NHS
Gloucestershire
Care Services
NHS Trust

GCS TRUST BOARD

Thursday 29th March 2018 13.00 – 17.00
Cirencester Town FC, the Corinium Stadium, Kingshill Lane, Cirencester, GL7 1HS

AGENDA

General Business			Presenter	Purpose
13.00 (guide time)	1/0318	**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
13.05	2/0318	**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
	3/0318	**Service User Story –** **Minor Injury and Illness Units** Development since 2015	Director of Nursing	To note
13.35	4/0318	**Minutes of the previous Board Meeting –** held on 25th January 2018 (including Appendix of Questions from the Public with Answers from that meeting)	Chair	For Approval
13.40	5/0318	**Matters Arising Action Log** - matters arising not covered by other items on the agenda	Chair	To note
13.45	6/0318	**Questions from the Public**	Chair	To note
Leadership and Strategy				
14.00	7/0318	**Board Assurance Framework**	Deputy Chief Executive Officer	To note
14.10	8/0318	**Chair's Report**	Chair	To note and approve
14.20	9/0318	**Executive Team Report**	Deputy Chief Executive Officer	To note
15.00	10/0318	**Business Plan**	Deputy Chief Executive Officer / Director of Finance	To approve
15.15	11/0318	**Budget**	Deputy Chief Executive Officer / Director of Finance	To approve

15.30	12/0318	**Director of Public Health Annual Report**	Chief Operating Officer / Director of Nursing	To note
15.50	13/0318	**Staff Survey**	Interim Director of HR&OD	To note & endorse
Quality and Operational Performance				
16.00	14/0318	**Quality and Performance Committee Report**	Committee Chair	To note
	15/0318	**Quality and Performance Report – Month 11**	Chief Operating Officer / Director of Nursing	To note
16.15	16/0318 16.1/0318	**Workforce and Organisational Development Committee Update** **Gender Equality Pay gap**	Committee Chair Interim Director of HR & OD	To note and approve To note and approve
Finance				
16.30	17/0318	**Finance Committee Report**	Committee Chair	To note
	18/0318	**Finance Report – Month 11**	Director of Finance	To note
Assurance				
16.45	19/0318	**Audit and Assurance Committee update**	Committee Chair	To note
	20/0318	**Forward Planner Review**	Trust Secretary	To note
Other Items				
16.55	21/0318	**Any Other Business**		
Date of the next meeting: Thursday, 7th June 2018				

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 • Joint Chair 2g
Sandra Betney	• Director Summerhill Supplies Ltd (wholly owned NHS Subsidiary) resigned 12/05/17 • Director FTN Trading Ltd (wholly owned trading arm NHS Providers) • Co-opted member NHS Providers Finance and General Purposes Committee
Richard Cryer	• Trustee Action for Children, Action for Children Pension Fund
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 • Research Interviewer National Centre for Social Research
Mike Roberts	• GP Partner Rosebank Surgery Gloucester • Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDoc)
Candace Plouffe	• Trustee Active Gloucestershire
Graham Russell	• Chair Second Steps Bristol • Chair Governors Cirencester Deer Park Academy • Wife works at Longfield Hospice

All other Directors have provided a return which is a nil return.

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Trust Board Minutes

Date: 25th January 2018

Meeting on 25th January 2018 at 13.20hrs
Forest Hills Golf Club, Coleford

Board Members	
Ingrid Barker	Chair (Voting Member)
Susan Mead	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) (absent 15.15-25)
Sandra Betney	Director of Finance/Deputy Chief Executive (Voting Member)
Mike Roberts	Medical Director (Voting Member)
Nick Relph	Non-Executive Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer (Voting Member)
Tina Ricketts	Director of Human Resources
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
David Smith	Interim Director of HR & Organisational Development
Public/Press	
Pak Wong	Insight Development Programme member – present for the full meeting
Amanda Williams	CQC representative – present for the full meeting
	There were approximately 50 members of the public and press in attendance, and the Gloucestershire Clinical Commissioning Group Governing Body for the Board meeting prior to 3.15pm and three members of the public after 3.15.

The meeting was preceded by a Joint Seminar with the Gloucestershire Clinical Commissioning Group (GCCG) Governing Body to enable the GCS Board and the GCCG Governing Body to receive a presentation on the Consultation Outcomes and obtain any clarification required.

Ref	Minute
1/0118	**Apologies and Quoracy** The Chair welcomed colleagues and members of the public. Apologies were received from Richard Cryer, Non-Executive Director, and Nicola Strother Smith, Non-Executive Director. The Chair confirmed the meeting was quorate.

Understanding You

2/0118	**Declarations of Interest** Declarations of Interest previously declared were noted. The Chair highlighted her declaration as Joint Chair of GCS and the 2gether NHS Foundation Trust.
4/0118	**Forest of Dean Consultation Outcome and Next Steps** The Chair opened the item noting that the seminar which had taken place prior to the Board had enabled a thorough review of the paper being considered. She stressed that GCS recognised the decision was a significant responsibility and that the Board understood that the Forest of Dean was a special community, with pride in its heritage. She recognised that the issue was one that raised strong feelings, and provided her assurance that the Trust had listened carefully to the community, and to colleagues working within the Forest of Dean. To support its considerations the Board had been provided with comprehensive papers which included: • Health and Wellbeing for the Future - Community Hospitals in the Forest of Dean - Recommendations for next steps following the public consultation • Forest of Dean Community Services Review - The Case for Change • Community Hospitals in the Forest of Dean Consultation Document • Community Hospitals in the Forest of Dean Outcome of the Consultation Report • Summary report from the Gloucestershire Health Care Overview and Scrutiny Committee The Chief Operating Officer commented that clinicians in both the Dilke and Lydney hospitals were providing excellent care, however they were clear that the current buildings were increasingly compromising their ability to deliver the care they wanted to provide for patients. She also noted that, while the Trust continued to ensure that they were compliant with CQC standards, the maintenance issues were significant and increasingly challenging. The Director of Nursing confirmed the challenge that the current buildings presented for infection control, and highlighted the need to ensure that the Forest had the facilities required to meet the needs of future generations. The Chief Executive highlighted the practical issues of delivering relatively low volume services across two sites, which was compromising continuity of care in a number of areas and creating operational difficulties. It was for this reason that the option of investing in both existing sites had been discounted. The Director of HR commented that the Staff Joint Negotiating and Consultative Forum, which was one of the Trust's formal mechanisms for obtaining staff views, was supportive of the preferred option and the greater opportunities this would offer for colleagues. The Director of Finance reflected on the affordability of the proposal and it was noted that this project had been incorporated within the Trust's Five Year Capital Programme. She advised that the proposed cost of £11m had been reviewed and continued to be considered affordable (based on square meterage), but that it would be reconfirmed once the site was identified. She confirmed that the proposed investment would be a capital investment and that the funds could not be used for maintenance purposes. Nick Relph, Non-Executive Director, queried how quickly a panel would be convened and able to undertake the assessment of location, and the impact on the overall timeline. The Chief Executive advised that the aim would be to commission the work quickly, and advised

that further detail would be provided on the Panel at the March Board.

Graham Russell, Non-Executive Director, queried whether there was clarity on what would happen if the current sites were not required in the future and whether the Trust would be able to retain receipts relating to any disposals. The Director of Finance advised that the current assumptions within the capital programme were that GCS would be able to retain the receipts. She commented that the retention of receipts was a very important part of the affordability of the case for the development of a new hospital. She confirmed if the Board supported the recommendations that the Trust had capacity to undertake the new build before disposals took place.

The Chief Executive commented that the Trust was responsible for ensuring best value for any disposals and highlighted that this was "value" in its broader sense, incorporating social opportunity. She confirmed that the Trust was committed to working with the District Councils on these matters.

Sue Mead, Non-Executive Director, Chair of the Quality and Performance Committee, expressed her support for this significant investment in services for the Forest of Dean which would improve the quality of experience received by service users. She asked for assurance on plans to sustain services and the potential to increase the range of services in the future. The Director of Nursing confirmed the commitment to maintain the quality of service, and the Chief Operating Officer advised that the Trust was in discussion with Gloucestershire Hospitals NHS Foundation Trust about what services it wanted to deliver locally. The Chief Executive advised that the consultation had confirmed the commissioners intentions to increase the range of services provided locally, including diagnostic services such as endoscopy. She also noted that the Trust was working towards integrated mental and physical health and that this would be an important consideration for a new hospital, with specific opportunities in relation to providing a dementia friendly environment.

The Chair commented that the consultation had confirmed the Trust's commitment to ensuring that the design for a new hospital would be developed through co-production and facilitate services for the future.

The Chief Operating Officer commented on the operational challenges of staffing radiology at two sites, and ensuring infection control requirements were met, recognising that both hospitals had recently suffered influenza outbreaks. The Trust wanted to offer improved facilities such as en-suite facilities.

Jan Marriott, Non-Executive Director, questioned how the bed modelling had been developed to identify the number of beds required now and the amount of flexibility to respond to future change. The Chief Operating Officer advised that the Trust would be working closely with primary care and Gloucestershire Clinical Commissioning Group (GCCG) to ensure that the bed modelling reflected the Forest of Dean's needs. She commented that the Trust was also working to strengthen rehabilitation services across Gloucestershire, including supporting people in their own homes. She confirmed that work was under way to ensure the bed modelling was completed as soon as possible, as set out in the recommendations within the next steps report. Jan Marriott, Non-Executive Director, stressed the importance of the bed modelling process and outcome being transparent to members of the public.

The Medical Director commented that the information demonstrated that very few people living in the Forest of Dean were admitted to community hospitals outside of the Forest, however a significant proportion of beds in the Forest of Dean were currently occupied by

	residents from outside of the Forest, particularly from Gloucester City. As a GP working in Gloucester he was keen to ensure that bed modelling considered the needs of the whole county, noting the work progressing in Gloucester and Cheltenham to develop more local alternatives such as the complex care team developments. Jan Marriott, Non-Executive Director, commented on the importance of transport to enable the Forest of Dean community to access health care services. It was also noted that there was a strong network of community and voluntary transport services in the Forest of Dean which were a real asset to be support, albeit that the Director of Finance advised that as a provider the Trust was unable to support voluntary transport financially. The Director of Nursing welcomed the fact that there had been strong engagement of colleagues working in the two hospitals to date and sought assurance that this would continue. The Director of HR advised that colleagues would be involved in workshops to consider the design of services. The Chief Operating Officer commented that colleagues were supportive of the new facility and the opportunities to promote health and wellbeing within the Forest. In drawing the discussion together to enable consideration of the specific recommendations, the Chair reflected on the NHS Constitution, and specifically that the NHS belongs to the people and that she expected this to be central to the Board's decision making. The Board: 1) **CONFIRMED** it was satisfied that there was no new or material information which has come to light through the consultation that would bring into question the Case for Change. 2) **ENDORSED** the recommendations set out in response to the issues identified through the public consultation, specifically in relation to: • Bed Modelling; • Travel and Access • Planning for Demographic Growth • Heritage & Legacy • Detailed Service Planning • NHS Financial Framework • Alternative Options • Impact Assessment • Criteria and Approach for appraising location and site 3) **APPROVED** the preferred option for a new community hospital in the Forest of Dean which would replace The Dilke Memorial Hospital and Lydney and District Hospital. The GCS Board adjourned its meeting and the GCCG Governing Body considered this item. The GCS Board resumed its meeting at 15.15. (The Chief Executive left the meeting)
5/0118	**Service User Story** It was noted that because the previous meeting had been extended the planned user story would now take place at the next meeting.

6/0118	**Minutes of the Meeting Held on 30th November 2017** The Minutes were **APPROVED** as a true record.
7/0818	**Matters Arising (Action Log)** The Board considered the action log and NOTED the latest position. 10/116 – Minor Injury and Illness Unit Funding - It was confirmed this was the subject of 2018/19 contract review discussions and would be resolved by 31st March 2018. 16/116 – Gloucester City Hub - It was confirmed this would be considered by Trust Board in March 2018. 01/1117 – Service User Story -It was confirmed the Director of Nursing had updated the patient on planned actions following the November Service User Story. It was confirmed that issues relating to working with social care would be discussed with the County Council.
8/0118 Executive	**Board Assurance Framework** It was confirmed that while there had been good progress against actions to mitigate strategic risks, the BAF also highlighted a number of areas where internal capacity and/or changes in the external context were impacting on the Trust's ability to achieve the target risk position. The Board discussed the risk relating to recruitment and retention and agreed that this remained a high level risk. Sue Mead, Non-Executive Director, queried the impact on patient care of the recruitment and retention challenges. The Chief Operating Officer advised that processes were in place to block-book agency staff where required to ensure continuity of care was optimised. Processes were in place within therapy to use agency staff, and also to develop a rotational staff offer in the longer-term to reduce levels of vacancies. The Director of Nursing reflected that there were national issues relating to the nursing apprenticeship which needed to be resolved with NMC to support this pathway. The Director of HR advised that risk 10 relating to colleague engagement had previously been reduced to 8 reflecting the breadth of engagement activity in place, however based on latest feedback it would be increased to 12. Renewed work on Listening Into Action was being progressed to support this. 15.25 – Chief Executive rejoined the meeting. Members reflected that the three significant risks within the register related to workforce, and confirmed they would continue to be monitored through the Workforce and OD Committee. Graham Russell, Non-Executive Director, queried whether the risks relating to partnership working sufficiently reflected the Trust's focus on place-based partnership working and it was agreed the Executive would review this. The Board **RECEIVED** the Board Assurance Framework and **NOTED** and **ENDORSED** the risk ratings and the actions being taken to mitigate the risks.

9/0118	**Chair's Report** The Chair highlighted key aspects from her report. Of note she highlighted: • The Strategic Intent with 2gether was progressing and was proving exciting and interesting as the Trusts look to forward their ambition to integrate physical and mental health care. • Congratulations to Gayle Clay, Team Manager, Homeless Healthcare Team who had been awarded a British Empire Medal. • The work of the Health & Wellbeing Board, noting that the latest meeting had focussed on the development of the Concordat relating to mental health. • The recent Board Development time out which had re-emphasised the Board's commitment to place-based locality working. • A proposal to put in place an Associate Non-Executive Director to support capacity on the Board. The Board: (i) **NOTED** the Chair's Report. (ii) **NOTED** the report on the activities of the Chair and the Non-Executive Directors. **(iii) ENDORSED** the proposal to commence recruitment to an Associate Non-Executive Director position.
10/0118	**Chief Executive and Executive Team Report** The Chief Executive Officer and Executive Team outlined the key aspects of the report. The Chief Executive recorded formal thanks to Tina Ricketts, Director of HR, as a very valued member of the Executive Team, and wished her well in her move to Worcestershire Acute Trust. She also welcomed David Smith, Interim Director of HR and OD. The Board received a six month review of "Katie's Open Door" which sought to provide an additional route for colleagues to raise issues and/or concerns, in addition to the Freedom to Speak Up Guardian. The review had concluded that it was providing a valuable mechanism for colleague engagement. The Board were advised that good relationships continued with regulators, noting the outcome of the last review meeting with NHS Improvement and the arrangements for the annual Care Quality Commission (CQC) inspection. The Chief Operating Officer confirmed that the operational teams were under significant pressure given system challenges, however partnership working remained strong. The Chair formally acknowledged the work that the Trust operational teams were providing to support the wider healthcare system. The Board welcomed the work progressing to support the development of the Community Hospital Inpatient Strategic Framework and agreed that this should be considered in the context of a place based approach. The Chief Operating Officer confirmed that a similar approach would be taken to non-bed based services across the community hospital sites. Sue Mead, Non-Executive Director, welcomed the development of the Community Hospital Framework Strategy, and asked that this gave appropriate consideration to the financial context and benefits associated with strong community based care. The Director of Finance advised that patient level costing was now being taken forward which would support the development of costings relating to the "patient's journey".

	The Chief Executive drew the Board's attention to the proposal to pilot Integrated Locality Boards which she felt would be a significant enabler for strengthened place based working. The Chief Operating Officer advised that she was leading on arrangements for a conference on co-production with partners in the spring. The Board were advised that the Trust was continuing to work closely with partners to respond to the Ofsted Safeguarding recommendations and that a meeting with the Improvement Board would take place in the following week. The Chief Executive highlighted a number of Trust successes, noting that confirmation had just been received that both the Stroud and Cirencester Endoscopy Units had received Joint Advisory Committee (JAG) reaccreditation. The Board **NOTED** the Chief Executive and Executive Team's Report.
11/0118 **Chief Operating Officer** **Finance Committee**	**One Gloucestershire – Sustainability and Transformation Plan Update** The Board had been provided with an update on the ongoing work being progressed through the One Gloucestershire Sustainability and Transformation Partnership. This highlighted that a key focus was now being given to developing the one-place business case which will set out the collective plans for sustainable and transformed emergency and urgent care in Gloucestershire, and the development of centres of excellence. Board members queried the ongoing issues relating to Trakcare and were advised that the position was improving, but that Gloucestershire Hospitals NHS FT (GHFT) expected the process to take a further 12-18 months to complete. The Chief Executive confirmed that GCS had developed a range of mitigating actions in response to the issues to minimise the impact on patient care. The Chief Operating Officer agreed to provide a summary on the risks and mitigations in place relating to Trakcare, relating to GCS work, to be considered at Quality and Performance Committee. The Board considered other elements within the work being progressed by One Gloucestershire and noted that the stroke rehabilitation business case would go to the Finance Committee once complete. The Board **NOTED** the report
12/0118	**Quality and Performance Committee Report** The Board received the report providing assurance that the Quality and Performance Committee continues to oversee the Trust's quality, performance, clinical expertise and achievements in line with its delegated authority. The report highlighted the following activities: • Progress and assurance in relation to the 2017/18 Trust Quality Priorities, noting a number of areas where further assurance was being sought. • Readiness for the Care Quality Commission (CQC) well-led inspection visit due to take place 7th and 8th February 2018.

	• Assurance that the Trust is progressing improvements actions with regards to Family and Friends Test (FFT) response rates, • The recommendation to publish the revised Trust Discharge Policy. • Assurance that the standard of clinical record keeping across Trust services continues to improve and that this can be evidenced by the outcome of a recent re-audit of patient records. Sue Mead, Chair of the Quality & Performance Committee, commented that the Committee had been pleased to see good progress in relation to the work on falls, however noted a number of areas where the Committee was seeking further assurance, particularly in relation to pressure ulcers improvement. She confirmed the Committee would continue to monitor this tightly. It was noted that the Trust was working with Gloucestershire Hospitals on a first mortality review which should support greater system working. The Board: 1. **NOTED** and **ENDORSED** the contents of the Quality & Performance Committee report 2. **RECEIVED** the approved minutes of the Quality & Performance Committee held on 31st October 2017.
13/0118	**Quality and Performance Report – December 2017** The Board had been provided with the Quality & Performance report for December 2017 reflecting the Board's request for more timely information. It was noted that the report had been redesigned as an exception report following Board discussion about ensuring focus through targeted discussion. The report also confirmed progress made against those performance achievements where there are action plans in place for those services that require improvement. It is also intended to provide assurance that quality care is being maintained. It was noted that a number of further developments for the report were planned including: (a) The development of an extended report to provide assurance on quality and other priority areas for review by the Executive Team (monthly) and Quality and Performance Committee (bi monthly) (b) Enabling greater transparency of exception reporting criteria, particularly on local targets, to ensure clear thresholds were agreed; (c) More focus on place based reporting in line with the Board's strategic direction (d) More information on the activity and outcomes being achieved through the Trust's Integrated Community Teams The Board welcomed the provision of more timely information, and considered the information.

Director of Nursing Quality & Performance Committee Director of Nursing	The Board considered the metrics relating to pressure ulcers. The Director of Nursing confirmed that further analysis was being undertaken on grade 3 and 4s, and she confirmed that awareness of pressure ulcers had been raised across the Trust. It was agreed that the Quality and Performance Committee should set a threshold relating to pressure ulcers to support exception reporting. It was recognised that most pressure ulcers occurred in the community and reflected the importance of effective multi-disciplinary team and multi-agency working. The Director of Nursing advised that Public Health England had recently issued further advice which would be reviewed to ensure that all aspects are incorporated within the Trust's action plan. Nick Relph, Non-Executive Director, queried why the falls data in Dilke and Lydney remained outliers. The Director of Nursing advised that the Dilke is reflected falls from a small number of patients and that she would review the position relating to Lydney and update. The Director of HR commented on the improving position in relation to professional development reviews, and confirmed that the focus was now on mandatory training. The Board considered therapy services in relation to access and waiting times. The Chief Operating Officer advised that work had been done to realign the Occupational Therapy (OT) resources and that access and waiting time should be back on track by the end of March. The muscular skeletal (MSK) service now had a trajectory in place for improvement agreed with commissioners. She agreed she would share this with the Quality and Performance Committee. She reflected that learning from the transition of the MSK service was that in future the Trust would ensure it retained sufficient workforce to complete delivery when realignment of a service took place. The Chair expressed disappointment that the 18 week target had not been hit, and sought assurance on actions taken. The Chief Operating Officer advised this related to 4 patients and confirmed that meeting the 18 week target had improved. It was confirmed that Commissioners were monitoring MSK performance. Nick Relph, Non-Executive Director, queried the variation in speech and language therapy performance. The Chief Operating Officer advised that it related to a small number of patients (2) and the need for the development of a clear service specification with the Acute Trust. The Board considered the workforce information and was pleased to note that PDR levels for staff on active assignments were now at 90%. It was confirmed the Trust was working to a target of 100% for staff on active assignments. It was confirmed that there had been no breaches of the safer staffing levels, and that this was monitored by the Quality & Performance Committee. Graham Russell, Non-Executive Director, welcomed the increase in Friends and Family Test completion, but questioned whether qualitative data was also captured and how this was reviewed by the Board. It was agreed this would be considered for future reporting. The Director of HR advised that it had been agreed that the Trust would use a Listening into Action Pulse Check which would provide a heat map which would provide the views of staff in localities which would help support the Trust's place based working lens. The Board **NOTED** the report.

14/0118	**Workforce and Organisational Development Committee Update** This report provided assurance that the Workforce and Organisational Development (OD) Committee is discharging its responsibility for oversight of the Trust's Workforce and OD Strategy on behalf of the Board. Workforce metrics were reviewed by the Committee to monitor the effectiveness of the strategy. The Board noted that performance as at 31st December 2017 confirmed that: • Good progress was continuing to be made with regard to statutory and mandatory training compliance which now stands at 85.7% • A weekly executive team focus on Personal Development Review (PDR) compliance has seen performance improve across all services to 84.6% (91.3% excluding non-active assignments). • The Trust is actively working to address overall sickness absence rates, noting an increase in qualified nursing vacancy rates and an increase in turnover rate. The Board were advised that the adverse trend in a number of key workforce indicators had been recognised by the Executive Team and a number of actions were being taken to improve the effectiveness of the Workforce and OD strategy. The Board noted that the Committee had also considered progress against the workforce and OD priorities, noting the updated implementation plan for 2018, which was presented as work in progress to be further updated following the development of service plans for 2018/19. David Smith, the incoming Director of HR confirmed that this would be an early priority for him to review and support. The Board noted that the Committee had also approved the new Equality, Diversity and Human Rights Policy, received a report a number of reports in relation to leadership development, Freedom to Speak Up Guardian, communication and internal engagement and workforce, education and development actions. The Board expressed concern at the trend relating to sickness levels, vacancies and turnover, and welcomed a refresh of the recruitment plan to respond to these issues. It was confirmed that exit interviews were undertaken and that the Interim Director of HR & OD was reviewing reasons for resignation to inform next steps. The Chief Operating Officer commented on the need to understand capacity to support new staff and it was confirmed that staff levels would be mapped. The Board **RESOLVED** that the Workforce & OD Committee Update be **NOTED,** the Equality and Diversity and Human Rights Policy be **ENDORSED**, and the Minutes from the meeting of 18th September 2017 be **NOTED**.
15/0118	**Finance Committee Report** Graham Russell, Non-Executive Director and Chair of the Finance Committee, introduced the report highlighting that the Committee had considered the month 8 Finance Report, a budget review of Dental Services, quality innovation productivity and prevention performance and commissioning for CQUIN achievements, as well as progress against the Trust's Cost Improvement Plan.

	The Board **NOTED** the update from the Committee and **RECEIVED** the minutes from the 13th November 2017 Finance Committee.
16/0118	**Finance Report – Month 9** The Director of Finance introduced the report which provided an overview of the Trust's financial position at month 9 (December 2017). Specific issues noted by the Board: • The YTD adjusted surplus is £2,157k, £371k ahead of plan • YTD the Cost Improvement Plan (CIP) delivery is ahead of plan, with an expectation that the full year plan will be achieved, partly non-recurrently, in 2017/18. Of the £4.36m original plan, the Trust is expecting recurrent savings of £3.61m, with the balance feeding into Trust CIP plans for 2018/19. • Year to Date capital spend is £0.8m compared to planned level of £3.12m. The full year capital plan is £4.8m, with the latest forecast now £3.40m. • The cash at end of month 9 was £11.43m compared to plan of £7.20m. • Agency actual spend to the end of Month 9 was £1.57m compared to a plan of £1.77m. Full year forecast is £2.12m, which is under the NHSI ceiling of £2.35m The Board noted that the Single Operating Framework scores show that the Trust has a planned score of 1 throughout 17/18 and in 18/19. The Director of Finance explained that the liquidity score in both years is impacted by the planned capital investments in Gloucester Hub and the Forest of Dean Hospital; in 17/18 the STF incentive increases the Trust cash position significantly, while capital outlay has been reduced. In 18/19 the Trust cash balance reduces due to spend on capital, which then reduces our liquidity rating. The Board was informed that the Executive was currently undertaking the budget setting process for 2018/19. This is allowing CIP plans to be worked up in advance of the start of the financial year, so that recurrent savings are identified for the full year. Planned further developments for future reports include: • Further analysis of income movements. • Analysis on balance sheet components as balance sheet reviews are completed • Splitting the block income to provide a proxy income split for service line reporting The Director of Finance outlined the process for developing Cost Improvement Plans (CIP). The Chair was pleased with the current position relating to CIPs and the development plans for the next year. Sue Mead, Non-Executive Director, queried the ownership level of CIPS within the organisation. The Chief Operating Officer advised that the revised approach was helping to support this, but that it did remain a challenge. The focus needed to be on transforming the delivery of services to achieve the level of CIP required. The Board **NOTED** the report.
17/0118	**Audit & Assurance Committee - update** The Board was provided with an update on the work of the Audit & Assurance Committee at its meeting in December. This had included a range of compliance reports, Internal Audit

	reports on human resources, medicines management, information and performance, IT, general controls and finance. It was confirmed that the recommendations from the Internal Audit reports were now being taken forward. Additionally it was noted that PWC had been appointed for a further two year term of office as Internal Auditors following a competitive tendering process. The Board **NOTED** the Audit and Assurance Committee update and the Minutes from 13th September 2017.
18/0118	**Charitable Funds Committee – update** It was noted that the Committee had met on 17th January 2018 and reviewed the Annual Report and Accounts before submission to the Charity Commission. The Board **NOTED** that the accounts would be submitted in line with statutory requirements.
19/0118 Trust Secretary	**Forward Planner Review** The Board considered the Forward Planner and agreed that the Forest of Dean would be considered again at the May/June meeting, and that an additional meeting might also be required in April for this. It was confirmed that the Budget and Business Plan would be considered in March, and the Estates Strategy in March. The Board **NOTED** the forward agenda planner.
19/0118	**Any Other Business** Insight Programme – it was noted that it was Pak Wong's last meeting, and that he would be moving to his next assignment with the Insight Programme in March. Pak Wong thanked the Board for their support within the Programme, and highlighted how it had developed his understanding of the role of community services within the health service. There being no further business the Chair closed the meeting at 17.15.
20/0118	**Date of Next Meeting in Public** It was agreed that the next meeting of the Board be held on 29th March 2018.

Chair's Signature:

Date:

Gloucestershire Care Services NHS Trust Board Meeting – 25th January 2018

Questions from members of the public on Forest of Dean Item

Questions were responded to on behalf of GCS by the Trust Chief Executive Katie Norton unless otherwise stated.

Question	Response
Question 1: Being a local resident, living in Lydney, should the combined Forest Community hospital actually go ahead, what will be the long term plan for the Dilke Hospital as well as Lydney hospital?	"GCS recognises the history and legacy of the Forest Community Hospitals, and advises that if the Board agrees the preferred option, and if neither of the current sites are selected, then it will look at alternative use with partners, considering "best value" for the site. A best value approach will take into consideration the wider social value and not just financial value."
Question 2: As a retired professional statistician, I was appalled by the comments made by the individual who "analysed" the survey results for the Forest Hospitals consultation at the meeting in Shire Hall last Tuesday. Firstly, she failed to point out that the difference between the responses to the "easy read" and "full" versions of the questionnaire were so large that either they were asking different questions, or they were answered by different populations. It ought to be possible to test whether the "full" versions were disproportionately completed by health professionals, which would point to the second option. Next, she claimed that "less than 400 responses would have been adequate" to get a representative cross section of the Forest population. This would be true, if (a) a 10% confidence interval was adequate (but the difference between pro/anti response was much less than 10%)	**Responded to by GCCG within their Public Board Meeting,** **Response available on the GCCG website.**

Question	Response
and (b) the sample used was truly random. However the "analyst" clearly did not have the necessary skills or training to understand either point, which suggests that her statistical knowledge is completely inadequate to the task she had been given. Thirdly, and much more seriously, she said that "obviously anyone who agreed with the proposal wouldn't have bothered to fill in the questionnaire". This indicates a significant bias in her thinking, as well as proving that she does not believe that the sample completing the questionnaires was in any way random. I suspect that the problems illustrated here provide sufficient evidence to justify a judicial review of the validity of the consultation, if the proposal to sell off both hospital sites is accepted.	
Question 3. I would like to attend and ask the question: Why didn't GCS and the CCG tell the truth about the Forest hospitals ?	"GCS notes that the feedback from Healthwatch and the Health and Care Overview and Scrutiny Committee (HCOSC) which had concluded that the consultation had been conducted appropriately, noting the openness and honesty with which the Trust and GCCG had approached the matter." The Chair confirmed the Trust's commitment to the Nolan Principles of honesty, integrity and openness within all its processes.
Question 4 (from same person) Firstly, thanks to all concerned for an excellent consultation with lots of opportunities for people to have their say. Disappointing response. My question, Can we be assured that GCC and GCS will act in the best interests of the whole community and take this proposal forward and not be swayed, as happened in 2002 by a group of people who were not representative of anyone but themselves.	"GCS confirms that the consultation has demonstrated the Trust's commitment to improving services within the Forest and that the consultation process had been open and transparent. The process to consider the location, if the recommendations being discussed were agreed, will be taken forward with appropriate pace, working to ensure understanding and ownership of the process for a preferred location by local people."

Question	Response
Secondly, if the decision is to proceed then the location is announced as soon as possible.	
Question 5 "It is hard to see how a proposal to reduce the number of community hospitals in an area with a highly dispersed population and very limited bus services like the Forest of Dean, can be implemented without major adjustments to the plans being made to prevent actual disadvantage to groups like disabled people as required by law, and until after there is careful consideration of ways to mitigate adverse impact on other groups in the Community protected by the Equality Sector Public Sector Duties. Will you therefore: 1. defer Board and governing Body decisions until a detailed accessibility plan is in place to protect disabled people, and a full Public Sector Duty EIP has been carried out of the proposals being brought forward for decision? 2. give reasonable notice of the place where decisions are to be taken by the Governing Body and Board, as there are no details of how accessible the Forest Hills Golf Club is for disabled people, and whether, for someone like myself, reliant on assistive listening systems to be able to follow the discussion, there are indeed such systems fitted and in regular use at the Golf Club, or that there are systems which will be set up and tested ready for use for the occasion."	"GCS confirms that the process and decision making will continue to be informed by quality equality impact assessment, to ensure the needs of all groups are reflected and understood. We do not feel it would be inappropriate to defer a decision, noting that the quality equality impact assessment process will be used throughout the process of change, including when considering location, services and design." GCS had relocated its Board Meeting from Cirencester at short notice to enable greater access to members of the public from the Forest of Dean community who wished to attend the meeting. A Hearing Loop has been put in place to facilitate the meeting and assurance was sought that the meeting room was accessible for disabled people. It is noted that there has been a more limited period of notice for the location of the meeting due to a wish to relocate the meeting to the Forest of Dean, for which we apologise"
Question 6 Will the Board consider in its decision-making process the following: a) the £40,000 consultants' report previously commissioned by	a) "GCS confirms that it is aware of, and has considered the report previously commissioned over ten years ago, which had acknowledged significant geographic challenges within the Forest. The work through the Forest of Dean Review however identified

Question	Response
the NHS which included due to the Forest of Dean's geography, topography and settlements pattern two hospitals are required?	the need to look forward and had concluded on recommending investment in a new single community hospital as the preferred option."
b) that according to NHS England and also Gloucestershire strategy documents, the New Models of Care are based around Urgent Care Hubs per 30,000-50,000 people, and that the hospitals each service a population of 30,000+ which is set to rise, and that this population requirement for the New Models of Care directly contradicts one of the reasons given for not investing in the two current sites and replacing with one facility that would be servicing a population well in excess of 50,000.	b) "GCS confirms its commitment to delivering a place based model of care, working closely with local GP practices. It is recognised that Community Hospital services can be an integral part of a place based model in rural areas where there is the critical mass to support safe and sustainable services. The preferred option is therefore fully aligned to the models of care mentioned in the question and of note the GP practices in the Forest of Dean, who are working as a single cluster are supportive of this option."
c) that the Trust has failed to confirm there will be no loss in bed numbers, and so the proposal has failed to meet the three tests set by NHS England's CEO Simon Stevens in March 2017?	c) "GCS is committed to work further on bed modelling with the commissioners, noting that no final decision has been taken and there are clear recommendations that will be considered by the Trust Board setting out the work proposed. The aim is to ensure that the Community Hospital is sized to meet the needs of the Forest of Dean, noting that currently over 50% of beds on any one day are likely to be used by patients from outside the Forest of Dean." The Chief Operating Officer added " it is important to appreciate that the new models of care do not relate solely to inpatients. More care can be delivered outside of hospitals, wrapped around the GP clusters, for example rapid response which meant that individuals could potentially be treated at home."
d) that there is no reason why the Trust cannot improve or if necessary rebuild facilities on the current two sites, given that both Gloucester and Cheltenham's hospitals and so many other buildings have been rebuilt/ improved on the same sites?	d) "While recognising the significant and ongoing investment to maintain the two sites to meet CQC standards, noting also the support from the respective Leagues of Friends, this is becoming increasingly difficult. The buildings are also making it increasingly difficult to deliver levels of privacy and dignity we aspire to and the ability to provide some services across two small sites

Question	Response
	increasingly challenging. All of these factors led us to our preferred option".
Question 7 How is it feasible when there is an addition to projected growth and older population, to half the number of beds, as suggested in the consultation, when it is evident throughout the county that 132 beds have already been cut since 2010?	"The recommendations to be considered by the Trust Board confirm that no final decision on bed numbers has been made and that bed modelling will be subject to further work. It is also noted that there is a specific recommendation being made with regard to ensuring that plans are based on the most current population projections."
Question 8 Will there be an opportunity to question the data regarding current and projected population numbers that are stated in the Consultation Booklet? The Booklet shows current population of 85,385, and growth of 2,689 by 2025. Lydney alone, given current developments with outline or full permission is estimated to grow by some 6,400 by 2028. There are proposals for significant growth in the Sedbury area in the Southern Forest which should also be taken into account Finally the total current population is based on the FoDDC administrative area, including Newent and surrounding settlements which information suggested would not be included, therefore what adjustment is being made for this area?	"Yes. The Trust Board will be considering a specific recommendation to address this concern, with a commitment to ensure the most up to date information is used to support planning."
Comment on need for "Neutral place" as site.	Comment noted and reflected that the consultation had enabled the development of clear criteria to support a decision on location.

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log – 29 March 2018

Key to RAG rating:

- Action completed (items will be reported once as complete and then removed from the log).
- 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 (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
10/1116	Chief Operating Officer's Report	**Minor Injury and Illness Units (MIIUs) -** Gloucestershire Clinical Commissioning Group (GCCG) to confirm position ref, funding of additional costs for revised hours.	Chief Executive Officer	Original December 2016 Revised March 2018	Options paper to be provided to Board following outcome of discussion with GCCG. Issue resolved with CCG	
16/1116	Finance Report Month 6	**Gloucester Hub -** Business case to be progressed for consideration by the Board.	Chief Operating Officer	Revised date May 2018	Gloucester Hub discussions progressing	
29/01/18	Item 11- One Gloucestershire	**Summary** of risks and mitigating actions in place relating to Trakcare.	Chief Operating Officer	February 2018	Report to Q&P Committee February 2018 – Closed	
29/01/18	Item 13 – Quality and Performance Report Falls Data	**Director of Nursing** to review falls data regarding Lydney and Dilke remaining outliers and update Board.	Director of Nursing	March 2018	Updated to Q&P Committee February 2018 – Closed	

Gloucestershire Care Services NHS Trust

Item 6

Questions from the Public

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **29th March 2018**

Report Title: **Board Assurance Framework**

Agenda reference Number	07/0318
Accountable Executive Director (AED)	Katie Norton – Chief Executive Officer
Presenter (if not AED)	Sandra Betney – Deputy Chief Executive
Author(s)	Katie Norton – Chief Executive Officer Gillian Steels – Trust Secretary
Board action required	To Receive and Review
Previously considered by	Executive Team
Appendices	Board Assurance Framework

Executive Summary

The Board Assurance Framework (BAF) provides an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives. The BAF has been updated by the Executive to reflect latest actions.

Actions not yet completed have been rolled forward for 18/19, but it is recognised that the BAF will need a wider review to consider where greater reflection of the Strategic Intent is required. This wider review will be undertaken once the Joint Chief Executive Officer is in place.

A review of performance against the target deliverables will be considered after the year end.

While there continues to be progress against the actions to mitigate the strategic risks, the BAF highlights a number of areas where internal capacity and/or changes in the external context are impacting on our ability to achieve our target risk position.

The Executive have highlighted the following as areas where the risk continues to be significant. The staff engagement issues are reflected within the Staff Survey Report on the agenda. The Staff Survey report outlines the planned response to improve engagement and mitigate the risks.

Understanding You

SR5: The risk that we fail to recruit and retain colleagues with the right knowledge, skills, experience and values required to deliver sustainable services and support transformation. While actions taken continue, this risk continues to be significant and requires further focused work on recruitment and retention.

SR11: The risk that we do not support colleague's health and wellbeing in an environment of constant change and demand. While significant positive progress can be evidenced, including the performance against flu vaccination, support for MSK and health and hustle, levels of sickness absence continue and further targeted work to support colleagues will be a priority.

SR12: The risk that we under invest in leadership and management development. This continues to be a priority for the Executive, with focused work being progressed to develop a clear and targeted plan to improve leadership and management development activities that are recognised and valued by colleagues.

It is also noted that the Risk Management Group, Chaired by the Chief Executive is maintaining oversight of the Corporate Risk Register.

Recommendations:
The Board is asked:

1) **RECEIVE** the BAF
2) **REVIEW** the current risk position and actions being progressed
3) **NOTE** and approve the revised risk ratings

Related Trust Objectives	**1,2,3,4, 5**
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements and 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

Board Assurance Framework:

March 2018

Contents

1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*	SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services	⇔	CEO	Board	16	12	4
	SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision	⇔	CEO	Board	16	12	8
	SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.	⇔	Dir. HR/ D of N	WF&OD	16	12	8
	SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence (including demand) and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.	⇔	D of N/ Med. Dir.	Q&P	16	9	6
	SR5	**There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.**	⇓	**Dir of HR**	**WF&OD**	**20**	**16**	**8**

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers.	⇔	COO	Board	16	12	8
	SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.	⇔	COO	Board	12	9	6
*We will provide services in **partnership** with other providers so that people experience **seamless care** and support.*	SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.	⇔	CEO	Board	16	12	8
	SR9	There is a risk that lack of mutual understanding of the services and assets provided by ourselves and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.	⇔	CEO	Board	16	12	8
*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*	**SR10**	**There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness.**	⇓	**Dir HR**	**WF&OD**	**20**	**16**	**4**
	SR11	**There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.**	⇔	**Dir HR**	**WF&OD**	**20**	**16**	**8**

Trust strategic objectives	Strategic risks							
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	SR12	**There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated**	⇔	I Dir HR	WF&OD	16	16	8
*We will manage **public resources** effectively so that the services we provide are **sustainable.***	SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.	⇔	D of F	Finance	16	12	8
	SR14	There is a risk that we do not lead on, and invest in, transformation to secure long term sustainability of services; resulting in inability to sustain quality and compromising year on year cost improvement.	⇔	D of F	Finance	20	20	15
	SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.	⇔	D of F/TS	Audit & Assurance	20	9	6

1.2 Detail of strategic risks

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services –		
Type	Reputation	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	March 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2018
Target Score	2 x 4 = 8	**Date to Achieve Target**	1st April 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - **work to continue in 2018/19 and extended to reflect Strategic Intent**	• 360 feedback from partners and stakeholders – **postponed during Strategic Intent development process, to be reviewed in relation to Strategic Intent workstream plans**
• Readiness for CQC with aim for good or outstanding overall rating. – **feedback awaited**	• Visability of our leaders and staff in local events and programmes - Reports to Workforce Committee confirms this has been maintained in 17/18
• Development of Joint Strategic Intent with 2gether NHS Trust – **Strategic Intent Formalised and now being progressed through joint governance processes**	
• We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – **continues to be a focus for 2018/19**	

Rationale For Current Score (Identifying progress made in previous period)

The joint work with 2gether has enabled clear focus on the value of integrated community based physical and mental health services, and the strength of GCS in moving this forward with the support of colleagues, stakeholders and partners. In raising the profile and understanding of the breadth and depth of services we provide, the need to maintain focus on delivering business as usual has been demonstrated by positive system feedback communications from a range of partners.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Communications and External engagement strategy	Workforce and OD Committee	Board Oversight
Regular reports to Health and Care Oversight and Scrutiny Committee (HOSC)	Regular Chair and Chief Executive reports	Board Oversight
Chair and Chief Executive Membership of Gloucestershire Strategic Forum (GSF)	Regular Chair and Chief Executive reports	Board Oversight
Member of Emergency Planning Preparation and Resilience Forum	Regular Chief Executive reports	Board Oversight
Chair membership of Health and Well Being Board	Regular Chair Reports	Board Oversight
Active member of NHS Providers and Community First Network		
Your Care Your Opinion		
Quality Account	Review of Quality Account	Board oversight

Gaps in Controls and Assurance (additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Annual organisational 360 (assurance)	**Stakeholder Questionnaire to be commissioned** **Actions to date –** relationship building work being progressed - HOSC Annual Meeting. - Your Care Your Opinion Event Oct 2017 **–** co design of information requirements by service users - AGM helped build understanding of breadth of GCS Offer - Active engagement with GCCG relating to Forest of Dean Consultation **March Update** Committed to Stakeholder engagement within Strategic Intent processes – benefit of continuing with Organisationally based 360 at this time to be reviewed by JCEO	Chief Executive	June 2018
2	Clarity on GSF Decision Making (controls)	Review of GSF and STP Governance **Actions to date –** New STP Independent Chair updating processes Greater clarity on which decision STP led and which provider led, for example Forest Consultation Process on-going with significant involvement GCS **March Update** Discussions re System working demonstrating level of checks and balances in place through GSF and ongoing	Chief Executive	June 2018

		work..		
3	Develop Relationship new HOSC members (assurance)	Induction new HOSC Chair and members **Actions to date –** – induction session completed Oct 2017. Relationship development processes to be defined - HOSC Meeting Jan 2018 gave significant focus to Forest of Dean Consultation - Breadth of GCS Board (Ned) and Executive attendance at HOSC to continue relationship building	Executive	September 2017 – **Stage 1 Complete Stage 2 – March 2018** **Actions for 2018/19 to be considered**
Links to Primary Regulatory Framework CQC, NHSI, Well Led Framework, Single Oversight Framework				

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		
Type	Reputation	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	March 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	1st April 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Documented service vision for community services aligned to place base model - **to be progressed in 18/19**	• **I**ncrease system investment in community based services
• Documented business development plan **– in place March 2018**	• Delivery of QIPP priorities – **March 2018 on track for majority of QIPP**
• Agreed benefits realisation framework developed through the STP to support community based service developments - **to be progressed in 18/19**	

Rationale For Current Score (Identifying progress made in previous period)

The development of the Joint Strategic Intent has provided an opportunity to develop a new vision for integrated physical and mental health services and move to a new look organisation better able to champion the role of community based services. It is, however, clear that the ability to influence patterns of investment in the shorter term remains challenging, particularly in light of ongoing financial issues with the main acute service provider in Gloucestershire.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Production of annual operational plan	NHS Confirmation	Board oversight Regulator Oversight
Agreement of quality priorities	Regular reports on performance	Board Oversight
Contractual agreements	Regular contract monitoring meetings	Executive

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Development of clearly documented service vision for our community services.	**Actions to date:** Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer.	CEO/COO	March 2018 **To be reviewed as part of**

		Plans for core and specialist inpatient rehab to be prepared by end December Workshop held with Service Leads Joint Strategic Intent with 2gether, Ongoing work of the Strategic Intent Leadership Group		**Strategic Intent work**
2	Clear business plan which aligns service and financial delivery and supports the vision	To develop a business plan for the organisation which reflects the vision **Action to Date:** Business Planning Process in development. Progressed at Execs 9/11/17 Business Planning Process launched across organisation, outcomes being reviewed, to be considered by Executive February and Board March 2018.	DoF	March 2018 **Complete**
3	Development of benefits realisation methodology across the STP	Work with partners to agree common framework for benefits realisation has been progressed in context of place based work, further work now across wider STP. **Also recognised that benefits realisation is key element of work within Strategic Intent**	DoF	March 2018 **To be reviewed as part of Strategic Intent work**
4	**New Measure Nov 2017 -** Place based model processes embedded – One Place One Budget	Structures and staffing to be put in place to support Place based model. **Action to date** Executive alignment on Integrated Locality Boards confirmed Board Summit discussions further developed understanding of implications for GCS and agreement of actions required to progress. Further discussion planned at Board development sessions.	CEO	March 2018 **To be reviewed as part of Strategic Intent wor**
5.	**New Measure Nov 2017 –** Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Necessary processes and structures to be put in place. **Action to date** Strategic Intent Leadership Group established, meeting held 3/1/18 and follow up meetings scheduled. Programme Management Executive group in place to take forward Strategic Intent, two meetings held and regular meetings scheduled.	CEO/Chair	March 2018 **Overarching Structures in place with workstream leads being identified**
Links to Primary Regulatory Framework Single Oversight Framework Well Led Framework				
Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for*			

	people in their homes and local communities		
Risk SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4x 4 = 16	**Date Identified**	April 2017
Previous Risk Score	4x 4 = 16	**Date of Review**	March 2018
Current Risk Score	3 x 4 =12	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Increase the Trust's profile on social media and that this focusses on quality	• Number of national, regional and local awards
• Increase the number of entries to national, regional and local awards	• Number of positive media stories
• Raise profile of range and breadth of services with primary care	
• Review methodology of the friends and family test to increase completion rates	• Friends and family Test - **increased completion**

Rationale For Current Score (Identifying progress made in previous period)

The Trust has improved its national, regional and local profile each year with good news stories outweighing negative stories. This has included the development of the 60 second service video's and the increased use of social media including Twitter by a range of Trust colleagues.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Communciations and engagement strategy and plan in place	Monitored through Workforce and OD Committee	Board
Calendar of entry dates for national, regional and local awards used to support entrants	Montiored through the Executive Team	Management
Investment in Annual Understanding You Awards	Trust Understanding You awards	Managemt & Board
Regular attendace at LMC meetings and Locality Meetings		

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Monitoring and targets for media presence (positive, negative etc)	Review of current process to develop improvement plan. **Actions to date** Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2017 **Complete**
2	Clear targets to improve response rates for the friends and family test (FFT)	Review of current processes for completion of Friends & Family Test and development of plan to increase **Actions to date** Friends and Family Processes for Service Users brought in house. Target trajectories and plans in place and discussed at Q&P Committee. Friends and Family Test for staff being promoted to improve completion rate. Head of Organisational Development and Improvement reviewing the methodology and reporting to Workforce & OD Committee in December **Final Outcome of Staff Survey Data** **Interim Director of HR update on March Board – indicating further areas of work required and planned processes**	DoN DoHR	Dec 2017 **Complete** /June 2018
3	**New Measure Nov 2017** – Mechanism to improve Service User Feedback systematically shared through organisatiion	**Actions to date -** Your Care Your Opinion event Oct 2017 highlighted service user preference for "testimonials". Consideration for inclusion in Dashboard **Actions to date** Quality & Performance Committee reviewed & endorsed FFT development plan 2017 & monitoring to ensure feedback systematically gathered and used across organisation	Exec	Dec 2017 July 2018
Links to Primary Regulatory Framework				

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*			
Risk SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.			
Type	Quality	**Executive Lead**	Director of Nursing	Med Director
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Quality & Performance Committee	
Inherent (without controls being applied) Risk Score	4 x 4=16	**Date Identified**	April 2017	
Previous Risk Score	3 x 3 =9	**Date of Review**	March 2018	
Current Risk Score	3 x 3 =9	**Date Next Review**	June 2018	
Tolerable (Target) Score	3 x 2 =6	**Date to Achieve Target**	April 2019	

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation.	• Safety Thermometer (Fall and Pressure ulcer levels)
• Increased use of technology to support clinical practice, eg smartphones for clinical support.	• Quality Priorities performance (incorporating research and evidence based development)
• Achievement Quality Priorities.	• Progress to Quality Priorities

Rationale For Current Score (Identifying progress made in previous period)

There has been good progress in investing and developing clinical innovation, for example systm one, use of smart phones, developing use of virtual consultations, rapid response diagnostic testing, e-prescribing, internal R&D Group, End of Life, Complex Leg Wound Service

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Clinical Reference Group Monitoring	Quality Visits	Board Oversight
Internal R & D Group	Benchmarking Review	Board & Management
PACE Team Workplan, including Clinical Audits	Quality & Performance Report	Board & Management
Quality Improvement Monitoring (Quality Priorities)	Clinical Reference Group and Quality & Performance Committee	Management & Board
Staff Development Investment – supported through – Essential to Role and Statutory and mandatory training matrices	Quality and Improvement Networks	Management

CQC Compliance Processes	Quality & Performance Committee	Board
Investment in specialist practitioners	Workforce & OD Committee	Board

	Gaps in Controls and Assurance (what additional controls and assurances should we seek)	**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	More in depth Benchmarking Review to identify areas of significant variation	Review use and focus of Benchmarking Reports and ensure enables focus on this area. **Actions to date –** Executive defined Benchmark focus. Head of Performance & Information developing Key Benchmark databank. Discussion on clinical variation timetabled for CORE and discussion on variation Finance Committee April2018.	DoF	June 2018
2	Development BIRT reporting on this area to inform CIPS and Service Development.	Review current BIRT report development to ensure timetabled in. **Actions to date** – Discussions with DoN ongoing to ensure BIRT used to inform quality and performance priorities and the quality dashboard.	DoF	June 2018
	NEW: R&D Strategy			
3	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma developed	DoF/TS	Sept 2017 Complete
4	**New Measure** - CPD Offer and Personal Development to be linked to quality priorities	CPD and Personal Development Budget to be reviewed for 2018/19.	IIDHR&OD&OD	June 2018
Links to Primary Regulatory Framework				

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*
Risk SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.

Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	Marc 2018
Current Risk Score	4 x 4 = 16	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)	• Vacancy levels – less than 10%
• Reduce turnover rates in line with Community Trust average;	• Turnover rates – below 16/17 baseline
• Reduction in agency spend	• Agency spend – in line with cap set (if no national cap then in line with budget)
• Jointly support the delivery of educational programmes (pre and post registration)	

Rationale For Current Score (Identifying progress made in previous period)

Turnover rate has remained consistent (not worsened), demonstrating Trust is still able to attract to the organisation. There is uncertainty about the impact of (National bursary scheme ceasing for pre-reg learning). Variances remain in rate of applications received. There is a hot spot in Band 5 hospital nurses which is not reducing. The Staff Survey 2017 indicates on going challenges to staffing resilience.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Recruitment drives / fayres to attract new staff	Workforce data which is reported through the Workforce & OD Committee and thereafter to Board	Board Oversight
Revised establishment control process for community hospitals	Safer Staffing data which is included within the Quality and Performance Report which goes to Board	Management & Board Oversight
Roll out of e-rostering across the Trust	Top-level workforce plan submitted to Workforce & OD Committee	Board Oversight
Centralised bank and agency function	Agency working group chaired by the Chief Operating Officer	Management
Gloucestershire Nursing Degree programme in place	Recruitment and Retention Steering Group chaired by Head of HR	Management
Monitor impact & effectiveness of Gloucestershire Trainee Nursing Associate programme	Strategic Workforce Group (system-wide)	Management (Educational)

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Real time workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response	Further development of the BIRT system **Actions to date –** information now in place for HR and Service Leads and Managers. Business planning process will embed use.	Head of Performance and Information	Oct 2017 **Complete**
2	Clear clear progression pathways for clinical colleagues	Talent management programme to be developed **Action to date –** Head of OD and Improvement and Head of Professional Practice and Education on National Talent Management Programme to develop and implement career pathways to leadership level.	Head of OD	June 2018
3	Process to learn from exit interviews	Review of Exit interview process. **Action to date –** Review undertaken. Recruitment and Retention Plan being developed which integrates outcomes. To be triangulated against latest staff survey information March/April 2018.	Head of HR	March 2018 **Initial Action Complete**
4	Clear process to support newly qualified staff in indertaking new clinical activities	Review Clinical Induction and preceptorship Programmes **Action to date -** Review completed and impact of support being monitored. Review discussed & endorsed at Workforce and OD Committee and actions confirmed Positive Feedback on processes in place to support preceptorships etc	Head of Learning & Development	Sept.2017 **Complete**
5	Staff Engagement evaluation methodology	Staff Engagement Plan to be reviewed through LIA embedding review work, benefits highlights programme – workforce plan **Actions to date –** revised plan in place and range of engagement activities such as Meet the Execs, Chair and Chief Exec briefings, CORE messages in place Engagement discussed at Board Summit and Interim Director of Finance to undertake review Staff Survey latest report indicates areas for action	Head of HR	Dec 2017 **Complete** April 2018
6	**New Measure – Nov 2017 –** Performance Management Framework to be linked to Business Planning cycle to increase understanding of relationship with Trust Objectives.	Business Planning Cycle to increase engagement being taken forward	DoF	March 2018 **Complete**

Links to Primary Regulatory Framework
CQC.

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***		
Risk SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers (Service Transformation Focus).		
Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	20/04/17
Previous Risk Score	3 x 4 = 12	**Date of Review**	January 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	March 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31/03/18

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Mechanism for initial impact on projects developed – **to be further developed**	• FFT Response Rate
• Negative assurance, eg complaints etc, being fed into the business planning process **- achieved**	• FFT % recommend service – likely , extremely likely
• Examplars of co-design – **achieved but to be further enhanced**	• Number compliments, complaints, concerns
• Policy on Policy updated to include co-design and patient centred care focus. – **Policy now being reviewed against 2gether Policy as element of Strategic Intent work**	

Rationale For Current Score (Identifying progress made in previous period)

While strong progress is being made in a number of areas through place based working to develop local solutions to meet local needs, we have recognised that there is further work to progress in the context of our Business Develoment Process to ensure greater definition to ensure opportunities for needs and views of service users are built in at key stages.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Use of the Friends and Family Test (FFT) across all Trust settings	Operational Meetings	Management
Direct feedback to teams from FFT comments	Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Complaints Policy	6-monthly Understanding You Report	Board Oversight
The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments	Service user stories at Board	Board Oversignt

The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities	The Your Care, Your Opinion Group	Board Oversight
Annual Report and Quality Account	Board	Board
Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion	Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight
On-going review of all feedback so as to ascertain themes	Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
QEIAs will be completed and signed off for all appropriate CIP schemes before they are implemented	Reports to Q and P Committee	Board Oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Control – ensuring opinions we collect feed into service design and development	Review PMO process to establish mechanism for seeking feedback/input at start of service development project**.** **Action to date –** PMO reviewed. Partnership Team moved within PMO Team to embed working and increase impact	COO	Oct 2017 **Complete**
2	Assurance – review the difference made by current mechanisms	Establish process for negative assurance to influence future developments **Action to date** - Learning Assurance Tracker (LAT) in place and actively used to ensure complaints and issues feed into sustained improved practice.	D of N	Oct 2017 **Complete**
3	Control – lack of triangulation of feedback. Trend analysis FFT/Complaints Concerns – mechanism negative assurance	Review of themed analysis to establish if triangulation could be improved **Action to date –** overview of LAT by PACE team to embed	D of N	Oct 2017 **Complete**
4	Integration of Your Care Your opinion , Understanding You report with wider engagement activities and service development processes	Review of Your Care Your Opinion, Understanding You to benefit from greater integration with the Programmes and Change Management Team **Action to date** - Partnership Team moved within PMO Team to embed working and increase impact.	COO	June 2018
5**.**	Skills for Co-production require further development	**Action to date –**Your Care Your Opinion event Oct 2017 on Communications with Service Users identified preferences, which will be considered for future dashboards, Web site design etc. Co-producrion workshop to be run for service leads to embed co design in leaders scheduled for late Spring Citizen Jury planned for determination of new FoD hospital site	COO	June 2018
		Action to date Neighbourhood working activities being taken		March 2018

		forward in Podsmead and Kingsholm		Ongoing
6	Previous FFT Process had led to reduction in service audits, these are to be reinstated.	Revised FFT process with reinstatement of service audits to support tailored information collection. **Action to date –** new process in place, increased volume of responses reported, information now to be progressed into service action plans. FFT Processes and Action Plan reviewed at Q&P and agreed provided positive assurance	COO	March 2018 **Complete**
		Increase use of "You said We did" feedback processes **Action to date –** process being established – potential inclusion in Hospital Dashboard being considered	COO	June 2018
7	**New Measure Nov 2017** - Business Planning Process Breadth to be extended.	Updated Business Planning Process developed. **Action to date** Business Planning Process now being taken forward through the organisation with reviews planned by Executive and Board Feb/March	DOF	Dec 2017 Complete March 2018 Complete
Links to Primary Regulatory Framework **CQC** **Constitution Right and Pledges**				

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***
Risk SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.

Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	**Date Identified**	20/04/17
Previous Risk Score	3 x 3 = 9	**Date of Review**	March 2018
Current Risk Score	3 x 3 = 9	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Revised Policy on Policies to reference co-design and person centred care – **now being reviewed with 2g policy as part of Strategic Intent work**	• FFT Response Rate
• Core Values reinforced to incorporate valuing contribution service user.	• FFT % recommend service – likely , extremely likely
• Patient stories and evidence of impact.- **Regular item at Board**	• Number compliments, complaints, concerns
• Delivery 17/18 CQUIN on Increased use of Personal Care Plans.	

Rationale For Current Score (Identifying progress made in previous period)

There continues to be a clear focus on patient experience, including regular patient stories at Trust Board, regular training and development events, and through the Understanding You Group. To move forward to achieve target risk we recognise the need to progress training and development as part of essential to role training frameworks.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Person focused initiatives eg End of Life	Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives	Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking	6-monthly Understanding You Report	Board Oversight
Policies to support colleagues to make patient focused decisions	Service user stories at Board	Board Oversignt
Specification increasing personalisation requirements	Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in	Update Policy on policies to make sure patient involvement in own care is appropriately reflected	Trust Secretary	March 2018
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective	Dir HR	June 2018
3		Session on CORE values at CORE Leadership Group – identify top three barriers to being service user focused and feed these into Executive Objectives. **Actions to date** theme for business planning – Individual Patient Care Business Plan will be reviewed to ensure planned actions will have required impact – Executive March 2018.	DOF	December 2017 March 2018 Complete
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. **Actions to date** trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	June 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	June 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge				

Strategic Objective	*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*		
Risk SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.		
Type	Quality	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 =20	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	March 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Establishment of locality provider boards – **Key development work undertaken**	1. Completion of realignment of GCS services to locality working
2. GCS effective in discussions to progress system working - **Ongoing**	2. Reablement KPIs agreed and achieved
3. Reset of GCC relationship - **ongoing**	3.

Rationale For Current Score (Identifying progress made in previous period)

The STP has provided a stimulus for imporved partnership working, particularly the opportunities offered through place based working. The development of the joint strategic intent has also demonstrated our commitment to system transformation. The risk remains unchanged however given the potential increase in risk associated with service continuity in the short term.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Quality and performance reporting	Q&P Committee oversight	Board
Place Based Pilot board reports	Executive oversight	Management
Regular STP reports to the Board	Regular reports to Board	Board
System QIPP priorities	Q&P	Board
Active membership of HWBB, GSF and attendance at HOSC	Board reports	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Lack of whole system performance framework	Work with GSF to develop whole system performance	CEO	March 18
2	Greater focus within GCS performance reports on system wide pressures and issues which require our support and leadership to address	Review of Q&P report to reflect system priorities	DoN/DoF	Nov 2017 **Complete**
3	**New Measure Nov 2017** - Processes to develop Strategic Intent	Strategic Intent Development processes to be progressed. **Actions to date** Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings	CEO	June 2018

		scheduled to take forward required actions. Governance processes in place Executive Workstream processes in development.		
Links to the Primary Regulatory Framework: **CQC**				

Strategic Objective	*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*		
Risk SR9	There is a risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		
Type	Quality	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Risk Score	4 x 4 = 16	**Date of Review**	March2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Effective Provider Locality Boards	• Friends and Family test, complaints, compliments
• Delivery of priority care pathways including MSK and respiratory	• Organisational 360
• Establishment of cluster MDT working with full participation by GCS	

Rationale For Current Score (Identifying progress made in previous period)

While good progress has been made to develop new ways of working with primary care, including MDT working and redesign of ICTs, progressing public health nursing services transformation and the development of the joint strategic intent to improve the interface between physical and mental health, we have seen significant pressures impacting across the wider system, in particular: pressures in relation to domiciliary care which are impacting on service user experience; the additional pressures to mitigate the issues associated with the GHFT implementation of TrakCare and the responsiveness of Arriva.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Partnership working through STP - **Key development work undertaken**	MDT KPI Messures	Management
Leadership of place based model and meetings - **Key development work undertaken**	Reports to Board on STP	Board
Regular Exec to Exec networks and LMC – **in place**		

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Lack of formal and relevant frameworks for joint working with key partners	Develop formal frameworks for joint working with 2G and GCCC **Actions to date** Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Joint Working Framework strand of agreed activity	CEO	June 2018

2	System quality indicators	Develop Business Plan incorporating Estates	COO	Oct 2018
3	**New Measure Nov 2017 -** Relationship building with provider partners to resolve issues swiftly.	Trakcare escalation processes in place**.** Monitoring on going. Proposals for Joint action groups being progressed, for example re SIRIs and Mortality. Reablement support for Domiciliary Care.	COO DoN COO	Nov 2017 March 2018 Nov 2017 **Above all complete indicating developing relationship building**
	New Measure Nov 2017 – Market resilience awareness	Request for GCC to complete and share an assessment of domiciliary care resilience to enable proactive planning.	COO	Nov 2017 **Complete**

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*		
Risk SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	3 x 4 = 16	**Date Identified**	April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	March 2018
Current Risk Score	2 x 4 = 16	**Date Next Review**	June 2018
Tolerable (Target) Score	1 x 4 = 4	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Manager toolkit in place – launched Jan 2018 across STP	• Staff engagement levels (from annual staff survey)
• Improvement in staff friends and family test (colleagues recommending the Trust as a place to work – **NOT ACHIEVED**	• Staff friends and family test results
• Increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised – increased.- **INCREASING PROCESSES TO RAISE CONCERNS – METRIC TO BE DRILLED DOWN**	• Staff Survey Question on feeling supported to raise concerns.

Rationale For Current Score (Identifying progress made in previous period)

Staff Friends and Family score is consistently below community trust average as place of work . Overall Staff Engagement outcome in NHS survey whilst improving remains below average for a community trust.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Fourth year of listening into action	Improvement in staff engagement levels (from survey results)	Independent
Investors in People standards/ accreditation	Improvement in the number of colleagues recommending the Trust as a place to work	Independent
Further embedding of the CORE values behavioural framework	Number of informal and formal grievances and concerns raised (awaiting benchmark data)	Management/Board
Review of Freedom to Speak Up (Raising Concerns at Work) Policy.	Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Investment in Freedom to Speak Up Guardian – active in national network and regional Chair	Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Monthly Core Colleague Network Meetings	Review & Feedback of CORE	Management
Annual celebration events (AHP, Nursing, Admin & Clerical etc)	Review of Events for levels of engagement & impact internally	Management

		and externally		
Range of Mechanisms to encourage raising of concerns - Katie's Open Door, Meet the Execs, Chair and CEO meetings		Feedback at Execs and Board		Management/Board
Workforce and OD Plan		Workforce and OD Committee		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Low completion rate of staff friends and family test	Review of methodology **Action to date –** process ongoing Discussed at Board Summit – agreed area of focus for Interim Director of HR	Head of OD	Dec 2017 June 2018
2	Management Toolkit	Implement Manager toolkit **Actions to date –**e launched Jan 2018 with funding from SW Leadership Academy Funding CORE Leadership Session to discuss Jan 2018	Head of OD	May 2018
3	Staff Engagement Framework	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a "quality Academy"	Head of OD Head of Comms	May 2018
Links to Primary Regulatory Framework. CQC				

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*		
Risk SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	March 2018
Current Risk Score	4 x 4 = 16	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Not applicable

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Reduction in overall sickness absence rate	• Rolling 12 month sickness absence rate
• Reduction in absences relating to stress	• Reasons for sickness absence
• Reduction in absences relating to muscoskeletal conditions	

Rationale For Current Score (Identifying progress made in previous period)

While a significant amount of work has been progress to support colleague health and wellbeing, we are seeing an increase in sickness absence rates in a number of areas with increasing pressure on colleagues to meet competing demands. This suggests that this risk is increasing and further focus is needed. Related CQUIN not achieved.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Working Well services including in house fast track physiotherapy	Contract review meetings with working well	Management
Employee Assistance programme	Contract review meeting with Care First	Management
Employee health and wellbeing plan including health and hustle initiative	Employee health and wellbeing plan monitored through Workforce and OD committee	Board
Healthy eating initiative	CQUIN	Indepemdent
Mental health first aid training	CQUIN	Indepemdent
Stress management workshop, including mindfulness and resilience.	CQUIN	Indepemdent
Stress management policy	Annual staff survey results regarding the organisation taking positive action on H&W.	Indepemdent
Employee Health and Wellbeing Charter achieved	Employee Health and Wellbeing Charter achieved	Independent

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Line manager capability and capacity to undertake stress risk assessment audits	To further develop managers toolkit and guidance	Head of OD	May 2018
2	Workplace Wellbeing charter	To provide evidence of meeting required standards	Head of OD	July 2017 Complete
3	**New Measure – Nov 2017 –** Review of Application of Sickness Policy to ensure follow up	Regular workshop on Absence Management in place, attendance to be reviewed. Executive monitoring of application to be implemented**.** **Monitoring & Review ongoing**	IDHR&OD	Dec 2017 May 2018
Links to Primary Regulatory Framework				

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*		
Risk SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 20	**Date Identified**	April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	March 2018
Current Risk Score	4x 4 = 16	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Refresh of leadership development plan including talent management – Dec 17	• Level of support provided by manager (measured through staff survey)
• 360 appraisal programme - Nov 2017 – not currently being progressed	• PDR compliance rates
• Managers induction (March2018) and toolkit (Jan 2018)	• Number and percentage of managers participating in leadership development programmes

Rationale For Current Score (Identifying progress made in previous period)

While continuing to support a number of leadership development activities, Professional Development Review and Mandatory Training levels remain below target with limited resources to support required investment in system and transformational leadership. This is becoming an increased risk in light of the level of change and transformation required at a time of signficiant service pressure.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Range of leadership programmes in place	Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee	Board
Annual leadership conference	Leadership plan approved and monitored through Workforce & OD Committee	Management
Monthly leadership Core Colleague Network meetings	Exec Planning and Review	Management Oversight
CORE values behaviour framework	Reports to Workforce and OD Committee	Board Oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Talent Management Strategy	Strategy to be developed and approved through Workforce & OD Committee	Head of OD	May 2018
2	The assessment of individual's ability against the NHS	360 Programme in development to increase self-	Head of OD	May 2018

	Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	awareness and personal impact.		
3	Managers induction	Managers toolkit and induction in development **Actions to date** – toolkit on schedule for delivery. Induction target March 2018	Head of OD	May 2018
4	Implementing ILM Leadership and Management Apprenticeships	ILM apprenticeship programmes to be developed **Action to date –**implementation STP wide Jan 2018	Head of OD	Jan 2018 **Complete**

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Finance Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 16	**Date Identified**	20/4/17
Previous Risk Score	4x 4 = 16	**Date of Review**	March 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	May 2018

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Estates Strategy – **Agreed**	1. Capital Servicing capacity
2. Financial Strategy – **Business Plan Process Resilience element support**	2. Income and Expenditure Margin
3. Refreshed IT Strategy **– ongoing work**	3.Reference Cost Index

Rationale For Current Score (Identifying progress made in previous period)

Development of clear service led estates strategy and IMT is progressing with a number of priority areas now moving forward e.g. Forest of Dean. JUYI

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Information and Management Technology (IM&T) Strategy	IM&T Steering Group	Management oversight
Capital Programme	Capital Expenditure Steering Group Group	Management oversight
Health and Safety and Security Policy	Health & Safety Steering Group – reporting to Audit and Assurance Committee	Management /Board oversight
	Board and Committee approval of IM&T , Estates and Financial Strategy and overall operating plan	Board oversight
	Finance Committee ERIC (Estates Return Information Collection) and PLACE (Patient Led Assessment Care Environment) monitoring	Board oversight
	Finance Committee Monitoring of Capital Programme	Board oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Assessment of what required for future delivery of services needs to be undertaken	Conduct Review of requirements to deliver services **Actions to date** – CEO undertaken initial workshop with Service Leads. Ambitions in place for organisation to be taken forward through business development process and service strategies	DoF	March 2018
2	Estates Strategy due for revision	Estates Strategy to be reviewed and considered by Finance Committee Actions to date Approved by Finance Committee January 2018	COO	Nov 2017 Jan 2018 Complete
3	Business Plans are short term focused, require more medium term review, including consideration of Carter Metrics	Define medium term element in Business Plan template **Actions to date** – template confirmed by Executive Nov 2017 Business Planning Process ongoing – review Executive Feb 2018 & Board Mar 2018.	DoF	Nov 2017 March 2018 Complete
		Review IT infrastructure to future proof **Nov 2017 Update –** process on track through IM&T meetings	DoF	Dec 2017 Complete
Links to Primary Regulatory Framework **NHSI Single Oversight Framework** **CQC – Well led**				

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR14	There is a risk that we do not lead on, and invest in, transformation to secure long term sustainability of services; resulting in inability to sustain quality and compromising year on year cost improvement.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	20/4/17
Previous Risk Score	4 x 5 = 20	**Date of Review**	January 2018
Current Risk Score	4 x 5 = 20	**Date Next Review**	March 2018
Tolerable (Target) Score	3 x 5 =15	**Date to Achieve Target**	March 2018

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Updated Financial Strategy - **Business Plan Process Resilience element supports**	• Forecast Trend for Return on Capital
• Business Development Strategy – **Agreed focus on Business Planning Process**	• Service User Outcome data –(Mortality, Readmission, MSKat, reablement)

Rationale For Current Score (Identifying progress made in previous period)

While good processes are in place, the operating environment is increasingly challenging and requires a longer term response which reflects the challenges within the 3 year operating plan, Cost Improvement Plan Targets and Control Totals.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Monthly Financial Reporting	Finance Committee monitoring	Management
CIP Steering Group	Progress against CIP targets is monitored at the CIP Steering Group which reports to the Finance Committee – Good historical delivery against QIPP and CQUIN. Trend on proportion of CIP delivered	Management/Board Oversight
QEIAs will be completed and signed off for all CIP schemes before they are implemented	QEIA Review at Clinical Reference Group and Executive or Board and Committees if necessary.	Management/Board
CIP Development Plan	NHS Benchmarking Group Report	Independent
	CIP Steering Group monitoring and Finance Committee	Management/Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)	**Mitigating Actions (what more should we do)**		
	Action	**Owner**	**Deadline**

1	Updated Financial Strategy linking to STP	Review Financial Strategy and update	DOF	May 2018
2	Business Development Strategy	Review Business Development Strategy **Actions to date –** Board Development Focus and Appetite confirmed and in use to review business opportunities. Full development of Strategy deferred.	DOF	Sept 2017 Stage 1 **complete** Nov 2018 **Complete**
3	**New Control - Nov 2017** CIP Plan 2018/19	CIP Plan 2018/19 in Place **Actions to date-** CIP Planning process and elements defined. Workshop arranged for Nov 2017 Workshop identified range of options, reviewed by Executive and now being further developed. CIP Plan incorporated in Budget Setting Paper	DOF	Dec 2017 Feb 2018 Complete
4	**Nov 2017 Update** Work Force Plan 2018/19	Work Force Plan 2018/19 to be reviewed by Workforce and OD Committee and Board	IDHR&OD	May 2018
		Benchmark against Carter Metrics (once issued) **Update Jan 2018** – not yet issued	DOF	Mar 2018
Links to Primary Regulatory Framework CQC – Well led		**NHSI Single Oversight Framework**		

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***

Risk SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.

Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1st April 2017
Previous Risk Score	4 x 4 = 12	**Date of Review**	March 2018
Current Risk Score	3 x 3 = 9	**Date Next Review**	June 2018
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2018

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Review of SFI Compliance	• No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)
• Timely compliance with Internal and External Audit recommendations	• At least 50% of Internal Audits give Substantial assurance

Rationale For Current Score (Identifying progress made in previous period)

While good progress made to strengthen internal controls, current significant pressure on capacity could distract from maintaining control if not effectively managed, recognising that cumulative gaps can lead to a significant impact.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Clinical and corporate governance arrangements enable controls to be effectively managed	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	Board
Committee / reporting structures enable controls to be monitored and reviewed	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;	Independent
The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas	"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.". – Internal Audit	Independent
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	IA and EA feedback	Independent

Line management structures provide clarity in terms of responsibilities and accountabilities	Management Review	Management
Internal and external audit and plans provides additional scrutiny	Degree that Internal Audit is risk based.	Board
Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation	Internal Audit Review	Independent
IT Investment to maintain Cyber Security Protection	Reports to Audit & Assurance Committee through IM&T Group	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Confirmation of Compliance with SFIs	Review of Compliance SFIs	DOF	June 2018
2	Well led framework needs further consideration by Board following consultation changes	Implement Well-led Review process **Action to date –** initial process complete, feedback and Board Summit considered ways of working and next steps to be considered Feb 2018	TS	May 2018
3	Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented **Actions –** development programme plan to be considered with Chair and Chief Exec to reflect Strategic Intent requirements, dates being identified	TS	June 2018
4.	Confirmation financial system implementation	Review new financial system implementation **Update Nov 2017 –** Review completed by Internal Auditors, to be considered by Audit & Assurance Committee Dec 2017. Recommendations currently being implemented.	DOF	Oct 2017 **Complete**
5	Confirmation governance TOR and Effectiveness processes for use end of year 2017/18	Complete ToR and Review of Effectiveness for all Board Sub-committees and mechanism for management committees to update. **Actions to date –** process ongoing.	TS	June 2018
		Prepare for year-end audit review **Update Nov 2017 –** Planning meetings held with External Auditors. Detailed timetable in place. Interim Audit to undertake preliminary work	DOF	Nov 2017 Complete

		New Action - Increased Teamworking processes to avoid silo working **Actions to date -** developed through CIP and Budget setting processes.	Executive	March 2018 Ongoing
		New Action - Self-Review against GHFT Recommendations **Actions to date –** Review undertaken. Minor changes in process of being implemented	DoF	January 2018 Complete
	New Control – Nov 2017 – Preparation for Use of Resources	Use of Resources implications considered at Execs Sept 2017. To be considered by Board. Financial Report revised to include metrics from Use of Resources. Initial actions complete, further information awaited from NHSI on implementation date for Community Trusts. Actions to date shared with 2gether.	DoF	June 2018
		Timely Actioning of EA and IA – follow up process embedded	DoF	June 2018
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	April 2018
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Definitions

The overall risk ratings below are calculated as the product of the Probability and the Severity

Score. **I M P A C T S C O R E**

LEVEL	INJURY / HARM	SERVICE DELIVERY	FINANCIAL / LITIGATION	REPUTATION / PUBLICITY
5. CATASTROPHIC	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	National adverse publicity/reputation irreparably damaged.
4 Major (HIGH)	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
3 Moderate (MEDIUM)	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
2 Minor (LOW)	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
1 (Insignificant)	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	

LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

RI S K R A T I N G M A T R I X

	IMPACT				
Likelihood	**1**	**2**	**3**	**4**	**5**
5	**5** (LOW)	**10** (MEDIUM)	**15** (HIGH)	**20** (CATASTROPHIC)	**25** (CATASTROPHIC)
4	**4** (LOW)	**8** (MEDIUM)	**12** (MEDIUM)	**16** (HIGH)	**20** CATASTROPHIC)
3	**3** (LOW)	**6** (MEDIUM)	**9** (MEDIUM)	**12** (MEDIUM)	**15** (HIGH)
2	**2** (LOW)	**4** (LOW)	**6** (MEDIUM)	**8** (MEDIUM)	**10** (MEDIUM)
1	**1** (LOW)	**2** (LOW)	**3** (LOW\)	**4** (LOW)	**5** (LOW)

Impact Score x Likelihood Score = Risk Rating:

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **29th March 2018**

Report Title: **Chair's Report**

Agenda reference Number	08/0318
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker - Chair
Author(s)	Ingrid Barker - Chair
Board action required	Note
Previously considered by	Not Applicable
Appendices	1. Non-Executive Director (NED) Portfolios

Executive Summary

The Report provides an overview of Chair and Non-Executive Director (NED) activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.
2. **NOTE** and **ENDORSE** the NED portfolios acknowledging the Strategic Intent work.

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 on Chair and Non-Executive Director activities in the following areas:

- Strategic Intent
- Board Development
- Working with our partners
- Working with our colleagues
- National and Regional Meetings attended and any issues highlighted

2. Strategic Intent Update

Appointment of Joint Chief Executive Officer

I am delighted to formally announce that Paul Roberts has been appointed to the role of Joint Chief Executive following an extensive national search and rigorous selection process, which included discussions with service users, partners and representatives from both Trusts, in addition to a formal interview.

Paul has been a Chief Executive for over twenty years and spent more than five years in Wales leading a large Health Board responsible for community, mental health and learning disability services as well as for four acute hospitals. Prior to that he spent fourteen years in Plymouth as Chief Executive of the community and mental health services, and then the acute teaching hospital NHS Trust.

An Oxford University graduate, he has also held a variety of national roles across the NHS, including being a trustee of the NHS Confederation, vice-chair of the Association of UK University Hospitals and a member of the Independent Reconfiguration Panel.

He will take up his position on Monday 16 April and lead the development of a business case to take forward the Strategic Intent plans announced last September.

Governance Arrangements

2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust have established a **Strategic Intent Leadership Group** (a group of Executives and Non-Executives from both Trusts) which is meeting on a monthly basis.

The Strategic Intent Leadership Group is responsible to the respective Boards of 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust for the overall direction and management of the programme of work required to progress the Joint Strategic Intent agreed by both Trusts.

It will be responsible for overseeing the work of the Joint Strategic Intent Programme Management Executive Group which will be responsible for the delivery of the

Strategic Outline Case (SOC) and, subject to the required milestones and approvals being achieved, will oversee the development of the Business Case and associated regulatory approval processes.

The Strategic Intent Leadership Group is supported by the **Programme Management Executive Group** which has been working to put in place the foundations to support progression of the Strategic Intent.

Work is ongoing to progress Engagement events to ensure clinicians and the people we serve remain at the heart of our plans.

Regular briefings to update colleagues on the Strategic Intent activity has continued.

A Joint Board Seminar event is planned for April.

3. Working with our Partners

Maintaining **business as usual** remains a priority across both organisations. As part of this I have continued my regular meetings including:

- NHS Chairs and CEOs meeting in London on 22nd March
- Gloucestershire Strategic Forum 30th January (represented by Graham Russell), 15th February (represented by Sue Mead) and 27th March
- Health and Social Care Overview and Scrutiny Committee meeting on 6th March (represented by Vice-Chair, Sue Mead)
- Health and Wellbeing board on 20th March

Along with people from local communities and fellow Trust Chairs, I attended an **informal gathering at the House of Lords** on 31st January. This event had been arranged by Bren McInerney, Community Volunteer, to celebrate how national health and social care organisations better engage with people and communities at a local level

As part of County Council's **Public Health and Prevention Peer Review**, I was interviewed by David Colin-Thome. The outcome of the findings of the Challenge were shared at a Workshop held on 7th February and will be further discussed at the next Health & Wellbeing Board on 20th March 2018.

3. Working with the Communities and People We Serve

The Chief Executive and I met with representatives from Forest of Dean District Council on 14th February at Edward Jenner Court to further discuss the Forest of Dean Community Hospitals Review. Continuing the engagement with the Forest Community remains central to this work.

A quarterly meeting with the **League of Friends Chairs** was held on 20th February at which I was represented by Nicola Strother Smith, Non-Executive Director and Chair of the Trust's Charitable Funds Committee. The support the Leagues of Friends provide to enrich the experience of service users and colleagues is much

appreciated. Our congratulations are extended to Stroud League of Friends on securing the Princess Royal as its Patron.

A r**egular meeting of the Health Care Overview and Scrutiny Committee (HCOSC)** took place on 6th March 2018 at which I was represented by Vice-Chair, Sue Mead. Presentations by Gloucestershire Hospitals NHSFT (GHFT) included an update on winter pressures and also an update on a successful orthopaedic pilot project designed to better align trauma and routine work over the two GHFT hospital sites, thus ensuring routine work could continue during "winter pressures". GHFT's plans to set up a subsidiary company for its support workforce were also discussed in detail. The Public Health Annual Report was carried forward to the next meeting.

Gloucestershire Health and Wellbeing Board met on 20th March 2018 an update on any key points will be provided at the Board.

4. Engaging with our Trust Colleagues

CQC well led inspection 7th and 8th February – we await the feedback from the CQC on our recent inspection.

Katie Norton and I held one of our regular **Chair and CEO staff briefing sessions** in the View at Edward Jenner Court on 14th February.

I continue to meet regularly with Trust colleagues and visit services to inform my triangulation of information.

6. NED activity

Since my last Board report the Non-Executive Directors (NEDs) held two meetings at Edward Jenner Court. Regular meetings at Trust services/hospitals will continue to be held throughout the year. Quarterly joint meetings with 2gether Foundation Trust NEDs have also been arranged for May, August and November.

Other activities undertaken by the NEDs - key meetings and events have included:

- Attendance at Trust Board, Committees and Board Development
- Joint Chief Executive interview assessment centre (Sue Mead, Nicola Strother Smith and Nick Relph)
- Appraisals with Chair (Richard Cryer and Sue Mead)
- Presented certificates to Health Care Assistants at North Cotswolds Hospital (Nick Relph)
- Strategic Intent Leadership Group (SILG) meetings (Sue Mead and Graham Russell)
- Clinical Reference Group (Jan Marriott)
- End of Life Quality Improvement Group (Nicola Strother Smith)
- 2gether Clinical Excellence Awards (Nicola Strother Smith)
- Gloucestershire Hospitals NHSFT Board (Nicola Strother Smith)

- NED Focus Group as part of the CQC well-led inspection
- Mortality Review Group meetings (Jan Marriott)
- Gloucestershire Strategic Forum on behalf of Chair (Graham Russell)
- Gloucestershire Strategic Forum and STP Advisory Group on behalf of Chair (Sue Mead)
- Health Care and Overview Scrutiny Committee on behalf of Chair (Sue Mead)
- Quality visit to Tewkesbury Hospital Minor Injuries and Illness Unit (Richard Cryer)
- Quality visit to Cirencester Hospital ref. EOL Care (Nicola Strother Smith)
- LD Expert Reference Group (Richard Cryer)
- League of Friends Chairs' quarterly meeting (Nicola Strother Smith)

The Quality Visit Reports are now to be taken forward within the Quality and Performance Committee.

The proposal to put in place an Associate NED, agreed at the January Board, has been put on hold for further discussions on how this maps into the Strategic Intent plans.

7. Conclusion and Recommendations

The Board is asked to:

1. **NOTE** the Report.

Appendix 1

Non-Executive Director (NED) Portfolios (March 2018) Update

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NED	LOCALITY / SERVICES CHAMPION	CHAIR	EXTERNAL GROUPS	Strategic Intent Activities	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 Charitable Funds League of Friends	**LOCAL** Health & Wellbeing Board Gloucestershire Strategic Forum Health and Care Overview and Scrutiny Committee (in attendance with CEO) **NATIONAL** NHS Provider Board NHS Chairs & CEOs NHSI Chairs Meetings	Strategic Intent Leadership Group	*The Chair is not a regular member of the Board Committees below, but reserves the right to attend (other than the Audit and Assurance Committee)*	 NHS constitution champion Mental Health Champion League of Friends
Sue Mead Vice Chair (Senior Independent Director)	Children's Services	Quality and Performance	STP Oversight Group (alternate allowed)	Strategic Intent Leadership Group	Board Remuneration Committee Finance Committee	Safeguarding
Richard Cryer	Forest Tewkesbury	Audit and Assurance	Learning Disabilities Partnership Board Forest Locality Reference Group		Board Remuneration Committee Charitable Funds Finance Committee Workforce and OD	GCS Learning Disabilities Equalities and Diversity
Jan Marriott	Gloucester	-			Board Remuneration Committee Audit and Assurance Quality and Performance Workforce and OD	Dementia Freedom to Speak Up (Raise Concerns/Whistleblowing**)** GCS Mortality Review Group
Nick Relph	Cotswold Cheltenham	-		GCS Oversight Group	Board Remuneration Committee Audit and Assurance Workforce and OD Finance Committee	Health & Safety Procurement Emergency Preparedness Resilience and
Graham Russell	Stroud	Finance Committee		Strategic Intent Leadership Group	Board Remuneration Committee Audit and Assurance Quality and Performance	 Complaints Litigation Duty of Candour
Nicola Strother Smith	County-wide Services	Workforce and OD		GCS Oversight Group	Board Remuneration Committee Quality and Performance	Caldicott End of Life Care Designated Board Member in relation to Doctors and Dentists Potential Exclusions,

Executive Director Named Roles

Medical Director (Mike Roberts)	Never Event Accountable Officer Responsible Officer Employed Doctors and Dentists.
Director of Finance (Sandra Betney)	SIRO (Senior Information Risk Owner) Health & Safety Named Director
Director of Nursing (Susan Field)	Caldicott Guardian

Non-Executive Directors (NED) Portfolios March 2018)

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **29th March 2018**

Report Title: **Chief Executive Officer and Executive Team Report**

Agenda reference Number	9/0318
Accountable Executive Director (AED)	Katie Norton, Chief Executive Officer
Presenter (if not AED)	Sandra Betney, Deputy Chief Executive Officer
Author(s)	Katie Norton, Chief Executive Officer
Board action required	For Information ,
Previously considered by	N/A
Appendices	1.

Executive Summary

As reflected in the papers to be considered by the Board, the Executive Team is continuing to ensure effective oversight of the operational delivery and progress against our strategic priorities. To support this, as Chief Executive Officer, on behalf of the Executive Team, 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.

Of note:

- Following the Board decision to approve the preferred option to invest in a new community hospital in the Forest of Dean to replace the Dilke Memorial Hospital and Lydney and District Hospital, we are actively progressing the recommendations including the arrangements for the combined panel to consider location;
- We are continuing to maintain regular and strong relationships with our regulators, ensuring guidance issued and information requested is provided in a timely way;
- There has been considerable work undertaken by our operational teams to support the Gloucestershire urgent care system, with clear evidence of strong system working to manage the severe weather conditions experienced in early March;

- We are expecting the outcome of our annual Care Quality Committee Inspection which took place during January and February;
- The Trust is continuing to take a lead role in supporting new models for place based working, with proposals now in place to pilot Integrated Locality boards in three areas;
- The Trust is continuing to work closely with partners to support the work within Gloucestershire County Council to respond to the Children's Safeguarding OFSTED recommendation, recognising that safeguarding is everyone's business;
- There have been some notable individual, team and organisational successes.

Recommendations:

The Board is asked to	(i) **NOTE** this report. (ii) **APPROVE** the delegation to the Audit Committee of approval of the annual self-certification in accordance with the requirements of the provider licence in line with the process set in place in 2017.

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 Executive Officer and Executive Team 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

The report outlines work that has been progressing to support the strategic leadership of the Trust, as well as progress to support key areas of operational service delivery.

Of note:

- Following the Board decision to approve the preferred option to invest in a new community hospital in the Forest of Dean to replace the Dilke Memorial Hospital and Lydney and District Hospital, we are actively progressing the recommendations, including the arrangements for the combined panel to consider location.
- We are continuing to maintain regular and strong relationships with our regulators, ensuring guidance issued and information requested is provided in a timely way;
- There has been considerable work undertaken by our operational teams to support the Gloucestershire urgent care system, with clear evidence of strong system working to manage the severe weather conditions recently experienced;
- We are awaiting the outcome of our annual Care Quality Committee Inspection which took place during January and February. Initial feedback from the CQC has been favourable and clearly highlights that the Trust feels very different since 2015 when the last inspection took place. The Trust awaits the draft formal report due mid-March 2018 and from here Trust colleagues will build on existing CQC workplans to ensure that quality improvements progresses accordingly.
- The Trust is continuing to take a lead role in supporting new models for place based working, with proposals now in place to pilot Integrated Locality boards in three areas;
- The Trust is continuing to work closely with partners to support the work within Gloucestershire County Council to respond to the Children's Safeguarding

OFSTED recommendation, recognising that safeguarding is everyone's business;

- There have been some notable individual, team and organisational successes.

3 Strategy and Leadership

3.1 Forest of Dean Community Hospital Consultation

Following the Trust Board meeting and NHS Gloucestershire Clinical Commissioning Group Governing Body meeting held on 25th January, at which both organisations approved the preferred option to invest in a new community hospital in the Forest of Dean to replace the two existing hospitals work has been progressing in line with the recommendations agreed.

As part of this work, the Trust and CCG have secured an independent organisation, Citizen's Juries Community Interest Company (CIC), to convene and facilitate the "combined panel" which will make a recommendation on the preferred location for the new hospital. Citizen's Juries CIC is dedicated to designing and running citizen's juries and will be working closely with the Jefferson Centre, who will be a sub-contractor on the project.

4 Working with our Regulators

4.1 NHS Improvement

We are continuing to maintain regular communication with NHSI to provide assurance on performance and governance with no issues of concern being raised. Our next formal meeting is scheduled for 12th April.

4.2 Care Quality Commission

4.2.1 *Annual Inspection*

As the Board will be aware, as part of the Annual Inspection the Trust welcomed a team of CQC inspectors for three days in the week commencing 15th January. The Team undertook a series of unannounced visits across two of our core services and our inpatient services and Minor Injury and Illness Units, as well as providing opportunities to meet colleagues. The Well Led inspection took place 7th and 8th of February 2018. We are expecting that the outcome of the inspection will be published in the middle of April.

A team from the CQC also undertook a visit to the Community Dental Service at Southgate Moorings on 8th March to review policies and procedures for conscious sedation. Informal feedback from the visit has been positive, and a formal response is awaited.

4.2.2 *Never Events Thematic Review*

CQC has written to all NHS Trusts to confirm that it has been asked by the Department of Health and Social Care to examine the underlying issues in organisations that contribute to the occurrence of Never Events.

The CQC will be carrying out fieldwork to inform this review from April-June 2018 and that the activity may be linked into part of an inspection, or be a standalone visit.

Never Events are defined as *'Serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers*'.

This review will try to identify the reasons why initiatives supporting the creation of barriers to prevent Never Events have not prevented their occurrence more effectively. The initiatives reviewed will include the introduction of NatSSIPs (national safety standards for invasive procedures), the issuing of various patient safety alerts and other types of clinical and managerial advice and guidance designed to prevent Never Events occurring.

The review will consider the processes collectively known as 'clinical governance', which is the framework through which healthcare organisations continually improve the quality of their services and safeguard high standards of care by creating an environment in which excellence in clinical care will flourish. A well-functioning clinical governance system should ensure that barriers to prevent Never Events are embedded and operate well.

This work will be collaboration between CQC and NHS Improvement (NHSI), building on the existing work of both organisations. This includes the findings of CQC's NHS trust inspections, the development of an inspection tool to look at how well trusts are responding to safety alerts and will consider NHSI's safety work.

4.3 CQC Key Lines of Enquiry (KLOEs) – Current Self-regulation activity

MIIU ratings are now completed on the Datix CQC self-regulation module; in-patient ratings are complete for 5 of the 7 community hospitals.

Data collection and ratings were completed for the Integrated Community Teams (ICTs) on 28th February 2018.

We are evaluating changes to the Datix CQC module to support the updated KLOEs and commenced the transition of the existing entries late February 2018.

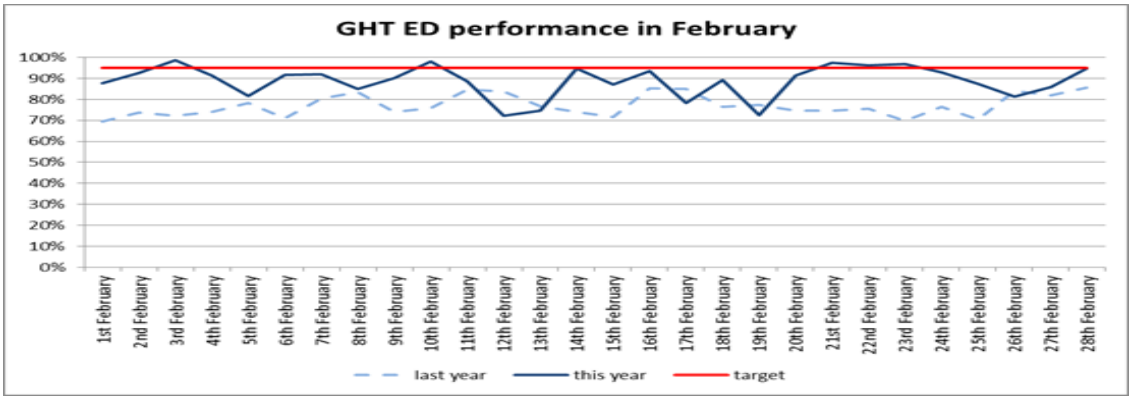
5 Operational Service Overview

5.1 System flow and Resilience

February continued to be a challenging time for urgent care systems across the country, with high demand on urgent care services.

Partnership working continues to be strong in Gloucestershire and focussed work across the system is ensuring we deliver the agreed performance and a high quality, safe service for patients.

