

Trust Public Board Meeting

Agenda

Date: Wednesday, 18 May 2016

Time: 11.00 hrs – 16.45 hrs

Venue: The Pavilion
Hatherley Lane
Cheltenham
GL51 6PN

| Item | Ref No. | Subject | Outcome | Presenter | Time |
|---------------------------------------|---------|---|------------------------|--|--------------|
| 1 | 01/0516 | Service User Story – OPENHouse | To receive | Claire Mould | 11:00 |
| LUNCH | | | | | 12:00 |
| STANDING ITEMS | | | | | |
| 2 | 02/0516 | Welcome and apologies | To receive | Chair | 12:30 |
| 3 | 03/0516 | Confirmation that the meeting is quorate | To note | Deputy Trust Secretary | |
| 4 | 04/0516 | Declaration of Interests | To receive | Chair | |
| 5 | 05/0516 | Minutes of the meeting 22 March 2016 | To approve | Chair | |
| 6 | 06/0516 | Matters Arising Action Log & Completed Action Log | To note | Chair | |
| 7 | 07/0516 | Questions from the Public | To discuss | Chair | |
| 8 | 08/0516 | MIIUs Proposals | To discuss and approve | Chief Operating Officer | 12.45 |
| 9 | 09/0516 | Chair's Report | To receive | Chair | 13.00 |
| 10 | 10/0516 | Chief Executive's Report | To receive | Chief Executive Officer | 13.20 |
| 11 | 11/0516 | Chief Operating Officer's Report | To receive | Chief Operating Officer | 13.50 |
| GOVERNANCE, QUALITY AND SAFETY | | | | | |
| 12 | 12/0516 | Board Assurance Framework | To discuss | Finance Director | 14.10 |
| 13 | 13/0516 | Quality and Performance Committee update (plus Committee minutes) | To discuss and note | Chair of Quality and Performance Committee | 14.15 |

| Item | Ref No. | Subject | Outcome | Presenter | Time |
|----------------------------------|---------|--|--------------------------|---|-------|
| 14 | 14/0516 | Workforce and Organisational Development Committee update (plus Committee minutes) | To note and approve | Chair of Workforce and Organisational Development Committee | 14.25 |
| 15 | 15/0516 | Quality and Performance report | To receive for assurance | Director of Nursing, and Chief Operating Officer | 14.35 |
| 16 | 16/0516 | Finance Committee update (plus Committee minutes) | To discuss and note | Chair of Finance Committee | 14.50 |
| 17 | 17/0516 | Finance Report | To discuss and note | Director of Finance | 15.00 |
| COFFEE BREAK | | | | | 15.15 |
| STRATEGY | | | | | |
| 18 | 18/0516 | CQC Quality Improvement Plan - update | To receive and discuss | Director of Nursing | 15.25 |
| CORPORATE | | | | | |
| 19 | 19/0516 | Demand and Capacity report | To discuss | Chief Operating Officer | 15.45 |
| ASSURANCE AND INFORMATION | | | | | |
| 20 | 20/0516 | Charitable Funds Committee update (plus Committee minutes) | To discuss and note | Chair of Charitable Funds Committee | 16.00 |
| 21 | 21/0516 | Audit and Assurance Committee update (plus Committee minutes) | To discuss and note | Chair of Audit and Assurance Committee | 16.10 |
| 22 | 22/0516 | Register of Seals | To receive | Director of Finance | 16.20 |
| 23 | 23/0516 | Forward Planner Review | To approve | Chair | 16.30 |
| 24 | 24/0516 | Any other business | To note | Chair | 16.35 |

The next Public Trust Board Meeting will be held on **Tuesday, 19 July 2016**

at The Roses Theatre, Sun Street, Tewkesbury, Gloucestershire, GL20 5NX

AGENDA ITEM 2

WELCOME AND APOLOGIES

AGENDA ITEM 3

CONFIRMATION THAT THE MEETING IS QUORATE

AGENDA ITEM 4

DECLARATION OF INTEREST

Date: 22nd March 2016

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

| Ref | Minute |
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| 01/0316 | <p>Service User Story</p> <p>Clinical colleagues Julie Ellery (Matron), Michele Slater (Senior Sister), Laura Hibbert (Head of Hotel Services) and Claire Powell (Quality and Safety Manager) attended to talk about a serious incident that had happened in one of the Trust's Community Hospitals where an elderly inpatient suffered skin damage following a spilled drink. This resulted in a burn, and the relatives subsequently lodged a formal complaint. Board heard in detail about the investigation into the complaint, the action plan that was put in place to respond to the investigation, and also about the learning that is being embedded, both in local services and right across the Trust.</p> <p>The Chair thanked the team for a very powerful, open and honest presentation.</p> |
| 02/0316 | <p>Welcome and Apologies</p> <p>The Chair welcomed the Board and noted no apologies from Board members; she announced that Ian Dreelan had resigned as a Designate NED on 20th March 2016 due to</p> |

Trust Board Minutes

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| | <p>other work commitments. The Chair will send a letter to Mr. Dreelan formally thanking him for the work he has undertaken whilst working with Gloucestershire Care Services and to wish him well in his future endeavours. The Chair will liaise with the NHS Improvement Team regarding the process to appoint a replacement.</p> <p>The Chair also announced that this was the last meeting of the present Chief Operating Officer, Duncan Jordan, who was leaving the Trust on 31st March. On behalf of the organisation, she thanked Mr. Jordan for all he had done whilst working with the Trust, in particular all his work in relation to winter issues.</p> <p>The Chair then congratulated Candace Plouffe who, following a competitive interview process, was appointed as the Trust's new Chief Operating Officer from 1st April 2016.</p> <p>The following members of the public were welcomed to the meeting:</p> <p>Trevor Hughes Bren McInerney Nigel Burton, Chairman, Age UK Gloucestershire Emma Radley, Winston's Wish Michelle Burge, Grant Thornton UK LLP Kevin Henderson, Grant Thornton UK LLP</p> |
| 03/0316 | <p>Confirmation the Meeting is Quorate</p> <p>The Chair confirmed that the meeting was quorate.</p> |
| 04/0316 | <p>Declarations of Interest</p> <p>Members were asked to provide relevant updates to their previous declarations of interest where appropriate.</p> <p>Deputy Trust Secretary Jan Marriott – declared that she is the Chair of the Community Hospitals Association and also that she has a personal friendship with Richard Ziebart of Client Role Associates who are providing services to the Trust on property matters. The Chair thanked Jan and asked that she updates her Register of Interests.</p> <p>No further interests were noted.</p> |
| 05/0316 | <p>Minutes of the Meeting Held on 26th January 2016</p> <p>Joanna Scott queried why the Engagement and Experience Strategy had again not been included on the agenda for discussion. The Director of Finance explained that the reason is that a number of strategies were consolidated as discussed at the recent Board Development Session. The phasing of strategies through relevant governance is an agenda item today.</p> <p>Head of Compliance, Planning and Partnerships 01/0116 - Patient Story – GOPA – Jan Marriott asked if the Trust had received a copy of the report that Mr. Rollinson had referred to in his presentation. Rod Brown confirmed this has been received and he will circulate to Trust Board Members.</p> <p>15/0116 – Finance Committee update – GH clarified that a report similar to Dr. Chris Boden's will be produced by budget holders on a rolling base going forward.</p> |

Trust Board Minutes

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| | Subject to the above and other minor modifications, the Minutes were accepted as a true record of the meeting. |
| 06/0316 | <p>Matters Arising (Action Log)</p> <p>The following matters were discussed and noted:</p> <p>The Chair was again pleased to note that all the actions were either green or blue status with the exception of B006/15 - Membership strategy which was amber. The Director of Finance explained that this item is now closed if the Board approved the proposed strategy consolidation on today's agenda.</p> |
| 07/0316 | <p>Forward Plan Review</p> <p>The Forward Plan Review was discussed and approved with changes as listed below:</p> <p>Engagement and experience strategy to be rescheduled.</p> <p>Charitable Funds Committee update – to be discussed at alternate Trust Board meetings.</p> <p>Remove (Minutes) after Quality and Performance, Workforce and Organisational Development, Finance Committee, Charitable Funds and Audit & Assurance Committee updates.</p> <p>Sustainability and Transformation Plan – July.</p> <p>CQC Quality Improvement Plan – there is a need to be consistent in the use of terminology.</p> <p>Nicola Strother Smith queried why there were no Trust Boards scheduled to be held in the Forest of Dean. Deputy Trust Secretary to investigate the possibility of booking Bell's Golf Club in Coleford for the November Trust Board.</p> |
| 08/0316 | <p>Questions from the Public</p> <p>Trevor Hughes – commented that only 51% of staff recommends the Trust as a place to work. He asked if Board could explain if it is listening to staff concerns with an assurance that there is an effective responsive to this. The Chief Executive thanked Mr. Hughes for his question and said both his and the Director of HR's reports will address these matters.</p> |
| 09/0316 | <p>Chair's Report</p> <p>The Chair presented her report to the meeting and took it as read, but in particular she commented on the following:</p> <p>There was recently a very successful Your Care Your Opinion meeting, the main feature of which was to discuss and agree the Trust priorities to input into the Quality Account. It was very helpful to have input from service users, particularly those using the Continence and End of Life services. The Chair thanked the Head of Corporate Planning, Compliance and Partnerships for organising this event, and also colleagues for their input.</p> <p>The Chair was very pleased to be invited to attend the recent presentation of X-ray</p> |

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| | <p>equipment to Stroud Hospital by the Stroud League of Friends. The Chair formally thanked them for their extraordinarily generous donation which was in the region of £140k.</p> <p>The Director of Finance commented that the Trust has received, over the last year, about £1.5m in assets donated by the various Leagues of Friends around the county and wanted to record his thanks to all of them for their generosity.</p> <p>The Chair and Chief Executive were invited to be part of the assessment centre for the new Chief Executive of Gloucestershire Hospitals Foundation Trust (GHFT). The successful candidate is Deborah Lee, currently Deputy Chief Executive of Bristol University Hospitals Trust and she will be joining GHFT in mid-June - the Trust looks forward to working with her.</p> <p>Interviews will be taking place on Wednesday 23rd March for the Trust Secretary and Board members will be informed of the outcome as soon as possible.</p> <p>The Chair has attended a number of national meetings as reported, but was unable to attend the recent NHS Providers Chairs and Chief Executive Officers meeting due to a clash with the Trust's assessment centre for the new Chief Operating Officer. She thanked Non-Executive Director Sue Mead and the Director of Finance for attending the meeting on behalf of both herself and the Chief Executive and invited them to give an update to Board members on important issues that arose:</p> <p>Sue Mead commented that Sustainability and Transformation Plans (STPs) were mentioned by a number of speakers - they will be a significant vehicle for making whole system change. She highlighted 4 important points that came out of this discussion:</p> <ul style="list-style-type: none"> • if the plans are to work they must tackle the issues that the system has been struggling with over recent years; • the right leadership is essential; leadership that commands respect across the whole system; • it would be a mistake for whatever system is put in place to focus on changing structures and organisations at the start, so focus needs to be on service transformation; and • do not wait for the green light from above to implement these. <p>The Director of Finance echoed Sue Mead's comments and said the emphasis is not just on preparing the Plan, but transforming services and making the health and social care community sustainable.</p> <p>Board received the Chair's report.</p> |
| 10/0316 | <p>Chief Executive's Report</p> <p>The Chief Executive Officer presented his report and summarised key national and local issues and developments. In particular he commented on the following:</p> <p>Sustainability and Transformation Plan (STP) – the first stage has been completed and submitted, with the next stage due on 11th April. The final Plan is to be in place by the end of June. STPs are planned to be in operation from 2017-21 and should identify in detail how each health system will achieve the targets set for it whilst being financially sustainable.</p> |

