GCS Trust Board
Thursday, 28th March 2019 - 14:00 – 16:00
The Main Place, Old Station Way, Coleford. GL16 8RH

AGENDA

General Business			Presenter	Purpose
13:00 (guide time)	1/0319	**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) Apologies: Richard Cryer, Candace Plouffe Welcome Sian Thomas, Deputy Operating Officer	Chair	To note
13:05	2/0319	**Declarations of Interest** To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations, attached as appendix 1.	Chair	To note
	3/0319	**Service User Story**	Director of Nursing	To note
13:35	4/0319	**Minutes of the previous Board Meeting –** held on 31 January 2019	Chair	For Approval
13:40	5/0319	**Matters Arising Action Log** - matters arising not covered by other items on the agenda	Chair	To note
13:45	6/0319	**Questions from the Public**		To note
Leadership and Strategy				
14:00	7/0319	**Board Assurance Framework**	Chief Executive	To note
14:15	8/0319	**Chair's Report**	Chair	To note and approve
14:30	9/0319	**Chief Executive and Executive Team Report** - Including Values Update	Chief Executive	To note
	10/0319	**Business Plan**	Director of Finance	To approve
	11/0319	**Budget**	Director of Finance	To approve
14:45	12/0319	**One Gloucestershire – Integrated Care System Update**	Chief Executive	To note
Monitoring				
15:00	13/0319	**Quality and Performance Report, Month 11**	Chief Operating Officer & Director of Nursing	To note
	14/0319	**Finance Report – Month 11**	Director of Finance	To note
	15/03/19	**Annual Cost Improvement Plan (CIP) report**	Director of Finance	To note

	16/0319	**Quality and Performance Committee Report**	Committee Chair	To note
	17/0319	**Resources Committee Report**	Committee Chair	To note
2	18/0319	**Charitable Funds Committee Report**	Committee Chair	To note
	19/0319	**Audit and Risk Assurance Committee Report**	Committee Chair	To note
	20/0319	**License Requirements**	Trust Secretary	To approve
Assurance For Information				
15:45	21/0319	**Forward Planner Review**	Trust Secretary	To note
Other Items				
15:55	22/0319	**Any Other Business**		
Date of Next Meeting – TBC				

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 Husband Vice Chancellor Nottingham Trent University Joint Chair 2g NHS Foundation Trust
Paul Roberts	Joint Chief Executive Officer 2g NHS Foundation Trust
Sandra Betney	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, Trustee/Director Action for Children Pension Fund, Chair of Audit Committee for Biochemical Society Member of Audit Committee, Council of Licensed Conveyancers Trustee Monmouth Big Band
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
Candace Plouffe	Trustee Active Gloucestershire
Graham Russell	Chair Second Steps Bristol Wife, CEO Longfield Hospice
Nick Relph	Gloucestershire ICS Independent Chair Non-Executive Director, Oxford Triple Value Healthcare

Agenda Item 3

SERVICE USER STORY

Trust Board Minutes

Meeting on 31st January 2019
Cirencester Football Club
13:00 Hours – 16:00 Hours

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Roberts	Joint Chief Executive Officer (Voting Member)
Nick Relph	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Sandra Betney	Director of Finance/Deputy Chief Executive (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Michael Richardson	Deputy Director of Nursing
Candace Plouffe	Chief Operating Officer (Voting Member)
David Smith	Executive Director for Transition
Neil Savage	Interim Joint Director of Human Resources &Organisational Development
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Sarah Birmingham	Head of Children and Young People's Services – item 4
Member of the public	
James and Jane	Service Users – item 4

Ref	Minute
1/0119	**Apologies and Quoracy** The following apologies were noted: Sue Mead, Non-Executive Director – on Leave of Absence, Susan Field – Director of Nursing. It was confirmed that the meeting was quorate.
2/0119	**Declarations of Interest** Declarations of Interest previously declared were noted. The Chair highlighted her ongoing declaration as Joint Chair of ²gether NHS Foundation Trust and GCS. The Chief Executive highlighted his ongoing declaration as Joint Chief Executive of ²gether NHS Foundation Trust and GCS. The Interim Joint Director of Human Resources & Organisational Development his declaration as Director of both GCS and the ²gether NHS Foundation Trust.

Understanding You

3/0119	**Service User Story – Learning Disability**
	James described his experiences as an individual living with AHD, anxiety, Asperger's syndrome and psychotic depression who had used both GCS and 2gether's services. His mother, Jane, also provided her perspective as his main carer. They were both positive about imaginative and supportive care which had been moulded to reflect his individual needs, for example an innovative physiotherapist who had identified exercises that he wanted to do which had helped with his dyspraxia and the psychologist who had supported him for a significant period. James and Jane both stressed the need for those providing services to be clear about what would happen, by when, by whom so that as individuals they could plan effectively. They commented on the benefit there would be in greater joining up of appointments – both of different services for an individual but also for members of the same family to minimise journeys and time out from other activities – such as school/college/work. The benefit of greater use of skype or phone appointments going forward was highlighted as a development they would strongly support as an option, and commented that the continence service had provided phone and email content which had been very helpful. James expressed concern that the support provided for children and young people was very different when an individual transitioned into adult services, describing it as "a cliff edge". James also highlighted the importance of clinicians and other staff thinking about how the language that used could heighten anxiety for particular patients and the importance of using meaningful phrases – i.e. not using phrases such as "in a bit" "soon". He recognised that where service users became anxious they might behave in a way that would be more challenging to staff and that ensuring effective communication would benefit staff and service users. He commented that if service users with learning difficulties needs could be recognised through longer appointments it would save time as they would be more likely to understand what was happening and not need to be repeatedly reassured through additional appointments. Jane, as a carer, commented that it was important that adult services did not discourage carers from attending appointments with the caree as they generally found it helpful for all parties, providing the ability for explanations, reconfirming and ensuring key messages were conveyed to all parties. The Board queried whether James and Jane generally used feedback forms and processes to update the Trusts on their experience. Jane commented that although the new forms for individuals with learning difficulty were an improvement that they were still not always clear. The Head of Children and Young People's Services agreed to visit James and Jane to find out more about how the transition programme could be improved. The Trust Chair thanked James and Jane for the time they had given to share their experiences which would be very helpful as GCS and 2gether worked to consider how their services could be joined together to best meet the needs of the individuals using them. The importance of this also being considered across the system was highlighted.
4/0119	**Minutes of the Meetings Held on 28th November 2018.** The Minutes were **APPROVED** as a true record.

5/0119	**Matters Arising (Action Log)**
	The Action log was noted, it was confirmed that issues detailed were completed or on track.
	The Interim Director of HR&OD advised that he had linked with the Director of Public Health and they would meet to explore future working. It was confirmed that opportunities to share the ACES messages with a wider group of GCS and 2gether leaders was still being explored.
6/0119	**Questions from the public**
	Please see Appendix
7/0119	**Board Assurance Framework**
	It was noted that the Board Assurance Framework (BAF) provided an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.
	It was confirmed that the BAF has been updated to reflect latest activities. It was noted that risks which were currently at target score continued to be at the end of the report to allow the Board to focus on Risks where attention is being focused by the Executive. (All risks continue to be included in the Summary of Risks).
	It was noted that as agreed at the November meeting an additional Strategic Objective relating to achieving our objective to deliver transformational care in line with our agreed strategic intent and related Risks had now been added to the Board Assurance Framework. It was confirmed that these risks were drawn from the Risks within the Risk Register for the Merger which is overseen by the Programme Management Executive and Strategic Intent Leadership Group and that the detail of the risks would be considered by the Audit and Risk Assurance Committee when it meets in March.
	The Board noted that the highest current score risk on the Board Assurance Framework remained Strategic Risk 5 – recruitment and retention of colleagues, which was also one of 2gether NHS Foundation Trust's highest scoring risks, recognising the importance of this risk and the challenging national backdrop. It was confirmed there is ongoing work across the Integrated Care System to improve recruitment and retention within the system .
	It was noted that the Trust was putting together a Brexit Assurance Group and monitoring related risks in line with Department of Health recommendations. The Deputy Director of Nursing who was supporting the Director of Nursing, Senior Responsible Officer for Brexit, updated on work with the local and regional resilience forums to support these activities. It was confirmed that the Risk Steering Group and the Executive would be monitoring the position. It was confirmed there had been communications to reassure EU nationals working at the Trust, and that further communications would be made. The Interim Director of HR and OD advised that this was 4% of the Trust's workforce.
	The Board **NOTED** the BAF including the current risk position and actions being progressed.
8/0119	**Chair's Report**
	The Chair's report updated on progress with the Strategic Intent, Board Development, working with colleagues and national and regional meetings attended, and also updated on

	Non-Executive Director activity. The Chair drew particular attention to the recent challenge and scrutiny by the Health and Care Oversight and Scrutiny Committee (HCOSC)in relation to the Gloucestershire system difficulties in relation to x-ray facilities at the Minor Injury and Illness Units. She highlighted visits to a number of 3rd sector organisations, such as the Sober Parrot, which were providing fantastic support for individuals. She also commented on her Christmas day visits to Tewkesbury Hospital and Wotton Lawn and thanked the staff at both these services, and across the county who had been providing the vital support that out community needed across the "holiday" period" with fellowship and care. The Board **NOTED** the Report.
9/0119	**Chief Executive and Executive Team Report** The Report updated on the Chief Executive Officer's (JCEO)activities, including service visits and broader engagement activity, progress on the strategic intent, partnership working, wider Trust activity and an overview of Gloucestershire Care Services operational service activity. The JCEO expressed the thanks of the Board to operational staff who were supporting significant system pressures, and recognised the hard work, stress and pressure involved in this. He highlighted the recent issuing of the NHS long term plan and the opportunities and challenges it presented to the system. He welcomed the plan's refreshing strong emphasis on the value of community services, the first time that this had been so explicit. He advised that the proposal outlined within the Long-Term Plan would be looked at alongside the proposals just announced relating to the GP Contract. The importance of continuing to work in, and further developing integrated working was stressed. He noted that the architecture of the Integrated Care System was reflected in the policy and updated on ongoing work relating to the governance of the Integrated Care System. He confirmed that the recent petitions relating to x-ray had been discussed at HCOSC and also with MP, Geoffrey Clifton Brown and that work continued to find solutions. The difficulty of finding solutions recognising national was flagged by the Chief Operating Officer. The JCEO noted the recent announcement of the Shadow Board Executive appointments and confirmed that working arrangements for both the Shadow Board and the Shadow Executive were now in place. The Chair welcomed the recent development of a Research and Innovation commitment to be taken forward by the developing Trust. He updated on recent work with the Senior Leadership Forum (a grouping which covered both GCS and 2gether) and its place as a two-way conduit with colleagues. He advised that the group was now regularly hearing from system leaders which was helping to develop system understanding and ways of working. He confirmed that Non-Executive Directors were welcome to attend (post meeting dates were issued for information). The meetings would contain slots for Shadow Board members to introduce themselves to ensure their visibility to colleagues. He updated on the work on developing a name for the newly merged trust, and confirmed that there had been stakeholder engagement and also on the need for Trust names to be in

	line with NHS naming guidelines. He outlined that there were a range of interdependencies relating to the name which impacted on the timing. He confirmed that work continued with the Herefordshire system and advised that he would have a number of meetings with staff there over the next few weeks. He advised that capacity issues impacting on operational performance continued to be monitored by the Board's Committees. The Board **NOTED** the Report.
10/0119	**One Gloucestershire – Integrated Care System (ICS)** The Board considered the report which provided an update on Gloucestershire Integrated Care System. This provided an insight into reorganising & supporting pathways, supporting places & communities and supporting employees' wellbeing. It also provided an update on the enabler programme along with a deep-dive into End of Life Care. It was noted that the ICS has worked with the Kings Fund to develop further the Memorandum of Understanding between One Gloucestershire ICS partners and that the Gloucestershire Strategic Forum has also undertaken a series of workshops to review the ICS partnership and the priorities moving forwards. It was noted that consideration of priorities and wider funding across the whole ICS was important. The JCEO commented that the ICS Chair was standing down with effect from 31 January 2019 and a process was in place to appoint an Interim Chair and then to take forward the appointment of a permanent appointment. The JCEO highlighted the leadership work he was involved in across the system; including diagnostics, unscheduled care and system quality improvement. The opportunity to build on existing work was stressed. The Trust Board **NOTED** the report and the progress that has been made
11/0119	**Quality and Performance Committee Report** It was noted that the report provided assurance to the Trust Board that its Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board. The report confirmed decisions made by the Committee at its meeting on 10th January 2019, in line with the Trust's Scheme of Delegation and; highlighted some discussion points that required Board attention. Of particular note: • The Trusts Mortality Report (April – October 2018) outcomes. • Progress against the Trust's Care Quality Commission (CQC) Quality Improvement Plan. • Achievement against the Trust's Quality Improvement Metrics. The Board confirmed their assurance based on the work detailed within the Mortality Report and the Medicines Management work outlined. It was noted that the next meeting of the Quality and Performance Committee would be further updated on the CQC action plan. The learning undertaken by the Trust in its mortality review process was highlighted by the Medical Director.

	The Chair queried whether the recommendations from Carter were being reviewed and it was confirmed that the Joint Executive had conducted a review to identify the areas where there might be opportunities for the new organisation. The Board: 1. **NOTED** the Quality and Performance Committee Report. 2. **RECEIVED** the approved minutes of the Quality and Performance Committee that took place on 1st November 2018.
12/0119 **Q&P Comm**	**Quality and Performance Report – Month 9** The report provided an overview of the Trust's Quality and Performance activities as at December 2018. It is also highlighted achievements made and outlined how the Trust is responding to those areas where improvements are either continuing or need to improve further. The Deputy Director of Nursing took the Board through the report. The Board were pleased with the achievement of the Trust's target for colleague's flu vaccinations. The Chief Operating Officer advised that the wheel chair service data had only recently moved to being incorporated within the report and remained work under review. The Board discussed the progress against the Quality Priorities. It was confirmed that further work was ongoing to test whether the position shown, particularly in relation to deteriorating patients and Nutrition and Hydration reflected practice or an issue of capturing activity correctly. It was agreed that audits should be undertaken and the Board updated through the Quality and Performance Committee. The importance of ensuring meaningful measures which were both qualitative and quantitative for future years was stressed. It was confirmed the Quality and Performance Committee would consider this in February. Jan Marriott advised that the work within the Mortality Group, which she attended, confirmed that the MEWS was routinely done even if it was not recorded on system one. The Board **NOTED** and **Receive** the December 2018 Quality and Performance report.
13/0119	**Resources Committee Report** The report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including on behalf of the Board, including: • Decisions made by the Committee in line with the Trust's Scheme of Delegation. • Progress made against the Trust's operating plan (including finance, workforce, estates and business development). • The key risks and issues identified by the Committee and the actions taken to mitigate these risks. The Chair highlighted particularly the useful work which had been done to consider performance against key metrics (mandatory training and Professional Development

	Reports) and mechanisms to make a shift change and improve quality. He commented that this work had been led by a multi-disciplinary group and had a high level of staff engagement. It was now working to develop improvement trajectories. The Board **NOTED** the update from the Committee.

14/0119	**Finance Report – Month 9**
	
	The Board noted the key aspects of the overview of the Trust's financial position for Month 9 of 2018/19.
	
	    o Revised Control Total surplus is £3.078m including £1.996m of Provider Sustainability Funding (PSF).
	    o Capital spend plan is £5.226m of in-year CRL allocation, plus £75k of multi-year CRL allocation for the Forest of Dean hospital. Total £5.3m.
	    o Cost Improvement Plan (CIP) target is £5.3m
	    o Agency spending cap is £2.232m
	    o Income potential Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) are £1.9m and £3.9m respectively
	
	M9 year to date performance is as follows:
	
	    o Year to date surplus, including PSF, is on plan at £2.2m.
	    o Capital spend to date is £1.5m.
	    o Cash at the end of Month 9 is £14.6m compared to plan of £10.8m.
	    o YTD agency spend is £1.17m compared to a plan figure of £1.67m
	
	Single Operating Framework indicators are green. Details are on page 7 of Appendix 1 to this report.
	
	The Director of Finance outlined the ongoing work preparing for 2019/20 and detailed the budget setting and business planning process which would take place on 5th February with the Board.
	
	She highlighted Cost Improvement Plan performance to date and further work in train. She updated on the latest Capital position and the work to ensure the capital position was achieved.
	
	The Director of Transition commented on the significant achievement of managing agency usage so effectively, and the quality benefits to patients and staff of a more consistent workforce.
	
	The Chair commented on the need to ensure Southgate Moorings had a welcoming feel and confirmed this would be raised with the Head of Communications and the Leagues of Friends, to see if they were able to support facilities which met the needs of their locality, with others.
	
	It was confirmed that the Trust's Control Total for 19/20 was currently expected to be broadly in line with the current year.
	
	The need to understand the system Control Total position and the position in respect of the merged organisation was flagged.

	The Board NOTED the content of the report and the risks detailed.
15/0119	**Forward Planner Review** The planner was noted.
16/0119	**Any Other Business** Potential Mandate Fraud – it was confirmed the Trust's finance team were alert to these issues. Dr Mike Roberts – his last meeting was formally thanked and his contribution recognised.
17/0119	**Date of Next Meeting in Public** It was agreed that the next meeting of the Board be held on 28th March 2019

Appendix – Questions from the Public

What joined up plan does GCS NHS Trust have to address health inequalities within the Trust.

Addressing health inequalities by opening up a dialogue with service users and communities, and engaging and involving them in the design and delivery of services, is a Board level commitment as demonstrated by our 'understanding you' strapline.

The Trust has Your Care Your Opinion, a forum that seeks the involvement of stakeholders, partners and service users in key issues, such as the Trust's quality priorities, how we can re-design our website to make it more accessible and useful, and understanding the barriers to accessing community health services. This forum is led by the Chair of the Trust, often with support of other executives and non-executive directors, demonstrating Board level commitment to creating an inclusive culture that seeks to address inequalities. Individuals from this forum were included in our recent development work on values and will continue to draw on their expertise as we continue this work.

The Trust has a dedicated Community Partnerships Team who work with service users and local communities to seek opportunities for joint working, and understand key areas for improvement, especially regarding inequity of access and outcomes.

The commitment to reduce health inequalities also features in our administrative processes. For example, authors of all Board and Committee papers are required to consider the implication of equalities in reference to the matter in hand. We undertake Equality Impact Assessments on new initiatives and Quality Impact Assessments as we strive for efficiency in our work. We work closely with colleagues and communities to identify areas for improvement, and seek collaborative solutions to addressing health inequalities faced by colleagues and service users.

Our commitment to tackling inequality extends not only to people who use our services but also in our support for colleagues. Our "Equality and Diversity Policy" describes the value that we place on diversity, and the importance of an inclusive culture that aims to reduce health inequalities.

We recognise that addressing health inequalities is a whole system issue and we work closely with partners such as housing agencies to contribute to systemic improvement of our communities' health, access and outcomes.

What joined up plan does GCS NHS Trust have for addressing health inequalities with their partner organisations?

Our Board took the decision to merge with 2gether NHS Foundation Trust with the explicit goal to achieve a positive impact on local health inequalities. We have established a shared programme of work with 2gether NHS Foundation Trust called the Better Care Together which aims to transform care for people of all ages, to reduce health inequalities. An example is ongoing work to increase access and uptake of immunisation for children and young people with learning disabilities.

We are also working collaboratively with other system partners (NHS, Local Authority, Primary Care and the Community and Voluntary sector) through the One Gloucestershire Integrated Care System (ICS) and Gloucestershire Strategic Transformation Partnership (STP). Addressing heath inequalities is of key importance in this work and forms part of the criteria for the development of delivery plans in a joined up manner.

We anticipate the further development of the local Health Inequalities Action Plan overseen by the Health and Wellbeing Board in Gloucestershire and are committed to take part in offering leadership in this process.   The Director of Public Health attended our November Board meeting and presented the Annual Public Health Report – Leading the Way to wellbeing which is informed by the need to reduce inequalities. The Board discussed how it would contribute to the development of the Strategy for 2019-20 onwards both at the meeting and through the involvement of a number of Board members at a subsequent strategy development session of the Health and Wellbeing Board.

Does GCS NHS Trust have a clear narrative of diversity and inclusion that is agreed by the Board and effectively communicated to staff, and which staff at every level can have confidence in?

The Trust takes a strengths-based approach towards Equality and Diversity and Inclusion, underpinned by a policy that promotes diversity and inclusion as key to better outcomes and experience for colleagues and service users. The Trust has approached its commitment to and requirements for equality, diversity and inclusion through a variety of joined-up approaches. These include a focus on a general workforce Organisational Development action plan, developing our Workforce Race Equality Scheme (WRES), Equality and Diversity Training and Induction courses, a Disability Confident Leader work stream and the requirement for Equality Impact Assessments for policies and procedures. We have dedicated and varied communication mechanisms to support cascade and adoption of this best practice.

This also includes delivering workshops to colleagues that promote an inclusive culture that embraces diversity, for example at the Trust's Support Workers conference, as well as a number of cultural awareness sessions and resources being made available for colleagues across the Trust. There are regular communications to colleagues, signposting to resources, campaigns and articles, all with the aim of creating a more inclusive and open culture

The new national Workforce Disability Equality Scheme (WDES) has been issued in the last week and the Trust will be working through the requirements of this for 2019/20 shortly and developing related actions.
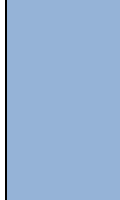
Co-production is integrated within the business objectives, to ensure that the needs of service users and communities inform business planning. The business planning process is embedded through the organisation involving staff at all levels.

A recent example of the Board's clear commitment to diversity and inclusion was the consideration of the location for a new Forest of Dean hospital which was informed by a Citizens Jury process, embracing involving people, looking at being as representative of population in Forest of Dean as possible, their considerations included health inequalities and ways to mitigate them.

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log – as at the 28 March 2019

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
10/0718	Medical Revalidation process	Propose similar framework be considered for dentists	Medical Director	May 2019	Continues to be under consideration	🟦
11/0918	Kirkup Report	To be discussed further by the Executive and updated to Board	Executive	March 2019	Scheduled to be discussed Workforce Committee in 2019. Closed	🟩
13/0918	E&D	Board Session to be arranged for shadow board	Chair	Ongoing	Kings Fund led development sessions in place consideration of specialist provider for E&D Development also being considered.	🟦
3/1118	Public Health Annual Report 17/18	The Director of Public Health commented on the challenges involved in engaging with schools. Graham Russell, non-executive director, offered to put in place an introduction with an education Trust.	Graham Russell, Non-Executive Director	January 2019	Introductory meeting to be taken forward. Closed	🟩

NHS
Gloucestershire
Care Services
NHS Trust

Agenda Item 6

Questions from the Public

Understanding You

Trust Board

Date of Meeting: 28th March 2019

Report Title: Board Assurance Framework

Agenda reference Number:	07/0119
Accountable Executive Director: (AED)	Chief Executive
Presenter: (if not AED)	
Author(s):	Gillian Steels – Trust Secretary
Board action required:	To Receive, Review and note
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 to reflect latest activities. Risks which are currently at target score have been moved to the end of the report to allow the Board to focus on Risks where attention is being focused by the Executive. (All risks continue to be included in the Summary of Risks).

At its review in March the Audit and Risk Assurance Committee requested that an additional risk be added which reflected potential pressures on the system which could impact on the Trust's resilience, and also building in recognition that the operating environment is currently subject to significant flux and uncertainty which the Trust needs to keep under review and mitigate as far as possible. This potential risk and the proposed mitigations have therefore been added to the register as a new risk 16, under risks to Strategic Objective 5.

Proposed Risk 16 "There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustainability."

This risk has currently been scored at 8 recognising the Trust's current resilience and its plans to merge with 2gether to provide a greater voice in system debate but it is recognised this risk needs to be kept under ongoing and regular review.

The highest current score risk on the Board Assurance Framework remains Strategic Risk 5 – recruitment and retention of colleagues. This is also one of 2gether NHS Foundation Trust's highest scoring risks, recognising the importance of this risk and the challenging national backdrop. There is ongoing work across the Integrated Care System to improve recruitment and retention within the system.

The Audit and Risk Assurance Committee will further review the Board Assurance Framework at its next routine meeting in May.

Recommendations:
The Board is asked:

1) **NOTE** the BAF including the current risk position and actions being progressed
2) Confirm the proposal that the Board Assurance Framework is only brought to the Board after review by the Audit and Risk Assurance Committee unless there is an issue identified by the Executive which requires attention.

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

Understanding You

Board Assurance Framework

March 2019

The March 2019

Contents

IMPROVEMENT

NO CHANGE

DETERIORATION

1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Strategic risks		RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
	Ref	Risk						
*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	8 **On Target**	8
	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	16	12
	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&OD/ D of N	Resources	16	8 **On Target**	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**	⬌	**Dir of HR&O D**	**Resources**	**20**	**16**	**12**

Trust strategic objectives	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
		users.						
*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	6 **On Target**	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&OD	Resources	20	**12**	**6**
	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&OD	Resources	20	**12**	**8**

Trust strategic objectives	Strategic risks		RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
	Ref	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**	⬌	I Dir HR/OD	WF&OD	16	12	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	8	8
	SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.	⬌	D of F	Finance	20	15 **On Target**	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
	SR 16	There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustatainability.	NEW Risk	JCEO	Board	20	8	8
We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line	SR 17	There is a risk that **capacity** to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits	⬌	JCEO	Strategic Intent Leadership Group	20	12	6
	SR 18	There is a risk that **competing agendas and demands from** primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper	⬌	JCEO	Strategic Intent Leadership Group	20	12	6

Trust strategic objectives	Strategic risks			RAG	Exec Lead	Assurance Body	Inherent Risk	Current Risk Score	Target Risk Score
	Ref	Risk							
with our agreed **Strategic Intent**.		progress and delivery of benefits.							
	SR19	There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace		⟷	JCEO	Strategic Intent Leadership Group	20	12	6
	SR 20	There is a risk that **changes at a national level** relating to health and/or social care impact on the planned transformation		⟷	JCEO	Strategic Intent Leadership Group	20	12	8

1.2   Detail of strategic risks

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 Meeting Risk Score	4 x 4 = 16	**Date of Review**	March 2019
Current Risk Score	4 x 4 = 16	**Date Next Review**	May 2019
Tolerable (Target) Score	3 x 4 = 12	**Date to Achieve Target**	1st October 2019

Key 2018/19 Deliverables	Relevant Key Performance Indicators
Documented service vision for community services aligned to place base model tol be progressed as part of the Transformation work to develop an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.	Increase system investment in community based services
Achieved business development plan	Delivery of QIPP priorities, CQUIN priorities and quality priorities and business plan milestones
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19	Benefits realisation framework

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. The progression of the shadow integrated care system (wave 2) will be an opportunity for these issues to be further reviewed.

March Update - The Board will be considering a proposal on Integrated Locality Partnerships at its March meeting which will support further development of place based working. The recent national development of Primary Care Networkks is currently being reviewed by the shadow Executive to recognise risks and opportunities. Discussions at the Integrated Care System level are considering priorities at the system. The recently issued Long Term Plan sets out ambitions for greater provision of services in the community – how this is mapped to funding has not yet been clarified.

Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Production of annual operational plan		NHSI 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. This will now reflect the developing integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust	Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer. This will be a key element of the transformation strand of this work and included within the Strategic Case to be submitted to NHSI autumn 2018 Strategic Case submitted, d overarching vision set	CEO/COO	Autumn 2018 **Complete**
2	Business plan to be delivered	Business Plan agreed and in place. To be monitored through Executive and Board Executive monitoring ongoing. Confirmed on track by Executive Feb 2019. Development 19/20 Business Plan ongoing and will be taken to March Board meeting for approval	DoF	March 2019 Complete at March 2019 Board
3	Development of benefits realisation methodology across the STP	This will now be a key element of the Integrated Care System work.5 year plan for ICS to be submitted Summer 2019. Benefits realisation element of plan.	DoF/CEO	July 2019
4	Place based model processes embedded – One Place One Budget	To be developed through ICS development and work with 2gether. Place-based working reflected in the Strategic Case. **March Update**: Development of ICS Integrateted Locality Partnerships in progress as key enabler. Update on this considered at Joint Board Development session Dec 2018 and proposal to Board March 2019.	CEO	July 2019
5.	Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Programme Delivery Structure reviewed and revised following appointment of Strategic Intent Programme Director. Workstream leads in place for Transition, Transaction and Transformation. Programme being implemented and monitored by PME and the shadow executive and shadow board.	CEO/Chair	Stage 1 **complete July 2018**
6.	Integrated Care System	Governance processes to be clearly defined, supported through development with the Kings Fund Three sessions held to. NEDs network developed and	CEO/Chair with system partners	Spring/summer 2019

| | | second session planned. Interim ICS Chair (6 months from Feb 2019) in place to support governance developments moving forward.
Governance leads meeting regularly to consider governance processes going forward.
March 2019 Update: Interim ICS Chair appointed to take forward the ICS agenda which should support the further development of work at a system level. | | |
| | | The potential challenges and opportunities for system control totals within the Integrated Care System are to be further explored and clarified. | | |

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 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 Meeting Risk Score	3 x 3 = 9	**Date of Review**	March 2019
Current Risk Score	3 x 3 = 9	**Date Next Review**	May 2019
Tolerable (Target) Score	3 x 2 = 6	**Date to Achieve Target**	October 2019

Key 2018/19 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 – further work to deliver ongoing	Safety Thermometer (Fall and Pressure ulcer levels)
Increased use of technology to support clinical practice, eg smartphones for clinical support – continuing to be investigated and implemented – in discussion with service users	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. These are now to be further embedded and work undertaken with service users to ensure benefits are recognised and understood.

March 2019 Update:Research and innovation workstream and forum is now in place across GCS and 2g. Business Intelligence for the newly merged organisation subject to shadow executive discussion.

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 and any aresponsive action identified	Further work to ensure benchmark information easily accessible on BIRT implemented – part of phase 2 development. **March 2019 Update**:Work continues to be ongoing.	DoF	July 2019
2	Development BIRTIE reporting on this area to inform CIPS and Service Development.	Discussions with DoN ongoing to ensure BIRTIE used to inform quality and performance priorities and the quality dashboard. Incorporated in phase 2. Reference costs are used as element of cost improvement process. **March 2019 Update:** Cost Improvement Plan approach presented to Board as part of the Operating Plan Submission. Confirmation that this iintegrates business intelligence.	DoF	July 2019
3	R&D Strategy	To be developed and reviewed in conjuction with ²gether NHS Foundation Trust Research and Development work continuing collaboratively In the last 12 months GCS has been recognised nationally rate of increase as highest increase in clinical research **March 2019 Update** Joint research workshop in Jan 2019 which developed a recommendation to be taken to shadow board to develop combined research strategy based on the current 2g strategy.	DoN	October 2019

4	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma implemented and feedback reviewed for learning	Executive	Complete
5	CPD Offer and Personal Development to be linked to quality priorities	CPD and Personal Development Budget focused for 2018/19. And monitored for impact. Updated PDR document issued. Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee 11/1/19 **March 2019 Update:** Trajectory plans for PDR and Mandatory Training in development.	IIDHR&OD&OD	Oct2019
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 Meeting Risk Score	4 x 4 = 16	**Date of Review**	March 2019
Current Risk Score	4 x 4 = 16	**Date Next Review**	May 2019
Tolerable (Target) Score	3 x 4 = 12	**Date to Achieve Target**	October 2019

Key 2018/19 Deliverables	Relevant Key Performance Indicators
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)	Vacancy levels – less than 10% - to monitor for all areas
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
Jointly support the delivery of educational programmes (pre and post registration) – increased emphasis on post registration support	
Local plans to respond to issues raised in staff survey	

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.
Update March 2019: The Staff Survey 2018 indicates on going challenges to staffing resilience, but an improving picture against 2017.

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
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	Information now in place for HR and Service Leads and Managers. Business planning process and monitoring to confirm effectiveness.	Head of Performance and Information	Complete
2	Clear progression pathways for clinical colleagues	Talent management programme to be developed to be undertaken jointly with ^{2}gether NHS Foundation Trust. This will be incorporated within the Transition work for the merger. .	Head of OD	April 2019
3	Process to learn from exit interviews	Triangulated against latest staff survey information March/April 2018 and discussed at June Workforce Committee. Issue also highlighted within presentation from Freedom to Speak Up Guardian at June Board. Freedom To Speak Up Guardian now part of the process to ensure learning from exit interviews.	Head of HR	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Monitoring is ongoing, monitored by the Quality and Performance Committee and also the Executive. Detailed discussion at Resources Committee, Weekly monitoring by Exec. Workshops with NEDs & Exec. Strategy agreed to improve PDR and Mandatory Training processes at Resources Committee 11/1/19 **March 2019 Update:** Trajectories being developed to map planned improvement	Exec	Ongoing

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 April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	October 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Mechanism for initial impact on projects developed – to be further developed in conjunction with 2gether NHS Foundation Trust. Transformation centred on co design with service users.	FFT Response Rate
Negative assurance, eg complaints etc, being fed into the business planning process **–** to be monitored to ensure happening across GCS and also that learning are across both Trusts**.**	FFT % recommend service – likely , extremely likely
Examplars of co-design – examples of Transformation Centred co design	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	Feedback from service users at engagement events

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 the Transformation strand of the Trust's work with 2gether NHS Foundation Trust. **March 2019 Update**: Values sessions progresseing positively. 2018 Staff Survey results improving picture of engagement.Transformation continues to be key element within merger work.

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,	Service user stories at Board	Board Oversignt

concerns and compliments		
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
Learning Assurance Framework	Reports to Q and P Committee	

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	Mechanism to ensure feedback captured through Transformation strand of work with 2gether NHS Trust. GCS review of FFT service user detailed feedback to be considered by Executive.	COO/DoN	July 2019
2 Your Care Your opinion , Understanding You report to be reviewed against planned wider stakeholder engagement to identify any areas where GCS specific areas required	Review of your care your opinion against planned wider service user engagement to be undertaken. Merger engagement activity within the Transformation strand will be a key element of this. Recognised within planned values work – stage 2 **March 2019 Update**: Key element of co production within values sessions	COO/DoN	July 2019
3. Skills for Co-production require further development	Co production development of teams to be undertaken. In conjuction with work with 2gether to learn from good practice. Values sessions with service users took place Nov 2018 Recognised within planned values work – stage 2 **March 2019 Update**: Key element of co production within values sessions	COO	July 2019
4 Service audits to be reinstated.	Service audits reinstated and monitored for impact	COO	Complete
	Increase use of "You said We did" feedback processes. This is an element within the merger processes.	COO	Ongoing

| 5 | Business Planning Process incorporates feedback. | Business Planning monitoring to include consideration feedback Strand of co-production is an element in business planning | DOF | Complete |

Links to Primary Regulatory Framework
CQC
Constitution Right and Pledges

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 Integrated Care 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 Meeting Risk Score	3 x 4 = 12	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	October 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
1. Locality provider boards embedded with Executives now linked to localities	1. Completion of realignment of GCS services to locality working
2. GCS effective in discussions to progress system working with establishment of shadow Integrated Care System	2. Reablement KPIs agreed and achieved
3. Reset of GCC relationship	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. The approval of Gloucestershire as a shadow Integrated System provides further opportunities to further develop system working.

March 2019 Update: JCEO has taken on range of lead roles within system, for example QI and Diagnostics to help support integrated working. Interim ICS Chair appointment Feb 2019 who is supporting development of greater clarity and engagement through the system to further develop joined up working.

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
Director of the "Better Care Together" transformation programmein place.	Regular reporting through the Strategic Intent Management processes	Management and 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 using the drivers within the Integrated Care System ICS development sessions with Kings Fund to set key framework mechanisms which will lead to development of performance framework. **March 2019 Update:** Revised governance framework agreed GSF Feb 2019. Further work to support this development ongoing	CEO	July 2019
2	Move Strategic Intent into Action, with focus on service users	Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Governance processes in place Executive Workstream processes in development. Engagement activities. Transformation strand work to be further developed. **March 2019 Update:**Values development and benefits realisation work ongoing.	CEO DoN/Director of the "Better Care Together" transformation programme	Sept 2018 Ongoing
3	Director of the "Better Care Together" transformation programme is developing relationship and framework for work with the Integrated Care System	Regular meetings with key ICS leads. Development of framework for transformation processes and benefits realisation mapping to engage with ICS leads	Director Better Care Together	Ongoing
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 Meeting Risk Score	3 x 4 = 12	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	October 2019

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Effective Provider Locality Boards creating advocates for the Trust	Friends and Family test, complaints, compliments
Establishment of cluster MDT working with full participation by GCS	Regular Integrated Locality Board Meetings

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.
March 2019 Update: GCS continues to co-ordinate with GHFT and 2g to support system working.

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/COO	Complete
2 System quality indicators	Develop Business Plan incorporating Estates	COO	Complete
3 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	Complete Nov 2017 Complete Complete **Above all complete indicating developing relationship building**
	Development of Intergrated Care System	CEO	Ongoing
	Director of the "Better Care Together" programme building relationships with ICS leads and attending relevant ICS programme meetings	Dir Bettercare Together	Ongoing
4 Development of Seamless Care key element of Strategic Case and Full Business Case.	Strategic Case submitted Full Business Case to be developed		Complete April 2019

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	4 x 5 = 20	**Date Identified**	April 2017
Previous Meeting Risk Score	3 x 4 = 12	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	October 2019

Key 2018/19 Deliverables	Relevant Key Performance Indicators
Manager toolkit in place to be reviewed with 2gether NHS Trust to monitor impact	• Staff engagement levels (from annual staff survey)
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work	• Staff friends and family test results
Continuing increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised –	• Staff Survey Question on feeling supported to raise concerns.
Local Plans to spread good practice and target issues identified by the staff survey	

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.
Update March 2019: Improved Staff Survey Outcomes 2018

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 and externally	Management
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	Q1 Staff FFT results are as follows: • Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. • Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. We also had a higher response rate than in previous FFTs at 22.1% **In Qtr. 2 of 2018/19, 58.5%** of staff would recommend the Trust as a place to work (target is 61%) and **88.5%** would recommend the Trust as a place to receive treatment (target is 67%). – reduction from Qtr 1 discussed at Board and work on going at Execs to demonstrate responding to feedback **Update Staff Survey March 2019** Key results include: • Compared to last year, two of the themes have shown significant statistical improvements - 'Safety culture' and 'Staff engagement'. • Encouragingly the other 8 themes have remained stable. • Equality, diversity and inclusion comes close to the best. • Overall the Trust is the same as the benchmarking group average in five out of the ten themes. The other five are only slightly worse.	Head of OD	March 2019

| | | • 'Immediate managers', 'Morale', 'Quality of appraisals', 'Quality of care' and 'Safe environment – Bullying and harassment' are in most need of improvement.
• These results will need further analysis over the coming months to unpick and understand the distinctions and nuances of the results.

It is also worth noting the following scores:
• Recommending the Trust as a place to work has increased from 51% in 2017 to 55.8% in 2018. (Below the average benchmarking score of 59.4%)
• If a friend or relative needed treatment, respondents being happy with the standard of care provided by the Trust has increased from 73% in 2017 to 76% in 2018. (Above the average benchmarking score of 74.8%)

Historically the responses to these questions in the Staff FFT are consistently higher:
The FFT Q2 results 2018 were:
• How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family as a place to work? - 59%
• How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family if they needed care or treatment? - 89% | | |

2	Management Toolkit	Launched Jan 2018 with funding from SW Leadership Academy Funding CORE Leadership Session discussed Jan 2018 To review as part of transition work	Head of OD	Complete
3	Staff Engagement Framework	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a "quality Academy" Being taken forward within the Engagement processes relating to the merger. Values Programme engaged significant proportion of staff Oct 2018 Stage 2 Values Programme in launch process.	Director of HR	Oct 2019

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 Meeting Risk Score	3 x 4 = 12	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Not applicable

Key 2018/19 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. Following consideration of the Staff Survey outcomes at Board local plans are being developed which should help to reduce the risk. The need for work on supporting the mental well being of colleagues was also flagged.

