIUs	(2,493)
	Operations Directorate	0
	Nursing & Quality	(2,614)
	Support Services	79,237
	Total Trust	**1,985**

N.B. Income includes £1,202k STF

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **23rd March 2017**

Report Title: **Audit and Assurance Committee Update**

Agenda reference Number	15/0317
Accountable Executive Director (AED)	Glyn Howells, Director of Finance
Presenter (if not AED)	Richard Cryer, Chair of Audit and Assurance Committee
Author(s)	Glyn Howells, Director of Finance
Board action required	To note
Previously considered by	
Appendices	1 – Approved minutes of 5th December 2016

Executive Summary

This report provides assurance to the Trust Board that the Audit and Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's audit and assurance activities
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

The minutes of the December Committee meeting were approved and are provided at Appendix 1

Recommendations:

The Board is asked to

(i) **Note** the contents of the Audit and Assurance Committee report

Related Trust Objectives	1.2.4.5.
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/implications (QEIA)	No equality implications identified
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Audit and Assurance Committee Update

1 Introduction and Purpose

The Audit and Assurance Committee met on the 21st February 2017. Key Issues considered by the Committee were Internal and External audits' updates, Corporate Risk Register, Counter Fraud, Compliance, Information Governance update, Health and Safety and Cyber Security.

1.1 Corporate Risk Register – Relevant Risks

Two new risks were highlighted to members

- Estates risk ES04 – Asset vehicles have no breakdown recovery contract in place
- IM&T risk IT13 – Ability to adequately protect Trust assets and ensure that the organisation is prepared to deal with the threats that surround cyber security.

Assurance was given to members from the Director of Finance that both risks have been addressed and have been updated on the latest iteration of the risk register.

1.2 Internal Audit Update

PwC Senior partner presented the report and highlighted;

- Three reviews had been completed and final reports issued.
    - Finance (Phase 1) – Low overall risk
    - Serious Incidents Requiring Investigation (SIRI) – Low overall risk
    - Corporate Governance Framework – Low overall risk
- Three reviews are currently in progress and remain in line with the agreed timetable and one further review has been deferred at the request of the Trust, reflecting system changes and operational requirements.

1.3 External Audit Update

The KPMG Manager presented the External audit plan for year ended 31 March 2017 and highlighted how this would be taken forward.

1.4 Information Governance Update

The Committee received an updated review of the Trust's current compliance status and implementation of the IG Toolkit and action plans which are in place to accelerate the progression on compliance. It was noted that additional resource has been added to the team to improve delivery of the recovery plan.

1.5 Health, Safety and Security Update

The Committee considered a detailed report including the updated Health and Safety Policy, Health Safety and Security Strategy and an annual security report.

2 Confirmation of decisions made by the Committee in line with Scheme of Delegation

i. Members agreed with the proposal to introduce a minimum value invoice value.
ii. Approved the updated Health and Safety Policy
iii. Approved the Annual Security Report

3 Confirmation of issues escalated for Board discussion and / or approval

3.1 Board discussion

Information Governance update – it was confirmed to the Committee that the work was on-going to achieve level 2 compliance for the IG Toolkit with a detailed action plan in place. Strenuous efforts were on-going to meet the recommended level of compliance but at this stage this was not expected to be achieved by the nest submission date of 31st March 2017

3.2 Board Approval

i. Committee terms of reference, and self-assessment effectiveness which are incorporate within the Governance Update agenda item 19.

4 Conclusion and recommendations

4.1 Conclusion

The Audit and Assurance Committee has reviewed a range of assurance reports from across Trust and has maintained an independent and objective review.

4.2 Recommendations

The Board is asked to note the contents of the Audit and Assurance Committee Report

Gloucestershire Care Services NHS Trust

Audit and Assurance Committee

Date: 5th December 2016

Members	
Richard Cryer	Non-Executive Director (Chair)
Sue Mead	Non-Executive Director
Robert Graves	Non-Executive Director
Graham Russell	Non-Executive Director
Jan Marriott	Non-Executive Director (from 3pm)
In attendance	
Glyn Howells	Director of Finance
Rob Wakeham	Head of Financial Accounts
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Duncan Laird	External Audit (KPMG)
Lee Sheridan	Counter Fraud Specialist (left the meeting at 2.16pm)
Rod Brown	Head of Planning, Compliance and Partnerships
Lynn Pamment	Internal Audit – PwC
Efe Ayeni	Internal Audit - PwC

Ref	Minute
16/AA068	**Welcome and Apologies** The Chair welcomed attendees to the Committee.
16/AA069	**Confirmation of Quoracy** The Chair **confirmed** that the meeting was quorate.
16/AA070	**Declarations of Interest** Declarations of Interest previously declared were noted. There were no Declarations in relation to the agenda for the meeting.
16/AA071	**Minutes from the meeting 13th September 2016** The Minutes were approved as a true record and approved for signing by the Chair.
16/AA072	**Matters arising (action log)** Members considered the Action Log and confirmed the status set. It was noted that items were on track or completed. There were no additional matters arising.
16/AA073 **Director of**	**Corporate Risk Register – Relevant Risks** The Head of Planning, Compliance and Partnerships introduced the item and highlighted key changes on the register.

Finance	• One new risk Estates risk, ES02 Tewkesbury Hospital. It was agreed that the Risk Rating should be reviewed as members considered that whilst the issues were outstanding it should be increased. • PCP04, Accessible Information Standard, this risk will reduce at the next iteration of the register. The Trust launched the new standards on 1 December 2016. Sue Mead requested an update on Sustainability and Transformation Plan (STP) capacity, PCP27. The Director of Finance confirmed that the Gloucestershire Clinical Commissioning Group (GCCG) are trying to reduce the number of monitoring meetings to free capacity for work required on the STP. This intention has been communicated at a high level but has not yet filtered down to all commissioners. Members agreed that the capacity issue should be escalated to the Gloucestershire Strategic Forum at its next meeting. Internal and External Audit confirmed that this is a national issue. The Chair commented that this issue would be discussed further at the Board Strategy Session 7/8th December 2016. ***(Detailed STP discussions took place with the role of GSF highlighted).*** The Committee **NOTED** the Risk Register and the proposed actions planned to mitigate the risks to an acceptable level.
16/AA074	**Internal Audit update** PwC Senior partner presented the report highlighting; • Two reviews had been completed and final reports issued. o Estates and Facilities – Medium overall risk o Communications – Medium overall risk • Three reviews have been deferred at the request of the Trust, reflecting system changes and operational requirements. • All remaining reviews will be performed in line with the agreed timetable She commented positively on the much improved position actioning and evidencing completion of outstanding recommendations on the action tracker following work by the Trust Secretariat. <u>Estates</u> The Chair asked for a management view on the Estates overall risk of Medium. The Director of Finance advised that he understood it was an evidencing issue and that the work had been carried out. This view was supported by Internal Audit. The Director of Finance further commented that Atrium (Facilities Management system) is being rolled out as this is 99% updated and a member of the IT Team is now working with the estates team to accelerate implementation. The Committee requested a demonstration of the new estates system which is scheduled for June 2017. Members considered the risk relating to the Head of Estates resignation and were reassured interim arrangements were in place. Members questioned the timescales

	for the process and were advised that a range of options had been considered which had delayed the recruitment process but that appropriate interim arrangements and effective deputies were in place which would ensure the recommendations were actioned. <u>Communication</u> Members debated the feedback on this report and the wider communication issues for the Trust both internally and externally. It was recognised the report reflected the Terms of Reference for the Audit but also that that there were wider issues to be considered. The Head of Planning, Compliance and Partnerships advised there would be an opportunity for this to be considered when the related strategy was considered by the Board. Robert Graves commented that the management response should be enhanced and it was agreed that a more proactive response should be requested from Executive colleagues. Members - **Noted** the reports and that recommendation would be taken forward. - **Noted** interim arrangements planned to maintain momentum in the Estates function.
16/AA075	**External Audit Update** The KPMG Manager presented the technical update report and drew members' attention to activity since the last meeting in September 2016 • The planning and risk assessment process for the 2016/17 Audit had commenced with emerging issues and key risks discussed with the Director of Finance and Deputy. Work is currently underway on: • Completing the Audit of the Charitable Funds financial statements; • Discussing with Internal Audit the timing and extent of work on which External Audit can place reliance; and • Drafting the External Audit Plan for the 2016/17 audit. He further highlighted recently published KPMG updates included within the report in particular the Apprenticeship Levy. The Chair thanked KPMG for the interesting report. Committee members **Noted** the progress report and technical update.
16/AA076	**Counter Fraud Update (taken earlier in meeting due to availability of Counter Fraud Specialist)** The Counter Fraud Specialist highlighted key aspects of his report which provided an update on activity and current cases for the period April to November 2016. He advised members of the awareness training which had taken place across the Trust. He highlighted that a Counter Fraud representative now sits on the Trust's Human Resources Policy Review group and therefore has input to all relevant HR policies and procedures to