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| | <p>This presents a real challenge for some health systems - some more than others. A more detailed report on this subject will be presented to the next Trust Board.</p> <p>Richard Cryer asked if the £5bn potential savings that Lord Carter had suggested had any opportunities for GCS. The Director of Finance explained that the focus was presently on Acute Hospitals and as yet he is not aware of any plans for this being rolled out to community hospitals and services.</p> <p>The Chair commented on the recent blog published by the Chief Executive of NHS Providers, Chris Hopson, which was a very clear and straightforward presentation of the facts; she encouraged Board members to read this.</p> <p>Listening into Action (LIA) – the Chief Executive stated that this is now in its third year and is the fundamental culture change mechanism within the Trust. The Trust can demonstrate that improvements have been made over the last two years, but this year is trying to “industrialise” the LIA change process. By the end of this year there will be 50 LIA improvements led by frontline colleagues and the Trust has put over 75 colleagues through the Leading for Quality Care Programme. He was very pleased to report to Board that the Trust has had two LIA stories published nationally with regard to staff engagement.</p> <p>Freedom to speak up guardian role – in common with around 40 other NHS Trusts, Gloucestershire Care Services has a Freedom to Speak Up Guardian which will be a formal requirement for all community trusts by 31st March 2017. This role is critical to support the Trust’s cultural change programme.</p> <p>Jenny Turner - RGN at North Cotswold Hospital – a celebration event was held at the hospital to mark her 60 years of nursing, all of which has been within the county of Gloucestershire.</p> <p>Auditor Panel – The Director of Finance explained that with the winding up of the Audit Commission and the Public Sector Auditor Appointments Ltd, the Trust has to appoint an Auditor Panel from next year. Richard Cryer subsequently proposed that the Trust’s Audit and Assurance Committee are appointed to act as the Audit Panel and this was seconded by Rob Graves. Trust Board approved the recommendation.</p> <p>The Chair thanked the Chief Executive for his report and invited comments and questions from the Board Members.</p> <p>Nicola Strother Smith commented that it was very good to see LIA progressing so well and recognises how important it is to improving our culture. She asked if Executives were confident that colleagues are feeling able to engage with the programme.</p> <p>The Chief Executive said that there have been some examples where colleagues have not been able to, but increasingly those areas are being identified and issues preventing access would be resolved.</p> <p>The Director of HR also commented that currently 30 internal coaches are being identified to be trained to champion LIA within all areas of the Trust.</p> <p>The Board received the Chief Executive's report.</p> |
| 11/0316 | <p>Chief Operating Officer’s Report</p> <p>The Chief Operating Officer presented his report which outlined key local issues and</p> |

developments. In particular, he reported upon the following:
There are **continuing system wide pressures**. Pressure in the emergency department at GHFT is still constant which is reflecting a national picture. The system is measured on 4 hour emergency department performance and Gloucestershire has been struggling to achieve this, which resulted in a risk summit, which was held on 29th February 2016, to look at performance across the system in terms of quality. GCS was represented at this meeting by Chief Executive Officer and the Chief Operating Officer.

Minor Injuries and Illness Units (MIUs) – there is an ongoing situation in Stroud and Cirencester which have, on a number of occasions, been unable to run an overnight service due to inability to staff with appropriately skilled individuals. However, the utilisation of this service overnight is low and the impact is minimal. The Trust is currently actively recruiting Band 5 Nurses, but the service cannot operate without the required level of qualified staffing. Commissioners, other providers and the public are advised of the changes to opening times through established routes of communications.

Overall, the **staffing vacancy position** is quite static, but gaps remain in community nursing and within band 5 roles at community hospitals. On the positive side it has been noted through recent exit interviews that more people are commenting that they would recommend the Trust as a place to work.

In terms of the monthly Gloucestershire Mental Health and Wellbeing Partnership Board (chaired by Non-Executive Director Jan Marriott), there are some tremendous things coming through in terms of mental health and finally we are seeing some investment nationally. The Chief Operating Officer said he feels there is a real opportunity for the Trust to do some joined-up working in bringing together the two separate five year plans.

The Chief Operating Officer ended his presentation by saying that it had been a real pleasure working with the Trust over the last couple of years and thanked the Board Members for their support over this time. He particularly wanted to thank all colleagues who work for Gloucestershire Care Services and said that in his view the service provided by the Trust is first class. He wished the organisation well for the future.

The Chair thanked the Chief Operating Officer for his report and invited questions and comments from the Board Members.

Rob Graves asked how the overnight closure of the MIUs is communicated. The Chief Operating Officer explained that there are two routes: informal and formal. The formal route is through the GCCG whereby they advise and update the system, i.e. GPs, SWAST, Directory of Services etc. The less formal one is where GCS updates the website and ensures communications are issued.

Jan Marriott also echoed Rob Graves concerns and commented that it could cause confusion with the public and put even more pressure on the emergency department.

The Director of Nursing asked if there were any outcomes from the risk summit that will impact on the Trust. The Chief Operating Officer confirmed that there was nothing new or additional for the Trust, but reaffirmed that we should continue doing what we had been doing, i.e. focussing on avoided admission and supporting the Acute Hospitals.

Richard Cryer echoed the Chief Operating Officer's comment about the excellent work being carried out by the Trust staff. He referred to a quality visit he had undertaken a year or so previous to an Integrated Discharge Team, where he witnessed the excellent work being

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| | <p>done, but he felt they were somewhat dispirited by the unrealism of the targets they were held accountable to. He asked how long it would be before there are realistic performance targets set. The Chief Operating Officer said that Richard Cryer had raised a very key issue; there are a number of our services where targets are not realistic and these would be reviewed as part of the contracting round.</p> <p>The Medical Director asked about multi-agency working and preparations for the Easter break. He commented that there is a lot of disquiet in primary care around the OOHs service for Easter and how this will impact on the emergency department and MIIUs. He asked if there was any hard data behind this. The Chief Operating Officer said there is an assured resilience, but sickness and annual leave could affect the system.</p> <p>Jan Marriott thanked the Chief Operating Officer for circulating the very helpful research on single rooms. She also commented that she was aware there is a drop in the number of falls in 5 of our community hospitals and we should congratulate colleagues that have been working on this, but queried what the problem was at the other 2 hospitals. The Chief Operating Officer apologised as he did not have the relevant data to hand, but explained that the Head of Community Hospitals, along with the Matrons, are currently looking into the detail of variations in performance across sites.</p> <p>The Board received the Chief Operating Officer's report.</p> |
| 12/0316 | <p>Board Assurance Framework</p> <p>The Director of Finance presented this item and took it as read. The following risks were highlighted and discussed:</p> <p>001 – under-reporting of incidents</p> <p>The Director of Finance updated the Board on the recent Learning from Mistakes League Table that had been published nationally, and the Trust's ranking as "significant concern". On further investigation it transpired that the data used was not for community trusts. The Chair commented there had been disquiet around the country about the league table, including the lack of notice before it went into the public domain.</p> <p>The Director of Service Delivery commented that when a document such as this is published, it is tempting to want to make more changes, but her view is that we should not do this. Sue Mead, Chair of the Quality and Performance Committee (Q&P) supported the comment made by the Director of Service Delivery and highlighted a number of areas where work is underway:</p> <ul style="list-style-type: none"> • Revamping of processes • Shifting the culture • A revamped quality team that is focusing on this area from a supporting rather than delaying perspective <p>Sue Mead reported that Q&P committee will review the situation in 6 months' time to ensure the right solutions have been applied in order to ensure that we are seeing significant further improvements.</p> <p>017 - breakdown in internal control / governance systems - Richard Cryer, Chair of Audit & Assurance Committee (A&A), commented on the rise from 5 to 10. He explained</p> |

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| | <p>that A&A is due shortly to receive a draft annual report from the internal auditors which part covers this area and which shows an improvement over the last 12 months. He therefore anticipates that the rating will go back to 5. The Director of Finance commented that things are moving in a positive direction, but the problem had been exacerbated due to the lack of a Trust Board Secretary.</p> <p>018 – CQC assessment (including new risk regarding clinical record keeping)</p> <p>Sue Mead commented that she was in no doubt about the amount of work being undertaken in terms of the Quality Improvement Plan, but believes there is an issue about some of the big “must do” items which includes MIUs. She commented that she was very pleased that the CQC Programme Board has been resurrected in terms of the assurance process.</p> <p>Richard Cryer said he found it quite salutary to read the comment about the possibility of an enforcement notice – it was a bold statement and his view is that we should commit ourselves to a timeframe for removing this and be confident in achieving.</p> <p>The Director of Nursing commented that the Quality Improvement Plan is planned for achievement by the end of May. This will then be reviewed by Quality and Performance Committee, and subsequently by Trust Board.</p> <p>019 – new risk relating to insufficient numbers of GPs providing medical cover to inpatient wards. The Chair was not aware of this new risk and asked the Chief Operating Officer to update Board on its implications. He explained that it relates to problems with GP SLAs that had been in place across community hospitals for GPs providing inpatient cover. Basically, GCS has agreed an hourly rate for typically GP partners to provide cover into our inpatient wards, with the growing lack of GPs in general practice, the GPs providing cover are having to pay more and more to get cover for the sessions (from locums) in their practices that need filling to release them to provide the service to the Trust. As a result of the problems, the Trust has had to enter into some local agreements to ensure cover. A review is now underway as to what type of GP cover is required and how best to procure that from the market. The Medical Director and the Head of Community Hospitals are leading on this. The Medical Director commented that in his view there is less enthusiasm for covering community hospitals now from primary care than ever before a) because of locum costs and b) because of the recruitment and retention costs. His view is that we will have to go back to the CCG soon to explain that if the strategy is to look after patients at current levels of acuity in community hospitals, appropriate medical cover must be funded by them.</p> |
| Executive Colleagues | <p>The Chair requested that the Executive Team formally raises the concerns of Trust Board about this matter to Community Services Commissioning Plan Programme Board which is chaired by the CCG. Quality and Performance Committee to keep a close watch on this. The Board discussed and debated the report. The Chair thanked the Head of Compliance, Planning and Engagement and his team for his excellent report and observed on the extent to which it has been refined and improved.</p> |
| 13/0316 | <p>Quality and Performance Committee Update</p> <p>Sue Mead, Chair of the Quality and Performance Committee, took the report as read, but highlighted the following points:</p> <p>Capacity. Sue Mead noted that as mentioned in the Chief Operating Officer’s report, pressures are continuing and the Committee is concerned about the impact this is having on</p> |