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	Independent
Mental health first aid training	CQUIN	Independent
Stress management workshop, including mindfulness and resilience.	CQUIN	Independent
Stress management policy	Annual staff survey results regarding the organisation taking positive action on H&W.	Independent
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. Further guidance and support issued to managers.	Head of OD	July 2018 Complete
2	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 and Review ongoing	IDHR&OD	Complete
3	Local Staff Survey response plans with focus on well being to be developed	Development session at CORE to provide support for development. Plans now being monitored.	IDHR&OD Heads	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Being montored by the Quality and Performance Committee and the Executive.	DON	Ongoing
5	Ensure CQC Must do's in relation to training (in particular End of Life) are in place	CQC Improvement Plan achieved with timeliness. Being montored by the Quality and Performance Committee and the Executive. End of Life Group working to take this forward. Being monitored by Q&P Committee	DON	Ongoing
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 Meeting Risk Score	3 x 4 = 12	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	October 2019

Key 2018/19 Deliverables	Relevant Key Performance Indicators
Refresh of leadership development plan including talent management – combining with review of 2gether processes	Level of support provided by manager (measured through staff survey)
	PDR compliance rates
Managers induction implemented and monitored	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. Identified for action within Transition and Transformation workstreams

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 Resources. Also to be supported by the merger transition work. Currently on hold – part of transition work **March 2019 Update** System Wide ttalent development further cohorts launched	Head of OD	
2	The assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	360 Programme in development to increase self-awareness and personal impact. Also to be supported by the merger transition work. Currently on hold – part of transition work	Head of OD	
3	Managers induction	Managers toolkit and induction delivered. Review whilst planned manager development within transition workstream being considered. To be rolled out 2019/20	Head of OD	July 2019
4	Leadership Development Programme – regional	Colleagues attending SW leadership development programme	Head of OD	Complete
5	Leadership Development Programme - local	ICS 5 elements of leadership programme – 16 leaders from GCS band 7 and above. – piloting managers toolkit	Head of OD	Complete

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 Meeting Risk Score	3 x 3 = 9	**Date of Review**	March 2019
Current Risk Score	3 x 3 = 9	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	October 2019

Key 2018/19 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	Oct 2019
2 Well led framework needs further consideration by Board following consultation changes	To be further reviewed as part of the work with 2gether NHS Foundation Trust. Development work with 2gether will take this forward.	TS/Board/SILG	July 2019
3 Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented. Development process ongoing.	Chair	Ongoing
4 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. Incorporated within Annual Report. No significant issues highlighted, but proposal to combine Workforce and Finance Committees currently ongoing. . 2018/19 stage ongoing	TS	Complete
5 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.	DoF	Sept 2018 Complete

		Initial actions complete, further information awaited from NHSI on implementation date for Community Trusts. Actions to date shared with 2gether.		
		Timely Actioning of EA and IA – follow up process embedded. Confirmation at end of year Audit Committee that this is being achieved.	DoF	Complete
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	April 2018 Complete
6	Merger Governance processes in place to ensure merger process is managed effectively	Merger governance processes – PME, SILG, Risk Register , Budget monitoring etc in place.	CEO/Chair/DoF	Ongoing

Links to Primary Regulatory Framework
SOF, Well Led, CQC.

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR16 **NEW RISK**	There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustatainability .		

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 Meeting Risk Score	**New Risk**	**Date of Review**	
Current Risk Score	2 x 4 = 8	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Ongoing

Key 2018/19 Deliverables	Relevant Key Performance Indicators
Continued engagement in ICS processes and debates to ensure GCS role in the system is understood	Control Total
Ongoing Lobbying at a national level relating to the role of community services	Cost Improvement Plan Levels

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

The Trust's current financial position is strong and the proposal to merge with 2gether should ensure ongoing strength in position discussions. The indications within the Long Term Plan are encouraging for community providers but this will need to be further reviewed once more information is available on how this will be taken forward, particularly in the light of the new Primary Care Network proposals and the outcomes of the NHSE's proposals for legislative change to commissioning and procurementprocesses.

Controls below to be further developed by Audit and Risk Assurance Committee.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
GCS key part of ICS – Chair, Exec and CEO engagement	Regular Reports to Board on ICS Activity	
ICS Governance	NED ICS Forum	

	Gaps in Controls and Assurance (what additional controls and assurances should we seek)	Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Ongoing review of the increasingly complex operational framework to ensure Board is appropriately sighted to make best use of opportunities	Structure of board for new organisation contains post which focuses on Strategy and Partnerships	Chair/JCEO	1st Oct
2	GP NED position on new Trust to be filled	Work ongoing to fill this Board position to help continue relationship building with localities	Chair/JCEO	1st Oct
3	Work with GCCG on localities	Plans for key shared post developed.	Board	Ist April
4	Local ICS in initial stages	Development of priorities, protocols and ways of working to be further refined to reflect current and future challenges	Chair/JCEO	On going
5	Review required to consider impact of aggregation of potential risks through the system due to range of external factors	Review to be undertaken	Executive	1st December

Links to Primary Regulatory Framework
SOF, Well Led, CQC.

Strategic Objective	We will, **jointly** with ²gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**		
Risk SR17	There is a risk that **capacity** to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits		

Type	Strategic	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	Relevant Key Performance Indicators
Shadow Board in place	Transaction remains on track
Revised Structures developed	
Post Transaction Integration Plan	

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

.This risk is monitored at the Programme Management Executive and Strategic Intent Leadership Group on a regular basis. The monitoring includes review of the transaction, transition and transformation workstreams and feedback from colleagues through the regular pulse check updates.

March 2019 Update: JCEO reviewing capacity and contingency issues – to be updated to shadow board and boards.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Dedicated Joint Strategic Intent Programme Management Team and Programme Management Office in place	Feedback to Strategic Intent Leadership Group and both boards	Board
Ring fenced Business as usual and Joint Strategic Intent posts	Feedback to Strategic Intent Leadership Group and both boards	Board
Programme plan for transaction mapped with aligned resources.	Feedback to Strategic Intent Leadership Group and both boards	Board
Better Care Transformation Programme dedicated lead in	Feedback to Strategic Intent Leadership Group and both boards	Board

place from 10 9 18.		
Development of engaging values programme	Feedback to Strategic Intent Leadership Group and both boards	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	Board level Capacity	Capacity at Board level to be kept under review at Remuneration Committee	Chair	Ongoing
2	Values Programme at pilot stage	Values Programme to be further developed, ensuring involvement colleagues, third sector, stakeholders and service users**.**	JCEO	April 2019
3	Clearly defined relationship with the Integrated Care System	Ongoing work with ICS Partners	JCEO	Ongoing
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Strategic Objective	We will, **jointly** with ²gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**.		
Risk SR18	There is a risk that **competing agendas and demands from** primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.		
Type	Strategic	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	**Relevant Key Performance Indicators**
Integrated Locality Partnerships further developed	-
Integrated Care System Board further developed	-

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

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Both Trusts have clear business plans for 2018/19 to support delivery of core business with clarity on priorities agreed by Boards and aligned to resources	Feedback to Strategic Intent Leadership Group and both boards	Board
Maintain strong engagement as partner in ICS and development of robust ICS engagement plan.	Feedback to Strategic Intent Leadership Group and both boards	Board
Stage 1 engagement undertaken	Feedback to Strategic Intent Leadership Group and both boards	Board
Strategic Intent work monitored for implications to place based working to ensure inter-dependencies recognised –	Feedback to Strategic Intent Leadership Group and both boards	Board

interdependencies routine part of meeting review.

Gaps in Controls and Assurance (what additional controls and assurances should we seek)	Mitigating Actions (what more should we do)		
	Action	**Owner**	**Deadline**
1 Two way engagement process with stakeholders to be finalised for next stage of engagement	Communication and Engagement Plan to be implemented	JCEO	April 2019
2 Key Relationships identified but specific activities required to be defined	Key Relationship Managers for key stakeholders to be put in place	JCEO	April 2019
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.			

Strategic Objective	We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**.		
Risk SR19	There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace		
Type	Strategic	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	**Relevant Key Performance Indicators**
Structures in place to deliver transformation	-

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

Progress in partnership working

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Distinct transformation workstream and lead in place	Feedback to Strategic Intent Leadership Group and both boards	Board
Board Commitment to transformation	Feedback to Strategic Intent Leadership Group and both boards	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	Detailed benefits programme	Detailed benefits programme being developed	JCEO	31st March 2020

Links to Primary Regulatory Framework
SOF, Well Led, CQC.

Strategic Objective	We will, **jointly** with [2]gether NHS Foundation Trust, deliver **transformational care** for our communities in line with our agreed **Strategic Intent**.		
Risk SR20	There is a risk that **changes at a national level** relating to health and/or social care impact on the planned transformation		
Type	Strategic	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Strategic Intent Leadership Group
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1/1/2018
Previous Meeting Risk Score	-	**Date of Review**	March 2019
Current Risk Score	3 x 4 = 12	**Date Next Review**	May 2019
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2020

Key 2019/20 Deliverables	**Relevant Key Performance Indicators**
Community Engagement Plan	-

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

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Monitoring and keeping under review policy announcements.	Feedback to Strategic Intent Leadership Group and both boards	Board
Lobbying local and national stakeholders and policymakers.	Feedback to Strategic Intent Leadership Group and both boards	Board
Ensuring our plans contain future proofing and contingency options	Feedback to Strategic Intent Leadership Group and both boards	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	Knowledge and awareness levels of communities and service users of the impact of national changes.	Engaging across community groups to build knowledge and awareness of the interconnections of national and local policy implications for Trust operational services	JCEO	Ongoing

Links to Primary Regulatory Framework
SOF, Well Led, CQC.

Risks On Target

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

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 Meeting Risk Score	3 x 4 = 8	**Date of Review**	November 2018
Current Risk Score	2 x 4 = 8 – **ON TARGET**	**Date Next Review**	January 2019
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 with 2gether.**	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. – **Grading of Good Assessment confirmed April 2018**	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 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**	
Key 2018/19 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 work towards developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.	Updates to GSF on GCS business as usual and Integrated Physical and Mental Health Care developments.
CQC Outcome Rating of Good formally celebrated and recognised across Healthcare System and action plan work to further improve and spread good practice implemented	CQC Rating CQC Action Plan implementation Progress (completion of must dos with timeliness)
Strategic Case Submitted to NHSI autumn 2018	Strategic Case approved by Board and NHSI
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 (extended to reflect work towards developing an integrated	Joint induction/seminar in place for autumn 2018

Physical and Mental Health Care Offer with ²gether NHS Foundation Trust.		

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

The joint work with ²gether has raised the profile of community based physical and mental health services, and increased understanding of the benefit of integrating this offer. This work will continue through a range of stakeholder events and activities to ensure that stakeholders are the best advocates for our services and champion greater equity of resources for community and mental health services. The current score reflects that the wider stakeholder engagement activities are commencing 29th May and will be part of a wide programme of events.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Development of programme to integrate community based physical and mental health services.	Monitoring by Strategic Intent Leadership Group and Board	Board Oversight
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	Regular Chair and Chief Executive reports	Board Oversight
Stakeholder Transformation events	Updates on Transformation at Board	Board Oversight
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 Stakeholder Engagement informing integration with 2gether plans)	Stakeholder engagement processes launched and feedback mechanisms in place.	Chief Executive	Stage 1 complete June 2018
2 Clarity on GSF Decision Making (controls), particularly following announcement that One Gloucestershire has been granted status as a shadow Integrated Care System.	Memorandum of Understanding to be developed for Integrated Care System which reflects roles of GCS and 2hether and the planned integration.	Chief Executive	August 2018
3 Develop Relationship new HOSC members (assurance)	Joint induction session planned autumn 2018 and HOSC members to be fully integrated in Stakeholder events	Chief Executive	September 2018
4 Must dos identified by CQC	CQC Quality Improvement Plan actioned with timeliness	DoN	Ongoing

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 Meeting Risk Score	2 x 4 = 8	**Date of Review**	November 2018
Current Risk Score	2 x 4 = 8 – TARGET SCORE	**Date Next Review**	January 2019
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**

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Increase the Trust's profile (and that of the work with 2gether) 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	Integrated Locality Board meetings well attended and positive feedback on role from primary care
Maintain and further increase number of FFT responses and increase use of information provided.	Friends and family Test - increased completion and impact on services

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. The Trust's performance was recognised by CQC and a range of stakeholders in relation to winter pressures etc.

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, Locality Meetings and Integrated Locality Boards	Feedback at Board from Executive and partners	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	Monitoring and targets for media presence (positive, negative etc)	Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2018
2	Clear targets to improve response rates for the friends and family test (FFT) and to demonstrate use of information to drive engagement activities including the merger.	Significant engagement activity has been ongoing and also the importance of FFT completion reiterated to colleagues. Feedback recently received is indicating an improved position. Q1 Staff FFT and the results are as follows: • Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. • Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. We also had a higher response rate than in previous FFTs at 22.1% Engagement remains a key strand within the merger processes. Response rates for service user FFT are also increasing and being monitored by the Quality and Performance Committee.	DoHR/Director of Transition Director of Nursing	Ongoing Ongoing
3	Mechanism to improve Service User Feedback systematically shared through organisatiion	Key element of Stakeholder Engagement programme which is at the Core of the work to develop an integrated Physical and Mental Health Care offer	Exec	September 2018
Links to Primary Regulatory Framework				

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**	1st April 2017
Previous Meeting Risk Score	2 x 3 = 6	**Date of Review**	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	**Date Next Review**	January 2019
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 –	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.	
Key 2018/19 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
Transformation with co-design at the heart of work with 2gether.	Stakeholder events and feedback

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. To be further reviewed against Transfor

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. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 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. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
	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	Sept 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	July 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge			

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***		
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Inherent (without controls being applied) Risk Score	4 x 3 = 12	**Date Identified**	1st April 2017
Previous Risk Score	2 x 3 = 6	**Date of Review**	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	**Date Next Review**	January 2019
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 –	FFT Response Rate
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Delivery 17/18 CQUIN on Increased use of Personal Care Plans.	

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Transformation with co-design at the heart of work with 2gether.	Stakeholder events and feedback

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. To be further reviewed against Transfor

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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. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
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	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	July 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge			

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 April 2017
Previous Risk Score	2 x 4 = 8	**Date of Review**	November 2018
Current Risk Score	2 x 4 = 8 On Target	**Date Next Review**	January 2019
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Mar 2019

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

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Business Plan delivered	1. Capital Servicing capacity
Operational Plan delivered	2. Income and Expenditure Margin
Capital Plan delivered	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	To be undertaken in tandem with work with integration with 2gether NHS Foundation Trust	Executive	Sept 2018
2 Business Plan implemented	Business Plan Monitoring	DoF	Nov 2017 Ongoing
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 invest in long term sustainability, 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 April 2017
Previous Risk Score	3 x 5 = 15	**Date of Review**	November 2018
Current Risk Score	3 x 5 = 15 – TARGET SCORE	**Date Next Review**	January 2019
Tolerable (Target) Score	3 x 5 =15	**Date to Achieve Target**	March 2019

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)
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Updated Operating Plan	Forecast Trend for Return on Capital
Business	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 operating plan, Cost Improvement Plan Targets and Control Totals. The work with 2gether NHS Foundation Trust will target the building of resilience

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	July 2018
3	CIP Plan 2018/19 delivery	CIP Plan 2018/19 in Place and monitoring processes on going	DOF	March 2019
4	Work Force Plan 2018/19	Work Force Plan 2018/19 to be reviewed by Resources Committee and Board	IDHR&OD	Ongoing
		Benchmark against Carter Metrics (once issued) Workshop held with Execs of both Trusts, outcomes to be followed up.	DOF	Ongoing

Links to Primary Regulatory Framework   NHSI Single Oversight Framework
CQC – Well led

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

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

Likelihood	IMPACT				
	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:

Trust Board

Date of Meeting:	**28th March 2019**
Report Title:	**Joint Chair's Report**

Agenda reference Number	08/0319
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	

Executive Summary

Recognising the Strategic Intent work and my role as both Chair of Gloucestershire Care Services and ²gether, this report format reflects the breadth of my activities across both Trusts. The production of a joint report does not impact on my existing accountability as the appointed Chair of each Trust.

The Report also provides an overview of Gloucestershire Care Services Non-Executive Director (NED) activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

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

Understanding You

Joint Chair's Report

1.   Introduction and Purpose

This report seeks to provide an update to both Boards 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

1.1   Strategic Intent Update – Moving Towards Developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust

The work in the two Trusts to move forward the Strategic Intent continues, with progress and overall monitoring being maintained through the agreed governance processes.

Shadow Board

The shadow board has now formally taken on the role that was being performed by the Strategic Intent Leadership Group. The shadow board's remit reflects its role in proposing strategic direction in relation to the merger to the two existing statutory trust boards for decision. There have been two meetings of the Shadow Board which are helping to build team relationships as well as taking forward key areas of work to enable the proposed new organisation to meet our ambitious agenda whilst keeping safe the achievements of both current trusts. Meetings are continuing on a monthly basis and the Kings Fund is assisting us in facilitating shadow board development sessions over the coming months.

1.2   Board Development

A Joint Board Development session was held on Tues 5th February which considered the Long Term Financial Modelling which will be a key element of the Full Business Case to be considered by the Shadow Board, the statutory Boards and NHS Improvement.

The session also included a crucial item on developing our new organisation's values. This values workshop with the two Boards was the first of a number of similar workshops being run across both Trusts, building on work undertaken in November. We are committed to co-production and engagement in shaping the new organisation, during its formation and then embedding it into its DNA. We were therefore very pleased to have a valued Expert by Experience taking part in our session.   We had positive feedback from her on the opportunity to be involved and she ensured that it was not a token involvement by engaging

Understanding you

fully with the group discussions and reinforcing the importance of listening to service users before doing anything else if we want to really get the best out of every contact.

1.3 National and Regional Meetings

Nicola Strother Smith, Vice-Chair for Gloucestershire Care Services (appointed on 25th January 2019), attended a meeting of the **South West Chairs'** on my behalf on 28th February, where items included presentations from Susan Frith, CEO for the NHS Counter Fraud Authority and Yvonne Coghill, CBE, who talked about workforce race equality in the NHS and the picture for the South West.

I attended a meeting of the **NHS Providers Board on 6th March** where we discussed key issues facing the NHS and considered further the ambitions and opportunities within the Long Term Plan. Inevitably NHS finances were also an issue of key consideration given the approaching end of year and ongoing planning for next financial year. We also discussed the progressing merger of NHSI and NHSE who are developing further their future ways of working and leads. Board members have already been briefed on this meeting.

On 19th March I attended a meeting of the **NHS Providers Chairs and Chief Executives** where we heard from Dr Aiden Fowler, National Director of Patient Safety for NHS Improvement, Baroness Dido Harding, Chair of NHS Improvement, Simon Stevens, Chief Executive of NHS England and Chris Hopson, Chief Executive of NHS Providers. Again, I have shared a briefing with Board colleagues.

1.4 Working with our Partners

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

Chairing the interview panel for the **Gloucestershire Interim ICS Independent Chair** on 6th February. Nick Relph, currently a Non-Executive Director at Gloucestershire Care Services, was appointed to this position following an interview with the Chairs of the Integrated Care System (this includes the Chair of the Health and Wellbeing Board). Nick will build on the work of Chris Creswick, the previous Independent Chair.

I was invited to be part of the panel for a **Question Time event** held at the University of Gloucestershire on 7th February. The panel, chaired by Dame Janet Trotter, included Richard Graham MP, Mark Hawthorne, Leader of the County Council, the CEO of the Local Enterprise Partnership, and other civic leaders. There was lively debate on a range of topics dear to the heart of our communities including, of course, the NHS.

Understanding you

Alex Chalk MP spent some time with the Trust on 1st March where he met a range of colleagues within the Rapid Response Team and visited the Community Wellbeing Café and met a Community Matron. We were pleased to be able to help Alex understand more fully the breadth and range of our services and the support we provide to help the wider health system.

Graham Russell and Marcia Gallagher (Non-Executive Directors) represented me at the **Gloucestershire ICS Board** held on 26th February and were updated on plans for the coming year as the Integrated Care System develops further.

A regular meeting of the **Gloucestershire Health and Care Overview and Scrutiny Committee** (HCOSC) took place on 5th March.   I attended the meeting with the Joint Chief Executive. The meeting considered the NHS Long Term Plan, performance across the health and care system and an update on the Integrated Care System.

I was represented at the **Hereford Health & Wellbeing Board** on 5th March by Duncan Sutherland, Non-Executive Director (2gether). Items discussed included Director of Public Health Annual Report 2017; future arrangements and priorities for the Joint Strategic Needs Assessment; Better Care Fund Q2 and 3 report 2018/19; Homeless Link Health Needs Audit and Herefordshire & Worcestershire Dementia Strategy 2019-24.

A meeting of the **Gloucestershire Health & Wellbeing Board** took place on 19th March, where I was represented by Marcia Gallagher, Non-Executive Director (2g). Items discussed included the Joint Health and Wellbeing Strategy and Integrated Locality Partnerships. The increasing development of working together across organisations to best meet the needs of our communities is very heartening.

The Joint Chief Executive and I held our **quarterly meeting with the Chairs of the County's Leagues of Friends** on 12th March.   Kathy Campbell, Head of Urgent Care for Gloucestershire Care Services gave a talk about the Trust's Rapid Response service helping to highlight the importance of services provided in people's homes rather than hospitals. The Chair of the Friends of Lydney hospital, Tony Midgely, announced that he will be stepping down from the role at the forthcoming AGM. Tony has been both a stalwart supporter of GCS Trust and a fierce champion of the interests of the people of Lydney and will be sorely missed as our 'critical friend'. We are, as always, very grateful to all our Leagues of friends for their friendship, challenge and generosity. Stroud LoF has been particularly generous recently in its contribution to the refurbishment of cashes green ward, of which more anon.

Regular meetings with the **Gloucestershire ICS Partner Chairs** and the **Hereford and Worcestershire STP Chairs** continue to take place. I attended the Gloucestershire meeting on 5th March and was represented at the Hereford

Understanding You

and Worcestershire meeting by Marcia Gallagher on 12th March. These meetings help support understanding of system issues and ensure partners are working together as effectively as possible.

I acted as the independent assessor for the **interview panel for a Non-Executive Director at Worcestershire Health and Care Trust** on 21st March. This is a sister organisation which provides mental health and community services and is a key partner in the Herefordshire and Worcestershire STP.

1.3 Working with the Communities and People We Serve

I visited the **Nelson Trust Women's Centre** in Gloucester on 6th February, and met with Niki Gould, Head of Women's Community Services.

Following on from my visit to the Sober Parrot in Cheltenham on 22nd January, I was invited to a follow up meeting with Dame Janet Trotter and John Trolan on 20th March at the Hub Bistro in Gloucester.

Once again I was impressed by the support these services provide – and the way they personalise it to focus on the individual - and what really matters to them.

1.6 Engaging with our Trust Colleagues

I continue to meet regularly with Trust colleagues at GCS and ^{2}gether and visit services at both Trusts to inform my triangulation of information.

On 14th February I visited **Stroud Community Hospital** to view the newly refurbished **Cashes Green Ward** and on 7th March I visited the **Vale Hospital** on 7th March to view the **new Stroke Unit.** It was great to see the new facilities and see from the perspective of service users that they were already making a difference. Thank you to the estates and operational teams who worked so hard to make the changes with minimal disruption elsewhere. Thank you too to the Leagues of Friends for their generous help and support with these changes.

On 13th March I attended a visit to a service user with Sue Lear, one of the physiotherapists for ^{2}gether who works in one of the community learning disability teams .A key concern for a Board member is ensuring they have a real understanding of what is happening in front line care, so it was great to get to have a chance to see how care is delivered in someone's home. The visit was an object lesson in why integration matters. This gentleman needs a range of health and social care support from our two trusts, primary care and social care, as well as the third sector. Sue's enthusiasm and commitment, and the way she quickly built a rapport with the service user was inspiring to see.

Understanding You

I chaired the **Council of Governors** meeting on 14th March, as always an important meeting focusing on matters of key concern for our community. The Council is an insightful group who take their responsibilities very seriously and we are committed to continuing to engage with them in coming months to help inform and support their future decision making.

I was invited to attend the **Senior Leadership Forum on 26th March** as part of the Boards' ongoing commitment to our wider leadership team. It is always enjoyable to spend time with the leaders of both Trusts as they consider how best we can work together. My short presentation was the first of a series of similar introductions to shadow NEDs so that colleagues have a chance to meet board members of the proposed merged organisation.

I continue to have a range of 1:1 sessions with Executive and Non-Executive colleagues as part of my regular activities.

2. **NED activity**

Shadow NEDs and **Joint NEDs meetings** were held on 12th February at Edward Jenner Court and on 20th March at Pullman Place. Bi-monthly meetings have been arranged going forward and it is planned to hold these at service venues.

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

- Attendance at Trust Board, Committees, Board Development and Board Seminars (both GCS and Joint with 2gether)
- Shadow Board meetings (Graham Russell, Jan Marriott)
- ICS NED Network Meeting on 21st March
- Diagnostic Interviews – all Board members as part of our ongoing Board Development Programme
- Joint NED meetings
- 7th February - Quality Visit – Tewkesbury Integrated Community Team– Richard Cryer
- 13th &2 2nd March –planning Stakeholder Events – Jan Marriott
- 14th February – Quality Visit – Tewkesbury Hospital – Jan Marriott
- 21st February – Mortality Review Group – Jan Marriott
- 6th March – End of Life Workshop – Jan Marriott & Nicola Strother Smith
- 13th March – Membership Group – Jan Marriott

The Quality Visit Reports are reported within the Quality and Performance Committee.

3. **Conclusion and Recommendations**

The Board is asked to **NOTE** the Report.

Understanding you

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<tr><td colspan="2" align="center">**Trust Board**</td></tr>
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Date of Meeting:	28th March 2019
Report Title:	Chief Executive and Executive Team's Report

Agenda reference Number:	09/0319
Accountable Executive Director: (AED)	Not Applicable
Presenter: (if not AED)	Paul Roberts – Joint Chief Executive
Author(s):	Paul Roberts – Joint Chief Executive
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	1. Updated merger timeline

Executive Summary

Recognising the Strategic Intent work and my role as both Chief Executive of Gloucestershire Care Services and [2]gether this report reflects the breadth of my activity across both Trusts.   I remain accountable separately for the performance in each of these roles.

The Report also provides an overview of Gloucestershire Care Services operational service activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

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

Chief Executive's Report

1   Chief Executive Engagement

I remain committed to spending a significant proportion of my time visiting front-line services in both organisations and continue to be impressed and heartened by the professionalism and commitment of colleagues across the organisations and in the pride that they take in the delivery of, in many cases, outstanding services.

Services I have visited in recent weeks include:

Gloucestershire Care Services:

The Vale Hospital to visit our newly opened Stroke Rehabilitation Unit – it was fantastic to see the team has come together in just a short period of time to offer an exemplar service for the county which provides specialist services to help individuals who have experienced a stroke to return to their homes.

²gether Services:

Recognising the ongoing review of service configuration within Herefordshire I have been meeting groups of colleagues in Herefordshire to explore with them our opportunities to provide the same type of joined up services we are working towards in Gloucestershire with our colleagues within the Herefordshire health care system. Colleague focus on maintaining the strong support for individuals, for which we already recognised, is central to this review. Colin Merker, Herefordshire Managing Director at 2gether NHS Foundation Trust (²gether) is key to taking forward this work and is recognised within the system for his commitment to the Herefordshire Community.

Joint interaction

As the strategic intent progresses colleagues from both trusts are now regularly engaging together.

I have continued a range of meetings with other colleagues including:

Team Talk – Weavers Cross – it is great to find that increasingly Team Talks contain a mix of colleagues from the two Trusts – an ongoing opportunity to build relationships to start improving what we do now. We took the opportunity to update colleagues on merger developments and to hear back from them how it feels on the ground – two way communication processes are at the heart of how we want to work.

.

Medical Staffing Committee - these sessions enable me to understand the concerns and aspirations of this group, and to consider, jointly, future plans.

I continue to meet regularly with colleagues to progress our Better Care together Programme and am delighted that over the next 6 months we are putting in place a range of stakeholder events with key note speakers to inspire and illuminate best practice, but resting on a bedrock of our service users and stakeholders and colleagues to ensure as we go forward our transformation is driven by co-production and engagement. It is a very exciting reminder of what the merger process aims to achieve.

I have also enjoyed taking part in a number of leadership/development events. I continue to be impressed by the strength of leadership at both Trusts and their clear passion for quality improvement with service users central to all we do. The Senior Leadership Network – a monthly two way session which updates Senior Leaders on key issues and gains their input on how to move forward is an important element of this. The February session considered the principles and processes for developing the next stage of our organisational structure, following the appointment of the shadow board as updated in my January Report. We also heard from Margaret Willcox OBE Director of Adult Social Care – who gave an interesting insight into both how social care is supported within the county, but also her own personal drivers.

2 Progress on the strategic intent to merge Gloucestershire Care Services NHS Trust (GCS) with ²gether NHS Foundation Trust

Merger Timeline

An updated merger timeline is provided for completeness at **appendix 1**

Council of Governors

We continue to meet regularly with the Council of Governors and are keeping them updated with the plans to merge. They continue to provide the external scrutiny on behalf of our communities which is a very helpful process.

Trust Name

An update on this was provided to ²gether's Council of Governors, at its meeting on 14th March and proposals are now being taken forward. It is expected that a name, based on NHSE Guidelines, and stakeholder feedback will be confirmed by the Boards shortly. This selection process is part of the necessary preparation for potential merger, allowing us to meet Care Quality Commission registration requirements and ensure that any transition is smooth and does not cause confusion to service holders, BUT is not an indication that the proposed merger is already signed off. We recognise the ongoing work which is in progress to satisfy our own Boards that this is the solution that best meets the needs of our communities and ensures the resilience and high quality services which we already provide as separate Trusts.

3 Partnership Working

3.1 "One Gloucestershire" Integrated Care System (ICS)

An update from on the work of the ICS is a separate item on the agenda.

I continue to be engaged with both the development work in this area and the ongoing activity, including taking the leadership role on the Diagnostics Board and Quality Improvement.

There has been recent significant work across the system considering future ways of working and priorities for the year ahead. This work has increasing focus as we go forward, recognising the direction of travel within the Long Term Plan

3.2 Herefordshire Integrated Working Developments

With Colin Merker, Deputy Chief Executive, [2]gether I continue to be heavily engaged in working with colleagues in Herefordshire and Worcestershire to further develop partnership working.

3.4 Local Medical Council

These are a regular, valuable meeting which help to bring together key concerns across the county. At the February meeting we had discussed current issues.

4. South West Chief Executive Officer (CEO) Forum

I attended useful update sessions which outlined issues which will be key to future planning and considered how we make best use of resources.

5. Valuing Your Involvement'

I'm pleased to update on the important work being led across both Trusts by Jane Melton, [2]gether Director of Engagement and Social Inclusion and Linda Gabaldoni, GCS Head of Organisation Development and Improvement to ensure the new organisation has the values which are key to us as Boards, our colleagues, our service users and our communities.

A significant number of people took part in an initial conversation in October 2018 about the importance of co-developing a strong set of shared values for our new, merged organisation. Colleagues from GCS and 2gether as well as people who use services and their loved ones were included.

Our 'Valuing Your Involvement' programme is locally designed and builds on the committed effort of the initial work and what we learnt from it. It represents the second phase of our work to agree the underpinning and guiding values and is being led by the Director of Engagement and Integration at 2gether NHS FT.

Colleagues from both organisations are engaging in meaningful conversation about the principles which will guide our everyday work, transform our offer to the local population and aim to provide outstanding services. This work involves a dedicated, collaborative approach.

The program also involves inviting more people with lived experience to take part in our work. We are strengthening our Expert by Experience program so that we can involve people in co-developing our new organisation in a number of ways. Colleagues are also being invited to make short films to share their views about values based practice.

Progress

- We have held 10 Valuing Your Involvement sessions and approximately 220 colleagues have participated to date.
- Participating colleagues have been from across GCS and 2gether, including senior managers, corporate services, joint staff representatives, hospital and community clinical colleagues.
- Most of the sessions have been held as part of existing meetings in venues local to the teams involved in both Herefordshire and Gloucestershire.
- Most sessions have included both GCS and 2gether colleagues.
- The majority of the sessions have included Executive Directors and some sessions have involved Non-Executive Directors.
- Colleagues have offered feedback and expressed that they value the chance to hear from and ask questions directly to Executives about the merger progress.
- All but one has involved an Expert by Experience.
- Stories of lived experience that have been shared have been powerful and very well received by colleagues. Colleagues have remarked how these narratives really help us to remember how important it is to practice with a strong set of shared values.
- Feedback from the sessions has been overwhelmingly positive.
- The GCS and 2gether intranet now have a section dedicated to the development of values. The pages include vox pops from participants in addition to the Frequently Asked Questions.

Next Steps

The outputs from the sessions are being collated and an early analysis has been undertaken. A fuller analysis will be undertaken, in a collaborative manner, when all the data have been gathered.

A further 11 sessions are scheduled and we predict that 400 – 500 colleagues will have taken part by the end of April in line with the plan.

It is anticipated that a full report will be provided to the Boards of GCS and 2gether in May 2019.

I am delighted with the level of engagement which demonstrates the importance of this work to everyone in both organisations – I am committed to our values embodying how we work not being words on a strapline.

6. Safeguarding Children Arrangements are Changing

'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' is national statutory guidance which sets out intentions about how inter-agency working for promoting the welfare of children from all backgrounds, in all settings should happen. The new *'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children'* was published Summer 2018 and replaces the previous 2016 publication. These changes as a result of this revised guidance are beginning to come into effect across Gloucestershire.

The Trust and its colleagues continue to have a responsibility of working within the different safeguarding children's framework especially as one of the most prominent *Working Together 2018* changes is the replacement of Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners. This transition will be complete by no later than September 2019.

In future, Safeguarding Partners will consist of three agencies: local authorities, clinical commissioning groups, and chief officers of police. For Gloucestershire this will Chris Spencer, Director of Children's Services, GCC, Mary Hutton, Accountable Officer GCCG and Julian Moss Assistant Chief Constable for Gloucestershire Constabulary. These Safeguarding Partners will work with relevant appropriate Gloucestershire agencies including GCS to safeguard and protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role which is different and shift from this responsibility previously "sitting" with local authorities.

These Safeguarding Partners will be responsible for working with the Trust and its colleagues to safeguard and protect children across Gloucestershire. Schools, colleges, and educational providers will also be expected to have a higher profile with the Safeguarding Partners.

There will also be an identified Child Safeguarding Practice Review Panel which will have the responsibility for identifying and overseeing reviews of serious child safeguarding incidents that raise complex issues or become important on a national scale. It will also be this panel that will be responsible for deciding how the system learns lessons on a national level, while local responsibility will land with the Safeguarding Partners mentioned above.

With regards to the Child Death Review Process and with the removal of Local Safeguarding Children Boards, the responsibility for ensuring that child death reviews are undertaken with a Child Death Overview Panel now lies with Child Death

Review Partners, which will be made up of local clinical commissioning groups and local authorities. The new guidance states, *"Child death review partners may, if they consider it appropriate, model their child death review structures and processes on the current Child Death Overview Panel (CDOP) framework."* The new guidance also makes it clear that a review should be carried out for the deaths of all children who are normally resident in the local area, and if appropriate, for non-resident children who die in the local area. Further supporting guidance about the CDOP process was published November 2018 and Gloucestershire remains in a favourable position to meet the new requirements due to the well-established arrangements already in place.

There is also a new section included in *Working Together 2018* placing emphasis on organisational responsibility towards people who work in positions of trust. The guidance states, *"Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children."* The Trust and other Gloucestershire statutory partners has had policies such as these in place for a considerable amount of time and; therefore these changes in particular relate more specifically to all schools, Early Years settings, child carers, healthcare professionals, children's homes, voluntary, charity, social enterprise, faith-based organisations, and private sectors.

7. OFSTED

Children's Services Partnership Working

Trust colleagues continue to support the Countywide Children's Services Improvement Board set up following the last OFSTED inspection and subsequent inadequate rating of GCC Children's Social Care (CSC) services.

OFSTED monitoring visits continue with the most recent taking place in January. There remains a mixed picture of improvement clearly suggesting there is steady progress being made by CSC however, there remain concerns about the pace and sustainability of the changes that are being seen. The focus of the last OFSTED visit was on safeguarding teenagers and the outcomes of this last visit has now been published https://files.api.ofsted.gov.uk/v1/file/50054390 and; provides some specifics about the challenges faced by social workers with this age group.

As health partners we will continue to work with CSC. Our practitioners and especially our public health & safeguarding nurses are working directly with these most vulnerable group of children. Alongside this, there remain a number of significant challenges faced by CSC and One Gloucestershire generally including:

- The number of Children in Need reaching a 12-month high in January
- Although the number of children subject to a protection plan has continued to decline since the peak in August 2018 (down 9%) the number of children subject to a protection plan remains 32% higher than in January 2018.
- There are 707 children in care; an increase of 10% compared to 12 months ago.
- The level of readmissions to care is rising and expected to exceed previous years (21% year to date).
- Caseloads remain high

8. National Developments

8.1 Spring Statement

We note the key aspects highlighted below and await clarity over the coming months on the position for the health and care system and individual organisations.

- The Chancellor of the Exchequer Philip Hammond has presented his Spring Statement to the House of Commons.
- Hammond confirmed that the government will hold a spending review which will conclude alongside the Budget.
- This will set departmental budgets, including three year budgets for resource spending, if an EU exit deal is agreed.
- The government has launched a review of private financing options for public infrastructure and said it will no longer procure PFI-type projects that are "off-balance sheet".

8.2 NHS England publishes response to consultation feedback on Integrated Care Provider (ICP) Contract

We note the recent response from NHS England following a consultation held about a new contract which can help local health and care communities provide better care for patients. We are excited about the potential opportunities for moving forward with greater integration and await further guidelines on how this will be taken forward based on the outcomes from the consultation detailed below.

Around 3,800 written responses and feedback from stakeholder events across the country were received about plans for an Integrated Care Provider (ICP) Contract, which will be an option to help local systems integrate care.

The feedback will be used to further develop the ICP Contract, which will be available in its updated form as an option for use in local health and care systems from spring 2019.

The recent NHS Long Term Plan highlighted integration of services as a key aim: making sure that everyone can receive high quality care that is coordinated around their individual needs.

Integration is delivered through providers and commissioners working more closely together. But services are currently bought through a range of contracts which do not

always relate clearly to each other, with terms and conditions, funding and incentive arrangements which are not always aligned.

The ICP Contract will give commissioners the option to commission services through a single contract, to build in integration and remove operational barriers.

An ICP Contract will give one lead provider responsibility for the integration of services for the local population, specifically to enable integration of primary medical services with other health and care services.

The ICP Contract will be made available for use by commissioners in a controlled and incremental way, conditional on successful completion of NHS England and NHS Improvement assurance through the Integrated Support and Assurance Process (ISAP).

We expect ICP Contracts will be held by NHS organisations or other public bodies.

Neither use of the ICP Contract nor adoption of lead provider models for integration will be mandatory: they will be options for local commissioners and their providers to consider.

The Long Term Plan and recent five year GP contract framework announced the development of Primary Care Networks (PCNs). Where commissioners and providers decide to develop an ICP, it will work with and support the development of local PCNs, through greater integration within neighbourhoods and improved at-scale working to deliver primary care and community services.

In response to consultation feedback, further requirements around financial controls, transparency and accountability will be developed before the ICP Contract is made available for use.

9. EU Exit

The Trust continues to follow national guidance on this issue and respond to information requests from the Department of Health and Social Care and currently are confident with the measures the Trust is implementing.

10. Operational Service Overview

10.1 System flow and Resilience

4 Hour Accident and Emergency Performance target

For February, Emergency department attendances were 418, the same as last month and 6.6% above the agreed contractual levels. Year to Date (YTD) attendances are 5.4% above contracted levels as at Month 11, equating to an additional 23 attendances a day.

In February Accident and Emergency 4 hour performance was 86.1%, an increase on January's performance of 84.5% but below the STF target of 90%. The Minor Injury and Illness Unit (MIIU) 4 hour performance was 99% for February and is 98.9% YTD. Therefore 4 hour performance across the county, including MIIU, was 90.2% for February and is 92.9% YTD.

Focus on Patient Flow and Reducing Length of Stays

The system has been focussed on reducing the number of patients on the acute wards with a length of stay greater than 7 days (known as stranded patients) with some success. Proportionally, admitted patients with a length of stay above 7 days have reduced when compared to this time last year, with 19.2% in February 2019 compared to 22.5% in February 2018.

Our Community hospitals have focused on a similar improvement programme recognising that we continue to have patients who have significant length of stays which could be reduced with greater focus on discharge and improved access to community resources to support them going to an alternative setting. This is reflected in our Bed occupancy rates with February rate at 95.2%, a reduction from the January performance level of 96.2%. The higher occupancy levels reflects the anticipated pressures over winter and although our year to date position has risen to 93.6% and over the contractual target of 92%, this is significantly below the 208/19 YTD position of 96.7%

Delayed Transfer of Care (DToC)

The above work has certainly supported an improved Delayed Transfer of Care (DToC) position during this busy winter period. The GHFT DToC rate has achieved the national target in January, with a rate of 2.99% (against the 3.5% target). This achievement has also been due to improved weekend staffing resource for adult social care this winter, reducing the time taken for social care assessments to be completed, and an increase workforce in the county council brokerage team who have reduced delays in securing support packages to facilitate more timely discharges.

Gloucestershire Care Services NHS Trust DToC rate for January remained below target at 0.6%.

2gether NHS Foundation Trust overall DToC rate has maintained the improved performance seen in December reporting a DToC rate of 1.1% in January.

## *Understanding Urgent and Emergency Care Activity*

The Accident and Emergency Delivery board has begun to review the type of activity undertaken by both the two urban Emergency departments as well as the MIIU, to understand the impact of primary care improved access on presentations to these settings and potential impact of implementing Urgent Treatment centres.