Counter Fraud Specialist **Head of Planning Compliance and Partnerships**	ensure appropriate fraud proofing of Polices. The Chair requested copies of the newsletters and updates mentioned in the report noting copies are circulated to colleagues on the intranet and included in the weekly email CORE. **(Completed 6th December 2016)** Robert Graves queried the disparity between the number of sessions run and number of sessions commissioned. The Counter Fraud Specialist confirmed that this was due to shift patterns of colleagues and further sessions had been held to ensure coverage of the entire workforce. He confirmed that there would be no additional cost. Graham Russell queried if any benchmarking information is available for this area. The Counter Fraud Specialist replied that this has been requested from NHS Protect and if provided would be included in future reports to the Committee. The Chair asked if any incidents had been related to Cyber Fraud as this risk is heightening. The Counter Fraud Specialist commented that he is not aware of any incidents in Cyber Fraud within the Trust at present. The need to consider cyber-crime and cyber security issues was highlighted. The Internal Audit senior partner commented that PwC are seeing this as an increasing issue. The Head of Planning, Compliance and Partnerships agreed to update the Committee on the Trust's current Cyber-attack defence processes at the next meeting. It was noted that aspects of the Information Governance processes linked to this. The Committee **(i)** **RECEIVED** the Counter Fraud Update. **(ii)** **NOTED t**he Action Plan was is on track
16/AA077	**Finance Compliance Report** The Deputy Director of Finance presented the report highlighting; - No waivers, special payments or write offs to report for the period since the Committee last met in September 2016 - Better Payment Practice performance are at similar levels to previous months (90% by value, 91% by volume) - A potential waiver anticipated in January 2017. (The use of a Procurement framework meant such a waiver was not required). The Committee **RECEIVED** the Finance Compliance report.
16/AA078	**Debtor Ageing and Write Offs** The Deputy Director of Finance presented the report noting that • Debtors are kept under constant intensive review to ensure bad debt risk is minimised and cash flow is maintained. • Debt collection is becoming problematic around smaller debts and a number of small older debts had developed. The Deputy Director of Finance advised that he was considering the introduction of a minimum invoice level given capacity and the need to ensure efficient management of debts. Additionally he advised he would bring to the Committee a proposal for the write off of debts with a minimum invoice level. The Chair questioned what had been done to try and ensure payment. The Deputy Director

	of Finance confirmed that all debt follow up avenues have been undertaken. Following discussions members confirmed support in principle for this, recognising the need to ensure effective use of resources, and asked for a proposal to be formalised for consideration at the next meeting, February 2017. The Chair queried the debtors summary in the report, particularly the high level debts, The Deputy Director of Finance confirmed that a significant proportion of these relate to out of county HIV payments which have started to be received. He confirmed that he is currently looking at three debtors closely and will continue to follow these up. It was **agreed** that the reporting would clarify these aspects in the future. The Committee **noted** the report
16/AA079	**Estates Compliance** The Director of Finance presented the report and highlighted to Committee members that the current processes for recording compliance across the Estates are manual, and that this will transition to an electronic system, Atrium, in the New Year, and as stated above agreed this could be demonstrated in June 2017. Sue Mead commented that the PLACE results were helpful and provided assurance. The Director of Finance advised that the Finance Committee is scheduled to have a Budget Review of the Estates area at their next meeting on 12th December 2016; costs as noted in appendix 7 of the initial report would be looked at in more detail at that meeting. The Committee **NOTED** the report.
16/AA080	**Health, Safety and Security Update** The Head of Planning, Compliance and Partnerships presented the report and highlighted the following areas; - Health, Safety and Security Strategy, following a significant refresh, has been considered by the steering group and is presented to Committee members for approval. - An increasing number of Health and Safety incidents is now recorded, demonstrating improved reporting. Jan Marriott questioned whether Health and Safety meetings are held across all sites. The Head of Planning, Compliance and Partnerships advised that meetings are centralised. Jan suggested Health and Safety Champions should be considered to ensure all areas are covered and give greater assurance to the Committee. The Head of Planning, Compliance and Partnerships confirmed that he would explore taking this action forward with the Chief Operating Officer. The Committee (i) **APPROVED** the Health, Safety and Security Strategy and to recommend to the Board (ii) **APPROVED the** Terms of Reference for the Health, Safety and Security Steering Group. (iii) **NOTED** the minutes of the Health, Safety and Security Committee dated 11 August

	2016 (iv) **NOTED** the minutes of the Health, Safety and Security Steering Group dated 28th October 2016 (v) **NOTED** the results of the recent Health and Safety audits (vi) **NOTED** the Health and Safety Incidents
16/AA081	**Legal Claims Update** The Head of Planning, Compliance and Partnerships presented the report highlighting the ongoing claims in quarter 2 for clinical negligence and third party claims. Members considered the report and agreed there were no issues of concern at this time. Members **Noted** the report.
16/AA082 Head of Planning Compliance and Partnerships	**Information Governance Update** The Head of Planning, Compliance and Partnerships presented the report to Committee members. He commented that there had been improvement in the completion of Information Governance mandatory training and work was ongoing to encourage staff to complete this training through a range of mechanisms. The Information governance toolkit compliance level is currently 50% and members were directed to the improvement plan within the papers which monitors compliance towards a level 2 status. The Chair asked when the Trust would achieve level 2 status and requested that the risk associated with compliance should therefore be raised to reflect this. The Head of Planning, Compliance and Partnerships replied that this task should be completed by March 2018 and that the risk has been increased from 12 to 16. Robert Graves asked if progress towards compliance could be accelerated. In response the Head of Planning, Compliance and Partnerships confirmed that he was liaising with the Director of Finance to consider additional resources. The Chair stressed concern that significant slippage had occurred and queried the implications in relation to the Annual Governance Statement and requested an update for Board members in January 2017 detailing the risk and with options on how the Trust can accelerate compliance. Members noted the current level of Information Governance incidents which were broadly in line with last year. The Head of Planning, Compliance and Partnerships highlighted a concern relating to the Privacy Impact Assessment for SystmOne. Members discussed the aspect in depth and agreed that a legal opinion should be taken to ensure suitable mitigations are in place, noting the variation in advice from the GCCG but also the overall position of SystmOne to promote best health care through appropriate sharing of patient information, the assurances from TPP and the level of risk. Members discussed the Information Management and Technology Strategy (IM&T). Members **Noted** the update and the follow up actions agreed Members **approved** the IM&T Strategy and agreed to recommend it to Board
16/AA083 Head of Planning, Compliance and	**Risk Management update** The Risk Management Policy was presented to members for consideration and approval. The Chair requested an updated table be circulated to all members confirming the current status for all Strategies and Polices.

Partnerships	The Committee **Approved** the Risk Management Policy**.**
16/AA084	**Security Compliance** The Director of Finance presented the report which provides assurance that the obligations for Security Management carried out by the Local Security Management Specialist are being met in accordance with NHS Protect Security Management Standards. Members noted that the self-review for 2014/15 has now been audited by NHS Protect and rated as "Green". The latest submission had just been completed and remained "Green". An action plan to take forward issues highlighted was provided for information. Members **noted** the report**.**
16/AA085	**Emergency Preparedness & Resilience Steering Group Minutes** Members **Noted** and **Received** the minutes from the steering group of 15th August 2016 and 27th September 2016.
16/AA086 **Trust Secretary**	**Forward Agenda Planner** The Trust Secretary informed members that work is currently ongoing to review the format of all forward planners for Committees and Trust Board. This new format will be available for comment at the meeting in February 2017.
16/AA087 **Trust Secretary**	**Any Other Business** An item on GHNHSFT recharges scheduled for this meeting was requested to be rescheduled for the February 2017 meeting.
	Date and Time of Next Meeting 21st February 2017 10.00hrs – 12.30hrs Boardroom Edward Jenner Court

Chair's Signature:

Date:

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **23rd March 2017**

Report Title: **Charitable Funds Committee Report**

Agenda reference Number	16/0317
Accountable Executive Director (AED)	Tina Rickett – Director of HR
Presenter (if not AED)	Nicola Strother Smith Non-Executive Director
Author(s)	Gillian Steels – Trust Secretary
Board action required	Note
Previously considered by	Not Applicable
Appendices	1- Charitable Funds Annual Accounts

Executive Summary

This report provides assurance to the Trust Board that the Charitable Funds Committee is discharging its responsibility for oversight of the Trust's Charity on behalf of the Board, and recognising the Board's responsibility as Corporate Trustee.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Charity's Strategic Aims.

Recommendations:
The Board are asked to note the update from the Committee and the Annual Accounts for 2015-16.

Related Trust Objectives	3,4,5
Risk Implications	No risks identified
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Charitable Funds Committee Report

1 Introduction and Purpose

The Charitable Funds Committee met on 18th January 2017. Key aspects considered were the draft Strategy for Charitable Funds and the Annual Accounts for 2015-16.

2. Annual Accounts 2015-16

The Annual Accounts for 2015-16 were approved following consideration by the Committee and the completion of the required audit process. The accounts were lodged with the Charity Commission in line with requirements.

3. Charitable Funds Strategy

As previously updated this has been drafted and is now being reviewed with the feedback from the Leagues of Friends and will be further considered by the Charitable Funds Committee when it meets in April. Following the resignation of Robert Graves, member of the Board and Committee the Chair of the Trust is currently attending the Charitable Funds Committee and Brokenborough meetings. A Charitable Funds Officer is now in place to support the implementation of the Strategy.

2. Confirmation of decisions made by Committee in line with Scheme Delegation

Approval of the Annual Accounts

3. Conclusion and recommendations

The Board are asked to note the update from the Committee and the Annual Accounts for 2015-16.

Gloucestershire Care Services NHS
NHS Trust

Giving to Gloucestershire

Trustees' Annual Report for Gloucestershire Care Services NHS Trust Charities for the year ended 31 March 2016

Chair: Ingrid Barker Chief Executive Katie Norton

Understanding You

Gloucestershire Care Services NHS Trust Charities Annual Report

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Trustees' Annual Report for Gloucestershire Care Services NHS Trust Charities

for the year ended 31 March 2016

1 Foreword

The Corporate Trustee presents the Charitable Funds Annual Report together with the audited financial statements for the year ended 31 March 2016.

The Charity's Annual Report and Accounts for the year ended 31 March 2016 have been prepared by the Corporate Trustee in accordance with FRS 102 Financial Reporting Standard applicable in the UK and Republic of Ireland. The Charity's Accounts and Report include all the separately established funds from which Gloucestershire Care Services NHS Trust is the beneficiary. The Charitable Funds are registered with the Charity Commission (registration number 1096480) in accordance with the Charities Act 2011.

2 Reference and Administrative details

2.1 Name and Number

The group Charity 'Gloucestershire Care Services NHS Trust Charities', registered charity number 1096480, was registered on 8 May 2003. The group Charity has one active charity linked to it being Brokenborough Fund. During the year a joint sub-committee was established with Great Western Hospital NHS Foundation Trust Charitable funds to manage the Brokenborough legacy reflecting the one third interest they hold in the legacy.

Charitable Funds received by the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the Health Service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990, and these funds are held on trust by the Corporate Body.

The charity operates in accordance with the terms set out in the declaration of trust dated 8 April 2003, as amended by the supplementary deed dated 28 June 2007.