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| | <p>our services – bed occupancies are getting very near to 100%. Whilst this might be tolerated very short term, if this is becoming a reality then we need to be absolutely clear what additional risks this carries for the Trust.</p> <p>Harms in our hospitals have gone up slightly as have pressure ulcers in the community. Sue Mead noted that the Trust performance was still better than average for community hospitals. One of the proposals from the service that we could put forward is that we do a Quality Impact Assessment looking at the complexity of patients to ensure we are doing all we can to mitigate any additional risks.</p> <p>Safe staffing proposals. The Committee is proposing a more flexible system that gives some local ownership to ensure we have right staff for numbers and acuity of patients that we are looking after at any one time, and the safeguards that need to be built around that. She said that whilst the sequencing of discussions may not have been quite right, what has emerged is that we can genuinely say we have been clinically led on this process in the way that decisions were taken, modified and adjusted, and ultimately getting to the right point. The Committee felt it had been through the right mechanisms and accepted that a further Quality Impact Assessment would take place post implementation of changes.</p> <p>The Board discussed and noted the report and received the Minutes of the Quality and Performance Committee held on 17th December 2015.</p> |
| 14/0316 | <p>Workforce and Organisational Development Committee update</p> <p>Nicola Strother Smith, Chair of the Workforce and Organisational Development Committee, took the report as read, but highlighted the following points:</p> <p>Investors in People (IIP) Accreditation which is due for renewal in March 2016. The Committee discussed whether the Trust should continue with IIP, or whether it should instead concentrate on LIA accreditation. Following an options appraisal the Committee subsequently recommend to Board that the Trust should seek LIA accreditation.</p> <p>The Director of HR explained that she has since had a conversation with the IIP team who have offered the Trust a year's extension to the accreditation subject to the Trust committing to a further assessment in March 2017. One of the issues that the Workforce & OD Committee was concerned about was the possibility of having a gap between IIP and LIA accreditation, so this would put us in a stronger position. The Director of HR explained that the aim is to get LIA accreditation by the end of July 2016.</p> <p>Following discussions, Trust Board approved the request to pursue LIA accreditation in July 2016, and also to accept the offer to extend IIP accreditation for a further year</p> <p>In answer to a question raised earlier by Trevor Hughes about only 51% of staff would recommend the Trust as a place to work, the Director of HR explained that there are a number of mechanisms in place to address this: staff survey, pulse checks and as part of the Listening into Action (LIA) approach conversations are taking place across the organisation with all staff groups. As a result of those conversations we have so far identified 10 big ticket items and 5 enabling our people schemes.</p> <p>Furthermore, feedback received through the surveys has been themed and this has helped identify the workforce and organisational development priorities for this year.</p> <p>The Trust is under-performing on appraisal and mandatory training targets, even though</p> |

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| | <p>there has been a slight improvement on both, and the Director of HR announced that she is proposing to undertake a deep dive exercise relating to these two elements in relation to bank and agency staffing. She will report back on the outcome of the deep dive to the next Committee meeting in June 2016.</p> <p>In relation to the Staff FFT Survey, the Director of HR explained to Trust Board that the intention is to target staff groups rather than a whole organisation approach to understand whether the feedback is consistent across all localities and staff groups, or whether there were particular “pockets” that require targeted support.</p> <p>The Board noted the Workforce and Organisational Development Committee update and approved pursuing LIA accreditation.</p> |
| 15/0316 | <p>Quality and Performance Report</p> <p>The Chief Operating Officer presented the report to the Committee and took it as read. He commented that the data in the report has been reviewed by both Workforce and Organisational Development Committee and Quality and Performance Committee, but invited additional questions and comments from Trust Board.</p> <p>The Director of Finance explained to Board that the Trust has been struggling to achieve musculoskeletal (MSK) targets through the year. There has been a countywide review led by clinicians and as a result there are revisions/changes being made which will result in some contractual changes. This will be co-ordinated by the CCG's Clinical Reference Group, with input from Gloucestershire Care Services and Gloucestershire Hospitals Foundation Trust.</p> <p>Following a comment by Jan Marriott relating to the safeguarding review figures, the Director of Nursing explained that she has reported this to the Safeguarding Adults Board who have agreed that it will be an ongoing review in order to understand the wider system pressures.</p> <p>The Board received the report and were assured of the reported position and actions being taken to address gaps.</p> |
| 16/0316 | <p>Finance Committee update</p> <p>The Chair proposed that agenda items 16 and 20 are discussed concurrently as they relate to each other.</p> <p>Rob Graves as Chair of the Finance Committee took the report as read, and highlighted the following points:</p> <p>He wished to record his appreciation and support to the members of the management and finance teams for their excellent work and commented that he felt the committee was working very effectively.</p> <p>One particular area the Committee is continuing to focus on is Cost Improvement Programmes (CIPs) and is now shifting emphasis on what is happening next year.</p> <p>The Director of Finance thanked Mr. Graves for his comments about the tremendous work that the Finance team has been doing and also mentioned that the IT team has worked very</p> |

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| | <p>hard to move the Trust from a myriad of clinical systems down to three. He is confident that over the next 18-24 months the Trust will repeat this with corporate systems and start to make savings in terms of paying multiple licences, but also making the lives of our internal customers easier. Mr. Graves subsequently thanked the Director of Finance and the IT team, in particular Bernie Wood, for their excellent work.</p> <p>The Chair queried the CIPs comment about lack of substance and when will the Trust have a clear plan. The Director of Finance explained that a third of the £4m schemes has now been identified, compared to this time last year when there were none, and he is confident that by the end of April 2016 two-thirds will be identified. Two workshops are scheduled for April (using the LIA approach). Last year the number of budget holders was reduced to 50 and these are being brought together to receive budgets, get updates on Standing Financial Instructions (SFIs) and look at delivery of identified CIP schemes through the LIA approach.</p> <p>The Board discussed and noted the report.</p> |
| 17/0316 | <p>Finance report</p> <p>The Director of Finance took the report as read, but highlighted the issue relating to the GHFT recharges which has been escalated to Chief Executive level, with a possibility of being referred to independent mediation/arbitration if no resolution can be found.</p> <p>The Chair commented that this is the Trust's biggest financial outstanding risk, and as we are moving towards year end, there needs to be some agreement in the next couple of weeks, or else mediation/arbitration may be necessary.</p> <p>On behalf of the Trust Board, the Chair formally thanked the Director of Finance and his team for the excellent outcome given the context of the broader NHS and the situation in comparable Trusts elsewhere.</p> <p>The Board noted the financial position and actions being taken to mitigate the remaining risks.</p> |
| 18/0316 | <p>Board Priorities, Strategy Update and Strategy Matrix</p> <p>Strategy on a Page</p> <p>The Chief Executive presented the one-page strategy to Trust Board and invited comments as to whether it captured the Board's priorities and ideas on how it could be developed or improved. For the sake of clarification, he pointed out that it is supposed to represent "bricks on a wall", not aligned by column or objective.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • It is practical and informative, but who was it intended for – if Trust Board it may suffice. If not, should there be other versions more aligned to what the needs of the specific audiences were. • It should be placed at the front of the Operational Business Plan so that it connects to what each of the services do. • It contains some good information, but further clarity was needed. |

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| <p>Director of Finance</p> <p>Deputy Trust Secretary</p> <p>Head of Compliance, Planning and Partnerships</p> | <ul style="list-style-type: none"> • Far right hand pink box to be changed to read “Improving the reputation and profile of community services” • Might be trying to do too much on one page – may be better to create a simplified document outlining objectives and key priorities both for external use that is very patient focused and another one that is about internal use for colleagues. <p>Following discussions Board agreed that a Task and Finish Group is to be set up to further consider this document. The group to consist of Rob Graves, Richard Cryer, the Director of Finance and the Director of Service Delivery, along with the Head of Planning, Compliance and Partnerships.</p> <p>Strategy Matrix</p> <p>The Director of Finance presented the Matrix to Trust Board; he stated that this reflects the discussions during Board Development sessions and asked that the Board approve the consolidation and proposed routes through governance.</p> <p>The Director of Service Delivery commented that it needs to be added to the Trust Forward Planners for all governance meetings.</p> <p>Following discussion, the Board approved the consolidation and agreed the timescales in the Strategy Matrix, but asked for a rethink about what is involved in the engagement and experience strategy.</p> |
| <p>19/0316</p> | <p>Complaints Policy, Duty of Candour and PHSO (Public Health Service Ombudsman) Process</p> <p>The Chief Executive presented this item to the meeting, and took it as read. He highlighted the following points:</p> <p>Trust Board reviewed the Complaints Policy some time ago, and undertook to receive an update in due course.</p> <p>The Complaints Oversight Group (COG) was created a few months ago with the purpose primarily of reviewing individual complaints and seeing how the organisation could learn from them. However, it became apparent that more importantly the Trust needed assurances that a robust framework is in place along with an agreed process that people would adhere to in terms of who did what and when. There was also confusion about how the Duty of Candour policy operated. The Complaints Policy and the Duty of Candour process being presented to Trust Board have been supported by the Complaints Oversight Group and the Quality and Performance Committee. The Chief Executive commented that he is very grateful for all the work that has been undertaken to put these documents in</p> |

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| <p>Director of Nursing</p> | <p>place, and considers that it represents a final usable version.</p> <p>The Chief Executive also confirmed that he now personally signs off all letters relating to complaints and Duty of Candour issues.</p> <p>It has also been decided that there should be an agreed process in place for responses to the Ombudsman.</p> <p>Following a recommendation by the Lead CQC Inspector, Mary Cridge, the complaints leaflet was rewritten in terms of being sufficiently inviting to those who wish to make a complaint and it is felt that this now meets the recommendation.</p> <p>Sue Mead, Chair of Quality and Performance Committee, commented that the Committee was supportive of the revisions and explained that 12 months ago they recognised there were shortcomings, but it was a good exercise to upgrade and revisit the documents; this has now been completed. The critical point is the need to get the documentation into the Trust's services and ensure it is accessible by people. The Committee has undertaken to review how this is working in 12 months' time.</p> <p>The Chair highlighted two points: the absolute importance of ensuring the leaflets were correct with a need to make sure we have a consistent approach everywhere, and ensure that the old literature is disposed of.</p> <p>Jan Marriott noted that the complaints leaflet is available in braille or easy read if requested, but suggested that a very simple easy to read version was produced instead. The Director of Nursing agreed to progress this and that this includes the Readers Panel.</p> <p>Following discussions, the Board received and approved the Complaints Policy, Duty of Candour and PHSO process.</p> |
| <p>20/0316</p> | <p>Approval of the annual plan from the February Finance Committee</p> <p>The Director of Finance explained this had been received at the recent Board Development session and had a detailed review at Finance Committee. The Chair of Finance Committee confirmed and supported approval by Board.</p> <p>The Board approved the annual plan.</p> |
| <p>21/0316</p> | <p>Approval of annual budgets</p> <p>The Director of Finance presented the report and took it as read. He reported that all budget holders are now aware of their individual budgets. Meetings will be held in April where the budget holders will get walked through the CIP schemes, SFIs and sign off budgets, in order to take ownership of these.</p> <p>The Director of Finance commented that the Trust is in a much better position this year than last and confirmed that the budgets supported the delivery of the overall plan.</p> <p>The Board noted the process and formally approved the budget.</p> |
| <p>22/0316</p> | <p>Charitable Funds Committee Update</p> |