For MIIU settings, Injury attendances equate to 78% of total attendances (YTD) and minor illness at 22%. As expected there is a peak in injury presentations in the summer months.
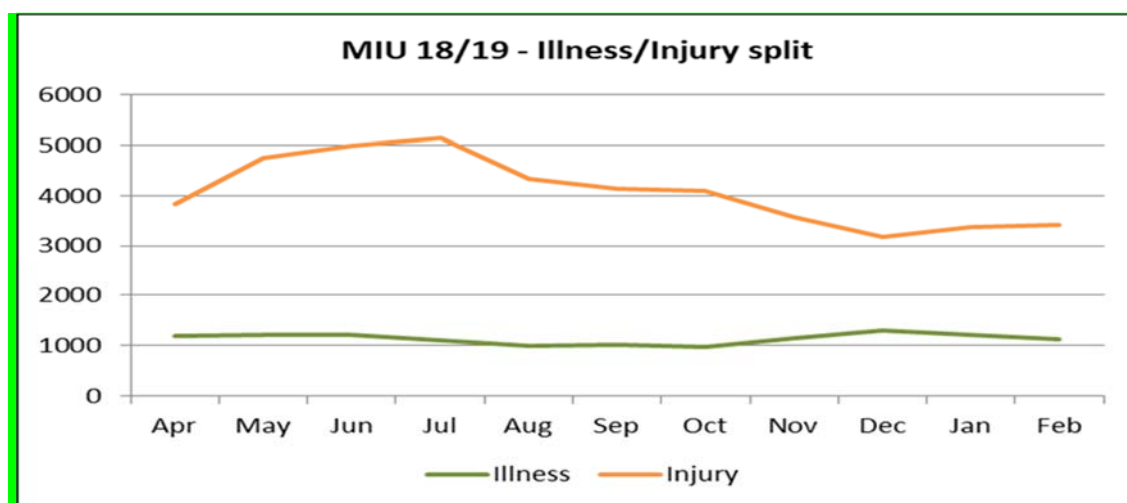
In the Emergency Departments, the split of attendances for injury is 59.3% and illness is 40.7%.The seasonal trend shows a higher proportion of illness occurring during winter months
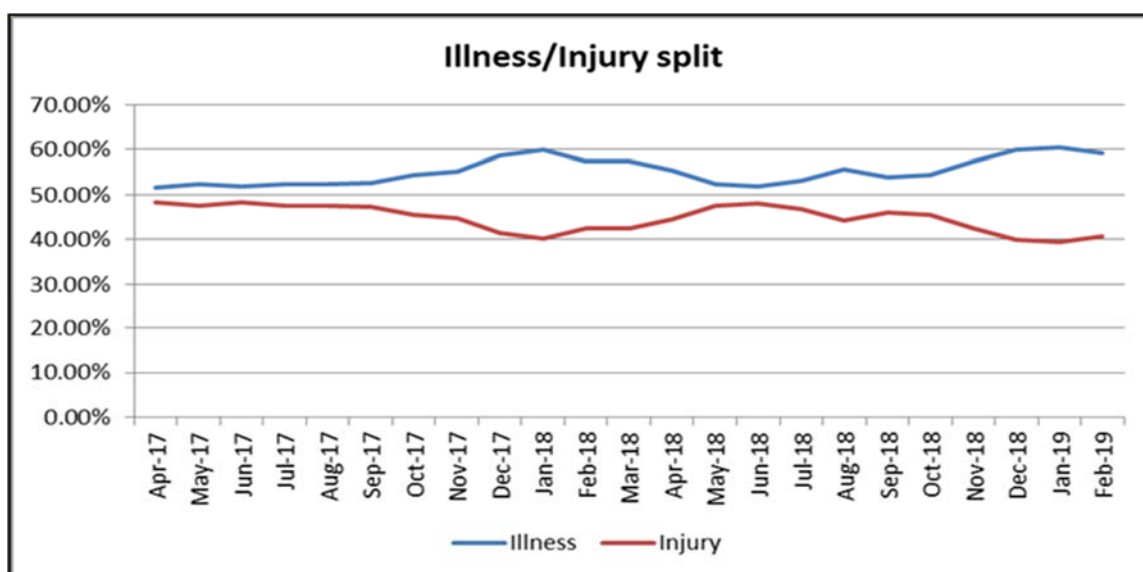
With agreement on how to monitor the injury/illness split further analysis will occur to understand minor vs major injury and illness presentations in the A&E departments to understand the potential impact of implementing Urgent Treatment centres in the urban areas.

10.2 Operational Service Development and Challenges

10.2.1 Timely Access to Services:

February performance has seen modest improvements in providing services in a timely way, particularly within the Integrated Community teams. As previously noted, detailed action plans are in place and are monitored regularly with further scrutiny occurs in the Quality and Performance board subcommittee.

Adult speech and language therapy service continues to be challenging, has a robust remedial action plan, and although the service is achieving the 18 weeks constitutional target, is significantly underperforming on the 8 week local access target, achieving only 54.3% in February.

Additional agency resource has been secured to address the gaps in workforce in the community which were in place has had a positive impact.

There is also a significant amount of change at the senior leadership level following retirement of the previous Head of Service. Although a new operational lead is in place, additional leadership is being sought to accelerate the required changes to transform the service and improve performance.

The physiotherapy service 8 week Referral to treat target in both the Musculoskeletal Core service and Integrated Community Teams has not been achieved in February, which is a result of a high level of vacancies in the physiotherapy workforce across all Adult services alongside rising demand outstripping capacity.

The Head of Adult Physiotherapy has reviewed workforce in all service areas, has provided recommendations on ensuring safe, quality service provision and is actively involved in a recruitment campaign targeted at newly qualified physiotherapists. In the interim agency workforce is being used where available to improve the waiting times for the services.

Ongoing discussions continue with our Commissioners in relation to the Adult Occupational therapy service provision in our Integrated Community teams, and the level of resource required to support timely service. It is the view of the Head of the ICTs that the service is working in a more productive way, with good progress in implementing the service model, but the demand management, diverting referrals away from the ICTs, has not yet been fully realised.

10.3 Service Updates and Key County / Locality Developments

10.3.1 Temporary Changes to Radiology Services in all Community Hospitals

Ongoing work continues with our system partners in relation to reinstating the radiology services back to the original service levels before the temporary reduction occurred in November 2018.

As previously reported there has been additional days that have been provided into both North Cotswolds and Tewkesbury hospitals however as this coverage is being provided via Agency and Bank contracts there is variability on what day is offered at these sites.

The reduction in hours is having some impact on MIIU services, but not significant as demonstrated in the table below, which details the number of patients from MIIU referred onward into Gloucestershire Hospitals Foundation NHS trust sites for an x-ray.

Of note is the variability of onward referral which is being further investigated by the team. Cirencester is extremely low in onward referrals, but it is likely that patients may be referred to Swindon should an urgent x-ray is clinically identified. Tewkesbury has a high number of referrals and likely due to the nearest alternative x-ray service being at the two acute sites.

Xray referrals to GHFT from 19th November 2018 (16 weeks)		
Source: Destination on departure S1		
Site	**Count of Patient**	**Number per week**
Cirencester Community Hospital	1	0.06
Dilke Community Hospital	8	0.06
Lydney Community Hospital	13	0.8
North Cotswold Community Hospital	29	1.8
Stroud Community Hospital	33	2.1
Tewkesbury Community Hospital	70	4.4
The Vale Community Hospital	33	2.1
Grand Total	**187**	**11.7**

Ongoing updates are being provided to Gloucestershire Health and Care Health and Overview scrutiny committee with the next meeting on the 21st May 2019.

10.3.2 Stroud and Berkeley Vale Locality

The specialist stroke rehabilitation inpatient unit, located within Peak View Ward, at Vale Community Hospital opened at the beginning of February 2019.
The purpose of the new unit is to bridge the current gap in post-stroke care in Gloucestershire; giving people who have suffered a stroke maximum opportunity to recover and adapt in the best possible environment. Specialist rehabilitation is widely recognised as an essential part of recovery after stroke, providing significant health and social care benefits for patients over the longer term.

The unit is there for patients who no longer need specialist medical care at Gloucestershire Royal Hospital (GRH), but still require stroke rehabilitation that cannot be delivered at home. The unit, which has 14 specialist stroke beds, is staffed by a multidisciplinary team including doctors, nurses, physiotherapists, speech and language therapists, occupational therapists, rehabilitation assistants and hotel services. A psychologist will be joining the team soon.

By providing a community bed-based service at Vale Community Hospital the aim is to continue the rehabilitation journey for patients following a stroke in a suitable, fit-for-purpose environment. When patients no longer need inpatient specialist stroke rehabilitation, and if it is safe and effective for them to have rehabilitation in their own home, they will receive ongoing support from community stroke specialist nurses or the Early Supported Discharge (ESD) community team, including community stroke specialist nurses, specialist therapists and rehabilitation assistants.

The opening of the unit at Vale Community Hospital means Gloucestershire has its own dedicated community stroke rehabilitation service for the first time, in line with national recommendations for therapy provision following a stroke.

10.3.3 Forest of Dean Locality

Progression with the new Community Hospital for the Forest of dean continues, with key areas of work being the review of the identified sites in the Cinderford area, and an options appraisal undertaken (which includes the site selection criteria identified in the Strategic Case for Change, as well as those criteria recommended by the Citizens' Jury). This will be presented to the Trust Board in the form of a confidential Outline Business case, and is scheduled to be completed in the next few months.

Following agreement with the outline business case, a full business case will be completed and include the engagement work being planned with commissioners and system partners which will have a focus on services that will be offered in the

new Community hospital alongside the other community services offered in this locality.

10.3.4 Gloucester City Locality Update

The health visitors and school nursing teams previously based at Finlay Hub in

Gloucester moved in January 2019 into new accommodation at the 2gether Trust Rikenel building.

Renovation works have been completed to accommodate the two teams, who now enjoy a brand-new, open-plan office suite on the first floor. As well as enjoying a more spacious, fit-for-purpose base, the teams now have access to a clinical room, which they share with the speech and language therapy team.

Prior to their move, the teams were located behind Finlay Community School, on Finlay Road in Gloucester. Plans by the school to expand its site to double its pupil intake helped prompt the move, but this was not the only factor.

11.0 Trust Colleagues Invited to Celebration Event at the House of Commons

Lord Willis of Knaresborough hosted a reception on behalf of the Nursing and Midwifery Council (NMC) and Health Education England (HEE) in celebration of the first nursing associates joining the NMC register. Karen Pudge, Widening Access and Apprenticeship Lead, and Scott Walker, Trainee Nursing Associate, received a personal invitation from Lord Willis, requesting the pleasure of their company at the celebration event, which was held in early February 2019.

In 2016, Gloucestershire was named as one of 24 early implementer sites to deliver training for this new, important NHS nursing role. The training for Gloucestershire's 32 nursing associates commenced in 2017, with the initiative aiming to create over 1,000 new nursing associates nationally. The nursing associate role sits alongside existing fully-qualified registered nurses and other clinical support roles to deliver care to patients, and the first cohort of One Gloucestershire's nursing associates are due to qualify and register with the NMC early this summer 2019 which is great news.

The University of Gloucestershire has been instrumental in providing the training for these nursing associate roles, in collaboration with the Gloucestershire Clinical Commissioning Group and Gloucestershire Care Services NHS Trust, 2gether NHS Foundation Trust, and Gloucestershire Hospitals NHS Foundation Trust Nurses have a hugely important role in community services and we believe that the skilled nursing associate workforce will offer greater support to our registered nurses, and ensure that the Trust continues to provide high-quality person-centred care.

timeline

ber 2017
first
nced

January 2018
Joint Chair in post

April 2018
Joint Chief Executive
in post

May to September 2018
Preparation of Strategic
Case

September 2018
Case agreed by
both Trust Boards
and submitted to
NHS Improvement

November 2018
NHS Improvement Challenge sessions

December 2018
NHSI comment on Strategic Case

January 2019
Shadow Board appointments

February 2019 to March 2019
Preparation of Full Business Case

May 2019
Full Business Case submitted to NHSI

May to August 2019
NHSI Review

July 2019
Board to Board with NHSI

1 October 2019
New organisation is formed

Novem onw
Continu transfor further e of new

Transformation

*All timings are approximate. If there are sig changes to this timeline, we will provide further

Trust Board		
Date of Meeting:	**29th March 2019**	
Report Title:	**Business Planning Report**	

Agenda reference Number	10/0319
Reason for Being Heard in Confidential Session	n/a
Accountable Executive Director (AED)	Sandra Betney
Presenter (if not AED)	
Author(s)	Lisa Proctor
Board action required	To note the contents of this paper and to agree the Business Planning Objectives
Previously considered by	
Appendices	Appendix 1 - Business Planning Objectives 2019/20

Executive Summary:

1   Introduction

The Business Planning Report is in two parts:
- Part 1 – Annual Report for 2018/19
- Part 2 – Business Plan for 2019/20

2   Business Planning Approach

The business plan has been developed in context with the Trust's main priorities and the key deliverables for the One Gloucestershire Integrated Care System Plan for 2019/20. The business plan will be aligned to the system wide '5 Year Plan' when agreed.

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The business plan is also developed in conjunction with the Operating Plan and incorporates Workforce Planning, Budget Setting and Contract Management processes. The Trust's internal planning timescales have been aligned to support this annual planning cycle which brings together the operational managers, HR and financial leads to ensure the capacity, capability and affordability is planned appropriately to deliver the objectives.

3   Part 1 – Annual Report 2018/19

The first year of the business plan milestones have now been completed and teams have produced their year-end self-assessment forecasts.

The table below shows the progress against the milestones by theme:

	Red	Amber	Green	Total
Co-design	0	4	44	48
Experience	0	17	26	43
Quality	0	17	81	98
Sustainability	0	47	96	143
Total	0	85	247	332

4   Part 2 – Business Plan 2019/20

The business planning process has been refined for 2019/20 to build on the key learning and feedback from the first year. This includes formal alignment with budget setting and workforce planning timescales to ensure business plans are a true reflection of the impacts and innovations driving efficiency.

The business plans for 2019/20 are 12 month plans but are expected to be refreshed in-year at an agreed time during the merger process with 2gether NHS Foundation Trust.

Executive Directors set their key priorities for the business plan throughout December/January informed by the local and national planning guidance. Team plans were finalised in February/March.

At the start of the process, the business planning objectives were ranked by the level of importance to ensure the appropriate level of resources needed to achieve the objectives can be are planned to deliver the most important objectives first.

Understanding You

5   Risks

The key risks to delivering the Business Plan are identified as follows:
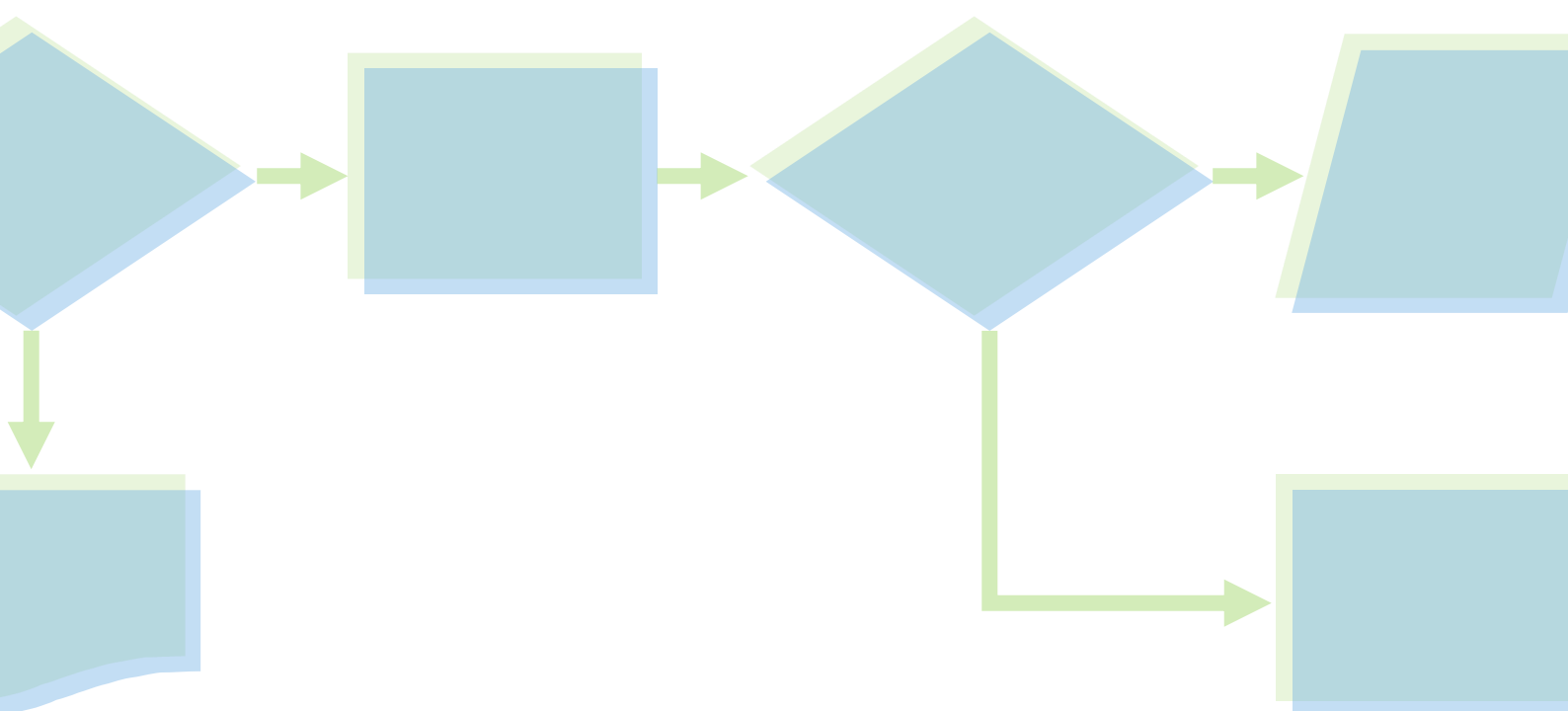- impact on the corporate capacity to deliver the business plan.
- Impact of the planned Merger with 2gether NHS Foundation Trust in-year.
- Impact of the NHS Long Term Plan.

6   Recommendations:

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

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

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Business Planning Annual Report 2019-20

Contents

1. Introduction

The business planning process was launched in November 2017 and was implemented from the 1st April 2018. The first year of the Business Plan has now been completed and we have developed our Business Planning Objectives for the coming year.

This Business Planning Report is presented in two parts:
● Part 1 - Annual Report for 2018-19
● Part 2 - Business Plan for 2019-20

2. Background and context

The business planning process was introduced to achieve the following key objectives:

● 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

2.1 The business planning objectives are developed annually in line with our organisational key deliverables and the One Gloucestershire Integrated Care System priorities. The business plans are also informed by national policy changes and are monitored as 'live' plans enabling adjustments to be made in-year where necessary. For 2019/20, the business planning objectives have been developed in anticipation of the NHS Long Term Plan and will be refreshed in the autumn to include the '5 Year Plan' for Gloucestershire when agreed.

2.2 The business plan is also developed in conjunction with the Operating Plan and incorporates Workforce Planning, Budget Setting and Contract Management processes. Our internal planning timescales have been aligned and form a coordinated annual planning cycle that brings together the operational managers, HR and financial leads to ensure the capacity, capability and affordability is planned appropriately to deliver the objectives in the coming year. This also ensures the priorities for the organisation are owned and connected across operational and corporate boundaries.

2.3 The business planning process for 2019-20 sits alongside the plan to merge with 2gether NHS Foundation Trust and aims to deliver 'soft merger benefits' without duplicating our planning processes.

3. Business Planning Approach

3.1 The business planning process is underpinned by eight key themes as set out below:

3.2 The themes were chosen to reflect 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*

3.3 The themes are now embedded within the business planning process with each objective linked to one of the key themes.

4. Part One: Annual Report 2018-19

4.1 The first year of the business planning process has now been completed and teams have submitted their year-end forecasts for delivering their business planning objectives.

4.2 The business plan performance is measured using a balanced scorecard of metrics linked to the overall ambitions of the organisation for each theme as follows:

Quality	Experience
Metric 1: Percentage of objectives delivered Metric 2: Staff Survey – staff recommendation on organisation as a place to receive care	Metric 1: Percentage of objectives delivered Metric 2: Experience – staff recommendation on organisation as a place to work

Sustainability	Co-design
Metric 1: Percentage of objectives delivered Metric 2: Proportion of next financial year CIP plans developed Metric 3: Staff turnover ration	Metric 1: Percentage of objectives delivered Metric 2: Quarterly evaluation of service user involvement in changes

4.3 Metric 1

There were 116 objectives and 332 milestones in the first year of the business plan. Each team completed a year end forecast self-assessment to rate their progress. The self-assessment uses a RAG (Red, Amber, Green) rating for each milestone.

The table below shows the progress against the milestones by theme:

	Red	Amber	Green	Total
Co-design	0	4	44	48
Experience	0	17	26	43
Quality	0	17	81	98
Sustainability	0	47	96	143
Total	0	85	247	332

This shows that the majority of milestones are expected to be delivered by the year end. Those milestones rated as 'amber' have commended and will be completed in the second year of the business plan.

4.4 Metric 2 & 3

The following results summary for metric 2 & 3 are taken from the staff survey, workforce report and an assessment of CIP and service user activity:

Theme	Metric	Score
Quality	**Recommendation of Trust as place to receive care**	**76%** ⬆
Sustainability	**Proportion of next year's CIP plans developed**	**32%** ⬆
Sustainability	**Staff turnover ratio**	**11%** ➡
Co-Design	**Service user involvement in changes**	**Exceeded** ⬆
Experience	**Recommendation of Trust as a place to work**	**56%** ➡

4. Part One: Annual Report 2018-19 (contd)

Although not included in the metrics for the Business Plan, it is worth noting that the staff survey results show a significant improvement in response to the following question:
'*The team I work in has a set of shared objectives*'

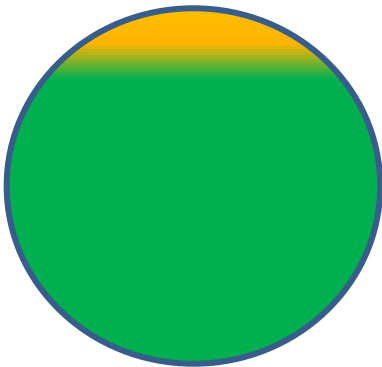Positive responses to this question have increased from 70% to 75% in the last year.

4.5 Balanced Scorecard by Theme
The results of the combined metrics are shown below

<u>Overall by theme</u>

Quality

Red	0%
Amber	14%
Green	86%

Experience

Red	0%
Amber	52%
Green	48%
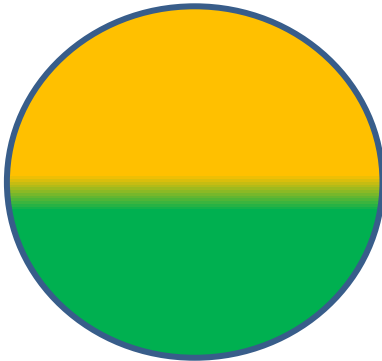
Sustainability

Red	0%
Amber	36%
Green	64%
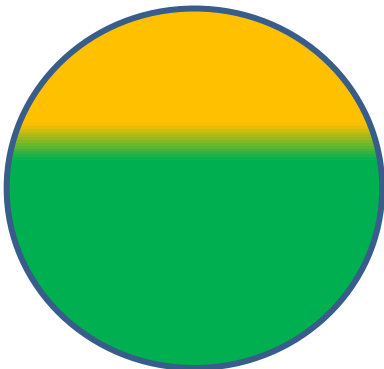
Co-design

Red	0%
Amber	7%
Green	93%
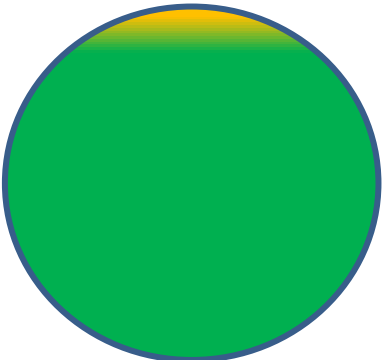
Note: results are weighted for Metric 1 (80% of total score) and Metric 2&3 (20% of total score).

This shows that progress was varied across the themes. There were significant achievements in Quality and Co-design. The milestones for the experience objectives presented the greatest challenge which is a reflection of the complexity of milestones in this theme and the ambitious timescales estimated to achieve the outcomes.

4. Part One: Annual Report 2018-19 (contd)

4.6 Key Achievements

The teams successfully delivered 116 objectives across the Trust.

● The following objectives are aligned to the delivery of place based models of care including:

✓ Working within a wider multidisciplinary team in two localities to plan and deliver care closer to people's homes to avoid visits to A&E and prevent admissions to hospital

✓ Co-designing a new community nursing referral process with primary care to better respond to GP enquiries and co-ordinate care for patients

✓ Remodelling the Single Point of Clinical Access (SPCA) to improve patient flow across the urgent care pathway by linking with the complex care at home, enhanced discharge and rapid response services.

✓ Piloting a number of key 'test and learn' schemes to improve the urgent care pathway such as working closely with CareUK to pool our call handlers and integrate our out of hours mobile visiting service

✓ Increasing access to the community children's nursing service by providing both community and school clinics in addition to the current home visiting to offer a family friendly service with a wider choice of access options

✓ Supporting population health management through Patient Level Costing reports which provide valuable clinical insight into our patient pathway management

● The business plan included a number of key service developments for 2018/19:

✓ Piloting of new community ambulatory care pathway for catheter care in a clinic setting enabling patients to attend at their convenience

✓ Implementing a new 14 bed Stroke Rehabilitation Inpatient Unit in February 2019 at Vale Community Hospital as part of the delivery of system wide improvements in stroke provision

✓ Introducing the WellChild care co-ordination service to improve quality outcomes for children with complex medical needs.

✓ Reaching the herd immunity threshold by exceeding the school aged immunisation national flu target for Gloucestershire by giving a total of 28,895 vaccinations

✓ Improving outcomes for people with diabetes through offering patient education and supporting the multidisciplinary team approach to care delivery

✓ Enabling patients to self refer for physiotherapy support and ensuring referrals to the musculoskeletal service are triaged so patients receive the right care at the right time in the right place

✓ Increasing the number of cancer survivors benefitting from specialist rehabilitation to improve longer term health outcomes

✓ Offering patients with suspected heart failure the NT-ProBNP blood test to detect symptoms earlier and ensure patients are referred for an echocardiogram appropriately

✓ Improving end of life care for patients and their carers to improve symptom control e.g. by introducing the Just In Case Box to ensure patients have the right medicines when needed.

4. Part One: Annual Report 2018-19 (contd)

4.6 Key Achievements (contd)

● In addition to the above clinical and operational programmes, the business plan encompassed corporate plans to transform enabling systems. These plans included:

IT Strategy

✓ All referrals became electronic via the e-referral system which was implemented by June 2018

✓ The Joining Up Your Information and the shared care record supported the delivery of the urgent care 'test and learn' schemes

✓ As part of the reorganisation of clinical systems, the transition of the Homeless Healthcare service from Vision to SystmOne took place in May 2018 and electronic prescribing went operational in July 2018

Joint Estates Strategy

✓ Capital works in 2019/20 included the major refurbishment of Cashes Green ward in Stroud which opened in January 2019

✓ The redesign of accommodation at Southgate Moorings provided additional clinical space for services such as the lymphoedema service

✓ The reconfiguration of the Vale Hospital to provide the inpatient stroke rehabilitation unit

5. Part Two: Business Plan 2019-20

5.1 Business Planning Approach

The business plans for 2019/20 have been developed for 12 months but are expected to be refreshed in-year at an agreed time during the merger process.

The business planning process has been refined for 2019/20 to build on the key learning and feedback from the first year. This includes formal alignment with budget setting and workforce planning to ensure business plans are a true reflection of the impacts and innovations driving efficiency.

To enable the business plans to appropriately reflect longer term ambitions, objectives can now be set for 2 years until March 2021 although it is not expected that the second year objectives will be SMART as they will be potentially dependent on progress in the first year. Objectives not achieved in the first year have been reviewed and included in plans for 2019/20.

The objectives have been informed by our organisational requirements and have clearer links between the business plan and our other internal and external plans which have been built into the planning process. These include:

- Service improvements
- Quality goals
- CIP
- Workforce
- Productivity
- Merger 'soft benefits'

Executive Directors set their key priorities for the business plan throughout December/January and team plans were finalised in February/March.

5.2 Budget setting

Target budgets were issued in November at the start of the business planning process and Heads of Service were supported by the Finance team to take account of any financial implications from the proposed business planning objectives including Cost Improvement Plans. Further detail is set out in the separate Board paper for Budget Setting.

5.3 Workforce Planning

The business planning objectives include workforce planning implications to ensure the operational and financial impacts of workforce planning are considered jointly. The following key questions were considered by the teams when developing their business planning objectives:

- Leadership – what training and development needs do teams have
- Technology – can technology improve efficiency and productivity eg mobile working
- Information – what impact do activity trends and benchmarking have on capacity planning (eg care hours per patient day)
- Engagement – what learning can be put into action from the staff survey to improve workforce retention etc
- Strategy – are long term plans in place for new, advanced practitioner, extended, apprenticeship roles, etc

5. Part Two: Business Planning Approach 2019-20 (contd)

5.4 Support Planning

At the start of the process, the business planning objectives were ranked by the level of importance to ensure the appropriate level of resources needed to achieve the objectives is available to deliver the most important objectives first.

6. Business Planning Objectives

Key highlights for the 2019/20 business plans are as follows:

● **Development of a new Community Hospital for the Forest of Dean community**: The Full Business Case is planned for 2019/20 and will be developed as a key part of the wider investment proposed in the Forest of Dean to address primary and community infrastructure needs.

● **Place-based Primary Care and Community Partnerships**: We will embed multidisciplinary working across primary care and our community teams to plan and deliver care closer to people's homes. We will continue to be an active partner in designing and implementing both Primary Care Networks and Integrated Locality Partnership Boards, utilising population health management systems to redesign services to meet local needs.

● **Urgent Care**: We will continue to deliver and evaluate the 'Test and Learn' schemes to transform urgent care services including offering 'point of care testing' and introducing online booking via NHS 111. We will also work more closely with Nursing Homes to identify deteriorating patients early and support staff in the clinical management of residents who become unwell.

● **Reducing clinical variation**: We will review the medical model across the inpatient wards in our Community Hospitals to ensure we have consistent and sustainable agreements in place. We will also develop plans to restructure our core rehabilitation services to reduce variation across our Community Hospitals and improve patient experience. We will also review our clinical skills to improve productivity and develop 'centres of excellence' for more specialist needs where appropriate. Resourcing radiology support services remains a priority and we will work with our partners to review and modernise the provision of diagnostics in the community and across our system.

● **Childrens and young peoples services**: We will continue to review demand and capacity in the childrens complex care team and work with commissioners to co-design innovative ways of supporting families for the hours they need. We will also work more closely with the special schools in Gloucestershire to provide support for the staff in caring for the specialist needs of the children.

● **Countywide**: We will implement our tender framework in readiness for the community dental tender which is anticipated in October 2019. We will also implement the HF-REACH Programme to become a Beacon Site and share innovative ways for patients to access rehabilitation at home.

6. Business Planning Objectives (contd)

In addition to our clinical and operational plans, our enabling systems are aligned to support the programmes of work. These plans include:

GCS IT Strategy
● We will continue to roll out the Joining Up Your Information programme. We are also involved in the programme for joining up patient records for the South West.
● In response to the NHS Long Term Plan we will work with emerging digital developments to ensure they are implemented such as the NHSAPP, and the NHS APP Library

Estates Strategy
● Plans for the creation of a community clinical and administrative hub through the re-provision of community hospital services in the Forest of Dean will remain a priority in 2019/20.
● The creation of community clinical and administrative hub for adults and childrens services in the Cheltenham Locality
● Maximise the use of resources and to support the configuration of services around the Primary Care Networks.

Workforce Strategy
● The Recruitment and Retention plan will be refreshed and co-designed with operational and clinical colleagues as part of the national NHSI Retention Programme for 2019.
● Taking part in the national Flexible Working Pilot for 2019.
● The learning and development team will support colleagues to refresh their training needs analysis to enable the recruitment of new apprentices within priority areas.

Clinical Strategy
● The Professional and Clinical Effectiveness (PACE) team were instrumental in working with colleagues to achieve the overall Care Quality Commission rating of 'Good' following the successful inspection. A gap analysis has now been completed against the current self assessment and we will focus on new opportunities identified for improvement.
● We will continue to deliver quality outcomes for reducing variation in line with national guidelines and learning from best practice.

Finance
● Following the development of our new tender application process and building on our recent bidding success in 2018-19, we will be prepared for the publication of the tender for Community Dental Services at the end of the summer 2019.

7. Business Planning Outcomes

7.1 One of the key aims for the business planning process is to demonstrate a preferred balance of objectives across the organisation.
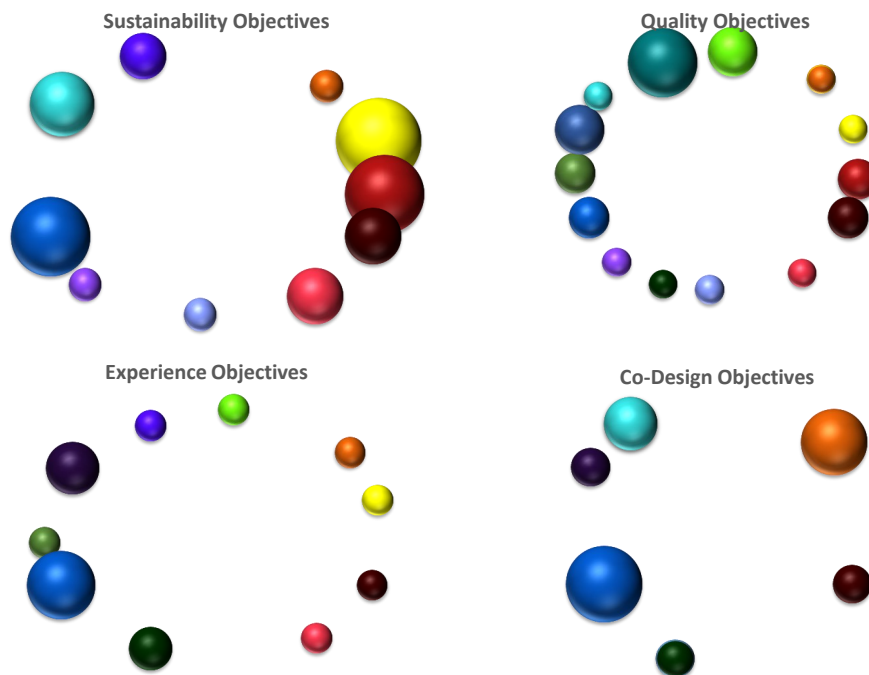
7.3 The diagram evidences a balance of themes across the organisation with some teams focussing more on one theme than another. The balance of themes in the second year has not changed significantly since the first year.

7.4 There were 116 objectives and 332 milestones in the first year of the Business Plan. In the second year there are 92 objectives and 331 milestones. This is a reflexion of the objectives becoming more SMART while the level of activity remains the same as the previous year.

7.5 Following feedback from the first year of the business planning process, the objectives are divided 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 following year of the business planning process.

7.6 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.

8. Risks

The key risks to delivering the Business Plan are identified as follows:

● **Impact on the corporate capacity to deliver the business plan**: As a result, an importance 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.

● **Impact of the planned merger with 2gether NHS Foundation Trust in-year**: While 'soft merger' benefits have been included in the business plan, activities associated with the merger have been excluded to prevent duplication of processes. These have been included in the appropriate merger work progamme.

● **Impact of the NHS Long Term Plan**: Objectives have been developed in anticipation of the emerging national policy changes to deliver the key ambitions set out in the NHS Long Term Plan. These will be refreshed when the details of the '5 Year Plan' are agreed.

9. Recommendations

The Board is asked to note the content of this report and agree the business planning objectives.

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
Health Safety Security	Finance	Experience - Integration	Provide IOSH Managing Safely in Healthcare accredited mandatory training to allow managers to fulfil their obligations under H&S law.	All identified managers to successfully complete the post training assessment
Health Safety Security	Finance	Quality - Safety	Provide IOSH Supervising Safely accredited mandatory training to allow team managers to fulfil their obligations under H&S law.	All identified managers to successfully complete the post training assessment
Health Safety Security	Finance	Quality - Safety	To ensure violence and aggression risk assessments are suitable and sufficient in operational settings	Assurance provided that suitable and sufficient V&A risk assessments have been completed
Clinical Systems	Finance	Quality - Outcomes	Embed SystmOne care plans across ICT Community Nursing units. The implementation of care plans will allow community nurses to set up care plans for patients based on their presenting complaint or condition and enabling staff within the unit or access to see care plans assigned to patients within the caseloads on ICT units.	Outcomes - Move from Templates to Care Plans - Enable Nurses to see care plans for patients on their case load. - Enhance productivity of care for patients on caseloads.
Clinical Systems	Finance	Quality - Outcomes	Transition Wheelchair services onto SystmOne maintaining access to BEST for ordering wheelchairs and ensuring patient information is recorded on SystmOne.	Outcomes - View of patient records within GCS and other GCS services referred into. - Maintain BEST as an ordering platform only. - Meet the commissioner's contractual arrangements. - Provide a holistic view of patients with safeguarding alerts.
Clinical Systems	Finance	Quality - Safety	Review the current Sexual Health Clinical System Blythe Lilie for performance improvement and review the contract for renewing in Dec 2019	Outcomes - Work with the supplier to improve speed and stability of clinical dynamic forms (Infrastructure Changes) - Review current contract and system is fit for purpose to renew by Dec 2019 - Research sexual health systems in the market place for an alternative solution if the performance cannot be improved.
Information Governance	Finance	Sustainability - Innovation	To represent Gloucestrshire in the IG workstream for the Gloucestershire's Local Health Care Records Exemplar (LHCR), providing advice, guidance and expertese for IG Workstreams.	Liaise with the LHCR workstreeam lead Represent and attend LHCR meetings Report periodically to the IGSG on LHCR activity

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	**Description of Objective**	**Outcome Measures**
Information Governance	Finance	Quality - Safety	To monitor the Data Security and Protection Toolkit (DSPT) and report periodically to the IG steering group (IGSG) progress to ensure GCS continues to achieve the appropriate Toolkit compliance level	Periodic DSPT Cyber Security reports to IGSG DSPT Interim submission reviewed by IGSG DSPT final submission reviewed by IGSG DSPT submission published and accepted
IT	Finance	Sustainability - Innovation	Embed the use of O365 across the trust including review of suitability for different elements for a range of uses for corporate functions.	Measures - Skype for Business made avilable to all trust staff - Review all O365 components and propose organisational use opportunties paper presented to IM&T Steering Group - Pilot O365 elements in line with recommendations and report back to IM&T Steering Group - Full use of chosen O365 componenets in use across the organisation with report on use to IM&T Steering Group
IT	Finance	Quality - Outcomes	To ensure all GCS staff requiring IT, Clinical Systems and RA support receive appropiate service in line with the IT teams OLA	Support Metrics - Average phone answer time less than 30 seconds - First time Fix 85% - 5:30 min average length of call - 4.5 out of 5 on incident survey results - Abdoned rate 3% or less - September Staff survey results
IT	Finance	Quality - Safety	To ensure GCS is working to optimum cyber security standards ensure appropiate security soultions are rolled out across GCS in line with county and national standards and complete the Cyber Essentials plus accredition	Measures - Confirmation report that all devices have ATP installed in line with national requirements - Phising Exercise results reported to IM&T Steering group - Confirmation at Countywide IM&T steering group Cyber soultions chosen - Report to IM&T Steering group regarding completion of IT Cyber security soultions rolled out - Cyber essentials Desktop exercise report completed - Cyber essentials accredition acheived

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
IT	Finance	Sustainability - Efficiency	To rationilise the phone estate with a priority of the landline estates but also mobile provider and Data sims as well this will help achieve both a saving and a more efficient way of managing the GCS phone estate going forward	Measures -Less telecoms providers used - Billing provided in a more simpler way to the trust - Saving on costs - Less risk of services being cut off due to issues with provider and service
IT	Finance	Experience - Integration	ICS Objective - GCS To work with and support the completion of a digital strategy and plans including the development of a financial plan for the digital programme	Measures - Digital Strategy produced - Finicial plan for Digital programme
Performance & Information	Finance	Quality - Outcomes	To transition the flow of data to Secondary Uses Sevice (SUS+) to flow on a weekly basis rather than monthly. A mandate is expected from NHS Digital in Spring 2019	Completion of data flows on a weekly bsis
Performance & Information	Finance	Quality - Outcomes	Implement Data Quality Assurance Framework - Timeliness of data entry and Performance Indicator Assessment to ensure validitiy of data collection and measurement	Completion of analysis of Timeliness of data entry and analysis of Performance Indicator assessment of data quality for scorecard measures reported via Q&P report
Performance & Information	Finance	Quality - Outcomes	To identify a replacement supplier for Data Translation Service (intermediary to flow data to Secondary Uses Service, SUS+)	New supplier identified and process implemented
Performance & Information	Finance	Quality - Outcomes	To transition local data flows to CSU to flow via Data Landing Portal	Local data flows to be transmitted via Data Landing portl
Performance & Information	Finance	Quality - Outcomes	To develop the use of Predictive Analytics within GCS provided by P&I team	To enable P&I team to provide predictive analytics in an efficient manner as part of P&I Toolkit
Performance & Information	Finance	Quality - Outcomes	To support ICS work with colleagues in partner organisations developing Population Health Management	To work with partners to develop Population Health Management
PaCE	PaCE	Quality - Outcomes	To achieve the 9 Quality Objectives as set out in the 2019/20 Quality Account	Metrics to be set
PaCE	PaCE	Experience - Integration	To create a joint CQC Self Assessment process with 2g	Self Assessment

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
PaCE	PaCE	Quality - Safety	Provide a new Infection Prevention Control support service for Herefordshire Community Services currently outsourced elsewhere by 2g	
PaCE	PaCE	Quality - Safety	reconfigure named Dr Safeguarding role within the Trusts safe guarding services to ensure good communication and seamless action between all stakeolders	
Urgent Care	Operations	Co-design - Learning	To work with system partners to develop the integrated out of hours offer	To improve efficiencies in the out of hours period when resources are at their lowest. Partnership working to bring about better pt outcomes Improved resilience of teams working together Avoid unecessary admissions to hospital
Urgent Care	Operations	Co-design - Learning	To work with system partners to undertake a test and learn approach to the development of the nationally mandated urgent treatment centres	Building the Rural offer for Urgent Care Centres to include: Diagnostics - X-Ray and Point of Care Testing Workforce design Direct booking into SystmOne MIIU from 111 Reduced onward referrals Test and Learn for UTC using PDSAs Review clincial competency requirements
Urgent Care	Operations	Quality - Outcomes	To work with system partners, Community Hospitals and the Demand and Capcaity Team to improve efficiencies and flow through our community hospital beds	Improved use of Co Ho Beds Improved understanding on demand and capacity Design reporting to better inform the system on current flow Reduce the number of actions that are required to understand the current status of capacity
Urgent Care	Operations	Experience - Integration	To continue to work with the respiratory Clinical Programme Group on service integration	Less handoffs between HCPs Sharing of clincial knowledge to improve clicnakl pathwasy in and out of hospital Improve referal in processes

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
Urgent Care	Operations	Sustainability - Efficiency	To work with the Clinical Commissioning Group developing the intravenous therapy team model	Understanding the need for community Intravenous Therapy Defining the model of delivery
Urgent Care	Operations	Co-design - Learning	To work with system partners in a test and learn approach to deliver the nationally mandated Clinical Advice & Assessment Service	Ensuring teams are fit for purpose in readiness for CAAS by testing options in patient clincial triage Demonstrate and work to a CAAS development plan Understand how Care UK OOH GPs can work effectively alongside SPCA clinicians to take calls from 111 Test how Mental Health Worker can work in SPCA to take direct calls from 111 and avoid admission to acute Developing the capabilities of the CAAS
Community Hospitals	Operations	Experience - Reliable	Agree a clear 'offer' and specification for the community hospital inpatient service to be shared with and agreed by commissioners - clear definitions of sub acute care, core and specialist rehabilitation and development of 'centres of excellence' for more specialist needs.	Clear, agreed pathways for patients and improved patient flow. Patients cared for in the most appropriate environment by colleagues with the right skills (right care, right time, right place)
Community Hospitals	Operations	Sustainability - Innovation	Develop and implement a recruitment and retention strategy to include leadership development and a clinical development pathway.	Colleagues with the right skills in the right place. Sustainable workforce with clear development pathways for clinicians. Reduced agency spend, possible contribution to CiP
Community Hospitals	Operations	Sustainability - Innovation	Review the inpatient ward medical model(s) including support from GHFT consultants	Proposed medical model
Community Hospitals	Operations	Sustainability - Innovation	Review staffing model for inpatient wards (linked to opportunities afforded by apprenticeships, nurse associate roles, introduction of advanced nurse practitioners linked to review of medical model/GOAM).	New staffing model for the community hospital inpatient wards

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
Community Hospitals	Operations	Sustainability - Efficiency	Produce a business and marketing plan for ambulatory care in the community hospitals and work with commercial to ensure income follows activity	Improved access to care closer to home. Maximise utilisation of space and income generation
Community Hospitals	Operations	Sustainability - Efficiency	Review staffing model for Ambulatory Care (OPD, theatres and endoscopy)	New staffing model for ambulatory care departments
Community Hospitals	Operations	Quality - Safety	Develop a service delivery plan for the new FoD community hospital - inpatients, urgent care, ambulatory care.	Clinically led service delivery model to inform the design of the new hospital (form follows function)
Community Hospitals	Operations	Sustainability - Efficiency	Implement effective use of tools to support efficient patient flow through the inpatient wards	Numbers of DTOC below the target (3.5%) Reduction in numbers of patients with LOS >30 days
Community Hospitals	Operations	Sustainability - Efficiency	Produce equipment replacement programme linked to process for capital bids via Capex	Equipment replaced in a timely manner. Reduced impact on patients/activity
Countywide	Operations	Sustainability - Efficiency	To support the preparation for NHSE Tender/Restructure (2018/2020) for the specialist Dnetal Service Improvement Plan.	Tender process supported - Dental transformation delivery plan achievements
Countywide	Operations	Sustainability - Efficiency	To develop and agree new Service Level Agreements with GHFT to ensure services are appropriately funded and resourced	Agree service model across clinical areas e.g. Head & Neck Ca, SALT, Microbiology, Dental, Podiatry and Radiography, Echo
Countywide	Operations	Sustainability - Efficiency	Development of a Long Term Conditions Hub model to create a seamless patient pathway & reduce duplication.	Reduction in the number of duplicated referrals.
Countywide	Operations	Sustainability - Efficiency	Pulmonary Rehab and Cardiac rehab scoping project - to improve current cardiac rehab patients pathway in line with NACR guidance and to scope thefeasability of a Joint breathlessness Rehabititation Course to replace cardiac and respiratory rehab as separate entities in order to meet nationally set guidelines, in alignment with NHS long term plan.	As-is' and 'To-be' pathway development and implementation plan in place.the recording and undertaking of Outcome measures for each rehabilitation patrticpant.