2.2 Trustees

Gloucestershire Care Services NHS Trust as the Corporate Body, the Trust Board members during this period were:

Ingrid Barker	Chair
Paul Jennings	Chief Executive Officer (until 31st December 2016)
Katie Norton	Chief Executive Officer (from 9th January 2017)
Glyn Howells	Director of Finance
Liz Fenton	Director of Nursing and Quality (until June 2015)
Susan Field	Director of Nursing (Interim from July 2015, Permanent from September 2015)
Mike Roberts	Medical Director (Interim during secondment of Dr. Bayley until March 2015, Permanent from May 2015)
Dr. Joanna Bayley	Medical Director (April 2015 - 31st May 2015)
Jason Brown	Director of Corporate Governance and Public Affairs and Board Secretary (until November 2015)
Joanna Scott	Non-Executive Director (until 31st July 2016)
Robert Graves	Non-Executive Director
Richard Cryer	Non-Executive Director
Susan Mead	Non-Executive Director
Nicola Strother Smith	Non-Executive Director
Jan Marriott	Non-Executive Director (from June 2015)
Ian Dreelan	Non-Executive Director (from May 2015 - March 2016)
Graham Russell	Non-Executive Director (from 1 August 2016)
Tina Ricketts	Director of Human Resources, Non-Voting (from March 2016)
Candace Plouffe	Chief Operating Officer, Non-Voting (from 1 April 2016)
Duncan Jordan	Chief Operating Officer (until 31st March 2016)

2.3 Charitable Funds Advice to the Board

Gloucestershire Care Services NHS Trust is the Corporate Trustee of Gloucestershire Care Services NHS Trust Charitable Fund.

Gloucestershire Care Services NHS Trust is the main beneficiary of the Charity and is a related party by virtue of being the Corporate Trustee. By working in partnership with the Trust the Charitable Funds are used to best effect. When deciding upon the best use of the Charitable Funds, the Corporate Trustee takes into consideration the main activities, objectives, strategies and plans of the proposed beneficiary.

2.4 Principal Office

Gloucestershire Care Services NHS Trust
Edward Jenner Court
1010 Pioneer Avenue
Brockworth
Gloucester
GL3 4AW

2.5 Principal Professional Advisers

Bankers

Citibank N.A
London Branch
Canary Wharf
London
E14 5LB

Royal Bank of Scotland Group plc
1 Redheughs Avenue
Edinburgh
EH12 9JN

Auditors

KPMG LLP
66 Queen Square
Bristol
BS1 4BE

Solicitors

Field Fisher Waterhouse LLP
35 Vine Street
London
EC3N 2AA

3 Structure, Governance and Management

The Charity's unrestricted fund was established using the model declaration of trust. The restricted funds were separately registered under the group Charity. All funds held at the date of registration either formed part of the unrestricted or restricted funds. Subsequent donations and gifts received by the Charity that are attributable to the original funds have been added to those fund balances within the existing charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds; in this way the Trustee is able to respect the wishes of the donors, to benefit patient care and advance the good health and welfare of patients and staff. The charitable funds available to spend are held within the fund categories described in note 10 of the accounts.

Non-Executive members of the Trust's Board of Directors are appointed by NHS Improvement. Executive members of the Board are subject to recruitment by the NHS Trust Board.

Members of the Trust Board and the Charitable Funds Committee are not individual Trustees but act as agents under charity law on behalf of the Corporate Trustee.

All Board members undertake an induction programme on appointment and are encouraged to participate in relevant training programmes as appropriate.

The Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

a) Ensure that the Trust applies all charitable funds in accordance with NHS and Charities legislation, including current guidance issued by the Charity Commission.
b) Maintain oversight of the continued relevance and application of the organisation's Declaration of Trust.
c) Oversee the functions performed by the Trust's Director of Finance and the Chief Executive with regard to the investment, accounting and reporting on the use of charitable funds.
d) Conduct the operational management of the Trust's charitable funds.
e) Provide quarterly updates and an annual report to the Trust Board in its capacity as Corporate Trustee, in respect of the management of the Trust's charitable funds.
f) Oversee the appointment of an investment advisor to provide professional advice on investment strategies, and approve individual purchases and sales of investment holdings.
g) Ensure that all investments are made in line with the Trust's guiding principles, namely that investments:
    - are low risk;
    - optimise medium-term return through a combination of capital growth and interest or dividend receipts;
    - avoid areas which may be considered inappropriate for a Healthcare organisation e.g. manufacturers of tobacco, alcohol and arms;
    - are restricted to the explicit conditions or purpose of each donation, bequest or grant.
h) Routinely review the financial status of all individual funds, and monitor the overall performance of the charitable fund portfolio.
i) Proactively ensure that all funds are used for the purpose(s) intended by the donor, bequest or grant.
j) Receive the annual accounts of the Trust's charitable funds for consideration and recommendation to the Trust Board.
k) Ensure effective ongoing engagement with all relevant internal and external stakeholders, as appropriate to the Committee's duties and remit

During the year ending 31 March 2016 the Charitable Funds Committee comprised:

• Nicola Strother Smith	Chair and Non-Executive Director
• Susan Mead	Non-Executive Director (until July 2015)
• Robert Graves	Non-Executive Director (from July 2015)
• Glyn Howells	Director of Finance
• Tina Ricketts	Director of HR
• Jason Brown	Director of Corporate Governance and Board Secretary (until November 2015)
• Susan Field	Director of Nursing (from October 2015)

(Dates indicate when they started or ceased to serve on the Committee.)

During the year ending 31 March 2016 the Brokenborough sub-committee comprised:

- Nicola Strother Smith — Non-Executive Director (Chair)
- Kevin McNamara — Director of Strategy, Great Western Hospital NHS Foundation Trust
- Jemima Milton — Non-Executive Director, Great Western Hospital NHS Foundation Trust
- Duncan Jordan — Chief Operating Officer
- Glyn Howells — Director of Finance

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department located at Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Gloucester GL3 4AW.

4 Risk Management

The amount of funds held in respect of charitable funds is currently considered too small to support an investment portfolio. The Trustee does not consider there to be any major risks associated with the charitable funds due to the nature of the charitable activities undertaken. Funds spent during the year will be no more than the balance held.

No transaction can be approved without a signatory of either the Director of Human Resources or the Director of Finance. Plans to spend over £2,000 must be signed off by the Director of Nursing and then presented to the next Trustees' meeting for approval.

The Trust provides accounting facilities for the funds. The financial position of any fund can be known at any time, as each fund has a unique code which is debited or credited at the time of a transaction. Transactions are processed through the ledger system. Any balance owing to or from the fund is transferred between the Trust Fund Account and Gloucestershire Care Services NHS Trust's bank account during the financial year.

5 Reserves Policy

The charity aims to expend all funds received within two years of receipt, except where funds are being saved for a specific purpose. Fund balances earn interest during the year from the relevant bank accounts.

6 Objectives and Activities

The core vision of the charity is to enhance the care and treatment of service users accessing NHS services within Gloucestershire Care Services NHS Trust, by raising funds to support high priority areas which are beyond the scope of government funding.

The core activities of the charity are for the benefit of the patients of Gloucestershire and the staff employed by Gloucestershire Care Services NHS Trust.

To achieve its vision and objects the charity is working to:

- Develop key messages to better connect with the communities served in Gloucestershire to increase awareness of the charity and the ways in which donors can support the Trust.
- Provide support, guidance and encouragement for colleagues to access funds for projects that align to the vision of the charity.
- Deliver practical improvements to the service user environment.
- Encourage new and existing supporters to engage with the charity using a range of media including email, the post, website and telephone.
- Develop a supporter care programme by including an annual thank you event that details the impact that supporters have made over the year.

- Invest in new charity signage, information leaflets, posters and donor collection boxes across key sites. This will lead to an increase in awareness of the charity and may generate enquiries from potential donors.
- Work with grant applicants to ensure that applications clearly demonstrate service user benefit and congruence with Trust policies and plans.

The charity will achieve these plans by:

- Generating income through a variety of means;
- Supporting Trust colleagues development to enable them to provide excellent clinical and service user centric care;
- Improving the quality of service user care and experience;
- Effectively managing charitable funds available;
- Improving environments for service users, carers and the Trust colleagues;
- Approving grants which will make a real difference, particularly in respect of support for specialist clinical study and/or research that has the potential to impact on the treatment and well-being of service users and carers.

As part of this process during the year the Charity's funds, with the approval of the Charity Commission, were consolidated. (See detail within financial notes, funds given for restrictive purposes were not included in this process). This has enabled focus on the following areas of activity:

- Nightingale – provides professional support that goes above and beyond regular NHS training
- Jenner – supports technological innovation and research in community services.
- Environmental – supports the creation of quiet spaces and calmer environmentally friendly areas to help reduce patient stress when attending hospitals and clinics.
- Helping Hand – supports provision of food or clothing to service users in need.
- Forever Active – supports sharing of experiences and staying active to enhance service user quality of life.

Work also commenced on an internal and external plan which includes the development of materials to increase potential donations and applications for funds.

7 Achievements and Performance

The charity is proud to support people from across the county at their time of need, crisis or illness, and is able to provide this help as a result of the generous donations and legacies of local people, organisations and the wider community, and also through the inspirational fundraising activities of NHS colleagues and other organisations and individuals.

Over the years many individuals have benefited from the kindness of others, with every penny being spent in accordance with the wishes of benefactors.

Examples of some of the good causes the charity has sponsored this year include:

- Provision of clothing / toiletries / pyjamas for homeless people admitted to hospital.
- Toys for Outpatient waiting areas
- Chairs for Fairford Outpatients' Department
- Development Sessions for staff, including Lumbar, Pelvis and Sacrum Course
- Setting up allotments at Vale Hospital as part of social prescribing programme.
- Funding for materials to Gloucestershire College to create art displays for the new Trust premises at Milsom Centre, Cheltenham
- Health and Wellbeing Fair at North Cotswolds Hospital.

- Supporting GCS Volunteers – including tabards and training
- Special palliative paediatric occupational therapy equipment.
- Strawberry Afternoon Teas at Tewkesbury Hospital to support social engagement of patients and encourage healthier eating.

The Trust works actively with the local Leagues of Friends within its area and formally records its gratitude for their support.

The consolidation of funds has created greater understanding of the range of the charity's remit and the charity plans to reinforce links with each locality in which it operates.

8 Future Plans

Going forward into 2016/17 the Charity has plans to further develop its operation. An updated Charitable Funds Strategy is being developed focusing on fundraising and partnership working to increase funds available for supporting the Charity's objectives. It is planned to appoint a Charitable Funds Officer to support this activity. Work to further develop the Brokenborough investment land legacy will also be taken forward.

9 Financial Review

The net assets of the charitable fund as at 31 March 2016 were £207,000 (2015: £286,000). Overall net assets have decreased by 28 percent in the year. In this financial year legacy income was nil and donations reduced by 21 percent with League of Friends donations increasing by 188 percent - however this was matched by corresponding expenditure. Overall expenditure of £460,000 was 104 percent higher than last year. In this financial year £43,000 (2015 £46,000) was spent on patient and staff welfare activities.