Trust Board Minutes

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| <p>Deputy Trust Secretary</p> | <p>Nicola Strother Smith, Chair of the Charitable Funds Committee, presented the report and took it as read. She asked that the frequency of reporting of the Charitable Funds Committee is adjusted on the forward plan to be alternate meetings.</p> <p>Following discussions, Board noted the report, received the minutes of the Charitable Funds Committee held on 19th October 2015 and noted the submitted annual report and accounts that had been submitted on behalf of the Trust Board as Corporate Trustee.</p> |
| <p>23/0316</p> <p>Deputy Trust Secretary</p> | <p>Audit and Assurance Update</p> <p>Richard Cryer, Chair of the Audit & Assurance Committee, presented the report and took it as read. He informed the Board that as required under Terms of Reference, he had met the external advisors without executive management being present and neither the internal nor external auditors had only positive engagement to report. They also commented that the standard of the control systems were adequate for the size and complexity of this organisation.</p> <p>The Chair raised an issue about the risk appetite and requested that a process is agreed whereby the Trust Board has some debate. The Director of Finance explained the route which this is currently discussed – sub-committee – Audit & Assurance Committee – Trust Board, but the Chief Executive suggested that it should be taken to the next Board Development session for further discussion.</p> <p>Following discussion, the Board received the report and received the Minutes of the Audit & Assurance Committee held on 18th November 2015.</p> |
| <p>24/0316</p> <p>Deputy Trust Secretary</p> | <p>Register of Declaration of Interests</p> <p>The Board noted that Jan Marriott declared that she is Chair of the Community Hospitals Association and also that she has a personal friendship with Richard Ziebart of Client Role Associates who are providing services to the Trust on Property matters. The Chair thanked her and asked that she updates her Register of Interests.</p> <p>Following discussion Board received and approved the Declaration of Interests Framework for January 2016 – January 2017.</p> |
| <p>25/0316</p> | <p>Any Other Business</p> <p>Mr. McNerney asked to make a comment to Trust Board regarding “Joshua’s Story”. He explained that Joshua’s Father, James Titcombe, recently visited a local community organisation and Mr. McNerney confirmed that he had shared with him responses he had received from Gloucestershire Care Services, South Western Ambulance Service Trust and other organisations. He also took the opportunity to invite him and his family to attend a seminar to be arranged at some point in the future.</p> <p>Chair thanked Mr. McNerney for the update and asked him to keep the Board informed.</p> <p>Jan Marriott advised that the eighth Big Health Check Day is taking place on 25th May at Oxstalls Campus, along with the launch of Gloucestershire Special Olympics which the Trust’s Charitable Trust funds has contributed towards. She encouraged all Trust Board Members to attend if they were able to.</p> |

Trust Board Minutes

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| | <p>Jan Marriott also mentioned that Connor Sparrowhawk's Mother will be visiting the county on 30th June – she recommended that colleagues watch the video the family have made. His Mother is visiting the county to talk about her experiences – this is part of our refresh into where we are with dealing with individuals with challenging behaviour.</p> <p>There was no other business and the Chair thanked everyone for attending the meeting.</p> <p>The meeting was closed by the Chair at 3.40pm.</p> |
| 26/0316 | <p>Date of Next Public Meeting</p> <p>It was agreed that the next meeting of the Board be held on Wednesday 18th May 2016</p> <p>Venue: The Pavilion, Hatherley Lane, Cheltenham, Glos. GL51 6PN</p> |

Chair's Signature:

Date: Date

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log

Key to RAG rating:



Action completed within agreed original timeframe

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

Action on track for delivery within agreed original timeframe

Action deferred more than once

| Minute reference/date | Item | Action Description | Assigned to | Completion Date | Progress Update | Status |
|-------------------------------|---|--|--|-----------------------|--|--------|
| Service User Story TB 21 July | Communication needs with deaf and hard of hearing service Users | Further consideration given to exploring other means of communication in line with NHS Accessible Information Standard. | Director of Service Delivery / Director of Nursing | Complete by July 2016 | Ongoing | |
| 18/0915 | Learning Disabilities Report | Six monthly reports required via the Quality and Performance Committee. April 2016 – Quality and Performance Committee – May 2016 – Board. | Director of Nursing | May 2016 | Deferred to June 2016 Q&P Committee then July 2016 Board | |
| 05/0316 | Service User Story 26/01/16 | Report from GOPA to be circulated to all Board members | Head of Compliance, Planning and Partnerships | May 2016 | | |
| 12/0316 | Board Assurance Framework | 019 – new risk relating to insufficient numbers of GPs providing medical cover to inpatient wards, this risk to be formally raised to Community Services Commissioning Plan Programme Board. | Chief Operating Officer | July 2016 | Ongoing | |

| Minute reference/date | Item | Action Description | Assigned to | Completion Date | Progress Update | Status |
|-----------------------|---|--|--|---|--|--------|
| 18/0316 | Strategy Update | Task and finish group to set up to further consider the strategy matrix | Director of Finance / Head of Compliance Planning and Partnerships | May 2016 | Ongoing | |
| 19/0316 | Complaints Policy | Dispose of all old literature following the approval of the updated policies and leaflets | Director of Nursing | May 2016 | Ongoing | |
| 07/0116 | Forward Plan Review | CQC Quality Improvement Plan update to be discussed at the May 2016 Trust Board. | Director of Nursing | May 2016 | On agenda | |
| 017/05/15 | Complaints Policy | To be review at board in September 2015, ensuring narrative within the policy is appropriate. | Director of Nursing | September 2015 | CLOSED | |
| | Duty of Candour | Policy to be reviewed at September board with appropriate narrative. | Director of Nursing | September 2015 | CLOSED | |
| B006/15 | Membership Strategy | To be developed and presented to the Executive management team in November 2015 and presented to Board in January 2016. | Trust Secretary | March 2016 | CLOSED - Sustainability and Transformation Plan | |
| 13/1116a | Quality, Finance and Performance Report | To ensure the 'Understanding You' report will be discussed at the next Quality & Performance Committee ahead of Board. | Trust Secretary | April 2016 – Quality and Performance Committee – May 2016 - Board | Update due through Quality & Performance report in May 2016. | |
| 16/1116c | Quality, Finance and Performance Report | Deep dive of number of complaints received within the Dental Service. | Director of Service Delivery | March 2016 | CLOSED | |
| 19/1115b | Minutes from Statutory Committees | Audit and Assurance Committee: Minutes from the meeting held on the 18 November 2015 to be presented to the March Trust Board. | Director of Finance | March 2016 | CLOSED | |
| 07/0116 | Forward Plan Review | John's Campaign to be presented to the Trust Board. Update in the Quality and Performance Committee Report. | Director of Nursing | March 2016 | CLOSED | |

| Minute reference/date | Item | Action Description | Assigned to | Completion Date | Progress Update | Status |
|-----------------------|--|---|---------------------|-----------------|-----------------|--------|
| 07/0116 | Forward Plan Review | Review of strategies to be discussed at the March Trust Board. | Director of Finance | March 2016 | CLOSED | |
| 07/0116 | Forward Plan Review | New single version of the Risk Register to be reported in Part 1 of the March Trust Board. | Director of Finance | March 2016 | CLOSED | |
| 10/0116 | Chief Executive's Report | Update to be given on whether the Trust will continue with Investors in People (IIP). | Director of HR | March 2016 | CLOSED | |
| 10/0116 | Chief Executive's Report | Board Recruitment – An update to be provided at the March Trust Board. | Chief Executive | March 2016 | CLOSED | |
| 12/0116 | Quality and Performance Committee Report | Mortality reviews: outcome of information submitted to the TDA in January 2016, to be discussed at the March Trust Board. | Director of Nursing | March 2016 | CLOSED | |

AGENDA ITEM 7

Questions from the Public

Trust Board

Date: 18th May 2016

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| Agenda Item: | 08 |
| Agenda Ref: | 08/0516 |
| Author: | Candace Plouffe, Chief Operating Officer |
| Presented By: | Candace Plouffe, Chief Operating Officer |
| Sponsor: | |

| | |
|-----------------|--------------------------------|
| Subject: | Minor Injury and Illness Units |
|-----------------|--------------------------------|

This report is provided for: ☒ Discussion ☒ Decision ☐ Approval ☐ Assurance ☒ Information

Executive Summary:

The Trust needs to be able to provide Minor Injury and Illness Units in way that ensures high quality safe services are provided, consistently and in a way that offers best value.

A revised staffing model has been developed and agreed by the Board in response to the outcome of Care Quality Commission inspection 2015, and recruitment is underway to ensure we are compliant with the recommendations made by our regulatory body.

Recruitment to the model continues to be a challenge and at times units are having to close. We are minimising impact of the closures to patients and system partners by closing late evening and/or overnight, where activity is low.

The new service model has created a recurrent cost pressure, in which we have yet to secure additional funding to cover. This is not sustainable.

A question also needs to be considered of the value for money for maintaining the service as it currently operates, due to the low attendances, particularly in the late evening and overnight.

Recommendations:

The Board is asked to:

To agree to the plan to begin discussion with key stakeholders around the opening hours of the Minor Injury and Illness Units to determine which options ensures the delivery of high quality, safe, and sustainable services.

Following the development of the options, a recommendation is made to proceed with an engagement exercise with the public around the change to the operational model.

Considerations:

Quality implications:

Implementation will improve clinical quality and patient safety

Human Resources implications:

Options may result in a change of shift pattern for colleagues

Equalities implications:

Final options agreed will be subject to Equality and Quality Impact Assessments

Financial implications:

Options considered will need to consider how to deliver this service within budget

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

ST22 – CH – Unable to achieve target of initial triage/assessment of patients within 15 minutes.

ST8 – MIIU – Lack of consistent staffing model across MIIUs and lack of resilience in smaller MIIUs and those open overnight where there is only one ENP on duty.

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

No

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

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

Reviewed by (Sponsor):

Date:

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

Explanation of acronyms used:

Contributors to this paper include:

Julie Goodenough, Head of Community Hospitals

Meeting of Gloucestershire Care Ser

To be held on: 18th May 2016

Location: The Pavilion, Hatherley Road, Cheltenham

Agenda item 8.1 – MIIU PROPOSALS

1. Purpose

To highlight to the Board the current operational issues in providing a high quality, safe, consistent and sustainable Minor Injury and Illness service that offers best value to the population of Gloucestershire

2. Recommendations

To begin discussion with key stakeholders around the opening hours of the Minor Injury and Illness Units to determine which options ensures the delivery of high quality, safe, and sustainable services.

Following the development of the options, a recommendation is made to proceed with an engagement exercise with the public around the change to the operational model.

3. Background

Gloucestershire Care Services NHS Trust is commissioned to provide Minor Injury and Illness Units (MIIUs) service across Gloucestershire based at our seven community hospitals.

The Minor Injury and Illness Units see adults and children over one year of age who either self-present or are referred by their GP, NHS 111 or the ambulance service.