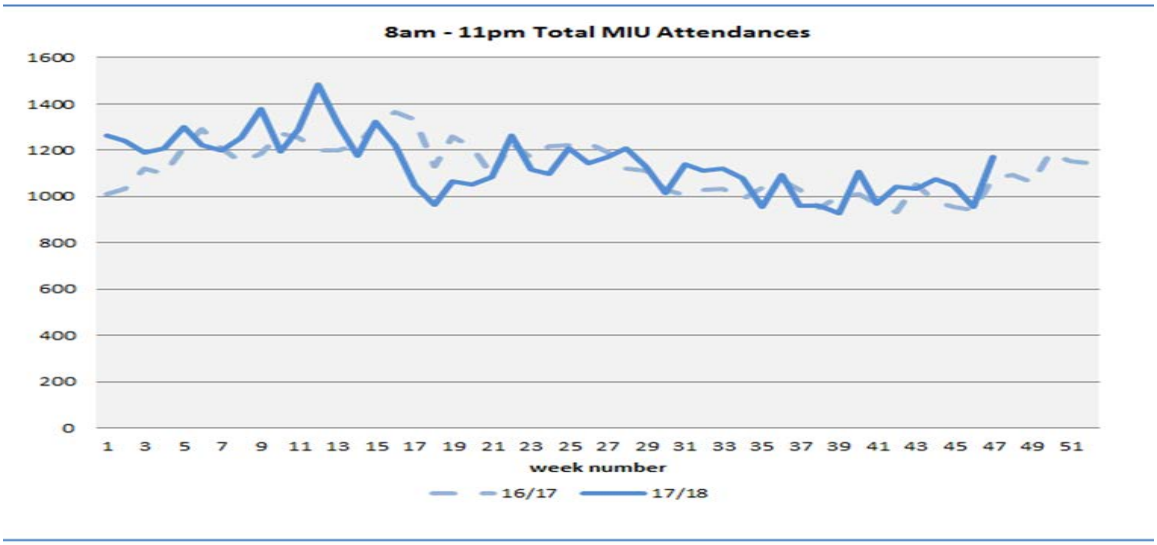
A key metric is the 4 hour A&E target, with February performance achieving 88.5%; this is above the agreed STF recovery trajectory of 80%. Last year's performance in February was 77.5%.



Gloucestershire Hospitals NHS Foundation trust is ranked third for the South West providers with a YTD Performance of 86.6%.

This performance is set against a context of February E&D attendances 12.7% above last year's levels, an increase of 1,243 attendances with an average increase of 44 attendances per day.

For Minor Injury and Illness Units overall activity is relatively flat with an increase of 841 attendances against last year although recently there has been notably more attendances at MIU's both against last year and the weeks preceding. Week 47 (17th – 23rd Feb) has observed a spike in demand with an average of 167 attendances per day.



Community hospital bed occupancy for February remains above target at 96.2%, which are similar levels to January but below the same period last year (97.9%).

The Delayed transfers of care (DTOC) across the system remains low at 3% for the last reported position of 31st January. For the Trust the DTOC rate for February was 1%, with an average of 2 patients per day experiencing a delayed transfer of care.

There is a reported rise in Influenza A virus, while Influenza B also remains high. The Trust, and in particular the Dilke hospital has had further outbreaks of Norovirus, which has meant further bed closures impacting on patient flow.

The adverse weather experienced early March presented further challenges, with reduced patient flow due to the difficulties with transferring patients safely, either to a community bed or to home.

Despite the above challenges with infection control and weather, direct admissions show an increase in February compared to last year, with transfers from acute hospital remaining consistent to last year's rates. Length of stays in February for both direct and transfers have reduced from last year and were both year to date position, indicating the positive work in improving patient flow.

5.2 Operational Service Development and Challenges

5.2.1 *Timely Access to Services:*

February performance has seen improvement across the 6 service areas in which timely access has been an ongoing challenge. Detailed action plans are in place and being monitored regularly.

The Quality and Performance report provides detail on both the number of breaches over the 8 week referral to treat target, with reference to the timeframe in which these patients were seen in. All patients are clinically triaged with the most urgent cases prioritised and services actively monitor all patients waiting times to ensure lengthy waits are avoided. It is important to note that all of these services have achieved the national 18 week referral to treat target.

It is anticipated that the end of year position will not be recovered for the following services:-

Service Area	YTD Position at Month 11
Community Adult Speech and Language Therapy	86.7%
Podiatry	92.5%
MSK Physio	90.1%
MSKCAT	54.5%
Integrated Community Teams Occupational Therapy	85%
Integrated Community Teams Physical Therapy	82.6%

Work will continue to recover the performance going into the new year. Further work is required to improve forecasting related to recovery and this will be shared with Quality and Performance board subcommittee once finalised.

5.3 Estate Development

5.3.1 *Progressing Locality Estates Plan to support Place based working*

Following the approval of the Estates strategy, the Estates and Facilities team have been refreshing the baseline of the accommodation across the county.

Workshops are scheduled with Operational service leads over the next 6 weeks to review and detail the locality estates plans to support the delivery of the operational business plans.

Gloucester city and Cheltenham localities will be prioritised due to the ongoing accommodation challenges with a lack of sufficient, high quality and accessible clinical and administrative space for services. This has been further heightened with system partner challenges on their accommodation in which we are currently located.

The Trust is inputting to a wider STP estates plan to ensure accommodation across all partners is being used to maximum effect and ensures good accessibility for service users.

6 Partnership Working

6.1 Place Based Working and Integrated Locality Board Pilots

As previously reported, the Executive have been working to support the development of “place based” models of care around GP clusters. Of particular note:

- We are continuing to support a number of practice clusters in the development of emerging roles in primary care to support improved access.

For GCS this has included the development of new Advanced Physiotherapy Practitioner (APP) Roles and frailty nurses. The work associated with the APP role has received national interest.

- We are taking a lead role in the development of primary care led multi agency MDT meetings. The use of our Patient Level Costing tool is providing a valuable source of clinical insight that is being used to identify individuals who would benefit from improved care coordination and proactive management.

As reported at the last Board meeting, we are continuing to work with NHS Gloucestershire Clinical Commissioning Group and 2gether NHS Foundation Trust to pilot Integrated Locality Boards (ILBs) to test new ways of working across organisational boundaries. Three ILB pilots are proposed for Cheltenham, Stroud and Berkeley Vale and the Forest of Dean and a workshop was held on 15th March to consider next steps noting that the intent is to bring together key health and care providers to promote the development of 'virtual patient-centred' teams able to work across organisational boundaries, focusing on better care coordination and joined-up service delivery as a means of reducing the three gaps of health and wellbeing, care and quality, and funding and efficiency.

6.2 Children's Services – OFSTED and Safeguarding Children Section 11

6.2.1 Gloucestershire Safeguarding Children Broad (GSCB) Improvement Plan

The Trust continues to work with partners on the GSCB improvement plan that was developed following the last OFSTED inspection. The GSCB is currently requesting quality health data from all providers that will evidence progress and good outcomes. We have produced a safeguarding learning assurance framework that has been very positively received however work continues with partners to develop appropriate outcome (or proxy outcome) measures.

6.2.2 Section 11 Submission

The Trust's section 11 submission was provided to the GSCB at the end of December 2017 detailing how the Trust provides its safeguarding activities to protect Children. Most of the submission was RAG rated Green however it was determined that with work in progress to improve supervision coverage this domain would be rated be amber.

No sections of the submission were rated red.

The section 11 submission was reviewed and signed off at Executive team meeting and will be peer reviewed by members of the GSCB.

7 Celebrating Success

Individual Recognition

National Apprenticeship Week 2018

Apprenticeships are an important part of our current recruitment and educational pathway but also represent a fantastic opportunity to attract and develop the workforce of the future.

During National Apprenticeship Week, three of our apprentices scooped prestigious awards at the Health Education England Star Awards programme in the South West. Megan Cooke received the Intermediate Apprenticeship Award, Mandy Spencer won the Higher Apprentice of the Year, and Jess Carmen achieved the Advanced Apprentice of the Year

Sarah Morton appointed to the Chartered Society of Physiotherapy Council

Sarah Morton, Professional Head of Adult Physiotherapy, has recently been appointed to the newly revised Chartered Society of Physiotherapy (CSP) Council. 12 Physiotherapists have been elected by the 57,000 members to form the streamlined National Council. The purpose of CSP Council is to provide leadership of the physiotherapy profession and governance of the CSP. In doing that it:

- Sets the Society's strategic direction and aims
- Ensures accountability for the Society's performance
- Ensures that the Society is managed with probity and integrity

This is an exciting opportunity to help shape the agenda and to inject energy and enthusiasm into leading the profession and governing the CSP.

Celebrating You Awards 2018

The Trust's annual Celebrating You Awards recognise the outstanding work of teams and individuals across the organisation. The date for the awards has been set for Wednesday 23 May. Having listened to feedback from colleagues we have a chosen a single venue this year in Gloucester and added some additional Trust champion awards, which include Achievement, Partnership and Innovation categories.

Care certificates awarded to healthcare assistants (HCAs) across the county

It is great to see an increasing number of HCAs being awarded their care certificates after their 12-week training and development programme. The nationally recognised certificate has been developed by Health Education England, Skills for Health and Skills for Care. The certificate is awarded to those in healthcare roles who have demonstrated they meet each of the 15 care standards, including caring with privacy and dignity, awareness of mental

health (including dementia and learning difficulties), safeguarding and infection control.

Service Recognition

Rapid Response coverage in the Independent

A journalist's first-hand experience of our Forest of Dean Rapid Response service team was published on Sunday 4 February in the Independent. The hugely positive coverage explained the family's step by step experience, with copy lines such as 'She began by introducing herself and explaining how it worked – "You're on our ward now," is how she put it. She was an incredibly professional specialist respiratory nurse – reassuring, thorough and, above all, kind.'

Three Brothers Climb Three Peaks

Three brothers are planning to raise money for our Trust through completing the Three Peaks Challenge, as a big thank you to the district nurses who cared for and provided a fantastic service their grandma, who fought a long battle with cancer.

The communications team shared this great human interest story with BBC Radio Gloucestershire, which led to a live radio broadcast taking place with two of our Stroud Integrated Community Team nurses, plus two of the three brothers.

8 Licence Self –Certification Compliance Requirements

As required from 2017 NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements. Last year was the first year that NHS trusts self-certified and the Trust complied as required. Although NHS trusts are exempt from needing the provider licence, they are required to comply with conditions equivalent to the licence that NHS Improvement has deemed appropriate.

The Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Conditions G6 and FT4) and must self-certify under these licence provisions.

There are two submissions. The first self-certification relates to GC6 and is required for submission at the end of May. The second submission (FT4) is required at the end of June 2018

FT4 Corporate Governance

The Trust is also required to state that we have complied with required governance arrangements (Condition FT4(8)). This requires us to review whether our governance systems achieve the objectives set out in the licence condition (although we are not covered by a license, the standards set out in FT4 are similar to the standards of governance set out in the TDA general objective.)

NHSI expect any compliant approach to include:

- effective board and committee structures,
- reporting lines and performance and risk management systems.
- well-led framework for governance reviews (April 2015)
- Single Oversight Framework (September 2016).

We are required to confirm by 30th June 2018 that:

- The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

- The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

- The Board is satisfied that it has established and implements:
  (a) Effective board and committee structures;
  (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
  (c) Clear reporting lines and accountabilities throughout its organisation.

- The Board is satisfied that it has established and effectively implements systems and/or processes:
  (a) To ensure compliance with its duty to operate efficiently, economically and effectively;
  (b) For timely and effective scrutiny and oversight by the Board of the organisations operations;

The evidence review undertaken last year is now being reviewed by the Executive. As the next Board is in June it is proposed that the Board delegate approval of the Self-certification confirmation to the Audit Committee to meet the required deadline.

9 Conclusion and Recommendations

The Board is asked to (i) **NOTE** this report.

(ii) **APPROVE** the delegation to the Audit Committee of approval of the annual self-certification in accordance with the requirements of the provider licence in line with the process set in place in 2017.

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **29th March 2018**

Report Title: **Business Planning Report**

Agenda reference Number	10/0318
Reason for Being Heard in Confidential Session	n/a
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	n/a
Author(s)	Lisa Proctor, Head of Planning and Business development
Board action required	To note the contents of this paper and to agree the Business Planning Objectives
Previously considered by	n/a
Appendices	Appendix 1 - Business Planning Objectives

Executive Summary:

1 Introduction

The Business Plan has been developed in conjunction with the Trust's main priorities and the key deliverables for the One Gloucestershire Sustainability and Transformation Plan (STP) for 2018/19 including the One Place, One Budget, One System programme centred around the place based model of care.

The plan incorporates the Trust's strategic ambitions and the core values together with the key elements of the NHS Constitution.

The business plan has been developed in conjunction with the Operating Plan and Budget Setting process to ensure the affordability of the objectives.

2 Business Planning Approach

The business planning approach includes the following eight key themes:

Quality
- Outcomes
- Safety

Sustainability
- Efficiency
- Innovation

Co-design
- Listening
- Learning

Experience
- Reliable
- Integration

The themes provide a framework that aligns the top down strategic ambitions with the bottom up individual goals.

Each business plan objectives is linked to one of the themes. The key aim is to demonstrate a preferred balance of objectives across the organisation.

3 Business Planning Outcomes

This is the first year of the business planning process and directorates have been involved.

Whilst there is a balance of objectives across the organisation, some directorates are more focussed on one theme than another.

A key risk is the impact on the corporate capacity to deliver the business plan. As a result, a ranking system has been introduced to enable the objectives to be delivered across three phases of implementation. The phased approach ensures the delivery of the business plan is sustainable and where necessary, the later phases may be delivered across the two years of the business planning process.

4 Performance Monitoring

The success of the business plan will be measured using a range of metrics linked to each theme as part of a balanced scorecard.

A quarterly self-assessment will identify where the delivery of objectives is at risk.

5 Conclusion

This is the first year that this business planning process is being introduced. The initial plans reflect the new approach to setting objectives. The objectives are expected to become increasingly aspirational as the process becomes embedded.

6 Recommendations:

The Board is asked to note the contents of this report and agree the business plan.

Related Trust Objectives	**1, 2, 3, 4, 5**
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements/Implications	Implications are clearly referenced in the report
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	No legal or regulatory implications identified

Business Planning Report

1 Introduction

1.1 This paper sets out the business plan for 2018/2020. The new business planning approach was launched in November 2017 and is designed to establish an inclusive process for delivering improvements in a coordinated and structured way across the organisation.

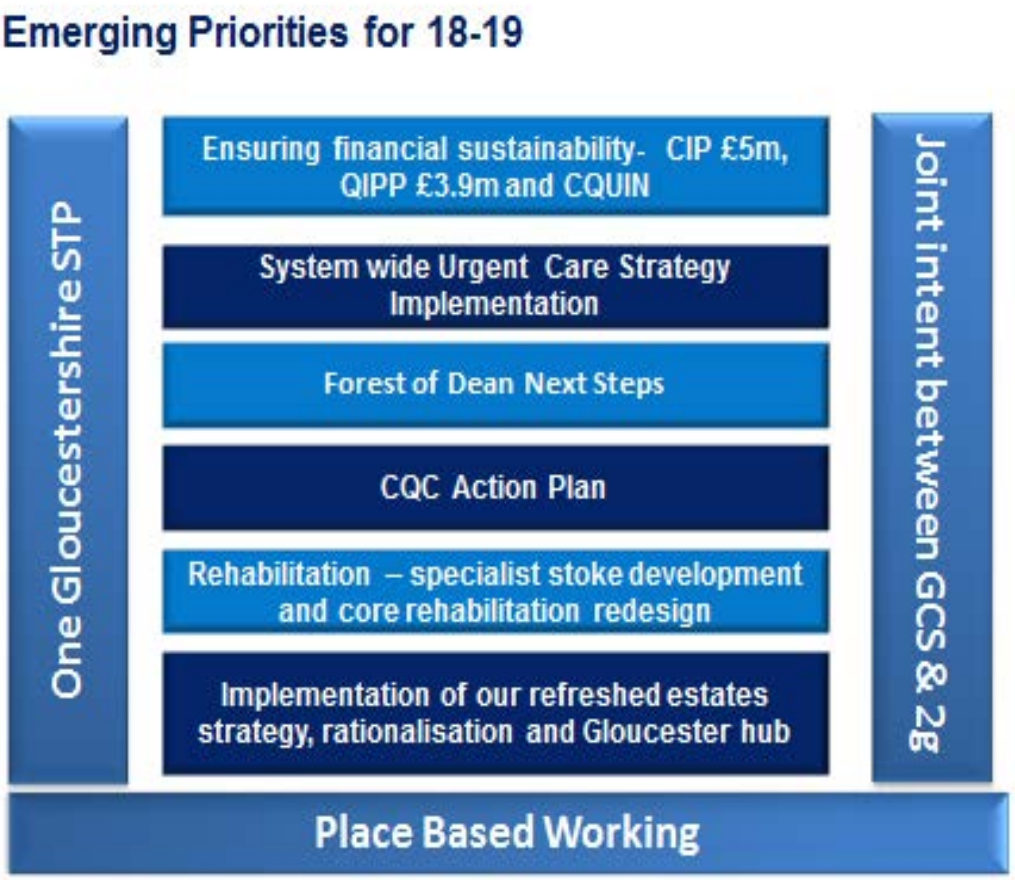
1.2 The key objectives for business planning are to:

- To create a process that aligns individuals objectives with organisational goals
- To ensure that business planning aligns with contracts, project planning, budget setting and workforce planning
- To create and maintain consistency between externally submitted plans e.g. Sustainability and Transformation Plan, NHS Improvement returns
- To build on good work already started on service development planning
- To create a mechanism to allow and encourage prioritisation in the context of scarce resources
- To encourage links between support services and operational objectives
- To stimulate colleague engagement with the planning and delivery of our services

1.3 This is the first year that this business planning process has been introduced. The initial plans reflect the new approach to setting objectives which are expected to become increasingly aspirational as the process becomes embedded in subsequent years.

2 Background and context

2.1 The business plan has been developed in context with the Trust's main priorities and the One Gloucestershire Sustainability and Transformation Plan (STP) key deliverables for 2018/19 as set out below:

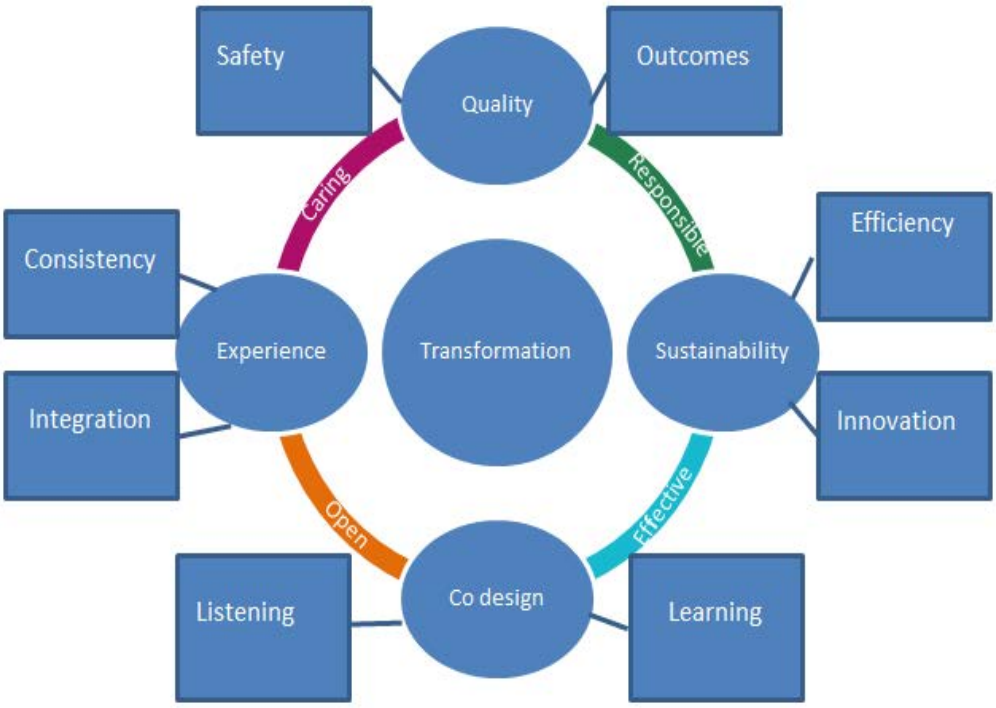


2.2 The business plan is also informed by the One Place, One Budget, One System programme centred around a place based model of care. The place based model of care offers a new way of planning and delivering community based services at a locality level. This key driver for change has been incorporated within the business planning process to ensure community services continue to be best placed to respond to the new models of care as they emerge in 2018/19.

2.3 The business plan has also been developed in conjunction with the Operating Plan and the Budget Setting process, bringing together the operational managers and financial leads to ensure the affordability of the individual objectives and the overall financial impact of the plan.

3 Business Planning Approach

3.1 The approach to the business planning process includes linking each business plan objective to one of eight chosen themes as set out below:

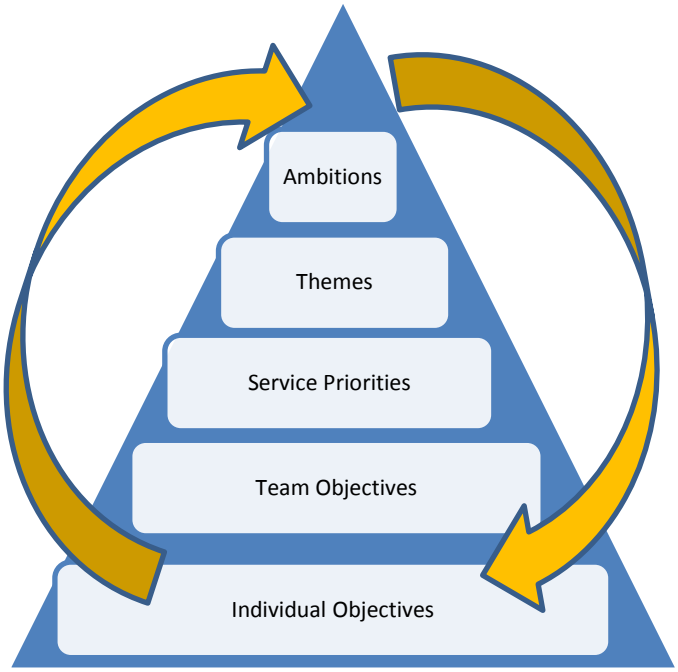


3.2 The diagram shows how the core values and behaviours of the organisation are embeded within the business planning approach. While developing this approach, the Trust has also been mindful of the key elements of the NHS Constitution which are represented across the themes.

3.3 The themes have been chosen to relect the strategic direction of the organisation and are linked to the Trust's strategic ambitions as follows:

- We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities. Quality
- We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care. Co-design
- We will provide services in partnership with other providers so that people experience seamless care and support. Experience
- We will have an energised and enthusiastic workforce and each individual will feel valued and supported. Experience, Sustainability
- We will manage public resources effectively so that the services we provide are sustainable. Sustainability

3.4 The themes provide a framework that aligns top down strategic ambitions with bottom up individual goals. This enables key golden threads to become embedded throughout the organisation as shown below:



3.5 The business planning process also ensures the priorities for the organisation are owned and connected across operational and corporate boundaries.

4 Business Planning Objectives

4.1 The majority of objectives were developed by individual teams, with whole team involvement, building on existing plans and improvement goals in line with the priorities of the organisation. The HR and PACE directorates produced a single plan with directorate wide priorities linked to individual team objectives. Each objective is ranked in order of importance to enable support services to prioritise the resources required to deliver the objectives.

4.2 The business plan encompasses the development of services in line with the delivery of the place based models of care. These include:

- embedding the redesign of community based services to be further integrated with primary care and to work within a wider multidisciplinary team to plan and deliver care closer to people's homes.
- remodelling the Single Point of Clinical Access to become a pivotal service in the development of the emerging Integrated Urgent Care system to improve the flow across the pathway, linking with the complex care at home, enhanced discharge and rapid response services to strengthen the pull model from acute to community based support.
- enabling access to good "business intelligence" including Patient Level Costing to provide a valuable source of clinical insight to inform improved care coordination and proactive management.

4.3 The business plan includes a number of key developments initiated in 2017/18 which will focus on improving services for 2018/19:

- Delivering a new operating model for community health and social care system for the Forest of Dean including not only the role of the community hospital services, but also encompassing a broader review of community based services and enabling systems
- Improving access to community based outpatient services including the delivery of new community ambulatory care pathways
- Implementing a new stroke rehabilitation service as part of the drive for specialist services and the development of local centres of excellence
- Joining up children's services to support professionals to work more closely within integrated teams to improve quality outcomes and patient experience.
- Improving clinical pathways for respiratory, circulatory, diabetes, musculoskeletal, cancer and end of life care to promote self management and independence.

4.4 In addition to the above clinical / operational programmes, the business plan encompasses countywide plans to transform enabling systems to be more sustainable. These plans include:

- Joint IT Strategy – During 2018/19 all referrals becoming electronic via the e-referral system will be implemented by June 2018. Supporting online consultations and extended access in primary care will also be part of 2018/19 plans. The Joining Up Your Information record and the shared care record will support the delivery of the urgent & emergency care model. The Trust is improving mobile working capability and extending the use of clinical applications. The Whole System Intelligence Network is working to join up reporting and information requirements and is focused on the retention and best use of staff resources available to the system.

- Joint Workforce Strategy – the Workforce and Organisational development Strategy has been refined and updated. Developing seven day working across urgent care services is a priority for the coming year. Looking to a shared recruitment function across STP organisations and expanding the Trainee Nursing Associate programme are also central priorities. Continuing to refine the triangulation of workforce planning and development across the system will be increasingly important to system-wide working.

- Joint Estates Strategy – the re-provision of community hospital services in the Forest of Dean will remain a priority in 2018/19. Capital requirements for the urgent & emergency care plan are also key to the estates strategy in the next year.

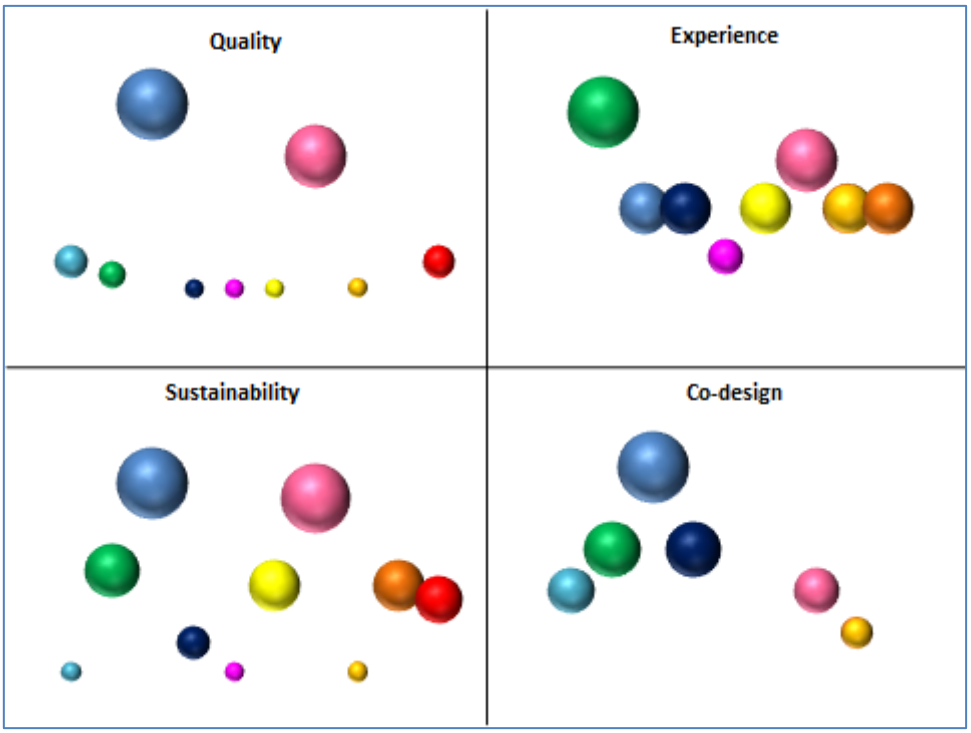
4.5 The business plan also includes the delivery of quality outcomes including reducing variation and ensuring clinical standards are met and all services remain compliant with the regulatory and legislative requirements including health and safety and security standards and standards set by the Care Quality Commission. The business plan also incorporates the contractual

quality schemes for QIPP and CQUIN. These quality outcomes will be delivered in context with the Cost Improvement Programme and improved internal process to align service and financial delivery through innovation and efficiency.

5 Business Planning Outcomes

5.1 A key aim for the business planning process is to demonstrate a preferred balance of objectives across the organisation.

5.1.1 The diagram below shows the balance of business planning objectives by theme for each team across the operational and corporate directorates. The operational teams are coloured red/orange and the corporate teams are coloured blue/green. (The position of the bubble within each theme on the diagram has no significance.)



5.1.2 The diagram evidences a balance of themes across the organisation and some directorates are more focussed on one theme than another. The business planning process is a two-year process and it is anticipated that the balance of themes will change in the second year as the process becomes embedded. Some of the objectives in the first year will impact various themes in the second year.

5.2 Due to the impact on the support required to deliver the business plan, the business planning objectives have been ranked in 'order of importance' to enable them to be separated into three phases of implementation. The

phased implementation aims to reduce the risk of overextending the corporate capacity in any one year. This means some objectives may be implemented in the second year of the business planning process.

5.2.1 The following table shows the first phase of support required to deliver the top 3 top ranking objectives per team plan:

	HR	Estates	PACE	Perf & Info	IT	Finance	Ops	GCCG / NHSE / GCC	QEIA	Total
Finance	6	6	5	5	8	2	9	2		43
HR			3	1		1	2		1	8
Operations	12	7	10	16	14	12		13	9	93
PaCE				1	2	1	3			7
Total	18	13	18	23	24	16	14	15	10	151

* support requests have not been included where support has been requested from within the same team

The first phase includes 50 of the 134 objectives which generate 151 requests for support.

5.2.2 The second phase includes 35 objectives with an importance ranking of 4-5. There are 108 requests for support for the second phase.

5.2.3 The third phase includes 49 remaining objectives and 119 requests for support.

The phased approach aims to support the delivery of the objectives in a sustainable way throughout the first year of the business planning process.

5.3 The risks associated with capacity and delivery, as well as the milestones for each objective, are recorded in a standard template together with risk mitigations and a quarterly delivery profile

5.4 The business planning objectives are included in Appendix 1. Please note this does not include the full details of each objective, for ease of reading.

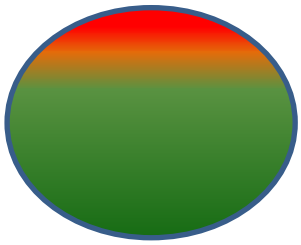
6 Performance Monitoring Process

6.1 The success of the business plan will be measures using a balanced scorecard of metrics linked to the overall ambitions of the organisation for each theme. The metrics have been combined with the percentage of business planning objectives achieved across each theme to give a complete picture of the organisation's business plan performance. There are 2 metrics per theme and each has been weighted depending on the level of importance.

6.2 The balanced scorecard will be reported using a Red/Amber/Green (RAG) rating as per the example below:

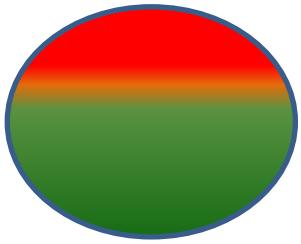
Quality

Metric 1: % number of 40 objectives delivered
Metric 2: Staff Survey - staff recommendation on organisation as a place to receive care



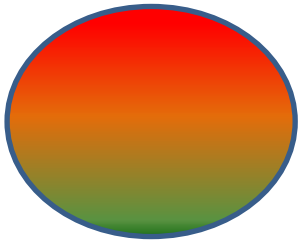
Experience

Metric 1: % number of 18 objectives delivered
Metric 2: Experience – Staff recommendation on the organisation as a place to work



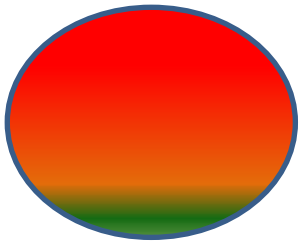
Sustainability

Metric 1: % number of 59 objectives delivered
Metric 2: Proportion of next financial year CIP plans developed
Metric 3: staff turnover ratio



Co-design

Metric 1: % number of 17 objectives delivered
Metric 2: quarterly evaluation of service user involvement in changes



6.3 The delivery of the detailed business planning objectives will be monitored across the two year period as follows:

6.3.1 First Year Monitoring Process:

Performance	Frequency
• Self-assessment - monitoring in year will be via a self-assessment Red, Orange, Green (RAG) rating mechanism that has been built into the business planning objectives template.	Quarterly
• Exception report – exception reports will be required for all self-assessed red rated objectives and for any objectives with at least two consecutive orange ratings. Plans will continue to be monitored until delivering on track	Monthly By exception
• Performance Report – routine performance reports will be presented to the Executive Team for review. The performance report will include a progress review of objectives by theme and directorate together with the balanced scorecard of metrics for the overall themes.	Quarterly
• Performance Review Meeting – a performance review meeting will be held with each business plan 'owner' and the Executive Director.	Annual
• Any changes to the objectives will be agreed by the Executive Director.	Ad hoc

6.3.2 Second Year Monitoring Process:
The second year monitoring process will continue as above however, devolved autonomy for business plan owners and Executive Directors will be developed where plans are delivering on track and with no financial issues

6.4 Risk Management is built into the business planning process through the requirement to identify risks and implement mitigations for each objective. The risks will be managed through the exception reporting process. Updates to the risk register via Datix will be required once the objectives go live.

7 Next steps

7.1 Once the plan has been agreed, a performance monitoring schedule will be issued including a timetable of review meetings for the first year of delivery.

8 Recommendations

8.1 The Board is asked to **agree** the business plan.

NHS
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Trust Board

Date of Meeting: **Thursday 29th March 2018**

Report Title: **Budget Setting for 2018-19**

Agenda reference Number	11/0318
Reason for Being Heard in Confidential Session	n/a
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	AED
Author(s)	Stuart Bird, Deputy Director of Finance
Board action required	Approve High Level Budgets Proposed for 2018/19
Previously considered by	n/a
Appendices	1. Service Split of figures included in Operations total on Page 5 budget summary 2. Cost Pressure Summary

Executive Summary:

The paper sets out the budget setting process followed for 2018-19. It highlights the links with the NHSI planning, contracting and business planning processes and sets out risks and opportunities within the financial targets that have been set for each service and directorate.

Budget targets were established for each service prior to detailed budgeting and business planning exercises to understand how these could be delivered.

A year on year budget overview is shown on page 5 of this report to show the resulting income and cost budgets that are proposed for each service.

Recommendations:

The Board is asked to:

a. **Note** the budget-setting process and linkages within business planning and Cost Improvement Plan (CIP) development processes.

b. **Note** the level of budget holder sign off to date.

c. Note the risks within the financial targets**.**

d. Approve the summary income and cost budgets set out for each service on page 5 of this report.

Related Trust Objectives	**Financial balance, and sustainability**
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

Budget Setting for 2018-19

1. Introduction and Purpose

The purpose of this paper is to update the Board on:

1. The process followed and work done to set budgets for 2018-19 that are owned by service leads and budget holders.

2. The successful linking of the budget process to business planning, CIP development and the NHSI plan refresh submitted in draft on March 8th.

3. The remaining Risks within the budgets that have been set.

2. Financial targets for 2018-19

The financial targets for 2018-19 were set based on the following steps:

Recurrent month 6 budgets, adjusted for:

a. Service changes applied in 2017-18 and those anticipated in 2018-19.
b. Income inflation and efficiency deflator applied to NHS contracted income by commissioners during contracting round based on national assumptions.
c. Pay and non-pay inflation (pay based on NHS funding assumption, non-pay based on NHS assumption of 3% and then an additional 3% based on known pressure in drugs, rents and utilities costs).
d. Cost pressures raised during the budgeting process are detailed in **Appendix 1**. This summary shows those pressures funded by the Trust and those that were declined.
e. Relief of undelivered Cost Improvement Plans (CIP) from previous year.
f. Demographic growth budgets apportioned to services with proven growth, based on activity levels. The Board is asked to note that all £537k of demographic growth funding received was allocated out into service budgets per **table 2.**
g. 1% standard CIP target was applied to all budgets. This created a total CIP reduction to apply to cost budgets of £1,102k which was known by services very early in the process and is built into service delivery plans produced during December/January.
h. Trust-wide CIP schemes totalling £2.3m are under development. These schemes are summarised at **table 3**. All schemes have an agreed exec owner and are being planned and qualified as a priority.
i. Differential CIP targets for Directorates were applied ranging from 0.5% of total cost budget to 2.5% based on values agreed in the trust executive through reference cost data, historic CIP delivery performance and known budget pressures/opportunities. Total differential CIP targeted across all services is £1,880k as set out in the summary at **table 2.**
j. CQUIN (Care Quality and Innovation) and STF (Sustainability and Transformation Fund) income expected.

The results of these calculations are summarised in table 1 below and result in a targeted budget position of £2.248m surplus (inclusive of STF). This surplus is in line with the control total agreed with NHSI.

Table 1 - Budgeting Overview		**Income**	**Costs**	**Surplus**
Recurrent budget Start point		108,490	-108,226	**264**
Budget process adjustments				
INCOME INFLATION AWARDED BY COMMISIONERS	2.1%	1,700	0	**1,700**
EFFICIENCY DEFLATOR APPLIED BY COMMISIONERS	-2.0%	-1,600	0	**-1,600**
PAY INFLATION (NHS STANDARD ASSUMPTIONS)	2.0%		-1,579	**-1,579**
NON PAY INFLATION (NHS STANDARD ASSUMPTIONS)	3.0%		-809	**-809**
ADDITIONAL NON PAY INFLATION	3.0%		-398	**-398**
DEMOGRAPHIC GROWTH (all allocated to services)		537	-537	**0**
COST PRESSURES			-1,528	**-1,528**
CQUIN RISK RESERVE USED TO FUND DEPRECIATION		387	-387	**0**
CLEAR UNDELIVERED RECURRENT CIP FROM 17/18			-700	**-700**
INTEGRATION BUDGET			-200	**-200**
ADDITIONAL NON CONTRACTED INCOME TARGET		380		**380**
1% STANDARD CIP			1,102	**1,102**
DIFFERENTIAL CIP (VARIABLE TARGETS BY SERVICE)			1,880	**1,880**
TRUST WIDE CIP SCHEMES			2,300	**2,300**
STF Income		1,436		**1,436**
RECURRENT BUDGET TARGET		**111,330**	**-109,082**	**2,248**

Financial targets were then allocated and budget holders proposed 2018-19 budgets. Where there were difficulties in bringing the budgets within target, resolution meetings were held between senior finance staff and Service Leads to explore alternative options to mitigate any differences.

The overall cost and income budgets proposed by each service are shown on page 5, the line of figures in red or green highlight shows how the proposed budgets compare to the targets established in the planning and budgeted setting process.

The table below compares proposed budgets by directorate to targets established in the planning process.

A more detailed analysis of the values shown for operations directorate is included at Appendix 1

BUDGET OVERVIEW 17/18 (ALL FIGURES £000)							
	OPERATIONS TOTAL	EXECUTIVE	NURSING	HUMAN RESOURCES	FINANCE	CENTRAL INCOME AND CHARGES	TOTAL
30 SEPT 17 NET RECURRENT SERVICE BUDGETS	**(65,335)**	**(1,798)**	**(2,658)**	**(2,393)**	**(6,008)**	**78,476**	**284**
TARGET SETTING ADJUSTMENTS							
INCOME INFLATION	**-**	-	-	-	-	1,680	**1,680**
EFFICIENCY DEFLATOR	**-**	-	-	-	-	(1,600)	**(1,600)**
PAY INFLATION (NHS STANDARD ASSUMPTIONS)	**(1,420)**	(32)	(44)	(25)	(58)	-	**(1,579)**
NON PAY INFLATION (NHS STANDARD ASSUMPTIONS)	**(625)**	(24)	(27)	(38)	(95)	-	**(809)**
ADDITIONAL NON PAY COST	**(392)**	-	(6)	-	-	-	**(398)**
DEMOGRAPHIC GROWTH (ALL ALLOCATED)	**(537)**	-	-	-	-	537	**-**
COST PRESSURES	**(1,344)**	(40)	-	(56)	(88)	-	**(1,528)**
ADDITIONAL NON CONTRACTED INCOME TARGET	**-**	-	-	-	-	380	**380**
CLEAR UNDELIVERED RECURRENT CIP FROM 17/18	**(700)**	-	-	-	-	-	**(700)**
INTEGRATION BUDGET	**-**	-	-	-	-	(200)	**(200)**
COST IMPROVEMENT PLANS	**3,000**	37	47	40	157	2,000	**5,282**
STF Income	**-**	-	-	-	-	1,436	**1,436**
REVISED RECURRENT BUDGET TARGET	**(67,353)**	**(1,857)**	**(2,688)**	**(2,472)**	**(6,092)**	**82,709**	**2,248**
2018/19 BUDGETS PROPOSED BY SERVICE							
	OPERATIONS TOTAL	EXECUTIVE	NURSING DIRECTORATE	HUMAN RESOURCES	FINANCE (INC IMT)	CENTRAL INCOME AND CHARGES	TOTAL
Income	**26,868**	39	270	141	49	83,746	**111,113**
Pay	**(71,984)**	(1,054)	(2,117)	(1,259)	(2,845)	1,370	**(77,889)**
Non Pay	**(22,321)**	(831)	(839)	(1,342)	(3,296)	(2,347)	**(30,976)**
Total Proposed Budget	**(67,437)**	**(1,846)**	**(2,686)**	**(2,460)**	**(6,092)**	**82,769**	**2,248**
**TOTAL BUDGET COMPARED TO TARGET ** **	**-84**	**11**	**2**	**12**	**0**	**60**	**0**
Budget over target shows RED, budget below rtarget is GREEN							
Note that the Central Income and Charges budget currently includes £2m Unallocated Savings arising from the challenging CIP schemes target.							

Proposed budgets exclusive of STF income include £1.095m of non-recurrent income and £1.448m of non-recurrent costs. This means that the budgeted underlying recurrent position of the trust is a surplus of £1.165m which is £0.353m higher than the amount established in the target setting process.

Work is ongoing to review all non-recurrent cost and income budgets and to actions any issues arising.

Key tables created during the budget process are provided below in support of the narrative explanations above:

- Table 2 shows both the amounts allocated against budgets for differential CIP and the amounts added for demographic growth.

- Table 3 shows an overview of the challenging CIP schemes currently under development totalling £2.447. The Trust currently requires £2.3m of savings from these schemes to deliver its total savings requirement of £5.3m

Table 2 Differential CIP and Demographic Growth applied to Cost Budgets (£ 000)

Service	Differential CIP %	Differential CIP Applied	Allocated Demographic Growth
CYP	*1.50%*	-203	
Countywide	*2.50%*	-557	52
Hospitals	*1.00%*	-211	333
MIIUs	*1.50%*	-39	
ICTs	*2.50%*	-487	85
URGENT	*1.50%*	-82	67
ESTATES	*1.50%*	-164	
PMO / Op Mgmt	*0.50%*	-1	
EXEC	*0.50%*	-12	
PACE	*0.50%*	-16	
HR	*0.50%*	-13	
FINANCE	*1.50%*	-95	
		-1,880	**537**

Table 3. Challenging CIP Schemes Under Development for 2018/19

Ref	Service	Scheme Title	Lead	Potential Savings £000
1	Community Hospitals	Service redesign in Tewkesbury locality	Julie Goodenough	527
2	Countywide	Transforming Specialist Services	Sue Field	250
3	Trust Wide	Medical Model Review	Mike Roberts	38
4	Trust Wide	Centralisation of Corporate Administrative Functions	Sian Thomas	100
5	Trust Wide	Centralisation of Health Records Administration	Louise Moss	100
6	Human Resources	Reviewing Working Hours Options	Lindsay Ashworth	75
7	Human Resources	Training and appraisal ratio to WTE.	Lindsay Ashworth	8
8	Estates	Property Efficiencies - to maximise the use of Trust estate, where appropriate, resulting in a reduction in rental costs	Kevin Adams	485
9	Operations	IMMS Service for adults	Candace Plouffe	100
10	Operations	Clinical Leadership Development	Sue Field	200
11	IT	Consideration of patient self-service opportunities across the Trust	TBC	84
13	Finance	Maximising income from patients not funded by GCCG	Stuart Bird	80
14	Operations	Maximising the use of community hospitals	Candace Plouffe	100
15	Finance	Planned in Year Budget Reviews	Stuart Bird	300
				2,447

3. Engagement with Budget Holders

Budget holders have been part of the process of budget setting throughout, both in agreeing their recurrent M6 baseline and working through the changes required to set their budgets for 2018-19 within financial target. Budget Setting was completed alongside business planning for the whole organisation this year and there is financial alignment between business planning objectives, budgets and the draft plan templates and narrative submitted to NHSI on March 8th.

The finance team have worked with budget holders and service leads to re-align expenditure budgets to better match service needs, using a mixture of actual, forecast and activity data to agree realistic budget proposals for 2018-19. Where cost pressures were identified and costed, the Executive team reviewed and agreed which would be funded. The remaining cost pressures have either been dealt with by agreeing changes with services or are summarised in the budget risks section later in this paper.

All budget areas have signed up to operating within their financial targets subject to the risks outlined in section 4.

4. Risks in Budgets

There are a number of potential risks in the proposed budget that should be noted:

These are explained in the narrative below and then set out in table 4. The table will be incorporated into the risk and opportunities schedule included in the monthly finance report during 18/19

- HMRC VAT rule changes (as relating to Systm1) are not included due to uncertainty as to whether the ruling will be enforced – The value of this risk is £60k and no mitigating actions are possible.
- Non Contracted Activity increases are included in income budgets at £380k above the current run rate. The risk is that the billing and collection of this activity will require significant operational and performance input to deliver. The additional work has been highlighted in the business planning process and plans to mitigate capacity constraints are being developed.
- The training budget was recurrently reduced in the 17/18 budget round to fund the apprenticeship levy. The full £280k removed is deemed unsustainable but work has been carried out to mitigate impact and explore potential efficiencies. A business case is currently being prepared to request additional funding for Advanced Nurse Practitioner (ANP) training that would require a budget increase of £121k.
- An allocation of £200k was included in the target setting process for the GCS share of the Strategic Intent budget; the latest forecast is that cost to GCS in 18/19 will be £322k (based on figures approved by SILG). The £122k difference is currently unfunded in budgets and the plan is that this will be delivered through planned non – recurrent savings arising in year.

- CIP differential targets have now been accepted by all services other than PACE (£16k differential CIP target) . There is a risk that schemes to enable these savings are still being developed and that services will struggle to deliver them in year. The mitigation for this risk is that schemes are being developed and reported as a priority through the CIP steering group and will be regularly reported to the board and finance committee throughout the year.
- There is a risk that CIP delivery plans on £1.6m of the £2.3m required from challenging schemes are still being developed. As with delivery of the differential savings these schemes are also being managed through the CIP steering group and will be regularly reported to board and finance committee throughout 2018/19.
- There is a risk that Budget (and plan) assume full delivery of QIPP and CQUIN schemes during 18/19. This risk is being manged through development of schemes, timescales and milestones with commissioners that will be actively managed and reported as the year progresses.
- There is a risk that the rent payable from 1/4/18 on GCC (Gloucestershire County Council) space currently occupied rent free by ICTs (Integrated Community Teams) will create a cost pressure to the Trust. The current assumption is that any rent charge will be funded by commissioners or that services will be relocated into free space elsewhere in the GCS estate.
- There is a risk that cost savings to offset the £150k reduction in the management fee currently paid to GCS by GCC will be less than the income lost. Work is ongoing to identify ways to mitigate this loss of income and to ensure that equivalent costs are also removed from budgets.
- There is a risk the 2.5% managed vacancy factor applied in all pay budgets other than hospitals (total £1.85m across the Trust) will cause pressure on budgets is vacancy rate drops below the % historically assumed in budget setting.
- Inflation on both pay and non pay costs is assumed at 2.1% per the national guidance used by the CCG to calculate the contract uplift. The 2.1% on pay includes a 1% pay award element. In accordance with NHSI guidance the trust has uplifted pay budgets by 2.1% as part of the calculation process in the budgeting round. Trust assumption is that any pay award in addition to the “base” 1% will be funded by Gloucester Clinical Commissioning Group (GCCG) on services they fund (approx. 83% of GCS income is via a block contract with GCCG).

    - Gross cost to GCS for every additional 1% pay award is £750k
    - If GCCG only fund the “base” 1% in national assumptions and require any further award to be covered by GCS then the cost to the trust will be approx. £750k per additional 1%.
    - If GCCG fund their share of any increase above 1% the cost to GCS (currently unbudgeted) of any further pay award would be £100k per additional 1% awarded

- A total of just over £4.5m of cost pressures were identified in the initial service level budget proposals (see appendix 1). Some £1,528k of this amount was approved for funding and money was added into budget setting targets. Many of the items making up the remaining £3m are covered in this narrative on risks in budgets but work is still ongoing in the finance team to classify the full list of cost pressures raised as funded, resolved, on risk register or requiring further work. Once the items requiring further work have been agreed they will be reported to finance committee and managed appropriately.