The income for the year was £381,000 (2015: £154,000), which included:

- Legacies of £0 (2015: £9,000)
- Donations of £11,000 (2015: £14,000)
- Investment income of £1,000 (2015: £1,000)
- Just giving fundraising of £0 (2015: £1,000)
- Donations from the League of Friends of £369,000 (2015: £128,000)

Expenditure for the year totalled £460,000 (2015: £226,000), which included:

- Expenditure on charitable activities of £91,000 (2015: £98,000)
- Expenditure arising from charitable activities relating to League of Friends donations £369,000 (2015: £128,000)

Gloucestershire Care Service NHS Trust as Corporate Trustee will ensure the liquidity of the Charitable Fund in the short term if required to ensure that it is able to meet its financial obligations as and when they become due.

Service users and Gloucestershire Care Services NHS Trust colleagues have benefited greatly from the generosity of family, friends, colleagues and the wider community who have made donations to the charitable fund. Further information about the particular funds can be obtained in the first instance from the charity website www.givingtoglos.org.uk.

Approved on behalf of the Corporate Trustees

Signed: Nicola M Strutton-Smith

Date 31.01.2017

Statement of Trustees' responsibilities in respect of the Trustees' Annual Report and the Financial Statements

Under the trust deed of the charity and charity law, the trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. The Trustee has elected to prepare the financial statements in accordance with FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland.

The financial statements are required by law to give a true and fair view of the state of affairs of the Charity and of the excess of income over expenditure for that period.

In preparing these financial statements, generally accepted accounting practice entails that the Trustee:

- selects suitable accounting policies and then applies then consistently;
- makes judgements and estimates that are reasonable and prudent;
- states whether applicable UK Accounting Standards and the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- states whether the financial statements comply with the Trust Deed and rules, subject to any material departures disclosed and explained in the financial statements; and
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

The Trustee is required to act in accordance with the Trust Deed and the rules of the Charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the Charity at that time, and to enable the Trustee to ensure that, where any statements of accounts are prepared by it under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The Trustee has general responsibility for taking such steps as are reasonable open to them to safeguard the assets of the Charity and to prevent and detect fraud and other irregularities.

The accounts for 2015/16 and the report thereon are approved on behalf of the Corporate Trustee, by members of the Charitable Funds Sub-Committee under delegated authority from the Board of Directors on 31 January 2017.

Signed: Nicola M Strother Smith

Date: 31.01.2017

Signed

Date: 31.01.2017

Independent Auditors Report to the Trustees of Gloucestershire Care Services NHS Trust Charitable Fund for the year ended 31 March 2016.

We have audited the financial statements of Gloucestershire Care Services NHS Trust Charities for the year ended 31 March 2016 set out on pages 10 to 16. The financial reporting framework that has been applied in their presentation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice), including FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland.

This report is made solely to the Charity's Trustee as a body, in accordance with section 144 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the Charity's Trustee those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and its Trustee as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Trustee and auditor

As explained more fully in the Statement of Trustees' Responsibilities set out on page 8 the trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 (or its predecessors) and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2016 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice;
- have been properly prepared in accordance with the requirements of the Charities Act 2011.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Jonathan Brown
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

31 January 2017
KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Gloucestershire Care Services NHS Trust Charities
Statement of Financial Activities for the Year Ending 31 March 2016

	Note	Unrestricted Funds £000's	Restricted Income Funds £000's	**Total Funds 2016 £000's**	Total Funds 2015 £000's
Incoming Resources					
Income and Endowments from:					
Donations and legacies		11	-	**11**	24
Investments		1	-	**1**	1
Charitable activities		-	-	**-**	1
Separate material item of income		369	-	**369**	128
Total	3	381	-	**381**	154
Resources Expended					
Expenditure on:					
Charitable Activities		455	5	**460**	226
Total	4	455	5	**460**	226
Net Income / (Expenditure)		**(74)**	**(5)**	**(79)**	**(72)**
Reconciliation of funds:					
Total Funds Brought Forward		128	158	**286**	358
Total Funds carried forward	10	**54**	**153**	**207**	**286**

Gloucestershire Care Services NHS Trust Charities
Balance Sheet as at the 31 March 2016

	Note	Unrestricted Funds £000's	Restricted Income Funds £000's	**Total Funds 2016 £000's**	Total Funds 2015 £000's
Fixed Assets					
Investments	7	-	150	**150**	150
Current Assets					
Debtors	8	46	-	**46**	34
Cash at Bank and In Hand		165	3	**168**	234
Total Current Assets		211	3	**214**	268
Creditors: Amounts falling due within one year	9	157	-	**157**	132
Net Current Assets		54	3	**57**	136
Total Net Assets		**54**	**153**	**207**	**286**
Restricted Income Funds		-	153	**153**	158
Unrestricted Funds		54	-	**54**	128
Total Funds of the Charity	10	**54**	**153**	**207**	**286**

The notes on pages 12 to 16 form part of these accounts

Signed:

Name: Glyn Howells, Director of Finance

Date: 31.01.2017

1 Accounting Policies

a Basis of Preparation

The accounts have been prepared under the historical cost convention, with the exception of investments which are included at their fair value as deemed appropriate by the Trustees. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK (FRS 102) effective from 1 January 2015, and applicable UK Accounting Standards (FRS 102) and the Charities Act 2011.

The Charity qualifies as a small charity and accordingly the charity is exempt from the requirement (as set out in FRS 102) to prepare a cash flow statement.

The Charity has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trustee considers it appropriate to adopt the going concern basis in preparing the accounts. However Gloucestershire Care Service NHS Trust as Corporate Trustee will ensure the liquidity of the Charitable Fund in the short term if required to ensure that it is able to meet its financial obligations as and when they become due.

In preparing the accounts, the Trustee has considered whether in applying the accounting policies by FRS 102 and the Charities SORP FRS 102 a restatement of comparative items was needed. No restatements were required.

b Funds Structure

Restricted Funds are funds which are to be used in accordance with specific restrictions imposed by the donor.
Unrestricted Funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects.

c Incoming Resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

d Incoming Resources from Legacies

Legacies are accounted for as incoming resources either upon receipt or when receipt is probable; this will be once there has been a grant of probate, the executors have confirmed that there are sufficient assets in the estate after settling liabilities to pay the legacy and all conditions attached to the legacy are within the control of the Charity or have been met.

e Resources Expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

f Irrecoverable VAT

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

g Allocation of overhead and support costs

These are accounted for on an accruals basis and are recharges of appropriate proportions of the Gloucestershire NHS Finance Share Service calculated on the basis of staff time. These are apportioned to Charitable Activities.

h Cost of Charitable Activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs comprise an apportionment of overhead and support costs.

i Fixed asset investments

Investment land is valued at fair value at the year end.

j Tax position

Gloucestershire Care Services NHS Trust Charitable Fund is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable trust for UK income tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Part 10 Income Tax Act 2007 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

2 Related Party Transactions

During the year none of the members of the NHS Bodies Boards of Directors or key management staff or person(s) related to them have undertaken any material transactions with or been beneficiaries of the Charity. Neither the Corporate Trustee nor any members of the NHS Bodies have received honoraria, emoluments or expenses, and have not purchased Trustee indemnity insurance.

The Trust has recharged the cost of staff time incurred to the Charity of £12,000 (2015: £12,000) (Note 6). No members of the Trust's Board of Directors have received honoraria, emoluments or expenses from the Charity during the year.

The ultimate controlling party of the Charity is Gloucester Care Services NHS Trust. Copies of the Trust's 2015/16 Annual Report and Financial Statements can be obtained from:

Glyn Howells, Finance Director
Edward Jenner Court
1010 Pioneer Avenue
Brockworth
Gloucester
GL3 4AW

3 Analysis of Income

	Unrestricted Funds £000's	Restricted Income Funds £000's	**Total 2016 £000's**	Total 2015 £000's
Donations and legacies				
Donations and gifts	11	-	**11**	14
Legacies	-	-	**-**	9
Other	-	-	**-**	1
Total	11	-	**11**	24
Charitable activities				
Just Giving Fundraising	-	-	**-**	1
Total	-	-	**-**	1
Income from investments				
Interest income	1	-	**1**	1
Total	1	-	**1**	1
Separate material item of income				
League of Friends Donations	369	-	**369**	128
Total	369	-	**369**	128
TOTAL INCOME	**381**	**-**	**381**	154

4 Analysis of Expenditure

	Unrestricted Funds £000's	Restricted Income Funds £000's	**Total 2016 £000's**	Total 2015 £000's
Expenditure on charitable activities				
Medical and surgical equip	277	-	**277**	71
Training and course fees	3	-	**3**	1
Building Refurbishment	57	-	**57**	-
Furniture and fittings	36	5	**41**	68
Computer software	1	-	**1**	2
Patient welfare and amenities	35	-	**35**	36
Staff welfare and amenities	8	-	**8**	10
Other	38	-	**38**	38
TOTAL EXPENDITURE	**455**	**5**	**460**	226

Analysis of expenditure on charitable activities

	Activities Undertaken Directly £000's	**Support Costs £000's**	**Total 2016 £000's**	Total 2015 £000's
Charitable activities	**67**	**24**	**91**	98
League of Friends activities	**369**	**-**	**369**	128
Total	**436**	**24**	**460**	226

Support costs were allocated against all unrestricted funds, based on their final balance as a proportion of the total funds held.

5 Auditor's Remuneration

The Auditor's remuneration was £3,000 in 2016 (2015 £4,000) and related solely to the Audits in both financial years, no other work was undertaken.

6 Staff Costs

	Total 2016 £000's	Total 2015 £000's
Gross wages, salaries and benefits in kind	**10**	10
Employer's National Insurance costs	**2**	2
Balance carried forward	**12**	12
Average number of staff	**0.2**	0.2

The analysis above represents amounts charged to the Charity for staff employed by the NHS Trust. All staff are on standard NHS terms and conditions and are contracted to work with the NHS Trust.

7 Investment assets

Fixed Asset Investments	**Investment Land £000's**	**Total £000's**
Carrying (fair) value		
At 1 April 2015 and 31 March 2016	**150**	**150**

The only investment asset included in the accounts is for land at Brokenborough which is valued at the level that it was transferred from NHS Gloucestershire Primary Care Trust in March 2013 and is not depreciated. On 9th July 2015 an agreement was made between Gloucestershire Care Services (GCS) NHS Trust and Great Western Hospitals NHS Foundation Trust (GWH), recognising GWH's one third interest in the land whilst acknowledging that legal ownership remains vested in GCS NHS Charities Brokenborough Fund.