Treatment is provided for a range of minor injuries and illnesses, including sprains, minor fractures, minor burns, minor head injuries, skin problems such as rashes, stings and minor eye conditions.

Patients who present with serious injury or illness are stabilised as appropriate and arrangements were made to transfer them to the nearest acute hospital.

The Care Quality Commissioning (CQC) inspection in June 2015, concluded that the Minor Injury and Illness Unit as needing improvement and identified a number of actions that were required. A key area of concern was the robustness of the staffing model within these units.

The Board has addressed this concern by approving a new staffing model. However there continues to be ongoing risk in being able to implement the

new model within the current contracted operating hours. Therefore it is difficult to ensure we are providing high quality, safe, consistent and sustainable services.

4. Discussion of Issues

Staffing Model

Until recently, our Nurse-led Minor Injury and Illness units were staffed using a combination of qualified nurse and health care assistants, often with only one nurse on each shift for the smaller, less busy sites.

However in the Trust's CQC report published September 2015, concerns were raised about the safety of the Minor Injuries and Illness Units. These concerns were founded upon "there being insufficient numbers of suitably qualified, competent, skilled and experienced staff to provide effective and responsive service". Concerns were also raised about the competencies of healthcare assistants to effectively "triage" patients on arrival.

To address this the CQC concerns, the Board has agreed to move to a staffing model which now meet the standards identified in 'Unscheduled Care Facilities – Minimum requirements for units which see the less seriously ill or injured' (July 2009), which requires at least two qualified Healthcare Professionals to be on duty at all times in these units.

The new staffing model we are working towards is that there will be one Registered Nurse (Band 5) and one Emergency Nurse Practitioner or Emergency Care Practitioner (Band 6) on duty at all times in Tewkesbury, North Cotswolds, Vale and Forest Hospital units. At Cirencester and Stroud units, which have higher levels of activity, there will be two Emergency Nurse Practitioner or Emergency Care Practitioner and one Registered nurse during the daytime shifts. The evening and night shifts staffing will be as in the other units (One Registered nurse and one Emergency Nurse/Care Practitioner).

The new model has also differentiated between the staffing levels required during the opening times of the Minor Injury and illness units versus the working times required, particularly in those units that are not 24 hours. There needs to be sufficient time available both before opening to prepare the unit for receiving patients, as well as time after the unit has closed to treat those that arrived just prior to closing.

The table below summarises the change to staffing required to meet the Minimum standards staffing for our Minor Injury and Illness Units. Please note the staffing includes both qualified as well as non-qualified workforce.

| | |
|----------|--------------------------|
| | Funded WTE Establishment |
| Pre CQC | 59.17 WTE |
| Post CQC | 80.75 WTE |

Recruitment and Retention

This new staffing model has created additional challenges, as we seek to recruit and retain both sufficient numbers of qualified nurses to work within the Minor Injury and Illness Units.

Although we are recruiting as per the Board's directive, our current staffing levels lack sufficient resilience due to turnover, as a result of nurses retiring or securing employment in other areas that are seeking the same skill set, particularly for the more qualified Emergency Nurse Practitioner or Emergency Care Practitioner.

Operating Hours and Activity Levels

There are 3 different operating hours in our 7 Minor Injury and Illness Units, and are noted in the table below.

| Unit | Locality | Opening Hours |
|---------------------|-----------------|---------------|
| The North Cotswolds | North Cotswolds | 8:00 – 20:00 |
| Tewkesbury | Tewkesbury | 8:00 – 20:00 |
| The Vale | Stroud | 8:00 – 20:00 |
| The Dilke | Forest of Dean | 8:00 – 23:00 |
| Lydney | Forest of Dean | 8:00 – 23:00 |
| Stroud | Stroud | 24 hours |
| Cirencester | Cirencester | 24 hours |

Having three different opening times can make it challenging to communicate and market this service with the wider public.

Attendances at the MIUs have been compared over two years for the same six month period, April to September 2014/15 and 2015/16. This is included in Appendix 1. This comparative study demonstrates an overall increase in activity of approximately 7%, however the numbers continue to be quite low, particularly in the evening and overnight.

As a result when we have not been able to secure bank and agency nurses to cover absences, we have shifted our workforce onto the more busy times of the day, to minimise impact on our system partners. This has inevitably resulted in a number of closures of the overnight units. The table below outlines the closures in the recent 6 month period.

Closures

| Month | Stroud | Cirencester | Dilke | Lydney | North Cots | Vale | Tewkesbury | Total |
|-------|--------|-------------|-------|--------|------------|------|------------|-------|
| Nov | 7 | 4 | 0 | 0 | 0 | 0 | 0 | 11 |
| Dec | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 20 |
| Jan | 17 | 8 | 0 | 0 | 0 | 0 | 0 | 25 |
| Feb | 13 | 15 | 0 | 1 | 0 | 0 | 1 | 30 |
| Mar | 20 | 9 | 0 | 0 | 0 | 1 | 5 | 35 |
| Total | 67 | 46 | 0 | 1 | 0 | 1 | 6 | 121 |

As we have had to close units overnight, an Equality and Quality impact assessment has been done and shared with Gloucestershire Clinical commissioning group. Our analysis indicates this has had minimal impact, as there are fewer than 2 attendances per night in both our overnight units combined.

For added assurance, the Trust's Medical Director has also reviewed the patients who presented overnight and found that 90% were either sufficiently well and should have been seen in a GP setting the following morning, or were too acutely ill and should have presented immediately at an Acute Hospital Emergency Department.

However, the nature and inconsistency of these temporary closures means that it is not possible to give the public a clear message as to when they can expect our Minor Injury and Illness Units to be available.

Funding Gap

The Board decision to move to a safer staffing model has created a cost pressure for the organisation of approximately £600,000.

This is not sustainable for the organisation, and also it is important to consider the value for money when the activity levels are lower in the evening and in particular very low overnight.

Interdependencies

It is important to recognise that Minor Injury and Illness units are one element of a health and social care system and specifically urgent care offer to the people of Gloucestershire. Any changes made need to ensure there is not a significant impact on other work underway within the system. This would include the work in developing an Integrated Urgent care model as part of the Sustainability and Transformation plan, as well as the Forest of Dean engagement related to the health and social care offer for this locality.

However this this is a serious enough issue that the organisation cannot wait to take action. By appropriately ensuring we are compliant with regulatory requirements we are creating a significant cost pressure to the organisation. We have therefore had discussions with Gloucestershire Clinical Commissioning group and intend to seek the Health and Social Care Overview scrutiny committee view on how to resolve this. I will share the response from the committee which is to be held on the 17th May, with the Board as a verbal update.

5. Key Findings and Actions

The Trust needs to be able to provide an Minor Injury and Illness Unit in way that ensures high quality safe services are provided, consistently and in a way that offers best value.

A revised staffing model has been developed and agreed by the Board and recruitment is underway to ensure we are compliant with our regulatory body.

Recruitment to the model continues to be a challenge and at times units are having to close. We are minimising impact of the closures to patients and system partners by closing late evening and/or overnight, where activity is low.

The new service model has created a recurrent cost pressure, in which we have not secured additional funding to cover. This is not sustainable.

A question also needs to be considered of the value for money for maintaining the service as it currently operates, due to the low attendances, particularly in the late evening and overnight.

It therefore is appropriate to have discussion with our key stakeholders on how to address this issue. A set of options need to be developed The following elements need to be considered when developing options

- i) Consider changing opening hours to better reflect the current activity levels within the units
- ii) Consider whether all 7 Minor Injury and Illness Units need to have standard operating hours, to facilitate the public's awareness of the availability of the service to them
- iii) Understand and minimise the impact to patients on accessing the correct service for them to meet their urgent care needs
- iii) Consider the availability of funding for each option proposed

6. Financial implications

Providing the current operational model which meets the Care Quality Commission requirements will create significant, recurrent cost pressure for the organisation.

Adjusting the operating model following engagement will need to be done in a way that either brings the cost of the service back in line with the current budget, or there will need to be the formal agreement by Gloucestershire Clinical commissioning group that additional recurrent funding will be available to meet any funding gap

7. Implementation and Review of Progress

The proposed timeline for undergoing both the discussion with stakeholders, the engagement with the public, and Board approval is detailed in Appendix 2.

8. Legal Implications

Legal advice has been sought, as this will potentially result in changes to the way the current service is provided.

9. Risk Implications

With the previous approval by the Board to work ensure the Minor Injury and Illness units are appropriately staffed to levels that meet the minimum standards as set out in the *“Unscheduled Care Facilities – Minimum requirements for units which see the less seriously ill or injured”* guidance, alongside the guidance provided by the Director of Nursing in relation to usage of agency staffing, the organisation has taken the appropriate steps to ensure we are offering safe quality care.

There is an ongoing risk in relation to the sustainability of this revised model, from a recruitment position, and with intermittent, unplanned closures of the units, there could be an erosion of public confidence in their ability to access the service. This in turn may result in a reduction of the public considering Minor Injury and Illness units to be a viable option in addressing any urgent care needs they may have.

There is also a financial risk, as the current model with the required staffing levels is creating a significant cost pressure to the organisation.

10. Equality and Quality Implications

Following discussion with key stakeholders, an Equality and Quality impact assessment will be completed on each option, to understand the impact on any changes proposed to the public, and system partners.

11. Engagement and Communication including Public Involvement

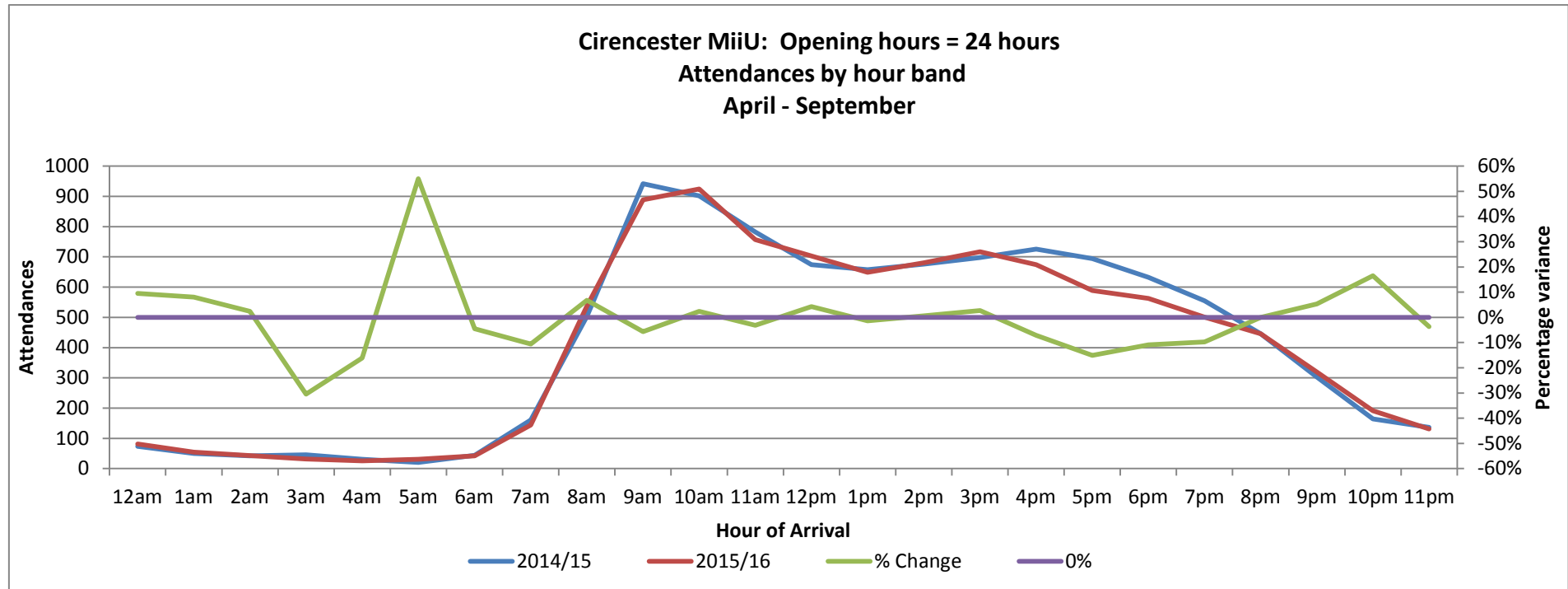
The Trust has a statutory duty to engage and involve the public before making any changes to the operating hours of the Minor and Illness Units. As such, following discussion with stakeholders, an engagement exercise will begin with the public to seek their views on any proposed changes.