Table 4 Budget Risks

Description	Gross Risk Amount	Net Risk
HMRC VAT rule changes	60	60
Non Contracted Activity increases included in budgeted Income	380	100
Training budget pressure to fund ANP development	120	120
PACE differential CIP	16	16
Other Differential CIP targets accepted but not planned	1,864	466
CIP delivery plans challenging schemes	2,000	1,600
Cost pressures identified in the budget process but not funded or resolved	3,000	750
Budget (and plan) assume full delivery of QIPP (gross risk £3.9m)	3,900	1,000
Budget (and plan) assume full delivery of CQUIN (gross risk £2m)	2,000	500
GCC rent charge either unfunded or unavoidable	250	200
GCC management fee reduction	150	100
National pay award over 1% and not funded by CCG (per 1%)	750	100
	14,490	5,012

5. Conclusion and Recommendations

It is recommended that the Board:

a) **Note** the budget-setting process.

b) **Note** the progress with sign-off by budget holders to date.

c) Note the risks and opportunities within the financial targets

d) **Approve** the budgets proposed by service at page 5

6. Abbreviations Used in Report

(Any abbreviation used will have been used in full first time used)

Cost Improvement Plans (CIP)
CQUIN (Care Quality and Innovation)
QIPP (Quality, Innovation, Productivity and Prevention)
STF (Sustainability and Transformation Fund)
GCCG (Gloucestershire Clinical Commissioning Group)
GCC (Gloucestershire County Council)
ICT (Integrated Community Team)

Appendix 1

BUDGET OVERVIEW FOR OPERATIONS 17/18 (ALL FIGURES £000)

	Countywide	Children and Young People	Hospitals	MIIUs	ICTs	URGENT	ESTATES	PMO AND OPS MGMT	OPERATIONS TOTAL
30 SEPT 17 NET RECURRENT SERVICE BUDGETS	**(10,268)**	**(4,267)**	**(18,944)**	**(3,141)**	**(13,832)**	**(4,369)**	**(9,323)**	**(1,191)**	**(65,335)**
TARGET SETTING ADJUSTMENTS									
INCOME INFLATION	-	-	-	-	-	-	-	-	**-**
EFFICIENCY DEFLATOR	-	-	-	-	-	-	-	-	**-**
PAY INFLATION (NHS STANDARD ASSUMPTIONS)	(311)	(253)	(313)	(46)	(349)	(85)	(61)	(2)	**(1,420)**
NON PAY INFLATION (NHS STANDARD ASSUMPTIONS)	(176)	(17)	(141)	(8)	(47)	(18)	(216)	(2)	**(625)**
ADDITIONAL NON PAY COST	(200)	(1)	(75)	(8)	(33)	(18)	(57)	-	**(392)**
DEMOGRAPHIC GROWTH (ALL ALLOCATED)	(52)	-	(333)	-	(85)	(67)	-	-	**(537)**
COST PRESSURES	(198)	-	(260)	-	-	(494)	(392)	-	**(1,344)**
ADDITIONAL NON CONTRACTED INCOME TARGET	-	-	-	-	-	-	-	-	**-**
CLEAR UNDELIVERED RECURRENT CIP FROM 17/18	-	-	(600)	(100)	-	-	-	-	**(700)**
INTEGRATION BUDGET	-	-	-	-	-	-	-	-	**-**
COST IMPROVEMENT PLANS	780	338	423	365	681	136	274	2	**3,000**
STF Income	-	-	-	-	-	-	-	-	**-**
REVISED RECURRENT BUDGET TARGET	**(10,425)**	**(4,200)**	**(20,243)**	**(2,938)**	**(13,665)**	**(4,915)**	**(9,775)**	**(1,193)**	**(67,353)**

2018/19 BUDGETS PROPOSED BY SERVICE

Total	Countywide	Children and Young People	Hospitals	MIIUs	ICTs	URGENT	ESTATES	PMO AND OPS MGMT	OPERATIONS TOTAL
Income	10,993	8,621	1,069	75	5,163	309	590	48	**26,868**
Pay	(14,873)	(12,325)	(16,378)	(3,043)	(16,858)	(4,318)	(3,057)	(1,132)	**(71,984)**
Non Pay	(6,465)	(596)	(5,016)	(207)	(1,833)	(708)	(7,387)	(109)	**(22,321)**
Total Proposed Budget	**(10,345)**	**(4,300)**	**(20,325)**	**(3,175)**	**(13,528)**	**(4,717)**	**(9,854)**	**(1,193)**	**(67,437)**
SERVICE RECURRENT BUDGET COMPARED TO TARGET **	**80**	**(100)**	**(82)**	**(237)**	**137**	**198**	**(79)**	**(0)**	**(84)**

** Budget over target shows RED, budget below rtarget is GREEN

Appendix 2 - GCS Cost Pressure Summary

Directorate	Current Cost Pressures	Anticipated Cost Pressures	Issue	Risks	Total Raised	Amount relieved	Amount being addressed within services
Hospitals excl MIIUs	10	500	335	60	**905**	**260**	**645**
MIIUs	-	-	200	-	**200**	**6**	**194**
Child_Fam_YP	-	-	27	-	**27**	**-**	**27**
Countywide	164	-	34	31	**229**	**198**	**31**
ICTs	-	-	60	25	**85**	**-**	**85**
Urgent Care	494	-	101	-	**595**	**494**	**101**
Estates & Facilities	312	320	158	755	**1,545**	**392**	**1,153**
Corporate	146	-	84	652	**882**	**178**	**704**
Nursing & Quality	-	-	49	53	**102**	**-**	**102**
Other Operations	-	-	6	-	**6**	**6**	**-**
	1,126	**820**	**1,054**	**1,576**	**4,576**	**1,534**	**3,042**

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 29th March 2018

Report Title: Public Health Annual Report - Gloucestershire

Agenda reference Number	12/0318
Accountable Executive Director (AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Presenter (if not AED)	
Author(s)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Board action required	To receive
Previously considered by	Executive Team – 1st March 2018 HSCOC – 6th March 2018
Appendices	Appendix 1 – Gloucestershire's Director of Public Health Annual Report

Executive Summary

The attached is Gloucestershire's Director of Public Health Annual Report (2016-17) published by the Director of Public Health (Sarah Scott), February 2018.

The report focuses on children and families and clearly outlines a set of ambitions for the next three years that are supported by a more co-ordinated approach in order to continue addressing health inequalities.

A number of Trust Services are, and will, continue to be involved in the delivery of this three year plan.

Recommendations:

The Trust Board is asked to:

1. **Discuss** and **Note** the ambitions outlined in the Gloucestershire Public Health report.

2. **Note** the range of Trust services that are engaged and delivery some of these public health ambitions.

Related Trust Objectives	1,2,3,4,5
Risk Implications	Risk issues are clearly identifed within the report
Quality and Equalities Impact Assessment (QEIA)	No equality implications identified
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Public Health Annual Report

1 Introduction and Purpose

The population of Gloucestershire generally experience a level of good health although there remain some inequalities in health between the more affluent residents of the County to those living in poverty – this is a growing concern.

The Director of Public Health, Gloucestershire, (Sarah Scott) published her 2016-17 Public Health report in February 2018. It clearly focuses on children and families as well as setting out a range of ambitions for the next three years, all of which are intended to create a healthier County for all families in Gloucestershire. These ambitions have been identified in response to increasing concerns about the widening poverty gap emerging across Gloucestershire, the OFSTED 2017 inspection outcomes and the desire to improve the outcomes for children and families. Ambitions include:

- Supporting women through health pregnancies.
- Continuing to support families with a universal public health nursing service.
- Improving breastfeeding rates and importantly duration rates of breastfeeding.
- Every school child being equipped with the resources they need to achieve their ambitions, being free from disease and the “burdens” of obesity and; enjoying healthier lifestyles.
- Having young people that are resilient and able to make healthier choices around both mental and physical health.
- Earlier intervention to support vulnerable children and families who have additional needs.
- Increased interventions to prevent intergenerational transmission of Adverse Childhood Experiences (ACE).
- All services to work openly with the family or young person to support them and address their needs to prevent levels of vulnerability escalating

2 Trust Activities aligned to Public Health 3 year plan

There are a range of Trust Childrens and Young People (CYP) services who are involved in the delivery of this 3 year plan although it should be acknowledged that there have been a significant reduction in the public health nursing services in light of Gloucestershire County Council (GCC) Commissioner revised intentions to make

savings, this year and beyond. These challenges will continue for the foreseeable future and we will continue to be in a position of working smartly, with less capacity against a higher level of expectation of meeting these public health ambitions.

2.1 Public Health Nursing Service Offer: Supporting Children

Our current and proposed Public health nursing (health visiting and school nursing) service offer aligns with the ambitions detailed in in the Public Health annual report.

Health visiting services will continue to take the lead on delivering the Healthy Child Programme for 0-5 year olds. This prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. The overarching aim of public health services for children under 5 is to protect and promote the health and well-being of children in the early years.

The Health Visiting Service is and will continue to be delivered within a "4-5-6" service model, as described below.

4 Levels of service

- Community: working in partnership with other community services (e.g. design and/or delivery of parent education programmes)
- Universal: lead delivery of the child's health care plan. They ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.
- Universal Plus: families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children.
- Universal Partnership Plus: health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.

5 mandated key visits

- Antenatal
- New baby
- 6 – 8 weeks
- 9 – 12 months
- 2 – 2 ½ years

6 high impact areas:

- Transition to Parenthood and the Early Weeks
- Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)

- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school'

The current and proposed Public Health nursing service for school aged children ages 5-19 years (School nursing) will continue to promote and support the health and wellbeing of all school aged children.

The primary purpose of the school nursing service is to provide evidence-based intervention to early identification, early intervention, prevention, health promotion and health protection programmes designed to help all school aged children and young people to achieve their full potential for physical, mental, social, psychological and emotional wellbeing and to gain maximum benefit from their education. Interventions enable children and young people to achieve their optimum health, potential to learn and to reduce the impact of illness and disability on their health and wellbeing.

The school nursing team services provide:

- Health Promotion Review and screening at school entry 4/5 years
- Promoting Healthy Weight through the National Child Measurement Programme (4-5 years and 10-11 years) and Change4life programme 5-19
- Health Review at transition to secondary school in year 7 (11-12 years)
- Immunisations
- Emotional health, psychological wellbeing and mental health
- Health promotion
- Sexual health service for 11-19 year olds
- Other Specialist areas of work – e.g. enuresis service
- Support for children and young parents and their parents/carers for specific groups of at risk eg Smoking/alcohol/drugs:/ coping skills / self-harm /sexual health /risk taking behaviours/advice and guidance and managing difficult conversations.
- Safeguarding

The public health nursing service for school aged children also utilises a "4-5-6" model of practice, implementing The Healthy Child Programme 5-19 years.

4 Levels of service

- Community: which includes medical awareness sessions for school staff , raising awareness of the service for those children and young people not in local authority Schools, Health Promotion events and collaborative working and advisory work
- Universal: including national screening programmes and immunisations.

- Universal Plus: provided by the offer of confidential, extended drop in clinics which allows young people to access advice and information on issues they are have questions on (e.g. puberty, relationships, risky behaviour)
- Universal Partnership Plus: ongoing support to children and young peoples with continuing complex needs (e.g. Teenage Pregnancy, Safeguarding)

6 High Impact Areas:

- Building Resilience and supporting Emotional wellbeing(Futures in Mind)
- Keeping safe-managing risk and reducing harm, including child sexual abuse and exploitation
- Improving Healthy lifestyles including reducing childhood obesity and increasing physical activity
- Maximising learning and achievement
- Supporting additional health and well- being needs, as determined in the SEND guidance
- Seamless transition and preparation for adulthood

The ability to sustain delivery of the Healthy child programme and Gloucestershire public health ambitions, with the context of reduced resources will only be possible by increasing the skill mix of the team, and ensuring the focus is on the utilising and matching appropriate workforce to each level of intervention and promoting better use of existing community resources to support children and young people with more universal needs.

2.2 Specialist Safeguarding Children's team

The Trust has an effective safeguarding children's team who work with both GCS and GCC colleagues to protect children.

This team plays a key role in ensuring vulnerable children and families who have additional needs are supported by providing regular and robust safeguarding supervision for not only public health nursing workforce, but all colleagues who provide services to children and young people.

This team has also been actively involved in the delivery of the OFSTED improvement plan; are active members of the Gloucestershire Safeguarding Children's Board (GSCB) and key priorities for our team include:

- Our audits are multi-agency focused.
- Having a set of quality improvements metrics that align with the wider multi-agency working and GCSB.
- Improved undertaking of thresholds for children who require early help.
- Ensuring any outcomes and the learning from serious case reviews are acted upon and embedded across our clinical working practices.
- Being held to account as a partner working in a multi-agency environment.

3 Conclusion and Recommendation

The Trust Board is asked to:

1. Discuss and Note the ambitions outlined in the Gloucestershire Public Health report.

2. Note the range of Trust services that are engaged and delivery some of these public health ambitions.

Abbreviations Used in Report:

ACE – Adverse Childhood Experiences
CYP – Children and Young People
GCC - Gloucestershire County Council
GSCB - Gloucestershire Safeguarding Children's Board

Appendix 1

SECURING THE HEALTH OF OUR FUTURE

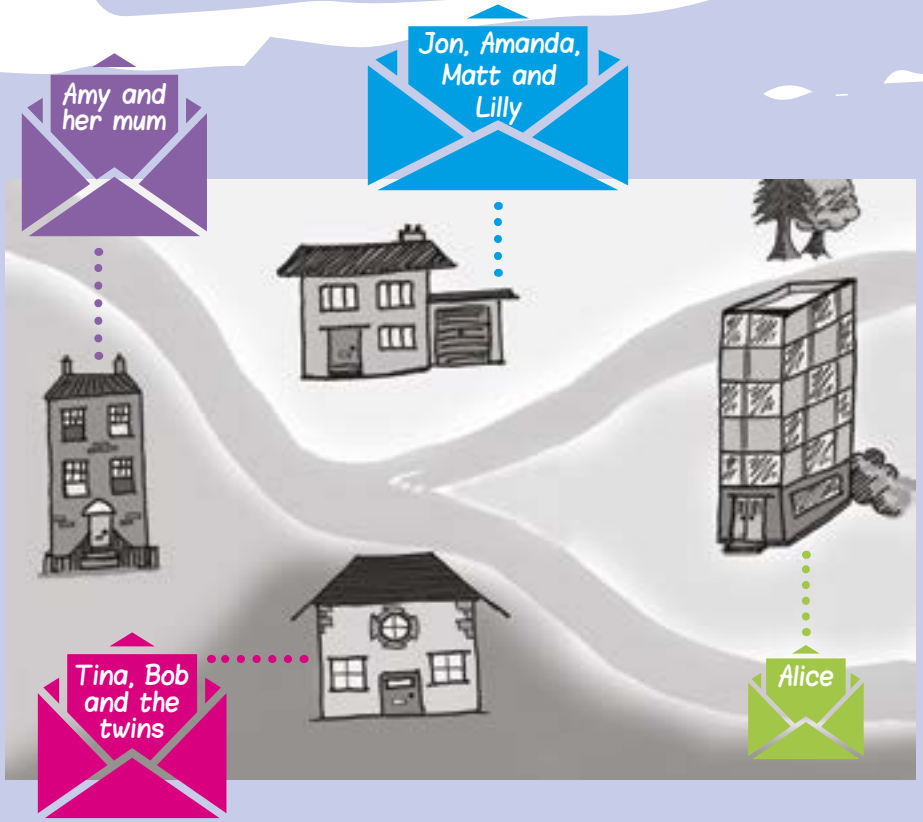
The Health and Wellbeing of Children and their Families in Gloucestershire

Report of the Director of Public Health

Gloucestershire County Council
2016/17

Gloucestershire
COUNTY COUNCIL

CONTENTS



Acknowledgements

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SECURING THE HEALTH OF OUR FUTURE

"The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood" Marmot, 2010

Sarah Scott
Director of Public Health

Welcome to my second annual report as Director of Public Health.

As Gloucestershire plans and prepares for the future of the county beyond 2050, it is clear that today's children and young people will be the greatest asset to Gloucestershire communities and the future economic prosperity of the county.

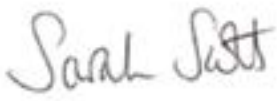
As a health economy, Gloucestershire is striving to develop a sustainable and fair offer to Gloucestershire residents. Supporting children and their families to have the best start in life and to fulfill their potential has clear health and wellbeing benefits for individual families, as well as wider financial and social benefits at a community and county scale.

This report presents key issues affecting Gloucestershire's children, young people and families at three main stages of their lives. It explains why they are important, what it would take for Gloucestershire to be great and how this could be achieved. Following on from this report a full needs assessment will be completed to inform the development of a revised Children and Families Strategy for 2018-21.

Inequalities are explored throughout the document along with the importance of a 'proportionate universalism' approach which can ensure that all the children who need it receive enhanced support and the opportunities to thrive and achieve their full potential.

Challenges known to the council and highlighted by Ofsted, have further focused ambition to respond better and support more vulnerable families who face challenges associated with poverty and disadvantage amongst a wider population which generally reports positive health and wellbeing.

I hope you enjoy this report and find its content useful as Gloucestershire works towards better health and wellbeing for all families in Gloucestershire.



IF GLOUCESTERSHIRE WERE A TOWN OF 100 CHILDREN

9 will have been born to mothers who smoked in pregnancy

77 will have been breastfed at birth

14 live in poverty

67 C A B will have the basic skills needed to start school at age 5 ... 33 will not

7 will have reported that they had self harmed at age 15

66 pupils will have achieved A*-C in English and Maths GCSE... 34 will not

3 pupils from years 8 and 10 will have reported they use illegal drugs regularly

87 of 5 year olds are fully vaccinated against MMR... 13 are not, meaning our population is not protected

8 pupils from years 8 and 10 will have reported that they smoke tobacco regularly

Year 6 pupils

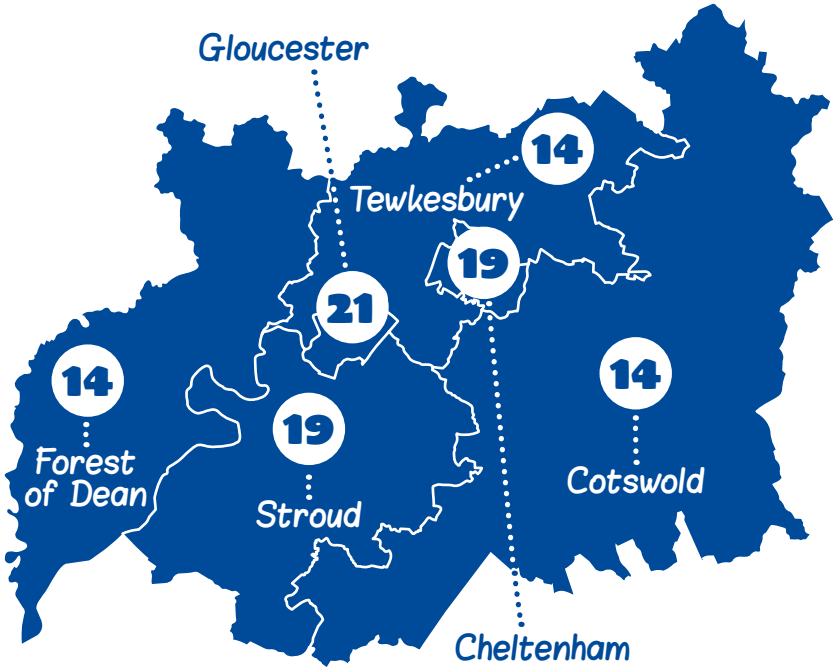
1 underweight

67 normal weight

14 overweight

18 obese

Children make up 20% of the population of Gloucestershire and are distributed as follows



Based on life expectancy at birth for a child born in 2016

The richest BOY in the town would live until they are 83

The richest GIRL in the town would live until they are 85 and a half

The poorest BOY in the town would live until they are 74

The poorest GIRL in the town would live until they are 79

PREGNANCY AND EARLY YEARS

"Children's life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money in determining whether their potential is realised in adult life" Frank Field

Spotlight on

- ✓ Smoking in pregnancy
- ✓ Breastfeeding
- ✓ Attachment
- ✓ Being ready for school

Fact

Around 20% of pregnant women experience poor mental health in pregnancy or in the months following the birth of their child. This can have an impact on the whole family.

Why is this important?

Health behaviours through pregnancy and experiences in a child's early years set the foundations for good health and wellbeing into adulthood and influence many aspects of later life.

Having the best possible start in life begins before pregnancy with the lifestyle choices and home environment of the mother and father. Healthy weight, a smoke-free pregnancy and home, and good mental wellbeing have a positive effect on pregnancy, birth and the health and wellbeing of the family. As the child continues to develop through their first 1,001 days positive parenting and strong attachment promotes continued positive brain development. Such a good start is associated with:

- Better physical and mental health throughout life
- The ability to nurture stable relationships later in life
- Better academic achievement
- Earning more money
- Being more likely to report high levels of wellbeing and happiness throughout life

We want to provide an environment where these great outcomes are achieved by all our children

Bob is 4 weeks old and Tina is struggling with the new baby. Breastfeeding feels hard and the other kids need attention too but everyone else is so excited and she doesn't want people to think she's a bad parent. Like a number of new mums she actually has post natal depression but has not thought about this as a possibility.

PREGNANCY AND EARLY YEARS

Smoking in pregnancy

In 2015/16, 9.3% of Gloucestershire's women were still smoking at the time their baby was born. Although this has reduced from nearly 15% in 2010/11, and is lower than the England average of 10.6%, this still means that almost 1 in every 10 babies born in Gloucestershire will be at higher risk of premature birth, low birth weight, still birth and sudden unexpected death in infancy.

We are reducing smoking in pregnancy but have further to go...

Year	Smoking at time of birth Gloucestershire % (number)	South West %	England %
2010/11	14.9 (987)	13.5	13.5
2011/12	13.3 (868)	13.1	13.2
2012/13	13.5 (861)	13.3	12.7
2013/14	11.4 (742)	13.0	12.0
2015/15	11.2 (726)	11.9	11.4
2015/16	9.3 (630)	11.2	10.6

Fact

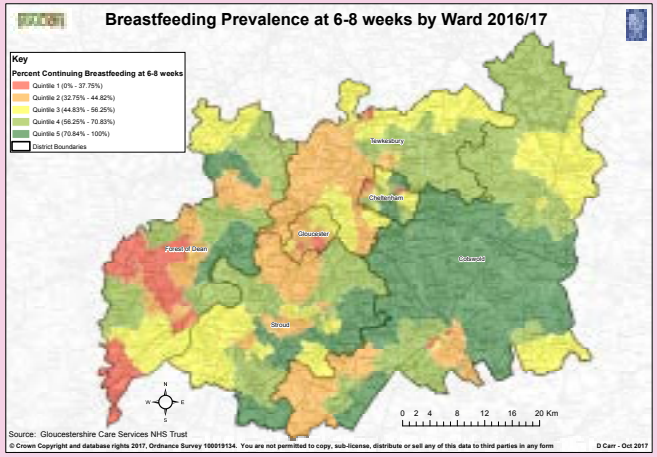
630 Gloucestershire women were smoking at the time their baby was born in 2015/16

Focus on inequalities:

Smoking in pregnancy occurs in all socio-economic groups. However, rates are higher amongst the poorest, meaning the disadvantages of being born to a mother who smokes are likely to disproportionately impact the less well off.

Fact

Breastfeeding benefits both mother and child however only around half of women in Gloucestershire are breastfeeding at 6 weeks post birth



Breastfeeding

Any period of breastfeeding provides benefits for the baby and mother. In 2015/16, 77% of Gloucestershire women initiated breastfeeding. This is above the UK average, however Gloucestershire rates have remained static over the last 6 years with different rates across different parts of the county (see map). The number of women still breastfeeding at 6-8 weeks is lower at around 50% and has remained at this level for the last 5 years. Supporting women in their early days and weeks of feeding can improve the rate at 6-8 weeks.

Supporting women to start and continue breastfeeding provides a rapid return on investment with fewer hospital admissions as a result of the protection that breastfeeding provides. Babies who are breastfed have lower risk of gastrointestinal illness, ear and chest infections in their first year of life, and a reduced risk of obesity and diabetes in later life.

Focus on inequalities:

- White mothers are less likely to breastfeed than mothers from all other ethnic groups
- There are wide geographic variations in local breastfeeding rates. The more deprived locations tend to have lower rates of breastfeeding meaning that these children, who are already exposed to all the other pressures that increased deprivation brings, are missing out on the benefits and protections afforded by breastfeeding

PREGNANCY AND EARLY YEARS

Attachment

The first 1001 days of a child's life are vital for building the relationships and emotional attachment that will influence behaviours into later life.
The relationship between parent and child is an important determinant of children's emotional and social development, and their mental and physical health, and provides the building blocks for resilience that carry into adulthood. Attachment describes the development of a strong emotional bond between child and caregiver.

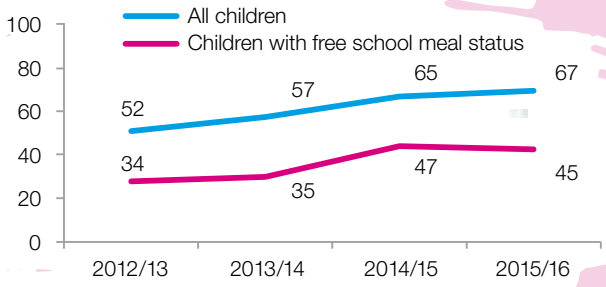
Strong attachment and responsive parenting:

- Reduces the risk of mental health problems in children, young people and adults
- Reduces the risk of a child adopting unhealthy or risky behaviour
- Helps protect the child from the adverse effects of poverty
- Positively impacts on emotional regulation, and educational achievement

Help is at Hand...

Parenting is not always easy. Responsive parenting may not come naturally to all parents and techniques including newborn observation and parenting programmes can provide the skills and reflection to support parents and promote attachment relationships.

School readiness



Fact

Every £1 invested in quality early care and education saves taxpayers up to £13 in future costs.

Being 'Ready for School'

'School readiness', or a 'good level of development at the end of reception' is a measure that assesses whether a child has developed as they should have in the early learning goals covering communication and language; physical development; personal, social and emotional development, and in the areas of mathematics and literacy.

Children need to develop a range of skills and abilities from their parents and early learning environments to ensure they are prepared for learning. A 'school ready' child is able to speak, listen and understand basic instructions.They have developed some early social skills through playing with their friends, and they have mastered practical skills like dressing themselves, using cutlery and being able to go to the toilet.

This is important because **achieving a good level of development at the end of reception is a strong indicator of future educational attainment and life chances.**

Fact

Children achieving a good level of school readiness in Gloucestershire rose from 64% in 2015 to 67% in 2016.

What works to improve school readiness?

- ✓ Good maternal mental health
- ✓ Learning at home, including reading and practicing practical tasks
- ✓ Good quality early years settings and take up of funded childcare places
- ✓ Parenting programmes

Why invest in school readiness?

- ✓ Every £1 invested in quality early care and education saves taxpayers up to £13 in future costs
- ✓ For every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence
- ✓ Targeted parenting programmes pay back £8 over six years for every £1 invested

Focus on inequalities:

- Boys are underperforming - 74% of girls achieved a good level of development compared to only 60% of boys
- Only 45% of children from poorer backgrounds in Gloucestershire (eligible for free school meals) are reaching a good level of development, compared to 79% of non eligible children. This inequality gap is widening and is larger than other areas.

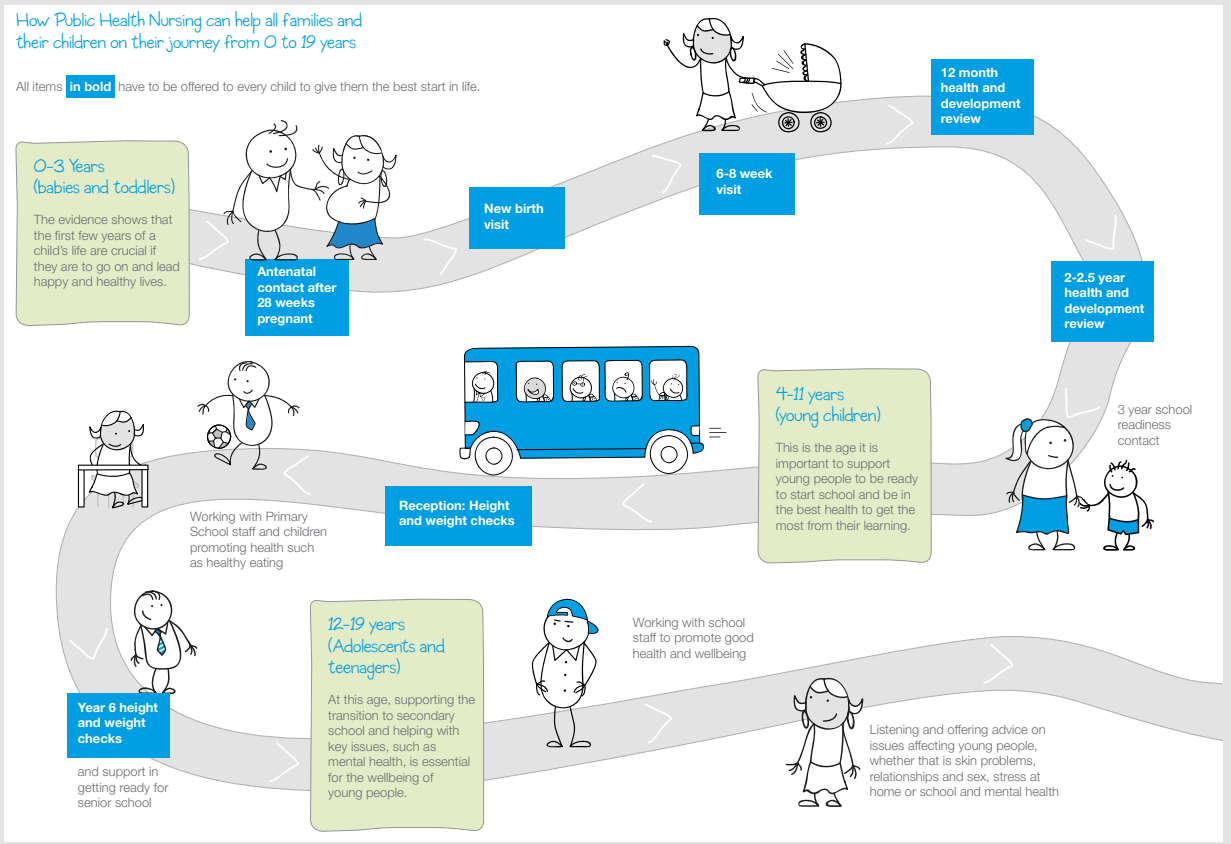
WHAT IS PUBLIC HEALTH DOING IN PREGNANCY AND THE EARLY YEARS?

What kind of support are we currently providing?

A range of providers and networks provide maternity and early years services and support, they include:

- Midwives trained to 'Make Every Contact Count'
- HLS Glos (Healthy Lifestyles service) providing support to stop smoking, reduce alcohol intake and weight management in pregnancy.
- Universal Public Health Nursing providing Health Visiting services
- Perinatal Mental Health plan including provision of New Born Observation (NBO) and Video Interactive Guidance (VIG) to assist with attachment
- Breastfeeding peer support service and Gloucestershire Infant Feeding Network
- Children and family centres – providing targeted support and parenting programmes for families that need extra support

Service case study



LOOKING FORWARD

Our Ambition for Pregnancy and Early Years

Our ambition is to support women through healthy pregnancy, with fewer than 6% of pregnant women smoking at delivery by 2022. Families in Gloucestershire will continue to by supported by universal Public Health Nursing Services who will provide enhanced support for families with additional needs. Breastfeeding initiation and duration will improve. More children will be 'School Ready' demonstrating a good level of development at the end of their reception year, and the school readiness gap between all children and poorer children will narrow.

What more are we doing over the next 12 months to ensure we achieve our ambition?

To deliver our vision we need to ensure a unified approach whereby services, organisations and local communities work to support families and children to build supportive relationships, reduce sources of toxic stress and strengthen core life skills. We need to ensure this is provided across the whole population, but be flexible enough to be able to deliver targeted specialist support where it is needed most. In pregnancy and early years this specifically means:

Relationship focussed activity:

- Undertake a Breastfeeding Social Marketing project to understand where and how to best target breastfeeding support resources.
- Evaluate New Born Observation and Video Interactive Guidance programmes to ensure we develop a coordinated pathway of support for families including specialist services where indicated.

Activity focussed on minimising sources of toxic stress:

- Work with the Healthy Lifestyle Service to design a bespoke '1001 days' healthy lifestyles service for pregnant women and early years.

Activity across all three strands:

- Mobilise Gloucestershire's Better Births Prevention group and deliver the action plan.

Activity focussed on strengthening core life skills:

- Better integration between Public Health Nursing and Early Years Settings to ensure children fully benefit from development checks at age 2 to 2.5.
- Work across partners to improve school readiness for all children, by developing school ready families, communities and early learning settings.

Bob is thriving and Tina feels settled. The Public Health Nursing team got to know Tina and to understand what would help the family flourish. The breastfeeding support really helped Tina grow in confidence and she met some great friends on the parenting support skills course. The twins are now ready for and excited about school.

SCHOOL YEARS

"The best possible health underpins a child's or young person's ability to flourish, stay safe and achieve as they grow up. Good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities"
Healthy Child Programme 2009

Spotlight on

- ✓ Healthy weight
- ✓ Protecting health

Why is this important?

Healthy, happy children learn well, which in turn provides them with wider opportunities and life chances for their future. Children learning and playing alongside their peers and supported by their families and schools will learn habits through their school years that will set a pattern for their future. This section focusses on important threats to the health and wellbeing of our school children; healthy weight and protecting children from infectious disease through vaccination.

Obesity contributes to many non-communicable diseases and is emerging as one of the greatest public health challenges of this century. In contrast, infectious diseases are an old problem and we hoped they had been conquered by antibiotics and vaccination. However, with vaccination rates falling, many infectious diseases are making a come back and harming our children once more.

Fact

80% of children who are obese at age 10-14 years will be obese as adults

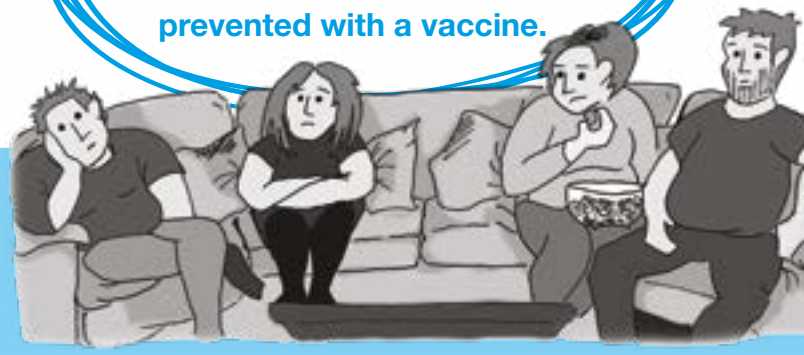
Obesity can be harmful to children and young people leading to:

- Emotional and behavioural problems
- Stigma, bullying and low self-esteem
- School absence due to illness
- Increased risk of diabetes, joint problems and exacerbation of asthma
- Increased risk of becoming overweight adults
- Risk of ill health and premature mortality in adult life

Infectious diseases are harmful to children and young people through

- Serious health consequences such as disability and death
- Hospital admissions
- School absence
- Parental absence from work

In 2017 there was a large outbreak of measles in Gloucestershire. More than 10% of cases were hospitalised. This serious disease can be prevented with a vaccine.



For every 100 children aged 10 in Gloucestershire

- **67** children are a healthy weight
- **14** children are overweight
- **18** children are very overweight (obese)
- **1** child is underweight

Matt is in reception, he has always been 'chubby' but his cousins and best friends are too so mum and dad aren't too worried. His big sister Lilly is in year 7. This year she started getting bullied about her weight and she tries to skip PE at school because she can't keep up with the others and doesn't want to be seen in a swimming costume. Jon and Amanda are also overweight, Amanda has just been diagnosed with diabetes and Jon is getting pains in his knees and hips which the doctor says is made worse by being heavy.

SCHOOL YEARS

Healthy Weight

Childhood obesity is frequently described as a 'ticking time bomb' and steps to address it are considered crucial to the future sustainability of our health and care system. To date no country in the world has managed to reverse rising obesity levels.

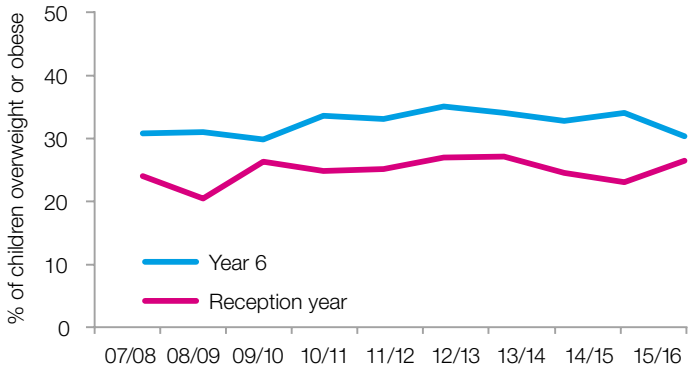
It is widely accepted that a 'whole systems approach', where lots of organisations and groups work together, is required to reduce the burden of obesity in the population. A combination of interventions is recommended to encourage people to eat well and be more physically active. But simply telling people what to do doesn't work. We are all deeply influenced by what's around us – for example, people can't eat healthy food if they do not have ready access to healthy food that they can afford.

It is estimated that by 2034, when today's children will become adults, the prevalence of overweight and obese adults will reach 70%.

Focus on inequalities:

- The prevalence of obesity among 4-5 year olds living in the most deprived parts of Gloucestershire is almost double that of those living in our least deprived areas, and this gap continues to widen

The proportion of overweight and obese children in Gloucestershire in 2016/17



Being overweight puts you at risk of poor health

AGE 10-14
1,900 children of this age or 1:3 are overweight or obese

AGE 4-5
1,700 children of this age or 1:4 are overweight or obese

How do we measure weight in Children?

For children, BMI is adjusted for a child's age and gender against reference charts to give a BMI centile. This compares the child's BMI to other children of the same age and gender.

Obese children have a BMI greater than 95% of other children the same age and gender.

The annual **National Child Measurement Programme (NCMP)** is delivered by Gloucestershire's Public Health Nursing Services. In 2016/17 they measured the height and weight of:

- 98% (6829) of all children in Reception Year aged four to five years
- 97.5% (6057) of all children in Year 6, aged 10 to 11 years

Gloucestershire is at the forefront, working with national partners to develop best practice for tackling obesity

Developing a Whole Systems Approach to Reducing Obesity

Gloucestershire County Council is working with Leeds Beckett University on a three-year national programme (2015-18) to co-produce a best practice framework to help ourselves and other Local Authorities to develop a whole systems approach to reduce obesity within their areas. The learning from this partnership is being used to refine our local obesity plans for Gloucestershire and being shared nationally to help other regions benefit from our learning.

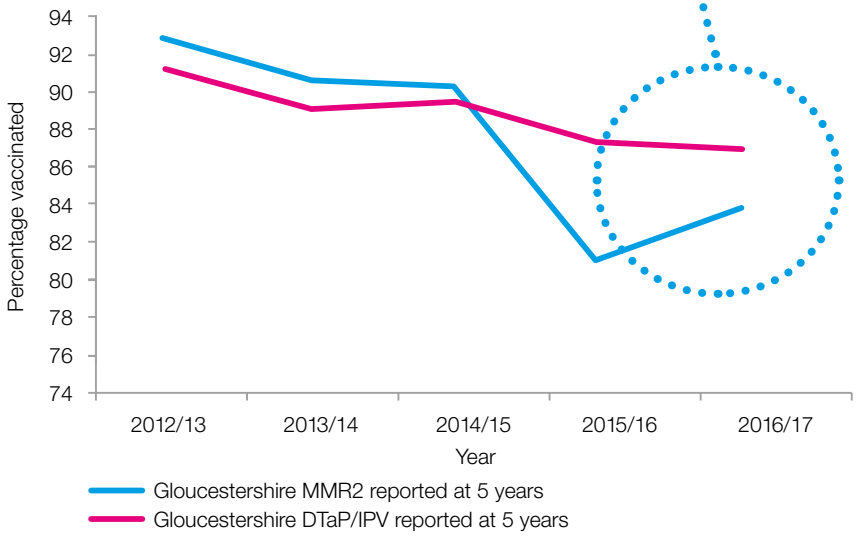
Protecting health

Vaccination is the key intervention to protect children and other vulnerable members of our community from very serious, and sometimes fatal, infectious diseases including measles, whooping cough, and diphtheria.

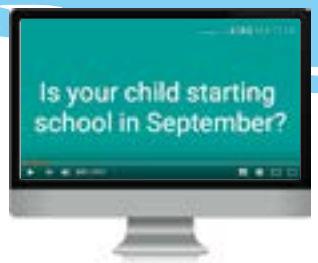
Robust and effective vaccination programmes have dramatically reduced the impact of such diseases, but recently we have seen diseases like whooping cough and measles increasing. It is important to maintain vaccination at high levels, so that these dangerous diseases cannot spread from person to person and the risk of serious illness for vulnerable members of our community is reduced.

While Gloucestershire has good vaccination levels for several childhood vaccinations, there are some vaccinations where we have dropped below a level where we can be confident that our children and community are protected.

Over the past two years there has been a drop in uptake for the two pre-school booster vaccinations: measles, mumps and rubella (MMR 2nd dose) and diphtheria tetanus pertussis and polio. Vaccination levels are now below 90%.



Schools provide an opportunity to identify and offer vaccination to children that have missed their scheduled vaccinations. A recent campaign targeted parents of reception year and pre-school children, through the schools and public awareness. An increase in vaccination was seen as a result of this campaign.



School checklist
https://youtu.be/OpN31Ufknw0

Vaccinations
https://youtu.be/xFaGPz2AxOE

Why immunise
https://youtu.be/iFnNwmWisoM

WHAT IS PUBLIC HEALTH DOING IN SCHOOL YEARS?

What kind of support are we currently providing?

- The National Childhood Measurement Programme weighs and measures children at reception year and year 6
- The Public Health Nursing Service monitors children's health and development, and supports children and their families around a range of topics including healthy eating and activity to achieve and maintain a healthy weight
- Gloucestershire Healthy Living and Learning works with schools and colleges to support children and young people to make positive choices to improve their physical, emotional and mental wellbeing
- Children are routinely offered vaccination with catch up programmes for children who have missed their vaccinations

Service Case Study

Gloucestershire Healthy Living and Learning

Gloucestershire Healthy Living and Learning (GHLL) and the Leading Teachers are funded by Public Health and the Clinical Commissioning Group. GHLL offer support to improve outcomes for all Gloucestershire children and young people but in particular, the more vulnerable children within the county within primary, secondary and further education settings.

- **The PinK Safeguarding Curriculum** - resources for all school years addressing a range of topics including online safety and bullying
- **Beyond Fed Up** – suicide prevention resource
- **Give and Get** – addressing issues around consent and healthy relationships
- **Teenage Relationship Abuse** – addressing domestic violence
- **CSE – Love or Lies Exploitation** – addressing Child Sexual Exploitation
- **Make me a super hero** - Resilience
- **Focussed for Learning** - Mindful Learning
- **Counting Sleep** - Improving health through better sleep

GHLL information and resources are available here: www.ghll.org.uk

LOOKING FORWARD

Our Ambition for School Years

Our ambition is for every school child to be equipped with the resources they need to achieve their potential. We want our children to be free from disease and the burdens obesity brings. From an early age, we want our children to establish positive lifestyle habits around diet and exercise that they will carry with them into adulthood.

What more are we doing over the next 12 months to ensure we achieve our ambition?

As with pregnancy and early years, to achieve this vision we have to work with communities and partners, to bring to life a whole systems approach. We will need to combine universal services with services that target those most in need. In school years this specifically involves:

Relationship focussed activity:

- Work with communities to influence social norms around food, eating and physical activity among families with young children

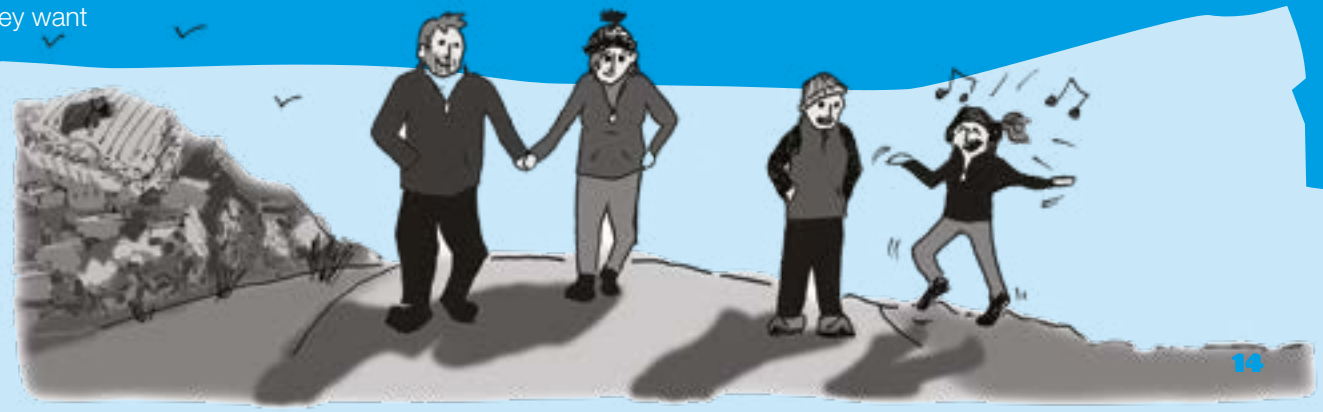
Activity focussed on minimising sources of toxic stress:

- Develop, pilot and evaluate family based weight management interventions for young children who are obese
- Reach out to partner organisations and work with schools and primary care to target parents of unvaccinated children
- Co-create and deliver health promotion campaigns to raise awareness of the importance of vaccination
- Work with pregnant women and young families to provide the targeted lifestyles they need in a way they want

Activity focussed on strengthening core life skills:

- Work with partners and advocate for a healthier food environment, including healthy food provision within communities and early years settings
- Using our influence to help develop environments that enable and encourage families with young children to build physical activity into their daily lives

When the family gets a letter about Matt's weight they decide to act. Jon learns about healthy cooking and they try to walk to school every morning. Lily loves dancing to her favourite songs and is now teaching other children the routines she has made up. She doesn't get out of breath in PE anymore. As a family they feel better and fitter.



YOUNG PEOPLE

"Adolescence is a critical time for health. The first signs of many serious long term conditions emerge at this age. It is also a time when sexual activity starts, many risk-taking behaviours begin and when life-long health behaviours are set in place"
Association for Young Peoples Health

Spotlight on

- ✓ Self harm and resilience
- ✓ Risky behaviours
- ✓ Educational attainment and exclusions

Why is this important?

Young people are the future communities, families and workforce for Gloucestershire. A resilient, well educated and skilled generation contributes to a positive, thriving and economically sound future for Gloucestershire.

As children become teenagers, they experience physical and emotional growth and change. For many teenagers, this is an exciting time in their lives with new experiences and growing independence. However, for some young people, this time can be stressful as they manage changing and new relationships, and academic and social pressures.

In later teenage years, young people sit exams and make important decisions about their future. School attendance, health, and home life can impact on exam performance. Conversely exclusion from school potentially sets a child on a path to poorer qualifications, poorer job prospects and smaller life time earnings.

Accidents and suicide are the leading causes of death in this age group and are both preventable.

It's estimated around 10% of young people self-harm at some point. This is likely to be an underestimate, as many people will never seek help.

School Exclusions

In 2016/17 Gloucestershire had the highest rate of permanent exclusions of any local authority in the South West

Amy's parents are separating; she's moved house and is struggling at school. With no outlet for her feelings she starts cutting herself and drinking alcohol to manage the pain.