8 Debtors

	Total 2016 £000's	Total 2015 £000's
Trade debtors	**46**	34
Total	**46**	34

9 Creditors

	Total 2016 £000's	Total 2015 £000's
Accruals	**57**	60
Other creditors	**100**	72
Total	**157**	132

Other creditors represent monies owed at the year end by the Charity to a related party, Gloucestershire Care Services NHS Trust, for costs incurred by the NHS Trust on behalf of the Charity in the furtherance of the Charity's objects.

10 Charity Funds

Details of material funds held and movements during the year

Fund names	Type PE, EE R or U *	Purpose and Restrictions	Fund balances brought forward 1/4/15 £000's	Income £000's	Expenditure £000's	Fund balances carried forward 31/3/16 £000's
Brokenborough Fund	R	Brokenborough Land	150	0	0	**150**
General Fund	U	General Purpose	100	5	(58)	**47**
Childrens' Palliative OT	R	Childrens' Care only	14	0	0	**14**
Environment Fund	U	Environmentally friendly areas in hospitals / clinics	5	0	3	**8**
J Page Fund	R	Fairford Hospital	7	0	(5)	**2**
Jenner Fund	U	Technological innovation in Community Services	8	0	(7)	**1**
Other funds	R & U		2	7	(24)	**(15)**
League of Friends	N/A		0	369	(369)	**0**
		Total Funds	**286**	**381**	**(460)**	**207**

* Key: PE - permanent endowment funds; EE - expendable endowment funds; R - restricted income funds, including special trusts, of the charity; U - unrestricted funds, N/A - not applicable

Changes in the structure of Unrestricted Funds

On 28th October 2015 the Charity Commission approved the consolidation of 39 unrestricted funds into 6 new unrestricted funds. These are:

1. General Fund
2. Nightingale Fund
3. Environment Fund
4. Jenner Fund
5. Forever Active Fund
6. Helping Hand Fund

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **23 March 2017**

Report Title: **Board Assurance Framework**

Agenda reference Number	17/0317
Accountable Executive Director	Director of Finance
Author(s)	Rod Brown, Head of Planning and Partnerships
Board action required	For information and assurance
Previously considered by	Risk Steering Group
Appendices	1. Board Assurance Framework

Executive Summary

The Board Assurance Framework (BAF) provides an overview of the strategic risks and operational risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.

The BAF presented reflects the position as at the end of January 2017 to align with the version of the Quality and Performance Report also presented at March Board. Updates on any escalated risks will be discussed at the Board.

Following Board discussions regarding risk appetite, the BAF not only contains all operational risks rated 12+ but also all risks rated 8-10 where there may be direct impact upon service user safety.

In particular, it is highlighted that:

- one strategic risk has been removed following agreement at the January Board (i.e. risk 014: inability to gain a "Good" or "Outstanding" rating following a CQC Chief Inspector of Hospitals' assessment);
- five strategic risks have reduced in severity in this period;

Recommendations:

The Board is asked to receive the BAF and consider the actions being taken to mitigate risks.

Related Trust Objectives	1,2,3,4,5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment Requirements or implications	Implications are clearly referenced in the report
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Gloucestershire Care Services NHS
NHS Trust

Board Assurance Framework:

Strategic Risks

January 2017

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.

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1. Strategic Risks

1.1 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	002	Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times	12	⟷
	003	Inability to observe robust record-keeping practices which may impact upon safety and care delivery	12	↓
	004	Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care	12	⟷
Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work	005	Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust	3	⟷
Actively engage in partnerships with other health and social care providers in order to deliver seamless services	006	Inability to develop or progress key strategic relationships across the county, and maintain the necessary pace of change, in order to successfully deliver the Sustainability and Transformation Plan and ensure joined-up collaborative services	12	↓
	007	Lack of up-to-date service specifications for Integrated Community Teams limits the Trust's ability to effectively plan and deliver to plan	12	↓

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	008	Inability to recruit and retain the right staff with the right skills in the right place which may have a detrimental impact upon the quality of provided care	12	
	009	Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice	12	
	010	Inability to provide robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care	12	
	011	Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care	12	
Manage public resources wisely to ensure local services remain sustainable and accessible	012	Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes	12	
	013	Inability to maintain robust internal control / governance systems which may lead to reputational loss and long-term sustainability	10	

1.2 Detail of strategic risks

Risk	**Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times**					**Ref**	002		
Strategic objective	*Achieve the best possible outcomes for service users through high quality care*								
Description	Services have not developed, or are not following, evidence-based care pathways, to support the right person and provide the right care at the right time. This can result in ineffective and inefficient care being provided to service users.								
Date opened	30 March 2016					**Exec lead**	Candace Plouffe		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	5	2	5	4	4	4	4	4	
- Consequence	3	3	3	3	3	3	3	3	
- Total	**15**	**6**	**15**	**12**	**12**	**12**	**12**	**12**	
Controls	• Some services are adopting a care pathway approach and this is being incorporated into the service specifications: an exemplar of good practice has been the Complex Wound service • NICE guidance provides information on best practice and is utilised to develop and refresh care pathways • Work is underway to approach this a system as part of the STP clinical pathway programme – with a focus initially on respiratory illness and dementia					**Assurance**	• Clinical protocols which incorporate care pathways facilitate an audit based approach to ensure compliance		
Gaps in controls	• Older service specifications tend to be input and activity based, and do not incorporate evidence-based care pathways					**Gaps in assurance**	• Not all interventions have nationally recognised evidence-based pathways, and as such, these will need to be locally developed and tested		

Progress made in the previous period	• Strategic demand and capacity tool (which will support and drive the use of consistent care pathways) has progressed with Norfolk Community Trust's 2 day visit to work with Performance team and present to Operational Service leads. • Further refinement of operational service delivery plans for 2017-18 based on current priorities in STP, QIPP and CQUIN • Ongoing review of service specifications, expected completion in Quarter 4 so can be included in new contract • Continued participation in STP clinical pathway workstream, which is directing operational services to move to a more consistent care pathway approach	
Actions in the next period	• Demand and capacity tools embedded and improved consistency of use, with initial data on clinical variation available • Finalise operational delivery plans, down to individual service level, incorporating 2017/18 objectives • Complete outstanding service specification reviews as per agreed schedule • GHFT Contract meeting will be held with Operations to agree programme of work of refreshing service specifications (separate from funding discussions) • Start review of Community diabetes service offer from GCS, and dependent of outcome of national bid, begin the development of a Foot protection service with integrated care pathway • Outcome of Commissioner review of rehabilitation services in Community hospitals, to inform future system direction	
Slippages on reported actions in the last reporting period	• Finalisation of service specifications with the Commissioners; as there is now a view that some of the key service specifications need to be reviewed again to ensure alignment with the STP • Contract meeting with GHFT has primarily involved discussion on funding charges without sufficient focus on clarifying service specifications	
Links to the Corporate Risk Register	ST38: IV therapy service does not have an up-to-date service specification with clear consistent clinical pathways NEW	**12**
	SD22: Systemwide non-compliance with NICE Diabetes guidelines, and specifically no foot protection team for people with diabetes in primary and secondary care settings	**12**
	SD28: Systemwide lack of speech and language therapy resource, placing service users at risk of longer term problems	**12**

Risk	**Inability to observe robust record-keeping practices which may impact upon safety and care delivery**					**Ref**	003		
Strategic objective	*Achieve the best possible outcomes for service users through high quality care*								
Description	The quality of record keeping is variable across services, and is potentially impacting on the quality of provided care as insufficient information is available for colleagues to act upon. This also creates a risk for the organisation when incidents occur, as care is not being documented to the standard expected as per the professional regulatory bodies and the Trust's record keeping policy								
Date opened	30 March 2016					**Exec lead**	Candace Plouffe / Susan Field		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	4	4	4	4	4	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**8**	**16**	**16**	**16**	**16**	**16**	**12**	
Controls	• SystmOne allows for more robust record keeping audits, in which quality is the focus • All services carry out an annual record-keeping audit, and this process has been revised as the Trust has moved to an electronic records					**Assurance**	• Annual record keeping audits have been completed by professional heads of service, and subsequent action plans developed		
Gaps in controls	• Lack of standard operating procedures in SystmOne has resulted in information being recorded in various parts of the record, making it difficult to find easily, thereby impacting upon continuity of care • Training for clinical colleagues on how and what to record on electronic systems needs to be improved to ensure consistency and best practice					**Gaps in assurance**	• Need to review current record keeping and record management policy to ensure fits with new way of recording clinical information		
Progress made in the previous period	• Standard Operating Procedures have been developed on SystmOne, as well as redesign of modules to facilitate improved record keeping (i.e. tile approach). This work has almost been finalised by the Heads of Profession, whilst for Physiotherapy and OT ICTs, work is being tested • SystmOne re-engineering outcome being tested with ICT colleagues • Re-audit activities have commenced • Community Nurse quality visits continue and indicate improvements in clinical record keeping								

Actions in the next period	• Continued implementation of Quality Improvement Group action plans • First formal training session planned for end of February • Continue with service re-audit plans as per agreed schedule • Outcomes Clinical Record Keeping report for February Quality and Performance Committee	
Slippages on reported actions in the last reporting period	• Some delay with community nurse template implementation due to the complexity, volume and breadth of community nurse activities	
Links to the Corporate Risk Register	SD35: Lack of compliance within ICTs with professional standards of clinical record-keeping	**12**
	PCP01: Inconsistent record keeping means that allegations of negligence cannot always be refuted	**12**

Risk	**Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care**					**Ref**	004		
Strategic objective	*Achieve the best possible outcomes for service users through high quality care*								
Description	With the drive to move more services from acute to community settings, there is a sustained and significant pressure for access to community services. Resources to match increased expectation on community services has not yet followed the activity, and this has the potential to reduce the Trust's ability to be delivery services in a more proactive way, 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, by increasing patient flow 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	30 March 2016					**Exec lead**	Candace Plouffe		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	4	4	3	3	3	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**8**	**16**	**16**	**12**	**12**	**12**	**12**	
Controls	• Alamac reporting enables a more measured and responsive approach to system-wide pressures, and is beginning to gather a body of information to support systemwide urgent care demand-capacity modelling • SystmOne is providing clearer evidence of Trust activity to underpin forward planning and a demand-capacity approach • Some services have demand-capacity models, and have used them to success in improving access times					**Assurance**	• Activity and performance against contracted service levels is reported on monthly through the Quality and Performance Report		
Gaps in controls	• The lack of service specifications which incorporate care pathways and demand-capacity models means that the Trust has very few cap-volume metrics agreed • There is insufficient clarity regarding step-up and step-down services to and from other providers • Without demand-capacity modelling, it is difficult to evidence when community services are "full" which impacts on the workforce and the quality of service delivered					**Gaps in assurance**	• There is not a consistent approach 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 Gloucestershire Strategic Forum and the Strategic Resilience Forum • The Staff FFT is showing an increase in the number of colleagues identifying demand-capacity issues as increasingly significant		