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
Countywide	Operations	Quality - Outcomes	Undertake Demand and Capacity modelling in 3 Key Service ensuring capacity meets demand for care.	Delivery of demand and capacity monitoring in 3 key services within Countywide: Podiatry, Dental and Rehabilitation- to establish capacity needed within services.
Countywide	Operations	Sustainability - Efficiency	Integrate telecare and Integrated Community Equipment Service to improve patient pathways.	Reduction in the number of duplicated referrals & improve onward refferal process.
Countywide	Operations	Sustainability - Efficiency	Development of MSK Hub model to improve the patient pathway	Reduction in the number of duplicated referrals.
Countywide	Operations	Quality - Outcomes	Heart failure Beacon site pilot - undertaken in the cardiac rehab service.	Development and delivery of pilot model to heart failure patients.
Childrens	Operations	Quality - Outcomes	Modernisation of Special School Therapeutic offer to ensure delivery of integrated outcome focused care	Improved demand and capacity, enable the production of single integrated goal plan for CYP in special schools, improved service user and school experince and satisfaction
Childrens	Operations	Sustainability - Efficiency	Countywide roll out of CCN clinics within special schools	Increased access opportunity for CYP to CCN care. Improved demand and capacity. Improved partnership working with special schools and improved service user and school experince and satisfaction
Childrens	Operations	Quality - Outcomes	Quality and consistency review of PHN delivery	Improved demand and capacity within new financial envelope . Ensure equity of care. Improve and sustain key performance indicators and outcome measures
Childrens	Operations	Sustainability - Innovation	Develop health promotion offer to all communities across Gloucestershire using health promotion bus	Extend reach of servce delivery and Increase access to care and health promotion material. Improved service user and school experince and satisfaction
Childrens	Operations	Co-design - Learning	Develop integrated early years offer working collaboratively with communities	Estblish communty partnerships. Increased access to care, Improved Service user experince and satisfaction.
Childrens	Operations	Experience - Integration	Development of an integrated offer for Children and Young People presenting with a long term condition to improve patient experience and maximise efficiency	Enable timely access to coordinated therapeutic services for Children and Young People .Improve Children and Young People and families experience of 'flow' through the care pathway.Empower carers and families to access the right care at the right time

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
Childrens	Operations	Sustainability - Efficiency	Develop and implement a demand and capacity tool across public health and specilist Children and Young People's Services teams (not Immunisation team) to maximise resource allocation and monitor flow.	Improved understand of demand and capacity to enable servcie planning, delivery and reporting .
Finance	Finance	Co-design - Learning	To increase awareness and understanding of general finance and procurement through dedlicated training sessions held throughtout the county	By end of the year to have visited all the localities at least once - different locations each quarter, offered to all staff, get positive feedback forms. Should progress all other projects in finance
Finance	Finance	Experience - Reliable	To achieve full implementation of No PO- No Pay in the Trust (with known exceptions) by Q3, with reporting and review of exceptions in Q4	Using dashboard to record progress from current 80/20 split PO / Non PO - with progress towards fewer exceptions
Finance	Finance	Experience - Reliable	Review of transactions - in-house or external via shared service	Recommendation made to DoF about how to progress in the merged organisation
Finance	Finance	Experience - Integration	Integra Reconfiguration and Implementation	Integra implemented in the new organisation, financial processes work,
Estates	Operations	Quality - Outcomes	Estates & Facilities team and reporting developed to address existing gaps in provision / capability / evidence	Performance report demonstrates compliance or improvement across all indicators Performance reporting used to inform strategic planning
Estates	Operations	Co-design - Learning	Estates & Facilities team provide effective support to GCS Business Development initiatives	Evidence of value add by department in joint working initiatives
Estates	Operations	Experience - Integration	GCS property portfolio effectively managed in line with Estates Strategy and broader Trust strategies	CIP targets achieved or exceeded
Estates	Operations	Experience - Reliable	Working closely with Procurement and PSS, embed processes and procedures to ensure and evidence Estates & facilities contracts are effectively managed	Contract Management embedded
Programmes & Change Mgt	Operations	Quality - Outcomes	Develop and Embed Bronze /Silver QI training to GCS as part of the wider QI community approaach in collboration with 2G and GHFT.this will be tested by April 2019 and rolled and evealutaed through PDSA cycles over next twekve months	Staff in the trust who have attended will have increased knowledge of QI theroy and tools to support QI initiatives across the trust

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
Programmes & Change Mgt	Operations	Sustainability - Innovation	Ensure alignment of ICS strategic work at ILP and PCN level to Trust strategic initiative through represntation at essitial ILP/PCN forums and trust each month and information is cascaded to operational collegues through Quaterly ODF/OGF	The Trust will have a central knowledge base of system impact and abilty to influence to ensure strategic and system aligmnet is maintained
ICT	Operations	Experience - Integration	To develop the ICT Service in line with the Long-Term Plan ambitions for Integrated working across Primary Care Networks as they mature.	Increased Integrated working with Primary Care Networks and other system partners
ICT	Operations	Sustainability - Innovation	Co-develop new models of care in line with the Long Term Plan ambitions.	New models of care implemented and evaluated for embedding during 2019/20
ICT	Operations	Sustainability - Efficiency	Enhance pathways and Intergrated working to improve efficency, productivity and patient experience.	Increase productivity and patient satisfaction.
ICT	Operations	Sustainability - Innovation	To improve new ways of working for staff.	improved workforce development plan in place.
ICT	Operations	Quality - Outcomes	Ensure a high level of clinical quality.	Achievement of clinical quality priorities against benchmarking information.
Planning & Business Development	Finance	Quality - Outcomes	Deliver the business case and supporting modelling for the new hospital in the Forest	OBC and FBC for Board
Planning & Business Development	Finance	Sustainability - Efficiency	To enhance Trust-wide insight from costing through the continuing development of patient-level cost data, and use of service line reporting (SLR).	Enhanced reporting insight capabilities; locality views to support place-based and local population health approaches

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
Planning & Business Development	Finance	Co-design - Learning	Lead the production of the tender for Community Dental service	Bid/no-bid document for Executive Bid submission
Planning & Business Development	Finance	Sustainability - Efficiency	To improve the process for the management of income contracts with key commissioners and other organisations	Contracts complete and up to date for all key services
Planning & Business Development	Finance	Sustainability - Efficiency	To develop pricing framework / guidance/ tools for use in the evaluation of funding requirements for service developments and tenders	Framework / guidance established
Planning & Business Development	Finance	Sustainability - Innovation	To proactively shape community costing standards as a roadmap partner for NHS Improvement Costing Transformation Programme (CTP), and advancing Trust capability to comply with likely mandate of patient-level (PLICS) CTP submission for 2020/21	Voluntary PLICS submission completed on time. Contribution to roadmap partnership through technical focus group attendance and knowledge sharing in various forums.
Planning & Business Development	Finance	Co-design - Learning	To proactively identify new opportunities for business development in alignment with the planning cycle to ensure timely decision making and implementation	Processes developed
HR	HR	Experience - Integration	To increase colleague engagement activities across the Trust, to help share a common vision and goals, enable the voice of employees to be shared and acted upon, and celebrate success	Improve staff engagement results in the annual staff survey. Staff feel valued, informed and empowered.
HR	HR	Experience - Reliable	Improve the user experience of the Trust's internet and intranet, through seeking co-production insight from the public and colleagues alike	Keep visitors coming back with dynamic and fresh content. Both sites are recognised as key channels for information
HR	HR	Experience - Integration	Ensure colleagues across Gloucestershire's health and social care community are engaged with the Sustainability and Transformation Plan	Colleagues understand what the STP wants to achieve and what their role is within the partnership

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme *(drop-down)*	Description of Objective	Outcome Measures
HR	HR	Co-design - Listening	To engage with colleagues and Experts by Experience to develop our new values for the new merged organisation by July 2019 and embed in processes and practices by March 2020.	Values will be agreed and communicated across both Trusts
HR	HR	Co-design - Learning	Develop and embed the appropriate culture and develop the processes and resources to support staff across both organisations through the merger process and beyond. Including • To design and implement an agreed Leadership and Management development programme by December 2019. • Embed a coaching approach bu March 2020 • Development of a Talent Management approach in alignment with the ICS by March 2020	• Leadership and management development programme has been designed, agreed and delivered • Coaching approach has been developed and agreed
HR	HR	Co-design - Learning	To review and deliver the refreshed ICS Five Elements for successful system leadership development programme and toolkit	The system leadership programme and toolkit will have been refreshed and delivered to 96 leaders (4 cohorts) across One Gloucestershire.
HR	HR	Sustainability - Efficiency	To develop & implement a Practice Placement Policy to manage workforce capacity and support learning in practice	To develop a capacity planning framework for all learners in practice
HR	HR	Sustainability - Innovation	Accommodation Project- To review current training delivery model and identify options for future delivery	To develop and agree business case
HR	HR	Co-design - Learning	To develop an annual learning & development plan aligned to the Trust's clinical priorities and future ICS priorities	Education, learning and development plan is complete and ready for approval by the Workforce Education and Development (WED) Group Group
HR	HR	Experience - Reliable	To align the organisation to the national streamlining project for statutory and mandatory training.	Report presented to Committee for approval
HR	HR	Quality - Outcomes	To develop an education pathway to support specialist and advancing practice roles	plan supports development of specialist and advancing practice roles aligned to Trust Objectives
HR	HR	Quality - Safety	For the Trust to meet agreed statutory and mandatory training compliance levels and action plans are in place to address areas of low compliance.	Agreed compliance levels met

2019-20 Business Planning

Team	Directorate	Objective Details		
		Theme (drop-down)	**Description of Objective**	**Outcome Measures**
HR	HR	Sustainability - Innovation	Apprenticeship Levy - maximise the levy spend and ensure the Trust continues to meet National targets	Apprenticeship targets met
HR	HR	Sustainability - Innovation	To identify priorities and embed simulation based education within current development provision aligned to key clinical priorities(includes HEE simulation project)	Project completed
HR	HR	Sustainability - Efficiency	To implement the NHS Improvement Retention Cohort Implementation Plan to improve Nursing staffing retention	Project completed
HR	HR	Sustainability - Efficiency	To co-develop and agree a Recruitment and Retention Strategy and related implementation plan that maximises the Trust ability to recruit and retain staff.	Strategy agreed, implementation plan agreed and being delivered.
HR	HR	Experience - Integration	To implement the agreed HR & OD workstreams of the Transition Programme to enable the delivery of the planned organisational merger - policies, procedures, HR Systems, Training & Development etc	HR transition programme delivered alongside merger

Date of Meeting:	**Friday 29ᵗʰ March 2019**
Report Title:	**Budget Setting for 2019/20**

Agenda reference Number	11/0319
Reason for Being Heard in Confidential Session	This report contains commercially sensitive information
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	
Author(s)	Johanna Bogle, Deputy Director of Finance
Board action required	
Previously considered by	
Appendices	Appendix A – Year on Year Budget Bridge Appendix B – Cost Pressures Funded Appendix C – 2019/20 budget values by Directorate. Appendix D – CIP Schemes

Executive Summary:

The paper sets out the budget setting process for 2019/20. 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.

A budget bridge is attached at appendix A showing the year-on-year budget changes.

The budgets proposed in this paper form the basis of the Operational Plan which will be submitted in April to NHS Improvement, subject to approval by the Board.

Recommendations:

The Board is asked to:

a. **Note** the budget-setting process and linkages within business planning and 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 budget totals, including capital

e. **Note** that the budget delivers the control total agreed in the February board, subject to delivery of £5.3m CIP

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 2019/20

1. Introduction and Purpose

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

1. The progress made to date in setting budgets for 2019/20 that are owned by budget holders.

2. Risks within the budgets proposed.

National planning guidance was issued to the NHS at the beginning of February 2019. As part of the national planning framework for 2019/20 the Trust has been given a Financial Control Total (FTC) of £2,256k surplus. Included within this control total is Performance and Sustainability Funding (PSF) of £1,626k, provided the Trust delivers its financial control total. This position translates to a Finance and Use of Resources score of 1 (1 is best, 4 worst) and supports the Trust being in segment 1 under the Single Oversight Framework from NHS Improvement.

Despite a very difficult financial year in 2018/19 for the whole NHS, the Trust is forecasting it will meet its financial control total and deliver significant recurring savings due to successful delivery of Cost Improvement Plans (CIP) that reduce cost and budget. This has also enabled the Trust to set a recurrent surplus budget position for 2019/20.

2. Financial targets for 2019/20

The financial targets for 2019/20 were based on the following steps:
Recurrent 2018/19 month 7 budgets, adjusted for:
   a. Pay and non-pay inflation (NHS funded and additional expected)
   b. Cost pressures funded by the Trust
   c. Relief of undelivered Cost Improvement Plans (CIP) from previous year
   d. Demographic growth budgets to be apportioned to services.
   e. Efficiency 1.25% CIP target
   f. Differential CIP targets for Directorates
   g. Challenge CIP schemes
   h. Non-recurrent income and expenditure for services
   i. CQUIN (Care Quality and Innovation) and PSF income expected
   j. Known developments, such as Vale Stroke Rehabilitation and MSK APS Phase II
Final 2019/20 budget target

These calculations resulted in a targeted budget position of £2,256k surplus overall, matching the financial control total.

Financial targets were then allocated to services and budget holders proposed 2019/20 budgets. Where there were difficulties in bringing the budgets within target, resolution meetings were held with the Director of Finance and the Service Leads to explore alternative options to reduce any gaps.

3. Engagement with Budget Holders

Budget holders have been part of the budget-setting process throughout, both in agreeing their recurrent M7 baseline and working through the changes required to set their budgets for 2019/20 within financial targets. Budget setting was completed alongside business planning for the whole organisation and there is a degree of integration between the business planning objectives and the budgets set. Workforce planning has also been completed to the same timescale.

The operational finance team worked with budget holders and service leads to align expenditure budgets to service needs, using a mixture of actual, forecast and activity data to agree realistic budget proposals for 2019/20. Where cost pressures were identified and costed, the Executive team reviewed and agreed £1m of funding for services. The detail of agreed cost pressures is shown in Appendix B.

Resolution meetings were held with Community Hospitals, Urgent Care, Estates, ICTs and Countywide Services. These identified pressures in setting budgets within control totals and agreed ways forward to close the gap between control target and budget, where possible.

The following budget areas have signed up to their financial target (including delivery of Efficiency and Differential CIP targets).

1. Children and Young People's Services
2. Community Hospitals
3. Countywide Services
4. Integrated Community Teams
5. Urgent Care
6. Operational Management
7. Finance
8. Professional and Clinical Excellence
9. Estates
10. Human Resources

Appendix C summarises the 2019/20 budget values by Directorate.

The remaining areas of budget pressure are around:

1. Trust wide depreciation and PDC
The latest District Valuer report and recommendations for asset lives and values is being analysed, but could cause a cost pressure in year that is outside of our control.

2. Challenge CIP
Challenge CIP Schemes not yet fully planned for £2.4m, including potential service redesign of £657k.

3. Non-recurrent costs
These are expected for transition to the merged organisation, as well as for urgent care staffing and some one-off costs. These are funded firstly through the contingency budget, then additional costs are treated as additional non-recurrent CIP in year. These will need to be managed through non-recurrent underspends in year.

4. Cost Improvement Plans (CIPs)

The national savings requirement in the planning guidance for 2019/20 is 1.1% of NHS income. The Trust CIP is significantly higher than this, as illustrated in Table 1. CIPs have been set at a level required to deliver the control target if all expenditure budgets are spent and the budgeted level of income is earned.

Table 1: Calculation of CIP requirement

Assumptions for 2019/20 Plan	£'000
NHS Cres	980
AfC Shortfall & Pay	1,884
Cost Pressures	992
PDC & Depreciation Increase	798
Release of Contingency	-500
Procurement Top slice	128
Undelivered recurrent CIP from 18/19	1,000
Total CIP Requirement for 2019/20	**5,282**

The principles of CIP are that it is expected to be recurrent, and that it results in reduction in budget, rather than just cost avoidance.

CIP is aligned to three main schemes:

a) Efficiency 1.25%, £1.4m. This is intended to target efficiency in every budget at individual budget holder level, is expected to be delivered full year and removed at budget setting. It is unlikely to require many QIAs, but will be assessed.

b) Differential, £1.5m. This is spread over all areas between 0% and 3%, and is allocated based on delivery over the last two years with zeros only be allocated to >100% delivery. We expect some savings to be part-year effect, particularly for larger %, but > 80% must be delivered (removed from budget) in year with at least 50% planned to be delivered by the start of Q3. We expect the larger schemes to require QIAs on assessment.

c) Challenge, £2.4m. We expect a small number of transformational schemes to be developed across the Trust. They will not be evenly distributed, and we expect significant phasing issues to be covered by NR underspends and over planning. Delivery is expected to be back loaded but >25% must be planned to deliver in year before Q4. We expect them to require QIAs.

Table 2 shows the anticipated delivery of CIP by quarter through the year. It is also Red / Amber / Green (RAG) rated, showing that the Efficiency 1.25% and some of the Differential targets are green for delivery, with the remaining Differential orange and the Challenge CIP a red, planned to deliver in the second half of the year. Non-recurrent Trust underspends will be expected to cover any slippage on delivery.

Table 2: CIP delivery and RAG rating

Scheme	Quarter 1	Quarter 2	Quarter 3	Quarter 4	FY
Trust 1.25% Scheme	1,372	-	-	-	1,372
Differential - Hospitals	42	42	42	39	165
Differential - ICTs	97	102	102	102	403
Differential - Countywide	159	159	159	162	639
Differential - CYPS	129	127	-	-	256
Differential - Urgent Care	1	1	1	1	4
Differential - Human Resources	32	-	-	-	32
Differential - Executive	1	-	-	-	1
Differential - Finance Directorate	4	-	-	-	4
Challenge Schemes - TBC	-	-	1,203	1,203	2,406
Total in quarter	1,837	431	1,507	1,507	5,282
CIP delivery cumulatively YTD	1,837	2,268	3,775	5,282	
FY CIP % Delivered	35%	43%	71%	100%	

CIP delivery is reported monthly as part of the Finance and Performance Reviews within Operations, and at CIP Steering Group, where escalations are employed to expedite delivery. A separate board paper covers delivery for 2017/18 and 2018/19. Appendix D details the differential plans for 2019/20, showing 30 schemes, 12 requiring full QEIAs and with a value ranging from £1k to £250k.

We have not included merger savings in the CIP plans, and assume that the merger initially brings together both GCS and 2G budgets.

4. Agency Ceiling

The Trust has a 2019/20 agency control ceiling of £2.2m, against a plan to spend £1.9m. There is a robust monitoring process in place to ensure safe minimal spend on agency staffing. This includes electronic rostering of staff eight weeks in advance, a bank office to manage the allocation of shifts to bank and agency staff, a team of bank staff to work the required shifts, and executive sign–off for on-the-day agency bookings. This is reinforced with Trust-wide monthly monitoring meetings to review current and forecast costs.

5. Risks in the Budget

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

1. CIP plans for the Challenge Schemes are not yet worked up. Slippage on any CIP delivery needs to be covered by non-recurrent savings.
2. A Managed Vacancy Factor (MVF) remains part of the underlying budgets at £1.6m, applied as 2.5% of pay budgets to all services except for Community Hospitals and MIIUs. This means that if cost centres have 100% of their posts filled all year, they will overspend. The MVF needs to be managed at a Trust level where this is the case.
3. No allowance has been made in budgets for the 6% increase to employer's pension contributions that begins in April 2019. National guidance has recently stated that the impact of this should be excluded from operational plans and financial projections as the additional costs will be paid by the Department of Health and Social Care in 2019/20 and not affect Trust finances until it comes through the tariff uplift in 2020/21.
4. MIIU staffing budgets at safe levels - £667k. Where possible, this will be mitigated through reviewing agency usage.
5. HMRC R14 VAT rule changes (as relating to Systm1) are not included due to uncertainty as to whether the ruling will be enforced – potentially £80k for 2019/20.
6. No medical pay award funding has been included within the tariff uplift or within the pay budgets. It is assumed that any increase will be fully funded nationally. If the medical pay award is not fully funded then this would lead to an additional cost pressure for the Trust.
7. Failure to meet the CQUIN targets may lead to reduced income. This risk is reduced in 2019/20 from earlier years, as CQUINs are now only worth £1m, with the balance now part of the block income baseline. There are also fewer CQUIN targets in 2019/20 compared to previous years.
8. HIV funding change from block to variable via NHS England Specialised Commissioning, with the associated financial risk. This is mitigated by the fact

that over 70% of our service cost relates to high cost drugs that will be reimbursed on a 'pass-through' actual cost basis.

9. Project work on the medical equipment held across the Trust may result in higher maintenance or replacement costs in 2019/20
10. Merger £325k costs expected to be covered by non-recurrent underspends
11. Transition costs of £600k will be covered first by the contingency budget non-recurrently, with the additional £100k covered by non-recurrent underspends.

Further Work is required on the following areas which may identify risks:

- Final depreciation and PDC Calculation review alongside asset write offs and district valuer indexation and recommendation for asset lives.

6. Opportunities in the Budget

We have set our budgets to cover cost pressures through CIP delivery. If any of these cost pressures are later resolved through other means, this reduces our CIP burden for the year. Potential opportunities could be through the Agenda for Change cost pressures for staff not covered by NHS contract income being funded through non-NHS contract income, as well as additional funding from the CCG for pressures we have highlighted to them.

7. Contract Negotiations

Contract negotiations are progressing with our lead commissioner, Gloucestershire Clinical Commissioning Group (GCCG). We currently have a gap between what the Trust expects as income and what GCCG expects to pay.

8. Capital Expenditure

Capital expenditure generates an additional cost of 3.5% for Public Dividend Capital (PDC) that we must pay to the Treasury. Each year of an asset's life must accrue a proportionate cost to the revenue statements of the Trust. The Trust has incurred a substantial increase in depreciation and PDC over the last few years due to an expanded capital plan and a large spend value on short-life assets such as laptops and software, in order to move the organisation up to date for technology. There may be further increases if the District Valuer deems our assets to have increased in value, and if the recommended asset lives reduce.

The Capital Plan for the Trust anticipates a spend of £5.75m, plus any spend on the Forest of Dean new hospital, which is in addition to the in-year Capital Resource Limit (CRL). The breakdown by type of scheme is shown in Table 3. NHSI have

recently suggested that Trusts cannot spend against CRL without advance agreement. If enforced, this may delay some of our capital projects spend.

Table 3 shows the capital plan for 2019/20.

Table 3: Capital Plan for 2019/20

	Plan 2019/20 (£k)
Buildings	**1,700**
- Backlog Maintenance unallocated	340
- Urgent Care	500
- Other unallocated funds	860
IT Replenishment	**650**
- Laptops	650
IT Network replacement	**300**
- Other unallocated funds	300
Medical Equipment	**600**
- Other unallocated funds	600
Total	**3,250**
Forest of Dean	**2,500**
Grand Total	**5,750**

9. Conclusion and Recommendations

It is recommended that the Trust Board:

a. **Note** the budget-setting process and linkages within business planning and 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 budget totals, including capital

e. **Note** that the budget delivers the control total agreed in the February board, subject to delivery of £5.3m CIP

Abbreviations Used in Report

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

CIP   Cost Improvement Plans
CQUIN   Care Quality and Innovation
CRES   Cash Releasing Efficiency Savings

CRL   Capital Resource Limit
MSKAPS   Musculoskeletal Advanced Practitioner Service
MVF   Managed Vacancy Factor
PDC   Public Dividend Capital
PSF   Provider Sustainability Fund

Appendix A – Year-on-Year Budget Bridge

	Income	Pay	Non Pay	Total	
Recurrent budgets					
Starting point M7 budgets 2018/19	- 111,310	81,380	29,077	-	**853**
SLA income uplift	- 3,278			-	**3,278**
CRES - 1.1%	1,002				**1,002**
Demographic funding	- 567	284	284		**-**
Topslice procurement	107				**107**
Agenda for Change and Incrementral Drift uplift		4,491			**4,491**
Undelivered CIP		439	561		**1,000**
Cost pressures funded	287	100	613		**1,000**
Non Pay inflation			662		**662**
Release contingency			- 500	-	**500**
Depreciation and PDC			1,021		**1,021**
CIP	- 157	- 3,183	- 1,942	-	**5,282**
					-
					-
Total Recurrent budget 2019/20 (surplus)	**- 113,916**	**83,511**	**29,776**	**-**	**630**
Non-recurrent budgets					
PSF for accepting control total	- 1,626			-	**1,626**
Non-recurrent funding and cost	- 959	794	165		**-**
Total Non-Recurrent budget 2019/20 (surplus)	**- 2,585**	**794**	**165**	**-**	**1,626**
					-
Total Trust budget 2019/20 (surplus)	**- 116,501**	**84,305**	**29,941**	**-**	**2,256**

Appendix B – Cost Pressures Funded in Budget Setting

Description	Total (£)
01. New charges for office space from GCC	236,400
02. Network Costs	200,000
03. GCC Joint post funding reduction	129,203
04. Contract vs Budget error 1819	95,330
05. Countywide IT Schemes	50,000
06. Working Well Physio to become recurrent	41,425
07. Out of Hours Dental Officer enhancements	40,000
08. Income loss with no exp offset - GDOC, Care UK	96,500
10. FP10s	30,000
12. Vehicle repairs	20,000
13. Estates Officers enhancements	18,637
14. MIIU Patient appliances (NICE)	12,500
15. Catering dishwashers / industrial cleaning machines	17,200
16. Software licences	8,000
17. Postage	3,000
18. Maintenance bladder scanners	1,500
	999,695

Appendix C –Budgets by Directorate

Service Area	WTEs	Income	Pay	Non_Pay	Grand Total
					£'000
Hospitals	507.75	- 4,861	17,887	4,198	17,224
ICTs	534.39	- 5,652	17,653	1,736	13,737
Countywide_excl_Sexual_Health	353.43	- 7,211	13,448	2,361	8,598
Countywide_Sexual_Health	53.36	- 4,689	2,399	3,469	1,180
Child_Fam_YP	327.23	- 8,211	12,100	467	4,355
Urgent_Care	177.30	- 698	8,734	707	8,742
Operational Management	24.30	- 26	1,445	101	1,520
Estates_&_Facilities	121.79	- 640	3,372	8,024	10,756
Clinical_Quality	66.94	- 423	2,990	1,157	3,725
Central Cost		5	- 1,805	1,922	122
Corporate	126.61	- 84,095	6,081	5,798	- 72,215
Grand Total	2,293.09	-116,501	84,305	29,940	- 2,256

*Central cost includes the central capital charges, Challenge CIP target and non-recurrent pressure of MIIU staff.

Appendix D – CIP Detail for Differential Schemes

Service	Theme	Savings value Identified £000's	Confidence in deliverability	QIA assessment requirement completed Yes/No	QIA assessment Score (High, Moderate, Low)	QEIA Action (Close, Review, Full QIEA)
ICTs	Service review - phlebotomy	50	High	Yes	Moderate	Close
	Administration Review	50	Medium	Yes	Moderate	Full
	Clinical Skill Mix	250	Medium	Yes	High	Full
		350				
Community Hospitals	Non-pay productivity	31	Medium	Yes	Moderate	Review
	Clinical skill mix	14	High	Yes	Moderate	Review
	Income generation - endoscopy	120	High	Yes	Moderate	Full
		165				
Countywide Services	Productivity review -OOHs	37	Medium	Yes	Moderate	Review
	Clinical Skill Mix - dental nursing	119	Medium	Yes	Moderate	Full
	Administration Review	30	Medium	Yes	High	Full
	Contract Review	86	Medium	Yes	High	Full
	Service Redesign	97	Medium	Yes	High	Full
	Income generation - overperformance	47	Medium	Yes	Moderate	Review
	Service redesign - rehab	48	Medium	Yes	Moderate	Review
	Clinical skill mix	40		Yes	High	Full
	Service review - sexual health	36	Medium	Yes	High	Full
	Service redesign - wheelchair	30	Medium	Yes	High	Full
	Administration review	30	Low	Yes	Moderate	Review
		600				
Children's Services	Clinical skill mix	73	High	Yes	Moderate	Close
	Non-pay productivity	100	High	Yes	Low	Full
	Administration Review	29	High	Yes	Low	Full
	Administration Review	11	High	Yes	Low	Close
	Income generation	10	High	Yes	Low	Close
	Procurement efficiency	33	High	Yes	Low	Close
		256				
Urgent Care	tbc					
		4				
Human Resources	Skill Mix	23	High	Yes	Low	Close
	Skill Mix	4	High	Yes	Low	Close
	Inflation	5	High	Yes	Low	Close
		32				
Finance	VAT contract requirements	2	High	Yes	Low	Close
	IMT	2	High	Yes	Low	Close
		4				
Executive	CNST	1				
		1				
Total		**1412**				

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 28th March 2019

Report Title: One Gloucestershire - Integrated Care System (ICS) Update

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Agenda reference Number	12/0319
Accountable Executive Director (AED)	Paul Roberts, Chief Executive
Presenter (if not AED)	
Author(s)	Emily Beardshall: Deputy ICS Programme Director
Board action required	To Note and Receive
Previously considered by	N/A
Appendices	

Executive Summary

This report provides an update on Gloucestershire Integrated Care System.

The report provides an insight into reorganising & supporting pathways, supporting places & communities and supporting employees' wellbeing.

This report provides focus in the main programme areas;
   • Enabling Active Communities;
   • Reducing Clinical Variation;
   • One Place, One Budget, One System
   • Clinical Programme Groups.
   • Enabler Programmes.

The report provides a focus on the Gloucestershire's Mental Health Trailblazer Programme, Quality and also on the NHS Long Term Plan (LTP).

Gloucestershire Care Services NHS Trust – Trust Board – **PUBLIC SESSION** – 28th March 2019
AGENDA ITEM: 12 - Quality and Performance Committee Report
Page **1** of **2**

Understanding You

Recommendations:

The Trust Board is asked to:

   1   **Note** the content and the progress that has been made

_____

| 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

Understanding You

March 2019

One Gloucestershire ICS Lead Report

1. Introduction

The following report provides an update to HCOSC members on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS) to date.

Gloucestershire's Sustainability & Transformation Plan commenced year two of four in April 2018, since then we have made progress in embedding and delivering key schemes outlined within the plan, in an increasingly challenging health and care environment. We continue to develop our delivery plans against our main priority programmes. In this report we provide an update on 2018/19 progress made against the priority delivery programmes and supporting enabling programmes included within Gloucestershire as we transition to an Integrated Care System (ICS).
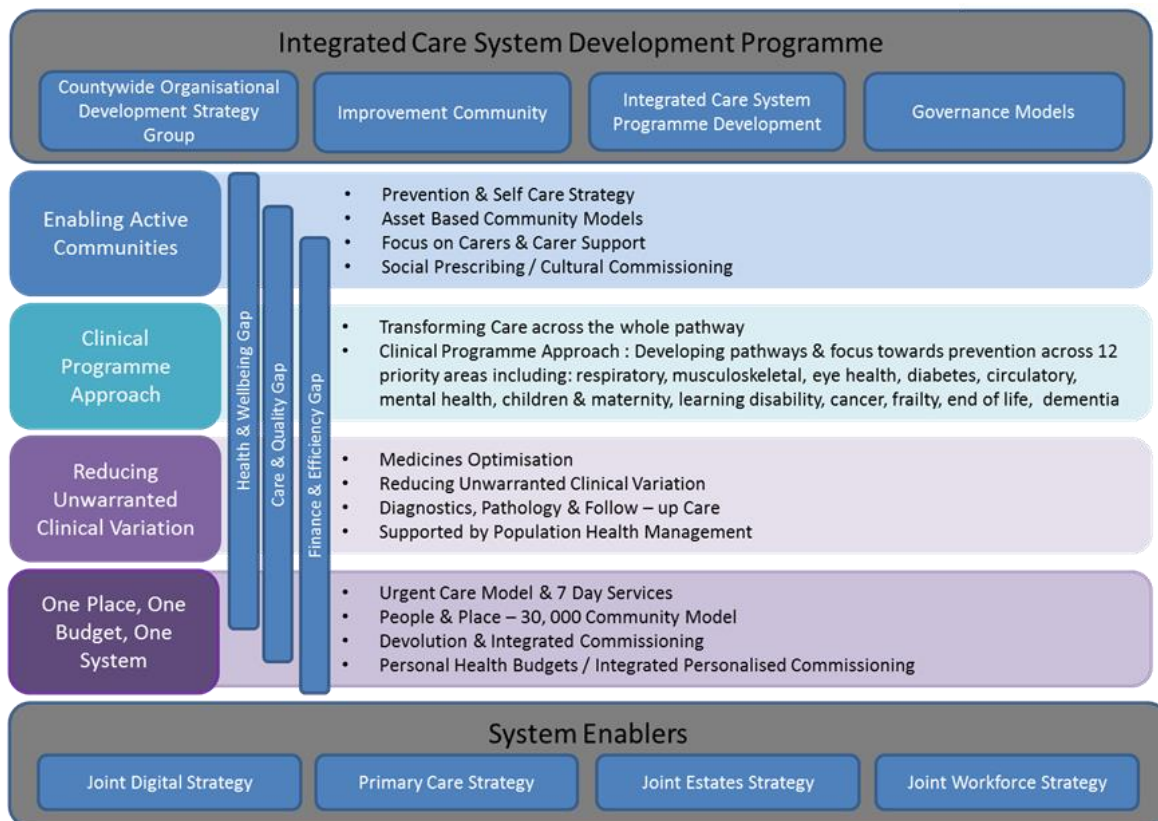
Gloucestershire's ICS Plan on a page

2. Enabling Active Communities

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system.

Key priorities for 2018/19 are:

- Reach the target of over 5,000 patients being on the National Diabetes Prevention Programme
- Appoint a GP Clinical Champion in Diabetes to further raise the profile of diabetic care in general practice (completed)
- Commission a new Child Weight Management Service and implement our new adult Weight Management Service Model to support people to reduce their weight in a sustainable way
- Continue to deliver an early identification and intervention model for victims of domestic abuse
- Develop a Breastfeeding Social Marketing campaign
- Progress the Gloucestershire Moves project (getting 30,000 inactive people active) and see the first pilots underway; including 'Beat the Street' and older people at risk of falls
- Launch a new postpartum contraception service
- Launch our new Gloucestershire Self-Management Education Programme called 'Live Better, Feel Better' and Support over 200 individuals through our new Self-Management Service
- Create a direct route into the community wellbeing service from urgent care (A&E, urgent treatment centres) to support people who attend for non-medical reasons
- Expand the arts on prescription service
- Increase our focus on support the following pathways with self-care and prevention schemes: adult mental health; paediatric epilepsy; paediatric Type 1 diabetes; Tier 3 obesity, adult chronic pain and adult respiratory pathways

Update on progress over the last two months:

Supporting Pathways

- There have been a total of 2819 referrals onto the National Diabetes Prevention Programme (NDPP) in Gloucestershire to date. Initial data for Gloucestershire show an average weight loss over 6 months of 4.6kg as a direct result of the NDPP, which again is better than the national picture (-3.4kg).
- Additional funding has been secured which will allow investment in the development of self-care resources that will complement the Tier 2 Child Weight Management Pilot.
- The number of interventions delivered by the Postpartum Contraception Team is increasing. The 'contraceptive counselling' approach has been particularly successful in supporting women making postpartum contraception decisions.

Supporting People

- 59 professionals have taken on the Domestic Abuse (DA) Champion Role across the county's 76 surgeries and in total, 1387 health professionals have been trained across 70 DA

workshops and learning events covering all localities.