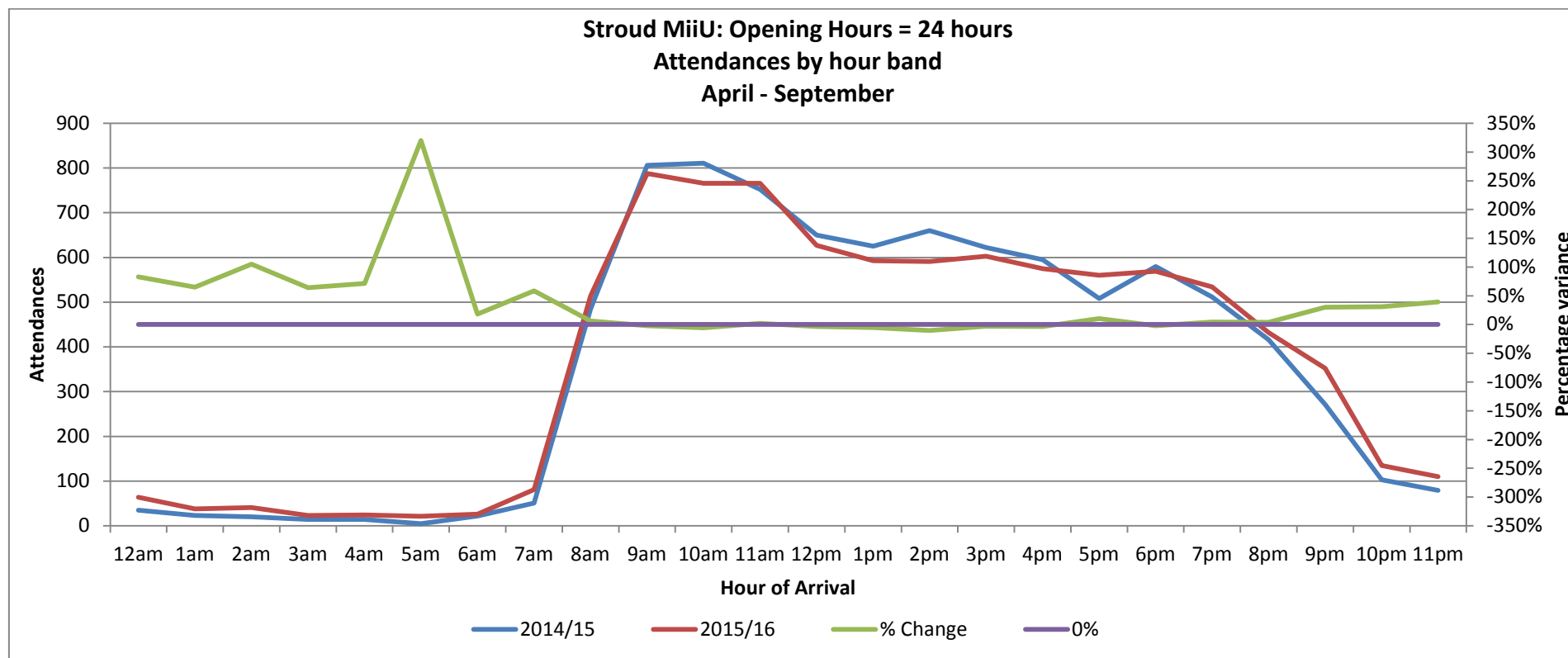
Prepared by: Candace Plouffe, Chief Operating Officer

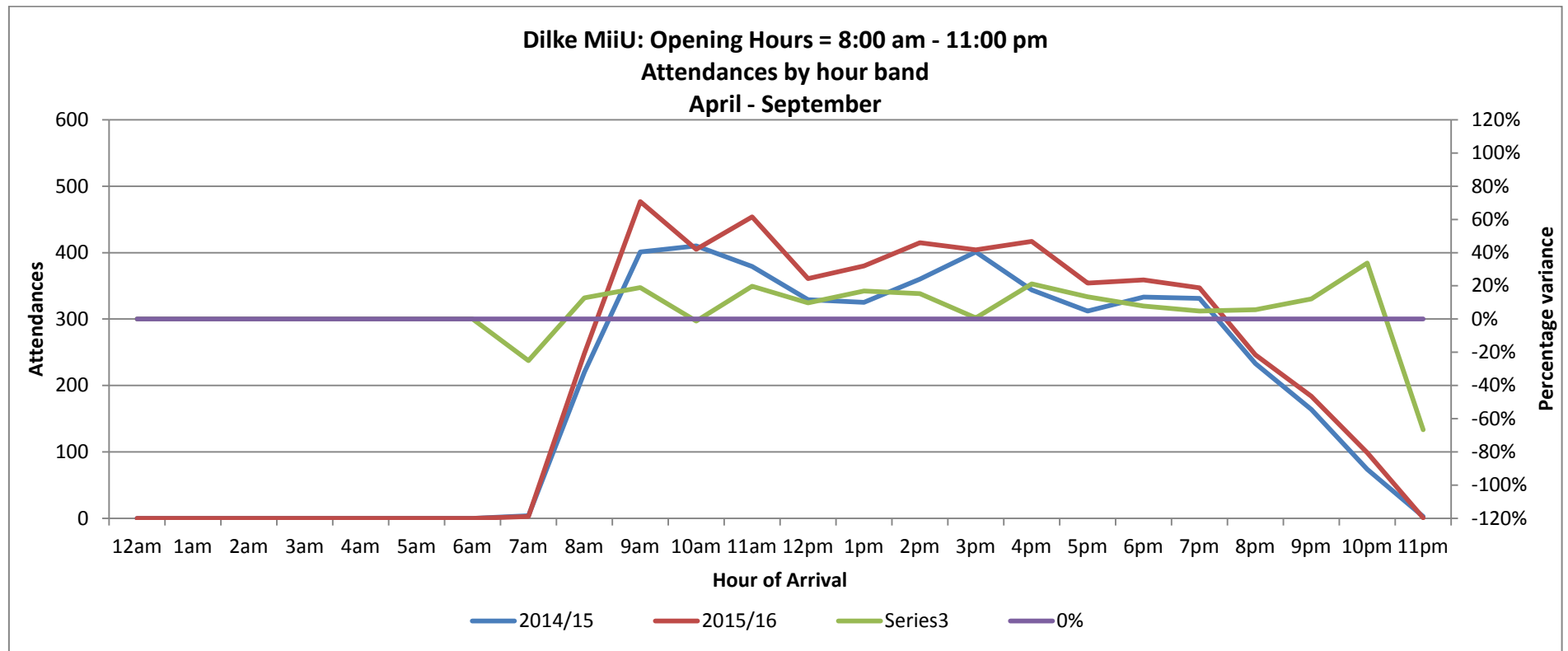
Presented by: Candace Plouffe, Chief Operating Officer