Progress made in the previous period	• Completed the separation of the front and back door of the Integrated Discharge Team, with the Trust responsible for the front door team. • Expansion of hours of front door team to 8:00-20:00, 7 days a week to support admission avoidance • Increase resources provided Commissioners to expand Rapid response service, with successful recruitment in January. • Agreed Community hospital bed prioritisation system, which supports GP direct admissions. • Continued progress by operational teams in developing and embedding demand-capacity frameworks for individual services, interlinked with defined care bundles • Review of the Medworxx system, following trial of red-green patient flow management system.	
Actions in the next period	• Complete the development of the Strategic demand and capacity tool (being led by Performance team) • Decision on type of patient flow management system to be used in Community hospital • Finalise and share with Board a Community hospital vision paper and options for an urban offer to reduce pressure into Community hospitals and support care closer to home • Agree future offer of Reablement services in the county	
Slippages on reported actions in the last reporting period	• Delays in agreeing direction of reablement services, with agreement to not change current service focus and provision over winter period	
Links to the Corporate Risk Register	ST29: Bed occupancy levels consistently exceed CQC-advised thresholds and commissioned targets	**12**
	SD8: Failure to achieve the local 4-week wait for routine MSKCAT service users	**12**

Risk	**Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust**						**Ref**	005	
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	30 March 2016					**Exec lead**	Susan Field		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	3	1	3	3	2	1	1	1	
- Consequence	3	3	3	3	3	3	3	3	
- Total	**9**	**3**	**9**	**9**	**6**	**3**	**3**	**3**	
Controls	• Use of the Friends and Family Test (FFT) across all Trust settings • Direct feedback to teams from FFT comments • The updated Complaints Policy • The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments • The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities • Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion • On-going review of all feedback so as to ascertain themes • The Quality Equality Impact Assessments that are conducted against all service improvements / redesigns / Cost Improvement Plans • The Trust's Annual Quality Account • Being Open Champions					**Assurance**	• The Your Care, Your Opinion Programme Board • Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board • 6-monthly Understanding You Report • Service user stories at Board • The Complaints Oversight Group • Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG • Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability • The outputs of focus groups which are reported to relevant Trust forums for learning • The outputs of other ad-hoc engagement and consultation activities		

Gaps in controls	• The Trust does not have processes that guarantee the engagement of partners to evidence co-production in service development.	**Gaps in assurance**	• Service user feedback is not engrained in all service developments • Benchmarking data suggests that the Trust receives fewer complaints than other comparable Trusts
Progress made in the previous period	• Communications and Engagement Strategy ratified by the Trust Board • Period of engagement on the local STP continued (scheduled to run until February 2017) • Attended the Health and Wellbeing Forum on 6 December to present upon the Place-Based Model • Organised focus group in Cam / Vale of Berkerley on 13 December to elicit public views on the proposed frailty model • Attended the Stroud Older People's Forum in January to present upon the STP / Place-Based Model • Supported the establishment of a Locality Reference Group for North Cotswolds (January) • Quality and Equality Impact Assessment (QEIA) Policy ratified by Trust Board (January 2017) • Trust organised and hosted a Holocaust Memorial Event on 27 January • Launched Trust NHS Accessible Standard in December • Held regular quarterly meeting with the local Leagues of Friends / Friends of Lydney Hospital (December) • Patient Story at Board in January focused upon equalities and diversity • Supported the Forest of Dean Locality Reference Group in January to recommence engagement in that locality • Commenced work upon models for (i) improved engagement with the voluntary care sector and (ii) the Gloucestershire public		
Actions in the next period	• Aiming to complete the tender for translation and interpretation services by 31 March • Continuing to support the countywide STP engagement – including a planned network event February 2017 • Patient stories continue to be heard at Board and Board Development meetings • Support the CCG in developing the Model of Care for the Forest of Dean ahead of July consultation • Chair the Countywide Equalities Group (February) • Finalise proposed models for (i) improved engagement with the voluntary care sector and (ii) the Gloucestershire public • Hold the Your Care, Your Opinion information event on 14 March • Support a GOPA event in March • Attend the local Celebrate and Collaborate Event in March		
Slippages on reported actions in the last reporting period	None		
Links to the Corporate Risk Register	None		

Risk	**Inability to develop or progress key strategic relationships across the county, and maintain the necessary pace of change, in order to successfully deliver the Sustainability and Transformation Plan and ensure joined-up collaborative services**					**Ref**	006		
Strategic objective	*Actively engage in partnerships with other health and social care providers in order to deliver seamless services*								
Description	The Trust recognises the importance of building effective working relationships to support the development of the Gloucestershire STP. Particular focus has been given to the development of shared understanding with the CCG and other partners in order to establish a long-term strategic view of investment, the shape of service and organisational configurations								
Date opened	30 March 2016					**Exec lead**	Katie Norton		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	3	2	3	2	3	3	4	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**12**	**8**	**12**	**8**	**12**	**12**	**16**	**12**	
Controls	• STP Governance arrangements • Board Governance and Assurance processes • STP process overseen by NHS Improvement and NHS England • Annual planning arrangements • Regular performance/operational meetings with key partners					**Assurance**	• Gloucestershire Strategic Forum • Reports to Board and Board Committees • NHS England and NHS Improvement review meetings		
Gaps in controls	• Effective performance meetings with commissioners (CCG and GCC)					**Gaps in assurance**	• Lack of clear performance metrics to assess progress of STP delivery • Stakeholder survey review		
Progress made in the previous period	• Updated Sustainability and Transformation Plan submitted to NHSI • Review of GSF to better support system working • Ongoing development of Place-Based Models with full GCS involvement and system leadership • Regular meetings now in place at CEO level with GHFT, 2g, GCC and CCG								

Actions in the next period	• Final version of Memorandum of Understanding to be agreed and signed off • Review of STP delivery arrangements • Completion of stakeholder review
Slippages on reported actions in the last reporting period	• Final version of Memorandum of Understanding to be agreed and signed off
Links to the Corporate Risk Register	None

Risk	**Lack of up-to-date service specifications for Integrated Community Teams limits the Trust's ability to effectively plan and deliver to plan**					**Ref**	007		
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 has not been formally confirmed and agreed between partner organisations with a service specification. This, alongside further initiatives such as High Intensity/Enhanced Care service and case management, has resulted in a lack of agreed understanding between commissioners and the Trust of what is expected to be provided. The County Council has also introduced a change to the line management arrangements and responsibility for social work practice which has further impacted on the model. Overall, there is not a measure against which the Trust can 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. With the development of the 30,000 people and place model, the Integrated Community Team will need to be redefined and service specifications refreshed								
Date opened	30 March 2016					**Exec lead**	Candace Plouffe		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	3	3	4	4	4	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**8**	**12**	**12**	**16**	**16**	**16**	**12**	
Controls	• The Trust has created an ICT operational plan, based on previous business cases developed with the Commissioner and on draft and previous service specifications. • Individual action / recovery plans have been developed in respect of "hot spots" / areas of operational concern, such as reablement • Arrangements have been agreed with the Council to ensure that integrated care provision is provided by the ICTs, despite the change in line management and overall responsibilities for social work					**Assurance**	• Assurance and further direction is provided via the ICT Performance and Delivery Group which reports to the Joint Strategic Integration Panel. This in turn reports to the Contract Monitoring Board. • The refreshed governance structure has been agreed with Commissioners • Internal assurance is provided to the Operational Governance Group which reports to the Quality and Performance board subcommittee		

Gaps in controls	• The Trust does not have a refreshed service specification for Integrated Community Teams within its core contract • The Trust does not have an agreed ICT service delivery model • Changes in operational management of Social Care services with competing organisational priorities between health and social care, may jeopardise the relationship between the Trust and Council, and thereby undermine delivery of integrated health and adult social care services. • The change to the social care management element has resulted in the need to review the overall management structure of the Integrated community teams	**Gaps in assurance**	• Although system wide key performance indicators are reported to the Commissioner, there is not a full set of metrics in which the individual elements of the Integrated Community Teams are reporting on
Progress made in the previous period	• Completed the consultation with management colleagues on the realignment of ICTs around Place-Based clusters forming in the county • Begun the development of a refreshed resource allocation model (RAM) for those services provided in the ICTs • Progressing the recommendations made in the OT review, working in collaboration with the Commissioners to develop a future service model. • Agreed priorities for redesigned reablement service		
Actions in the next period	• Complete the RAM and realign clinical colleagues within the new clusters • Agree future service model for Adult occupational therapy • Detail and confirm the pull model for Cheltenham and Tewkesbury which will support care close to home and deliver a “virtual ward” in these two localities.		
Slippages on reported actions in the last reporting period	• Agree detailed programme of change framework to redesign reablement service – this needs to be considered in the systemwide bed review being done in the STP as well as the work underway in understanding the future rehabilitation offer		
Links to the Corporate Risk Register	ST31: Risk to service user safety, service effectiveness and Trust reputation as a result of competing developmental priorities in ICTs including the place-based model, frailty pathway and community matron model of care		**12**

Risk	**Inability to recruit and retain the right staff with the right skills in the right place which may have a detrimental impact upon the quality of provided care**					**Ref**	008		
Strategic objective	*Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision*								
Description	The number of qualified nursing vacancies has improved within Community Nursing but has remained static within Community Hospitals over the last 12 months. 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. Furthermore, since April 2016 the number of band 5 physiotherapy and occupational therapy vacancies have been increasing due to strong competition from the private sector.								
Date opened	30 March 2016					**Exec lead**	Tina Ricketts		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	4	4	4	4	4	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**8**	**16**	**16**	**16**	**16**	**16**	**12**	
Controls	• Monthly submissions of nurse staffing numbers so as to identify gaps and respond effectively • Recruitment drives / fayres to attract new staff • Revised establishment control process for community hospitals • Any gaps in staffing are addressed by the use of bank/agency workers so as to maintain safe staffing levels at all times • Centralised bank and agency function • Roll out of e-rostering across the Trust • Safer recruitment practices in place • Review of exit interviews, managed centrally in HR					**Assurance**	• Workforce data which is reported through the Workforce & OD Committee and thereafter to Board • Safer Staffing data which is included within the Quality and Performance Report which goes to Board • Top-level workforce plan submitted to Workforce & OD Committee • Agency working group chaired by the Chief Operating Officer • Recruitment and Retention Steering Group chaired by Head of HR		
Gaps in controls	• Lack of robust workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response • 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 • Low completion rate of exit interviews					**Gaps in assurance**	• Data is not available to review in real-time		