- A new version of hospital food standards is due to be published in 2019; this will include substantial restrictions on High in Fat, Sugar or Salt (HFSS) foods and beverages. All Trusts will be required by the NHS standard contract to deliver against these standards.
- Patient Activation Measures (PAM) continue to be used in early adopter sites mainly around frailty and in group education sessions delivered by Gloucestershire Care Services NHS Trust (GCS). The Living Well with Pain programme has commenced a short life initiative to use PAM to segment the waiting list. If successful, this new approach will mean that patients who are currently waiting for pain management support may be able to receive their care more quickly as they can be directed to a range of appropriate support services based on their level of personal activation, rather than waiting to see a consultant before other support services can be accessed.

Supporting Places & Communities

- Identification of potential community leaders, who are keen to set up various community groups, is occurring across all the delivery pilots as part of the Strengthening Local Communities Projects.
- There have been over 4129 referrals into the Community Wellbeing Service (CWS). Data shows a reduction in primary care attendances for those using the service. Local social prescribing work was filmed for an ITV feature at the request of NHS England. Gloucestershire's social prescribing outcome framework is being adopted by NHS England for all NHS funded schemes.
- The Gloucestershire Moves steering group have agreed to re-run the Beat The Street game in Gloucester in the summer 2019, a successful initiative that got young people and their families more active across Gloucester city when piloted in the summer of 2018.

Supporting Workforce

- Public Health England are in the process of commissioning guidance for workplace wellbeing accreditation schemes. The Gloucestershire scheme being created by the Gloucestershire County Council Public Health team and Healthy Lifestyles provider is due to 'go live' in April 2019. Work continues on this and will incorporate any Public Health England guidance when available.
- A business wellbeing network event is planned for February. A number of speakers have already been confirmed for this event. This will bring businesses together to receive information and discuss health and wellbeing in the workplace
- A workshop event called 'sharing the learning' is being developed and will be held during March and will involve partners across the health and care system. This event will help to inform the evaluation and subsequent recommendations for taking health coaching forward across the ICS.

3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time.

	Priorities 2018/19	Progress So Far…
Respiratory	Deliver a comprehensive education and training package for health care professionals working in primary care and managing long term respiratory conditions, to improve care outcomes for patients. Support primary care to stop prescribing steroids where they are not having a significant impact on an individual's quality of life Continue to bring together the hospital and community respiratory teams together into one integrated team	The detailed implementation plan for integration is agreed which includes impact measures. An integrated approach to referral management and clinical triage has been developed. A working group has been established to agree the patient pathway and pharmaceutical regime supporting IV antibiotics in the community / at home for the Bronchiectasis including IV Therapy patient cohort. Once delivered it will mean more patients can be supported at home as an alternative to a hospital admission.
Circulatory	The circulatory clinical programme is working to develop improvements to heart failure care for people living in Gloucestershire, to develop additional cardiac rehabilitation places to extend cardiac rehabilitation to all heart conditions not just patients who have heart attacks, and to progress our local proposals for community based stroke rehabilitation.	Cardiovascular Disease Prevention blood pressure community testing programme is on track and feedback on our public awareness materials are currently being gathered from the HealthWatch team. Gloucestershire Hospitals NHS Foundation Trust (GHFT) now have a full rota of specialist nurses which will support the 1 Hour Troponin pathway. This pathway enables patients who go to hospital with a heart attack to be diagnosed more quickly so they can be provided with optimal care. The roll out of the new Stroke Rehabilitation model is now on track against key milestones with the service going live at the Vale hospital in February.
Cancer	Progress towards the 2020/21 ambition for more cancers to be diagnosed at the earliest stages Deliver the Prostate Cancer Surveillance Project	Meeting held with Public Health & Information Team, working in collaboration with CA/Macmillan/CRUK partners, to provide Cancer CPG updated health needs assessment to support programme planning for better early diagnosis performance and health inequality focus. Data requirements and next steps agreed

Musculoskeletal (MSK)	Embed the Advanced Practitioner Service (APS) providing physiotherapy support to patients in primary care. Roll out MSK triage service which provides expert clinical review at the point of referral. Design and implement a countywide integrated approach to falls prevention	83% of referrals for APS and Orthopaedics are now going through MSK Specialist Triage and 88% of GHFT referrals are via MSK Specialist Triage. There continues to be an overall reduction in direct orthopaedic referrals for other orthopaedic providers. The first two Risk of Falls training events will be delivered in Gloucestershire via the GP/ Nurse PLT events in Gloucester. This will provide primary care clinicians with additional skills to help prevent patients from having falls in the future.
Eye Health	Develop the enhanced community eye care offer to provide additional eye care services for patients in the community rather than in hospital. Implement the new NICE guidelines within Ophthalmology	The Eye health Clinical Programme continues to work to expand the range of conditions that optometrists can manage in the community to provide an alternative to hospital based care in people's local communities. In the next couple of months, new expanded services for minor eye conditions will be available. Within the hospital, we have a valuable service provided by the Royal National Institute for the Blind (RNIB). The Eye Care Liaison Officer service provides patients who have recently developed low vision holistic support and guidance of how to access low vision support available in the community. Following fantastic feedback from patients, carers and staff we have extended the funding from 5 days to 6 days at both of our main hospital sites in Gloucester and Cheltenham.
Diabetes	Our diabetes clinical programme continues to focus on improving outcomes for people living with diabetes in our county. To support our ambitions we have identified a number of new ways of working, To support these we need to recruit a part-time Consultant Diabetologist, to work with care homes to provide training to staff on "caring for patients with diabetes" and working closely with primary care to improve primary provision for this patient group. We are also rolling out structured education programmes for patients recently diagnosed with diabetes to support self care.	Diabetes Enhanced Service practice performance against the 8 care processes has improved by 11.5% and is above the England average. · GP Clinical Champion visits have been organised across the county as part of service improvement of 8 care processes in order to reduce variation in care. 178 professionals (GPs, nurses, podiatrist, SWAST and other AHPs) now signed up to the online Cambridge Diabetes Education programme in order to improve competencies and reduce variation across practices, with a total of 389 topics already completed by candidates.

Children & Maternity	Develop community hubs and integrate better together services that support women and families in the early years Implement our 'Safer Maternity Care' Action plan Develop models of care supporting women to have the same carer throughout pregnancy, birth & post-natal care Aim to have 30 to 40 children who live with a long term condition supported with Personalised Care Plans by Mar 19	Good progress being achieved in all areas, momentum maintained and work being driven forward with Better Births Team through each of the workstream's. The workstream's within the Better Births Programme include; • Transforming the workforce • Postnatal & Transitional Care • Safer Care • Perinatal Mental Health • Choice & Personalisation
Learning Disability	Enabling individuals with a Learning Disability to use Personal Health Budgets to ensure they have control of the support they receive Embed the "Stopping Over Medication of People with LD" campaign to reduce the prescriptions of anti-psychotic drugs where they are not clinically recommended Ensure that 75% of people with a LD on the GP LD Register receive an Annual Health Check by Quarter 4 19/20	The Learning Disability and Autism Clinical Programme Group has highlighted the need for a better understanding of people living in Gloucestershire to give them a more robust evidence base for planning future commissioning activities in line with the Building Better Lives & Building The Right Support Vision. The output from this project will be an evidence base which we are calling a Learning Disabilities & Autism Joint Strategic Needs Analysis (JSNA). Inclusion Gloucestershire have been commissioned to run co-produced engagement events and input into the development of the survey.
Mental Health	Continue to take steps to Improve Access to Psychological Therapies (IAPT), to ensure we meet standards for access, recovery and waiting times to treatment Make further improvements to the Eating Disorder Pathway Implement an all age Autism strategy Roll out mandatory mental health training for staff in schools Improve support to foster carers and children entering the care system Procure emotional support for children who have experienced sexual assault / abuse	The Cavern continues to be attended regularly every evening by up to 50 people. The Cavern provides 3 members of staff to support people in the evenings and has employed security staff on the entrance to ensure that all individuals are accessing the service appropriately. They are currently reporting positive outcomes in improved quality of life for the people accessing the service. Glos County Council have funded non-recurrently a workforce development lead for crisis care. This position will be embedded within 2gNHSFT training department working closely with their Mental Health Acute Response service. Priority group for training will initially be police with a view to reducing s136 detentions. The post will also lead on the development of the multi-agency training plan for crisis care.

Dementia	Develop a countywide approach to improve community dementia services Implement the Community Hospital Mental Health Liaison Team pilot	The Dementia Advisor caseload has significantly increased from 500 a year in 2017, to 1600 a year in 2018. This ensures that more people have access to information and support from diagnosis, with a focus on modifying/reducing dementia risk factors. The Diagnosis Rate (DDR) has maintained above NHSE target position of 68.4% December 2018. Significant progress has been made in describing a county integrated model for dementia that uses a key worker approach and case management
End of Life	Our aim is to improve end of life care for people in Gloucestershire by working with stakeholders across our system and learning from patient and carers stories. We have developed an End of Life strategy for the county and aim to roll out standardised guidance for all clinicians to work to, to improve care. This will be launched through our countywide care pathways system G Care.	We have finalised the new EoL G-Care page which will be launched in February. In addition our EoL project support officer has commenced her role and is a support to the whole Clinical Programme team. Her first job is to develop a bi-monthly Gloucestershire EoL newsletter for all stakeholders and members of the public, to improve communication and therefore outcomes for patients. .

Focus On: Gloucestershire's Mental Health Trailblazer Programme

The Green Paper, published in December 2017, detailed proposals for expanding access to mental health care for children and young people by providing additional support through schools and colleges and reducing waiting times for treatment. The new services are expected to be rolled out to between a third and a fifth of the country by 2023-24, with further improvements for children and young people's services promised in the NHS long-term plan.

In December 2018, the Government announced Trailblazer sites, and Gloucestershire was successful in securing £5m funding up until 2021. This funding will support the implementation of four Mental Health Support Teams (MHSTs) in Gloucestershire to develop models of early intervention on mild to moderate mental health issues, such as exam stress, behavioural difficulties or friendship issues, as well as providing help to staff within a school and college setting. As well as piloting Mental Health Support Teams, 12 sites across the country including Gloucestershire have been selected to trial a four-week waiting time for referral to treatment for specialist children and young people's mental health services, building on the expansion of NHS services already underway.

The Model in Gloucestershire

Based on a local needs analysis, we are delighted that 72 schools have signed up and have subsequently identified as a Mental Health Trailblazer Lead. The four MHSTs will be working with selected schools, colleges and special schools chosen in three locality areas; Cheltenham, Forest of Dean and Gloucester City.

Each team will cover a population of 8000 students aged between 5-18 years. Mental Health Support Teams will build on support already in place from services in place including school counsellors, support children and young people with mild to moderate mental health issues and help children and young people with more severe needs to access the right support, and provide a link to specialist NHS services.

Each designated team will comprise of:

- 4 Education Mental Health Practitioners (EMHPs)

- 2 Primary Mental Health Practitioners (PMHPs)

- 0.5 Team Manager

- Additional Face to Face Counselling

Four Week Wait (4WW)

In developing and delivering our Future in Mind Long Term Plan (LTP) the overwhelming feedback from stakeholders was around providing earlier intervention with children and young people directly reporting "waiting times need to be reduced". We believe that providing earlier intervention through reduced waiting times will support children and young people to achieve in all parts of their lives and prevent issues escalating.

Our proposal is to have a gradual improvement over 18/19 and 19/20 to a sustainable position by the end of April 2020 where our local provider 2gether NHS Foundation Trust has committed to achieving:

- 100% of CYP have initial access appointment within 2 weeks.
- 50% of CYP have access and have a second appointment within 4 weeks.
- 100% of CYP have access and a second appointment within 6 weeks

Progress so far

Mental Health Support Teams (MHSTs)

Education Mental Health Practitioners (EMHP's) will be practising one day per week from the end of April 2019 and training will be graduated until November 2019 at which point EMHPs will be fully operational. We therefore plan to use a "test and learn" approach with ten Early Adopter Schools for the Spring & Summer school terms so that we can receive feedback and refine the **core offers**, **referral pathway** and **training matrix** as necessary.

Working towards formal launch to all Trailblazer Schools during Autumn Term 2019, a complimentary **communication and engagement** plan informed by the staff, parents and children & young people from our Early Adopter schools will be developed.

A working group to focus on **evaluation** of the programme has been established and a framework is being developed.

Four Week Wait (4WW)

Our local provider, 2gether NHS Foundation Trust, has begun recruitment of additional Therapists and has commenced refinement of the operational model in order to meet national targets.

4. Reducing Clinical Variation

The Reducing Clinical Variation programme looks to elevate key issues of clinical variation to system level and have a new joined up conversation with the public around some of the harder priority decisions we will need to make. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and a Medicines Optimisation approach and undertaking a diagnostics review.

Key priorities for 2018/19 are

- The successful Prescribing Support dietetics role will be expanded to support change in the recommendation of oral vitamin B vs Vitamin B injections, advice and support around optimising the use of calcium and vitamin D, as well as reviewing and producing infant milk guidance to ensure appropriate support to patients via primary care
- Continue to support, develop and extend the Repeat Prescription Ordering Service for Gloucestershire patients to support the reduction of prescribed waste medication.
- Continue to support reducing Polypharmacy (the use of multiple medications at the same time) in patients, initial focus on frail patients, and extend it to groups such as those in care homes with the aim of reducing unwanted side effects
- Implement a paper referral switch off so that all referrals to consultant led services are made via an electronic system by October 2018 (in line with national guidance.)
- Implement patient led booking to give patients more control over their follow up care.
- Implement GP peer review of referrals to support consistency of patient management at a locality level.
- Continued development of alternatives to face to face follow up outpatient appointments
- Reducing the number of people who failed to attend a booked hospital appointment through a public awareness campaign and by establishing a reminder services
- Continue to make improvements to Operating Theatre, Radiology and Pathology pathways to reduce waste

What we've achieved so far:

- The 2018/19 Savings Plan supports a saving opportunity of £5m across a range of prescribed medicines. . The Prescribing Improvement Plan (PIP) continues within practices.
- Work continues in practices around the medicines management elements of the Primary Care Offer included in the Primary Care Offer (PCO)18/19
- Reviews continue for prescribing for "Conditions for which over the counter items should not routinely be prescribed in primary care".
- The extra Prescription Ordering Line (POL) staff are trained and now operational.
- The team of practice based pharmacists and technicians continue to expand in response to requests where funding has been approved. We are now developing a "short notice short term support team" who are able to support practices for short but intensive periods of time when need arises.
- Advice & Guidance (A&G) requests continue to be well above target levels with a total of 9,675 requests received, compared to the target of 6,484. All planned specialties are now live with the exception of Ophthalmology. NHS England/ NHS Digital have highlighted Gloucestershire as the third highest user of the electronic referral system (eRS) A&G in the country, and as a result the national lead for eRS will be visiting Gloucestershire in March.
- G-care site (website for GPs on clinical pathways) views continue to exceed 2017/18 levels with 50,045 site views in 2018/19 The G-care search function has been updated and re-launched to address technical issues and improve usability and GP feedback has been positive. A number of other potential developments to G-care are being reviewed in order to further enhance the platform.
- Inpatient/Day Case efficiency project: The Did Not Attend reduction campaign launched on 11th

December through social media. Posters have also been circulated to GP practices, GHFT, and pharmacies and the local media has picked up the campaign and provided some coverage. The first social media video had 125,000 views and reached almost 70,000 people.

Focus on Quality

As our Integrated Care System matures we are developing a Quality Framework; whilst the Framework is currently in the early stages it aims to set out our ambitions for the future and emphasis quality as a central pillar of the ICS.

The three main NHS providers in Gloucestershire, as well as the South West Ambulance Service, are all now rated 'Good' by the Care Quality Commission (CQC). Primary Care is also positively rated by the CQC. Out of the county's 75 practices, two 'Require Improvement' 69 are rated 'Good' and four are 'Outstanding'. While this is a commendable position to be in, the system continues to strive for improvement.

Care Homes in Gloucestershire have also fared well with the CQC, with overall ratings being slightly better than the National figures. It is significant that there are no Gloucestershire Care Homes with an overall CQC rating of Inadequate and commendable that there are 12 Care Homes with an overall CQC rating of Outstanding. The graph below shows the increase in care homes rated as good/outstanding between 2018 and 2019. We have a collaborative partnership approach for support and training for quality improvements for Care Homes to meet CQC requirements. Central to this, the Care Home Support Team (CHST) offer a range of bespoke training, support and advice. 67% of Gloucestershire's domiciliary care providers are rated as good/outstanding in line with England rates.
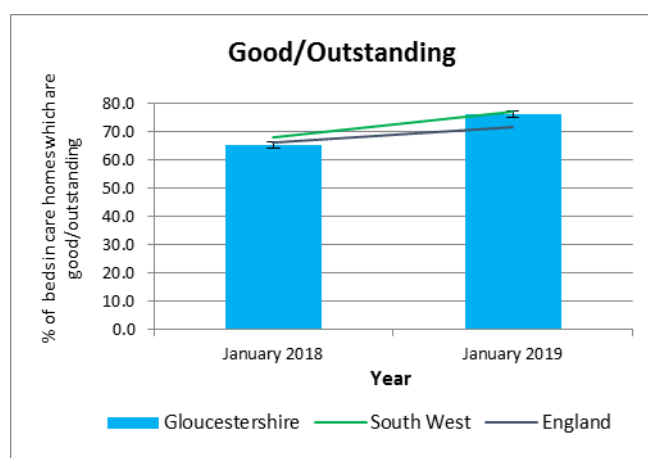
Using the learning from last winter's seasonal influenza programme, we are working together on a number of pilot schemes. We have strengthened, via the CHST, our local response to support for Care Homes in early identification of, and response to, respiratory outbreaks. Gloucestershire County Council Public Health are leading a pilot to improve uptake of flu vaccinations in care home staff by testing out two additional service models; an integrated pilot project for Point of Care Testing (PoCT) for seasonal influenza in care homes which aims to shorten the time from when flu is suspected to the test result and therefore administration of antiviral medication if indicated. Early findings are showing a beneficial impact and the pilot is to be formally evaluated.

5. One Place, One Budget, One System

New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care.

The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

Key priorities for 2018/19 are

- Led by ICS partners, pilot three Integrated Locality Partnerships in both rural and urban areas. The pilots will be in Stroud and Berkeley Vale, Forest of Dean and Cheltenham. These aim to give more control to local GPs to develop and tailor services to best meet the needs of people in the local area.
- Increase the range of roles in primary care available to support GPs and patients including the use expanding paramedics, clinical pharmacists and mental nurses
- Support the roll out of the Community Dementia pilot across the county, following the completion of evaluation and a feasibility study.
- We will continue to work with practices to support them through merger or federation conversations as required.

What we've achieved so far:

- Cross City Multi-Disciplinary Team (MDT) approach commenced in January 2019 following development and testing in North East Gloucester and South East Gloucester. Early feedback is that GP engagement has improved, with plans in place to further support GPs and other providers to take part in the MDT via a videoconferencing system.
- A case management model is to be developed with three levels of stratification for dementia patients to reduce future inappropriate admissions.
- Stroud & Berkeley Vale Dementia Working Group presented their progress to date on the phase two roll out of the community dementia service to the whole Locality. The new model will include colocation of community team staff, use of a joint clinical system & risk stratification of the dementia cohort to align appropriate staff; this will be tested during quarter 4 with aim for wider roll out at the start of 2019/20. The Dementia Working Group are working closely alongside the Dementia CPG who will learn from the key fundamentals of this model to develop a county solution.
- Skype is being piloted in Stroud Rural & Berkeley Vale MDTs to enable easier access to the meeting for all members of the multi-disciplinary team
- Implementation meetings have been held with Care homes under the Admission reduction project in Cheltenham. This has included introduction of the red bag scheme. The offer will be implemented in other homes in due course.
- The South Cotswolds Frailty Service continues to build positive working relationships with Great Western Trust, GHFT, South West Ambulance Service in addition to other professionals.
- Evaluation of the service is being undertaken by the University of Gloucestershire, gaining feedback from both stakeholders and patients, and a final report is due early 2019.

5. One Place, One Budget, One System

Urgent Care

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services into the future, we need to consider how to make best use our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

Regular updates on the One Place Programme have been shared with HCOSC, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care. Since this update work has continued to develop the programme timetable, engaging with clinicians, patients, and staff and community partners to develop the proposals for consultation.

Throughout December and January there has been careful review of the work that has taken place and the progress made. In particular we have received strong feedback that we need to build in more time for engagement in advance of formal consultation and that people want to understand the whole model. In response to this the ICS Delivery Board has agreed that more time is needed to focus on co-designing options and proposals with clinicians, community partners, patients and the public before we move to consultation. The Communication and Engagement Strategy and Plan has been developed which includes clear processes from the NHS Long Term Plan (LTP) engagement through to One Place consultation. Further discussions around the Communication & Engagement Strategy are being held during the ICS Delivery Boards.
A new scope, co-production approach, governance and timeline will be finalised shortly. In the meantime the current pilots within Trauma & Orthopaedic, Gastroenterology and General Surgery will develop as agreed.

Alongside this we will progress the commissioning of a new NHS 111, Clinical Advice and Assessment Service. This will be informed by learning from the current 'test and learn' initiatives and ensuring the critical links with other parts of the urgent care system are maintained.

The Urgent Treatment Centre test and learn project has refocused on achieving compliance with the NHS England national standards and agreeing priorities for implementation before Winter 2018/19.

6. Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

Joint IT Strategy – Local Digital Roadmap Patient Online has been rolled out to 96% of Gloucestershire practices, and currently Gloucestershire has 22.31% of patients with an online account. eConsultation procurements are complete for a patient triage application for primary care which will begin in 5 pilot practices. Wi-Fi infrastructure software upgrade has been completed; initial testing suggests a number of outstanding issues have been resolved as a result of this. Gloucestershire signed up to the South West Local Health Care Record Exemplar (LHCRE) bid and we have been told that, subject to a successful plan, the South West LHCRE will receive some capital funding in 2018/19. There are 130+ users now live on JUYI, with an average of 50 accesses per day.

Joint Workforce Strategy –The first two cohorts of the ICS-wide '5 elements for successful leadership' programme have been successfully completed and have received a highly positive evaluation. A One Gloucestershire expression of interest to participate in a national High Potential Talent Scheme that was submitted in October was successful. There are seven pilot sites and it will be rolled out in three phases. One Gloucestershire has requested to participate in phase three; planning will commence around August 2019. System-wide workforce planning is progressing well supported by the 2019/20 Operational Plan process.

Joint Estates Strategy – the estates strategy is moving forwards with a number of strands of work. Within Primary Care, planning permission has been granted for a new Cinderford Health Centre and Practices within Coleford have decided to proceed to develop a new GP Led business case for a single site within the town. There have been Initial meetings held with Lydney and Severnbank Practices to set out a way forward for the potential development of a new primary and community facility aligned to wider Forest of Dean Community Infrastructure Programme. A new Cleevelands Medical Centre opened in Bishops Cleeve on January 14th. There has been agreement that organisational Estates Strategies to be updated and subsequent ICS strategy to be completed for March 2019 with 2031 as the planning timeline. The Business case programme for GHFT strategic site development in also line with plan.

Primary Care Strategy – the Primary Care Strategy works alongside One Place, One Budget, One System to ensure we have really high quality primary care provision. Improved access has been successfully rolled out across all seven localities within Gloucestershire and in addition to improved access, clusters have been able to utilise funding to support additional workforce innovations across the ICS.

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7. Integrated Care

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A national announcement was made by NHS England that Gloucestershire in June 2018 to confirm that Gloucestershire was now designated as one of only 14 Integrated Care Systems (ICS) across the country.

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Building on the success of the recent system visit from Don Berwick, President of the Institute for Healthcare Improvement (USA), the system hosted another successful visit from NHS England's Chief Information Officer Will Smart. Will is responsible for providing strategic leadership across the whole of the NHS to ensure that the opportunities that digital technologies offer are fully exploited to improve the experience of patients and carers in their interactions with health and social care; the outcomes for patients; and improved efficiencies in how care is delivered. The key messages demonstrated during the visit was around;

- Differing digital maturity amongst the partners to explore Global Digital Exemplar Fast Follower status;
- A modern architecture on public cloud hosted clinical records sharing system – Joining Up Your Information (JUYI); and
- Committed to Local Health Care Record Exemplar and working closely with partners to ensure cross border patient care is managed effectively.

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8. NHS Long Term Plan (LTP)

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On 7th January 2019 the NHS long-term plan (formerly known as the 10-year plan) was published setting out key ambitions for health services over the next 10 years. In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year.

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In return, the NHS was asked to come together with wider partners to develop a long term plan for the future of the service, detailing our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement. That plan has now been published.

How the NHS Long Term Plan was developed

<table>
<tr>
<td>**200**
distinct engagement events, 150 of which were over August and September</td>
<td>**500**
direct submissions by letter or email</td>
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<tr>
<td>**2000+**
submissions via the online form</td>
<td>**3.5M**
Individual or organisational members represented through submissions</td>
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<tr>
<td>**5427**
readers of blogs about the long term plan</td>
<td>**21,788**
views of the online discussion guide webpage</td>
</tr>
</table>

Working groups made up of local and national NHS and local government leaders, clinical experts and representatives from patient groups and charities were formed to focus on specific areas where the NHS could improve over the next ten years.

They then engaged extensively with stakeholders to come up with and test practical ideas which could be included in a plan.

Over Autumn, working group members organised or attended over 200 events to hear a wide range of different views, and received over 2,500 submissions from individuals and groups representing the opinions and interests of 3.5 million people.

What the NHS Long Term Plan will deliver for patients

The working groups have developed a range of specific ideas and ambitions for how the NHS can improve over the next decade, covering all three life stages:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

The diagram below show a short overview of the commitments within the plan. One Gloucestershire ICS is just beginning a series of engagement events to talk to public, staff and strategic stakeholders about what the plan means for the development of services in Gloucestershire. There is already good alignment between the outcomes within the plan and our strategic direction and this is a positive confirmation of the journey we are on. The refresh of the system plan is a good opportunity to review and confirm our plans with the public and stakeholders and review "what matters" to support our prioritisation of objectives for the year ahead. .

The NHS Long Term Plan
Snapshot view

Improving quality and outcomes
- Specific **waiting time targets** and **access standards** for emergency **mental health** services will be introduced from 2020, including children and young people's
- Greater emphasis will be placed by the CQC on **system-wide quality**
- New **Rapid Diagnostic Centres** for cancer from 2019

New service models
- Introduction of new primary care **network contracts** to extend the scope of primary and community services
- **2.5m people** will benefit from social prescribing, a personal health budget, and support for managing their own health
- A **Same Day Emergency Care** model across all acute hospitals, increasing the proportion of same day discharge from a fifth to a third
- A new **clinical assessment service** will be set up as the single point of access for patients, carers and health professionals
- Reforms to diagnostic services including investment in **CT and MRI** scanners

Prevention
- Funding for specific **new evidence-based prevention programmes**, including to cut smoking; reduce obesity and avoid Type 2 diabetes; limit alcohol-related A&E admissions; and lower air pollution
  - Local health systems to **reduce inequalities** over the next decade

Digital care
- People will be able to switch from their existing GP to a **digital first provider**
- Everyone in England will have access to a **digital first primary care offer** e.g. online or video consultations by 2022/23
- Expansion of online consultations in secondary care to avoid **a third of all outpatient appointments** within five years
- All trusts must move to **full digitisation** by 2024
- By 2021/22, all ICSs to have a **chief clinical information officer** and a **CIO**
- Introduction of a new **digital front door**

Improving health and care
Building the foundation

Workforce
- Potential introduction of formal **regulation of senior NHS managers**
- Introduction of a **NHS leadership code** which will set out the cultural values and leadership behaviours of the NHS
- More doctors will be encouraged to train as **generalists**
- **Flexible rostering** will become **mandatory** across all trusts
- New **entry routes** supported: apprenticeships; nursing associates; online qualification; and 'earn and learn' support
- **£2.3m** investment to double volunteers

Finance
- **3.4%** funding growth over next **five years**
- Increasing funding for **primary and community care** by **£4.5b** and **mental health care** of **£2.3b** more a year
- Worst financially performing NHS trusts will be subject to a NHS Improvement-led **accelerated turnaround process**
- **Finance Recovery Fund** to be set up, accessible to trusts with identified financial risks
- NHS expected to save **£700m** from admin costs in the next **five years** – (£290m commissioners and £400m from providers)

9. Recommendations	This report is provided for information and HCOSC Members are invited to note the contents. **Mary Hutton** ICS Lead, Gloucestershire ICS

Trust Board

Date of Meeting: 28th March 2019

Report Title: Quality and Performance Report

Agenda reference Number	13/0319
Reason for Being Heard in Confidential Session	N/A
Accountable Executive Director (AED)	Susan Field – Director of Nursing
Presenter (if not AED)	Susan Field – Director of Nursing
Author(s)	Susan Field – Director of Nursing
Board action required	To Discuss, Note and Receive
Previously considered by	Quality and Performance Committee 28th February 2019 (January data)
Appendices	Appendix 1 – Quality and Performance Report February 2019 data

Executive Summary:

This report provides an overview of the Trust's Quality and Performance activities as at January 2019. It is also intended to highlight achievements made and outlines how the Trust is responding to those areas where improvements are either continuing or need to improve further.

Recommendations:

The Board is asked:

- **Discuss**, **Note** and **Receive** the February 2019 Quality and Performance report

Related Trust Objectives	
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

Understanding You

Quality and Performance Report

1   Introduction and Purpose

This report summarises the key highlight and exceptions in the Trusts February 2019 Quality and Performance data.

2   Background

The Trust's Quality and Performance Committee reviewed January 2019 data at its February meeting.

3   Key areas to note

- As part of the national CQUIN programme the Trust achieved **76%** target to vaccinate frontline colleagues against influenza.

- There continues to be a steady increase in the Family and Friends Test (FFT) response rate **18.4%** compared to **15.6%** in January.

- Bed occupancy rates have decreased to **95.2%** compared to **96.2%** during January 2019. Other quality indicators such as infection rates have not significantly deteriorated with generally higher bed occupancy rates during recent months.

- In relation to the deteriorating patient and nutrition and hydration metrics retrieval of data remains an issue, as previously reported, and it should be highlighted that any early learning and reflections from this have been factored into the 2019-20 Quality Priorities setting process.

- The Trusts Personal Development Reviews (PDRs) compliance (**73.3%**) of all staff PDRs remains well below trajectory. For active assignments this stands at **78.38%**.

- Operationally the Musculoskeletal Advanced Practitioner Service (MSKAPS) performance for urgent patients to be seen in two weeks was **33.3%** for February and although some improvement since January (**26.9%**) this risk remains since the introduction of the national electronic referral system, and can also be attributed to those patients who actively choose not to be seen within the two weeks. It should be noted that this issue is being experienced by other NHS Trusts.

- It should be highlighted that the Quality data rating has changed from Amber to Red. The reason for this is that the Trust does not have full

Understanding You

confidence with some of the emerging data associated with some of its services. In light of this risk, reporting within the Quality and Performance Scorecard against the Wheelchair services will cease whilst the service transfers to SystmOne, which has been endorsed by Gloucestershire Clinical Commissioning Group (GCCG).

4   Conclusion and Recommendations

The Trust Board is asked to:

- **Discuss**, **Note** and **Receive** the February 2019 Quality and Performance report

Abbreviations Used in Report

PDRs - Personal Development Reviews
FFT – Friends and Family Test
CQUIN – Commissioning for Quality and Innovation
MSKAPS – Musculoskeletal Advanced Practitioner Service

Understanding You

Gloucestershire Care Services **NHS**
NHS Trust

Quality & Performance Report

Trust Board
28th March 2019
Data for February 2019

Understanding You

Executive Summary

Are Our Services Caring?
- Friends and Family Test response rate in February was **18.4%,** an increase from January (**15.6%**) and above the 2018/19 mean **(14.2%)**.
- The proportion of patients indicating Likely or Extremely Likely to recommend our services decreased slightly to **93.5%** in February (mean **94.0%** Apr17-Feb19).

Are Our Services Safe?
- Safety Thermometer Harm free score was **94.6%** in February (target 95%), an increase from January (**93.5%**) and above the mean **93.9%** (2018/19).
- Based on new harms only, the Trust achieved harm-free care of **98.4%** in February, compared to a target of 98%.

Are our Services Effective?
- Bed Occupancy rate was **95.2%** in February, a decrease from **96.2%** in January and above the mean of **94.9%** (Apr-17-Feb-19).

Are Our Services Responsive?
- The number of 4 hour breaches in MIIUs increased to **54** during February compared to **31** in January. Performance in the '% seen and discharged within 4 hours' measure remains significantly above the 95% target, mean of **99.1%** since April 2017.
- Musculoskeletal Advanced Practitioner service (MSKAPS) performance for patients to be seen within 2 weeks of referral was **33.3%** in February. Target has not been achieved since introduction of Electronic Referral System as patients can book appointments outside of the 2 week window. This issue is being experienced nationally by other providers.
- SPCA abandoned call rate measure was **2.3%** in February, an increase from January (**0.9%**), although it continues to be below the threshold of <5%. For priority 1 and 2 calls, the percentage of calls answered within 60 seconds is above the 95% target at **96.4%**.

Are Our Services Well Led?
- Mandatory training compliance rate in February was **85.20%**, an improvement compared to the 2017/18 average of **82.63%** and an increase from **85.04%** in January.
- Sickness absence (rolling 12 months to February) is **4.91%,** against a local target of <4%.
- **73.30%** of all staff Personal Development Reviews were completed by the end of February 2019 (comparable to January). For active assignments only, the figure for February is **78.38%** and remains below target (95%)**.**

Statistical Process Control (SPC) Charts
- The criteria for exception reporting in this report now uses SPC charts to identify where performance falls outside of upper or lower control limits, and is viewed in conjunction with, rather than solely based on, RAG ratings. This report contains a number of SPC charts and is supported by a separate SPC Addendum pack that covers all measures within the Quality and Performance dashboard (pgs. 2-4).

- The aim of the SPC charts is to identify whether performance is within upper and lower control limits (determined by variation from the average of all the values in the chart). They are used to show 'normal variation' and determine whether a value for the month falls outside normal levels of activity and needs investigation. The limits are calculated as plus or minus 3 times the Standard Deviation (Sigma) for the data. Sigma is calculated as the average moving range (difference between consecutive monthly values) divided by a bias correction factor based on the size of the data set.

Data Quality
The Quality and Performance Dashboard (pages 2-4) includes a data quality rating for each metric. The basis of this is the 2017/18 Trust Reference Cost report and additional interpretation from Performance and Information team. The methodology incorporates consideration of completeness, validity and reporting methodology of activity recorded within systems used for performance reporting. However this approach does not have a statistical basis to the methodology or RAG rating. The metrics that are rated red are:
- % of terminations carried out within 9 weeks and 6 days of gestation – the current spreadsheet reporting tool used for medical terminations of pregnancy is subject to recording error and the plan is to transition this onto the Clinical System used in Sexual Health. Work has been completed to ensure all data items are available to be collected on dynamic forms, however, connectivity issues are currently being investigated and a Task and Finish Group will be established to resolve all issues by end of Qtr.2 2019/20.
- Social Care ICT % of referrals resolved at referral centres and closed - the issue with referral data capture has been resolved and data included for January and February. This should be down-graded to amber next month.

In addition: Wheelchair Service measures removed due to data quality concern. The service is in transition to go-live on SystmOne by end of Qtr.1 2019/20 following Commissioner support. Process mapping currently under-way to inform system configuration involving Service, Clinical Systems and Performance & Information teams.

Month on month change in data quality rating will be indicated with an upwards arrow to show improvement, downwards arrow to show reduction.