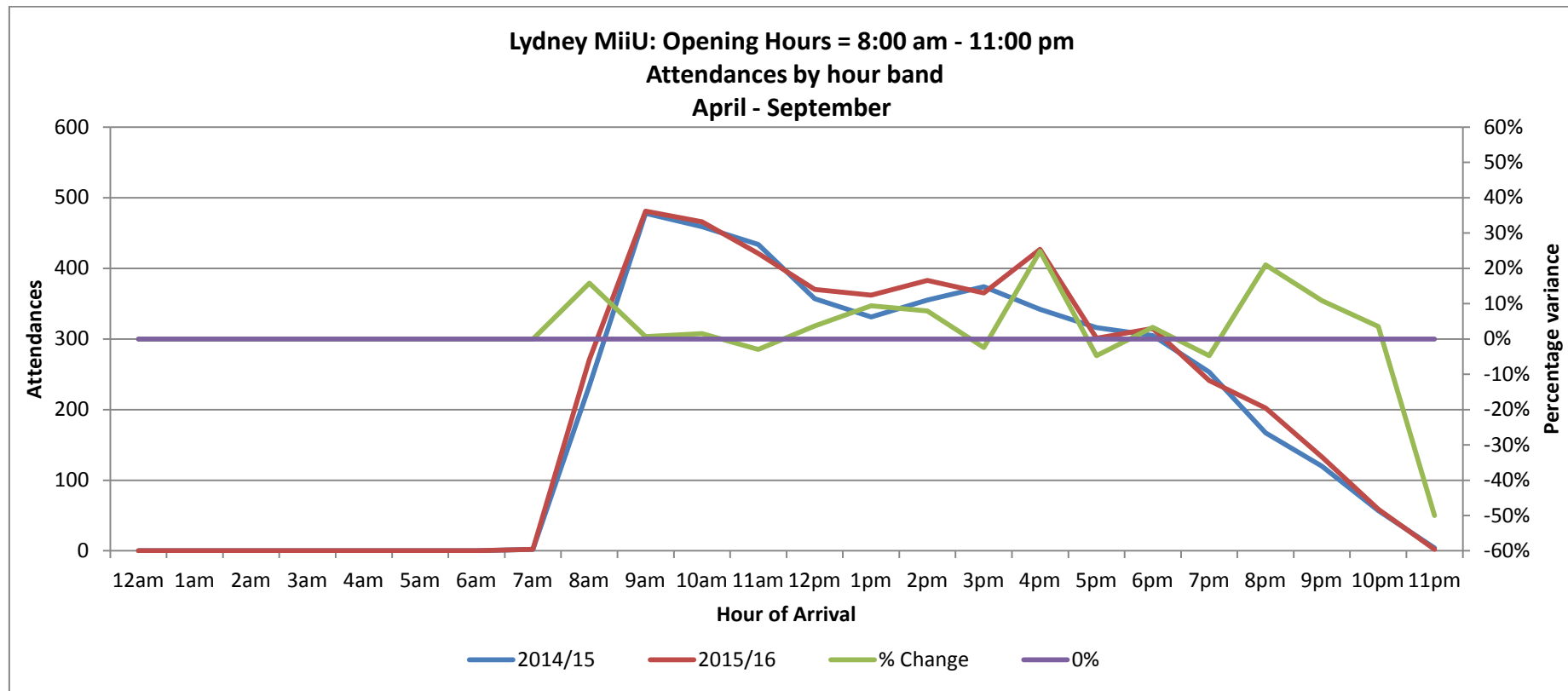
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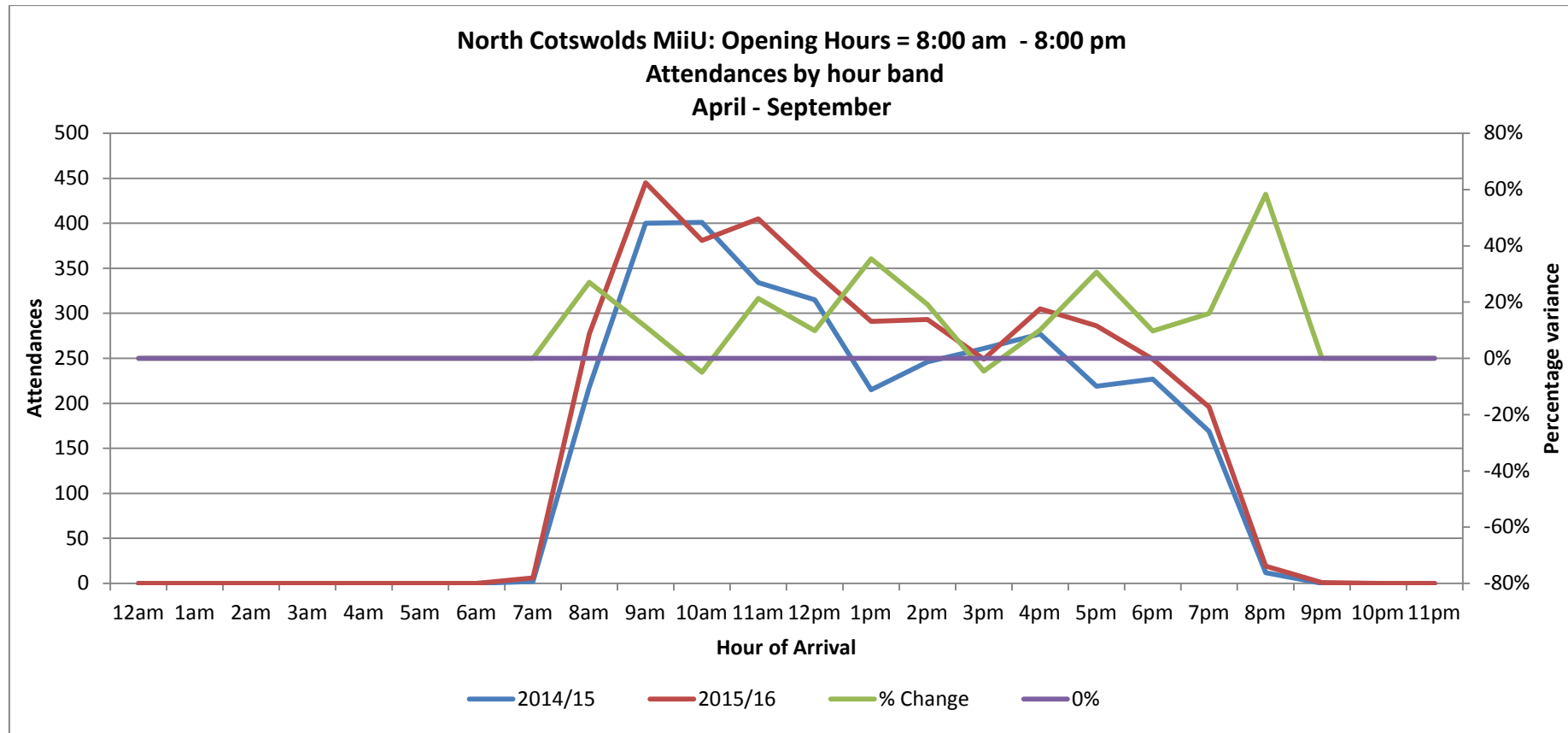
Change in Activity Graphs