YOUNG PEOPLE

Self harm and Resilience

Resilience is the ability to 'bounce back' from adversity. Resilience is developed and practiced through safe but challenging situations throughout childhood.

Teenagers who have developed resilience often have better skills to manage stress, cope well with change and perform better academically. Resilience, feeling connected and having positive relationships with their parents or caregivers is linked with lower levels of health harming behaviours and self harm.

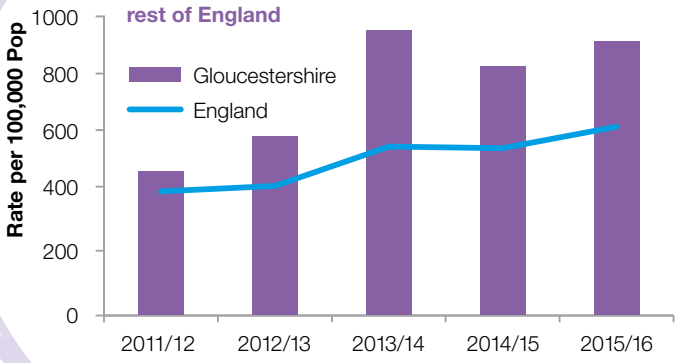
Self harm is when someone causes physical pain and injury to themselves on purpose. Young people may use self harm as their own way of managing overwhelming distress.

Gloucestershire has a higher rate of hospital admissions for self-harm by young people aged 10-24 (580.8 per 100,000) than England (430.5 per 100,000).

Focus on inequalities:

- It is our girls and young women who are most affected by self harm. Women and girls account for around 60% of unique individuals admitted to hospital and around 70% of all self harm admissions due to their higher rate of repeat self harm admissions
- People living in the most deprived neighbourhoods are three times more likely to be admitted for self-harm

Gloucestershire has significantly higher rates of self harm requiring hospital admission than the rest of England

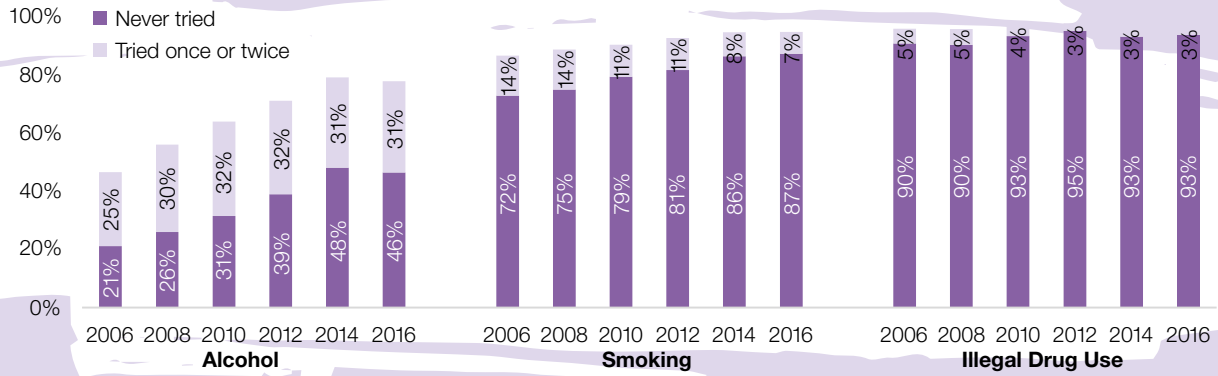


Hospital admissions as a result of self harm
(Crude rate per 100,000 (15-19 years))

Risky Behaviours

The Online Pupil Survey asks young people in Gloucestershire about their health behaviours. The survey provides insight into the lives of young people, informs commissioning, supports schools and enables the targeting of support appropriately.

The overall picture for teenagers in Gloucestershire is good - the proportion of children who have never engaged in high risk behaviours is increasing. This is illustrated in graphs below that show the number of year 8 and year 10 pupils who report that they have never tried alcohol, smoking or illegal drugs. However, there are still some who are engaging in health harming behaviours. Alcohol abuse is an issue for some young people locally with Gloucestershire having higher rates of under 18s admitted to hospital for alcohol related conditions than the rest of England.



Sexual Health & Healthy Relationships

Having healthy, informed attitudes and behaviours towards **sexual health** can protect a young person against a range of negative things, like having sex too young, picking up a sexually transmitted infection (STIs), or accidentally falling pregnant.

Educational Attainment

Overall, educational attainment levels are high in Gloucestershire. In 2016, there were a total of 6,385 pupils at the end of Key Stage 4 (GCSE) in state-funded schools and 66.4% of these pupils achieved an A*-C grade in both English and Mathematics. This was higher than the national average and Gloucestershire ranked highly against similar Local Authorities.

Boys in Gloucestershire out-performed the national average but did less well than girls, with 63.4% of boys achieving five GCSEs graded A*-C including English and maths compared to 69.6% of girls.

In Gloucestershire, a smaller proportion (7.9%) of GCSE pupils were eligible for free school meals in 2016 compared to nationally. These pupils did not achieve as well as other pupils with 34.9% gaining A*-C grades in English and Maths, which is much lower than those not entitled to free school meals (69.1%).

Focus on inequalities:

Our attainment gap between those receiving free school meails and other pupils is larger than in England and increasing

Year	2013	2014	2015	2016	Direction
National	19%	19%	18%	18%	↔
Gloucestershire	25%	26%	22%	24%	↑

Indicator	Gloucs	England	Comparable LAs
% pupils achieving A*-C in English and Maths	66.4	59.3	65.3
% boys achieving A*-C in English and Maths	63.4	59.4	62.1
% girls achieving A*-C in English and Maths	69.6	67.3	69.2
% pupils eligible for FSM achieving A*-C in English and Maths	34.9	39.2	35.3
% other pupils achieving A*-C in English and Maths	69.1	67.0	68.1
% other pupils achieving 3+ A grades / double awards at A-Level	14.0	13.2	10.4
Average point score per entry for Tech Level (KSS)	32.7	30.8	29.8
% pupils achieving Level 2 qualification by age 19	84.5	85.3	85.8

School Exclusions

There are two types of exclusion from school:

- Permanent exclusion (or 'expulsion') is removal from a school roll
- Fixed-term exclusion (or 'suspension') is exclusion for a set number of days, not totalling more than 45 days in a school year

In 2016/17 Gloucestershire school's permanently excluded 0.16% of the school population. This is twice the exclusion rate in the rest of England. The cost to the individual includes distress, reduced self esteem, increased likelihood of poor qualifications, poor long term job prospects and an increased likelihood of being drawn into risk taking behaviour and crime.

School Exclusions
(16/17 academic year)

There were 141 permanent exclusions and 3,595 fixed period exclusions in Gloucestershire

- In contrast to the national trend exclusion rates in Gloucestershire are going up
- Primary school permanent exclusions remained at 31
- Secondary school permanent exclusions increased by 4%, to 110 in 2016/17. This is approximately twice the national rate
- 52% of excluded pupils in Gloucestershire were children with special educational needs or disabilities

Focus on inequalities:

- Nationally children on free school meals are up to 5 times more likely to be excluded
- Those with special education needs are up to 10 times more likely to have their education disrupted by exclusion
- The inequality extends into adulthood. Once excluded these children, tend to go on to get poorer qualifications and have lower earnings as adults

WHAT IS PUBLIC HEALTH DOING WITH YOUNG PEOPLE?

What kind of support are we currently providing?

- Teens in Crisis - online counselling support for children and young people aged 9 to 21.
- Gloucestershire Self Harm Helpline provided by Rethink Mental Illness providing information, advice and support
- Training on self harm and resources for schools and health staff
- Gloucestershire Suicide Prevention Partnership and Strategy
- Gloucestershire Mental Health Crisis Care Concordat
- Public Health Nursing Service providing School Nursing drop in sessions.
- Chat Health – texting School Nurse service for young people
- C-Card scheme - free condoms from over 280 sites for under 25s.
- Free postal testing kits for STIs for over 16s
- Compulsory Sex Education - resources for schools to provide relationship and sex education
- Respect Yourself – Online resource for young people on relationships and sex education
- Support to challenge schools and academies to raise attainment and close the gaps
- Reshaping of Education teams to focus on the most vulnerable young people and those with additional needs.

LOOKING FORWARD

Our Ambition for our Young People

We want our young people to be resilient and able to make healthy choices around mental and physical health. We want them to receive support and help at the times they need it. We want to close the educational attainment gap to ensure that all young people in Gloucestershire develop the skills, knowledge and experiences they need to be able to achieve their potential as productive adults.

What more are we doing over the next 12 months to ensure we achieve our vision?

As with pregnancy and early years, to achieve this vision we have to work with communities and partners to bring to life a whole systems approach. We will need to combine universal services with services target at those most in need. In teenage years this specifically involves:

Relationship focussed activity:

- Advocate for, and work with partners to ensure all children have a trusted adult with whom they can form strong relationships

Activity focussed on minimising sources of toxic stress:

- Work with service providers and young people to increase our understanding around admissions for self harm and develop an all age pathway for people who self harm

Activity across all three strands:

- Continue to drive the partnership delivery of the Future in Mind Transformation Plan for Children and Young People's Mental Health

Activity focussed on strengthening core life skills:

- Work with partners at all levels to drive incremental change in schools and academies so that all schools and academies are good or outstanding
- Advocate for a relentless focus on closing the attainment gap between the most vulnerable children and young people and their peers

Amy called the self-harm helpline and went on to access the school counselling service. Her counsellor really listened and helped Amy develop healthier ways of managing her feelings.

VULNERABLE CHILDREN

The conditions in which we are born, grow, live, work and age impact on our health.
Marmot: Fairer Lives, 2010

Spotlight on

- ✓ ACEs
- ✓ Children in poverty
- ✓ SEND
- ✓ Toxic home environments
- ✓ Children receiving support from children's services

Why is this important?

Some children and families in Gloucestershire have additional needs and may need extra support in order for them to reach their potential. Sometimes the need for support is around conditions they were born with or developed in childhood, sometimes it is due to the conditions or environment the child was born or moved into. While many childhood experiences drive positive growth and development, adverse childhood experiences (ACEs) can, unless addressed, set children on a path that stops them thriving and growing to fulfil their potential. It is incumbent upon us as a community to stop children experiencing serious adversity and to equip those that do with the support and skills they need to overcome them.

Many of the adversities children experience are not single isolated issues as the adversities often cluster. The classic example of this is the so called "toxic trio" of domestic abuse, poor mental health and substance abuse. Research around adverse childhood experiences (ACEs) has identified key experiences which have been found to impact on future health and wellbeing. The impact of such experiences appears to be cumulative and experiencing four or more ACEs seems to be a tipping point that is associated with poor future outcomes. These include being:

- **4x more likely to develop diabetes**
- **3x more likely to develop heart disease**
- **6x more likely to smoke**
- **14x more likely to be a victim of violence**
- **20x more likely to be imprisoned during their lifetime**

Around 50% of people can be expected to experience one ACE, with 12% of children experiencing 4 or more

- **The numbers of vulnerable children being supported in Gloucestershire is growing**
- The number of children in care has grown by 25% since 2014 to 688 at January 2018
- There are 3043 SEN/Education Health and Care plans in place: 700 more than in 2012
- This growth is in line with national trends but reinforces the need for early intervention and effective prevention.

Alice's three children were removed from her care and placed in foster care. The siblings were sent to different foster carers and the eldest moved 4 times.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

ACEs are traumatic events occurring before the age of 18.

Recent work has identified key factors that if experienced are associated with a negative impact on a child's future.

There is now a robust evidence base linking ACEs to severe negative health and social outcomes across the life course, including the leading causes of illness and death in the UK. As the number of ACEs experienced increases, so does the risk of negative outcomes. How exactly ACEs impact health and social outcomes is not yet completely clear, but the empirical evidence of effect is well established by a number of international studies.

Adverse childhood experiences do not define people; they are simply a tool to understand the potential risks an individual or population may face. It is possible to intervene to "interrupt the cycle of adversity".

While individuals that suffer ACEs have increased risk of poor outcomes as adults, many individuals who experience ACEs do not encounter these effects. An individual's ability to avoid harmful behavioural and psychological changes in response to chronic stress is known as resilience. Having a strong relationship with a trusted adult throughout childhood has been found to reduce the long-term negative impacts of childhood adversity.

Supporting children and families to:

- reduce sources of (toxic) stress
- support responsive relationships
- strengthen core life skills

provides a very practical way that everyone can work to improve outcomes for children and families, and mitigate the harmful impact of ACEs.

VULNERABLE CHILDREN WITH ADDITIONAL NEEDS

Child Poverty

Parents raising children in poverty very often do an extraordinary job, raising children in very difficult and challenging circumstances. Financial difficulties can have a significant impact on parents, sometimes exacerbating mental health issues or leading to harmful coping strategies. This in turn can further affect the development and physical, mental and social health and wellbeing of the children.

Childhood poverty can restrict educational achievement and can disrupt a child's transition to an independent adult life. Growing up in poverty can mean being left out and left behind, wearing different clothes and not being able to go on school trips or outings, and growing up acutely aware of what poverty means.

Fact

It is estimated 14% of children in Gloucestershire are living in poverty. In a class of 30 children 4 pupils will miss out on things that most children take for granted – having friends visit for tea or warm clothes. They will do less well at school and earn less as adults.

Focus on inequalities:

There are a number of wards in Gloucestershire where over a third of children are living in poverty compared to the county average of 14%

	Children living in poverty	
Local Authority and wards	**Before Housing Costs**	**After Housing Costs**
Barton and Tredworth	26.9%	41.0%
Cinderford West	23.3%	35.7%
Oakley	22.6%	35.6%
Matson and Robinswood	21.5%	34.4%
Moreland	21.0%	33.1%

SEND

SEND stands for Special Educational Needs and Disabilities. It describes a huge spectrum of needs and challenges, which can include how individuals communicate, learn and process information, how individuals experience the world around them and cope with emotional challenges, or having a serious physical or mental health condition. Young people with SEND can need different levels of support, from infrequent, flexible support to high intensity full-time care.

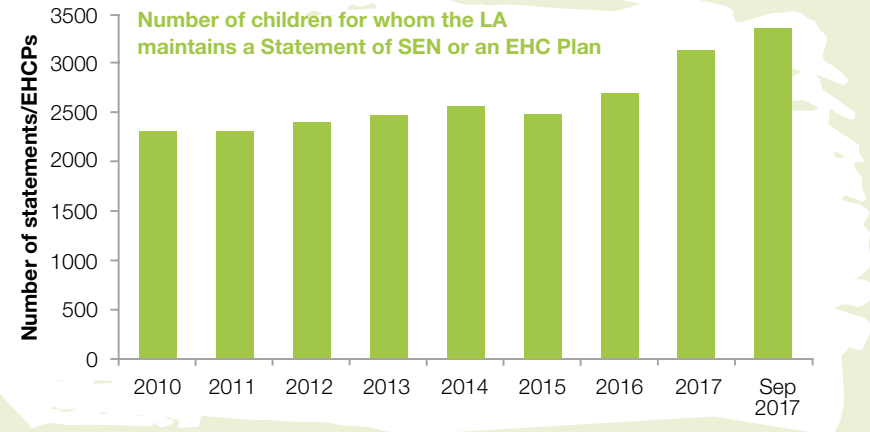
As of March 2017, there were 3,043 children and young people in the county with an Education Health and Care Plan (EHC) or a statement of SEN. This number has historically been quite stable but has seen a 25% increase in the past 2 years.

Focus on inequalities:

- Children with SEND are approximately 10 times as likely to be in care as those without SEND. There are 402 children with SEND who receive some level of safeguarding support from children's social care.
- During the 2016/17 academic year, 52% of permanent exclusions and 46% of fixed period exclusions related to children and young people with SEND

Fact

The number of children and young people with statements of SEN or EHC plans has gone up 25% in two years



VULNERABLE CHILDREN WITH ADDITIONAL NEEDS

Children Receiving Support from Children's Services

Children can need support from children's services for many reasons including neglect, child sexual exploitation, or parents being unable to cope with the complex and challenging needs of their children. However, whatever the cause, the children share the common factor of having suffered adverse childhood experiences which have resulted in their parents no longer being able to look after them safely.

Fact

In Dec 2017 there were 636 children in care in Gloucestershire, 612 subject to a child protection plan and 2,137 classified as children in need

Children who are receiving support from children's social care for safeguarding issues need a holistic response that builds on universal services and, where necessary, adds specialist support to meet the specific needs of the child and his or her family. Gloucestershire is currently on an Ofsted improvement journey to ensuring all children who are in contact with children's services thrive from the beginning.

Key Findings from the Bright Spots Survey 2017

(Survey of Children in Care in Gloucestershire aged 4-16)

Bright Spots:

- Children in care reported high levels of trust in their foster carers and social workers.
- A high proportion of children in care reported feeling safe where they lived, felt that life was getting better and had moderate to high life satisfaction scores.

Areas for improvement:

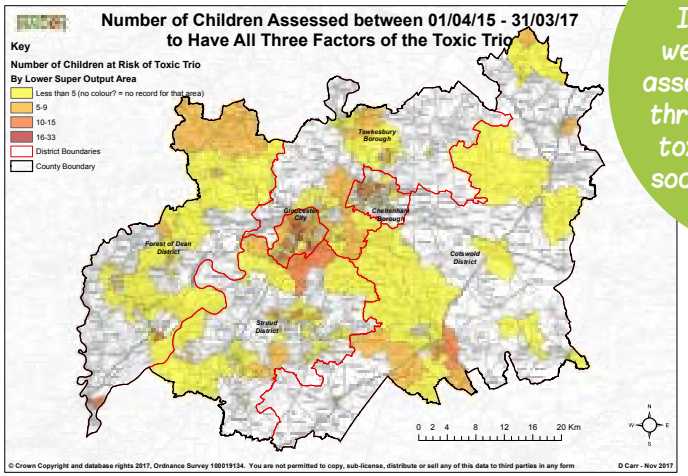
- Some children did not understand why they were in care or feel involved in decisions about their lives.
- Some children reported several changes of social workers.

Children in Toxic Environments

The term 'Toxic Trio' is often used to describe the issues of domestic abuse, mental ill health and substance misuse (including alcoholism) in the home. This is a cluster of adverse childhood experiences that is also often accompanied by some level of childhood neglect. An NSPCC commissioned analysis of 139 serious case reviews from across England that occurred between 2009 and 2011, showed that in over three quarters of incidents (86%) where children were seriously harmed or died, one or more of the Toxic Trio played a significant part.

Focus on inequalities:

- Living with of one or more of these toxic issues has been identified as a common feature of families where harm to children occurs
- While these issues can and do occur in all socio economic groups, living in the most deprived quintile increases the risk of experiencing them



Fact

In 2016/17 there were 6387 children assessed as having all three factors of the toxic trio raised as social care concerns

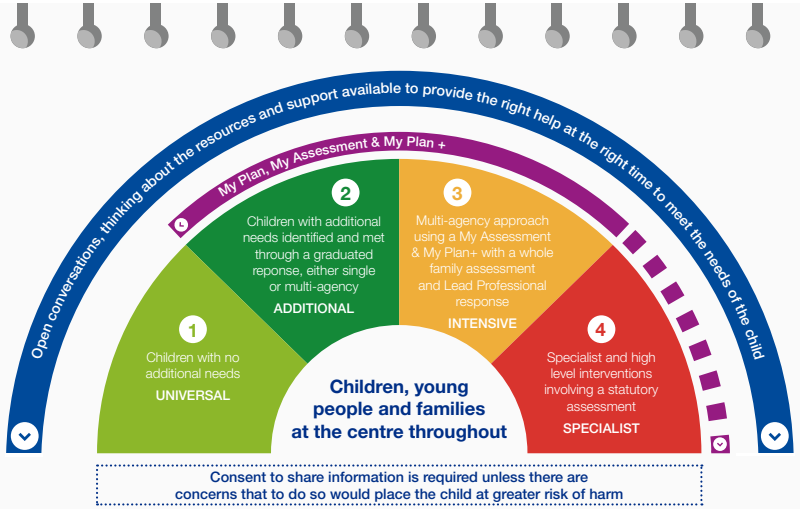
LOOKING FORWARD

Our Ambition for all Vulnerable Children

We want our vulnerable children who have additional needs to be provided with the support they need in order for them to reach their potential. We want to intervene early so that children and families receive the support they need before their situation and needs escalate, and also to ameliorate the effects of their adverse experiences. We want to intervene to prevent intergenerational transmission of adverse childhood experiences, by providing support to parents who have experienced adversity so that they can prevent onward transmission to their own children.

Supporting Vulnerable Children

Throughout this section we have described how children can be vulnerable for a myriad of reasons and as a result need support tailored to cover all their needs. The principles behind the continuum of care support currently offered is illustrated in the diagram to the right. Services are built up from the universal service foundation as needed.



All services and interventions seek to work openly with the family (or young person if age appropriate) in order to support them and address their needs at the lowest possible level and prevent them from escalating. We only request services at a higher level after we have done everything possible to meet needs at the current level.

Alice came to Change Grow Live to address her substance misuse and got mental health support. She now regularly attends alcoholics anonymous and has turned her life around. The children received the individualised assistance they needed and the family is now reunited and working together to a stronger future.

What more are we doing over the next 12 months to ensure we achieve our ambition?

- The Ofsted inspection shone a light on where our current services were below the levels expected. We will continue to work with our partners to support the implementation of the Ofsted Improvement Plan.
- We are also working with the police to drive the ACEs agenda forward
- We are currently undertaking a comprehensive needs assessment for children, young people and families in Gloucestershire so we can better understand our local situation and current evidence around what works.
- The needs assessment will be used to inform a new Children and Families' Strategy.
- This will be developed in consultation with partners, providers, service users and, of course, our population

CONCLUSION: A CALL TO ACTION

I hope that my report will raise the profile of children, young people and their families in Gloucestershire. The evidence shows that many children and young people are living happy, healthy lives and reaching their potential. However there are stark inequalities in the county, with some children who are born into early adversity struggling to break free of the cycle.

We know that we must do more to support the most vulnerable children. Children who experience early adversity tend to be the ones who are not 'school ready', who go on to develop health harming behaviours and experience a reduced quality, and indeed length, of life.

This report has highlighted the need for a more in-depth assessment of the health needs of children, young people and families in Gloucestershire, which will in turn inform the development of the new Children and Families' Strategy for Gloucestershire. This will set out the coordinated system wide approach we need to tackle these complex issues and make Gloucestershire a great place for ALL of our children, young people and families to thrive.

I hope that reading this report will inspire you to continue the work you do to improve the lives of children, young people and families in our county, and work with us as we develop the overarching Strategy to do this.

Sara Sutt

Our children's future depends on ensuring every child in every family is supported to live a happy healthy life that enables them to go on to contribute positively to our communities. Supporting everyone with targeted help where needed breaks negative cycles and builds strong futures.

STATE OF HEALTH IN GLOUCESTERSHIRE

Children aged 0-17 make up 20.3% of the Gloucestershire population. Further data and insight into the rest of the Gloucestershire population can be found at Gloucestershire's Joint Strategic Needs Assessment (JSNA) 'Inform Gloucestershire'.

We are living longer, but spending more years in ill health
Based on current mortality rates, a baby born in Gloucestershire today would live on average 80.1 years (male) or 83.5 years (female). However, many people are spending much of that extra time in poor health – around 14 years of ill health for men and 17 for women born in Gloucestershire. We need to work together to help people feel well for longer.

The causes of death are changing
Although cancer and circulatory disease remain as common causes of death, mortality rates from heart disease and stroke have halved for both men and women since 2001 in the UK. This is mainly due to better prevention, diagnosis and treatment. However, during the same period death rates from dementia have increased by 60% in males and have doubled in females, partly due to an ageing population and greater awareness of dementia. Poor diet and smoking were the behavioural risks that contributed to the largest number of deaths.

Causes of ill health and disability
Nationally, major causes of illness (morbidity) are lower back and neck pain, skin diseases, and depression. In Gloucestershire, more than 39,000 (7.7%) of adults are recorded as having depression on GP practice registers in 2015/16. Mental health and poor musculoskeletal health accounts for the majority of sickness absence in the UK.

Our health is linked to social status
Men living in the most deprived areas in Gloucestershire can expect to live 9 years fewer compared to men in the least deprived areas – females can expect to live 6 years fewer. Both men and women living in the most deprived areas can expect to spend nearly 20 fewer years in good health compared with those in the least deprived areas.

Reductions in Infectious Diseases
In 1901, around one third of deaths were due to an infectious disease. Today, a modern public health system, vaccines and antibiotics have enabled us to protect ourselves from infectious disease. In 2014-16, 8.5% of all deaths in Gloucestershire were from infectious diseases, including influenza.

www.gloucestershire.gov.uk/JSNA

Hot and cold weather events are associated with increases in illness and deaths. In 2015/16 there were an estimated 243 'excess winter deaths' in Gloucestershire – that's the extra deaths that occur in winter compared with the rest of the year. Older people are most affected by excess winter deaths.

Long-term exposure to particulate air pollution is linked to thousands of deaths nationally, particularly from heart or lung disease. In England, particulate air pollution is estimated to have an effect equivalent to around 25,000 deaths every year with 4.4% of all adult deaths attributable to air pollution in Gloucestershire. Older people, the very young, and people with existing heart and lung conditions are more vulnerable to the effects of air pollution.


Gloucestershire
COUNTY COUNCIL

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **29th March 2018**

Report Title: **2017 Annual NHS Staff Survey Results**

Agenda reference Number	13/0318
Reason for Being Heard in Confidential Session	N/A
Accountable Executive Director (AED)	David Smith, Interim Director of HR & OD
Presenter (if not AED)	N/A
Author(s)	David Smith, Interim Director of HR & OD
Board action required	To note the results and agree the approach
Previously considered by	Executive Team
Appendices	N/A

Executive Summary:

The link between highly engaged staff and a good patient or service user experience has long been established and the most frequent way of measuring this is through the annual NHS Staff Survey. The 2017 survey was conducted between October and December 2017 with the results being published on the 6th March 2018. The results were on the whole disappointing from the perspective of our Trust. Steady, if unspectacular progress had been made over a number of years in improving engagement scores, however this progress was largely arrested in 2017.

Clearly, there are national challenges in relation to workforce and engagement and these are reflected in the national results. However the variability of results internally suggests not only that local (trustwide) factors are at play, overriding to a degree the national picture, but a greater localisation within the trust (whether by location, profession or service area) can similarly override the trustwide position.

Given the importance of colleague engagement to so many of our strategic objectives and the prominence of workforce risks in our risk register, it is important that we prioritise our response. The variability referred to above suggests that a single corporate response would not be effective, although there were some

results across key themes which have been repeated from the previous year, suggesting that corporate leadership on those issues is very important. Equally important, however is the need to develop local action plans on issues which matter to staff on a local basis. This paper covers both the key results contained within the survey, and the methodologies proposed to develop local and corporately led action plans.

Recommendations:

The Trust Board is asked to;

- **Note** the key results from the 2017 staff survey
- **Agree** the twin approach of localised action plans supported by corporately led priorities
- **Agree** that oversight of the plans be scheduled into the work plan for the Workforce and OD Committee.

Related Trust Objectives	'We will have an energised and enthusiastic workforce and each individual will feel valued and supported'
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements/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

2017 Annual Staff Survey Results

1 Introduction

The 2017 annual NHS Staff Survey was launched in October 2017 and remained open for submissions until early December 2017. Recognising the importance of employee engagement, our Trust had decided to poll all of our staff through the survey and this report sets out the key results for consideration as well as the approach to developing action plans to respond to the key results.

2 Background

The results are typically received in 2 stages. The first stage involves a 'raw' data report, collated by survey provider 'Quality Health'. This consists of the questions and responses to all 88 questions asked in the survey, with comparisons against our scores from last year as well as comparisons against the 'national average' score (in our case that reflects the national average score for community trusts). These results are typically received in January but are not allowed to be shared or published. The second stage involves the collation and analysis of these results into 28 'key findings', where the responses to questions are grouped together. In addition to the comparison with prior year scores and the national comparison, further richness to the analysis is provided by the addition of both demographic data (age, gender, ethnicity, disability) and also the inclusion of data for professional groups, localities and service areas. This collation is carried out by Picker Europe and reports are usually released to Trusts at the end of February with publication of these results embargoed until the beginning of March.

3 Key Results

3.1 Overview

This year our response rate dropped from 47% to 44.2% and is reflective of a deterioration in response rates generally and we may wish to consider a blend of postal and on-line completion for next year. Of the 88 questions asked in the survey, we improved our scores on 18 of these, remaining static on 20, with a decline in favourable responses on 50 of these questions. Clearly, not all movements up or down are significant and it is typically recognised that movements of 3% or more are classified as statistically significant. Within these definitions, 4 showed statistically significant improvement. Three of these related to health, wellbeing and safety and one related to personal development). Of the 30 statistically significant declines, 18 related to the job itself, 7 to health, wellbeing and safety, 3 to personal development and 2 to the organisation.

3.2 Engagement

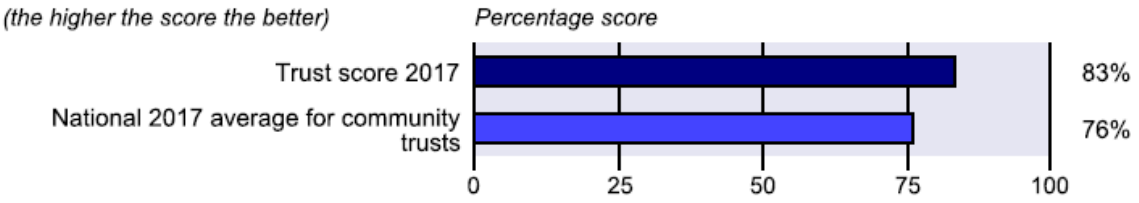
The key finding of 'engagement' within the NHS is presented as a composite of three individual key findings (see below). Each key finding is a composite of several individual questions. Two of the key findings are measured on a 5 point scale (where '5' is positive).

As we can see from the scores below, each of these has shown a deterioration over the prior year. KF1 clearly has two distinct elements, staff and patients/service users. It is important to acknowledge that staff views on the experience of patients has either held, or not shown a significant deterioration. Staff experience is showing a decline however and is further reflected in the breakdown of scores for key findings 4 and 7.
The reduction in the overall engagement score reflects a reverse in the steady improvements shown over the last few years, albeit is subject to significant variations between professions, locations and service areas.

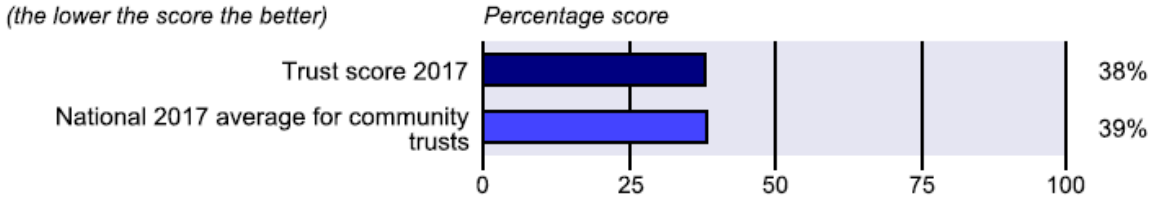
	Staff engagement	**2016**	**2017**	**2017 national average**
	Overall staff engagement	3.78	**3.71**	**3.78**
KF1	Staff recommendation of the Trust as a place to work or receive treatment	3.72	**3.68**	**3.76**
KF4	Staff motivation at work	3.94	**3.84**	**3.94**
KF7	Staff ability to contribute towards improvements at work	69%	**65%**	**71%**

3.3 Top 5 ranking scores (compared to national average)

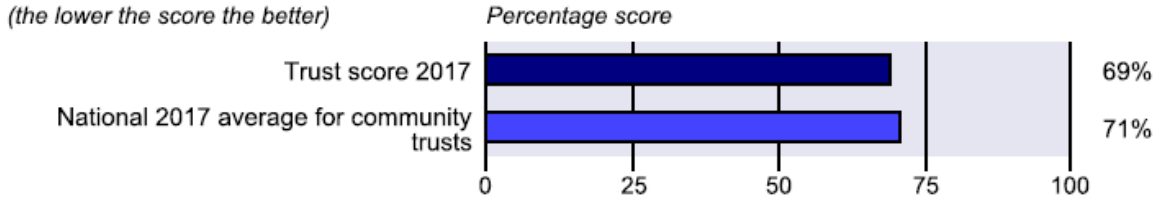
KF24. Percentage of staff / colleagues reporting most recent experience of violence



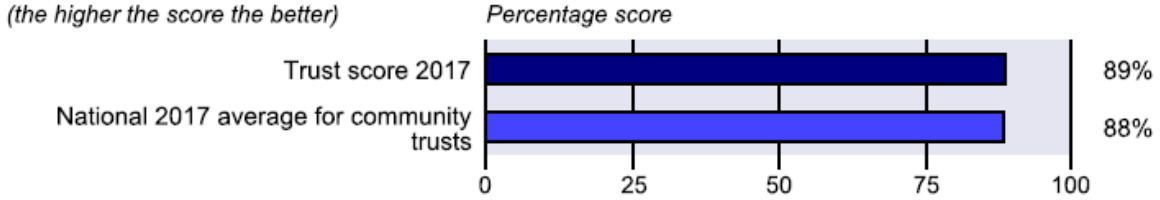
KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months



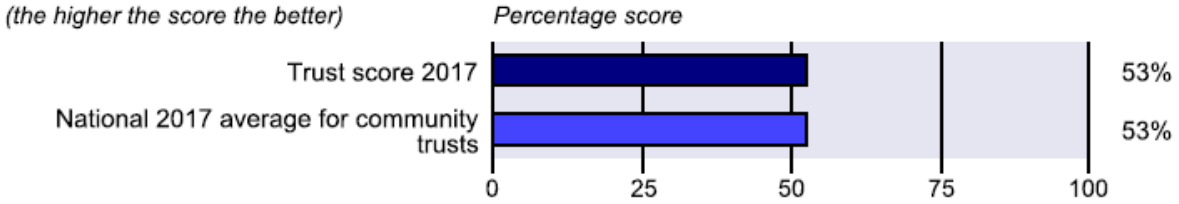
KF16. Percentage of staff working extra hours



KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

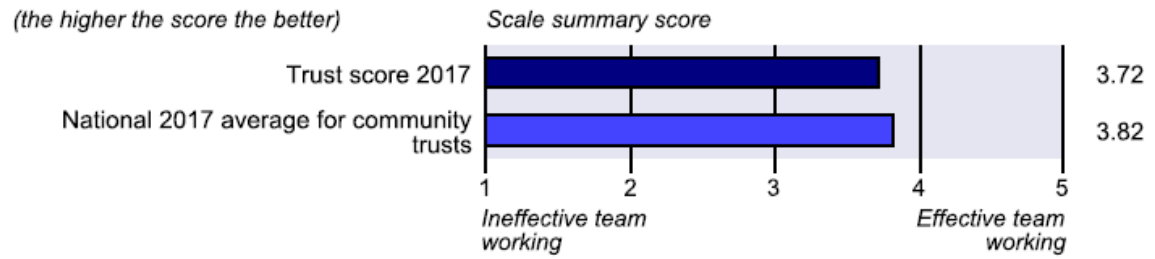


KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

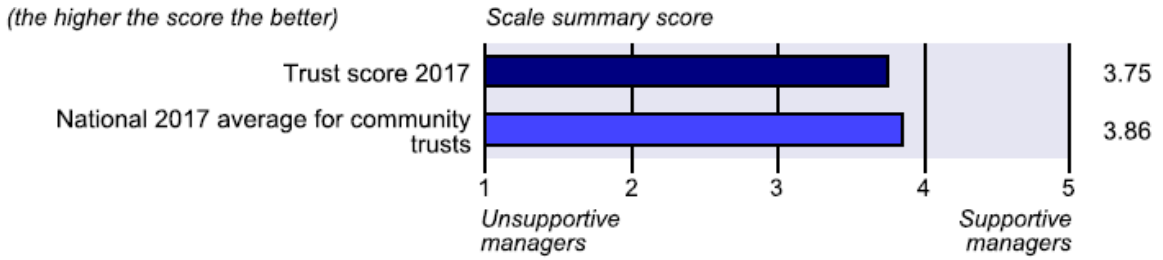


3.4 Bottom 5 ranking scores compared to national average

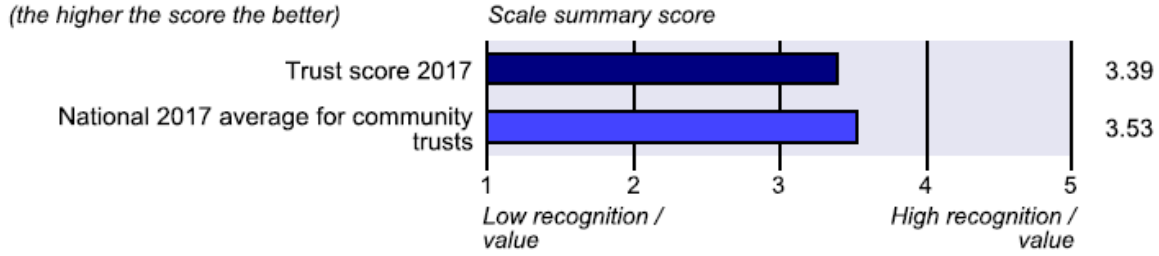
KF9. Effective team working



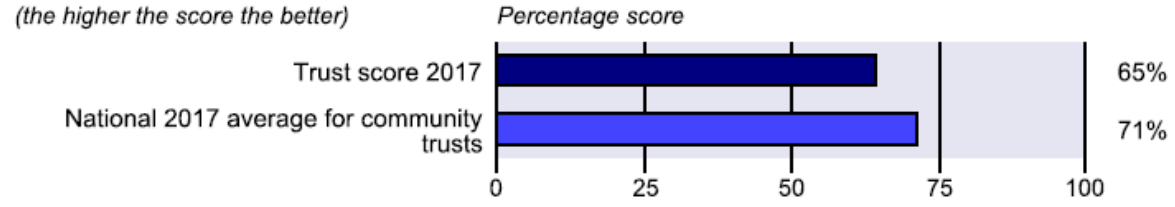
KF10. Support from immediate managers



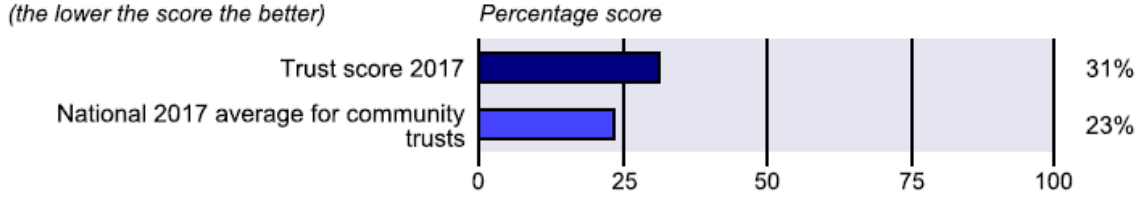
KF5. Recognition and value of staff by managers and the organisation



KF7. Percentage of staff able to contribute towards improvements at work



KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



3.5 Commentary on top/bottom ranking scores

There are a number of areas where we are doing well in comparison to colleagues nationally. There is undoubtedly an improvement in our reporting culture with colleagues being prepared to report violence, harassment, bullying or abuse. This is important and reflective of efforts to promote an open culture, whether through the 'Freedom to Speak Up Guardian' role or 'Katie's Open Door'. We also compare relatively well in terms of colleagues experiencing work related stress and in terms of working extra hours. It is also pleasing to see that on the whole, staff do believe that our Trust does provide equal opportunities for career progression and promotion.

Turning to those areas where we do less well, the scores reflected in the raw data related to 'job' are clearly reflected in these key findings in terms of effective team working, contribution to improvements as well as support and recognition from managers. It is also concerning to see the disparity in scores between the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public, compared to the national picture.

3.6 Workforce Race Equality Scheme (WRES)

Each year our Trust reports progress under the Workforce Race Equality Scheme (WRES) with a number of the measures within the WRES being drawn from specific responses to questions within the staff survey from Black and Minority Ethnic Staff (BME). These scores are presented below.

			Your Trust in 2017	Average (median) for community trusts	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	31%	23%	32%
		BME	33%	26%	26%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	21%	18%	21%
		BME	17%	22%	13%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	90%	90%	89%
		BME	77%	76%	87%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	7%	5%	6%
		BME	8%	12%	7%

It is clear from the scores above that these key findings have declined internally for BME staff, but there is not a consistent picture with the national scores. Internally it is

also true to say that there is a mixed picture as BME staff invariably report a better employment experience than their white colleagues. As an example, the engagement score for BME staff sits at 3.97 compared to 3.71 (white and overall) with other significant positive variations in terms of motivation, recommendation of the trust as a place to work or receive treatment and quality of appraisals and non-mandatory training.

From an equality and diversity perspective, we will shortly be required to present data mirroring the WRES for staff with a disability or long term condition. It is true to say that the findings for these staff demonstrate a generally worse employment experience than other staff. This is not unique to Gloucestershire Care Services and is generally mirrored elsewhere however is important given the high number of staff who classify themselves as disabled or having a long term condition (up to 18%).

4 Approach to Action Planning

These are important results and are being taken very seriously. There are a number of areas where the required focus seems clear, but an equal number of areas where it is important to further test the views of colleagues, recognizing the time lag between the gathering of data and the publication of results. For colleagues who complete the questionnaire in the first two weeks from issue (typically 50%) as many as 5 months will have elapsed. It is also clear from the variability of results referred to earlier that a single, top down approach will not suffice. Clearly, there are issues which the executives and senior managers need to drive with corporate leadership. Equally, it is important that we do not make too many presumptions and we should support our management teams in making sense of the results on a local basis and supporting them with developing their own solutions. These approaches are described in more detail below.

4.1Overarching themes/corporate leadership

Given the response on 'job' related questions, including support and recognition from managers and involvements in making improvements at work, it is clear we need to progress with our leadership development programmes. Working collaboratively across the STP, a new Leadership Development Programme focusing on 5 key elements of leadership (Leading Self, Leading and Managing Your Team, Leading an Effective Service, Leading Transformation, change and Improvement and System Leadership) is being launched on March 21st, supported by an interactive on-line toolkit of resources. Frequently engagement scores (and most outcomes) can be linked to the quality of local leadership. Managing in the NHS is a complex and challenging role and it is important that we equip our managers and leaders as much as possible. It is equally important that we engage through our managers and not around them. If they are fully engaged, it is likely that their own teams will be similarly engaged.

Clearly our WRES action plan requires revitalising and increased focus. With this in mind, we will be inviting the National Director for WRES Implementation, Yvonne Coghill OBE, to visit the Trust and share her experience and advice with us. We will need to focus as well in finding out more about the experience of our disabled colleagues and how we can switch the emphasis away from what colleagues are not able to do to what they can do.

We have also shared the results with our Staff Side Chair and Deputy Chair, who will be key to engagement over the next year, particularly as we progress towards delivery of the Strategic Intent. We have agreed an initial joint focus on colleague health and wellbeing and dignity and respect. They will discuss this further with their staff side colleagues and then return to the discussions to agree our key actions.

4.2 Localised action planning

For many colleagues, their Trust is their ward, their department, their team or simply their corner of the building. This is very much reflected in the results not only in terms of the overall engagement scores but many of the key findings beneath. As an example, whilst we would want (see above) to focus generally on 'support from managers' that would not be appropriate in a setting such as the Dilke where this support is rated extremely highly. A presentation of results to colleagues at the Core Colleague Network of senior managers demonstrated not only these differences between areas but also the desire to not have a corporate plan imposed on them, but to have the opportunity to discuss their results with their own teams and to develop local responses. Executive colleagues are supporting their teams with this activity and as progress is made in developing local actions, update reports will be received at the Core Colleague Network.

5. Conclusion and Recommendations

Clearly, it is disappointing to see the steady progress of previous years arrested in the last survey, particularly as there are and have been a number of positive indicators in the year. The CQC were fulsome in their praise for the welcome afforded by colleagues across the organisation and their professionalism and dedication to patient care. Most recently, the efforts of so many colleagues to maintain services in very challenging weather conditions, demonstrated a willingness to go 'over and above' the expected norms and this would typically be the behaviours of a highly engaged workforce. There have been a number of contextual national issues (such as challenged workforce supply, historic pay restraint) and local issues (including the proposed merger with 2gether NHS Trust and the uncertainty generated through the early stages of such a process, which have undoubtedly contributed to these results and need to be understood. Notwithstanding these however, it is far more important to focus on the actions we

can take going forward which will force the improvements in engagement that are required. Whilst the recommendations are based around ‘action plans’, the emphasis has to be less on highly detailed action plans than on fewer high impact actions. Determining what is (really) important and fixing these will be key.

As ever, it is likely that our colleagues and their managers will have the bulk of the solutions and we need to listen and respond to these once received.

The Board is asked to;

- **Note** the key results from the 2017 staff survey
- **Agree** the twin approach of localised action plans supported by corporately led priorities
- **Agree** that oversight of the plans be scheduled into the work plan for the Workforce and OD Committee

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 29th March 2018

Report Title: Quality and Performance Committee Report

Agenda reference Number	14/0318
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 Note and Receive
Previously considered by	N/A
Appendices	Appendix 1 – Quality Dashboards Appendix 2 – Approved minutes of the Quality and Performance Committee 19th December 2018

Executive Summary

This report provides assurance to the Trust Board that the Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Board.

The report confirms decisions made by the Committee in line with the Trusts Scheme of Delegation and highlights key discussion points that require attention of the Board. Of particular note:

- Recognition that the Trust has now experienced its Care Quality Commission (CQC) inspection and is awaiting their draft report.

- Assurance that the Trust 2017-18 Quality Priorities continue to progress into Qtr. 4 and that any risks associated with improvements are aligned to the Trusts strategic risk register.

- The recommendation to agree the Trusts 2018-19 Quality Priorities.

- Recognition that the Trust has over-achieved the national Family and Friends Test Standard of 15% for the first time,

- Assurance that the Trust has progressed with the reporting of more timely performance and quality data.

Recommendations:

The Trust Board is asked to:

1 **Note** the contents of the Quality and Performance Committee.

2 **Receive** the approved minutes of the Quality and Performance Committee held on 19th December 2017.

Related Trust Objectives	1,2,3
Risk Implications	Risk issues are clearly identifed within the report
Quality and Equality Impact Assessment (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 confirms:

- Decisions made at the Trusts Quality and Performance Committee meeting held on 28th February 2018

- Key achievements, risks and issues being overseen by the Committee in order to provide assurance that the Trust continues to deliver high quality care, good patient experiences and; good or improved performance across its services.

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

The following decisions were made by the Committee at its meeting on 28th February 2018.

2.1 Quality Priorities 2018-19

This Committee was assured that there had been a rigorous process within the Trust to identify next years' priorities. This had included a risk based approach, a review of national guidance and alignment with Schedule 4 within the Trusts Community Contract with the Gloucestershire Clinical Commissioning Group (GCCG). Proposals had also been discussed by the Trusts Clinical Reference Group and Quality Steering Group and for 2018-19 these will include:

- End of Life – year 2
- Prevention of falls – year 2
- Preventing pressure ulcers – year 2
- Health and well-being of colleagues (including achieving a 75% uptake for Trust colleagues to have flu vaccinations)
- Deteriorating patient (Sepsis)
- Managing medication errors
- Nutrition and hydration.

2.1.1 Prevention Pressure Ulcers

Significant amounts of work underway against this 2017-18 quality priority which includes:

- Reducing the levels of subjectivity when reporting the grades of pressure ulcers by now having a clearer validation process.
- Ensuring within the Trusts Datix reporting system what is meant by the definitions of "acquired" "inherited and avoidable" and "avoidable".
- Provision of awareness raising and training for Trust colleagues.

- Ongoing work between Integrated Community Teams (ICTs) and Care Home Support Colleagues with regards to pressure ulcer related activities working with a Care Home in Stroud.

There remains frustration across the Trust that the impact of these changes are still to fully materialise. Although there is now a more co-ordinated multi-disciplinary approach and improved reporting by Allied Health Professionals (AHPs) for example to address this strategic risk (rated 16) the question of when improvements can be reported is being asked. It is envisaged that the preventing pressure ulcer improvement plans will start to demonstrate a more stable and improving picture for the Trust during Qtr. 4. It has also highlighted the need for preventing pressure ulcers to be a year 2 quality priority for 2018-19 so that we can have a further period of consolidation to embed the actions that have progressed during 2017-18.