Progress made in the previous period	• Recruitment and retention report standing agenda item on Workforce and Organisational Development Committee • Contingent workforce plan in place with new initiatives including introduction of weekly payroll and peripatetic team • Positive news story in Nursing Times about the Trust's progress with Community Nursing recruitment • GCS ranked 2nd in Southwest regarding the management of agency spend • Visit by NHS Improvement as GCS seen as a best practice Trust with regard to nurse recruitment and retention	
Actions in the next period	• Recruitment and selection processes to be further reviewed under a Listening into Action scheme • Refresh of Recruitment and Retention Steering Group membership • Further targeted recruitment campaigns • Nurse Associate programme to be launched in April 2017 • BIRT is being developed to incorporate establishment figures enabling the Trust to view live vacancy rates by 1 April 2017	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	SD21: Shortage of Dental Officers to support service users with special needs RE-ENTRY	**12**
	NQ12: No formal consultant microbiologist to support antimicrobial stewardship and provide clinical guidance	**12**
	HR3: High number of nurse vacancies in community hospitals	**12**
	HR7: Insufficient workforce information may be masking further recruitment hotspots	**15**

Risk	**Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice**					**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								
Date opened	30 March 2016					**Exec lead**	Tina Ricketts		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	1	3	3	3	3	3	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**4**	**12**	**12**	**12**	**12**	**12**	**12**	
Controls	• Agreed Workforce and Organisational Development Strategy with corresponding implementation plan • Undertaking a fourth year of Listening into Action • Core Values Behaviour Framework • Annual staff survey • Quarterly Staff Friends and Family Tests • Workforce scorecards • Investors in People accreditation					**Assurance**	• Improvements in the Pulse Check for Listening Into Action between start and end of year three • Listening into Action accreditation • Investors in People accreditation until March 2017 • Workforce and Organisational Development Committee • Workforce Education & Development Group		
Gaps in controls	• The Trust's agreed Performance Management Framework is not widely understood or embedded across the organisation • High proportion of workforce risks relate to demand/ capacity issues • Inability to recruit to all qualified nursing vacancies having an impact on morale					**Gaps in assurance**	• Both the NHS Staff Survey and the Staff Friends and Family Test report below-target for staff recommending the Trust as a place to work. Hotspot identified at Edward Jenner Court.		

Progress made in the previous period	• Listening into Action accreditation • The launch of a further 32 Listening into Action schemes • Three Listening into Action schemes (communications, leadership, behaviours) being taken forward at EJC to address 3 priority areas identified in big conversations • Working towards Timewise accreditation • Refresh of the combined Communications and Engagement Strategy	
Actions in the next period	• Continue to focus on improving the Trust's rating as a flexible working employer in conjunction with Timewise • Investors in People assessment in February 2017 • Continue to implement the Colleague Health and Wellbeing Plan	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	HR13: Low staff morale within the Trust as a result of many changes and the mismatch between capacity and demand	**12**
	HR6: Low rates of Personal Development Reviews	**12**
	PCP23: The Trust's WRES report, as well as the Equalities Survey, shows significant discrepancies between the experiences of different staff groups	**12**

Risk	**Inability to provide robust assurance that colleagues have the clinical skills 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. 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	30 March 2016					**Exec lead**	Susan Field / Tina Ricketts		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	1	3	4	4	3	3	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**4**	**12**	**16**	**16**	**12**	**12**	**12**	
Controls	• The Trust has a policy regulating the use of Personal Development Plans • Clinical education programmes are in place and accessible via ESR • There is a defined pooled training budget • There are competency frameworks for statutory and mandatory training • The Trust is compliant with the Professional Bodies Registration requirements					**Assurance**	• PDR & 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 • Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee		
Gaps in controls	• Completion rates for PDR's is below the required threshold • There are no commissioned audits looking at PDR practice • Inconsistent provision of clinical supervision • Service Development Plans are not yet developed for all areas • Essential to role competency frameworks need to be developed across all roles and disciplines					**Gaps in assurance**	• Percentage of staff reporting access to relevant personal development • Percentage of staff compliant with statutory and mandatory training		

Progress made in the previous period	• Further development of the Oracle Learning Management system as to enable colleagues to access their own training records on line • Trust's statutory and mandatory training matrix promoted across the Trust • Intense statutory and mandatory training sessions arranged until April 2017 • Improved reporting now in place for safeguarding training • Access to e-learning simplified • Training booking system replaced enabling improved access • Apprenticeship roles in place – commenced "thinking" about Level 7 Clinical Apprenticeship roles • Refresh of the Trust's statutory and mandatory training policy completed • Refresh of the Trust's study leave policy completed • Workforce scorecard developed to include reporting of compliance on mandatory clinical training • Targeted approach to improving statutory and mandatory training compliance – action plans in place for each subject area • Refreshed terms of reference for Workforce and Education Group • Training data validation process with budget holders completed • Launched ESR Self- Service • Formally notified that the Trust will become a Health Education England fast follower site for new Nursing Associate roles	
Actions in the next period	• Plan for 2017-18 statutory and mandatory training sessions • Continue with Listening into Action • Progress further definition of essential to role training matrices for each service (led by Professional Heads and Operational Leads) • Development of Trust plan re Apprenticeship Levy • Finalise Nursing Associate modelling and benefits realisation work • Commence recruitment for 10 Nursing Associate roles - this will be done internally	
Slippages on reported actions in the last reporting period	• Lack of capacity of services to release staff to complete the training	
Links to the Corporate Risk Register	NQ15: MCA Deprivation of Liberties standard is not understood or embedded in practice across the Trust NEW	**12**
	HR21: Low essential-to-role training compliance could have a detrimental impact on the Trust's reputation and its ability to meet CQC standards	**12**
	HR20: Failure to meet national compliance requirements with regards to mandatory training and auditing of CPR equipment	**12**
	PCP38: Lack of challenging behaviour training is resulting in non-compliance with NHS Protect security standards NEW	**12**

Risk	**Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care**					**Ref**	011		
Strategic objective	*Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision*								
Description	The Trust's cultural change programme requires all colleagues to be leaders so that service transformation and development can be driven from the front line. It is evident from staff survey results that leadership capability and capacity is varied across the Trust and this is having a detrimental impact on colleague engagement, service development and the ability to take forward service transformation at pace and scale								
Date opened	30 March 2016					**Exec lead**	Tina Ricketts		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	3	3	3	3	3	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**8**	**12**	**12**	**12**	**12**	**12**	**12**	
Controls	• NHS Leadership Competency Framework • Workforce and Organisational Development Strategy • Listening into Action programme year 4 • CORE values behaviour framework					**Assurance**	• Investors in People Accreditation to March 2017 • Listening into Action Accreditation • Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee • Monthly leadership meetings		
Gaps in controls	• The Trust does not currently have a Talent Management Strategy • The assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans					**Gaps in assurance**	• Percentage of colleagues who have participated in leadership development activities		
Progress made in the previous period	• Improved leadership scorecard results compared to September 2015 • Edward Jenner leadership programme available to all staff • CORE Colleague Network attendee list updated • Bespoke leadership programmes in place for Integrated Community Teams and Community Hospital Managers								

Actions in the next period	• Development of a Trust leaders/managers toolkit • Launch of an on line Wellbeing for Leadership programme • Gloucestershire leadership “offer” being developed through the STP	
Slippages on reported actions in the last reporting period	• Delay in the development of a Talent Management Strategy	
Links to the Corporate Risk Register	HR15: Lack of management capability and capacity could be the root cause of low staff moral and increased staff turnover	**12**
	HR16: Lack of leadership capability and capacity could be the root cause of lack of progress against service transformation and the Workforce and OD Strategy	**12**
	TC31: Insufficient resources in the Transformation and Change team to deliver necessary change	**12**
	PCP27: The ability of the Trust to coordinate all finance, activity, workforce, operational and strategic elements of the STP into a single response with limited capacity	**12**

Risk	**Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes**						**Ref**	012
Strategic objective	*Manage public resources wisely to ensure local services remain sustainable and accessible*							
Description	The Trust has a challenging £4m Cost Improvement Programme for 2016-17. Additionally, the Trust is challenged to meet all QIPP and CQUIN targets which have another £6m of risk in them. 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	30 March 2016					**Exec lead**	Candace Plouffe	
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	4	2	3	3	3	3	3	3	
- Consequence	4	4	4	4	4	4	4	4	
- Total	**16**	**8**	**12**	**12**	**12**	**12**	**12**	**12**	
Controls	• Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation • Accurate baseline reports and activity data to evidence progress • Financial targets agreed at the outset between operations and finance with more financial involvement throughout the process • Good historical delivery against QIPP and CQUIN and additional QIPP schemes close to agreement • A clear communications plan linking CIP delivery to LiA; highlighting that CIP is a collective responsibility and requires engagement from everyone • QEIAs will be completed and signed off for all CIP schemes before they are implemented • The Trust's main commissioner is supportive of the areas being targeted by the CIP plans					**Assurance**	• Progress against CIP targets is monitored at the CIP Steering Group which reports to the Finance Committee • Quality Equality Impact Assessments are discussed at Clinical Senate with recommendations made to the Executive Team for ratification • Quality Equality Impact Assessments are included with future Clinical Senate reports which are provided to the Quality and Performance Committee		
Gaps in controls	• Clear evidence-base / intelligence / operational modelling upon which to build CIP plans • Financial understanding and accountability by operational leads is improving • Financial projections are improving • Understanding of CIPs across the Trust is improving					**Gaps in assurance**	• The ability to deliver in-year and future CIP savings without reducing frontline services or generate additional income through increased productivity and efficiency		