Quality and Performance Dashboard (Trustwide)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
1	Friends and Family Test Response Rate	N - T	15%	8.3%	13.2%	15.2%	13.8%	11.2%	12.2%	13.9%	12.7%	15.3%	14.7%	15.6%	18.4%		14.2%		No - within SPC limits	A	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R / L - I	95%	94.2%	93.5%	92.0%	92.4%	91.7%	92.4%	91.2%	93.0%	93.7%	94.7%	93.8%	93.5%		92.9%		No - within SPC limits	A	96.8%
3	Number of Compliments	L - R		924	75	76	91	100	113	119	165	138	126	95	107		1,205			G	
4	Number of Complaints	N - R		44	3	7	3	2	1	1	5	8	4	2	2		38			G	
5	Number of Concerns	L - R		391	43	37	52	50	43	45	46	37	25	38	36		452			G	

CQC DOMAIN - ARE SERVICES SAFE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
6	Number of Never Events	N - R		1	0	0	0	0	0	0	0	0	0	0	0		0			G	
7	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		23	0	1	2	0	1	0	1	3	1	1	0		10			G	
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		0			G	
9	Total number of incidents reported	L - R		3,946	352	408	428	457	397	338	406	372	276	369	327		4,130			G	
10	% incidents resulting in low or no harm	L - R		94.8%	93.2%	97.8%	96.3%	97.4%	94.7%	96.6%	94.2%	97.8%	96.7%	95.4%	98.5%		96.2%			G	
11	% incidents resulting in moderate harm, severe harm or death	L - R		5.2%	6.8%	2.2%	3.7%	2.6%	5.3%	3.4%	5.8%	2.2%	3.3%	4.6%	1.2%		3.7%			G	
12	% falls incidents resulting in moderate, severe harm or death	L - R		1.5%	0.0%	1.3%	4.5%	1.5%	0.0%	0.0%	0.0%	3.4%	5.1%	2.0%	2.2%		1.8%			G	
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%		0.0%			G	
14	Number of post 48 hour Clostridium Difficile Infections	N - R / L - C	2*	16	3	4	1	1	1	1	1	0	2	1	0		15	G		G	
15	Number of MRSA bacteraemias	N - R / L - C	0	0	0	0	0	0	0	0	0	0	0	0	0		0	G		G	
16	Number of MSSA Infections	L - R	0	0	0	0	0	0	0	0	0	0	0	0	0		0			G	
17	Number of E.Coli Bloodstream Infections	L - R	0	0	0	0	0	0	1	0	0	0	1	0		2		Pg. 12	G	
18	Safer Staffing Fill Rate - Community Hospitals	N - R		100.2%	100.5%	99.8%	100.7%	100.2%	99.1%	98.9%	101.7%	100.9%	99.4%	100.8%	99.8%		100.3%			G	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	95.0%	90.9%	96.0%	97.0%	98.1%	97.0%	95.8%	96.1%	94.3%	96.1%	93.6%	94.4%		95.2%	G	Pg.12	G	
20	Safety Thermometer - % Harm Free	N - R / L - C	95%	94.1%	92.8%	91.9%	94.4%	94.9%	94.9%	93.8%	93.6%	94.5%	93.9%	93.5%	94.6%		93.9%	R	Pgs. 13-14	G	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.0%	97.2%	95.8%	97.8%	99.2%	99.4%	98.9%	99.2%	97.9%	97.7%	98.9%	98.4%		98.2%	G		G	97.5%
22	Total number of Acquired pressure ulcers	L - R		652	71	51	50	53	72	58	47	73	59	72	51		657			G	
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		578	62	46	44	48	62	56	43	72	54	68	47		602			G	
24	Number of grade 3 Acquired pressure ulcers	L - R		64	7	5	5	5	10	2	4	1	5	3	3		50			G	
25	Number of grade 4 Acquired pressure ulcers	L - R		10	2	0	1	0	0	0	0	0	0	1	1		5			G	

*In-month threshold (i.e. February)

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 GCCG)
L - I	Locally agreed measure for the Trust (internal target)
L – R	Locally reported (no target/threshold) agreed
N – R/L – C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

RAG Key: R – Red, A – Amber, G - Green

2

Quality and Performance Dashboard (Trustwide)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
Community Hospitals																					
26	Re-admission within 30 days of discharge following a non-elective admission**	N - R		10.7%	6.6%	9.0%	11.1%	6.2%	8.9%	7.4%	11.0%	8.8%	8.1%	9.9%	7.4%		8.6%			G	
27	Inpatients - Average Length of Stay	L - R		26.8	28.0	27.2	28.8	24.5	26.9	26.7	26.5	28.5	26.7	27.5	30.0		27.4			G	26.1
28	Bed Occupancy - Community Hospitals	L - C	92%	96.7%	93.2%	95.1%	91.8%	90.2%	91.0%	94.3%	93.9%	95.6%	92.7%	96.2%	95.2%		93.6%	G		A	92.1%
29	% of direct admissions to community hospitals	L - R		25.3%	26.3%	27.4%	21.8%	26.7%	20.1%	21.7%	15.8%	14.0%	14.4%	17.6%	14.7%		20.0%			G	
30	Delayed Transfers of Care (average number of patients each month)	L - R		11	3	3	2	3	3	3	1	1	2	1	1		2			A	
31	Bed days lost due to delayed discharge as percentage of total beddays	L - R	<3.5%	5.9%	1.4%	1.0%	1.2%	2.6%	1.8%	2.3%	1.3%	0.2%	1.0%	0.6%	0.6%		1.3%	G		A	10.7%

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
Minor Injury and Illness Units																					
32	MIIU % seen and discharged within 4 Hours	N - T	95%	99.3%	99.4%	98.8%	98.6%	97.5%	99.0%	99.1%	98.9%	99.0%	99.5%	99.5%	99.0%		98.9%	G		G	
33	MIIU Number of breaches of 4 hour target	L - R		514	35	90	106	197	71	57	69	53	29	31	54		792			G	
34	Total time spent in MIIU less than 4 hours (95th percentile)	L - I	<4hrs	02:53	02:39	02:50	03:15	03:28	02:58	03:08	03:05	02:59	02:48	02:49	02:53		02:59	G		G	
35	MIIU - Time to treatment in department (median)	L - I	<60 m	00:26	00:30	00:34	00:35	00:39	00:30	00:35	00:36	00:33	00:29	00:30	00:34		00:34	G		G	
36	MIIU - Unplanned re-attendance rate within 7 days	L - C	<5%	2.4%	0.8%	0.8%	0.9%	0.9%	1.3%	1.0%	1.4%	1.1%	0.9%	0.9%	0.2%		1.0%	G		G	
37	MIIU - % of patients who left department without being seen	L - C	<5%	3.4%	4.5%	3.6%	3.9%	4.0%	3.9%	3.6%	3.9%	4.3%	4.2%	3.6%	3.9%		3.9%	G		A	
38	Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	00:18	00:15	00:28	00:18	00:31	00:24	00:24	00:16	00:14	00:15	00:14	00:25		00:20	R		A	
39	Trolley waits in the MIU must not be longer than 12 hours	N - T	< 12 hrs	0	0	0	0	0	0	0	0	0	0	0	0		0	G		G	
Referral to Treatment																					
40	Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	84.4%	60.7%	59.5%	57.1%	59.8%	46.8%	50.8%	41.7%	52.3%	57.4%	56.8%	54.3%		53.8%	R	Pg. 16	A	
41	Podiatry - % treated within 8 Weeks	L - C	95%	92.8%	97.5%	98.4%	98.6%	98.6%	95.6%	94.5%	95.6%	98.2%	98.7%	96.1%	98.8%		97.3%	G		G	
42	MSKAPS Service - % treated within 8 Weeks	L - C	95%	57.1%	95.8%	99.7%	100.0%	99.7%	99.1%	96.8%	97.0%	94.3%	96.3%	90.1%	95.3%		96.6%	G		A	
43	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	90.7%	91.4%	99.7%	85.7%	90.1%	89.5%	89.0%	93.1%	96.7%	95.7%	83.6%	81.0%		89.8%	R	Pg. 16	G	
44	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	85.0%	84.3%	84.5%	81.1%	79.6%	86.6%	80.3%	81.8%	88.9%	88.0%	77.4%	83.0%		83.0%	R	Pg. 16	A	
45	Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	82.8%	77.4%	70.1%	76.8%	73.1%	69.3%	63.2%	69.6%	75.8%	83.3%	78.6%	87.6%		74.7%	R	Pg. 16	A	
46	Diabetes Nursing - % treated within 8 Weeks	L - C	95%	96.2%	94.5%	85.5%	97.6%	87.8%	90.7%	90.3%	97.6%	97.1%	100.0%	97.3%	95.5%		93.2%	A		G	
47	Bone Health Service - % treated within 8 Weeks	L - C	95%	99.5%	96.0%	99.5%	99.3%	97.7%	98.8%	99.3%	100.0%	100.0%	100.0%	100.0%	99.4%		99.1%	G		G	
48	Contraception Service and Sexual Health- % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	99.9%	99.6%	100.0%	99.9%		99.9%			G	
49	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%		100.0%	G		G	
50	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%		100.0%			G	
51	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L - C	70%	77.4%	75.5%	65.6%	83.2%	70.2%	68.8%	72.4%	84.9%	80.2%	79.8%	82.0%	75.0%		77.6%	G		R	
52	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	97.7%	93.3%	99.5%	95.6%	95.4%	96.0%	96.3%	100.0%	100.0%	100.0%	95.6%	96.3%		97.6%	G		G	
53	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	99.0%	96.9%	99.1%	97.4%	93.2%	80.0%	88.5%	95.5%	91.9%	94.6%	82.7%	93.1%		91.8%	A	Pg. 17	G	
54	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	96.6%	97.6%	98.6%	96.4%	98.4%	97.2%	95.1%	94.0%	95.3%	95.3%	94.7%	89.3%		95.6%	G		A	

** I.e. Admission to a GCS hospital within 30 days of the end of a previous GCS hospital spell.

RAG Key: R – Red, A – Amber, G - Green

Quality and Performance Dashboard (Trustwide)

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
55	MSKAPS Service - % of referrals referred on to secondary care	L - C	<30%	12.4%	13.3%	14.4%	16.1%	13.4%	19.4%	20.8%	23.1%	14.9%	15.7%	10.9%	4.2%		15.7%	G		A	
56	MSKAPS 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%		100.0%	G		A	
57	MSKAPS Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L - C	95%	95.9%	84.6%	96.3%	97.6%	96.7%	28.6%	33.3%	20.8%	32.7%	46.2%	26.9%	33.3%		51.6%	R	Pg. 17	R	
58	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L - C	95%	88.6%	65.2%	72.7%	44.4%	65.0%	66.6%	76.5%	100.0%	100.0%	100.0%	100.0%	100.0%		82.1%	R	No - Post Sep. Trend	A	
59	Stroke ESD - Proportion of patients discharged within 6 weeks	L - C	95%	98.9%	100.0%	96.3%	100.0%	96.3%	95.0%	92.0%	95.0%	91.3%	100.0%	100.0%	100.0%		96.8%	G		A	
60	Social Care ICT - % of Referrals resolved at Referral Centres and closed	L - C		45.9%	45.2%	44.8%	47.4%	48.9%	52.0%	**	**	**	**	49.0%	46.9%		47.7%			R	
61	Newborn Hearing Screening Coverage	N - T	97%	100.0%	100.0%	100.0%	100.0%	GCS no longer delivering NHSP								100.0%	G			
62	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	N - T	97%	99.6%	99.6%	100.0%	100.0%										99.9%	G			
63	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R		40,511	3,212	3,309	3,195	3,453	3,293	2,914	3,259	3,346	3,184	3,896	3,169		36,230			G	
64	SPCA % of calls abandoned	L - C	<5%	2.7%	1.6%	1.6%	1.4%	2.0%	1.2%	1.3%	1.0%	1.0%	0.9%	0.9%	2.3%		1.4%	G		G	
65	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L - C	95%	90.5%	91.7%	95.6%	94.6%	98.3%	98.8%	98.8%	99.1%	98.6%	98.5%	97.8%	96.4%		97.2%	G		G	
66	Rapid Response - Number of referrals	L - C	*3,384	3,726	309	290	319	341	327	344	332	337	343	349	284		3,575	G		A	
72	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%		100.0%	G		G	

Cancelled operations

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
73	No urgent operation should be cancelled for a second time	N - T	0	0	0	0	0	0	0	0	0	0	0	0	0		0	G		G	
74	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	N - T	0	0	0	0	0	0	0	0	0	0	0	0	0		0	G		G	

CQC DOMAIN - ARE SERVICES WELL LED?

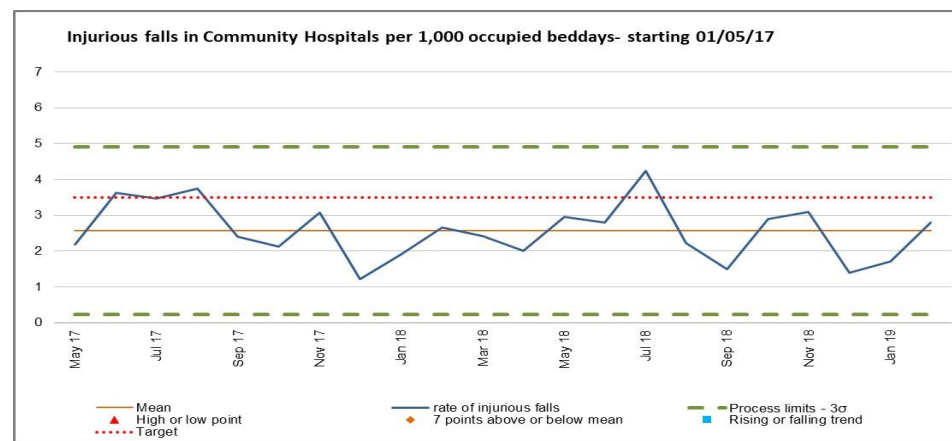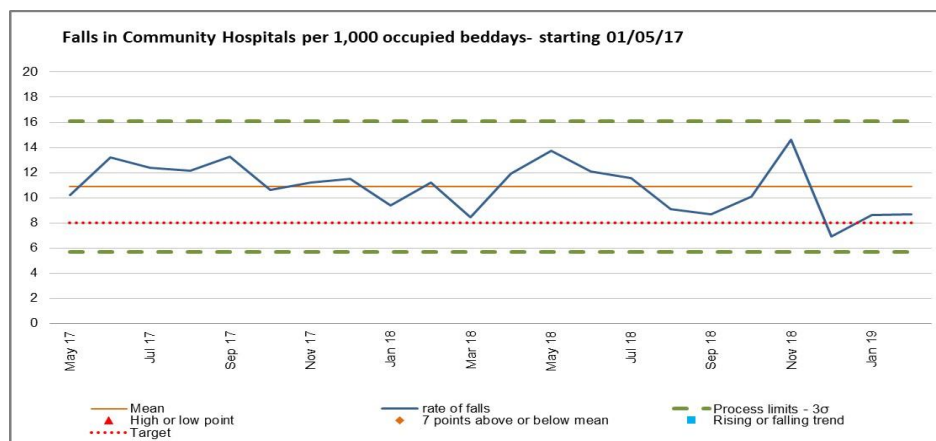|		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
75	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R / L - T	61%	53.3%			63.0%			58.5%			55.8%					A		G	
76	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R / L - T	67%	83.0%			88.0%			88.5%			76.0%					G		G	
77	Mandatory Training	L - I	92%	82.63%	86.30%	85.80%	86.02%	86.39%	86.24%	86.10%	86.32%	85.77%	86.30%	85.04%	85.20%		85.95%	A	Pg. 19	G	87.6%
78	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	79.91%	84.40%	80.94%	81.41%	80.09%	80.09%	77.03%	73.45%	72.54%	73.92%	73.26%	73.30%		77.3%	R	Pg. 18	A	86.8%
78a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	N/A	87.40%	85.40%	84.00%	83.63%	83.60%	80.79%	78.71%	78.09%	78.32%	78.39%	78.38%		81.5%	R	Pg. 18	A	
79	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.6%	4.70%	4.60%	4.66%	4.69%	4.73%	4.75%	4.80%	4.80%	4.90%	4.93%	4.91%		4.8%	A	Pg. 19	G	5.3%
80	SUS+ (Secondary Uses Service) Data Quality Reporting - Available One month in arrears	N - R		99.1%	98.6%	98.7%	98.7%	98.8%	98.9%	99.0%	99.1%	99.2%	99.2%	99.3%			99.0%			G	

* Threshold is for April to February   ** Please note: Referral Centre referral numbers from ERIC for September to December are currently being confirmed

RAG Key: R – Red, A – Amber, G - Green

1. Falls Prevention and Management
Our aim will be to continue focusing on preventing and managing falls, particularly in areas where falls cause harm.

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Falls Prevention and Management	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Falls awareness training (Community hospital inpatient colleagues)	92%		31.7%			40.0%		52.9%	54.7%	56.1%	61.8%	63.0%		R
Falls Prevention and Assessment training (FallSafe)(all qualified nurses and therapists on Community hospital inpatient wards)	92%		48.2%			41.0%		40.2%	40.6%	40.2%	40.6%	40.0%		R
Community hospital colleagues to be trained on correct, consistent techniques for taking lying and standing blood pressure	92%		47.7%			50.0%		61.1%	62.2%	65.2%	65.3%	63.9%		R

Falls in Community Hospitals per 1,000 occupied beddays- starting 01/05/17

Injurious falls in Community Hospitals per 1,000 occupied beddays- starting 01/05/17

The SPC charts show all falls and injurious falls to be within control limits. Injurious falls show a small increase in February 2019. The internal target of 8 falls per 1,000 occupied bed days is close to the lower control limit and below the mean, but was achieved for the first time in December. **76.0%** of all falls reported in the year to date are **without harm.**

Additional information related to performance	What actions have been taken to improve performance?
Compliance with NICE Guidance (CG161)	• The updated multifactorial falls risk assessment on SystmOne is compliant with CG161. All patients have a full assessment of their individual risk factors which might contribute to their risk of falling. This is reviewed weekly and following any falls. • The post falls "SWARM" (rapid multidisciplinary assessment), is now used in all inpatient wards which allows colleagues to quickly review the patient and the environment to ascertain whether there were any contributory factors to the patient to reduce the risk of future falls. • Observational audit took place on 29th November on all wards. Results will be shared with teams and action plans developed and implemented. • GCS have registered to participate in the National Audit of Inpatient Falls – this will enable us to benchmark with other organisations.
Education and Training	• Target set at 92% compliance in line with statutory and mandatory training for each of the training pathways. • **63.0%** of staff have received falls awareness training; **40.0%** of staff have received FallSafe training.
Orthostatic Hypotension	• Aim is for 92% of colleagues to be trained on correct, consistent techniques for taking lying and standing blood pressure (Feb-19 **63.9%** trained).
Reducing Falls with Harm and Reducing Variation	• Frequency of falls per patient report demonstrates that the number of patients falling once is significantly higher than the number of patients falling multiple times. This gives an indication about how effective our post falls interventions are in reducing the risk of further falls.
Positive Risk Taking	• Leaflets are available, there is a "tick box" on SystmOne to record that the leaflet has been shared as part of the falls assessment.

2. Colleague Health and Well-being

Our aim is to maintain or reduce colleague sickness and absence, and to continue our work relating to health and wellbeing.
We will also aim to achieve a 75% uptake rate of colleagues having their flu vaccinations

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Health and Well-being of Colleagues	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Uptake rate of frontline colleagues having flu vaccinations	75%				n/a			52.0%	70.0%	75.0%	76.0%	76.0%	
MSK Related 2018/19 Quarterly days Absence (FTE excluding pregnancy)			1,344			1,602			1,704				
MSK Related 2017/18 Quarterly days Absence (FTE excluding pregnancy)			1,635			1,505			1,531				
Difference in Days MSK Related Absence (FTE excluding pregnancy) 17/18 to 18/19			-291			+97			+173				
The Trust has signed up to the sugar sweetened beverage sale reduction commitment, to reduce sales of sugar sweetened beverages to 10% of total sales	10%						To be confirmed						

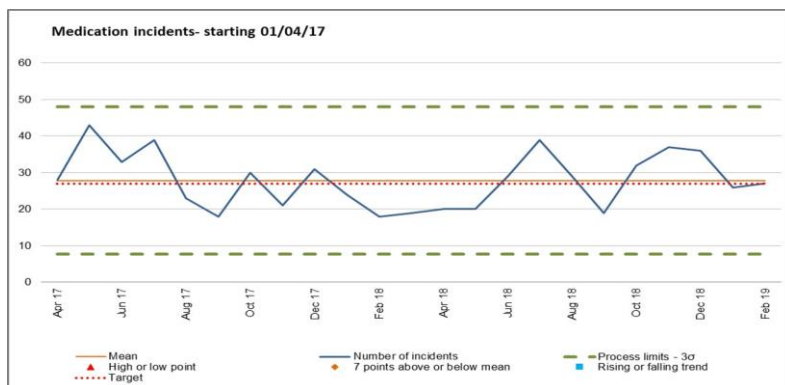**What actions have been taken to improve performance?**

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.

- Target for uptake rate of Flu vaccinations achieved.
- The Trust is working with ICS partners in a joint working group and producing guidance for desk based colleagues on posture and stretching exercises.
- Bath Spa University is continuing work on the research project into mental health in the workplace.
- The App and toolkit due to be launched in February 2019 has slipped to March 2019.
- The fast track physiotherapist service shows a small decrease in MSK related absence (excluding pregnancy) in 2018/19.
- Working Well offering workshops on managing stress and resilience.
- Health and Hustle (H&H) continues to grow countywide and has 446 members.

3. Reducing Medication Errors

Our aim is to improve patient safety and to get a more detailed understanding of our medication errors by improved reporting which will enable further learning to support safer practice.

Reducing Medication Errors	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Reducing Medication error incidents	<+27	Baseline average 27 per month			39	29	19	32	37	36	26	27		A

Medication incidents- starting 01/04/17

Legend:
— Mean
▲ High or low point
····· Target
— Number of incidents
♦ 7 points above or below mean
— — Process limits – 3σ
■ Rising or falling trend

What actions have been taken to improve performance?

- Work continues to source and develop e-learning, essential for role training to support safe and secure management of medicines for colleagues.

- The SPC chart shows the number of medication incidents to be within control limits (normal variation) even though performance on a year to date basis is above the target set (based on Q1 as a baseline). The latest two months show significant improvement.

4. End of Life Care
Our aim will be to consolidate further our End of Life care developments with the intention of being able to increase the proportion of people who are able to die in their preferred place of choice.

NHS Gloucestershire Care Services NHS Trust

End of life Care	Baseline	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Percentage of patients who have End of Life care recorded on SystmOne EoL template	19.4%	51.7%	48.0%	52.6%	55.3%	
Number of patients who have End of Life care recorded on SystmOne EoL template	n/a	76	83	104	84	
Number of patients who died in the month	n/a	147	173	199	152	

Additional information related to performance	What actions have been taken to improve performance?
Leadership	• End of Life Care work plan and quality improvement metrics have been renewed to support outstanding actions from CQC inspection and to align with work streams such as the Clinical Programmes Group and the ReSPECT roll out.
Quality Metrics	• **Understanding our Performance:** will be measured by the utilisation of documentation in the SystmOne End of Life Template. • **Training:** End of Life (EoL) Care Training Framework will guide staff to appropriate resources and will identify which staff have received training. • **Mortality Case Reviews**: ensure community hospital learning and sharing of best practice extended by identifying process to review deaths that occur in the community/at home.
Development of the metrics to date	• Use of the SystmOne EoL template has increased from **19.4**% in May 2018 to **55.3%** in February 2019. • Sessions on the metrics and template will continue to be delivered and have been refreshed for March 2019 • Content of the 2019 masterclasses, the registered practitioner development programme and the clinical support worker programme are being finalised and will include prognostic indication and advance care planning. • Pilot in Stroud to review deaths that occur in patients homes; 22 patients from the last 12 months have been identified and the local team will start to upload data into the community MIDAS tool in March 2019. • Homeless Healthcare Team mortality review pilot first meeting due May 2019, to identify the process and tools required to undertake mortality reviews in this patient group. This is a joint piece of work between GCS and 2gether NHS Foundation Trust (2gt).
Training and Education	• Funding has been approved to develop a training programme for clinical support workers/health care assistants
National Audit of Care at the End of Life (NACEL)	• NACEL report now received. Clinical Pathways Lead and the Head of Clinical Audit will condense the findings and identify learning, actions and celebrations and share accordingly.
ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)	• The internal GCS/2gt ReSPECT meeting is establishing its function and is now waiting for the Countywide Task and Finish (T&F) group to identify the roll out timeline and educational resources for colleagues. The internal group will be a communication conduit between the T&F group and our colleagues.

• The Trust is undertaking a gap analysis against the recommendations of the NQB Learning from Deaths, Working with Families (July 2018) document to see how we can get from good to outstanding in End of Life Care. This will include a workshop for front line staff (March 2019) to develop actions.

• Setting up monthly 'time to talk' sessions in Gloucester locality (February – June 2019) for community colleagues involved in end of life care and will be supported by the locality Specialist Palliative Care Nurse to discuss clinical practice and provide opportunity to off load emotional burden of caring for end of life patients and their families.

• Deep dive into increased number of deaths on Coln Ward in December 2018 (8), report will be available March 2019.

• Annual End of Life Care workshop 6th March 2019; initial review of the evaluation forms is positive and feedback will be given when a full evaluation has been undertaken.

• Workshop for front line colleagues on 26th March to explore how GCS and 2gt can move from a good to outstanding rating by the CQC. This workshop is specifically looking at the 'small but important' things clinical teams can do that make a big difference in End of Life care.

5. Nutrition and Hydration

Our aim is to build on what we have achieved through PLACE with regards to our community hospitals and to include a focus on nutrition and hydration with our wider community services

NHS Gloucestershire Care Services NHS Trust

Nutrition and Hydration	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
To increase the usage of the Malnutrition Universal Screening Tool (MUST)														
Community Nursing patients will have a MUST assessment completed on initial assessment (From SystmOne information)	80%	25.0%			24.1%			25.6%			22.3%	39.1%		R
Community Nursing patients will have a MUST assessment completed on initial assessment (From Audit or paper record)	80%	Audit figures will be available from March 2019												R
Community Hospital inpatients will have a MUST assessment completed within **24** hours of admission (From SystmOne information)	95%	58.1%			44.4%			50.2%			50.5%	50.9%		R
Community Hospital inpatients will have a MUST assessment completed within **72** hours of admission (From SystmOne information)	95%	67.5%			55.0%			64.1%			60.8%	59.5%		R
To decrease the incidence of CAUTIs possibly associated with dehydration														
Audits planned to inform baseline	n/a	Retrospective records audits will be led by Clinical Pathways lead (anticipated start date Summer 2019)												
To increase the uptake of the Malnutrition Universal Screening Tool (MUST) training														
Increase number of staff receiving formal training (online) - Cumulative numbers	>17 (2017 baseline)	0	3	4	8	13	29	31	33	36	40	42		G

What actions have been taken to improve performance?

To meet CQC regulation 14, providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

To increase the usage of the malnutrition universal screening tool (MUST)	• To help understand the unexpected low baseline results obtained through electronic audit the QI group and Community Hospital senior nurses have provided information on why the MUST assessment is not appearing in SystmOne within the target 24 hours. Issues include late admissions, paper base scoring, data recording and operational capacity. • In order to address the gaps in recorded electronic data a sample audit is being undertaken across the Community Hospitals and the results will be reviewed and discussed in the QI group. This PDSA cycle will inform the best way to collect and present the evidence for assurance for patient safety. • To understand the results from Community Nursing teams, a record keeping audit has been used. This showed that the results were the same as the baseline data for 2017/18. Review with the head of service will support education to improve the recording of MUST assessments.
To deliver a "Do one more thing" campaign in every ICT locality to promote the uptake of fluids in patients in their homes.	• Meeting with Clinical Development leads for Community Nursing confirm a countywide approach to CPD and QI priorities and N&H is part of the rolling programme for 2019.
Proxy measure (metric 2) - decrease incidences of CAUTIs associated with dehydration.	• Retrospective records audit will commence in Summer 2019.
Healthy workforce campaign: Promote the 3Rs campaign in every community hospital and community site.	• Rest – Rehydrate – Refuel. Progress to date – Inclusion in Health & Hustle because of great staff engagement and hydration being a big part of well-being. Also on the Health & Wellbeing page on the staff intranet, QI group agree to move forward with this.
Increase the uptake of MUST training to include the usage of upper arm measurements in the absence of scales in people's homes.	• MUST training with upper arm measurements is now included in preceptorship training which will ensure that newly trained staff are up to date. Increasing the accessibility of training will be discussed with Training and Development colleagues.
Staff colleagues are aware of and can apply the International Dysphagia Diet Standard Initiative (IDDSI).	• The IDDSI is a focus for the Trust's Nutrition and Hydration Quality Improvement Group. Countywide training arranged for both Acute and Community Hospitals incorporating catering managers. Communication, including posters and Community Hospital schedules for activities during the N&H week have been approved by the countywide group. Nutricia is providing the training and a schedule has been agreed with the lead Matron and the training and development sisters commenced on the 11th March.
Leadership: Non-Executive representation of Nutrition and Hydration.	• Nicola Strother-Smith will take on this role on an interim basis.

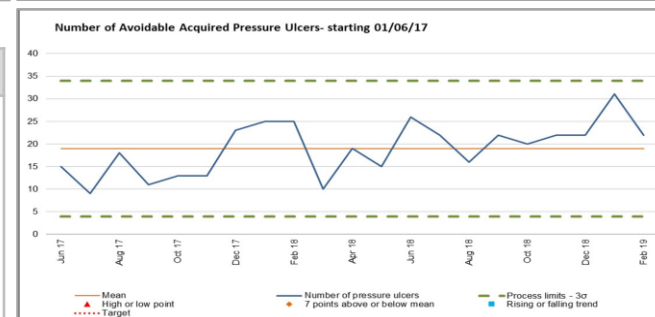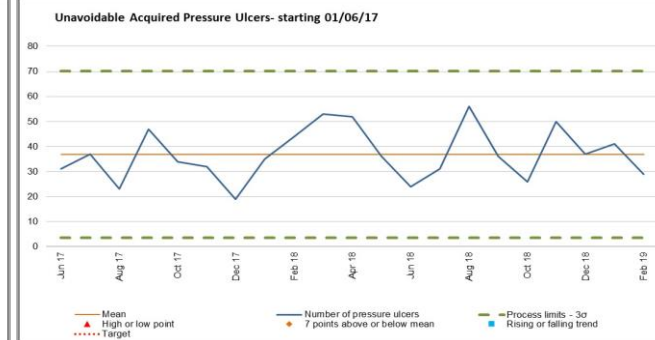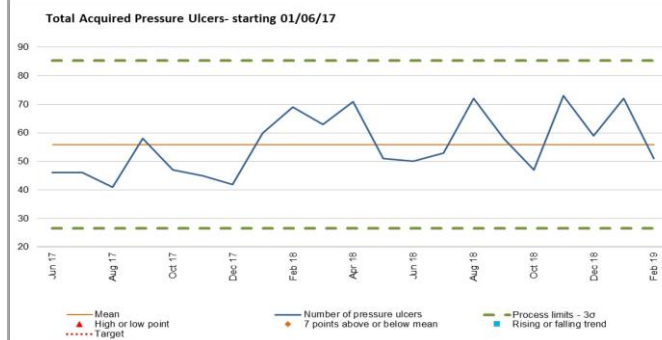RAG Key: R – Red, A – Amber, G - Green

6. Preventing Pressure Ulcers

The prevention of pressure ulcers remains one of our top priorities with regards to patient safety. Our aim will be to continue to monitor the number and incidences of pressure ulcers and to continue to drive our reduction plans forward

NHS Gloucestershire Care Services NHS Trust

Preventing Pressure Ulcers	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Increase in reporting of moisture lesions from % of Pressure Ulcers	Increase % from baseline	2% (17/18)			9.0%			7.2%						G
Increase in reporting of Pressure Ulcers by non nursing colleagues	Increase % from baseline	4% (17/18)			6.6%			6.2%			Figures available in April Q&P Report			G
Reduce incidence of Acquired and Avoidable Pressure Ulcers	Decrease % from baseline	33% (Q1 18/19)			16.0%			12.0%						G
Increase the effectiveness of earlier detection and screening of Pressure Ulcers by increasing % of grade 1 Pressure Ulcers reported	Increase % from baseline	13.7% (17/18)			21.0%			8.4%						G

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
22	Total number of Acquired pressure ulcers	L - R		652	71	51	50	53	72	58	47	73	59	72	51		657			G	
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		578	62	46	44	48	62	56	43	72	54	68	47		602			G	
24	Number of grade 3 Acquired pressure ulcers	L - R		64	7	5	5	5	10	2	4	1	5	3	3		50			G	
25	Number of grade 4 Acquired pressure ulcers	L - R		10	2	0	1	0	0	0	0	0	0	1	1		5			G	

Although the trajectories expected an increase in category1 pressure ulcers, Qtr.3 data showed a decrease from Qtr.2 and the baseline. This may be attributed to the corresponding "every bodies business" MDT approach to education. This is included in clinical induction for all patient facing staff. Nursing colleagues also have essential to role tissue viability training. The PDSA cycle has picked up moisture associated damage reductions which appear to be a result of the education and approach.

These charts show that acquired and avoidable pressure ulcers are increasing over the period monitored, however remaining within the control limits.

Total Acquired Pressure Ulcers- starting 01/06/17

Unavoidable Acquired Pressure Ulcers- starting 01/06/17

Number of Avoidable Acquired Pressure Ulcers- starting 01/06/17

Preventing Pressure Ulcers update:

- In February there were 51 acquired pressure ulcers: 4 in Community Hospitals, 47 in Community Services.

- NHS Improvement's Tissue Viability Nurse Specialist has visited the Trust and provided excellent feedback for our QI PDSA cycle to address #stopthepressure.
- As expected the mid point data has shown improved reporting in the 2 Gloucester teams, no moisture lesions (which corroborates the trajectory in Q3 for countywide data.)
- This is linked to better care and recognition of the risk of developing moisture lesions and the holistic assessments undertaken following education for clinical staff.
- Positive and enthusiastic feedback from the clinical colleagues taking part in the project has been inspiring.
- A final audit is planned for April and a report and celebration to share with the teams and locality.
- QSIR project to replicate on a larger locality scale in the planning phase and will include analysis and feedback from this first cycle.

Risks (Pressure Ulcers)
Reference – 562 - Rating – 12

Benchmarking: In the 'Rate of new grade 2,3,4 avoidable pressure ulcers acquired in a Community Hospital setting per 1,000 occupied bed days' the Trust submitted a figure of 0.67 in January. The benchmarking figure is 0.34 for Community Hospital settings.

7. Deteriorating Patient, Including Sepsis

Our aim will be to support and develop our clinical colleagues in the recognition and early identification of deteriorating patients to include sepsis and other life threating conditions.

NHS Gloucestershire Care Services NHS Trust

Deteriorating Patient, Including Sepsis	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
All patients will have a National Early Warning Score (NEWS) score recorded on admission to community hospital or caseload														
Community Hospital % recorded (From SystmOne information)		67.0%	64.1%	61.6%	60.1%	63.1%	58.2%	64.3%	71.0%	63.2%	71.2%	63.2%		R
Community Hospital % recorded (From Audit of paper records)	100%	Audit figures will be available from May 2019												
Number of Admissions		198	201	199	208	203	189	208	193	208	222	163		
ICT District Nursing localities % recorded (From SystmOne information)	100%	5.6%	5.4%	7.7%	9.9%	10.1%	11.4%	12.9%	22.9%	22.4%	24.5%	22.9%		R
ICT District Nursing localities % recorded (From Audit of paper records)	100%	Audit figures will be available from February 2019										33.0%		
Number of Referrals		2,455	2,812	2,631	2,843	2,861	2,526	2,923	2,726	2,702	2,984	1,987		
Rapid Response % recorded (From SystmOne information)		88.4%	88.3%	82.9%	81.0%	77.1%	77.4%	76.8%	79.0%	86.6%	87.6%	82.5%		R
Rapid Response % recorded (From Audit of paper records)	100%	Audit figures will be available from May 2019												
Number of Referrals		308	291	318	341	327	333	332	337	343	349	288		
IV Therapy % recorded (From SystmOne information)		94.2%	88.7%	93.5%	94.8%	90.0%	95.6%	97.5%	85.1%	90.2%	86.3%	91.8%		R
IV Therapy % recorded (From Audit of paper records)	100%	Audit figures will be available from May 2019												
Number of Referrals		59	63	63	55	54	49	48	70	55	59	55		

What actions have been taken to improve performance?

RAG Key: R – Red, A – Amber, G - Green

It has proven difficult to report this data from SystmOne records. Although the paper NEWS assessment form is uploaded to SystmOne it is not searchable in this format. As most NEWS assessments are completed on paper, audits in the clinical setting are currently underway to determine the extent of NEWS usage. The National Early Warning Score (NEWS, and now updated NEWS2) is a shared common language to quickly identify deteriorating patients. This supports clinicians to identify and communicate deterioration across Acute, Community and Primary Care settings. Early detection of deterioration can aid treatment of suspected sepsis and improve patient health outcomes.

|	
Policy & awareness for clinical colleagues	Milestone Achieved - policy for the deteriorating patient completed, ratified and uploaded on to intranet. Engagement is underway across patient facing services to promote awareness of deterioration and escalation principles. Policy now in review to update resources to include NEWS2 & UK sepsis trust guidance sheets for carers and AHP's.
New Outcome Measure 1: Paediatric deteriorating patient review and change from "adult" to "patient" deteriorating policy PEWS (Paediatric Early Warning Score)	Policy now in review and includes UK sepsis trust guidance for carers of adults and children. Compliance audit for PEWS in MIIU's on hold until NEWS quality improvement.
Deteriorating Adult Patient awareness training	April 2018 to February 2019 awareness training – **2,126 patient facing** staff trained.
All patients will have a NEWS score recorded on admission to community hospital or caseload as a baseline	• Community Hospital NEWS audit showing improvements across all measurements. Re-audit scheduled for April. • Re-audit of NEWS baseline for ICT localities showed **33%** of records reviewed contained a NEWS. Level 1 training will be delivered as part of the Community Nursing CPD for 2019 and commences in April 2019. • Evening & Night DN's to commence baseline audit. • A review of Datix incidents involving rapidly deteriorating patients should indicate trends for review and learning. • Reviewing template within SystmOne to understand why, in some instances, READ codes are recorded but not linking to the referral or inpatient spell. Clinical Systems, Performance and Information and Clinical Pathways lead investigating examples.
Revised National Early Warning Score (NEWS2) upgrade	• Introduction agreed with Head of ICT, Community Nursing & Medical Director. SystmOne template in use, NEWS2 charts available. Implementation in Community Hospitals (November 2018), training delivered to **182**. Implementation for Community Nurses is underway.
Sepsis: All patients who are identified as being at risk of SEPSIS are managed/escalated on the sepsis pathway.	PDSA work to measure sepsis risk used the SystmOne template and was completed by Rapid Response and IV teams. However, compliance was low. A second PDSA cycle is planned using the audit templates for Community Hospitals and Community Nursing.

Quality | Are Services Caring?

Patient Experience

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CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
1	Friends and Family Test Response Rate	N - T	15%	8.3%	13.2%	15.2%	13.8%	11.2%	12.2%	13.9%	12.7%	15.3%	14.7%	15.6%	18.4%		14.2%		No - within SPC limits	A	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R / L - I	95%	94.2%	93.5%	92.0%	92.4%	91.7%	92.4%	91.2%	93.0%	93.7%	94.7%	93.8%	93.5%		92.9%		No - within SPC limits	A	96.8%
3	Number of Compliments	L - R		924	75	76	91	100	113	119	165	138	126	95	107		1205			G	
4	Number of Complaints	N - R		44	3	7	3	2	1	1	5	8	4	2	2		38			G	
5	Number of Concerns	L - R		391	43	37	52	50	43	45	46	37	25	38	36		452			G	

1. Friends and Family Test response rate- starting 01/04/17
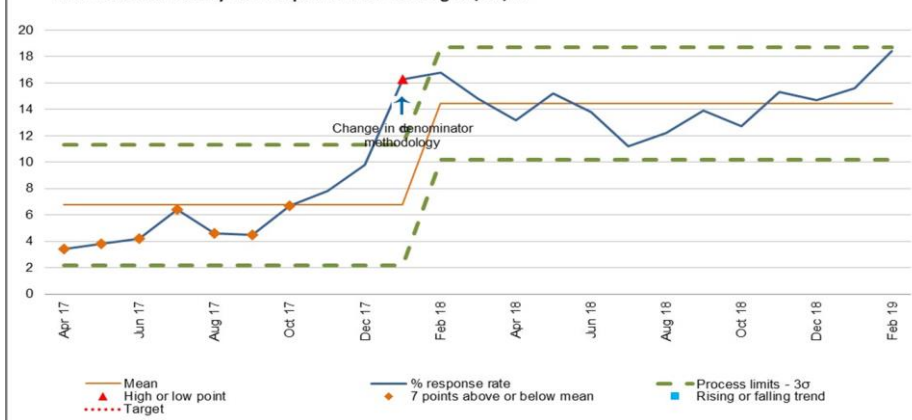
2. % of FFT respondents Extremely Likely or Likely to recommend service- starting 01/04/17
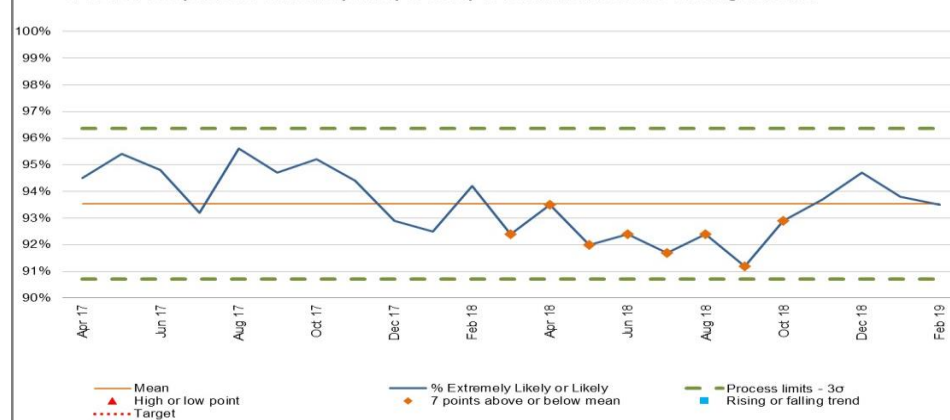
Additional information related to performance

SPC charts show both measures to be within normal variation.

- There is a steady increase in response rate since July 2018.

- The percentage of FFT respondents recommending our services has increased steadily since July 2018 (with the exception of October which looks to be an outlier) following a lengthy period of decline.

What actions have been taken to improve performance?

- The overall increase in the response rate is mainly due to increased responses from the MIIUs where the overall response rate this month reached above the 20% expected response rate for this service. The changes seem to have occurred after introducing the short version of the FFT questionnaires in the MIIUs from December 2018.

- There has been a slight decrease in the respondents recommending the service overall in the last two months, although the response is still within the 93% threshold and it is too early to indicate whether this is a downward trend or just a slight variation.

Note: there is no formal benchmark for the level of extremely likely/likely response to the Friends and Family test, but the average from NHS Benchmarking Network for January is 96.8%.

SPC charts have also been created for Concerns, Complaints and Compliments. These charts show the following:
Concerns – Number of Concerns in February remained to be close to mean, following a run of 8 points above the mean (Apr-Nov 2018). Within normal variation since April 2017.
Complaints – Number of Complaints within normal variation with the exception of high point in November 2018 which is above Upper Control Limit.
Compliments – Number of Compliments shows a sequence of 8 points above the mean from July 2018 to February 2019. February shows an increase following a downward trend from the high in October 2018.

Exception Report | Are Services Safe?

Infection Control

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*In-month threshold (i.e. February)

CQC DOMAIN - ARE SERVICES SAFE?		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
14	Number of post 48 hour Clostridium Difficile Infections	N - R L - C	2*	16	3	4	1	1	1	1	1	0	2	1	0		15	G		G	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	95.0%	90.9%	96.0%	97.0%	98.1%	97.0%	95.8%	96.1%	94.3%	96.1%	93.6%	94.4%		95.2%	G	Pg.12	G	

Feedback from clinicians indicated that there were instances where a VTE risk assessment either could not be completed (because the patient was transferred out within 24 hours) or was not applicable for clinical reasons (e.g. a patient with epistaxis). It has now been agreed to add a box to the risk assessment so that clinicians can indicate that a VTE risk assessment was considered and not required. It is anticipated that this will improve compliance against the 95% threshold.

|	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19
Clostridium Difficile Cases	16	3	4	1	1	1	1	1	0	2	1	0		15
Norovirus Outbreaks	9	0	1	0	0	0	0	0	0	1	0	0		2

There were no C. difficile toxin positive cases to report for February 2019.