2.2 Trust Discharge Policy

This was **approved** by the Committee

2.3 Quality Dashboards

The Committee **approved** the proposed information and quality dashboards that had been developed by Listening into Action (LiA) group - Appendix 1.

2.4 Quality and Performance Committee Minutes

The Committee **approved** the minutes of its meeting that took place on 19th December 2017 – Appendix 2.

3 Issues escalated to Board

The Committee **received** and **considered** the January 2018 Quality and Performance report and **noted** the following:

3.1 Timeliness of Performance data

This was the first time that the Committee had received the Trusts previous months data and members welcomed the improvements that had been made. Committee members also **noted** that the report now included the Trusts Quality Priorities; had moved to an exception based report and that in future there would be an inclusion of Place-Based reporting (April 2018).

3.2 Timely Access to Services

The Committee **noted** (and linked to section 3.1) that to improve, speed up and streamline the production of performance information had highlighted some concerns that the removal of manual processes, that had cleansed the data, had impacted on the reported performance for some services and specifically around the Referral To Treat (RTT) Standards. The Committee was assured that this would be a temporary

worsening of performance data as old referrals are closed and included in the reported data. Despite this the Committee was **assured** that the Musculoskeletal Clinical Assessment and Treatment (MSCKAT) Service performance had improved to **46%** compared to **38.5%** in December 2017.

3.3 System flow of Patients

The overall bed occupancy for January 2018 was **96.3%** and although above the 92% standard this was lower than the January 2017 rate of **98.2%**. The Committee also **noted** that the Delayed Transfers of Care (DToC) remained an improving picture – 1.7% with an average of 4 patients per day experiencing a delay. It was also noted that the Community Hospitals had achieved, for the first time, an average of 4.4 discharges per day against a standard of 4 days. Committee members were **assured** and congratulated Trust colleagues for their continued hard work and system wide support that had been maintained to a high level over recent months and; that a system wide quality dashboard had been established.

3.4 Family and Friends Test (FFT)

The Committee were **assured** and **noted** that the national 15% target had been achieved for the first time – **16.3%**. Members also welcomed the proposals to capture and utilise the qualitative data from the Family and Friends Test working with service leads to inform service developments or improvements.

3.5 Care Quality Commission (CQC)

The Trust experienced its first annual CQC inspection and utilised their new inspection regime approach for NHS Trusts. Core services that were inspected were:

- End of Life (EoL) Care
- Community Adult Services

The CQC also inspected urgent care Minor Injury and Illness Units (MIIUs)) and the Community Hospitals under the SAFE domain and; latterly the Trust-wide well-led domain. The Trust awaits the outcomes of the inspection that took place January and February 2018 – it is anticipated that a draft report will be received mid-March.

4 Conclusion and Recommendations

The Trust continues to maintain levels of good quality care and performance; it also continues to effectively manage risks with comprehensive improvement plans.

The Trust Board is asked to:

1 **Note** the contents of the Quality and Performance Committee.

2 **Receive** the approved minutes of the Quality and Performance Committee held on 19th December 2017.

Abbreviations Used in Report

CQC – Care Quality Commission
ICT – Integrated Community Teams
AHPs - Allied Health Professionals
LiA – Listening into Action
RTT – Referral To Treat
MSCKAT - Musculoskeletal Clinical Assessment and Treatment
DToC – Delayed Transfers of Care
FFT – Family and Friends Test
MIIUs – Minor Injury and Illness Units
GCCG – Gloucestershire Clinical Commissioning Group

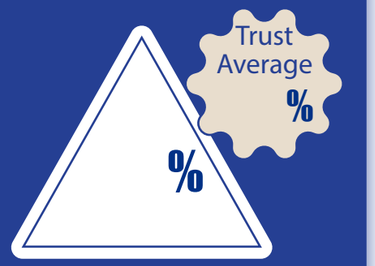
Safe
Effective
Responsive
Well-led
Caring

These are the CQC Quality Domains
Our values are Caring | Open | Responsible | Effective

Gloucestershire Care Services NHS Trust

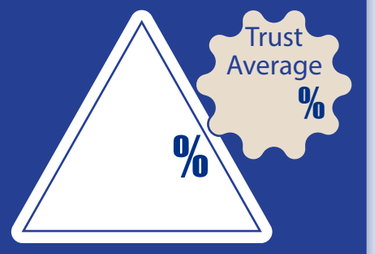
Our Ward: _____ For month: _____

Safe



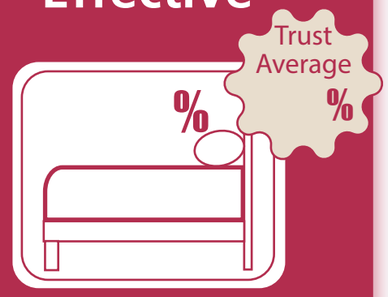
Percentage of patients who had a blood clot assessment

Pressure ulcers developed on the ward



Percentage of patients with a falls assessment

Effective



Unplanned re-admissions

Number of infections developed on the ward

Percentage of days lost to delayed discharges

Responsive

Through feedback our patients told us...

So in response, we...

Well Led

Safe staffing fill rate %

Percentage of staff up to date with their personal development review

Hand Hygiene Compliance

Caring

Compliments last month

Complaints last month

% who say in the Friends & Family Test they were treated with dignity and respect

Ward Team Comments

Understanding You

Safe
Effective
Responsive
Well-led
Caring

These are the CQC Quality Domains

Our values are Caring | Open | Responsible | Effective

NHS
Gloucestershire Care Services
NHS Trust

Our MIIU: _____ For month: _____

Safe

Our Target %

%

Percentage of staff trained in resuscitation

Our Target

Average time to initial assessment

Trust Average %

%

Percentage of shifts filled by agency staff

Effective

Trust Average %

%

Patients seen within 4 hours

Trust Average %

%

Unplanned re-attendances

Our Target %

%

Patients referred on to A&E or GP

Responsive

Through feedback our patients told us...

So in response, we...

Well Led

%

% who say in the Friends and Family Test they would recommend our services

%

Percentage of staff up to date with their personal development review

%

Hand Hygiene Compliance

Caring

Compliments last month

!&#@%!

Complaints last month

%

% who say in the Friends & Family Test they were treated with dignity and respect

Team's Comments

Understanding You

NHS Gloucestershire Care Services NHS Trust

Quality and Performance Committee – Minutes

Date: 19th December 2017

Meeting on 19th December 2017, 13.30pm, Boardroom, Edward Jenner Court, Brockworth, GL3 4AW

Committee Members	
Sue Mead	Chair Non-Executive Director
Susan Field	Director of Nursing
Candace Plouffe	Chief Operating Officer
Tina Ricketts	Director of HR
Nicola Strother Smith	Non-Executive Director
Jan Marriott	Non-Executive Director
Graham Russell	Non-Executive Director
Ingrid Barker	Trust Chair
Katie Norton	Chief Executive
In attendance	
Gillian Steels	Trust Secretary
Ian Main	Head of Clinical Governance
Michael Richardson	Deputy Director of Nursing
Sharon James	SPQ Student
Claire Hicks	Specialist Nurse Safeguarding Adults (for agenda item 14)
Marit Endresen	Patient Experience Lead (for agenda item 9)
Laura Bucknell	Head of Medicines Optimisation (agenda item 15)
Christine Thomas	Minute taker

Ref	Minute
01/1217	**Welcome, Apologies for Absence and Confirmation the Meeting is Quorate** The Chair, Sue Mead, welcomed colleagues, particularly welcoming Sharon James who was an SPQ student and was shadowing the Director of Nursing. Apologies were received from the Director of Finance, Medical Director, Quality Manager from Gloucestershire Clinical Commissioning Group (GCCG) and Head of Performance and Information. The Chair confirmed that the meeting was quorate.
02/1217	**Declarations of Interest** In accordance with the Trust's Standing Orders, members were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.
03/1217	**Minutes of the Previous Meeting** The minutes of the 31st October 2017 were **Received.** The minutes were **Approved** as an accurate record.

04/1217 **Trust Secretary/ Director of Finance**	**Matters Arising Action Log** The Committee **NOTED** those items that were on track or completed and updates were received on open actions The Director of Nursing (DoN) advised that unfortunately it had not been possible to launch the more contemporaneous performance data for this meeting as planned but this would be put in place for the next meeting. It was confirmed the Trust Secretary (TS) would liaise with the Director of Finance (DoF) to support this through meeting scheduling.
05/1017 **Chief Operating Officer** **Chief Operating Officer** **Chief Operating Officer**	**Operational Services Report** The Chief Operating Officer (COO) presented the Operational Services Exception Report and highlighted key areas, in particular **system flow.** It was **agreed** that the system-wide quality dashboard would in future be included within the Quality and Performance report. The COO advised that the system had recently been under considerable pressure, which Gloucestershire Hospitals Foundation Trust (GHFT) assessed as in part due to a lack of senior clinicians working during the evenings. GHFT had therefore amended rotas to respond to this. Work was underway in improving access to **therapy services**, particularly the Musculoskeletal Clinical Assessment and Treatment (MSCKAT) service. Nicola Strother Smith requested further assurance and the e COO confirmed that the action plan was being implemented and agreed to bring a further update to the next meeting to provide further assurance. It was confirmed that work was underway to ensure the Trust's services had the necessary access to information held on GHFT's Trakcare system; it was recognised that while concerns remained processes had been put in place in the interim to support safeguarding and day to day working. Concerns were raised about the potential impact of the proposed changes to the Adult Occupational Therapy (OT) service, which had been developed to meet Commissioner resource commitment. A robust QEIA had been completed and reviewed by the Trust's Clinical Reference Group and the Executive team. This had been shared with Commissioners and a response was awaited. The Committee expressed concern that the commissioners had not undertaken a system wide QEIA. The need to ensure changes led improvement and were transformationally focused was stressed. The Discharge Policy was discussed. It was noted that this was still in draft format. The revised policy now covered all services, not just Community Hospitals. It was agreed that the final policy aligned to other policies i.e. Transfer and Access policies would be brought back to the Committee to enable the Committee to be assured that the Policies were aligned. The Committee: (i) **Noted** the work ongoing to progress Access to Therapy Services and agreed a further report to be provided to the February meeting. (ii) **Noted** the updates and risks on the Adult Occupational Therapy Review. (iii) **Noted** the update on the Discharge Policy. (iv) **Noted** that following the discussion at the November Board that the bed occupancy target will be reset to 92% and triangulated to quality information.

06/1217 **Director of Nursing/ Deputy Director of Nursing**	**Trust Quality Priorities Update** The Deputy Director of Nursing (DDoN) presented an update on each of the Trust's 2017-18 Quality Priorities. **Falls prevention and management -** good progress had been made in recording and training, but work was still required on training on lying and standing blood pressures which was below target trajectory. Lydney, Stroud and Vale hospitals were currently within 50% tolerance levels. It was noted that Dilke's figures had been skewed by one patient. The Director of Nursing (DoN) advised that if falls without harm were split out from the figures this would demonstrate that the Trust was doing well in supporting positive risk taking. It was recognised that there was still variability in safety huddles practice and it was agreed that the DoN and the DDoN would do some observation checks to support best practice being implemented across the Trust. Committee members noted that the performance data indicated that whilst the Trust had recorded its lowest number of falls for 12 months, it still benchmarked negatively against other Trusts and this needed to be kept under review. **Colleagues Health and Wellbeing –** flu vaccinations for colleagues had been ongoing throughout the Trust. The Trust was currently just below (68%) the 70% national requirement. It was noted that sickness absence rates had seen an increase. It was recognised that work was needed to ensure that the sickness policy was being adhered to consistently and that return to work interviews were completed. The DoN explained that the Trust was due to commence work to support colleagues with weight management risks, particularly those colleagues whose weight was affecting their ability to complete their role. It was confirmed that the Health and Hustle group was well supported. **Equality and Diversity –** There had been an increase in the Trust's compliance with the accessible information standard and Qtr. 3 targets had been met. It was noted that compliance was variable across the different services with recording of a patient's religion particularly poor. The cultural awareness app, which is intended to support colleagues understand different cultural needs, had recently been launched, and received positive feedback. **End of Life –** It was recognised that progress on End of Life was not on track. It was agreed that arrangements be put in place to maintain momentum whilst the End of Life Lead was absent. The Chief Executive (CE) stressed that the Trust was recognised by service users as providing exemplary End of Life care, but that evidencing through the SystmOne processes was challenging. It was noted by the Committee that a third joint workshop with partner organisations had been successful; and that the Just in Case boxes had commenced in the Forest of Dean locality. **Dementia –** It was recognised that there had been many improvements made in the trajectories for care for patients living with dementia. It was agreed further clarification work about the role of carers in the care of patients living with dementia whilst in hospitals should be taken forward. **Pressure Ulcers –** there had been a fall in the number of avoidable pressure ulcers from 33% to 11%. The policy on pressure ulcers was currently being updated. The CE noted that there had been a notable rise in the positivity of how work on pressure ulcers was moving forward both in the Integrated Community Teams (ICTs) and Community Hospitals. Some concerns remained that some pressure ulcers were still being double counted. The CE noted that there had been an informative patient story at the November Trust Board meeting which had fed back positively on the Trust's work in treating and avoiding pressure ulcers. The Committee **Noted** the Trust Quality Priorities Update.

07/1217	**Clinical Reference Group (CRG) Report** The Director of Nursing (DoN) presented the Clinical Reference Group (CRG) report and highlighted key areas of activity, such as the ongoing review of Quality Equality Impact Assessments (QEIAs) – most recently the Occupational Review outcomes, Quality Priorities, NICE Guidance review and Policies. The Committee **NOTED** the Clinical Reference Group paper.
08/1217 **Director of Nursing**	**Quality and Performance Report (October data)** The Director of Nursing (DoN) presented the Quality and Performance report. The Director of HR (DoHR) advised the group that as of the 15th December the Trust's completed Personal Developments Reviews (PDRs) had reached 90% (for colleagues on active assignments), which the Committee welcomed. The Committee was advised that there would be targeted focus on compliance with mandatory training for Qtr. 4. Key areas to highlight from the Quality and Performance report were: 1. There had been an improvement in the Friends and Family response rates. 2. There had been an improvement in the MSKCAT referral to treat rates 3. A Never Event had been reported in the dental service and was currently being investigated by an external dentist. The Chief Operating Officer (COO) noted that the level of children on the child protection plan had increased significantly and queried whether this could be associated with the Gloucestershire County Council (GCC) OFSTED Quality Improvement activities. Nicola Strother Smith commented that the Non-Executive Directors (NEDs) quality visits were no longer recorded within the report and that a mechanism to support triangulation and confirmation of the impact of the visits was required. It was noted that the NED visits report was considered at Executives and at a high level within the Chairs Report to Board but agreed that the DoN would review how to increase visibility of this activity with NEDs and the wider organisation. The Chair noted that there had been a rise in the number of C.Difficile infections reported. The DoN advised that the Trust was still below trajectory. It was recognised that there had been a system wide increase, partly due to the national reduced availability of the drug Tazocin and the replacement drug being less effective. The Committee Noted the Quality and Performance Report and endorsed actions planned.
09/1217	**Friends and Family Test** The Patient Experience Lead (PEL) presented an update on the work that was being progressed to improve the response rate to the Friends and Family Test (FFT). It was **noted** that the current method for calculating response rate was not always achievable for many services, given that often services provided a series of treatments rather than one off appointments, therefore discussions had taken place with each of the services to set more appropriate denominators for calculating the response rates going forward. Work was now ongoing with the performance team to implement these revised denominators. Graham Russell questioned what benefit the more representative surveys were achieving.

Head of Clinical Governance	He was advised that this enabled more targeted questions; allowed the Trust to see trends within services; allowed them to respond in a more timely way and that concerns could be picked up and dealt with earlier. It was agreed that a further update should be brought to the Committee in February 2018 The Committee **Noted** the Friends and Family Test update
10/1217 **Director of Nursing**	**NICE Guidance Compliance** The Head of Clinical Governance (HoCG) presented an update on the National Institute for Clinical Excellent (NICE) guidance compliance. The report highlighted concerns relating to progressing outstanding NICE guidance compliance. There were 39 NICE guidance's outstanding. It was noted that the reviewing and compliance of these fell to individual clinical and operational leads who were at full capacity already and an alternative solution was required. It was agreed that the Director of Nursing (DoN) would increase this risk on the Risk Register with and identify potential solutions in the short and medium term. The Committee stressed the need for a solution to be identified. The HoCG also updated the Committee on the work completed on clinical policies, there were 10 policies currently waiting for reviewing and ratification. Ninety had been updated and a revised process put in place to improve accessibility. The intranet was being updated and the search function improved. It was expected that all policies, both clinical and corporate, would be up to date by mid-January 2018. The Committee **Noted** the NICE Guidance and Policy update.
11/1217 **Chief Operating Officer** **Minute taker**	**Corporate Risk Register - Quality** The Trust Secretary (TS) presented the current risk register. There was concern about Trust colleagues not being able to access safeguarding information via Gloucestershire Hospitals Foundation Team (GHFT) Trackcare system. It was advised that this was still ongoing work; but that colleagues in the safeguarding team were in contact with GHFT colleagues and that interim arrangements were in place to mitigate risks. It was agreed that the Chief Operating Officer (COO) would confirm any further work required. There was concern over risk **No. 688**, which advised that Gloucestershire County Council (GCC) were proposing to charge the Trust for each desk it used in their offices, The Committee was concerned this did not support integrated practice. The COO updated the group that negotiations were ongoing with the GCC. It was questioned as to what level of Mental Capacity Act (MCA) training was underway. The Deputy Director of Nursing (DDoN) assured the group that the Named Nurse for Safeguarding Adults (NNSA) and the Specialist Nurse for Safeguarding Adults (SNSA) were both providing training across the Trust. It was agreed that the Risk Register should be moved to an earlier part of the agenda. The Committee **Approved** the Corporate Risk Register**.**

12/1217	**CQC Developments** It was expected that the CQC unannounced visits would take place early January, prior to their well-led visit to the Trust on the 7th and 8th February 2018. The CQC readiness team had been meeting with services across the County and providing support. The Trust was waiting for confirmation of who the CQC would interview when they visit in February. A query with the Trust's CQC Statement of Purpose had been identified concerning activities taking place on Gloucestershire Hospitals Foundation Trust (GHFT) premises; a revised Statement of Purpose had been submitted to the CQC registration team. The Committee **Noted** the CQC Developments and readiness update.
13/1217	**Clinical Record Keeping Report** The Director of Nursing (DoN) presented the clinical record keeping re-audit report. Record keeping had been identified as a risk for the Trust 18 months ago, since then significant work had taken place which included review of policies and training. This re-audit had demonstrated improvements, although a continued concern remained regarding the use of abbreviations. It was noted that there had been a marked improvement in record keeping within the Minor Injury and Illness Units (MIIUs). Community nursing was an area where more work was required. It was **noted** that there were action plans in place to ensure continuous improvement. Nicola Strother Smith asked if training work taking place with agency staff. The DoN advised that this had been considered, although it remained the responsibility for the employment agency. The Committee **Noted** the Clinical Record Keeping Report.
14/1217	**Learning Disabilities Update Report** The Specialist Nurse for Safeguarding Adults (SNSA) presented an update on actions being taken on improving the quality of care for people living with learning disabilities. The SNSA advised that both local groups and partner organisations had been proactive in moving these services forward. A roadshow was being planned, which would support colleagues work with people with learning disabilities. Further work would be progressed to achieve the accessible information standard. Simple guides had also been produced to communications. Mental Capacity Act (MCA) training was also underway. It was acknowledged that there was a lack of reviewers across Gloucestershire for the Learning Disability Mortality Review (LeDeR) programme January 2017. Three Trust colleagues had been trained to undertake this activity and more Trust colleagues may be trained in future. The Learning Disability Steering Group, a cross organisational group, and the SNSA had been working closely with the Gloucestershire Safeguarding Adult Board (GSAB) and Fire Safety group. The Chair asked how the SNSA knew the work they were doing was effective and appropriately targeted. The SNSA advised that they worked with parents and carers who could advise and provide them with understanding of what was required. They also utilised feedback from the Friends and Family Test (FFT), though it was acknowledged that increased response levels would make this more informative.

Director of Nursing	The Committee noted the work being completed but considered that there should be more cross organisational working. It was agreed that the Director of Nursing (DoN) would take this forward with the Executive team to decide on how they progressed with joint working and joint strategic frameworks. The Committee **Noted** the Learning Disabilities Update Report
15/1217 **Chief Operating Officer** **Head of Medicines Optimisation/ Head of Community Nursing**	**Medicines Optimisation Report** At the last Committee meeting concerns had been raised about the number of insulin medication errors that had occurred. The Head of Medicines Optimisation (HoMO) presented a paper. Out of the 58 errors involving insulin 45 of these were the result of clinician errors. Risks highlighted included prescription charts being no longer fit for purpose; colleagues adding information onto these charts, which was causing confusion. A revised easy to read prescription chart was being devised along with appropriate guidance. It was expected this would be ready for use February 2018. It had also been found that the correct processes were also not always being followed; the HoMO was looking to reinstate screen savers across the Trust, which would remind colleagues about this. It was noted that 13 of these incidents were due to nursing visits being missed or late. The HoMO would discuss this further with the Professional Head of Community Nursing (PHoCN). The Committee discussed whether some patients needed a district nurse to administer their insulin or if they could self-administer. The Chief Operating Officer (COO) would discuss this with the Head of Community Integrated Teams (HoICTs) as to how these missed appointments were being followed up, but felt that there should be more encouragement for patients to self-administer if they were capable. It was agreed that the HoMO and the PHoCN would look further into how many district nurse patients could self-administer and whether patients should be encouraged more to do this and whether this should be a quality priority for 2018. The HoMO would also bring the e-prescribing action plan to this meeting February 2018. The Committee **Noted** the update on the medication errors and further actions planned.
16/1217	**Forward Planner Review** The Committee **noted** the forward planner
17/1217	**Updates from Key Groups** The Operational Governance and Safeguarding Operational and Governance Exception Reports were **Noted**.
18/1217	**Any Other Business** There being no further business the Chair closed the meeting at 16.25 hrs.
	Date of Next Meeting It was agreed that the next meeting of the Committee be held on Wednesday 28th February 2018

Chair's Signature:

Date:

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 29 March 2018

Report Title: Quality and Performance Report

Agenda reference Number	15/0318
Accountable Executive Director (AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Presenter (if not AED)	
Author(s)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Board action required	To receive
Previously considered by	Executive Team week commencing 12th March 2018
Appendices	Appendix 1 - Quality and Performance Report (February 2018 data)

Executive Summary

This report provides an overview of the Trust's quality and performance activities as of February 2018.

The report also confirms progress made against those performance achievements where there are action plans in place for those services that require improvement. It is also intended to provide assurance that quality care is being maintained.

Recommendations:
The Trust Board is asked to **Receive** this exception report.

Related Trust Objectives	1,2,3,4,5
Risk Implications	Risk issues are clearly identifed within the report
Quality and Equalities Impact Assessment (QEIA)	No equality implications identified
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Understanding you

Quality and Performance Report

1 Introduction and Purpose

This Quality and Performance report relates to the Trust's February 2018 quality and performance data.

2 Background

The Trust Board has a key role in ensuring oversight of the quality and performance of services provided by the Trust.

The performance report is structured to align to the CQC domains:

- Caring
- Safe
- Effective
- Responsive
- Well led

The attached report continues to indicate a shift towards more exception reporting both at Trust Board and Quality and Performance Committee level.

3 Key Areas to Note

The February report confirms a number of sustained improvements in performance, which include:

- Mandatory training compliance rate was highest in February for the 2017/18 financial year to date at 86.0% with five areas of training achieving the 92% standard:
    - Prevent Awareness
    - Equality and Diversity
    - Health and Safety
    - Safeguarding (Level 1)
    - Safeguarding Children (Level 1)

There is a continued focus on three priority areas, Information Governance, Moving and Handling and Resuscitation training

- We have maintained focus on Delayed Transfer of Care with good effect, averaging 2 patients per day in February, which ensures patients are not subject to a longer inpatient stay then clinically necessary

- Friends and Family Test rates continue to rise, with a response rate in February of 16.8%. The percentage of respondents indicating 'Extremely likely' or 'Likely' to recommend services was 94.2%

- Completed PDRs for all colleagues is **87.6%** which rises to 90.8% for colleagues within the active assignment category

While the report confirms that the Trust continues to reflect strong performance across most services there are a number of areas which are receiving targeted action to drive improvements both from a performance and quality perspective.

Of note:

- 644 patient episodes of care were surveyed for the February Safety Thermometer census, out of which 604 patients' care was harm free. The Trust's Harm Free Care score was therefore 93.8% in February, below the target of 95%. Based on new harms only, Harm Free Care in February was 97.5% compared to 98.9% in January

- The MSKCAT service percentage treated within 8 weeks was 63.4%, and although below the target, this is the highest level the service has achieved for six months (average for this period is 43.6%). 93.5% of urgent referrals to the service were seen within two weeks of referral.

4 Conclusion and Recommendation

This report provides an overview of the Trust's quality and performance activities as of February 2018.

The report also confirms progress made against those performance achievements where there are action plans in place for those services that require improvement.

The Trust Board is asked to **Receive** this exception report.

Gloucestershire Care Services NHS
NHS Trust

Quality and Performance Report

Trust Board
29th March 2018

Data for February 2018

Understanding You

Contents

Report sections

Executive Summary

Are Our Services Caring?

- The overall Friends and Family Test response rate in February was **16.8%**, a further small increase on the improvement reported in January (16.3%). The percentage of respondents indicating 'Extremely likely' or 'Likely' to recommend services was **94.2%** in February 2018, also an improvement on the 92.5% in January. The response rate achieves the 15% target, and extremely likely/likely to recommend rate is very close to achieving the target of 95%.

Are Our Services Safe?

- There is sustained good performance on national safety measures regarding C-Diff and MRSA.
- The nationally reported Safety Thermometer performance has dropped slightly from 94.8% to **93.8%;** the YTD figure is 94.2% against a target of 95%. The Trust is however achieving the local YTD target of 98% on new harms only, at 98.0%, although February's performance was slightly below target at **93.8%**.
- Reducing pressure ulcers, which is the cause of the highest number of new harms, is a key quality priority for 2017/18.

Are our Services Effective?

- The Bed Occupancy rate has remained above the 92% target, at **96.2%** in February. This is a minimal change from January.
- We have made significant progress on reducing DTOCs (Delayed Transfer of Care), averaging 2 patients per day in February, which continues a sustained good performance over the last three months.

Are Our Services Responsive?

- MIIUs continue to perform very well against the range of targets.
- For Countywide services, the MSKCAT in particular continues to find the RTT target challenging with performance at **63.4%** although this is a significant improvement on previous months (6-month average is 44.1%). **93.5%** of urgent referrals to the service were seen within two weeks of referral.
- SPCA have maintained good performance of their abandoned call rate measure at **2.5%** in February, which continues to be below the threshold of 5%. For priority 1 and 2 calls, the percentage of calls answered within 60 seconds remains below the 95% target at **89.5%,** a decrease from the January performance of 91.8%.

Are Our Services Well Led?

- Mandatory training compliance rate in February was highest for the 2017/18 financial year to date, at an average of **86.0%**, compared to an average of 82.0% between April 2017 – January 2018.
- National Staff survey results for Quarter 3 indicate that **73.0%** of staff responding would recommend the Trust as a place to receive treatment (target is 73%). **51.0%** of staff indicated that they would be 'Extremely Likely' or 'Likely' to recommend the Trust as a place to work, this means that the Trust has not met the target of 61% yet this financial year. Both of these measures also show a drop compared to the Q2 results of 53.0% and 88.0% respectively.
- Sickness absence (rolling 12 months to February) is 4.7%, against a local target of 4%; this is consistent performance through the year.
- The appraisal rate has been rising for six months, and the use of the active assignments measure is enabling increased focus. **87.6%** of all staff Personal Development Reviews were completed by the end of February 2018. For active assignments, this rises to **90.8%**.

Report Review

- The report has been redesigned as an exception report following Trust Board discussion about ensuring focus through targeted discussion. The following developments are planned to further develop this report:
    - Greater transparency of exception reporting criteria, particularly on local targets (*delivered)*
    - Development of thresholds and or exception reporting criteria for quality priorities (*draft slide for Quality Priorities based on Assurance Report provided in January report; can be updated quarterly in line with the Assurance Report publication*)
    - Development of assurance and contextual appendices in addition to this for more detailed discussion and Quality and Performance Committee (*delivered in January report)*
    - A review of the total quantum of the dashboard to establish if it is comprehensive in relation to our services *(to be determined based on Committee discussion*)
    - More focus on integrated and Place based reporting in line with the Board's strategic direction (*draft to be provided in April report with any challenges faced)*

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
1	Friends and Family Test Response Rate	N - T	15%	3.4%	3.8%	4.2%	6.4%	4.6%	4.5%	6.7%	7.8%	9.8%	16.3%	16.8%		7.7%	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N – R L – I	95%	94.5%	95.4%	94.8%	93.2%	95.6%	94.7%	95.2%	94.4%	92.9%	92.5%	94.2%		94.3%	
3	Number of Compliments	L - R		33	102	84	81	49	70	92	99	78	90	62		840	
4	Number of Complaints	N - R		3	4	4	3	2	5	4	4	4	4	3		40	
5	Number of Concerns	L - R		21	36	23	45	40	28	37	32	36	36	31		365	
CQC DOMAIN - ARE SERVICES SAFE?																	
6	Number of Never Events	N – R		0	0	0	0	0	0	1	0	0	0	0		1	
7	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		0	2	0	5	3	1	1	2	2	2	1		19	
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0	0	0	0	0	0	0	0		0	
9	Total number of incidents reported	L – R		308	303	352	347	318	295	370	310	330	361	328		3,622	
10	% incidents resulting in low or no harm	L – R		94.8%	97.7%	96.0%	94.2%	94.0%	97.3%	95.7%	93.5%	94.8%	93.1%	94.2%		95.0%	
11	% incidents resulting in moderate harm, severe harm or death	L – R		5.2%	2.3%	4.0%	5.8%	6.0%	2.7%	4.3%	6.5%	5.2%	6.9%	5.8%		5.0%	
12	% falls incidents resulting in moderate, severe harm or death	L – R		1.6%	0.0%	6.4%	0.0%	1.5%	0.0%	0.0%	1.6%	1.4%	1.9%	1.7%		1.5%	
13	% medication errors resulting in moderate, severe harm or death	L – R		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	N – R L – C	*16	3	0	1	0	2	0	0	4	1	1	1		13	
15	Number of MRSA bacteraemias	N – R L – C	0	0	0	0	0	0	0	0	0	0	0	0		0	
16	Number of MSSA Infections	L – R		0	0	0	0	0	0	0	0	0	0	0		0	
17	Number of E.Coli Bloodstream Infections	L – R		0	0	0	0	0	0	0	0	0	0	0		0	
18	Safer Staffing Fill Rate - Community Hospitals	N - R		97.4%	95.6%	98.5%	103.0%	104.6%	102.0%	100.4%	100.6%	98.8%	100.4%	100.7%		100.1%	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	97.7%	95.2%	95.8%	95.9%	96.8%	95.4%	95.5%	91.4%	92.2%	95.9%	94.3%		95.0%	
20	Safety Thermometer - % Harm Free	N - R	95%	93.3%	93.2%	94.6%	94.6%	95.7%	93.9%	93.8%	94.2%	94.7%	94.8%	93.8%		94.2%	Y
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	97.8%	98.1%	98.8%	97.4%	98.2%	97.5%	97.3%	97.9%	98.7%	98.9%	97.5%		98.0%	
22	Total number of Acquired pressure ulcers	L - R		54	51	52	45	44	55	55	48	46	64	70		584	
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		50	50	46	40	39	49	46	39	42	56	63		520	
24	Number of grade 3 Acquired pressure ulcers	L – R		4	0	5	4	5	6	9	6	2	7	7		55	
25	Number of grade 4 Acquired pressure ulcers	L – R		0	1	1	1	0	0	0	3	2	1	0		9	

*Cumulative YTD target

NHS Gloucestershire Care Services NHS Trust

		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
CQC DOMAIN - ARE SERVICES EFFECTIVE?																	
Community Hospitals																	
26	Re-admission within 30 days of discharge following a non-elective admission	N – R		12.8%	9.5%	9.1%	14.6%	14.0%	11.2%	7.1%	7.2%	10.5%	14.0%	8.1%		11.0%	
27	Inpatients - Average Length of Stay	L – R		26.5	31.3	26.2	22.1	27.6	30.2	28.4	27.1	24.6	26.3	25.0%		24.6	
28	Bed Occupancy - Community Hospitals	L – C	92%	98.3%	98.7%	96.5%	93.3%	95.1%	96.4%	95.8%	94.4%	95.9%	96.3%	96.2%		96.7%	Y
29	% of direct admissions to community hospitals	L – R		28.3%	27.0%	24.9%	26.8%	24.9%	25.8%	15.6%	21.2%	25.6%	29.2%	24.6%		25.0%	
30	Delayed Transfers of Care (average number of patients each month)	L – R		17	15	8	23	17	20	11	5	6	4	2		13	
31	Bed days lost due to delayed discharge as percentage of total beddays	L – R		8.9%	8.4%	4.2%	12.3%	8.7%	10.5%	5.8%	2.6%	2.9%	1.7%	1.0%		6.6%	
32	Average of 4 discharges per day (weekends) - Inpatients	L – C	4	3.0	2.9	3.9	3.7	2.4	2.8	2.4	2.6	3.4	4.4	3.0		3.1	Y
33	Average of 11 discharges per day (weekdays) - Inpatients	L – C	11	7.3	8.0	9.5	7.2	7.0	6.5	8.0	8.5	8.8	8.8	9.4		8.1	Y
34	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	N – T	>99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
CQC DOMAIN - ARE SERVICES RESPONSIVE?																	
		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
Minor Injuries and Illnesses Unit (MIIU)																	
35	MIIU % seen and discharged within 4 Hours	N – T	95%	99.6%	99.5%	99.2%	99.5%	99.1%	99.3%	99.3%	99.2%	99.0%	99.3%	99.6%		99.3%	
36	MIIU Number of breaches of 4 hour target	L – R		28	33	62	33	56	42	42	44	58	41	23		462	
37	Total time spent in MIIU less than 4 hours (95th percentile)	L – I	<4hrs	02:39	02:50	02:59	02:41	02:55	02:54	02:58	02:55	02:57	02:55	02:47		02:52	
38	MIIU - Time to treatment in department (median)	L – I	<60 m	00:18	00:21	00:28	00:26	00:26	00:29	00:29	00:26	00:25	00:27	00:30		00:26	
39	MIIU - Unplanned re-attendance rate within 7 days	L – C	<5%	2.9%	3.0%	3.0%	3.4%	3.3%	3.7%	3.9%	0.6%	0.7%	0.8%	1.0%		2.6%	
40	MIIU - % of patients who left department without being seen	L – C	<5%	1.7%	2.2%	3.0%	2.3%	2.2%	2.2%	2.5%	2.4%	1.8%	2.0%	1.8%		2.2%	
Referral to Treatment																	
41	Speech and Language Therapy - % treated within 8 Weeks	L – C	95%	100.0%	98.6%	85.7%	94.9%	79.5%	96.7%	95.9%	75.8%	75.0%	58.8%	62.2%		86.7%	Y
42	Podiatry - % treated within 8 Weeks	L – C	95%	78.6%	94.0%	98.8%	96.3%	97.3%	94.4%	94.0%	93.7%	96.9%	85.9%	87.2%		92.5%	Y
43	MSKCAT Service - % treated within 8 Weeks	L – C	95%	73.2%	69.5%	63.7%	63.5%	66.6%	35.7%	40.5%	37.3%	38.5%	46.0%	63.4%		54.6%	Y
44	Adult Physiotherapy - % treated within 8 Weeks	L – C	95%	91.0%	85.2%	91.8%	93.0%	93.0%	86.6%	85.1%	86.3%	90.7%	85.7%	91.9%		89.1%	Y
45	MSK Physiotherapy	L – C	95%	91.6%	85.6%	92.8%	95.5%	96.7%	88.5%	85.5%	86.9%	91.7%	85.7%	93.0%		90.1%	Y
46	ICT Physiotherapy	L – C	95%	87.4%	86.0%	85.6%	80.7%	80.5%	79.2%	83.2%	85.1%	88.0%	85.5%	89.2%		85.0%	Y
47	Occupational Therapy Services - % treated within 8 Weeks	L – C	95%	90.3%	89.5%	87.6%	78.4%	84.5%	87.1%	79.3%	76.6%	83.2%	78.8%	87.5%		82.8%	Y
48	Diabetes Nursing - % treated within 8 Weeks	L – C	95%	100.0%	93.5%	96.2%	98.0%	97.1%	97.7%	97.4%	95.0%	95.8%	93.0%	98.3%		96.5%	
49	Bone Health Service - % treated within 8 Weeks	L – C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	99.5%		99.5%	
50	Contraception Service and Sexual Health- % treated within 8 Weeks	L – C	95%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
51	HIV Service - % treated within 8 Weeks	L – C	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%	
52	Psychosexual Service - % treated within 8 Weeks	L – C	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%	
53	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L – C	80%	70.9%	80.4%	84.0%	84.2%	89.4%	84.8%	81.6%	79.0%	68.5%	75.0%	69.6%		79.3%	Y
54	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L – C	95%	97.1%	94.6%	98.8%	97.5%	100.0%	99.0%	98.1%	98.0%	98.8%	95.0%	94.8%		97.2%	
55	Paediatric Physiotherapy - % treated within 8 Weeks	L – C	95%	98.3%	98.6%	99.7%	100.0%	99.4%	98.8%	100.0%	99.8%	100.0%	96.8%	99.0%		99.1%	
56	Paediatric Occupational Therapy - % treated within 8 Weeks	L – C	95%	99.0%	95.7%	97.6%	95.6%	98.0%	97.1%	99.0%	93.8%	99.2%	95.2%	95.1%		96.7%	
57	MSKCAT Service - % of referrals referred on to secondary care	L – C	<30%	16.6%	14.2%	11.2%	12.8%	12.6%	15.4%	14.1%	11.0%	9.9%	9.8%	10.7%		12.5%	
58	MSKCAT Service - Patients referred to secondary care within 2 days of decision to refer onwards	L – C	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%	
59	MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L – C	95%	96.3%	100.0%	97.8%	94.6%	97.3%	92.0%	96.4%	100.0%	84.6%	96.6%	93.5%		95.6%	
60	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L – C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	63.6%	71.4%	76.9%		90.2%	Y
61	Stroke ESD - Proportion of patients discharged within 6 weeks	L – C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	94.4%		99.2%	
62	Social Care ICT - % of Referrals resolved at Referral Centres and closed	L – C		48.4%	44.9%	43.1%	44.6%	44.9%	44.2%	46.1%	47.3%	48.4%	46.5%	43.6%		45.6%	
63	Newborn Hearing Screening Coverage	N – T	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%	
64	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	N – T	97%	99.6%	99.6%	100.0%	99.6%	99.4%	100.0%	99.7%	100.0%	99.4%	99.0%	99.6%		99.7%	
65	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R		2,933	3,412	3,427	3,252	3,301	3,039	3,278	3,462	3,361	3,942	3,465		36,872	
66	SPCA % of calls abandoned	L – C	<5%	3.0%	2.8%	3.4%	2.3%	2.4%	4.6%	3.1%	1.2%	2.4%	2.0%	2.5%		2.7%	
67	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L – C	95%	90.3%	91.8%	88.5%	92.5%	90.7%	85.1%	90.2%	94.8%	91.2%	91.8%	89.5%		90.6%	Y
68	Rapid Response - Number of referrals	L – C	71 per week	273	303	291	312	289	303	354	325	367	326	284		3,427	

CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
69	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N – R L - T	61%			56.0%			53.0%			51.0%				53.3%	Y
70	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N – R L – T	67%			88.0%			88.0%			73.0%				83.0%	
71	Mandatory Training	L – I	**92%	79.2%	79.3%	80.6%	81.3%	82.0%	81.9%	82.3%	83.1%	84.6%	85.5%	86.0%		83.0%	Y
72	% of Staff with completed Personal Development Reviews (Appraisal)	L – I	95%	75.6%	75.8%	76.1%	75.2%	74.9%	73.1%	78.7%	83.2%	85.7%	87.3%	87.6%		79.4%	Y
72a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L – I	95%								87.9%	91.3%	92.3%	90.8%		N/A	
73	Sickness absence average % rolling rate - 12 months	L – I	<4%	4.5%	4.5%	4.5%	4.6%	4.6%	4.7%	4.7%	4.7%	4.7%	4.7%	4.6%		4.6%	Y

QUALITY PRIORITY | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

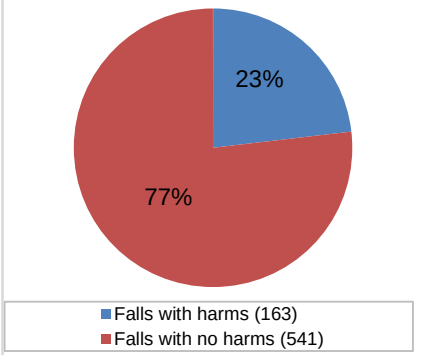
2017/18 Quality Priorities		Quality Domain
1. Falls Prevention and Management	To reduce the number of people falling or at risk of falling through an effective falls prevention and education programme to reduce the number of incidences of falls across the Community Hospitals.	SAFE
2. Colleague Health and Well-being	To improve the health and well-being of colleagues and increase the number actively involved in health and wellbeing activity.	CARING
3. Equality and Diversity	Improve the quality, accuracy and completeness of information about service users and our workforce.	RESPONSIVE
4. End of Life Care	To continue to improve our end of life care activities, building on what we did during 2016-17.	WELL-LED
5. Dementia	To raise the profile of dementia care across the Trust and beyond and ensuring it becomes “everyone’s business”.	EFFECTIVE
6. Pressure Ulcers	To reduce the number of avoidable acquired pressure ulcers, focusing on preventing pressure ulcers developing, providing education and training for colleagues.	SAFE

QUALITY PRIORITY | ARE SERVICES SAFE?

1. Falls Prevention and Management

Hospital	Total Falls				Injurious Falls			
	2017/18 Year to Date		2016/17 Total		2017/18 Year to Date		2016/17 Total	
	Number of falls (cumulative)	Falls per 1,000 Bed Days	Number of falls	Falls per 1,000 Bed Days	Number of injurious falls (cumulative)	Injurious falls per 1,000 Bed Days	Number of injurous falls	Injurous falls per 1,000 Bed Days
Dilke	128	15.6	116	12.1	39	4.8	36	3.7
North Cotswolds	94	13.1	142	18.4	18	2.5	43	5.6
Tewkesbury	68	12.5	89	12.2	11	2.0	19	2.6
Cirencester	181	11.4	225	12.1	38	2.4	55	3.0
Lydney	63	10.1	75	10.3	16	2.6	20	2.7
The Vale	62	9.9	100	13.9	12	1.9	27	3.7
Stroud General	108	8.7	142	10.6	29	2.3	33	2.5
TOTAL	**704**	**11.4**	**889**	**12.5**	**163**	**2.6**	**233**	**3.3**
Forecast	**768**				**178**			

Number and percentage of inpatient falls (2017-18 YTD)



Risks (Falls)
Reference – 693
Rating – 9

Monthly figures	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Rolling 12 months total
Falls in Community Hospitals (inpatients only)	71	62	61	73	68	68	72	60	63	65	53	59	775

Additional information related to performance

Falls in an inpatient setting

- 77% of all falls reported year to date are **without harm.**

Benchmarking

- The Trust is reporting a rate of 11.2 falls per 1,000 occupied bed days (Sep - 17 to Feb-18) compared to an average of 8.0 falls per 1,000 bed days based on the Trusts within the NHS Benchmarking Network monthly indicator report.
- Internal benchmarks have now been set in recognition that the NHS benchmark changes every month and to allow for more accurate reporting of variances across the different community hospitals. The internal benchmarks are 8 falls per 1000 bed days and 3.5 falls with harm per 1000 bed days.

What actions have been taken to improve performance?

- The improvement plan is reviewed by the community hospitals Falls Prevention Group on a monthly basis and reported to the Quality Steering Group, and Quality and Performance Committee. All Qtr 3 tasks on the improvement trajectory have either been achieved or have a plan to bring them on track by Qtr 4.
- There are some issues with data quality around the training reports and this is being reviewed

Gloucestershire Care Services NHS Trust

1. Falls Prevention and Management

Performance against trajectory is available in Feb 2018 Quality Assurance Report
Narrative and performance for the Quality Priorities will be updated quarterly in accordance with availability of updated Quality Assurance Reports

Additional information related to performance	What actions have been taken to improve performance?
1.1 Compliance with NICE Guidance (CG161)	• The updated multifactorial falls risk assessment which is now on SystmOne (S1) is compliant with CG161 which means that all patients have a full assessment of their individual risk factors which might contribute to their risk of falling. A patient's individual risk factors and the actions required to reduce their individual risk are now recorded. This is reviewed on at least a weekly basis and following any falls • Compliance against the NICE guidance will be re-audited in Qtr 3 of 2018/19
1.2 Education and Training	• This descriptor changed slightly to 'colleagues trained on falls prevention which encompasses falls assessment' as it is not possible to separate out the specific falls assessment training. Unfortunately we continue to have difficult accessing accurate data on the numbers of colleagues trained in this as can be evidenced by the fact that our numbers appear to have decreased from Qtr 3. This anomaly is being investigated and it is hoped will be resolved by the end of Qtr 4 to enable accurate reporting.
1.3 Orthostatic Hypotension	• Unfortunately we continue to have difficulty accessing accurate data on the numbers of colleagues trained in this as can be evidenced by the fact that our numbers in this indicator also appear to have decreased from Q3. This anomaly is being investigated and it is hoped will be resolved by the end of Qtr 4 to enable accurate reporting
1.4 Reducing Variation	• Definitions have now been agreed and implemented across all inpatient wards. Hospital Matrons will audit a sample of incident reports by the end of February to check compliance against the agreed definitions. Sample size (5 incidents per hospital) and audit criteria agreed. It is anticipated that the audit will be completed by the end of February to allow analysis to take place in March
1.5 Safety Briefings	• The standard format for safety briefings has been agreed. This takes place at every handover and is mandatory. For those wards that are able to have the mid-shift safety huddle, the same format should be used but it has been agreed that these are optional as it is not always possible to accommodate them due to staffing pressures.
1.6 Positive Risk Taking	• Leaflets are in place and there is now a "tick box" on SystmOne so that colleagues can record that the leaflet has been shared with the patient and/or relatives as part of their falls assessment
1.7 #endPJparalysis	• Working Group set up to achieve the plans • Events have been held across the Community Hospitals

NHS Gloucestershire Care Services NHS Trust

2. Colleague Health and Well-being

Additional information related to performance	What actions have been taken to improve performance?
The Trust is committed to providing a healthy and safe working environment to support colleagues in maintaining and enhancing their personal health and wellbeing at work. The Trust also recognises that supporting staff to improve their quality of life is crucial to the delivery of high quality, person centred care across the organisation's health and social care services.	Qtr 3 • Gained accreditation of the Workplace Wellbeing Charter. Looking at three key elements of the Charter – Leadership, Culture and communication has helped us to see where we can further develop sustainable H&W initiatives. • Maintained Disability Confident Employer and developed a Disability Employer self-assessment and action plan to continue to maintain and improve our support to employing disabled people. Qtr 4 • To work on the implementation of feedback from the workplace wellbeing charter. • To work with Bath Spa University as part of a research project to develop stress management interventions specifically designed for the NHS and our Trust. • Continue to promote Health and Well Being activities including Health and Hustle, stress workshops, Care First, and healthy eating.