Progress made in the previous period	• QIPP and CQUIN schemes are now fully agreed with the main commissioner, full achievement in Quarter 1 and good achievement forecasted for Quarter 2-3 (not yet confirmed) and Quarter 4 (not yet completed) • Clear on CIP achievement for 2016-17, and shortfall covered by non-recurrent savings • QEIAs policy and process agreed by Clinical Reference Group, with electronic EQUIA being finalised • CIP schemes for 2017/18 in development • Draft process map re CIP governance will be presented to Finance board subcommittee	
Actions in the next period	• Continue to complete QEIAs for relevant CIP initiatives before implementing • Review of QIPP and CQUIN milestones and agree evidence required with Commissioners to minimise potential non-achievement • Continued management and monitoring of all CIP, CQUIN and QIPP plans • Continue to complete detailed CIP plans for 2017-18 • Provider to Provider contract meeting with GHT with operational focus scheduled	
Slippages on reported actions in the last reporting period	• Provider to provider operational contract meeting with GHT has not yet occurred for 16/17	
Links to the Corporate Risk Register	SD38: The Trust is not receiving funding for all out-of-county HIV care	**12**
	FIN1: Ability to deliver CIPs against pay costs	**12**
	FIN2: Ability to achieve Gloucestershire Hospitals NHS Foundation Trust service recharges and adhocs	**16**
	TC32: Risk that STP work cross cuts CIP initiatives	**12**
	TC33: Lack of clarity from CCG regarding expectations for QIPP reporting	**12**

Risk	**Inability to maintain robust internal control / governance systems which may lead to reputational loss and long-term sustainability**						**Ref**	013	
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 NHS Improvement 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	30 March 2016					**Exec lead**	Glyn Howells		
Rating	**Initial**	**Target**	**March 2016**	**May 2016**	**July 2016**	**Sept 2016**	**Nov 2016**	**Jan 2017**	**March 2017**
- Likelihood	2	1	2	2	2	2	3	2	
- Consequence	5	5	5	5	5	5	5	5	
- Total	**10**	**5**	**10**	**10**	**10**	**10**	**15**	**10**	
Controls	• Clinical and corporate governance arrangements enable controls to be effectively managed • Committee / reporting structures enable controls to be monitored and reviewed • The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas • 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 • Line management structures provide clarity in terms of responsibilities and accountabilities • Internal and external audit provides additional scrutiny					**Assurance**	• 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 • Internal Audit of Governance December 2016, Reported to the Audit and Assurance Committee February 2017, classified Corporate Governance – Governance Framework as low risk and advised; "Our review of corporate polices and documentation, including committee structure,terms of reference,minutes,board papers and other ad-hoc document sidentified that, overall, the Trust has appropriate structures in place to support good governance.".		
Gaps in controls	• The progress against closing gaps identified in IG Toolkit is slower than hoped meaning that the Trust is unlikely to be level 2 compliant by 31					**Gaps in**			

	March 2017 submission.	**assurance**	
Progress made in the previous period	• Head of Financial Accounting post is now recruited on a substantive basis and good progress is being made in stabilising the team. • Actions identified in Internal Audit reports are being closed more promptly • Revised governance arrangements have been audited by Internal Audit to measure their effectiveness and completeness • The streamlined Quality and Performance reporting pack has been received positively at both Q&P Committee and Board. • Additional IG project support has been engaged to accelerate delivery of IG Toolkit level 2		
Actions in the next period	• Make significant progress against IG plan • Prepare for year-end audit • Prepare for new financial system implementation from 1 April 2017 • Complete ToR and Review of Effectiveness for all Board Sub-committees		
Slippages on reported actions in the last reporting period			
Links to the Corporate Risk Register	SD42: Capacity to correct / amend countywide services data quality in SystmOne		**12**
	SD47: Lack of EPRR awareness and testing across operational teams		**12**
	ST35: Lack of access to TrakCare means that babies may not be appropriately identified for screening programmes		**15**
	ST36: A&E notifications for children are not being received electronically from GHFT		**12**
	NQ13: Lack of temperature controlled storage for drugs and dressings at sites across the Trust		**12**
	HR23: Unplanned absence in payroll administration, increasing the risk of payroll errors NEW		**15**

	IT13: Ability to adequately protect Trust assets, and ensure that the organisation is prepared to deal with the threats that surround cyber security	**12**
	PCP02: Failure to comply with Information Governance standards, resulting in the Trust no longer being at level 2 compliance with the Information Governance Toolkit	**20**
	PCP14: Low rates of Information Governance training across the Trust	**12**
	PCP28: Lack of control and policy on the use of data storage devices	**12**

Operational risks not linked to strategic risks	
ST5: Rising trend of reported falls at Community Hospitals	**9**
ST25: Insufficient numbers of GPs providing medical cover to inpatient wards	**16**
ST30: Risk to reablement services as a result of loss in GCC funding	**12**
ST34: Trust's ability to respond effectively to changes following the review of OT provision within ICTs	**12**
ST40: SWAST has served notice on OOH contract and district nurse call handling NEW	**12**
SD50: Failure to achieve harm-free care standards across community teams and hospitals	**9**
SD55: Reputational risk as a result of the public health review into the provision of children & young people services and sexual health services across Gloucestershire	**12**
NQ14: Risk of delays in reporting infectious conditions by GHFT to inpatient units upon service user transfer	**12**
ES02: Potential non-compliance of flooring and other estates materials at Tewkesbury Hospital	**20**
ES03: The EJC generator is not regularly load tested and could result in failure	**12**
ES04: Asset vehicles have no breakdown recovery contract in place	**12**

2. Definitions

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

2.1 Description of consequence

	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of service users, staff or public (physical or psychological harm)	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
Quality/ complaints/ audit	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**
Human resources/ organisational development/ staffing/ competence	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
Statutory duty/ inspections	No or minimal impact or breech 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 breeches 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
Adverse publicity/ reputation	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**
Business objectives/ projects	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
Finance including claims	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
Service/ business interruption Environmental impact	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**
Frequency 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

NHS
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Trust Board

Date of Meeting: **23rd March 2017**

Report Title: **Board Governance Framework**

Agenda reference Number	18/0317
Accountable Executive Director (AED)	Katie Norton, Chief Executive
Presenter (if not AED)	Gillian Steels, Trust Secretary
Author(s)	Gillian Steels, Trust Secretary
Board action required	To note
Previously considered by	Not Applicable
Appendices	None

Executive Summary

This report informs the Board of actions on-going to update the Board Governance Framework.

The Audit Committee Meeting on 23rd March 2017 will review the Board:

- Standing Orders (including terms of reference)
- Standing Financial Instructions
- Scheme of Delegation and Scheme of Reservation.

Feedback from the Committee will then be incorporated and these key framework documents reviewed by the Internal Auditors for implementation from 1 April 2018.

The Standing Orders incorporate the Committee Terms of Reference. These have been reviewed by the Committees and updated to reflect latest guidance and to reflect the Trust's priorities and focus. As the Trust continues to work towards the Sustainability and Transformation Plan it will continue to review that the Terms of Reference best support this.

Recommendations:

The Board is asked to note the Governance Framework Update

Understanding you

Related Trust Objectives	1.2.4.5.
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/implications (QEIA)	No equality implications identified
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Board Governance Framework Update

1 Introduction and Purpose

The paper informs the Board of the work on-going to update the Trust's Board Governance Framework.

1.1 Key Governance Documents

The Trust regularly reviews, currently at least annually, the:

- Standing Orders
- Standing Financial Instructions
- Scheme of Delegation and Scheme of Reservation

The process this year has been more comprehensive reflecting changes in systems and personnel which has enabled the review to incorporate wider good practice experience.

The Trust Board has delegated authority to the Trust Audit and Assurance Committee to approve these documents and this will be undertaken at their meeting on 23rd March 2017. The Internal Auditors will then review the documents to provide external assurance.

The **Committee Terms of Reference** are a key element of the governance arrangements. These have been reviewed, incorporating views of each Committee to reflect learning and latest good practice.

1.2 Committee Annual Reports

The Committee Annual Reports are now being drawn together through the Committee Self-Assessment process and will be used to inform the Annual Governance Statement within the Annual Report and Accounts.

1.3 Committee Membership and Director and Non-Executive Director Roles

This is incorporated within the Chair's Report.

2 Recommendations

The Board is asked to note the report and approve the Committee Terms of Reference.

Gloucestershire Care Services NHS
NHS Trust

TRUST PUBLIC BOARD - FORWARD PLANNER - 2016-2017

Month	January	March	May	July	September	November
Standing Items						
Service User Story - TBC	x	x	x	x	x	x
Questions from the public	x	x	x	x	x	x
Leadership Items						
Chair's Report	x	x	x	x	x	x
Chief Executive's Report	x	x	x	x	x	x
Chief Operating Officer's Report	x	x	x	x	x	x
Governance and Risk						
Board Assurance Framework	x	x	x	x	x	x
Quality, Safety and Performance						
Quality and Performance Committee update	x	x	x	x	x	x
Workforce and Organisational Development Committee update	x	x	x	x	x	x
Quality and Performance Report	x Month 8	x Month 10	x Month 12	x Month 2	x Month 4	x Month 6
Finance Committee update	x	x	x	x	x	x
Finance Report	x Month 8	x Month 10	x Month 12	x Month 2	x Month 4	x Month 6
Charitable Funds Update (as required)	x	x	x		x	x
Audit Committee Update (as required)	x	x		x	x	x
Strategy						
	Health, Safety and Security Strategy 2017 (then every 3 years, due 2020)	Quality Strategy 2017 (every 3 years, due 2020)	Finance Strategy 2017 (every 3 years, due 2020)	Workforce and OD Strategy 2016(Every 3 years , due 2019)	Clinical Strategy 2016 (every 3 years, due 2019)	Business Continuity Strategy 2016 (Every 3 years, due 2019)
	Information Management and Technology Strategy 2017 (every 3 years, due 2020)	Estates Strategy 2017 (every 3 years)	Charitable Funds Strategy 2017 (every 3 years, due 2020)			
	Communication & Engagement Strategy 2017 (Every 3 years, due 2020)	Risk Management Strategy 2017(every 3 years, due 2020)				
Sustainability and Transformation Plan, including any consultation updates	x	x	x	x	x	x
Corporate						
Understanding You Report	x			x		
Listening into Action			x		x	
Assurance						
Charitable Funds Committee update						
Review of Board and Committees' Effectiveness		x				
Review of Quality and Annual Accounts			x			

Every routine meeting will also include:

Welcome and Apologies
Quoracy confirmation
Declaration of Interests
Approval of minutes from last meeting
Action Log
Forward planner
Any other business
Date of Next Meeting
Opportunity to informally review the meeting

AGENDA ITEM 20

ANY OTHER BUSINESS