SPC chart shows the number of Clostridium Difficile infections to be within control limits and therefore normal variation.
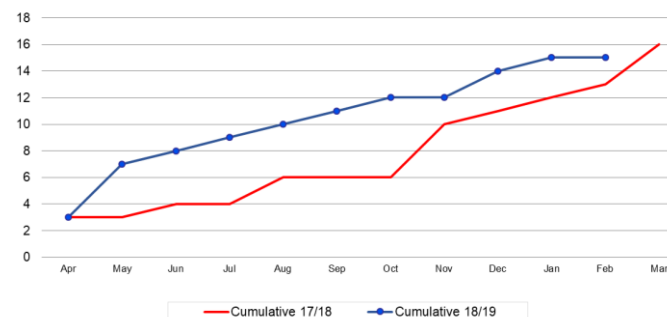

14. Number of Clostridium Difficile Infections- starting 01/04/17
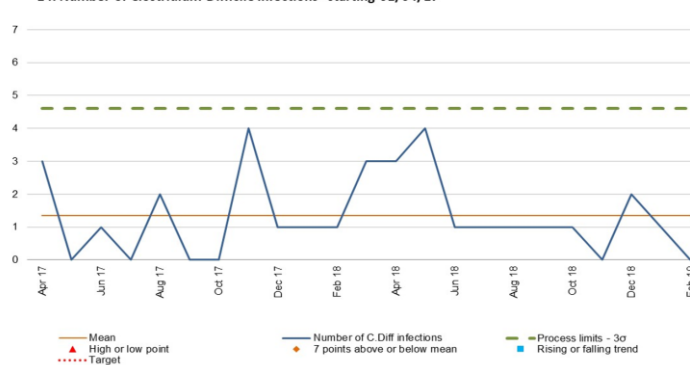
Incidents of C. diff 18/19 (cumulative total compared to cumulative threshold)
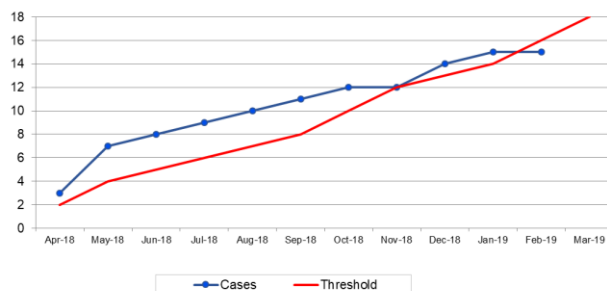
Incidents of C. diff (comparing cumulative actuals in 18/19 and 17/18)

12

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES SAFE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
20	Safety Thermometer - % Harm Free	N - R L - C	95%	94.1%	92.8%	91.9%	94.4%	94.9%	94.9%	93.8%	93.6%	94.5%	93.9%	93.5%	94.6%		93.9%	R	Pgs. 13-14	G	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.0%	97.2%	95.8%	97.8%	99.2%	99.4%	98.9%	99.2%	97.9%	97.7%	98.9%	98.4%		98.2%	G		G	97.5%

Number of Harms – Community Hospitals – YTD 2018/19

Total number of patients Surveyed: 1,923
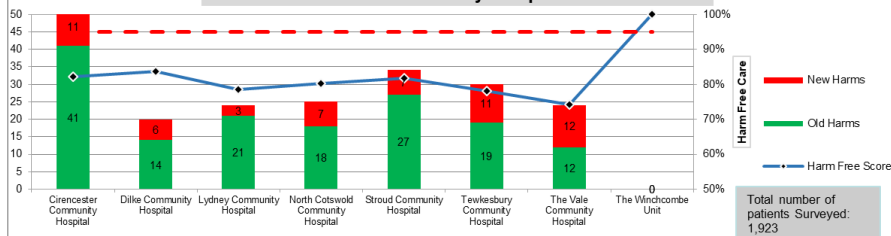
Number of Harms – Community – YTD 2018/19
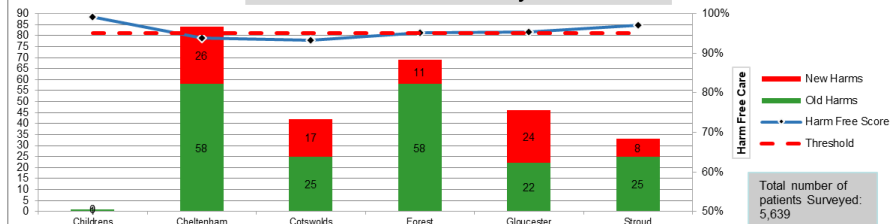
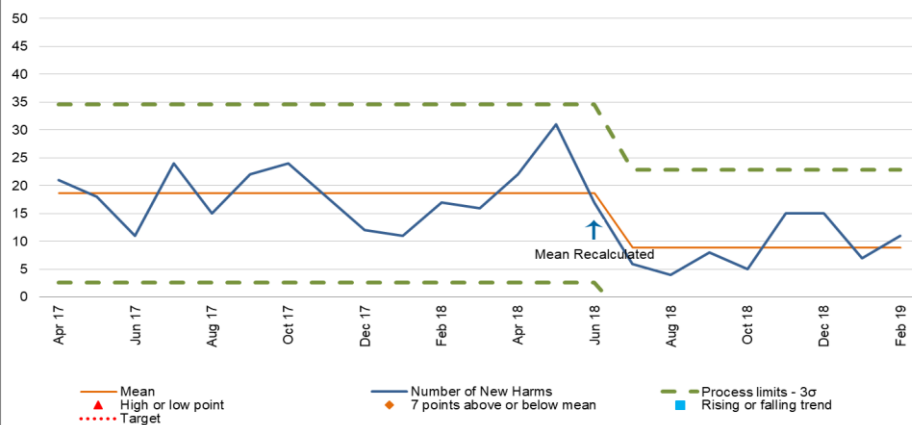Total number of patients Surveyed: 5,639
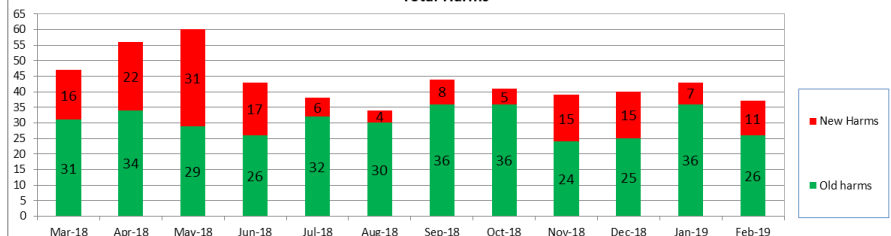
Total Harms

Additional information related to performance

- 667 patient episodes of care were surveyed for the February Safety Thermometer census, 631 patients' care was harm free.
- Harm Free Care score was **94.6%** (target 95%). 3 more patients with harm free care would have achieved the target.

- Based on new harms only, harm free care was **98.4%** in February, internal target 98%.
- Community Hospital inpatient harm free care **90.4%** in February. New harms only, **97.2%**.
- Community Nursing harm free care was **96.1%** in February. New harms only, **98.8%**.

- 37 harms were reported in February, of which 11 were new harms. There was an increase in new harms reported in Community teams from January however still lower than November and December.

- **1.6%** of all patients surveyed had a new harm (February) compared to 2.0% of patients in 2017/18.

## What actions have been taken to improve performance?

- **Whilst the new harms score remains above the national benchmark** the Clinical Governance team (PaCE Directorate) have been supporting operational services in the validation of harms for each census and have identified areas where processes can be improved at point of data collection and submission.

- This was shared with services in January 2019 with action plans and a programme of support to improve performance. PaCE will continue to provide an extra validation point for harms for the remainder of this financial year and then refocus support on ongoing training, ad-hoc support, sample data validation and triangulation with incidents learning assurance.

- The Trust is still expecting new national guidance on Safety Thermometer categories which will support systemising the census process.

- Pressure ulcers remain the main cause of old and new harms, however the reduction of avoidable acquired pressure ulcers aligns with the good harm free scores for new harms only.

Benchmarking

- In the 'Safety Thermometer – Percentage of 'Harm Free Care (New Harms Only)' measure, the Trust submitted a figure of 98.9% in January. The benchmark is 97.5% for January.

Risks
Pressure Ulcers
Reference – 562
Rating – 12

RAG Key: R – Red, A – Amber, G - Green

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Safety Thermometer Number of New Harms- starting 01/04/17

Safety Thermometer Number of Old Harms- starting 01/04/17

There has been a reduction in New Harms since a peak in May 2018, which was within control limits. Mean recalculated from June 2018 following a stable reduction in trend.
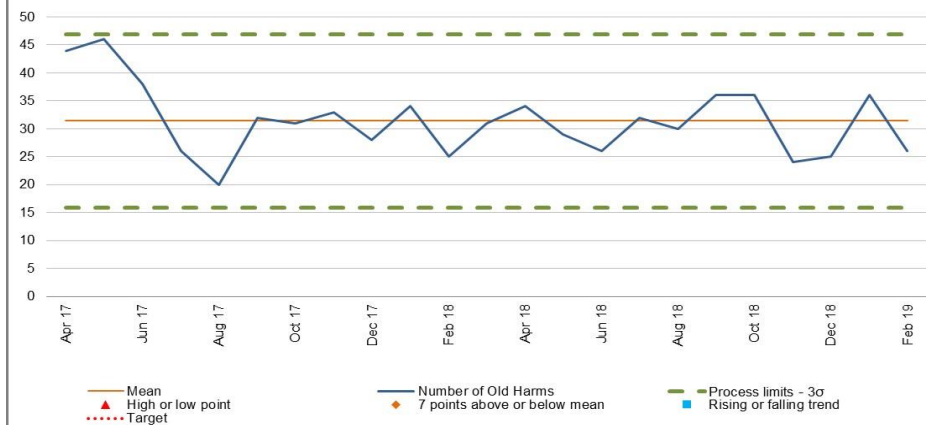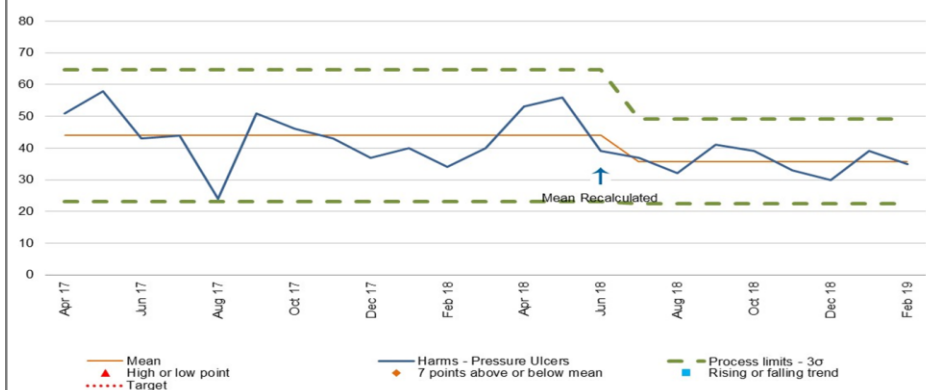
Old Harms are on or close to mean since September 2017 and within control limits.

20. Safety Thermometer - % Harm Free- starting 01/04/17

Safety Thermometer Harms as a result of Pressure Ulcers- starting 01/04/17
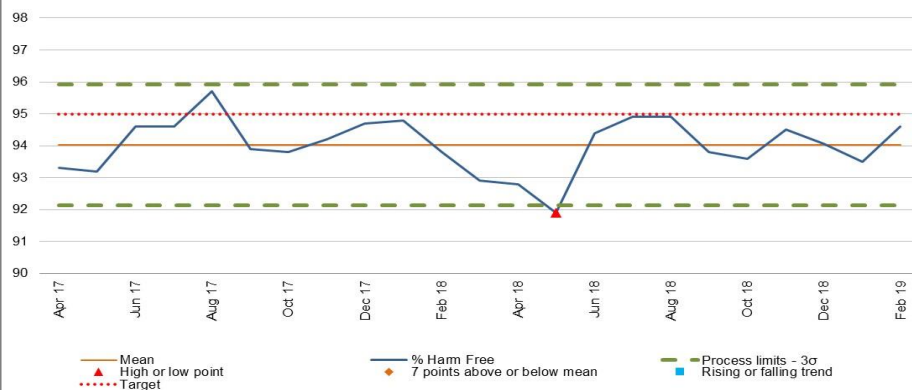
Safety Thermometer Harm Free Care within normal variation with the exception of May 2018. However target consistently missed.

There has been a gradually reducing trend over the period for harms that are Pressure Ulcers. Mean recalculated from July 2018 following a stable reduction in trend.

SPC Charts have been reviewed for other harms:
- VTE harms fluctuate above and below the mean – but remain within control limits and are very low numbers.
- UTI / Catheter harms show a steady reduction over the period.
- Falls resulting in harm fluctuate above and below the mean – but remain within control limits and are very low numbers.

Exception Report | Are Services Responsive?

Page 1 of 3

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8 Week Referral to Treatment (RTT) Measures

CQC DOMAIN - ARE SERVICES EFFECTIVE?																					
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
Referral to Treatment																					
40	Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	84.4%	60.7%	59.5%	57.1%	59.8%	46.8%	50.8%	41.7%	52.3%	57.4%	56.8%	54.3%		53.8%	R	Pg. 16	A	
43	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	90.7%	91.4%	99.7%	85.7%	90.1%	89.5%	89.0%	93.1%	96.7%	95.7%	83.6%	81.0%		89.8%	R	Pg. 16	G	
44	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	85.0%	84.3%	84.5%	81.1%	79.6%	86.6%	80.3%	81.8%	88.9%	88.0%	77.4%	83.0%		83.0%	R	Pg. 16	A	
45	Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	82.8%	77.4%	70.1%	76.8%	73.1%	69.3%	63.2%	69.6%	75.8%	83.3%	78.6%	87.6%		73.6%	R	Pg. 16	A	
53	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	99.0%	96.9%	99.1%	97.4%	93.2%	80.0%	88.5%	95.5%	91.9%	94.6%	82.7%	93.1%		91.8%	A	Pg. 17	G	

Referral to Treatment – comparison between local 8 week standard and 18 week target

	8 week RTT target	% seen within 8 weeks	R A G	Number seen within 8 weeks	Number seen above 8 weeks	18 week RTT target	% seen within 18 weeks	R A G	Number seen within 18 weeks	Number seen above 18 weeks	Median RTT in days
Speech and Language Therapy	95%	54.3%	R	51	43	92%	96.8%	G	91	3	54
MSK Physiotherapy	95%	81.0%	R	916	215	92%	99.9%	G	1,130	1	27
ICT Physiotherapy	95%	83.0%	R	235	48	92%	97.9%	G	277	6	13
Occupational Therapy Services	95%	87.6%	R	317	45	92%	98.3%	G	356	6	15
Paediatric Physiotherapy	95%	93.1%	A	243	18	92%	100.0%	G	261	0	3

Other Access measures not included in 8-week RTT table above

CQC DOMAIN - ARE SERVICES EFFECTIVE?																					
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
57	MSKAPS Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L - C	95%	95.9%	84.6%	96.3%	97.6%	96.7%	28.6%	33.3%	20.8%	32.7%	46.2%	26.9%	33.3%		51.6%	R	Pg. 17	R	

RAG Key: R – Red, A – Amber, G - Green

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Additional information related to performance	
Adult Speech and Language Therapy (95% to be treated within 8 weeks) • Performance was **54.3%** in February compared to 56.8% in January • 43 out of 94 patients were seen outside the 8 week threshold. • 18 week target performance was 96.8% (3 out of 94 patients seen outside the 18 week threshold)	• Successful in securing agency workforce, which has had a significant impact (e.g. the waiting listing in North Cotswolds is now eliminated). Additional locum support for other areas is being sought. • The Operational Lead and Professional Head of the service has retired, and a new Operational manager is in place. • Interim senior support is being secured to both support the Operational manager in recovering performance, as well as transform the service.
MSK Physiotherapy (95% to be treated within 8 weeks) • Performance was **81.0%** in February, compared to 83.6% in January • 215 out of 1,131 patients were seen outside the 8 week threshold. • 18 week target performance was 99.9% (1 out of 1,131 patients seen outside the 18 week threshold)	• The demand and capacity analysis shows the service has insufficient capacity (if fully staffed) for the demand, which has grown over the last 2 years. A meeting is scheduled with Commissioners to discuss a business case for investment to address this gap. • The Trust is experiencing high level of vacancies, and with both a level of long term sickness and maternity leave is impacting on delivery. The Professional Head of the service has reviewed all areas, with recommendations made on how to ensure critical areas are covered, and a robust recruitment plan is implemented, with a focus on attracting new graduates into community services.
Adult Integrated Community Teams (ICT) **Adult ICT Physiotherapy (95% to be treated within 8 weeks)** • Performance was **83.0%** in February, compared to 77.4% in January • 48 out of 283 patients were seen outside the 8 week threshold. • 18 week target performance was 97.9% (6 out of 283 patients seen outside the18 week threshold)	• Detailed improvement plans are in place, and overseen by the Operational lead in conjunction with the Community service manager. • Setting a improvement trajectory has been challenging as the variation between both the number of referrals month to month, as well as workforce availability (capacity). • The focus this year has been on both reducing the number of patients waiting which has reduced from the start of the year by 25%. However as those targeted have included not only those with the most urgent need but those who have waited the longest, the recovery in the key performance target continues to be slow.
Adult ICT Occupational Therapy (95% to be treated within 8 weeks) • Performance was **87.6%** in February compared to 78.6% in January • 45 out of 362 patients were seen outside the 8 week threshold. • 18 week target performance was 98.3% (16 out of 362 patients seen outside the18 week threshold).	• Detailed improvement plans are in place, and overseen by the Operational lead in conjunction with the Community service manager. • Setting a improvement trajectory has been challenging as the variation between both the number of referrals month to month, as well as workforce availability (capacity). • The focus this year has been on both reducing the number of patients waiting which has reduced from the start of the year by 34%. However as those targeted have included not only those with the most urgent need but those who have waited the longest, the recovery in the key performance target continues to be slow. • This improvement in reducing the backlog has been within the context of reducing the overall workforce numbers as the new service model has been introduced.

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Additional information related to performance	
Paediatric Physiotherapy (95% to be treated within 8 weeks) • Performance was **93.1%** in February compared to 82.7% in January. • 18 out of 261 patients were seen outside the 8 week threshold. • 18 week target performance was 100%.	• The service has experienced a high level of maternity impacting on capacity and contingency actions have been put in place to improve access with good success.
MSKAPS Service - wait from referral for urgent patients to be seen not to exceed 2 weeks • Performance was **33.3%** in February compared to 26.9% in January.	• The Trust has proposed to Commissioners either amending this measure and or provide additional resource to support increased recording requirements to demonstrate achievement of this target. We are awaiting a response from the Commissioners preferred option.

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Dec Figure
75	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	53.3%			63.0%			58.5%			55.8%					A		G	
76	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	83.0%			88.0%			88.5%			76.0%					G		G	
77	Mandatory Training	L - I	92%	82.63%	86.30%	85.80%	86.02%	86.39%	86.24%	86.10%	86.32%	85.77%	86.30%	85.04%	85.20%		85.95%	A	Pg. 19	G	87.6%
78	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	79.91%	84.40%	80.94%	81.41%	80.09%	80.09%	77.03%	73.45%	72.54%	73.92%	73.26%	73.30%		77.3%	R	Pg. 18	A	86.8%
78a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	N/A	87.40%	85.40%	84.00%	83.63%	83.60%	80.79%	78.71%	78.09%	78.32%	78.39%	78.38%		81.5%	R	Pg. 18	A	
79	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.6%	4.70%	4.60%	4.66%	4.69%	4.73%	4.75%	4.80%	4.80%	4.90%	4.93%	4.91%		4.8%	A	Pg. 19	G	5.3%

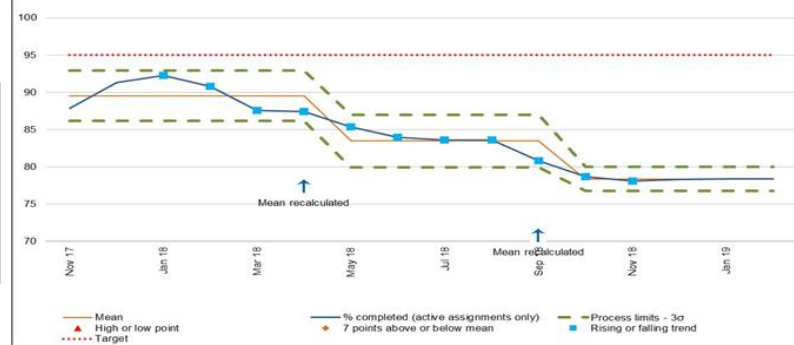| Additional information related to performance	What actions have been taken to improve performance?
Staff Engagement **Risks (Recruitment/ Retention)** Reference – 609 Rating – 16	• Resources Committee is overseeing action plans which align to the wider resources Organisational Development agenda. • The annual NHS staff survey results are now known and the Trust is developing the priorities for actions with both a localised and corporate approach. • Further cohorts of staff attending the ICS Leadership development, Culture, Values and Behaviours group for the 5 elements for successful leadership programme have been agreed funded through the SWLA and HEE. The provider has now been agreed and aiming to launch in April 2019. • The Transition Programme board OD and culture workstream is developing support for colleagues during times of change, the merger process and beyond. • Valuing your involvement engagement sessions have been carried out throughout March and are continuing throughout April involving over 400 colleagues in developing the new Trust values. • Wider colleague engagement activities including Team Talk, The Core and Senior leadership network.
Staff with completed Personal Development Reviews (PDRs) **Risks (PDR)** Reference – 643 Rating – 9	• Currently trialling a new PDR process for Bank Staff and Estates and Facilities and sharing best practice phasing PDRs throughout the year. • Supervision tree templates have been produced for ICT's, Community Hospitals, Estates and Facilities. • Developing PDR for colleagues returning to work following a period of sickness, maternity leave, secondments etc.

78. Personal Development Reviews (Appraisal) - All Staff- starting 01/11/17

78a. Personal Development Reviews (Appraisal)-Active Assignments only starting 01/11/17
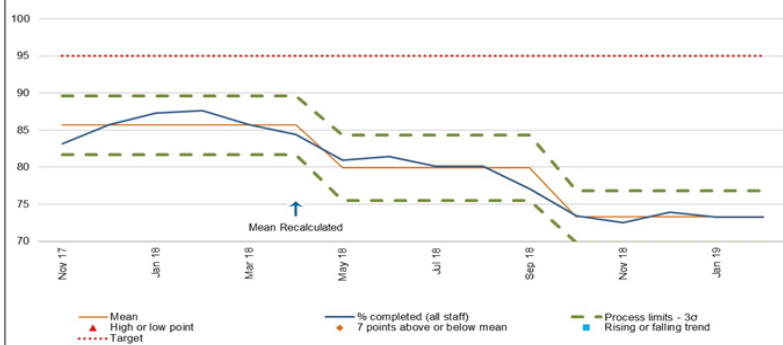
Personal Development reviews (active assignments and all staff) below lower control limit since October 2018. Target has not been achieved.

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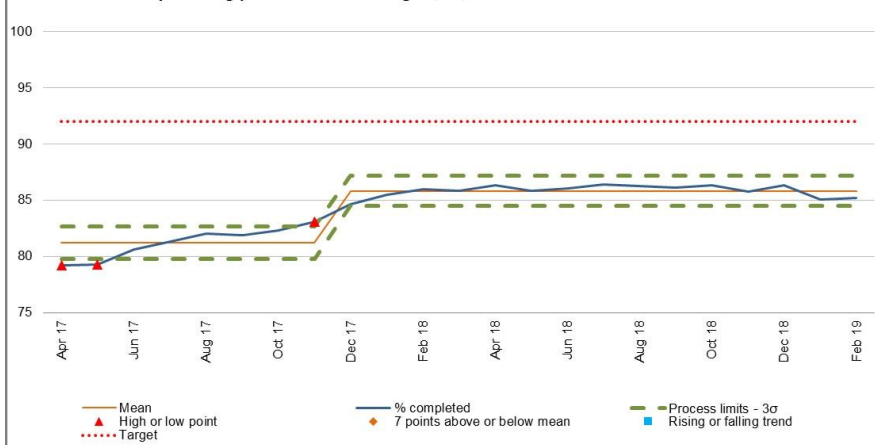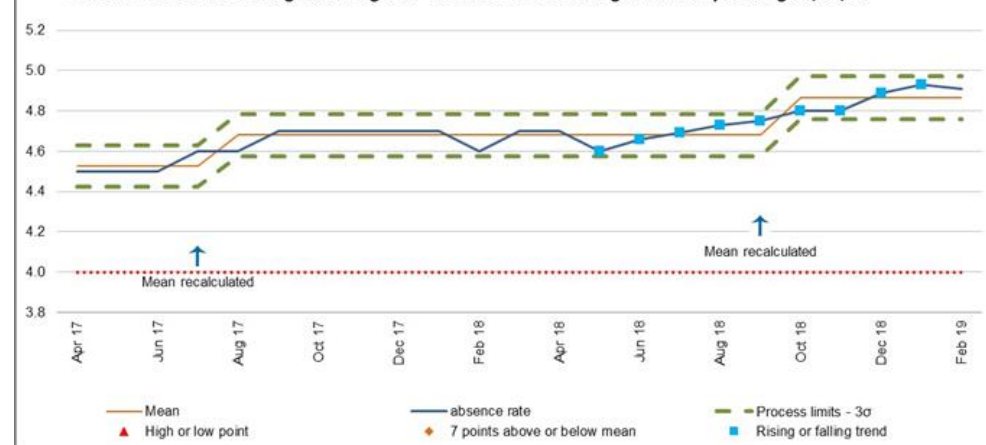| Additional information related to performance	What actions have been taken to improve performance?
Sickness absence Latest performance 4.91%. SPC chart shows sickness absence rising trend of 9 points. Target has not been achieved. **Benchmarking** In the 'Sickness absence rate (Short and Long Term)' measure, the Trust submitted a figure of 5.4% in January. The benchmarking figure is 5.3% for January. **Risks (Staff Sickness)** Reference – 633 Rating – 12	• Actions taken to date include review of policy, guidance and letter templates and workshops offered by HR, HR Advisors being primarily assigned to business areas. • Discussion at the Performance and Finance meetings and an HR business partner model implemented to offer consistency and local intelligence for each area. • Health and Well Being agenda adopted by the Trust to promote healthy lifestyles. • Introduction of business intelligence on ESR for all managers to review workforce metrics. • Flu vaccination programme has achieved 75% target and continues to be available. • New joint policy being developed with 2gt. In line with a national 10-year trend, sickness rates remain relatively stable despite increased focus by the Trust and with a significant increase in the number of sickness cases being reviewed by managers with HR. While not uncommon with other NHS Trusts in terms of benchmarking the KPI continues to indicate the high challenge for managers to make significant sustained improvements in workforce performance.
Mandatory Training Latest performance 85.20%. SPC chart shows this to be within normal variation (except Apr-17, May-17, Nov-17) however target has not been achieved at any point. 14 out of 22 measures have increased in performance in February compared to January, although not all are above the 92% target. **Risks (Mandatory training Compliance - CQC)** Reference – 858 Rating – 9	• Corporate and Mandatory Training Leads continue to work with the programme and change management project team to address hotspots of low compliance. • Facilitated E-Learning Workshops are available to be booked in 2019 to support learners. • Additional training venues for Moving and Handling Training will be available from February 2019. • Plans to amalgamate Corporate Induction with 2gether have been re-prioritised to commence in May 2019. • Reports are available via BIRTIE updated on a weekly basis.

77. Mandatory Training performance - starting 01/04/17

Legend: Mean — % completed — Process limits - 3σ — High or low point — 7 points above or below mean — Rising or falling trend — Target

79. Sickness absence average % rolling rate - 12 months-Active Assignments only starting 01/04/17

Legend: Mean — absence rate — Process limits - 3σ — High or low point — 7 points above or below mean — Rising or falling trend

Trust Board

Date of Meeting: 28th March 2019

Report Title: Finance Report M11

Agenda reference Number	12/0319
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	
Author(s)	Johanna Bogle, Deputy Director of Finance
Board action required	To note
Previously considered by	Not Applicable
Appendices	App 1 : Main M11 Finance Report

Executive Summary
This report provides an overview of the Trust's financial position for Month 11 of 2018/19, and a reminder of the control total for 2019/20.

Background
The Trust financial context for 2018/19 is summarised below.

- Revised Control Total surplus is £3.078m including £2.020m of Provider Sustainability Funding (PSF).
- Capital spend plan is £5.315m of in-year CRL allocation, plus £75k of multi-year CRL allocation for the Forest of Dean hospital. Total £5.390m.
- Cost Improvement Plan (CIP) target is £5.3m
- Agency spending cap is £2.232m
- Income potential Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) are £1.9m and £3.9m respectively

M11 year to date performance is as follows:

- Year to date surplus, including PSF, is on plan at £2.5m.
- Capital spend to date is £2.2m.
- Cash at the end of Month 11 is £13.3m compared to plan of £11.4 m.
- YTD agency spend is £1.5m compared to a plan figure of £2.0m

Single Operating Framework indicators are green.

The 2019/20 control target has been set by NHSI at £630k surplus, plus £1,626k PSF funding. Total surplus £2,256k. Budgets for 2019/20 are covered in an additional paper this month.

Recommendations
The committee is asked to **note** the content of the report and the risks at page 6 of Appendix 1 to this report.

Overview

- The year to date surplus is on plan at £2.8m. The full year forecast is on plan at £3.1m (including PSF of £2.0m).

- Agency ceiling is £2.23m (17/18 full year spend was £2.04m) Full year forecast is under this at £1.67m, Month 11 year to date is £1.5m compared to a plan of £2.0m.

- Full year Cost Improvement Plan (CIP) target for the full year is £5.28m. The CIP amount removed from full year budgets is £3.99m so far, from the following schemes: 1% Schemes £1.06m; Differential Targets £1.77m and Challenge Schemes £1.16m.

- Income from Quality, Innovation, Productivity and Prevention (QIPP) schemes is forecast as the full amount available of £3.4m. All schemes are finalised with the CCG.

- Full year income from Commissioning for Quality and Innovation (CQUIN) schemes is forecast £0.1m under the £1.9m plan at £1.8m, due to the Health & Wellbeing target.

- Cash balance at the end of month is £1.9m above plan at £13.3m. The positive variance is mainly due to slippage on the capital plan cash outlay.

- Capital spend for the year to date is £2.2m. Capex is assured that the full allocated CRL of £5.2m will be spent by the year end. In addition to this, £75k of the multi-year CRL for the Forest of Dean Hospital, DHSC Health System Led Investment £77k and DHSC Pharmacy Infrastructure £12K will be spent in 2018/19. Total Capital spend expected £5.4m.

- 2019/20 Control total has been agreed with NHS Improvement at £630k, plus £1,626k PSF if we deliver it. This would total £2,256k surplus.

Income and Expenditure

Year to date performance to Month 11 is on plan at £2.8m and full year forecast is on plan at £3.1m (incl £2m PSF)

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 Urgent Care and Challenge CIP, offset by underspends in Integrated Community Teams, Community Hospitals, Countywide and Children's services

Statement of comprehensive income £000	2017/18	2018/19	2018/19 Year to Date			2018/19	2019/20
	Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast	Plan
Operating income from patient care activities	109,889	108,260	99,282	102,665	3,383	112,009	112,691
Other operating income exc PSF	1,048	1,380	1,265	1,487	222	1,572	1,206
Employee expenses	(78,529)	(77,750)	(71,269)	(73,947)	(2,678)	(80,773)	(83,379)
Operating expenses excluding employee expenses	(28,918)	(29,104)	(26,699)	(27,716)	(1,017)	(30,132)	(28,010)
PDC dividends payable/refundable	(1,666)	(1,800)	(1,650)	(1,531)	119	(1,664)	(1,943)
Surplus/(deficit) before impairments & transfers	**1,824**	**986**	**929**	**958**	**29**	**1,012**	**565**
Remove capital donations/grants I&E impact	97	120	110	85	(25)	94	65
Surplus/(deficit) exc PSF	**1,921**	**1,106**	**1,039**	**1,043**	**4**	**1,106**	**630**
Provider sustainability fund (PSF) income	3,642	1,996	1,763	1,763	0	2,020	1,626
Surplus/(deficit) inc PSF	**5,563**	**3,102**	**2,802**	**2,806**	**4**	**3,126**	**2,256**
Control total including PSF	**1,986**	**3,078**	**2,780**	**2,780**	**0**	**3,078**	**2,256**

Balance Sheet

STATEMENT OF FINANCIAL POSITION (all figures £000)		2017/18	2018/19	2018/19 Year to Date			2018/19	2019/20
		Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast	Plan
Non-current assets	Intangible assets	1,000	1,000	1,000	858	(142)	829	486
	Property, plant and equipment: other	58,709	64,159	63,609	58,162	(5,447)	59,743	62,488
	Total non-current assets	**59,709**	**65,159**	**64,609**	**59,020**	**(5,589)**	**60,572**	**62,974**
Current assets	Inventories	228	228	228	228	0	228	228
	NHS receivables	4,817	1,000	1,130	8,237	7,107	3,285	3,082
	Non-NHS receivables	1,939	3,130	3,130	2,392	(738)	2,465	2,465
	Cash and cash equivalents:	12,354	11,278	11,423	13,330	1,907	16,986	16,642
	Total current assets	**19,338**	**15,636**	**15,911**	**24,187**	**8,276**	**22,964**	**22,417**
Current liabilities	Trade and other payables: capital	(1,533)	(500)	(500)	(228)	272	(625)	(500)
	Trade and other payables: non-capital	(8,283)	(8,063)	(8,063)	(10,955)	(2,892)	(8,917)	(8,917)
	Borrowings	0	(148)	(148)	(148)	0	(211)	(137)
	Provisions	(160)	(138)	(138)	(26)	112	(26)	(26)
	Total current liabilities	**(9,976)**	**(8,849)**	**(8,849)**	**(11,357)**	**(2,508)**	**(9,779)**	**(9,580)**
Non-current liabilities	Borrowings	(221)	(115)	(130)	(74)	56	(1,581)	(1,444)
	Total net assets employed	**68,850**	**71,831**	**71,541**	**71,776**	**235**	**72,176**	**74,367**
Taxpayers Equity	Public dividend capital	79,982	79,982	79,982	80,187	205	80,276	80,276
	Revaluation reserve	610	609	609	610	1	610	610
	Other reserves	(2,398)	(2,398)	(2,398)	(2,398)	0	(2,398)	(2,398)
	Income and expenditure reserve	(9,344)	(6,362)	(6,652)	(6,623)	29	(6,312)	(4,121)
	Total taxpayers' and others' equity	**68,850**	**71,831**	**71,541**	**71,776**	**235**	**72,176**	**74,367**

Cash position at the end of the month 11 is a positive balance of £13.3m. This is £1.9m higher than plan and is due capital spend currently being significantly below plan for the year to date.

Capital – 5 Year Plan

Capital schemes	2018/19	2018/19	2018/19	Year to Date	Forecast	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Plan	Initial CRL Allocation	CRL	Actual	M12	FY Forecast	Plan	Plan	Plan	Plan	Plan *
Gloucester base	3,400	3,400	827	827		**827**	0	0	0		
Cheltenham Base	0	0	1,854	78	1,776	**1,854**	0	0	0		
Urgent Care						**0**	500				
Building refurbishment	2,250	1,160	964	786	178	**964**	860	550	750	1,000	2,000
Backlog Maintenance						**0**	340	300	500	250	
IT Device and Software Upgrade	600	0	768	263	505	**768**	397	600	600	600	
IT Infrastructure	300	300	300	35	265	**300**	300	300	300	1400	
Medical Equipment	500	161	308	229	79	**308**	853	200	200	200	
Total CRL	**7,050**	**5,021**	**5,021**	**2,218**	**2,803**	**5,021**	**3,250**	**1,950**	**2350**	**3450**	**2000**
DHSC Wifi Network Funding (additional CRL)		205	205		205	**205**					
DHSC Health System Led Investment (additional CRL)			77		77	**77**					
DHSC Pharmacy Infrastructure (additional CRL)			12		12	**12**					
Forest of Dean			75	13	62	**75**	2,500	5,000	1,850		
Grand Total Adjusted CRL	**7,050**	**5,226**	**5,390**	**2,231**	**3,070**	**5,390**	**5,750**	**6,950**	**4,200**	**3,450**	**2,000**

- £2.8m for the Gloucester Base was planned as capital expenditure, but has been amended to be an operating lease in the year.

- Work on Gloucester Base is overspent by £41k resulting in re-allocation between buildings and Gloucester Base for this value.

- 2018/19 allocations have been adjusted between categories to enable replacement medical equipment and IT equipment to be purchased, and to facilitate the 25 year lease for ILC in Cheltenham.

- 2019/20 has been increased to include £500k on Urgent Care, to be funded through the 2 for 1 surplus bonus.

- Full year forecast and CRL has been increased by £75k due to FoD multi-year CRL agreement, as well as late DHSC funding for specific projects

- 2019/20 allocations have been adjusted between categories resulting in £400k being reallocated from buildings/backlog maintenance to medical equipment.

Cash Flow Summary

Statement of Cash Flow £000	ACTUAL YTD 18/19		FORECAST FY 18/19		FORECAST 19/20	
Cash and cash equivalents at start of period		12,354		12,354		16,897
Cash flows from operating activities						
Operating surplus/(deficit)	4,155		4,588		4,089	
Add back: Depreciation on donated assets	85		90		65	
Adjusted Operating surplus/(deficit) per I&E	4,240		4,678		4,154	
Add back: Depreciation on owned assets	4,053		4,183		3,283	
(Increase)/Decrease in trade & other receivables	(3,873)		1,085		292	
Increase/(Decrease) in provisions	(134)		(3)			
Increase/(Decrease) in trade and other payables	(253)		(134)			
Increase/(Decrease) in other liabilities	(123)		(123)			
Net cash generated from / (used in) operations		3,910		9,686		7,729
Cash flows from investing activities						
Interest received	97		109		45	
Purchase of property, plant and equipment	(2,229)		(3,645)		(5,875)	
Net cash generated used in investing activities		(2,132)		(3,536)		(5,830)
Cash flows from financing activities						
PDC Dividend Received	205		205			
PDC Dividend (Paid)	(860)		(1,664)		(1,943)	
Finance Lease Rental Payments	(147)		(148)		(211)	
		(802)		(1,607)		(2,154)
Cash and cash equivalents at end of period		13,330		16,897		16,642

Risks

Risks to delivery of 2018/19 position, as well those anticipated in 2019/20, are as set out below:

	Intial Risk/ (Opportunity) identified at plan	18/19 Mitigated Risk at month 11	Month 11 Change	19/20 Risk at month 11	Month 11 Change	Likelihood
Shortfall on expected 18/19 CIP			0	265	165	Possible
Delivering required recurrent CIP for Challenge Schemes	1,500		0	2,406	747	Almost Certain
Gaps in plans for recurrent CIP - Differential Schemes	0		0	119	-1,720	Possible
Delivering required non recurrent CIP	500		0	1,227	221	Almost Certain
Delivery of non rec savings in year to offset CIP phasing	1,000		0	544	544	Possible
Delayed agreement of capital limit impacts STP and CIP work	300		0	0	0	
In-year impact of unfunded elements of July pay award	600		0	0	0	
Unbudgeted elements of 2G integration work	200		0	0	0	
VAT changes impacting recovery on Systm1	100	0	-134	80	-205	Possible
QIPP risk share (18/19 Integrated MSK Q3 & 4) and milestones	900	0	-387	500	0	Possible
CQUIN (18/19 Q4 Wounds)	2,000	127	0	150	0	Possible
Managing agency spend within cap	663		0	0	0	Possible
GCC rental charges on ICT bases	500		0	0	0	Possible
Indexation and asset lives		tbc		tbc		Possible
GCC Management Charge	150		0	150	0	Possible
	8,413	127	-521	5,441	-249	

Any risks that have become issues in year are included within the forecast outturn. This includes the System1 VAT recovery risk for 2018/19.
A new risk is being quantified around the indexation of our buildings for 2019 and potential changes to anticipated asset lives. It should be noted that the Trust has not previously increased asset lives to deliver CIP.

Single Operating Framework

NHS Gloucestershire Care Services NHS Trust

Finance and use of resources rating		03AUDITPY	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY
		Audited PY	Plan	Actual	Variance	Plan	Forecast
		31/03/2018	28/02/2019	28/02/2019	28/02/2019	31/03/2019	31/03/2019
	Expected	Year ending	YTD	YTD	YTD	Year ending	Year ending
	Sign	Number	Number	Number	Number	Number	Number
Capital service cover rating	+	1	1	1		1	1
Liquidity rating	+	1	1	1		1	1
I&E margin rating	+	1	1	1		1	1
I&E margin: distance from financial plan	+	1		1			2
Agency rating	+	1	1	1		1	1

Overall finance and use of resources risk rating		03AUDITPY	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY
		Audited PY	Plan	Actual	Variance	Plan	Forecast
		31/03/2018	28/02/2019	28/02/2019	28/02/2019	31/03/2019	31/03/2019
	Expected	Year ending	YTD	YTD	YTD	Year ending	Year ending
	Sign	Number	Number	Number	Number	Number	Number
Overall rating unrounded	+	1		1.00			1.20
If unrounded score ends in 0.5	+	0		0.00			0.00
Risk ratings before overrides	+	1		1			1
Risk ratings overrides:							
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	Text	No trigger		No trigger			No trigger
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	+	1		1			1
Control total override - Control total accepted	Text	YES		Yes			Yes
Control total override - Planned or Forecast deficit	Text	No		No			No
Control total override - Maximum score (0 = N/A)	+	0		0			0
Is Trust under financial special measures	Text	No		No			No
Risk ratings after overrides	+	1		1			1

Overall risk rating indicator is Number 1 (best) and is green.

Understanding You

2019/20 Control Target

Financial control total	£'000	
Rebased baseline position excluding PSF (Surplus)	826	
CNST net change in tariff income and contribution	- 29	Note 1
Other changes	- 167	Note 2
Subtotal before PSF allocation (Surplus)	630	
Non recurring PSF allocation	1,626	
2019/20 control total (including PSF) (Surplus)	2,256	

Note 1   CNST net change in tariff income and contribution
- changes to tariff income as set out in '2019/20 planning prices: an explanatory note'
- changes in CNST contribution levels between 2018/19 and 2019/20

Note 2   Other changes include the impact of:
- Pricing changes in the national tariff - including changes to MFF, top ups and other
- Distributional impact of Agenda for Change cost increases relative to tariff income
- impact of changes to MFF for Health Education England (HEE) tariffs
- other changes include increases in overseas patient income, commercial income and inflationary impacts.

The control target is based on 2 numbers: what NHSI calculate we can deliver as a surplus, and a Provider Sustainability Fund (PSF) award if we accept **and deliver** on the calculation, to give us a net surplus. The PSF money cannot be spent in year, it moves straight to our surplus and cash position.

NHS
Gloucestershire Care Services
NHS Trust

Trust Board - Private	
Date of Meeting: Friday 29th March 2019	
Report Title: CIP Review 2018/19	

Agenda reference Number	
Reason for Being Heard in Confidential Session	This report contains commercially sensitive information
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	
Author(s)	Johanna Bogle, Deputy Director of Finance
Board action required	N/A
Previously considered by	

Executive Summary:

This paper sets out the CIP calculation, devolution, reporting and delivery process for 2018/19.