Gloucestershire Care Services NHS Trust

3. Equality and Diversity

Additional information related to performance	What actions have been taken to improve performance?
3.1 Resources (to ensure that our printed and online resources are understandable by local people, irrespective of their information or communication needs) Qtr 3 – total = January data, 82.8% overall for Trust (36% in December 2017 report) Adults 91.9% CYPS 63%	• It has been identified that Health Visiting services are particularly low (51%), and therefore the Community Partnerships Manager is meeting with locality teams to understand the challenges of recording this on SystmOne. It is recognised that for Children's services, they do need to record information on both the child/young person as well as the parent/carer as one or both may have additional communication needs to be considered.
3.2 Information Quality (to improve the quality, accuracy and completeness of information held about service users' protected characteristics)	• We are focussing on increasing recording of service user's religion; this is to be addressed through "roadshows" i.e. visiting colleagues across the Trust. Discussion has also begun with SystmOne on the ability to record sexual orientation, as there is not currently the ability to record this on the clinical system record, without creating an extra template to do so. • The cultural awareness app has been positively received and well used by colleagues across the organisation.
3.3 Frailty Services (to ensure that vulnerable older people, as well as carers and families, are directly involved with the development of frailty services across the county)	• There have not been any events specifically related to frailty delivered in this quarter, but there has been engagement with older and vulnerable service users on a range of topics, including the involvement of service users as part of the Joint Chief Executive interviews. • There have also been engagement sessions held with young carers, to co-produce a range of communications materials to promote "Chathealth" and School Nursing, to increase awareness and uptake of the service amongst young people.

Gloucestershire Care Services NHS Trust

4. End of Life Care

Additional information related to performance	What actions have been taken to improve performance?
4.1 Leadership Leadership for our end of life programme continues to be a challenge and remains high on the risk register	• Clinical Development Manager for 3 days/week 12 months fixed term has recently been appointed to progress with some quality initiatives within the directorate – commences mid-April 2018
4.2 Quality Metrics Recording of preferred place of death and allow a natural death status has proved to be not searchable on SystmOne due to being recorded as free text by many clinicians	• As use of the template becomes more embedded it is hoped that this data can be elicited in time • The Trust is also going to be taking part in the NHS Benchmarking Network -National Audit of Care at the End of Life (NACEL), which commences in late spring. The audit team are currently preparing for this project working with service leads and managers. It is envisaged that many of these audit measures will be incorporated in to the quality metrics for 2018-19
4.3 End of Life Education Programme	• Much work by the learning and development department has been underway to finalise this programme for Trust colleagues: a) An End of Life Care Development Programme for Registered Colleagues b) Masterclasses (for End of Life care champions)
4.4 ‘Just in Case’ boxes	• The Trust continues to be engaged with the Just-in-case boxes trial in the Forest of Dean, which focusses on ensuring appropriate palliative care medications are prescribed and are available for patients and their families in their homes as part of advanced care planning. It is hoped the programme will roll out to the rest of the county later this year

NHS Gloucestershire Care Services NHS Trust

5. Dementia

Additional information related to performance	What actions have been taken to improve performance?
5.1 Personalised Dementia Care	• Measure - All inpatients with dementia (suspected or known) will have a completed 'This is Me' or equivalent document in place and accessible to staff – **Achieved**
5.2 Involving People Living with Dementia in Decisions about their Care (CQC KLOE Caring)	• Measure 1 - Patient records clearly show evidence that patients/carers/relatives have been involved in care planning and treatment decision making - **Achieved** • Measure 2 - – Patient records clearly show where carers and family are involved in care giving activities in inpatient settings – **Achieved** • Measure 3 - All adult patient accessed facilities clearly advertise our commitment to involving patients/carers/relatives as equal partners in the delivery of care - **Achieved**
5.3 Delirium Resources	• Measure 1 – Face to face delirium training is delivered in all community hospitals for the ward based clinical staff. – **Achieved** • Measure 2 – all ICT clinical staff will have access to face to face delirium training – **Achieved** • Measure 3 – all staff will have access to delirium resources to support the prevention, treatment and management of delirium – **Achieved**
5.4 Dementia Friendly Organisation	• Measure 1 – all staff are encouraged to become a Dementia Friend and will have access to a face to face session or be able to access short online videos to do this – **Achieved** • Measure 2 - 100% of all clinical and corporate services will have at least one member of staff who is a Dementia Friend – **Achieved**
5.5 Dementia and End of Life	• Measure 1 – Year 1: we will develop a short face to face training session and resources for clinical staff to access – **Achieved** • Measure 2 – Year 2: the training and resources will be reviewed and updated/adapted an appropriate utilising feedback from staff – **Achieved**
5.6 Extend the work of Companion Volunteers in Inpatient Areas	• Measure 1 – Year 1: have one more community hospital with Companion Volunteers (3 in total) – **Achieved** • Measure 2 – Year 2: have two more community hospitals with Companion Volunteers (4 in total) – **Achieved** • Measure 3 – Year 3: have three more community hospitals with Companion Volunteers (5 in total) - **Achieved**

QUALITY PRIORITY | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

6. Pressure Ulcers

CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
22	Total number of Acquired pressure ulcers	L – R		54	51	52	45	44	55	55	48	46	64	70		584	
23	Total number of grades 1 & 2 Acquired pressure ulcers	L – R		50	50	46	40	39	49	46	39	42	56	63		520	
24	Number of grade 3 Acquired pressure ulcers	L – R		4	0	5	4	5	6	9	6	2	7	7		55	
25	Number of grade 4 Acquired pressure ulcers	L – R		0	1	1	1	0	0	0	3	2	1	0		9	

Additional information related to performance	• What actions have been taken to improve performance?
Duty of Candour (DoC) • There were 20 incidents where Duty of Candour applied from 1 April 2017 to 28 February 2018. • Patients and relatives have received both verbal and written apologies as per DoC guidance.	• n/a

Pressure Ulcers (Pressure Ulcers)
 	
• In February there were:
  • 70 acquired pressure ulcers
  • 12 were reported in Community Hospitals
  • 58 were reported in Community services
 	
Risks (Pressure Ulcers)
Reference – 562
Rating – 16
 	
Risks (Acquired Pressure Ulcers)
Reference – 710
Rating – 9
	• To date 320 colleagues have received the 'Everyone's business' education
	• The datix form continues to be developed to enable 3 clear phases, reporter, handler review and Tissue Viability validation. The proposal requested is that the first two aspects must be completed before validation
	• The Pressure Ulcer policy is nearly completed and now aligned with the Safety Thermometer SOP
	• We are working with the datix team to establish how to reduce duplication so the same pressure Ulcer which is static is not recorded multiple times
	• There is a bespoke ICT development plan for pressure ulcers informed by thematic analysis of SIRIs being created and the same for Community Hospitals
	• Online learning on foot assessment has been shared by the podiatry team and shared across services as this supports clinical assessment and clinical reasoning
	• The work plan for 2018/19 for the Pressure Ulcer Prevention Quality Improvement Group is under development and focuses on incident learning, trajectory improvements and embedding the work started in this year

Benchmarking

- The Trust is reporting a rate of 1.5 grade 2,3,4 avoidable pressure ulcers per 1,000 occupied bed days in a community hospitals setting (Sep-17 to Feb-18) compared to the average of 0.3 based on the Trusts within the NHS Benchmarking Network monthly indicator report.

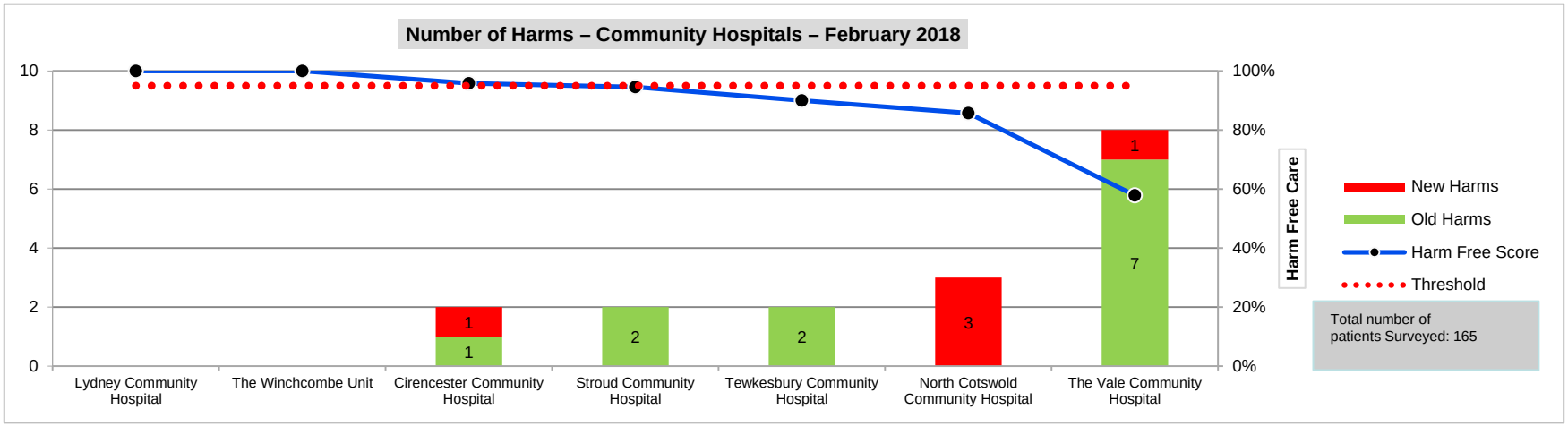
EXCEPTION REPORT | ARE SERVICES SAFE?

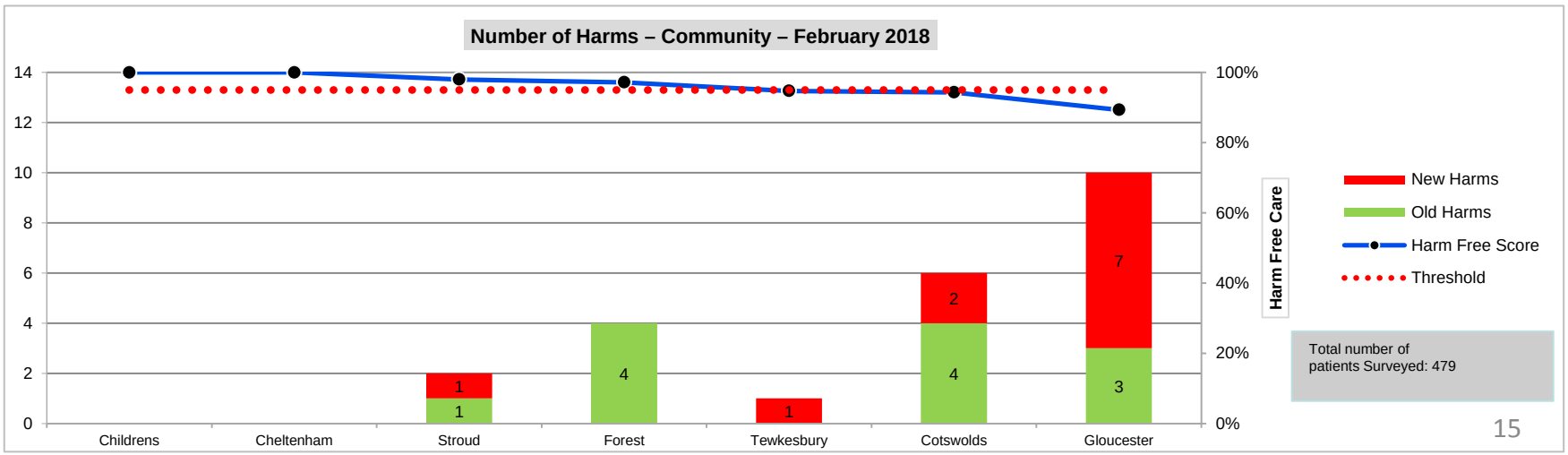
Safety Thermometer (Page 1 of 2)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

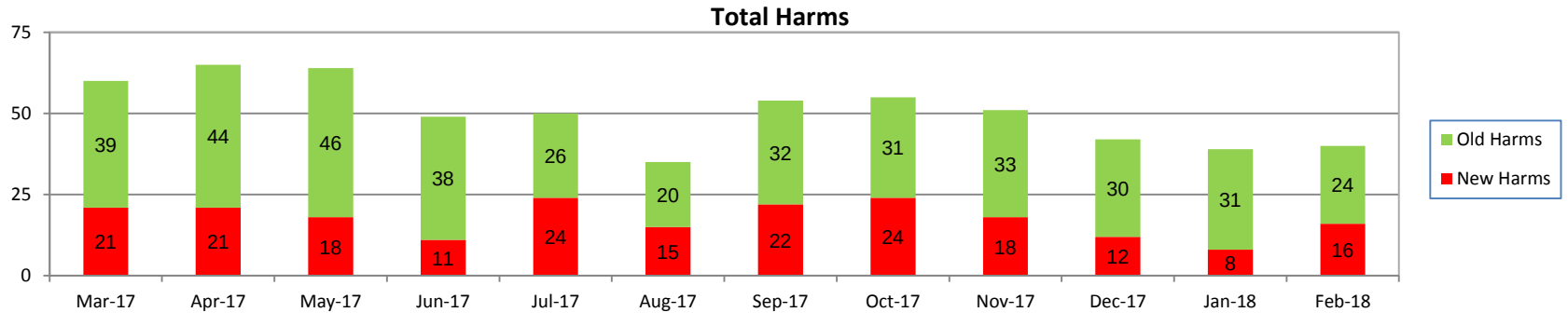
		Reporting Level	Target?	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
20	Safety Thermometer - % Harm Free	N – R	Y	95%	93.3%	93.2%	94.6%	94.6%	95.7%	93.9%	93.8%	94.2%	94.7%	94.8%	93.8%		94.2%	Y
21	Safety Thermometer - % Harm Free (New Harms only)	L – I	Y	95%	97.8%	98.1%	98.8%	97.4%	98.2%	97.5%	97.3%	97.9%	98.7%	98.9%	97.5%		98.0%	





EXCEPTION REPORT | ARE SERVICES SAFE?

Safety Thermometer (Page 2 of 2)



Additional information related to performance	What actions have been taken to improve performance?
Safety Thermometer: • 644 patient episodes of care were surveyed for the February Safety Thermometer census, out of which 604 patients' care was harm free. The Trust's Harm Free Care score was therefore 93.8% in February, below the target of 95%. Based on new harms only, Harm Free Care in February was 97.5% compared to 98.9% in January. • The Community Hospital inpatient harm free care performance was 89.7% in February compared to 84.5% in January. Based on new harms only, the inpatient performance was 97.0% in February. • Community Nursing harm free care performance was 95.1% in February compared to 98.2% in January. Based on new harms only, Community Nursing harm free care was 97.7% in February. • 40 harms were reported, of which 16 were new harms. **Risks** Reference – 562 Rating – 16	• Achieving 95% percent harm free care overall continues to be a major challenge for the Trust, with this only achieved in one month (August 2017). Numbers in the census have also dropped for January and February and we are currently working with heads of service and operational managers to understand why this is. Locally it has been decided that the threshold for harm-free care for *new harms* should be set at 98% and we are not achieving this. • The Quality Improvement Group for Pressure Ulcer Prevention continues it's work (see overleaf) with focus on ensuring colleagues code datix incidents correctly. • An urgent Safety Thermometer extraordinary meeting is being planned for April 2018 for members of the operational governance forum and clinical reference group (supported by PaCE) to agree actions to turn this curve.

Benchmarking:
- The Trust reported 1.1% new harms which is below the national average of 2.1% (NHS Digital, January 2018).

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

NHS Gloucestershire Care Services NHS Trust

Community Hospitals

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Reporting Level	Target?	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
28	Bed Occupancy - Community Hospitals	L – C	Y	92%	98.3%	98.7%	96.5%	93.3%	95.1%	96.4%	95.8%	94.4%	95.9%	96.3%	96.2%		96.7%	Y
32	Average of 4 discharges per day (weekends) - Inpatients	L – C	Y	**4	3.0	2.9	3.9	3.7	2.4	2.8	2.4	2.6	3.4	4.4	3.0		3.1	Y
33	Average of 11 discharges per day (weekdays) - Inpatients	L – C	Y	**11	7.3	8.0	9.5	7.2	7.0	6.5	8.0	8.5	8.8	8.8	9.4		8.1	Y

Additional information related to performance

Bed Occupancy

92.0% - 94.0%
94.0%-96.0%
>96.0%

Delayed Transfer of Care (DToC)

- In February, on average, 2 patients each day were experiencing a delay in their transfer of care. The number of bed days occupied by patients experiencing a delay was 55 (1.0%) of all bed days occupied across community hospitals. Target is <3.5%.
- Out of the 55 bed days occupied by patients experiencing a delay in February, NHS was responsible for 16 delay days (29.1%) and Social care for 39 delay days (70.9%).

Discharges per Weekday and Weekend Day

- Following the bed modelling project underway, this metric will be reviewed to determine if the average discharge rate aligns with the expected AVLOS for each patient cohort.

What actions have been taken to improve performance?

- Discussions continue with Commissioners on the expected level of discharges per day to support patient flow.

Benchmarking

- The Trust is reporting an average of 26.9 days (Sep-17 to Feb-18) average length of stay compared to an average of 28.0 days in the NHS Benchmarking Network report.
- Bed Occupancy: The NHS Benchmarking network average for 2015/16 was 91.36%.

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
41	Speech and Language Therapy - % treated within 8 Weeks	L – C	95%	100.0%	98.6%	85.7%	94.9%	79.5%	96.7%	95.9%	75.8%	75.0%	58.8%	62.2%		86.7%	Y
42	Podiatry - % treated within 8 Weeks	L – C	95%	78.6%	94.0%	98.8%	96.3%	97.3%	94.4%	94.0%	93.7%	96.9%	85.9%	87.2%		92.5%	Y
43	MSKCAT Service - % treated within 8 Weeks	L – C	95%	73.2%	69.5%	63.7%	63.5%	66.6%	35.7%	40.5%	37.3%	38.5%	46.0%	63.4%		54.6%	Y
44	Adult Physiotherapy - % treated within 8 Weeks	L – C	95%	91.0%	85.2%	91.8%	93.0%	93.0%	86.6%	85.1%	86.3%	90.7%	85.7%	91.9%		89.1%	Y
45	MSK Physiotherapy	L – C	95%	91.6%	85.6%	92.8%	95.5%	96.7%	88.5%	85.5%	86.9%	91.7%	85.7%	93.0%		90.1%	Y
46	ICT Physiotherapy	L – C	95%	87.4%	86.0%	85.6%	80.7%	80.5%	79.2%	83.2%	85.1%	88.0%	85.5%	89.2%		85.0%	Y
47	Occupational Therapy Services - % treated within 8 Weeks	L – C	95%	90.3%	89.5%	87.6%	78.4%	84.5%	87.1%	79.3%	76.6%	83.2%	78.8%	87.5%		82.8%	Y
53	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L – C	80%	70.9%	80.4%	84.0%	84.2%	89.4%	84.8%	81.6%	79.0%	68.5%	75.0%	69.6%		79.3%	Y
60	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L – C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	63.6%	71.4%	76.9%		90.2%	Y
67	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L – C	95%	90.3%	91.8%	88.5%	92.5%	90.7%	85.1%	90.2%	94.8%	91.2%	91.8%	89.5%		90.6%	Y

Referral to Treatment – comparison between local 8 week standard and 18 week target (performance in previous month)

		8 week RTT target	% seen within 8 weeks	Number seen within 8 weeks	Number seen above 8 weeks	18 week RTT target	% seen within 18 weeks	Number seen within 18 weeks	Number seen above 18 weeks	Median RTT in days
41	Speech and Language Therapy - % treated within 8 Weeks	95%	62.2%	28	17	92%	97.8%	44	1	34
42	Podiatry - % treated within 8 Weeks	95%	87.2%	553	81	92%	99.4%	630	4	28
43	MSKCAT Service - % treated within 8 Weeks	95%	63.4%	232	134	92%	96.7%	354	12	40
44	Adult Physiotherapy - % treated within 8 Weeks	95%	91.9%	1,603	142	92%	99.8%	1,741	4	19
45	MSK Physiotherapy	95%	93.0%	1150	87	92%	100.0%	1,237	0	22
46	ICT Physiotherapy	95%	89.2%	453	55	92%	99.2%	504	4	8
47	Occupational Therapy Services - % treated within 8 Weeks	95%	87.5%	448	64	92%	96.1%	492	20	9

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Adult Speech and Language Therapy (95 % treated within 8 weeks) • Performance was 62.2% in February compared to 58.8% in January, and a YTD position of 86.7%. • Performance against 18 week target was 97.8% with 1 patient breaching this timeframe • February activity (45 patients) was higher than previous month (34), however lower than YTD monthly average (52) • 17 patients were seen outside the 8 week threshold. Profile of breaches (number and percentage of patients seen): 8-9 wks : 3 – 18% 9-10 wks : 4 – 24% 10+ wks : 9 – 53% 18+ wks : 1 – 6%	• The service has highlighted staff shortages (from vacancies and maternity, with no success in recruiting at all levels) leading to reduced or delayed clinical contacts. Requests have been made to a number of locum agencies to source appropriately skilled clinicians and address the performance issue.
Podiatry service (95 % treated within 8 weeks) • Performance was 87.2% in February compared to 85.9% in January and a YTD position of 92.5% • Performance against 18 week target is 99.4%, with 4 patients breaching this timeframe • February activity (637 patients) was lower than the previous month (687) and below YTD monthly average (775) • 81 out of 637 patients were seen outside the 8 week threshold. Profile of breaches (number and percentage of patients seen): 8-9 wks : 53 – 65% 9-10 wks : 14 – 17% 10+ wks : 10 – 12% 18+ wks : 4 – 5%	• The service continues to work towards an improved performance per the detailed action plan, and work is underway to improve forecasting of recovery trajectory.
MSKCAT Service (95 % treated within 8 weeks) • Performance was 63.4% in February compared to 46.0% in January and a YTD position of 54.6% • Performance against the 18 week target was 96.7% with 12 patients breaching this timeframe • February activity (366 patients) was lower than previous month (446) and lower than the YTD monthly average (396) • 135 out of 366 patients were seen outside the 8 week threshold. Profile of breaches (number and percentage of patients seen): 8-9 wks : 13 – 10% 9-10 wks : 18 – 13% 10+ wks : 92 – 68% 18+ wks : 12 – 9%	• The service has a detailed action plan and trajectory to address the risks which is also focussed on those patients who have waited longest .Performance level is within trajectory plan agreed with Commissioners. **Risks** **(Countywide services)** Reference – 737 Rating – 9

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
MSK Physiotherapy (95% treated within 8 weeks) • Performance was 93.0% in February compared to 85.7% in January and a YTD position of 90.1%. • Performance against the 18 week target was 100% • February activity (1237 patients) was lower than previous month (1582) and lower than the YTD monthly average (1352) • 87 out of 1237 patients were seen outside the 8 week threshold. Profile of breaches (number and percentage of patients seen): 8-9 wks : 56 – 64% 9-10 wks : 16 – 18% 10+ wks : 15 – 17% 18+ wks : 0 – 0%	• The service has a detailed action plan and trajectory to address the risks which is also focussed on those patients who have waited longest .Performance level is within agreed trajectory plan
Adult ICT Physiotherapy (95% treated within 8 weeks) • Performance was 89.2% in February compared to 85.5% in January and a YTD position of 85% • Performance against the 18 wk target was 99.2% with 4 patients breaching this timeframe • February activity (508 patients) was lower than previous month (641) and above YTD monthly average (387) • 55 out of 508 patients were seen outside the 8 week threshold in February. Profile of breaches (number and percentage of patients seen): 8-9 wks : 14 – 25% 9-10 wks : 6 – 11% 10+ wks : 31 – 56% 18+ wks : 4 – 7%	• A locum physiotherapist has been seeing the longer wait patients in the ICTs and a vacancy has been filled to improve capacity. • There is a continued focus on reducing average length of time on waiting list, which is now 5.3 weeks as the long wait patients have reduced.
Adult ICT Occupational Therapy (95% treated within 8 weeks) • Performance in February was 87.5% compared to 78.8% in January and a YTD position of 82.8% • Performance against the 18 week target was 96.1% with 20 patients breaching this timeframe • February activity (512 patients) was lower than the previous month (628) but above YTD monthly average (366) • 70 out of 512 patients were seen outside the 8 week threshold in February. Profile of breaches (number and percentage): 8-9 wks : 7 – 10% 9-10 wks : 8 – 12% 10+ wks : 35 – 51% 18+ wks : 20 – 27%	• The service is in discussion Commissioners on revised set of KPIs, as there is an expectation that performance will be impacted during the service transformation and implementation of a new service model. • In the interim there is a continued focus on reducing average length of time on waiting list, which is 7.0 weeks.

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Stroke ESD (% of new patients assessed within 2 days of notification) • Performance in February was 76.9% compared to a target of 95%. • 3 out of 13 patients were seen outside the 2 day target.	• With the change in data reporting, this service has seen drop in the reported performance of the proportion of new patients assessed within 2 days of notification. It is likely that this is due to how this is now being “counted” and the Service lead has not identified either a change in demand or in capacity. A rapid review is underway to check and agree the correct way to measure this indicator.
95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing. • In February, 89.5% of priority 1&2 calls were answered within 60 seconds. Target is 95%.	• To support improved ease of referral from the GHFNHST, the SPCA has been piloting telephone referrals directly from the ward, which has impacted on overall capacity in the call handling team and the peformance. Dependent of the outcome of the pilot this will require either this metric to be changed or increase resource into the team to meet this change in the service offer.

EXCEPTION REPORT | ARE SERVICES WELL LED?

Workforce / HR (Page 1 of 3)

CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
69	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N – R L – T	61%			56.0%			53.0%			51.0%				53.3%	Y
71	Mandatory Training	L – I	92%	79.2%	79.3%	80.6%	81.3%	82.0%	81.9%	82.3%	83.1%	84.6%	85.5%	86.0%		82.3%	Y
72	% of Staff with completed Personal Development Reviews (Appraisal)	L – I	95%	75.6%	75.8%	76.1%	75.2%	74.9%	73.1%	78.7%	83.2%	85.7%	87.3%	87.6%		79.4%	Y
72a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L – I	95%								87.9%	91.3%	92.3%	90.8%		N/A	
73	Sickness absence average % rolling rate - 12 months	L – I	<4%	4.5%	4.5%	4.5%	4.6%	4.6%	4.7%	4.7%	4.7%	4.7%	4.7%	4.6%		4.6%	Y

Additional information related to performance	What actions have been taken to improve performance?
Staff FFT **Risks (Staff FFT)** Reference – 622 Rating – 12	• The Trust's Workforce & OD Committee is overseeing action plans to improve this. These plans will continue align to the wider OD agenda's.
Staff with completed Personal Development Reviews (PDRs) • A new local measure 72a has been included for PDRs measuring only active assignments. Data is available from November 2017. • 87.6% of Personal Development Reviews were completed by the end of February 2018. For active assignments, this rises to 90.8%. **Risks (PDR)** Reference – 643 Rating – 9	• The Trust is working with colleagues to proactively monitor both their own training and PDR compliance levels with through Electronic Staff Record (ESR). Self-service functionality has been launched to allow managers to submit details of completed PDRs via ESR. • This is a recognised priority for the executive team. A variety of initiatives are being explored to assist teams with improving PDR completion rates. This includes a weekly executive-led review of outstanding PDRs.
Sickness absence • The rolling 12 months performance was 4.6% to February, above target of 4.0%. **Risks (sickness absence)** Reference – 633 Rating – 12	• This remains a priority for the executive team. A variety of initiatives are being explored to assist teams with reducing sickness absence rates.

EXCEPTION REPORT | ARE SERVICES WELL LED?

Workforce / HR – Mandatory Training (Page 2 of 3)

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?

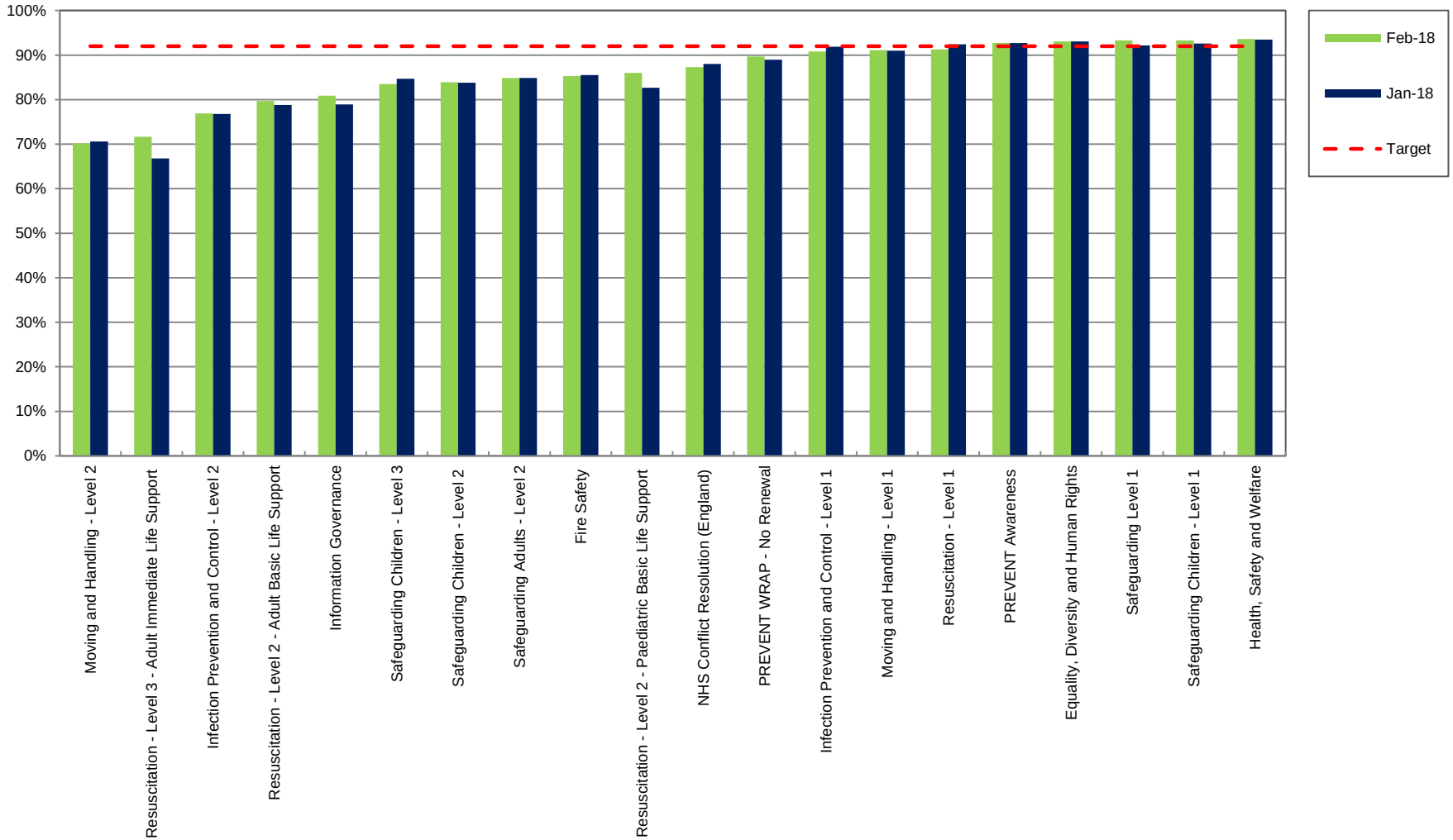
Mandatory Training
 	
• Average February performance was 86.0%. 5 measures met the 92% target:
  • PREVENT Awareness
  • Equality, Diversity and Human Rights
  • Safeguarding Level 1
  • Safeguarding Children - Level 1
  • Health, Safety and Welfare
 	
• 6 out of 20 measures have reduced in performance in February compared to January:
  • Moving and Handling - Level 2
  • Safeguarding Children - Level 3
  • Fire Safety
  • NHS Conflict Resolution (England)
  • Infection Prevention and Control - Level 1
  • Resuscitation - Level 1
 	
Risks
(Mandatory training)
 	
Reference – 634
Rating – 9
	• There has been a detailed review of the performance and actions are being progressed (reported to Workforce and Organisational Development Committee).
	
	• A request has been made to provide training review dates by month for each service to support release of necessary capacity to allow colleagues to undertake training.
	
	• Every subject area below 92% has detailed action plan
	
	• Executive oversight has increased for Resuscitation, Moving and Handling, and Information Governance

EXCEPTION REPORT | ARE SERVICES WELL LED?

Workforce / HR – Mandatory Training (Page 3 of 3)

NHS Gloucestershire Care Services NHS Trust

Mandatory Training – All training courses (comparing February performance to January



Gloucestershire Care Services NHS Trust

Dashboard Key:

- Implemented for March report:

N - T	National measure/standard with target
N - R	Nationally reported measure but without a formal target
L – C	Locally contracted measure (target/threshold agreed with CCG)
L – I	Locally agreed measure for the Trust (internal target)
L – R	Locally reported (no target/threshold) agreed
N – R L – T (e.g.)	A measure that is treated differently at a national and local level, e.g. nationally reported but also has a locally set target

Report Content:

- The report is constructed on an exception basis, i.e. narrative and improvement actions will only be given against measures that are missing the agreed target.
- Performance against all measures are shown in the Performance Dashboard on pages 4-6; those that are included in the report are indicated by a 'Y' in the 'Exception Report?' column. This will happen under the following circumstances:
  - Current reporting month is red
  - Current and previous consecutive reporting months are amber
  - YTD is amber or red regardless of current reporting month performance

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 29th March 2018

Report Title: Workforce & Organisational Development Committee Update

Agenda reference Number	16/0318
Accountable Executive Director (AED)	David Smith, Director of HR & OD
Presenter (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s)	David Smith, Director of HR & OD
Board action required	The Board is asked to note the report which is provided for assurance and information
Previously considered by	Workforce & Organisational Development Committee
Appendices	1. Gender Pay Gap report 2. Approved minutes from Dec 2017

Executive Summary

This report provides assurance that the Workforce and Organisational Development (OD) Committee is discharging its responsibility for oversight of the Trust's Workforce and OD Strategy on behalf of the Board.

Workforce metrics are reviewed by the Committee to monitor the effectiveness of the strategy. Performance as at 7th February 2018 confirms that:

- Good progress is continuing to be made with regard to statutory and mandatory training compliance which now stands at 88.67%
- The Trust is actively working to address overall sickness absence rates.

The Committee also considered progress against the workforce and OD priorities, noting the updated implementation plan for 2018, which included an increased focus on a reduced number of items.

The Committee received a detailed report from the Community Partnerships and Events Manager responding to the recent Equalities Survey 2018 and approved the recommendations should be incorporated into a wider action plan across the Trust.

A number of reports were received for assurance in relation to leadership development, the annual staff survey, Freedom to Speak Up Guardian activities, communication and internal engagement actions and workforce, education and development actions.

Recommendations:

The Board is asked to note the report which is provided for assurance and information.

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:

- Key workforce hotspots
- Progress against the Trust's workforce and organisational development priorities
- Progress nationally and within the Trust regarding the Freedom to Speak Up agenda
- Progress made against the Trust's communications and internal engagement plan
- An update on workforce, education and development actions

These were the key items considered by the Committee at its meeting in February 2018.

2 Workforce Position

Recognising the challenges posed to supply, retention and colleague engagement, the Committee agreed a revised implementation plan to the current workforce strategy, focusing on a reduced number of high impact actions, pending a fuller review of the overall strategy, which will be brought to the June meeting.

A number of workforce metrics are monitored to evaluate the effectiveness of the Trust's Workforce and OD Strategy.
It was reported to the Committee that good progress is being made with regard to mandatory training compliance. Improvements are also being made with completion and recording of personal development reviews. The Committee gave considerable consideration to areas requiring further focus specifically;

- Recruitment and Retention Scorecard

As recruitment and retention is one of the key issues facing the Trust the Deputy Chief Operating Officer and Head of HR have implemented an updated governance structure to strengthen the risk management process ensuring that workforce and OD Committee are sighted on all recruitment and retention related risks.

The Trust is in the process of undertaking a review of the recording and monitoring of vacancy rates to enable "live" data to be available. This work will be completed by the end of March 2018 which the Committee noted would be a great improvement and look forward to progressing this at the next meeting in June 2018.

3 Freedom to Speak up

The Committee received an overview on progress nationally and within the Trust since the last reporting period in relation to the Freedom to Speak Up (FTSU) agenda. The Committee had requested more granular detail in reporting with the

addition of the percentage of staff by profession reporting concerns. The Committee will continue to review this data to ensure that it is supporting the identification of themes and areas of concern.

4 Progress made against the Communication and Internal Engagement Plan 2017/18

The Committee was updated on the progress being made against the Trust's Communications and Internal Engagement Plan. The Committee were updated on plans to ensure a proactive approach with the local media in ensuring appropriate air time for positive stories, as well as an update on communications support for the forthcoming nurse recruitment campaign and the involvement of staff in cost and quality initiatives including the 'Save a £ a Day' campaign.

5 Workforce, Education and Development update

Assurance was provided to the Committee that the Workforce, Education and Development (WED) Group continues to discharge its responsibility for overseeing the Trust's learning and development activities and achievements on behalf of the Committee.

The Committee was assured that to support future training requirements a capacity plan for the whole of 2018 has been developed and is now available on ESR. The Committee also requested a report on training budgets to ensure transparency of the budgets and alignment with Trust priorities. It was agreed that this would be circulated by the Head of Learning and Development in advance of the next Committee meeting given that this will not be until June.

6 Conclusion and recommendations

The Board is asked to note the report which is provided for information and assurance.

Trust Board

Date of Meeting: 29th March 2018

Report Title: Workforce - Gender Pay Gap Report

Agenda reference Number	16.1/0318
Accountable Executive Director (AED)	Dave Smith, Director of HR & OD
Presenter (if not AED)	
Author(s)	Andrew Mills, HR Systems Manager and David Smith, Director of HR & OD
Board action required	The Board is asked to note the report which is provided for assurance and information and to agree the continued future scrutiny as provided by the Workforce and Organisational Development Committee
Previously considered by	N/A
Appendices	

Executive Summary

This report provides a gender pay gap analysis of our workforce data as at the snapshot date of 31st March 2017. Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees. There are six calculations (see full report) to be carried out and reporting of these calculations has been mandated nationally, with Trust information (as a public sector organisation) to be published by 30th March 2018 on both the government website and the Trust's public facing website.

Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs, or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with and the individual calculations may help to identify what those issues are.

Of the six calculations, the headline focus will be on the gender pay gap as a mean average. Our data suggests that on average, female employees are paid 10.91%

less than male colleagues. The initial review suggests that this is primarily a result of higher levels of male colleagues appearing in the upper quartiles and illustrated specifically through the gender make up of certain staff groups. Our focus however, must be on removing/minimising any gender pay gap unless there is an objective justification for such a gap. As a consequence, it is proposed that we repeat this analysis immediately after the 31st March 2018 to track movement between the required 'snapshot date' set by the government and our current position and that we also conduct a deeper dive into the specific staff groups identified. This comparative analysis will be presented to the Workforce and OD Committee at the June meeting.

Recommendations:

The Board is asked to;

- Note the current report and agree to ongoing scrutiny of current data via the Workforce and Organisational Development Committee.
- Agree to publish this report on the Trust website with a link to the government website.
- Agree the statement that will be published on the Trust website and via the government website.

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 Gender Pay Gap Report

1 Introduction and Purpose

As per the Equality Act 2010 (Gender Pay Gap Information Regulations 2017), Gloucestershire Care Services NHS Trust (GCS) has undertaken gender pay gap reporting on the required 'snapshot date' of 31 March 2017. Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs, or work of equal value. It is unlawful to pay people unequally because they are a man or a woman

The Trust has calculated the following for its employees and workers:

- The mean gender pay gap
- The median gender pay gap
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of males receiving a bonus payment
- The proportion of females receiving a bonus payment
- The proportion of males and females in each quartile pay band

2 NHS Pay Structure

The majority of NHS colleagues are employed under the national Agenda for Change (AfC) Terms and Conditions of Service. The basic pay structure for these colleagues is across 9 pay bands and colleagues are assigned to one of these on the basis of job weight as measured by the NHS Job Evaluation Scheme. Within each band there are a number of incremental pay progression points. The pay structure was specifically introduced to deal with issues of equity and specifically equal pay

Medical and Dental colleagues have different sets of Terms and Conditions of Service, depending on seniority. However, these too are set across a number of pay scales, for basic pay, which have varying numbers of thresholds within them. There are separate arrangements for Very Senior Managers, such as Chief Executives and Directors.

As a public sector organisation, some of the services that are provided are on a 24/7 basis and therefore colleagues that work unsocial hours, participate in on-call rotas and work on general public holidays will also be in receipt of enhanced pay in addition to their basic pay. This mainly applies to clinical colleagues who work in ward areas along with non-clinical senior managers, who participate in the Senior Manager/Executive on-call rota and non-clinical colleagues who provide 24/7 services such as Estates colleagues.

The Trust does have a number of clinical departments that do not provide 24/7 such as clinics and therefore these colleague roles may not attract enhancements.

3 GCS Workforce Context

At the time the snapshot was taken the Trust had 2719 employees/workers, of which 2648 (90.77%) were female and 251 (9.23%) were male. The ratio of male to female colleagues that the Trust has is lower than many NHS organisations, largely due to the lower (comparative) number of medical and dental staff employed by the Trust. Typical ratios would show a ratio of 21% male to 79% female colleagues. The breakdown of proportion of females and males in each banding within Gloucestershire Care Services NHS Trust is as follows:

Table 1

Band	Male	Female
Apprentice	16.7%	83.3%
Band 1	7.7%	92.3%
Band 2	13.5%	86.5%
Band 3	6.7%	93.3%
Band 4	8.4%	91.6%
Band 5	17.9%	82.1%
Band 6	21%	79%
Band 7	20%	80%
Band 8a	23.3%	76.7%
Band 8b	27.7%	72.3%
Band 8c	65%	35%
Band 8d	33.3%	66.7%
Medical	41%	59%
Trust Board	25%	75%

4 Results for GCS - 31 March 2017 snapshot:

4.1 Mean Gender Pay Gap

The mean gender pay gap for the Trust shows that female colleagues are paid on average10.91% less than male colleagues:

Table 2

Gender	Avg. Hourly Rate
Male	15.94
Female	14.20
Difference	1.74
Pay Gap %	10.91

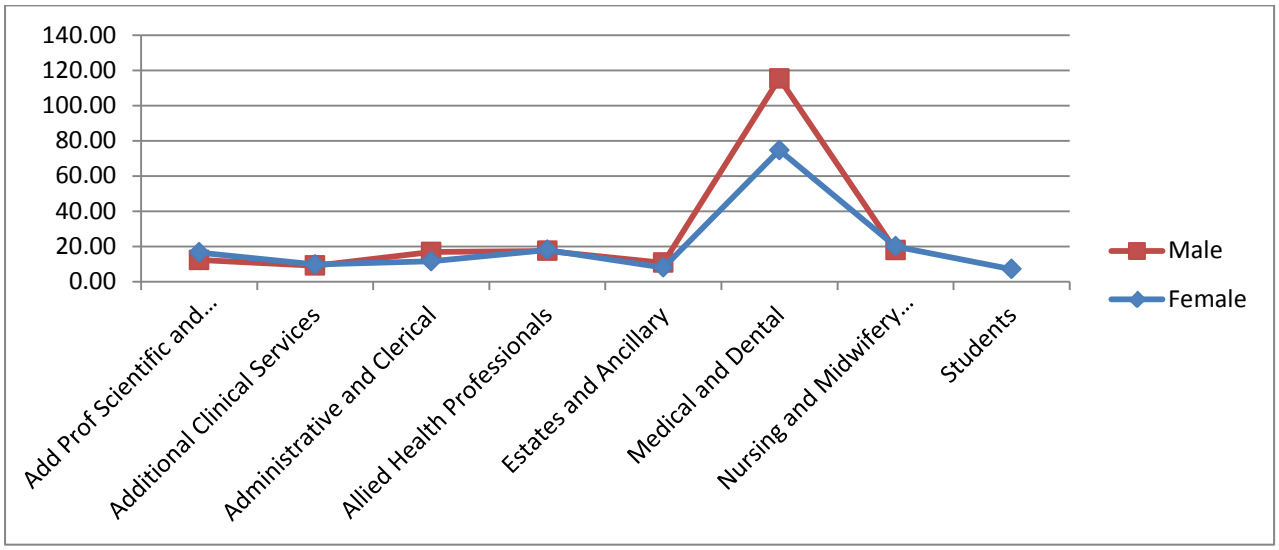
The mean pay calculation indicates that there is a difference between the average pay of the Trust's male and female colleagues.

It is clear that whilst in the majority of bandings above Band 4 (with the exception of 8c) female colleagues remain in the significant majority, the ratios are closer to the national average ratio of males to females, as opposed to the Trust ratio. This is further illustrated in the table below which shows the pay gap through the lens of the various staff groups.

Average gender pay gap as mean broken down into Staff Groups:

Table 3

Average of Hourly rate	Hourly Rates		Differences	
Staff Group	**Female**	**Male**	**Rate**	**Percentage**
Add Prof Scientific and Technic	16.58	12.35	4.23	34.28
Additional Clinical Services	9.74	9.13	0.61	6.69
Administrative and Clerical	11.61	16.82	-5.21	-30.97
Allied Health Professionals	18.00	17.52	0.48	2.75
Estates and Ancillary	8.05	10.79	-2.74	-25.42
Medical and Dental	74.66	115.29	-40.63	-35.24
Nursing and Midwifery Registered	20.01	17.84	2.17	12.18
Students	7.16	0.00	7.16	N/A



It is clear from the variation in the tables above that there are some specific issues that will benefit from further analysis. There is a gender pay gap in favour of female colleagues in relation to Nursing and Midwifery and this is reflected in the higher bands for this pay group with proportionately more females occupying managerial positions. Within Medical and Dental staff, there is a significant imbalance reflective of historical and national data. Nationally, this is expected to be addressed over time with the increased numbers of female colleagues qualifying from medical school in relation to their female counterparts. Estates and Ancillary is reflective of a very broad staff grouping with some historical bias towards a higher proportion of females in the lower paid ancillary roles such as domestic staff and a higher representation of male colleagues in typically higher paid roles such as 'tradespeople'. Again, Admin and Clerical reflects another broad grouping from core admin staff to the managerial groups with a moderately disproportionate (in relation to the overall Trust ratio of male to female colleagues) ratio of males in the higher bandings.

4.2 Median Gender Pay Gap

The median gender pay gap for the Trust reveals that female colleagues are paid 2.16% more than male colleagues:

Table 4

Gender	Median Hourly Rate
Male	13.45
Female	13.74
Difference	-0.29
Pay Gap %	-2.16

The median gender pay calculation indicates that there is a difference between the average pay of the Trust's male and female colleagues.

4.3 Mean Bonus Gender Pay Gap

The mean bonus gender pay gap for the Trust reveals that female colleagues are paid 100% less than male colleagues:

Table 5

Gender	Avg. Pay	Median Pay
Male	14,917.95	14,917.95
Difference	14,917.95	14,917.95
Pay Gap %	100.00	100.00

During the period that this report covers bonuses, one male colleague in the Trust received a bonus payment. This bonus relates to a historically recurring Clinical Excellence Award (awarded to Consultant Medical Staff) and as there is only one holder of such an award in the Trust and this holder is male, the results are quite obviously skewed. There are no other bonus schemes in operation across the Trust.

5 Proportion of Males and Females Receiving a Bonus Payment

Table 6

Gender	Proportion Receiving Bonus
Male	0.4%
Female	0.0%

Of the total workforce, 0% of females received bonuses compared to 0.4% of males (see above for explanation).

6 Proportion of Males and Females in Each Quartile Pay Band

Table7

Quartile	Female	Male	Female %	Male %
1 (Lower)	619.00	60.00	91.16	8.84
2 (Lower Middle)	611.00	69.00	89.85	10.15
3 (Upper Middle)	638.00	42.00	93.82	6.18
4 (Upper)	600.00	80.00	88.24	11.76

The lower quartile is made up of colleagues (including apprentices) whose hourly rates are less than £10.05.

The lower middle quartile is made up of colleagues whose hourly rates are between £10.05 and £13.69.

The upper middle quartile is made up of colleagues whose hourly rates are between £13.71 and £17.41.

The upper quartile is made up of colleagues whose hourly rates are between £17.43 and £72.87.