Recommendations:

The Board is asked to:

   a. **Note** the CIP process.

   b. **Note** the level of under-delivery carried into the 2019/20 financial year.

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

Understanding ou

CIP delivery in 2018/19

1. Introduction and Purpose

This paper sets out the CIP value, allocation and reporting of delivery process for 2018/19. It makes recommendations for improvement to the process in 2019/20.

The NHS is required to make Cash Releasing Efficiency Savings (CRES) each year, which take the form of a top-slice from organisation's income through tariff reductions. For 2018/19 this value was 2%.

In addition to CRES, the Trust calculates additional Cost Improvement Plan (CIP) requirements as a result of previous years' undelivered CIP, unfunded inflation, cost pressures and unfunded service developments.

In 2018/19 the Trust calculated a requirement of £5.282m CIP. This was split into three schemes:

a) Efficiency 1%, £1.102m. This is intended to target efficiency in every budget at individual budget holder level, is expected to be delivered full year and removed at budget setting. It mostly won't require QIAs, but will be assessed.

b) Differential, £1.880m. This is spread over all areas and is allocated based on delivery over the last year. We expect the larger schemes to require QIAs on assessment.

c) Challenge, £2.300m. This expects a small number of transformational schemes to be developed across the Trust. They will not be evenly distributed, and we expect significant phasing issues to be covered by NR underspends and over planning. We expect them to require QIAs.

2. Engagement with Budget Holders

Budget holders have been part of the process of agreeing CIP targets for 2018/19. There was a CIP workshop for all budget holders in November 2017, at which the 1% efficiency and differential methodologies were explained and agreed as a collective. However, at this point budget holders did not know what their differential CIP value would be. This workshop was the initial review of potential challenge

Understanding You

schemes that would likely cover more than one directorate and require project support.

The operational finance team worked with budget holders and service leads to identify efficiencies in the expenditure budgets to meet the 1% efficiency target. This led to most of the 1% being delivered in budget setting, which meant directorates could focus on differential targets in year.

Non-recurrent underspends are expected to mitigate slippage in CIP delivery, and form part of the forecasting and reporting monthly both to our standard Finance and Performance review meetings and the CIP Steering Group meeting, as well as Trust Board and the Resources and Workforce Committee. At CIP Steering Group escalations are employed to expedite delivery, and services falling behind target regularly attended to present issues or alternative ideas for schemes.

3. Cost Improvement Plans delivery by Directorate

The principles of CIP are that it is expected to be recurrent, and that it results in reduction in budget, rather than just cost avoidance.

Table 1 shows the delivery of CIP, by Directorate for 2017/18 and 2018/19 against plan.

Table 1: Delivery of Recurrent CIP by Directorate

CIP Delivery 2017/18 and 2018/19 (all Numbers £000s)						
		2017/18			2018/19	
Directorate	Target	Achieved	% Achieved	Target	Achieved	% Achieved
CYPS	265	132	50%	335	335	100%
Community Hospitals	586	107	18%	413	527	128%
MIIUs				371	371	100%
Countywide	617	494	80%	1,023	875	86%
ICTs	839	300	36%	669	544	81%
Urgent Care	219	136	62%	129	139	108%
Programmes, Change and Engagement	12	12	100%	6	6	100%
Estates & Facilities	474	1,293	273%	750	314	42%
Executive	42	30	71%	30	50	167%
Operational Management				9	9	100%
Finance	979	916	94%	237	242	102%
HR	67	44	66%	38	48	126%
Med Director	4	-	0%			
Challenge	-	40		1,225	510	42%
PaCE	82	107	130%	47	47	100%
	4,186	3,611	86%	5,282	4,017	76%
Shortfall		-	575		-	1,265

Understanding You

4. Risks to the Trust from outstanding 2018/19 CIP

The Trust has plans to deliver £4.3m of the £5.3m CIP requirement in 2018/19. A £1m shortfall has therefore been anticipated through the 2019/20 budget setting process. However, any under-delivery in excess of this value is a risk to the 2019/20 position.

As at M11 there remains £265k of CIP beyond this £1m gap not delivered for 2018/19. We are still intending to close this gap in 2018/19.

5. Learning for future years

Budget holders have fed back that they appreciate knowing their CIP targets early, rather than having additional targets through the year. This has been incorporated into 2019/20 budgets, where Efficiency and Differential targets have been included as part of budget setting, with only the Trust Challenge projects held centrally.

6. Conclusion and Recommendations

It is recommended that the Trust Board:

   Note the CIP process and progress for 2017/18 and 2018/19.

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

CIP   Cost Improvement Plans
CRES   Cash Releasing Efficiency Savings

Understanding You

	Trust Board
Date of Meeting:	**28th March 2019**
Report Title:	**Quality and Performance Committee Report**

Agenda reference Number:	16/0319
Accountable Executive Director: (AED)	Susan Field, Director of Nursing
Presenter: (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s):	Susan Field, Director of Nursing
Board action required:	To Note and Receive
Previously considered by:	Quality and Performance Committee – 28th February 2019
Appendices:	

Executive Summary

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

The report confirms decisions made by the Committee at its meeting on 28th February 2019, which were in line with the Trust's Scheme of Delegation and; highlights some discussion points that require Board attention. Of particular note:

- The Trusts Medical Revalidation Report (2018-19).
- Closure of the Trusts Care Quality Commission (CQC) Quality Improvement Plan.
- Progress with the (2019-20) Quality Priorities
- Progress with EU exit activities

Recommendations:

The Trust Board is asked to:

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

2. **Receive** the approved minutes of the Quality and Performance Committee that took place on 10th January 2019.

Gloucestershire Care Services NHS Trust – Trust Board – **PUBLIC SESSION** – 28th March 2019
AGENDA ITEM: 16.0 - Quality and Performance Committee Report

Understanding You

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 2019.
- Key issues, risks and achievements being overseen by the Committee in order to provide assurance that the Trust continues to provide a standard of high quality care across all its services.

2   DECISIONS MADE BY THE COMMITTEE IN LINE WITH SCHEME OF DELEGATION

2.1 Quality Account 2018-19

The Committee discussed the recent NHS Improvement (NHSI) guidance and **agreed** to delegate actions to the Committee Chair, Director of Nursing and Chief Executive to progress the production and subsequent publication of the Trusts 2018-19 Quality Account. It should also be highlighted that the national timescale for this will be 30th June 2019.

2.2 Medical Appraisals and Revalidation

There are currently 11 doctors in Gloucestershire Care Services NHS Trust, which is a Designated Body nominated by the General Medical Council (GMC). As a Designated Body the Trust must appoint a Responsible Officer (RO), who is the Medical Director. It is the RO who make a recommendation to the GMC regarding the renewal of a doctor's licence to practise and as part of this doctors are required to be compliant with appraisals in readiness for revalidation with the GMC.

All 11 doctors employed by the Trust are 100% compliant to revalidate and are well supported throughout their medical appraisal and revalidation process.

The Committee was **assured** and **approved** that the RO make the necessary recommendations to the GMC.

2.3   Quality Priorities 2019-20

The Committee discussed the proposed priorities and the Quality Improvement approaches and reporting arrangements for 2019-20. The Committee also acknowledged that some of the 2018-19 quality priorities improvement trajectories had not fully materialised and that this needed to be factored into next year's planning, monitoring and reporting arrangements. The proposed priorities for 2018-19 will include:

- Deteriorating patients (year 2)
- Medication errors (year 2)
- Pressure ulcers (year 3)
- Nutrition and hydration (year 2)
- Catheters (year 1)
- Mental Capacity Act (MCA) (year 1)
- Health coaching (year 1)
- Wound care (year 1)

It was also **noted** by the Committee that these priorities had been set in the absence of any national CQUINs; that they would align to the Trusts clinical audit activities; that there may be some co-production opportunities; that there was some opportunities to align with 2gether Trust; that any improvement trajectories would be over a 12 month period; that the new organisation would adopt them post October 2019 and; report and audit accordingly as part of the new Trusts Quality Account publication 2020.

2.4   Care Quality Commission

The Committee was assured that the Trusts Quality Improvement Plan (QIP), which consisted of the Care Quality Commission (CQC) 5 'must do' and 25 'should do' recommendations made following their inspection, February 2018, had been predominately delivered. It also noted that the Gloucestershire Clinical Commissioning Group (GCCG) had recommended that any outstanding actions (mandatory training and Professional Development Reviews (PDRs)) be managed as business as usual and from this the Committee **agreed** that the CQC QIP be formally closed.

3   ISSUES ESCALATED TO BOARD

The Committee **discussed** the following matters, where it was agreed that the following should be escalated to the Trust Board. These included:

3.1 Operational Service Exception Report

The Committee received a presentation following a recent One Gloucestershire briefing session about how the system had been responding to escalations, mid-December 2018 – early February 2019, and to Gloucestershire Hospitals Foundation Trust (GHFT) achieving its access target. Some key issues that the Committee **noted** from this included:

- higher than 92% bed occupancy levels across the 7 community hospitals – 96% being the norm during this period.
- there being a variation in hospital admissions and discharge per week with the highest number consistently being on a Monday and the lowest on a Sunday. This appears to corroborate that there remain challenges for a patient to go home with a package of care to commence on a weekend.
- that admissions peak on Thursday and Friday's, which appears to reflect that the referral patterns through Single Point of Clinical Access (SPCA) are largely driven

by when GHFT undertake their board rounds and identify patients for a community hospital.

- that District Nursing contacts had increased by almost 2,000, which is "hidden" activity when the system is in escalation and yet the focus is consistently on beds in hospitals and buildings, and not on beds in people's homes.

3.2 Patient Safety Incident Report

The Committee **received** and **noted** a report about the number of incidents reported during 2018. Key points to highlight to the Trust Board include:

- that over a three year period the Trust has seen a 27% increase in the total number of clinical incidents.
- that the total number of incidents reported for 2018 was 7,703.
- That the top three of reported incidents were attributed to pressure ulcers, medication errors and falls respectively.
- that 18 of these incidents had been declared a Serious Incident Requiring Investigation (SIRI) and that that Trust Board and Committee continued to have oversight of these and any learning or actions taken with them.

3.3 EU Exit

The Committee was both updated and assured that preparatory work within the Trust was well underway should there be a 'no deal' agreement. The governance and reporting arrangements were well-led and well established both internally and across the One Gloucestershire system. The assessment outcomes of the EU Exit risk was noted by the Committee as being 12 and it was recommended by the Committee that a further report be presented to the Trust Board meeting in March.

3.4   Quality and Performance

The Committee reviewed January 2019 Quality and Performance data and from this was **partially assured**. There remains concern with regards to 8 week access to physiotherapy services (ICT; and MSK); occupational therapy and; speech and language (adult) service. Concerns also remain with regard to the ability to evidence quality improvement trajectories associated with most notably within the Deteriorating Patient (NEWS) and Nutrition and Hydration (MUST) quality priorities primarily due to not being fully capable of pulling the information from SystmOne, although it was **noted** that observational audits were being undertaken with the outcomes of these being more favourable regarding improvements being made. It was also **noted** by the Committee that the Family and Friends Test (FFT) response rate continues to improve (15.6%).

4   CONCLUSION AND RECOMMENDATIONS

The Trust continues to maintain its standards of delivering quality care and continues to effectively manage any risks as they emerge.

The Trust Board is asked to:

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

2.   **Receive** the approved minutes of the Quality and Performance Committee that took place on 10th January 2019.

ABBREVIATIONS USED IN THE REPORT

MIIUs – Minor Injury and Illness Unit
GCCG – Gloucestershire Clinical Commissioning Group
GHFT – Gloucestershire Hospitals Foundation Trust
SIRI – Serious Incident Requiring Investigation
SPCA – Single Point of Clinical Access
PDRs – Professional Development Review
QIP – Quality Improvement Plan
GMC – General Medical Council
RO – Responsible Officer
CQC – Care Quality Commission
NHSI – NHS Improvement

Trust Board

Date of Meeting: 28th March 2019

Report Title: **Resources Committee** Report

Agenda reference number:	17/0319
Accountable Executive Director: (AED)	Sandra Betney, Director of Finance Neil Savage Joint Director HR &OD
Presenter: (if not AED)	Graham Russell, Non-Executive Director
Author(s):	
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	-

Executive Summary

This report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including 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 operating plan (including finance, workforce, estates and business development).

- 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	1,2,3,4,5
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

Resources Committee Report

1 Introduction and Purpose

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

2 Issues Considered by the Committee

The Resources Committee met on 26th February 2019.

Key aspects considered included a detailed review of the Operating Plan, including consideration of Workforce Planning, an update on the Workforce Strategy, the Staff Survey, the Finance Report, the Kirkup and Kark Reviews and Business Development.

2.1 Operating Plan

The Committee discussed in detail the Operating plan, triangulating the information in relation to finance, quality and workforce. The outcome of the discussion is reflected in the Operating Plan, considered in private Board and the Budget considered within the Public Board agenda. The Committee requested a range of further information for assurance relating to Cost Improvement Plans, the processes and workforce aspects which have been provided within the papers. The Committee supported the prudent approach demonstrated by the draft plan and recognised the challenges.

2.2 Workforce Strategy Update

It was recognised that the work on improving the workforce KPIs in relation to Professional Development Reviews and Mandatory Training was still at early implementation stage and would take time to impact. The Committee requested trajectories for a future meeting.

2.3 Finance Report Month 10

The Committee noted that:

The Trust financial context for 2018/19 is summarised below.

- o Revised Control Total surplus is £3.078m including £2.020m of Provider Sustainability Funding (PSF).
- o Capital spend plan is £5.226m of in-year CRL allocation, plus £75k of multi-year CRL allocation for the Forest of Dean hospital. Total £5.3m.
- o Cost Improvement Plan (CIP) target is £5.3m
- o Agency spending cap is £2.232m
- o Income potential Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) are £1.9m and £3.9m respectively

Understanding ou

M10 year to date performance is as follows:

- Year to date surplus, including PSF, is on plan at £2.5m.
- Capital spend to date is £2.1m.
- Cash at the end of Month 10 is £13.2m compared to plan of £12.4m.
- YTD agency spend is £1.3m compared to a plan figure of £1.9m

Single Operating Framework indicators are green.

The Committee was pleased with performance to date.

2.5 Staff Survey

This was considered in detail by the Committee who were pleased with the progress indicated and would formally highlight the following:

The response rate to the 2018 Annual Staff Survey was 40%, a 4% decrease on the previous year." In actuality, this equates to 973 staff responding out of 2421 invitations. This is well below the average response rate for similar community trusts which was 53%. This low response rate was anticipated due to the Culture Survey and pulse checks that were being carried out during the same period.

some key points ascertained from the data.
Of the survey questions that were asked in 2017 and again in 2018:

- 59% had improved over 2017
- 16% stayed the same as 2017
- 24% worsened

It is encouraging to note that this compares favourably with 2017 survey, especially taking into account the challenging time for colleagues during the uncertain times of the merger:

- 20% had improved over 2016
- 23% stayed the same as 2016
- 57% worsened

In this year's survey there were 11 questions which were asked for the first time.

- 46% were better than the average response rate for similar community trusts
- 23% were the same
- 31% were worse than the average response rate for similar community trusts

The report contains results presented in 10 themes (which have replaced key findings) made up of groups of questions, with historical data back to 2014, where possible. The results have been presented in the context of best, average and worst results for similar community trusts. Data in the report is weighted for fair comparisons between organisations.

The 10 themes are:

- Equality, diversity and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment – Bullying and harassment
- Safe environment – Violence
- Safety Culture
- Staff engagement

Key results include:

- Compared to last year, two of the themes have shown significant statistical improvements - 'Safety culture' and 'Staff engagement'.
- Encouragingly the other 8 themes have remained stable.
- Equality, diversity and inclusion comes close to the best.
- Overall the Trust is the same as the benchmarking group average in five out of the ten themes. The other five are only slightly worse.
    - o 'Immediate managers', 'Morale', 'Quality of appraisals', 'Quality of care' and 'Safe environment – Bullying and harassment' are in most need of improvement.
    - o These results will need further analysis over the coming months to unpick and understand the distinctions and nuances of the results.

It is also worth noting the following scores:

- Recommending the Trust as a place to work has increased from 51% in 2017 to 55.8% in 2018. (Below the average benchmarking score of 59.4%)
- If a friend or relative needed treatment, respondents being happy with the standard of care provided by the Trust has increased from 73% in 2017 to 76% in 2018. (Above the average benchmarking score of 74.8%)

Historically the responses to these questions in the Staff FFT are consistently higher:

The FFT Q2 results 2018 were:

- How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family as a place to work? - 59%

- How likely are you to recommend Gloucestershire Care Services NHS Trust to friends and family if they needed care or treatment? - 89%

The Committee was pleased to note plans to cascade out to the Board and to colleagues through the JCEO email and the Senior Leadership Network.

The Committee supported the proposed actions to follow up the survey:

- Relevant outcomes in the survey will inform the NHS Workforce Disability Equality Standard and the NHS Workforce Race Equality Standard Action Plans, both of which need to be completed by August 2019.
- The results to be fed into and considered as part of the current Recruitment and Retention project.

- Further analysis of the 2018 survey outcomes, along with the Pulse Survey and other colleague feedback and engagement mechanisms will be carried out over the coming two months in order to accurately prioritise future actions. At this early stage of analysis indications are that priorities for actions to improve the working environment for colleagues are likely to fall under the themes of:
  - 'Immediate managers'
  - 'Morale'
  - 'Quality of appraisals'
  - Quality of care'
  - Safe environment – Bullying and harassment

2.5 Business Development Update

The Committee considered the proposed service developments regarding a variety of business opportunities and noted the report.

2.6 Kirkup and Kark Reviews

The best practice guidance from these reviews was considered it was recognised that many aspects were being taken forward nationally but agreed that the issues relating to ensuring effective board oversight and monitoring during a period of significant change was important to the organisation at this stage of its development and also for the new organisation.

2.7 Gender Pay Update

The Board is formally advised that the gender pay gap information which is required to be formally uploaded for 2018 was reviewed by the Workforce Committee last June following the submission of the 2017 data in line with the Board's request and will be uploaded by the required deadline. The data will continue to be kept under review by the Resources Committee.

2.8 Conclusion

The Committee also reviewed a range of summary reports from Steering Groups across the Trust and remains assured on financial matters and workforce issues.

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

None.

4. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee.

Trust Board

Date of Meeting: 28th March 2019

Report Title: Charitable Funds Committee Update

Agenda reference Number	18/0319
Accountable Executive Director (AED)	Neil Savage, Director of HR&OD
Presenter (if not AED)	Nicola Strother Smith – Chair Charitable Funds Committee
Author(s)	Gillian Steels – Trust Secretary
Board action required	To note and approve
Appendices	

Executive Summary

This report provides assurance to the Trust Board that the Charitable Funds Committee is discharging its responsibility for oversight of the Trust's Charitable Funds in line with the NHS and Charity Commission Guidelines.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.

- Progress made against the Trust's Charitable activities

- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations:

The Board is asked to:

(i)   NOTE the contents of the Charitable Funds Committee report.

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

Charitable Funds Committee Update

1   Introduction and Purpose

The Charitable Funds Committee met on the 12th February 2019. Key Issues considered by the Committee were the Finance Report, the Risk Register and an update on Caring for Gloucestershire activities.

2.   Finance Report

The Finance Report confirmed that the Charitable Funds were being regulated as required.

It was noted that funds held were limited and confirmed that Committee approval was required for sums above £2k.

It was confirmed that the Annual Report and Accounts for the previous year had been audited and submitted to the Charity Commission in line with requirements (Attached as an appendix).

3.   Caring for Gloucestershire Activities
The Committee was updated on ongoing activities. It was noted these were limited by funds help. The support provided by the Leagues of Friends was noted.

4.   Governance Aspects
The Committee also considered risk – and agreed there were non requiring escalation and completed a review of terms of reference and Committee Effectiveness to inform working in 2019/20 and as part of a consideration of issues to be taken forward in relation Charitable Funds if/when the merger progresses.

5.   Recommendations

The Board is asked to:

(i)   **NOTE** Committee report.
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Understanding you

GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2018

GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES

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GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS FOR THE YEAR ENDED 31 MARCH 2018

Trustees

Gloucestershire Care Services NHS Trust is the sole corporate Trustee of Gloucestershire Care Services NHS Trust Charities.

Trust Board members during the period were:

Ingrid Barker, Chair
Katie Norton, Chief Executive Officer (until 16th April 2018)
Susan Field, Director of Nursing
Mike Roberts, Medical Director
Richard Cryer, Non-Executive Director
Susan Mead, Non-Executive Director
Nicola Strother Smith, Non-Executive Director
Jan Marriott, Non-Executive Director
Graham Russell, Non-Executive Director
Sandra Betney, Director of Finance
Candace Plouffe, Chief Operating Officer
Tina Ricketts, Director of Human Resources, Non-Voting (until 29th January 2018)
Nick Ralph, Non-Executive Director
David Smith, Interim Director of Human Resources, Non-Voting (from 29th January 2018)
Paul Roberts, Chief Executive Officer (from 16th April 2018)

Charity registered number

1096480

Principal office

Unit 1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucestershire
GL3 4AW

Independent auditors

KPMG LLP
Statutory Auditors
66 Queen Square
Bristol
Gloucestershire
BS1 4BE

Bankers

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

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 MARCH 2018

Advisers (continued)

Solicitors

Field Fisher LLP
Riverbank House
2 Swan Lane
London
United Kingdom
EC4R 3TT

Accountants

Randall & Payne LLP
Chargrove House
Main Road
Shurdington
Cheltenham
GL51 4GA

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 MARCH 2018

Structure, Governance and Management

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

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

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

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds; in this way the Trustee is able to respect the wishes of the donors, to benefit patient care and advance the good health and welfare of patients and staff. The charitable funds available to spend are held within the fund categories described in note 12 of the accounts.

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

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

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

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

a) Ensure that the Trust applies all charitable funds in accordance with NHS and Charities legislation, including current guidance issued by the Charity Commission.
b) Maintain oversight of the continued relevance and application of the organisation's Declaration of Trust.
c) Oversee the functions performed by the Trust's Director of Finance and the Chief Executive with regard to the investment, accounting and reporting on the use of charitable funds.
d) Conduct the operational management of the Trust's charitable funds.
e) Provide quarterly updates and an annual report to the Trust Board in its capacity as Corporate Trustee, in respect of the management of the Trust's charitable funds.
f) Oversee the appointment of an investment advisor to provide professional advice on investment strategies, and approve individual purchases and sales of investment holdings.
g) Ensure that all investments are made in line with the Trust's guiding principles, namely that investments:

- are low risk;
- optimise medium-term return through a combination of capital growth and interest or dividend receipts;
- avoid areas which may be considered inappropriate for a Healthcare organisation e.g. manufacturers of tobacco, alcohol and arms;
- are restricted to the explicit conditions or purpose of each donation, bequest or grant.

h) Routinely review the financial status of all individual funds, and monitor the overall performance of the charitable fund portfolio.

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2018

i)   Proactively ensure that all funds are used for the purpose(s) intended by the donor, bequest or grant.
j)   Receive the annual accounts of the Trust's charitable funds for consideration and recommendation to the Trust Board.
k)   Ensure effective ongoing engagement with all relevant internal and external stakeholders, as appropriate to the Committee's duties and remit.

During the year ending 31 March 2018 the Charitable Funds Committee comprised:

•	Nicola Strother Smith	Chair of the Committee and Non-Executive Director (Chair of the Committee until 15th August 2017, from 16th January 2018 to current)
•	Sandra Betney	Director of Finance
•	Tina Ricketts	Director of HR (until 29th January 2018)
•	Susan Field	Director of Nursing
•	Ingrid Barker	Chair of the Board
•	Ingrid Barker	Chair of the Committee (from 15th August 2017 until 16th January 2018)
•	Richard Cryer	Non-Executive Director (from 15th August 2017)
•	David Smith	Interim Director of HR (from 29th January 2018)

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

During the year ending 31 March 2018 the Brokenborough sub-committee comprised:

•	Nicola Strother Smith	Non-Executive Director (Chair)
•	Kevin McNamara	Director of Strategy, Great Western Hospital NHS Foundation Trust
•	Jemima Milton	Non-Executive Director, Great Western Hospital NHS Foundation Trust
•	Sandra Betney	Director of Finance
•	Tina Ricketts	Director of HR (until 29th January 2018)
•	Ingrid Barker	Chair of the Board
•	David Smith	Interim Director of HR (from 29th January 2018)

The accounting records and the day-to-day administration of the funds are dealt with by Randall & Payne, Chargrove House, Shurdington Road, Shurdington, Cheltenham, GL51 4GA supported by the Finance Department located at Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Gloucester GL3 4AW.

Risk Management

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

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

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

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2018

Reserves Policy

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

Objectives and Activities

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

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

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

*   Develop key messages to better connect with the communities served in Gloucestershire to increase awareness of the charity and the ways in which donors can support the Trust.
*   Provide support, guidance and encouragement for colleagues to access funds for projects that align to the vision of the charity.
*   Deliver practical improvements to the service user environment.
*   Encourage new and existing supporters to engage with the charity using a range of media including email, the post, website and telephone.

The charity will achieve these plans by:

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

This Fund focuses on the following areas of activity:

*   Nightingale - to support nurses and allied health professionals to deliver the very best care.
*   Awards4All = General Support
*   Environmental – supports the creation of quiet spaces and calmer environmentally friendly areas to help reduce patient stress when attending hospitals and clinics.
*   Helping Hand – support for patients and service users in times of need e.g. provision of food or clothing for vulnerable adults or children

The Charity has adopted "Caring for Gloucestershire as a trading name.

Achievements and performance

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

Over the years many individuals have benefited from the kindness of others.

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

- Specialist Equipment
- Christmas related activities for patients and staff
- Volunteer Support

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

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

Future Plans

After making appropriate enquiries, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

Financial Review

The net assets of the charitable fund as at 31 March 2018 were £196,000 (2017: £174,000). Overall net assets have increased by 12.6 percent in the year. In this financial year legacy income was nil and donations decreased by 80 percent. Overall expenditure of £32,000 was 89 percent lower than last year. In this financial year £10,000 (2017 £43,000) was spent on patient and staff welfare activities.

The income for the year was £54,000 (2017: £270,000), the reduction in income during the year is due to a process change relating to League of Friends resulting in this no longer being accounted for through the charity, the income is as follows:

- Legacies of £0 (2017: £0)
- Donations of £54,000 (2017: £25,000)
- Investment income of £0 (2017: £0)
- Donations from the League of Friends of £0 (2017: £245,000)

Expenditure for the year totalled £32,000 (2017: £303,000), the reduction in expenditure during the year is due to a process change relating to League of Friends resulting in this no longer being accounted for through the charity, the expenditure is as follows:

- Expenditure on charitable activities of £32,000 (2017: £58,000).
- Expenditure arising from charitable activities relating to League of Friends donations £0 (2017: £245,000).

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

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

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

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

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

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

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

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

The accounts for 2017/18 and the report thereon are approved on behalf of the Corporate Trustee, by members of the Charitable Funds Sub-Committee under delegated authority from the Board of Directors on 25 Jan 2018.9

This report was approved by the Trustees, on 25 Jan 2019 and signed on their behalf by:

Nicola Strother Smith
Trustee

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES OF GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES

We have audited the financial statements of Gloucestershire Care Services NHS Trust Charitable Fund for the year ended 31 March 2018 set out on pages 10 to 20. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland.*

This report is made solely to the charity's trustees as a body, in accordance with section 145 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities set out on page 7 the trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditor under section 145 of the Charities Act 2011 (or its predecessors) and report in accordance with regulation ns made under section 154 of that Act. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

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

Opinion oh financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2018 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice; and
- have been properly prepared in accordance with the requirements of the Charities Act 2011.

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES OF GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES

Matters on which we are required to report by exception

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

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

Rees Batley

Rees Batley
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE
Date: 29/1/19

KPMG LLP are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2018

	Note	Unrestricted funds 2018 £000	Restricted funds 2018 £000	Total funds 2018 £000	Total funds 2017 £000
Income from:					
Donations and legacies	2	29	-	29	25
Charitable activities	3	6	20	26	245
Total income		34	20	54	270
Expenditure on:					
Charitable activities		31	1	32	303
Total expenditure	6	31	1	32	303
Net Income / (expenditure) before other recognised gains and losses		3	19	22	(33)
Net movement in funds		3	19	22	(33)
Reconciliation of funds:					
Total funds brought forward		39	135	174	207
		42	154	196	174
Total funds carried forward					

The notes on pages 12 to 20 form part of these financial statements.

GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES

BALANCE SHEET
AS AT 31 MARCH 2018

	Note	£000	2018 £000	£000	2017 £000
Fixed assets					
Investment property	9		150		150
Current assets					
Debtors	10	6		82	
Cash at bank and in hand		58		101	
		64		183	
Creditors: amounts falling due within one year	11	(18)		(159)	
Net current assets			46		24
Net assets			196		174
Charity Funds					
Restricted funds	12		154		135
Unrestricted funds	12		42		39
Total funds			196		174

The financial statements were approved by the Trustees on ₂₅ / 1 / 19   and signed on their behalf, by:

S Betney

Sandra Betney, Director of Finance

The notes on pages 12 to 20 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2018

1. **Accounting policies**

    1.1 **Basis of preparation of financial statements**
    The accounts have been prepared under the historical cost convention, with the exception of investments which are included at their fair value as deemed appropriate by the Trustees. The financial statements have been prepared in accordance with Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Section 1A of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

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

    1.2 **Income**

    All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

    For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

    1.3 **Expenditure**

    Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

    Charitable activities and Governance costs are costs incurred on the charity's educational operations, including support costs and costs relating to the governance of the charity apportioned to charitable activities.

1. Accounting policies (continued)

1.4 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank.

1.5 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1.6 Cash at Bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1.7 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

1.8 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.9 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2018

1.   Accounting policies (continued)

1.10 Tax position

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

1.11 Fixed asset investments

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

1.12 Irrecoverable VAT

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

2.   Income from donations and legacies

	Unrestricted funds 2018 £000	Restricted funds 2018 £000	Total funds 2018 £000	Total funds 2017 £000
Donations	29	-	29	25
Total 2017	25	-	25	

3.   Income from charitable activities

	Unrestricted funds 2018 £000	Restricted funds 2018 £000	Total funds 2018 £000	Total funds 2017 £000
Donations and gifts	5	20	25	245
Total 2017	245	-	245	

GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2018

4. Direct costs

	Donations and gifts £000	Total 2018 £000	Total 2017 £000
Medical & surgical equipment	2	2	194
Patients welfare & amenities	9	9	43
Staff welfare & amenities	1	1	-
Research/publications	1	1	-
Furniture & fittings	2	2	37
Training and course fees	-	-	2
	15	15	276
At 31 March 2017	276	276	

5. Support costs

	Donations and gifts £000	Total 2018 £000	Total 2017 £000
Staff admin costs	-	-	16
Other support costs	17	17	11
	17	17	27
At 31 March 2017	27	27	

During the year ended 31 March 2018, the charity incurred the following Governance costs: £4,000 (2017 - £3,000) included within the table above in respect of Donations and gifts.

6. Analysis of Expenditure by expenditure type

	Other costs 2018 £000	Total 2018 £000	Total 2017 £000
Donations and gifts	32	32	303
Total 2017	303	303	

7. **Net income/(expenditure)**

During the year, no Trustees received any remuneration (2017 - £NIL).
During the year, no Trustees received any benefits in kind (2017 - £NIL).
During the year, no Trustees received reimbursement of expenses totalling (2017 - £NIL).

Recharge staff costs

	2018 £000	2017 £000
Gross salaries	-	13
Social security	-	3
Total	-	16

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

8. **Auditors' remuneration**

The Auditor's remuneration amounts to an Audit fee of £3,600 (2017 - £3,000) and related solely to the Audits in both financial years, no other work was undertaken.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2018

9. Investment property

	Freehold Investment property £000
Valuation	
At 1 April 2017 and 31 March 2018	**150**

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

10. Debtors

	2018 £000	2017 £000
Trade debtors	2	82
Prepayments and accrued income	4	-
	6	82

11. Creditors: Amounts falling due within one year

	2018 £000	2017 £000
Trade creditors	2	81
Accruals and deferred income	16	78
	18	159

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2018

12. Statement of funds

Statement of funds - current year

	Balance at 1 April 2017 £000	Income £000	Expenditure £000	Transfers In/out £000	Balance at 31 March 2018 £000
Unrestricted funds					
Nightingale fund	16	9	(3)	-	22
Environment fund	2	11	-	(3)	10
Helping Hands fund	2	-	(5)	3	-
League of Friends	-	5	(5)	-	-
Awards for All	19	9	(18)	-	10
Total	39	34	(31)	-	42
Restricted funds					
Brokenborough fund	133	10	-	-	143
J Page fund	2	-	-	-	2
Big Lottery	-	10	(1)	-	9
Total	135	20	(1)	-	154
Total of funds	174	54	(32)	-	196

Statement of funds - prior year

	Balance at 1 April 2016 £000	Income £000	Expenditure £000	Transfers in/out £000	Gains/ (Losses) £000	Balance at 31 March 2017 £000
Unrestricted funds						
Nightingale Fund	7	13	(4)	-	-	16
Jenner Fund	1	-	(1)	-	-	-
General Fund	25	11	(17)	-	-	19
Environment Fund	7	-	(5)	-	-	2
Helping Hands Fund	1	1	-	-	-	2
League of Friends	-	245	(245)	-	-	-
Total	41	270	(272)	-	-	39

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2018

12. Statement of funds (continued)

Restricted funds

Brokenborough Fund	150	-	(17)	-	-	133
Childrens' Palliative OT	14	-	(14)	-	-	-
J Page Fund	2	-	-	-	-	2
Total	166	-	(31)	-	-	135
Total of funds	207	270	(303)	-	-	174

Summary of funds - current year

	Balance at 1 April 2017 £000	Income £000	Expenditure £000	Transfers in/out £000	Balance at 31 March 2018 £000
General funds	39	34	(31)	-	42
Restricted funds	135	20	(1)	-	154
Total of funds	174	54	(32)	-	196

Summary of funds - prior year

	Balance at 1 April 2016 £000	Income £000	Expenditure £000	Transfers in/out £000	Balance at 31 March 2017 £000
General funds	41	270	(272)	-	39
Restricted funds	166	-	(31)	-	135
Total of funds	207	270	(303)	-	174

13. Analysis of net assets between funds

Analysis of net assets between funds - current year

	Unrestricted funds 2018 £000	Restricted funds 2018 £000	Total funds 2018 £000
Investment property	-	150	150
Current assets	60	4	64
Creditors due within one year	(18)	-	(18)
Total	42	154	196

Analysis of net assets between funds - prior year

	Unrestricted funds 2017 £000	Restricted funds 2017 £000	Total funds 2017 £000
Investment property	-	150	150
Current assets	37	146	183
Creditors due within one year	2	(161)	(159)
Total	39	135	174

14. Related party transactions

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

The Trust has recharged the cost of staff time incurred to the Charity of £0 (2017: £16,000). No members of the Trust's Board of Directors have received honoraria, emoluments or expenses from the Charity during the year.

The ultimate controlling party of the Charity is Gloucestershire Care Services NHS Trust. Copies of the Trust's 2017/18 Annual Report and Financial Statements are available on the Trust's website https://www.glos-care.nhs.uk/

Trust Board

Date of Meeting:	**28th March 2019**
Report Title:	**Audit and Risk Assurance Committee Update**

Agenda reference Number	19/0319
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	Richard Cryer, Chair of Audit and Risk Assurance Committee
Author(s)	Sandra Betney, Director of Finance
Board action required	To note and approve
Appendices	

Executive Summary

This report provides assurance to the Trust Board that the Audit and Risk 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 risk assurance activities

- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations:

The Board is asked to:

(i)   NOTE the contents of the Audit and Risk Assurance Committee report.

Related Trust Objectives	1.2.4.5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment Requirements/implications (QEIA)	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

Audit and Risk Assurance Committee Update

1   Introduction and Purpose

The Audit and Risk Assurance Committee met on the 13th February 2019 and 7th March 2019. Key Issues considered by the Committee were Merger due diligence reports, Internal Audit and External Audit Updates, Finance Compliance, Wider System Governance, the Board Assurance Framework, Merger Issues relating to the Remit of the Committee, Year End Reporting and the Committee's general remit.

2.   Internal Audit Reports

Members considered the Internal Audit Reports

It was agreed that a number of Reports should be shared with other Board Committees to provide assurance and also to ensure required actions were progressed.

Merger Due Diligence Report – Internal Audit

Members considered the Due Diligence reports and confirmed that the reports supported the full business case and the merger proposal. It was agreed that the reports had been detailed exercises which would provide helpful information for taking the new organisation forward, and in providing baseline key data for reference. The Directors (Sandra Betney, Director of Finance, Gloucestershire Care Services NHS Trust and Andrew Lee, Director of Finance and Performance, 2gether NHS Foundation Trust) confirmed that the feedback within the reports reflected the organisation they knew, and agreed that the reports provided assurance.

The Committee **NOTED** the Report and the assurance provided**.**

Merger Due Diligence Report – Legal review

Members considered the Legal Due Diligence report which had been provided by Bevan Brittan as previously agreed. It was confirmed that an audited set of Accounts would be completed from 1st April until the transaction date.

The Committee **noted** the position relating to the Charitable Funds and actions that would need to be taken forward.

It was confirmed GCS contracts would be novated to 2gether, and that this process was being progressed.

The Committee **NOTED** the Report and the assurance provided**.**

Understanding You

Summary of Key Findings in Internal Audit report

Business Intelligence & Reporting Tool Information Enhancement (BIRTIE) – Medium Risk Rating

The Committee noted the recommendations, one high risk, and the Director of Finance confirmed it had been challenging to provide a working model that would allow access to cost centres and be mindful that no patient identifiable data would be available - noting the system was an intelligence reporting system and not a clinical system. Members noted the update recognising the actions being progressed.

Estates and Facilities review – Medium Risk Rating

The Committee noted the report and that the recommendations were accepted with a robust action plan in place. The Chief Operating Officer provided background information to members stating that it was acknowledged that more work needed to be done, a combination of legacy issues and historically integrated services were also a contributory factor.

GDPR – Medium Risk

The Committee noted the report and were pleased with the progress to date reflecting the vast amount of work done on GDPR since implementation date of 25 May 2018

Internal Audit, Draft Annual Report

Members received the Draft Annual Report from Internal Audit confirming that this was in the same format as previous years and that the Opinion was of the same level as in 2017/18. "Opinion – generally satisfactory with some improvements required".

It was confirmed that there were no concerns at this time relating to Audit Recommendation responses, although it was noted that some actions were being impacted by wider system matters.

3. **Finance Compliance**
The Committee was updated on the Trust's key compliance measures: Trust Aged Debtors, Trust Aged Creditors, Better Payment Performance, Special Payments and Waivers. The Director of Finance agreed to provide a trajectory for Better Payments Performance next meeting. Year end agreements are currently being taken forward.

Understanding You

4.   Board Assurance Framework (BAF)
This was considered in detail by the Committee in line with their revised responsibility. This is covered in detail within the Board Assurance Agenda Item, noting a new compounded risk referencing external environmental risks would be added to the BAF.

6.   EU Exit
Members received a detailed update on the work in progress. The Committee was both updated and assured that preparatory work within the Trust was well underway should there be 'no deal' as opposed to a withdrawal agreement. The governance and reporting arrangements were well-led and well established both internally and across the One Gloucestershire system. The assessment outcomes of the EU Exit risk was noted by the Committee and it was recommended by the Committee that a further report be presented to the Trust Board meeting in March.

6.   External Audit Update
The Committee was updated that the External Auditors had commenced the planning for the audit for the year ending 31 March 2019 and that they were also commencing the planning for the audit work required for the part-year accounts, up to the transaction date. The Committee recognised the work and resources implications for the Trust to undertake two set of accounts, annual reports and audits in a short period of time whilst the transition process was ongoing.

7.   Medical Equipment
Members received a detailed report summarising the work that has taken place to confirm GCS owned medical equipment assets. Noting the ongoing work members agreed with the recommended approach.

8.   Conclusion

The Audit and Risk Assurance Committee has reviewed a range of assurance reports from across Trust and has maintained an independent and objective review, the report sets out issues of note.

7.   Recommendations

The Board is asked to:

(i)   **NOTE** the contents of the Audit and Risk Assurance Committee report.
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Understanding you

Trust Board

Date of Meeting: 28th March 2019

Report Title: **Licence Self –Certification Compliance**

                         Requirements

Agenda reference Number:	20/0319
Accountable Executive Director: (AED)	Chief Executive
Presenter: (if not AED)	
Author(s):	Gillian Steels – Trust Secretary
Board action required:	To Approve
Previously considered by:	-
Appendices:	

Executive Summary

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 second 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.

Understanding You

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 2019

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 2019 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 for the last two years 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 and Risk Assurance Committee to meet the required deadline.

Understanding You

9   Conclusion and Recommendations

The Board is asked to

(i) **NOTE** this report.

(ii) **APPROVE** the delegation to the Audit and Risk Assurance 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 (which have not been amended).

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

Understanding You