At the time the snapshot was taken the percentage of female colleagues was 90.77% and the percentage of male colleagues was 9.23%. As shown in the table above this percentage split is mostly mirrored in the lower and lower middle quartiles. There is a reduction in the percentage of male colleagues in the upper middle quartile, however the upper quartile demonstrates there is an increase in the percentage of male colleagues in the roles that attract the higher hourly rates of pay.

7 Conclusion

The data shown above and to be published on the Trust website is based on a snapshot of data from March 2017. There is a gender pay gap of 10.91% for which a number of explanations can be offered with the majority of them having historical roots. Early indications suggest that this figure is lower than or comparable to the majority of Trusts (albeit a fuller national picture will not be available until April) and certainly much better than those figures published by a number of flagship private companies. Notwithstanding that, our Trust is part of the NHS which is rooted in fairness and equity and our goal must be to understand and eradicate any unfairness, perceived or real. All parts of our workforce, irrespective of gender, race or creed are vital to our sustainability and our recruitment and promotion practices are rooted in these principles. Our intention is to re-run our initial analysis based upon the data from the end of March 2018. This will enable us to track progress over the last year, particularly across the bandings and within the individual staff groups. This deeper analysis will then allow us to focus on any key actions identified. This analysis will be presented back to the Trust Workforce and Organisational Development Committee for the June 2018 meeting.

It is suggested that in addition to publishing our data we also publish a statement (below) confirming our commitment to fairness and equity in pay for all staff;

'The Board of Gloucestershire Care Services NHS Trust confirms its commitment to ongoing monitoring and analysis of its gender pay gap data and to developing the appropriate actions which will reduce and eradicate this gap'.

8. Recommendations:

The Board is asked to;

- Note the current report and agree to ongoing scrutiny of current data via the Workforce and Organisational Development Committee.
- Agree to publish this report on the Trust website with a link to the government website
- Agree the statement **(above in bold**) that will be published on the Trust website and via the government website.

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Minutes of the Workforce and Organisational Development Committee

Boardroom, Edward Jenner Court
4 December 2017

Members:

Nicola Strother Smith (NSS)	Non-Executive Director	(Chair)
Tina Ricketts (DoHR)	Director of HR	
Richard Cryer (RC)	Non-Executive Director	
Susan Field (DoN)	Director of Nursing	
Jan Marriott (JM)	Non-Executive Director	
Nick Relph (NR)	Non-Executive Director	

In attendance:

Sian Thomas	Deputy Chief Operating Officer
Linda Gabaldoni (LG)	Head of Organisational Development
Sonia Pearcey (SP)	Ambassador for Cultural Change
Mark Lambert (ML)	Head of Communications
Andy Mills (AM)	Workforce Systems Manager
Gillian Steels (GS)	Trust Secretary
Eleanor Hutchinson (EH)	HR Manager *(joined at 1pm)*
Brittany Todd	Work Experience (joined at 11.18am)
Harriet Howell (HH)	Senior PA/HR Advisor – Minute taker

Item	Minute
01/1217	1. **Welcome and Apologies** The Chair thanked everyone for attending the meeting and noted apologies from Candace Plouffe, Lindsay Ashworth and Maria Wallen.
02/1217	**2. Confirmation of Quoracy** The Chair confirmed that the meeting was quorate.
03/1217	**3. Declaration of interests** There were no conflicts of interest declared.
04/1217	**4. Minutes of the meeting held on 18th September 2017** The minutes of the meeting held on 18th September were **received** and **approved** as an accurate record.

Item	Minute
05/1217	**5. Matters Arising (Action Log)** The Action Log was **approved.** See Action Log for updates. It was agreed that Training should continue to be an open action.
06/1217	**6. Workforce and Organisational Development Strategy Progress Report** The Director of Human Resources presented the report outlining the Trust's current performance against key workforce metrics. She advised that as there was deterioration in some key metrics that the Workforce and OD implementation plan would be updated, a draft was attached for information. She advised that the Trust was developing business plans for each service which would be used to identify key workforce and organisational priorities. The implementation plan would focus on the next 12 months, reflecting the Strategic Intent work being developed with 2gether. It was noted that a national NHS employer strategy was being developed. The Director of Human Resources highlighted the progress made in relation to statutory and mandatory training compliance and Performance Development Review completion. The Committee welcomed these improvements but were concerned by the deteriorating position in relation to sickness absence, qualified nursing rates and turnover, which was now at the highest level in the Trust's history. The Chair recognised ongoing work to support retention, which would be considered later in the meeting, and stressed the importance of local induction and providing ongoing support, particularly in the first two years. The Committee **NOTED** the Workforce and OD Strategy Progress Report update and the proposals to update it for the February meeting.
12/1217	**12. Workforce Report (inc recruitment and retention)** The Director of HR and the Workforce Systems Manager presented the report which provided an in depth look at sickness absence, nursing vacancies and turnover rates across the Trust due to deterioration in performance since January 2017. It was noted that the Head of HR had undertaken a deep dive with ICTs and Community Hospitals and developed a proposal to train band 5 Nurses to cover band 6 Nurses within the community to help with capacity issues.

Item	Minute
DoHR	Trust wide stability is 80% (Oct- Sept 2017 data), but this varies, for example, Stroud has stability of 50%. Proposals have been developed with these targeted areas to improve this rate. The Chair stressed the importance of identifying "the story" behind the figures to ensure effective actions were put in place. Brittany Todd, Work Experience, joined the meeting at 11:18am. The Director of Nursing asked whether there are figures showing what percentage of those retiring in Table 9 (61%) are continuing on the bank. The DoHR confirmed that these figures are not on the report. However, the percentage of colleagues returning to bank after retirement is low. Jan Marriott Non-Executive Director queried why colleagues who have retired are not returning on the bank. The DoHR confirmed that the shift pattern requirements mean it is a less attractive option. The Head of Organisational Development advised that flexible working is being looked at through Timewise and confirmed that she would report on this at a future meeting. The option of a step down programme for bank would be considered. The Director of Nursing suggested that feedback across the Trust in relation to clinical and corporate induction and preceptorship should be triangulated to identify issues. The importance of being clear and open about expectations, requirements and responsibilities of posts, to ensure new colleagues understood the environment accurately, was stressed. Nick Relph, Non-Executive Director questioned whether there was a report in relation to 'length of service' within the Trust and the Chair confirmed this had been presented at a previous Committee. Nick Relph queried what themes the exit interviews identified. The DoHR confirmed that the key themes were insufficient flexibility, lack of development opportunities and issues with local induction. It was confirmed that the Turnover data reflected individuals who had left the Trust, not those who had moved to new roles. Nick Relph requested a copy of the structure of a journey of a new colleague during the first year. It was confirmed this had been mapped. The Deputy Chief Operating Office advised that the operational development forum meets on a monthly basis, with representation from the Finance team, and each area will be presenting on their turnover and proposed actions at the next meeting. Recruitment was now a standard item on their agenda rather than being considered by the separate Recruitment and Retention Group which was to be disbanded. The need for the Trust to have a unique selling point at recruitment was stressed – the development of new roles was an important element of this, but it was recognised that new system roles could impact on the Trust's retention.

Item	Minute
	The Director of Nursing advised that the effectiveness of the preceptorship education and training programmes needed to be replicated at later stages in colleagues' careers to help reduce turnover. Richard Cryer, Non-Executive Director advised that issues highlighted by colleagues on quality visits related to the frustrations of working with other agencies when the patient was impacted, as had been highlighted at the recent Service User Story at Board. The Head of Organisational Development advised a 'big conversation' is scheduled for 7 December 2017 on mobile working and consideration of challenges and barriers which may be stopping colleagues from mobile working.
DoHR	The Chair stressed the need for a visible plan, with colleague engagement embedded, which clearly set out planned actions to improve retention. The DoHR confirmed a draft recruitment and retention plan would be brought to the next Committee meeting. Nick Relph Non-Executive Director queried whether it could be identified as a leadership issue or a geographical issue. The Deputy Chief Operating Officer confirmed that there was different leadership capability across the Trust, with support being put in place to develop this. Nick Relph commented that ensuring support for newly promoted leaders was a key element of developing effective teams. The challenge of transitioning to the band 7 roles at the Community Hospitals was recognised. The Chair formally congratulated the Director of HR on her appointment to Worcestershire Acute NHS Trust, noting this would be her last meeting and thanked her for her work moving the key workforce issues forward. The Committee **noted** the current position and actions in place and being developed to improve performance.
07/1217	**7. <u>Leadership Plan</u>** The Head of Organisational Development presented the draft Leadership Development Plan. The draft plan aligned to the Trust's vision and strategic objectives and incorporated :- • Leadership competences • Leadership culture and behaviours • Talent management • Organisational design • Leadership development activities and plan • Evaluation and review of leadership development activities It was noted that the draft Leadership plan had been discussed

Item	Minute
	by the Executives meeting on 23 November 2017 and that the Head of Organisational Development was to lead a session on it at the Core Colleague Network to ensure it met the needs of the leadership group and support buy in to the programme. It was noted that the plan reflected work ongoing on leadership development within the Strategic Transformation Partnership. The Committee was advised that work was ongoing with 2gether to support talent management. Richard Cryer, Non-Executive Director, asked about the quality of the NHS Leadership Academy and was advised that it was of high quality with attendees and their managers feeding back on its positive impact. The Head of OD advised that some of the elements could be costly and that the Leadership Toolkit would be in line with the Academy but be more locally accessible. It was confirmed that the aim of the toolkit was to be inclusive and to allow broad definition of "a leader". It would be open to existing leaders and aspiring leaders. Nick Relph queried what resources would be available and whether they were relevant and accessible to the breadth of the Trust's operation. The Director of HR advised that the materials would be on line and available in bite sized chunks. It was confirmed that all colleagues incorporated development objectives within their Professional Development Reviews. The Deputy Chief Operating Officer commented that time was the main constraint for colleagues. She advised that a skills focused workshop was being undertaken with the ICTs, which had been positively received but attendance by nursing staff had been inhibited by working constraints. The challenges from staff vacancies were recognised. Richard Cryer, Non-Executive Director commented on the contribution mentoring and networks provided, to both mentor and mentee. It was noted that the Level 3 and Level 5 Apprenticeships would be launched across the STP in January The Committee endorsed the draft Leadership Plan, noting further work to be undertaken.
08/1217	**8. <u>Staff Survey Presentation</u>** The Head of OD gave a presentation on the Trust's Staff Friends and Family tests (FFT) using an analysis methodology from MES (Membership Engagement Services). The MES system analysed the comments from our Staff FFT since April 2015, highlighting potential themes and issues for exploration.

Item	Minute
Hof OD	The Chair queried if there was a cost to this service. The Head of OD advised it was a free trial and the cost would be comparable to the current provider if we changed to this new provider but they would provide this additional analysis. The Director of Nursing queried whether the information could be provided by locality and it was confirmed that it could be provided by staff group and locality. Jan Marriott Non-Executive Director queried whether the comments were representative given that not all respondents added comments. It was agreed that it provided helpful context when considering turnover and retention. It was agreed that management should review further the potential usefulness of the information and update the Committee on the outcome. The Committee **NOTED** the presentation and the agreed next steps.
09/1217	**9. <u>Communication & Internal Engagement Progress Report</u>** The Head of Communications presented the Communications and Internal Engagement Progress Report. The Director of Nursing queried communications on the Strategic Intent and was advised that this was being taken forward with 2gether to ensure consistency of messages. It was recognised that recruitment messages would need to be considered. It was noted that a Your Care Your Opinion session had reviewed communication with users and identified their preference for clear simple messages and informatics which would be taken forward. Work was also ongoing within the STP on a potential shared platform but progress on this was limited. The breadth of face to face activities was noted. It was noted that electronic thank you cards were being trialled. Nick Relph commented on negative feedback on this development in other organisations. The Head of Communications confirmed the impact would be reviewed after the pilot. The importance of personalised messages of appreciation was stressed by the Committee. The Committee **reviewed** the report and noted the progress made and the proposals for future activities.
10/1217	**10. <u>Workforce Education & Development (WED) Progress Report</u>** The DoHR presented the WED progress report and updated the Committee in relation to the progress made on the Trust's learning and

Item	Minute
	development activities. She highlighted the ongoing work to ensure compliance with mandatory training, confirming there were robust plans for each topic. The issues relating to Essential to Role Training were considered. It was noted that 6 key areas had been identified linked to clinical priorities. The Committee was advised that a session on the Matrix had been discussed at the CORE leadership group to support engagement. The Committee considered the update on the Apprenticeship Levy; it was noted that the Trust was seen as a good practice leader in apprenticeships because of the range and number developed during 2017/18 Jan Marriott, Non-Executive Director, queried the levels and progression opportunities. The Director of HR advised that there were level 2 and 3 Health Care Assistant options, Nursing Associate roles and that there were possibilities to progress to degree level. It was confirmed the Executives were considering Apprenticeship options for 2018/19. The Director of Nursing advised that nationally there is an opportunity for providers to bid for more nursing training places. Nick Relph, Non-Executive Director, queried why the infection control training has a low compliance rate. The DoHR advised that this reflects issues relating to capacity to attend face to face courses and there can be operational difficulties in releasing staff to attend. DoHR The Chair requested that history of compliance be included in the report. The DoHR confirmed that she will add this to next report. The Committee **NOTED** the progress made.
11/1217	**11. <u>Freedom to Speak up report</u>** The Freedom to Speak up Guardian presented the report covering the National Guardian's Office Annual Report, Freedom to Speak up Guardian 2017, a comparison of the Trust's performance against national data, the National Guardian's Office first case review, the Gloucestershire Care Services gap analysis against the report and a summary of concerns raised in the last reporting period and learning. The Freedom to Speak up Guardian highlighted the area in relation to Reach (The Freedom to Speak Up message should reach everyone – developing a local network of ambassadors can help with this) and confirmed that nationally Trusts are recruiting Freedom to Speak Up Advocate roles to ensure breadth of coverage, availability across a Trust, modelling of behaviours and promoting of Freedom to Speak Up ethos. She advised that Guy's and Thomas' NHS Foundation Trust has this model in place and have that it has made a positive different to their

Item	Minute
FSUG	Freedom to Speak Up programme. Nick Relph, Non-Executive Director, requested that percentages be added to the report so we can get a sense of the proportion of colleagues speaking up and the areas so that the Committee can identify potential gaps in coverage. The Freedom to Speak Up Guardian confirmed she would add this information, ensuring it doesn't breach confidentiality. The Director of Nursing asked for more information on the network and requested that Advocates be involved in this networking. The need to agree a process for identifying Freedom to Speak Up Advocates was noted. It was recognised that the Freedom to Speak Up role, and Trust commitment to it, was an important part of the Well led framework. The Committee **NOTED** the report.
13/1217 DoHR	**13. <u>Workforce Risk Register</u>** Eleanor Hutchison, HR Manager, joined the Committee at 1pm. The DoHR presented the Workforce Risk Register updated on 22 November 2017 to the Committee and discussed the workforce risks rated 12 and above. It was noted that the risk relating to Essential to Role compliance had been increased based on current performance. The Committee considered the vacancy rate risk and agreed this should be raised to 16. It was suggested that the concern relating to inability to release staff to attend training be reflected in the register. The Director of HR agreed to take this forward. The Committee **NOTED the Risk Register subject to the comments above.**
14/1217 HR Manager	**14. <u>HR Policy Development Report</u>** The HR Manager provided the Committee with an update on the Trust's HR Policy Review Process. The following policy had been through the policy approval process with JNCF on 23 November 2017:- **<u>New Policy</u>** • **Equality, Diversity and Human Rights Policy** The Chair commented on the importance of all Trust publications having images which reflected the Trust's diverse workforce and community. Richard Cryer, Non-Executive Director suggested that the policy should reference the Human Rights Act 1998. The HR Manager advised she would liaise with the Community Partnerships and Events Manager to take this forward.

Item	Minute
HR Manager	5.2.3 of this policy relates to racism in service users. The Director of Nursing proposed a link to the Managing Behaviours Positively Policy to support this. The HR Manager advised that there were two policies overdue and these will be presented to JNCF sub group in January 2018. A number of policies had been reviewed and minor amendments made o Pay Progression Policy o Notice Periods Policy o Annual Leave Policy The Director of Nursing commented on issues relating to colleagues on long term sickness and annual leave accrued on sick leave. The DoN asked whether there was an option to "buy back" annual leave and the DoHR stated that colleagues need to take a minimum of 28 days in line with the Working Time Directive. The HR Manager agreed to consider this issue and phased return in the next iteration of the policy. The Committee **APPROVED** the Equality, Diversity and Human Rights policy and **NOTED** the updates to the Policies listed above. EH left the meeting at 1:12pm. Brittany Todd left the meeting at 1:12pm.
15/1217	**15. Summary Notes from Working Groups/SubCommittees** A summary from the September JNCF meeting was **NOTED.** .
16/1217 Senior PA/HR Advisor DoHR/DCOO	**16. Forward agenda plan** The **Committee NOTED** the forward agenda plan. It was confirmed that the Workforce and OD Committee had been moved from bi-monthly to quarterly – Dates to be re-scheduled and members advised. . It was agreed that an exception report on workforce hotspots would be considered by the DoHR and the Deputy Chief Operating Officer.
17/1217	**17. Any other business** The Chair asked for feedback on the papers. It was suggested that more plans and trajectories be provided.
Date of Next Meeting – 22 February Boardroom, Edward Jenner Court.	

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Trust Board

Date of Meeting: **29th March 2018**

Report Title: **Finance Committee Report**

Agenda reference Number	17/0318
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	Graham Russell, Non-Executive Director
Author(s)	Sandra Betney, Director of Finance
Board action required	Note
Previously considered by	Not Applicable
Appendices	

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.

Recommendations:
The Board are asked to **NOTE** the update from the 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

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.

2 Issues Considered by the Committee

The Finance Committee met on 27th February 2018. Key aspects considered included the Month 10 Finance Report; Budget Review – Urgent Care, Quality, Innovation, Productivity and Prevention (QIPP) performance and Commissioning for Quality and Innovation (CQUIN) achievement as well as progress again the Trust Cost Improvement Plan.

A number of commercially sensitive items were also progressed.

2.1 Finance Report Month 10

The Committee was assured that at Month 10 the Trust was ahead of plan. The Director of Finance informed members of the budget setting processes taking place across the Trust and presented a breakdown of budgets and risk within the budgets proposed.

The Committee welcomed further improvements to the format of the report, and agreed it would improve the Board's oversight and ability to drill down and challenge.

2.2 CIP/QIPP/CQUIN Progress

The Committee discussed progress on the Cost Improvement Plan (CIP) and the processes currently underway to put in place the CIP Plan for 2018/19. The Committee requested a summary outline of schemes to Board in March with details of how the total surplus had been achieved.

2.3 Budget Review – Urgent Care

The Committee received an informative review on the Urgent Care Services which included Rapid Response, Integrated Assessment Team, Intravenous Therapy Team and the Evening and Night District Nursing Service

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

Not applicable

4. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee and **RECEIVE** the minutes from the November Finance Committee.

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Trust Board

Date of Meeting: 29th March 2018

Report Title: Finance Report

Agenda reference Number	18/0318
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	Stuart Bird, Deputy Director of Finance
Author(s)	Stuart Bird, Deputy Director of Finance
Committee action required	To note
Previously considered by	n/a
Appendices	App 1 : Main M11 Finance Report

Executive Summary:

This report provides an overview of the Trust's financial position at Month 11 (February 18)

Of particular note the board is asked to consider the forecast full year position and how different elements of STF income have been treated ("base" STF of £1,020k and "incentive" STF of £900k are both included but no "bonus" STF is in forecast as the value is unknown until April 20th.

1. Background

The Trust financial context for 2017/18 is summarised below.

Full Year 17/18 key figures:

- Control Total surplus is £1.986m
- Capital spend plan is £4.8m
- Cost Improvement Plan (CIP) target is £4.6m
- Agency spend cap set by NHS Improvement at £2.379m
- Available income from Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) schemes are £1.9m and £3.9m respectively

YTD performance to end of February (Month 11) is as follows:

- Year to Date (YTD) adjusted surplus is £2.365m, £0.455m ahead of plan
- Cost Improvement Plan delivery YTD is ahead of plan with £2.9m of the £5.5m saved so far being recurrent. Work is ongoing to maximise recurrent savings and alleviate pressure on 18/19. The recurrent amount removed from cost budgets during 2017/18 is £3,611k.
- Year to Date capital spend is £1.5m compared to planned level of £2.8m. Full year capital plan was £4.8m , latest forecast full year spend is £3.5m as there are a number of large IT and estates schemes currently underway and due for completion before year end..
- Cash at end of month 11 was £12.5m compared to plan of £7.0m.
- Agency actual spend to the end of February is £1.83m compared to a plan of £2.16m. Full year forecast is £0.27m below ceiling at £2.09m

Latest forecast full year out-turn is summarised below:

Statement of comprehensive income (£ 000)	**YTD**			**Year ending**		
	Plan	**Actual**	**Variance**	**Plan**	**Forecast**	**Variance**
Adjusted surplus exc STF	**1,009**	**1,464**	**455**	**967**	**1,865**	**898**
Base STF	901	901	-	1,020	1,020	-
Incentive STF	-	-	-	-	900	900
Bonus STF (value to be notified on 20th April)	-	-	-	-	tbc	tbc
Adjusted surplus inclusive of STF	**1,910**	**2,365**	**455**	**1,987**	**3,785**	**1,798**
Control total	**1,910**	**1,910**	**-**	**1,986**	**1,986**	**-**
Over Performance against control total	**-**	**455**	**455**	**1**	**1,799**	**1,798**

Single Operating Framework scores are now included in the main body of the appendix to this report. This shows that the Trust has a planned score of 1 throughout 17/18 and that this drops in 2018/19 when the liquidity score is impacted by planned capital investments in Gloucester Hub and the Forest of Dean Hospital.

Month 12 Reporting Dates:

Item	**Date**
Final Date for payments to other DH bodies	**22-Mar-18**
Agreement deadline for AoB balances over £100k	**09-Apr-18**
Submission of Key Data M12	**17-Apr-18**
Bonus STF to be notified by NHSI	**20-Apr-18**
Trust Audit Commences - KPMG onsite approx.. 2 weeks	**23-Apr-18**
Finance Committee	**24-Apr-18**
Submission of M12 PFR and unaudited Accounts	**24-Apr-18**
Audit and Assurance Committee	**23-May-18**
Final M12 PFR and Audited accounts to NHSI	**29-May-18**
Full final Annual Report (inc. stat accounts) to NHSI	**16-Jul-18**

Full year figures and reports will be produced for board committees on the following dates:

24th April – To Finance Committee - 17/18 Financial Statements in usual monthly reporting format prior to any adjustments and STF Bonus. This will show the figures reported on the Key Data submission to NHSI on April 17th. A verbal update will be given on STF bonus at the committee.

23rd May – To Audit and Assurance Committee – 17/18 Annual Report and Financial Statements including all disclosures

Recommendations:

The Board is asked to note the content of the report.

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2017/18 Month 11 Finance Report

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Overview

Gloucestershire Care Services NHS Trust

- Adjusted Forecast Outturn for 17/18 is £1.8m higher than plan and control total of £1.987m at £3.787m excluding any STF bonus
- Sustainability and Transformation funding (STF) included in plan is £1.020m, with expected full year value £1.920m
- Year to Date adjusted surplus to February (month 11) is £2.365m , £0.455m above plan
- Agency spend cap is £2.379m. (16/17 full year spend £1.676m) Year to date spend is £1.835m, £0.322m below plan
- Year to date Cost Improvement Plan (CIP) delivery is ahead of plan at £5.5m (£2.89m recurrent, £2.61m non recurrent). Full year CIP plan is £4.610m; latest forecast is for £3.7m of recurrent savings. £3.611m has been removed from recurrent budgets so far in the year.
- Planned income from Quality, Innovation, Productivity and Prevention (QIPP) schemes is £3.9m. Quarters 1, 2 and 3 have now been confirmed as delivered in full. Current full year forecast assumes the same for quarter 4 however small risks remain in full year
- Planned income from Commissioning for Quality and Innovation (CQUIN) schemes is £1.9m for agreed milestones. Current forecast assumes £64k under-delivery on Health and Wellbeing. We have agreed full delivery of CQUIN for Q1, Q2 and Q3
- Cash balance at end of Month 11 (February 2018) was £5.6m above plan at £12.5m
- Capital spend Year to Date is £1.466m compared to plan of £2.79m. Full year forecast is £1.3m below plan at £3.5m.

Income and Expenditure

Gloucestershire Care Services NHS Trust

Year to date adjusted performance is £455k above the control total at £2,365k

The summary I&E below shows differences to plan on Year to Date Income, Pay and Non Pay Costs

At service level there are overspends in community hospitals offset by underspends in Integrated Community Teams, Countywide and Children's services

Statement of comprehensive income (£ 000)	Plan	Actual	Variance	Plan	Forecast	Variance
Operating income from patient care activities	100,055	100,646	591	109,010	109,362	352
Other operating income exc STF	11	1,060	1,049	12	1,121	1,109
Employee expenses	(72,523)	(71,814)	709	(79,100)	(78,434)	666
Non Pay Costs	(24,400)	(42,566)	(18,166)	(26,619)	(44,225)	(17,606)
PDC dividends payable/refundable	(2,233)	(1,637)	596	(2,440)	(1,744)	696
Add back impairments included in non pay costs	-	15,686	15,686	-	15,686	15,686
Remove capital donations/grants I&E impact	99	89	(10)	104	99	(5)
Adjusted surplus exc STF	**1,009**	**1,464**	**455**	**967**	**1,865**	**898**
Base STF	901	901	-	1,020	1,020	-
Incentive STF	-	-	-	-	900	900
Bonus STF	-	-	-	-	-	-
Adjusted surplus inclusive of STF	**1,910**	**2,365**	**455**	**1,987**	**3,785**	**1,798**
Control total	**1,910**	**1,910**	**-**	**1,986**	**1,986**	**-**
Performance against control total	**-**	**455**	**455**	**1**	**1,799**	**1,798**

Revised plan is as submitted in plan refresh process on March 8th 2018

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Balance Sheet

NHS Gloucestershire Care Services NHS Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		Mar-17	February 2018 Actual			Mar-18	Mar-19
		Audited PY	Plan	Actual	Variance	Forecast	Forecast
Non-current assets	Intangible assets	1,581	1,983	1,185	(798)	1,155	1,196
	Property, plant and equipment: other	80,371	80,691	58,285	(22,406)	60,309	64,150
	Total non-current assets	**81,952**	**82,674**	**59,470**	**(23,204)**	**61,464**	**65,346**
Current assets	Inventories	227	250	227	(23)	227	227
	NHS receivables	5,135	5,400	5,956	556	5,400	5,400
	Non-NHS receivables	1,793	2,271	1,201	(1,070)	1,201	2,271
	Cash and cash equivalents:	8,280	6,918	12,527	5,609	12,527	8,208
	Total current assets	**15,435**	**14,839**	**19,911**	**5,072**	**19,355**	**16,106**
Current liabilities	Trade and other payables: capital	(1,833)	(2,000)	(54)	1,946	(54)	(100)
	Trade and other payables: non-capital	(9,711)	(12,005)	(13,284)	(1,279)	(13,313)	(11,288)
	Provisions	(1,050)	0	(368)	(368)	(368)	(680)
	Total current liabilities	**(12,594)**	**(14,005)**	**(13,706)**	**299**	**(13,735)**	**(12,068)**
Non-current liabilities	Provisions	**(15)**	**(16)**	**(15)**	1	**(15)**	**(16)**
	Total net assets employed	**84,778**	**83,492**	**65,660**	**(17,832)**	**67,069**	**69,368**
Taxpayers Equity	Public dividend capital	79,982	79,982	79,982	0	79,982	79,982
	Revaluation reserve	6,319	1,886	610	(1,276)	610	609
	Other reserves	(2,398)	(165)	(2,398)	(2,233)	(2,398)	(2,398)
	Income and expenditure reserve	875	1,789	(12,534)	(14,323)	(11,125)	(8,825)
	Total taxpayers' and others' equity	**84,778**	**83,492**	**65,660**	**(17,832)**	**67,069**	**69,368**

Notable differences between Actual and plan at March 17 : End of year asset "mark to market" revaluation uplift and provisions made at 31/3/17 for dilapidations on Southgate moorings and repair costs at Tewkesbury Hospital

Differences arising during 17/18 YTD : Year to date capital is now significantly below plan and is reflected in lower than planned fixed asset value (even after adjusting for end of year revaluation) but higher cash

Difference arising at 17/18 year end: The forecast impact of the asset revaluation, and reduced capital plan has been reflected in balance sheet values at March 18 and 19.

Understanding You

Capital and Cash

NHS Gloucestershire Care Services NHS Trust

Capital schemes	Year To Date			Full Year			2018/19
	Plan	Actual	Variance	Original Plan	Revised Plan	Latest Forecast	Plan
Gloucester hub	1,800	13	1,787	2,000	1,000	13	3,400
Forest of Dean	750	3	747	1,000	1,000	25	800
Building refurbishment	230	589	(359)	250	1,045	1,277	2,300
IT replenishment	675	699	(24)	750	785	1,204	600
IT Network replacement	500	28	472	500	500	28	300
Corporate systems	150	20	130	150	150	359	0
Medical Equipment	150	114	36	150	320	594	500
Total	**4,255**	**1,466**	**2,789**	**4,800**	**4,800**	**3,500**	**7,900**

- Year to date spend to February 2018 (M11) is £1,466k compared to a plan figure of £4.25m
- Latest forecast full year spend of £3.5m includes over £2m in month 12 on IT and estates projects currently underway.
- 18/19 is as agreed on March 8th capex committee

Cash position at 28/2/18 is a positive balance of £12.5m

- This is £5.6m higher than at the start of the financial year and is the result of STF collection, improved cash receipts from commissioners and lower year-to-date capital spend, relative to operational surplus
- Though capital expenditure is low for the year to date there are a number of schemes (especially IT) due for completion in February/March so the full year forecast is still attainable
- An underspend may result if there is any slippage on forecast schemes, the capital expenditure committee reviews new bids on an ongoing basis and have updated full year forecast spend to £3,.5m

Understanding You

Cash Flow Summary and Forecast

Gloucestershire Care Services NHS Trust

Statement of Cash Flow £000	ACTUAL YTD to February 2019		FORECAST 2017/18		FORECAST 2018/19	
Cash and cash equivalents at start of period		**8,280**		**8,280**		**12,527**
Cash flows from operating activities						
Operating surplus/(deficit)	**(13,409)**		**(12,000)**		**2,300**	
Add back: Depreciation on donated assets	**81**		**104**		**104**	
Adjusted Operating surplus/(deficit) per I&E	**(13,328)**		**(11,896)**		**2,404**	
Add back: Depreciation on owned assets	2,219		2,771		3,496	
Add back: Impairment and reversals on PPE	15,686		15,686		0	
(Increase)/decrease in STF receivable	327		0		0	
(Increase)/decrease in inventories	0		0		0	
(Increase)/decrease in other NHS receivables	(1,148)		(265)		0	
(Increase)/decrease in non NHS other receivables	592		592		(1,070)	
Increase/(decrease) in provisions	(682)		(682)		313	
Increase/(decrease) in trade and other payables	3,573		3,320		(2,025)	
Increase/(decrease) in capital payables	(1,779)		(1,779)		46	
Net cash generated from / (used in) operations		**5,460**		**7,747**		**3,164**
Cash flows from investing activities						
Increase in Finance Lease Payables	0		0		(2,800)	
Purchase of property, plant and equipment	(1,213)		(3,500)		(2,383)	
Net cash generated used in investing activities		**(1,213)**		**(3,500)**		**(5,183)**
Cash and cash equivalents at end of period		**12,527**		**12,527**		**10,508**

Understanding You

Single Oversight Framework Rating

NHS
Gloucestershire
Care Services
NHS Trust

	Actual											Plan	Forecast	Forecast
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18	2018/19
Capital service cover metric	3.39	3.58	3.60	3.56	3.51	3.58	3.41	3.30	3.05	3.92	3.90	2.77	4.60	3.50
Capital service cover rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Liquidity metric	7.14	6.11	7.45	18.45	20.99	21.61	18.70	19.38	20.12	22.36	20.75	1.05	18.50	21.90
Liquidity rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1
I&E margin metric	3.1%	3.2%	3.2%	3.1%	3.0%	2.9%	2.6%	2.3%	2.6%	2.5%	2.3%	1.8%	3.4%	2.0%
I&E margin rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Distance from plan metric	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.5%	0.4%		1.6%	0.0%
Distance from plan rating	1	1	1	1	1	1	1	1	1	1	1		1	1
Agency % above/(below) plan	2%	-21%	-26%	-20%	-19%	-11%	-9%	-9%	-11%	-7%	-15%	0%	11.0%	0.0%
Agency rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SOF rating after overrides	1	1	1	1	1	1	1	1	1	1	1		1	1

SCORE BOUNDARIES			
1	2	3	4
2.5	1.75	1.25	<1.25
0	-7	-14	<-14
1%	0%	-1%	<=-1
0%	-1%	-2%	<=-2%
0%	25%	50%	>=50%

The Trust overall rating is 1 over 17/18 and 18/19.

Our slippage on the capital plan improves our capital service and liquidity metrics, which we had planned to reduce over the year with cash outlay.
Overall rating is determined by giving a 20% weight oft each score and calculating a combined score.

The overall score is one of the factors used to determine segmentation by NHSI

Segment	Description
1	Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance.
2	Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.
3	Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements.
4	Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures.

Risks and Opportunities

NHS
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NHS Trust

Significant items being managed at this stage of the year are as below:			
	Intial Risk/ (Opportunity)	**Mitigated Risk**	**Month 11 Change**
Delivering required recurrent CIP	2,000	500	0
Delivering required non recurrent CIP	250	0	0
Delivery of non rec savings in year to offest CIP phasing	1,000	0	0
Delivering Remaining QIPP milestones	1,500	20	-30
Achieving QIPP risk share on rapid response service	775	387.5	0
QIPP risk share on MSK and New Community Model	125	0	0
Delivering CQUIN in line with plan	800	36	0
Managing agency spend within cap	663	0	0
CQUIN risk pool income that could possibly be made available	-400	0	0
	6,713	**944**	**-30**
2018/19 risks for CIP, QIPP, CQUIN and cost pressures will be quantified in the planning process.			
Opportunity of CQUIN risk pool income now in forecast			

Understanding You

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **29th March 2018**

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

Agenda reference Number	19/0118
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	Richard Cryer, Chair of Audit and Assurance Committee
Author(s)	Sandra Betney, Director of Finance
Board action required	To note
Previously considered by	
Appendices	Approved minutes of 6th December 2017

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.

Understanding You

Recommendations:

The Board is asked to

(i) **NOTE** the contents of the Audit and Assurance Committee report.
(ii) **NOTE** the minutes from the 6th December 2017 Committee meeting

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 5th March 2018. Key Issues considered by the Committee were Internal Audit Reports, External Audit Planning.

2. Internal Audit Reports

Members considered the Internal Audit report on Risk Management and discussed the recommendations tracker, noting that actions and recommendations had been agreed and were being progressed. The Internal Auditors confirmed they were on track to complete the audit programme for the year and submitted the draft annual plan for 2017/18 which had been previously considered by the Executive. A number of minor changes in relation to timings were suggested and to ensure the strategic intent and impact of GDPR was referenced.

3. External Audit Plan

The Committee reviewed the External Audit plan in detail and approved the approach to take forward the Audit for 2017/18.

4. Finance Compliance Report

The Director of Finance presented the compliance report detailing two waivers requiring Committee approval in line with the standing orders of the Trust. The Director of Finance noted that payments are up to date and year end agreements in place.

5. Annual Health and Safety Report

The Committee reviewed the Annual Health and Safety report for 2017/18 which confirmed the structure and processes the Trust has in place. Members were assured by the heightened awareness raised and noted the areas identified requiring improvement.

6. Governance Framework

The Committee noted a detailed review had been undertaken of the Board Governance Framework and agreed no action was required at this time, noting currently there were no significant issues identified within the framework. Members noted that any future changes required to the Governance Framework would take cognisance of the Strategic Intent and therefore would be confirmed at Board level.

7. Freedom of Information Publication Scheme

The Committee noted that the Trust has in place a Freedom of Information Publication Scheme in line with Freedom of Information Act. As part of a review of processes to support the Act the Trust has now put in place on its website a log of Freedom of Information requests to enable wider access to information requested. Members noted The Freedom of Information Publication Scheme is a key element of the Information Governance Toolkit.

8. Records Management Audit Plan

The Committee had been provided with an update in relation to the record management audit framework which had been previously agreed

It was now planned to take forward the audit framework further during 2018/19 with audits to take place in two clinical and two corporate areas each year, based on assessment of needs, recognising ongoing work to standardise records management across the Trust.

9. Conclusion

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

10. Recommendations

The Board is asked to

(i) **NOTE** the contents of the Audit and Assurance Committee report.
(ii) **NOTE** the minutes from the 6th December 2017 Committee meeting.

NHS
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Care Services
NHS Trust

Audit and Assurance Committee

Date: 6 December 2017

Members	
Richard Cryer	Non-Executive Director (Chair)
Graham Russell	Non-Executive Director
Jan Marriott	Non-Executive Director
Nick Relph	Non-Executive Director
In attendance	
Sandra Betney	Director of Finance
Stuart Bird	Deputy Director of Finance
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Lynn Pamment	Internal Audit – PWC - Senior Partner
Dominique Lord	Internal Audit – PWC
Rees Batley	External Audit – KPMG
Pak Wong	Trainee Non-Executive Director
Laura Bucknell	Head of Medicines Optimisation (for item 6 only)
Max Boyce	Local Security Management Specialist (for item 15 only)

Ref	Minute
01/1217	**Welcome and Apologies** The Chair welcomed attendees to the Committee.
02/1217	**Confirmation of Quoracy** The Chair confirmed that the meeting was quorate.
03/1217	**Declarations of Interest** Declarations of Interest previously declared were noted. There were no Declarations in relation to the agenda for the meeting.
04/1217	**Minutes of the previous meetings – 13th September 2017** The Minutes were **APPROVED** subject to a minor amendment as a true record.
05/1217	**Matters Arising –action log** The Committee **NOTED** the items on track or completed. It was agreed the Use of Resources Review should be removed as this was awaiting national decisions.

06/1217	**Internal Audit** The PwC Senior Partner presented the progress reports advising that there were five final reports for Committee members to consider and that a further two reviews, currently in the scoping stage, have been scheduled to commence in January 2018 which will complete the annual reviews for the year 2017/18 on target. **Audit reports** **Human Resources – Medium Risk** Members discussed the report in detail noting the main areas of risk highlighted, leavers and Working Time Directive. Members were assured that the controls and processes regarding starters and leavers have been addressed and additional training and support delivered where there had been repeated poor practice. It was confirmed operational leads were notified and held accountable. It was noted that the Committee had previously been provided with a report on overpayments which provided triangulation of the issues. It was confirmed that the leavers form would move into ESR next year which should help to improve the process. The Director of Finance confirmed that the overpayment recovery process is effective. **Medicine Management – High Risk** ***The Chair welcomed Laura Bucknell, Head of Medicines Optimisation (HoMO) to the meeting.at 10.15am*** Members reviewed the detailed report and asked for further assurance from the HoMO in respect of the high risks highlighted. The HoMO advised the risks highlighted included prescription charts being no longer fit for purpose; colleagues were adding information to these charts, which was causing confusion. A revised easy to read chart was being devised along with appropriate guidance. It was targeted that this would be ready for use February 2018. It had been found that the correct processes were not always being followed; therefore the HoMO was developing reminder processes, such as using key messages on screen savers across the Trust, to remind and reinforce the requirements with colleagues. It was confirmed that a robust action plan was in place and that the high level recommendation had been raised with TPP, given that it reflected a system issue. The Committee suggested this also be raised with the national TPP user group as a mechanism to support acceleration of the issue. The HoMO confirmed that the processes in place were an improvement on the previous manual processes and that taking forward the recommendation would further improve the robustness of the process. The Chair of the Committee queried whether lessons had been learned in relation to system implementation and the Director of Finance advised that processes had been put in place to ensure this, and that now all new system implementations included an implementation plan and a post project review. It was confirmed that the contract for Lloyds had been reviewed and confirmed that they are contractually required to participate in audits. It was confirmed that in future Lloyds would be involved when necessary. Further risks and recommendations were discussed and members were assured of the

	mitigating actions being implemented. ***10.45am – HoMO left the meeting*** **Information and Performance – Medium Risk** Members discussed the report in detail noting the areas of good practice identified from the audit. The Director of Finance gave assurance that the recommendations had been accepted and an action plan put in place. It was noted that the report included feedback from colleagues, although the response level had been low. To increase awareness of BIRT (Business Intelligent Reporting Tool) there had been a number of development sessions at the CORE colleague network. The Director of Finance confirmed she would further discuss the report with the Director of Human Resources particularly in relation to the integration of HR reporting, recognising two systems are used currently which can cause difficulties. Jan Marriott commented BIRT was being used to inform Matrons' work on the Mortality Review Group which was encouraging. **IT General Controls – Medium Risk** Members noted the report and acknowledged the findings identified within the report. The Director of Finance gave members an updated position on a number of findings confirming that actions to resolve issues raised were now being progressed. **Finance – High Risk** The Committee discussed the report in detail and the actions in place to respond to the recommendations made. The Director of Finance commented that in April 2017 the Trust went live with the new financial system and therefore this was the first review of the controls and processes underpinning the key finance processes in place. The Audit had therefore been put in place to identify any issues resulting from the changes to the system. Following the recommendations made processes have been amended to address the issues highlighted. It was confirmed that actions had been put in place in relation to the segregation of duties recommendation to reduce the number of approvers. The Internal Auditors confirmed that they would review compliance with the recommendations prior to year-end, to enable an up to date position to be provided within the Annual Report. **Progress Tracker** The Internal Auditors confirmed they were pleased with the progress made in implementing the actions which demonstrated the Trust's commitment to responding to audit recommendations. The Chair of the Committee queried whether the action which was outstanding after two years remained valid. This was confirmed by the DOF, who noted that the delay reflected the introduction of a new system. The Committee **NOTED** the Internal Audit reports.

07/1217	**External Audit Report** The KPMG Director presented the progress report for External Audit and confirmed that planning for 2017/18 audit and risk assessment processes had now commenced. Members considered the key points from the Sector Update. It was noted the external audit of the Charitable Funds would be finalised shortly. The Chair thanked KPMG for the report. The Committee **NOTED** the report
15/1217	**Annual Security Management Report** **The Local Security Management Specialist, Max Boyce, joined the meeting** The Local Security Management Specialist confirmed that it was a contract requirement for the Trust to complete an annual security report , although the remit of NHS Protect had been amended to focus on counter fraud, therefore the Trust was no longer required to submit it to NHS Protect. It was noted that there were 21 green assessment criteria and 8 amber (all of which had action plans in place). It was confirmed that none of the amber rated assessment criteria were significant risks. The Security Management Specialist confirmed he was undertaking work with the South West region to enable peer review. It was confirmed that the report would be provided to the Clinical Commissioning Group. Nick Relph advised he planned to attend the Health Safety and Security Steering group as an observer and advised that he had met the Health Safety and Security team as part of his NED portfolio. The Committee **APPROVED** the Annual Report for submission to the CCG.
08/1217	**Finance Compliance Report** The Director of Finance presented the detailed report, including analysis of aged debtors and aged creditors noting the most significant supplier and customer balances included within the report. Members reviewed the report and were given assurance that the Better Payment profile would improve throughout the year, this had been significantly impacted by the new system implementation, all payments were confirmed as up to date. The Committee **NOTED** there were 6 waivers, approved as per the Scheme of Delegation. The Chair commented positively on the reduction in debtors relating to HIV outstanding invoices. The Committee **NOTED** the report

11/1217	**Corporate Risk Register** The Trust Secretary presented the Corporate Risk Register, which contained the risks relating to the remit of the Audit and Assurance Committee. It was noted that the three risks, one of which was rated at 16 relating to Medical devices. It was confirmed Executive action was in progress to ensure reduction of this risk. The Committee **RECEIVED** the Risk Register and **NOTED** and **ENDORSED** the actions being taken to mitigate the risks.
10/1217	**Compliance Report – Legal, SARS and FOIs** Members considered the update which provided information on the legal cases progressed with NHS Resolution over the past five years. These confirmed that the Trust has a relatively low volume of claims and a low value of claims settlement. It was noted that the Trust was using the early dispute resolutions process to settle claims earlier and at a lower value. The Committee noted the volume of Freedom of Information (FOIs) and Subject Access Requests (SARs), and were updated on the implications of the General Data Protection Regulation (GPDR) impacting from 25th May 2018. It was confirmed that FOIs and SARs were centralised to ensure consistency of service across the Trust. The Committee **NOTED** the report
09/1217	**Risk Management Update** The Trust Secretary updated the Committee on the implementation of the Datix risk Module which would increase consistency and provide wider oversight of Risk Management across the Trust. It was noted that the Risk Steering Group membership had been revised and increased, and that a development session for the CORE leadership group to disseminate to their teams had taken place. The Committee **NOTED** the update.
13/1217	**Asset - Write Off Atrium** The Committee were advised that the new Head of Estates had reviewed the Atrium system in detail and assessed it would not give the benefits required for the Trust. The Committee discussed the report and **AGREED** the proposed write off and further agreed that the Director of Finance would review any lessons to be learned for future purchases of systems.
13/1217	**Well Led Update** The Committee **NOTED** the report which outlined the responses to the Board Self-Assessment

14/1217 **Director of Finance / Trust Secretary**	**Land Valuation** The Director of Finance advised that she had instructed an asset valuation process by external advisors which would revise the Trust's land asset values. She confirmed she would update on this at the Audit Committee in February.
16/1217	**Anti-Fraud and Corruption Policy** The Counter Fraud Team had updated the Anti-Fraud and Corruption Policy to reflect latest guidance and it had now been endorsed by JNCF. The Committee **APPROVED** the policy.
17/1217	**Summary Reports** Members received and NOTED the following summary reports; - EPRR Steering Group - Risk Steering Group - Information Governance Steering Group - Health and Safety Steering Group The Chair commented positively on the reports commenting that it highlighted key issues more effectively.
18/1217	**Forward Planner** The Committee **noted** the forward planner
19/1217	**Any Other Business** There being no further business the Chair closed the meeting at 12.15hrs.
20/1217	**Date and Time of Next Meeting** **5th March 2018** **2pm - 4.30pm (please note new date and time)** **Coopers Room** **Edward Jenner Court** **Gloucester**

Chair's Signature:

Date:

TRUST PUBLIC BOARD - FORWARD PLANNER

Month	January	March	May / June	July	September	November
General Business						
Service User Story	x	x	x	x	x	x
Freedom to Speak Up Story			x			x
Questions from the public	x	x	x	x	x	x
Leadership & Strategy						
Chair's Report	x	x	x	x	x	x
Joint Strategic Intent update			x	x	x	x
Executive Team Report	x	x	x	x	x	x
One Gloucestershire - Sustainability and Transformation Plan, including any consultation updates	x	x	x	x	x	x
Forest of Dean			x	x	x	x
CQC Final Report			x			
Business Plan		x				
Quality and Operational Performance						
Quality and Performance Committee update	x	x	x	x	x	x
Workforce and Organisational Development Committee update (as required)	x	x	x	x	x	x
Quality and Performance Report	Month 9	Month 11	Month 12 and 1	Month 3	Month 5	x Month 7
Finance						
Finance Committee update	x	x	x	x	x	x
Finance Report	Month 9	Month 11	Month 1	Month 3	Month 5	Month 7
Budget		x				
Assurance						
Board Assurance Framework	x	x	x	x	x	x
Charitable Funds Update (as required)	x		x		x	
Audit and Assurance Committee Update	x		x		x	
Review of Quality and Annual Accounts				x		
Governance Update		x				
Strategies						
	Health, Safety and Security Strategy 2017 (every 3 years, **DUE 2020**)	Risk Management 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**)	Charitable Funds – position statement 2017 (every 2 years)		Finance Strategy 2017 (every 3 years)		
	Estates Strategy **DUE 2018** (every 3 years)					
	Communication & Engagement Strategy 2017 (every 3 years, **DUE 2020**)					

Corporate						
Understanding You Report			x			x

Every routine meeting will normally 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