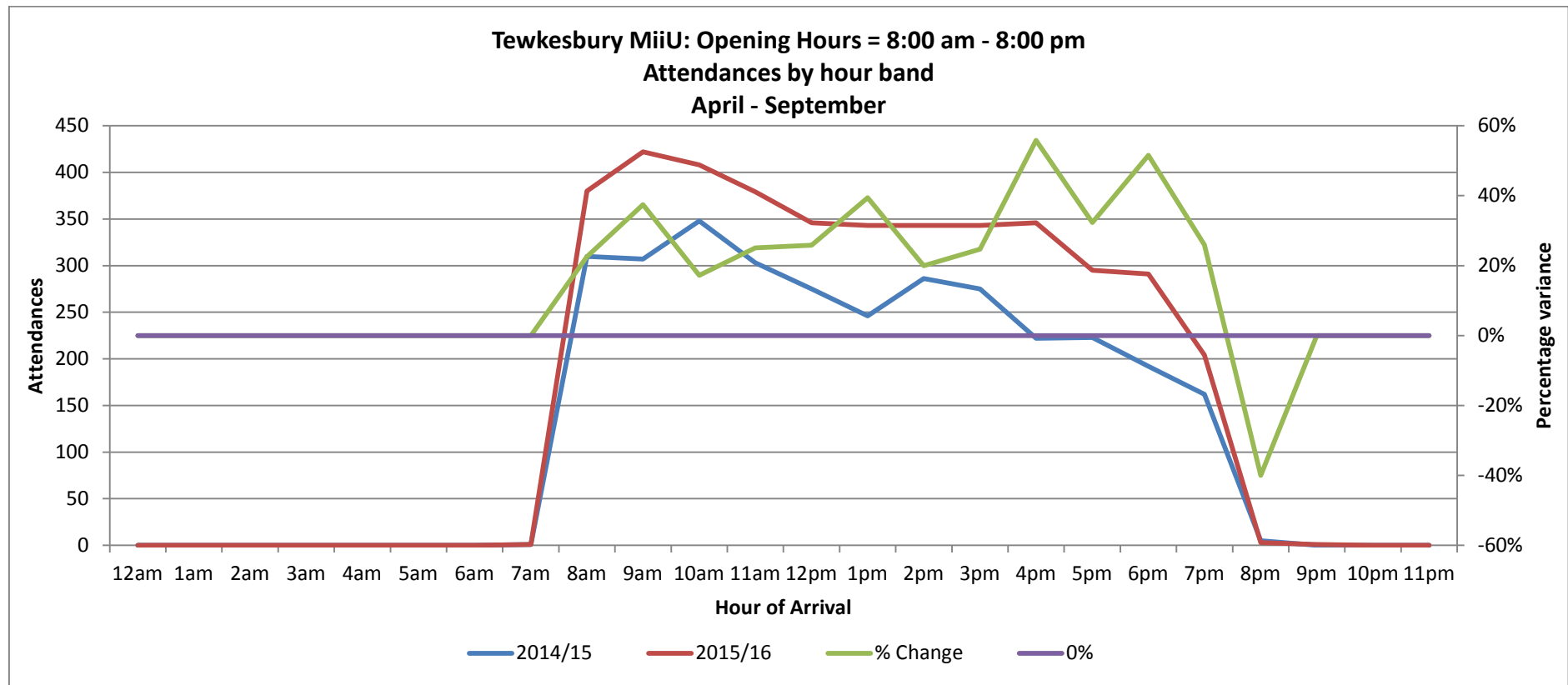


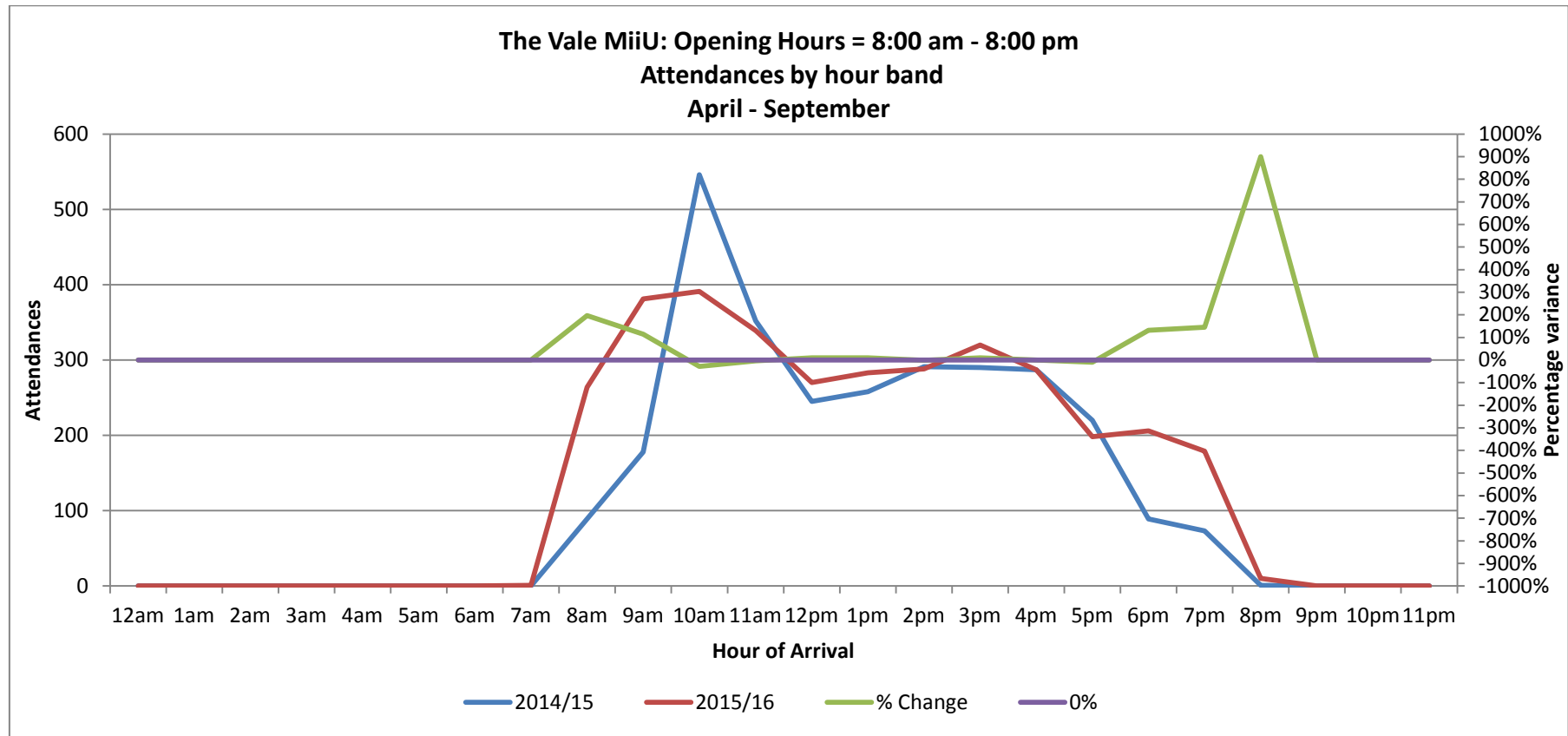












Review of Minor Injuries and Illness Units

| | 9 May | 16 May | 23 May | 30 May | 6 June | 13 June | 20 June | 27 June | 4 July | 11 July | 18 July | 25 July | 1 Aug | 8 Aug | 15 Aug | 22 Aug | 29 Aug | 5 Sept | 12 Sept | 19 Sept | 26 Sept |
|---|-------|--------|--------|--------|--------|----------------------------------|---------|---|--------|---------------------------------------|---------|---------|-------|-------|--------|--------|--------|--------|---------|---------|---------|
| Completed actions: Initial discussion of concept with CCG, GHT, HWG & NHS Reference Group | | | | | | | | | | | | | | | | | | | | | |
| Development of case for change | | | | | | | | | | | | | | | | | | | | | |
| Completion of QEIA | | | | | | 14 (Clinical Reference Group) | | 28 (Quality & Performance Committee) | | | | | | | | | | | | | |
| Trust Board: Agreeing Process of Option Development | | 18 May | | | | | | | | | | | | | | | | | | | |
| Scrutiny by Trust Executive Team | | | | 2 June | | | | | 7 July | | | | | | | | | 8 Sept | | | |
| Meetings with relevant Leagues of Friends | | | | | | | | | | | | | | | | | | | | | |
| Meetings with relevant MPs | | | | | | | | | | | | | | | | | | | | | |
| Meetings with relevant GP Executive Leads | | | | | | | | | | | | | | | | | | | | | |
| Development of information pack | | | | | | | | | | | | | | | | | | | | | |
| NHS Reference Group update | | | | | | | 21 June | | | | | | | | | | | | | | |
| HCOSC | | 17 May | | | | | | | | 12 July | | | | | | | | | 13 Sept | | |
| Media briefing | | | | | | | | | | 12 July | | | | | | | | | | | |
| Public engagement | | | | | | | | | | 7 week engagement (13 July-31 August) | | | | | | | | | | | |
| Publication of outcome report | | | | | | | | | | | | | | | | | | | 13 Sept | | |
| Trust Board: final decision | | | | | | | | | | | | | | | | | | | | 20 Sept | |
| Implementation | | | | | | | | | | | | | | | | | | | | | 1 |

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: Wednesday 18th May 2016

Location: The Pavilion, Cheltenham

AGENDA ITEM 9: CHAIR'S REPORT

Listening to our service users

Since my last report to Board, I have been viewing our services from a different perspective - that of a volunteer. I spent a very enjoyable morning with our Homeless Health Care team at their new base at the George Whitfield Centre in Gloucester. I was able to listen to the life experiences of people using the service, as well as hear about the exciting plans for the hub run by the neighbouring church group, which will offer a range of practical and social support alongside the health care provided by our team. As ever, it was humbling to see the compassion and commitment of our colleagues working in this challenging environment. I also wore my red volunteer tabard with pride when I joined the volunteers at Tewkesbury Hospital for a morning, serving drinks and lunches and chatting with patients. Our colleagues were very welcoming and I witnessed a busy ward combining warmth with efficiency. I also heard some extremely positive feedback from patients.

Meanwhile, the Non-Executive Directors (NEDs) and I continue our regular quality visits to services which are reported in the Quality and Performance report. We also continue to hold our monthly NED meetings in a service location and last time this was at Hope House Sexual Health Service. We were given a very informative tour of the services by the clinical director, Dr. Rona Macdonald.

At our last Board meeting we were pleased to welcome several members of the public in attendance and this included the Chair of Age UK. I have subsequently followed up this contact with an important third sector partner by meeting with the Chief Executive, Rob Fountain.

The Chair of Healthwatch Gloucestershire (Clair Feehily) and I held our regular quarterly meeting when we discussed some of the feedback Healthwatch is receiving about our services. This included some very positive comments about our Rapid Response service, as well as discussion about discharges from hospital, access to dental care in care homes and our actions in response to CQC comments on our Minor Illness and Injury Units (MIUs).

At the time of writing, we are preparing for the County Council's Health and Care Overview and Scrutiny Committee on 17th May when we will be presenting our current thinking about our approach to MIUs. A verbal update from HCOSC will be available at the Board meeting and there is an agenda item on this important issue later in this Board meeting.

Working with our partners

Together with the Chief Executive, I have attended the early meetings of the Sustainability and Transformation Plan Board which has overseen the submission of Gloucestershire's outline approach to NHS England. The Chief Executives are each leading on specific pieces of development work to support and deliver on this plan, with Paul Jennings leading on the development of a multi-agency integrated approach to primary, community and mental health services in Stroud and Berkeley Vale. The first STP stakeholder engagement event is to take place on 19th May to ensure proper participation and influence by local people and communities, and this is to be part of an ongoing series of such events. The STP is further covered in the Chief Executive's report.

I represented the Trust at the Lord Lieutenant's lunch, promoting Cadets in the Community to employers and schools in the county. I learned how this important youth organisation makes a positive difference to the lives of many local young people and will discuss within the Trust its request for support through, for example, work experience opportunities and apprenticeships. Many cadets go on to join uniformed professions outside of the forces, including in health care.

This has been a month of significant 'goodbyes'. I attended a farewell gathering for Dr Helen Miller who has now left her role as Clinical Chair of the Gloucestershire Clinical Commissioning Group to return full time to her GP practice. Helen will be greatly missed for her patient focus and clear ambition to develop the best services possible with what she called 'the Gloucestershire Pound'. She is succeeded by Dr Andy Seymour who has been her Deputy Chair until now. We very much look forward to working with him and wish him well in his new role.

I also attended a farewell lunch for Dr. Frank Harsent, Chief Executive of Gloucestershire Hospitals NHS Foundation Trust for the last 8 years. Following an impressive 43 years of public service he has now retired and we wish him a happy and very well deserved retirement. Frank's successor, Deborah Lee, is taking up post on 13th June and we look forward to working with her as a key partner.

Supporting our colleagues

Several board members and I attended our Allied Health Professionals (AHP) Celebration event. It was standing room only at this very well supported conference where we learned of some leading edge practice by our colleagues, such as physiotherapy and podiatry prescribing, as well as a very moving service user story from the mother of a child with Down's Syndrome who has been supported by our speech therapy, physiotherapy, health visiting and other services. The energy and compassion demonstrated by our AHP colleagues during the day was inspiring and I am not at all surprised to learn that the feedback on the event was excellent with a strong desire to repeat it next year.

At the time of writing, I am preparing my opening comments as I chair our Support Workers Conference at Imjin Barracks on 10th May. I look forward to joining our health care assistants, domestic, catering, reception and administrative colleagues

amongst others, to celebrate and recognise the enormous contribution they make to patient care and service user experience in our services.

Our annual 'Celebrating You' awards will be held in 25th May. Once again, we will be taking a 'roadshow' of videos and presentations to three community venues in the Forest, Gloucester and Cirencester. Paul will talk more about this in his report.

Board Development

I am delighted to report that we have appointed a new Trust Secretary, Gillian Steels, who is to join us on Monday 18th July. She has a very impressive CV in governance and has been in a similar role with Gloucestershire College for the last 17 years. We very much look forward to welcoming her to the NHS and to the Trust.

I am also pleased to announce that the Trust has started the advertising campaign to recruit a new Non-Executive Director (NED) and Non- Executive Director Designate. Gatenby Sanderson are handling the search on behalf of the Trust with interviews expected to be held in mid-June.

National networking

NHS Improvement (NHSI) has now started to bring together NHS Foundation Trusts as well as NHS Trusts in national and regional networks. I attended the first Southern Region Meeting of Chairs which was addressed by Ed Smith, Chair of NHSI and Anne Eden, NHSI's Director of Delivery and Development (South). We heard a clear exposition of the current national policy initiatives and ambitions, as well as how Chairs are expected to contribute to the effort to deliver on these. The importance of addressing workforce challenges, making STPs an effective driver for transformation and cross system collaboration were amongst the key messages.

As a Trustee, I have attended a NHS Providers Board and also participated in its Remuneration Committee, which I am now to chair. Board colleagues have been briefed separately on key messages from this meeting.

Ingrid Barker
Chair

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 18 May 2016

Location: The Pavilion, Cheltenham

AGENDA ITEM 10: CHIEF EXECUTIVE OFFICER'S REPORT

Staff Awards

Our Celebrating You awards ceremonies will be held at three locations across the county on Wednesday, May 25, with 46 colleagues across the Trust shortlisted in 12 categories, including a new 'Listening into Action Success Story.'

This is the third year of these awards and the level of participation continues to increase, with 257 nominations received this year - around 100 more than in 2015.

Of those, 163 were in categories representing our core values – caring, open, responsible and effective – with the caring and effective categories the most popular for nominations. So as well as celebrating quality in our care and services, these awards are playing a role in developing our culture and identity as an organisation.

For the first time we had a Community Health Hero award, with nominations invited by members of the public. Additionally, the Innovator of the Year award has been sponsored by the West of England Academic Health Science Network, allowing us to strengthen our partnership working.

Listening into Action

Last year, Croydon Health Services NHS Trust became the first NHS Trust in the country to receive LiA accreditation for its commitment to engagement with, and empowerment of, its colleagues.

The LiA kitemark is awarded based on:

- Following LiA processes
- Leadership capability and capacity
- Engagement and empowerment of colleagues
- Better patient outcomes
- External recognition of achievements

Our trust has been invited to apply for LiA accreditation; self-assessment against the criteria has highlighted areas where we can continue to improve and will be the focus of further work going forward.

Recognition for Physiotherapy

The Trust played host to Karen Middleton, Chief Executive at the Chartered Society of Physiotherapy, on Thursday, April 7 as a result of an invitation from our Head of Adult Physiotherapy.

Karen is highly regarded by Physiotherapists, and has previously held the position of Chief of the Health and Care Professions Council at NHS England, so the visit provided a valuable opportunity to showcase some of the Trust's innovations.

She spent the day in Stroud, first at Redwood House to see the workings of an integrated Health and Social Care Team. Then on to a multi-disciplinary team meeting on Cashes Green Ward at Stroud Hospital, then a meeting with OT and Physio Hand Therapists before meeting members of the Core MSK and MSKCAT services.

Karen finished off the day with a question and answer session with physiotherapy leads and then a talk to more junior physiotherapists and support services colleagues.

I am pleased to report that Karen provided extremely positive feedback on many aspects of our services, including non-medical prescribing, the integrated specialist respiratory services, advanced practitioner roles in MSKCAT and Rapid Response and our commitment to integrated services across our communities.

Her visit added to a sense of pride in the service, and gave our own colleagues an appreciation of the exceptional work that they are doing. I am sure this visit can act as a catalyst for further innovation, and help build wider recognition for our services.

Celebration and Learning Events

The Trust's first Allied Health Professional Celebration and Learning event was held on 21 April 2016. Our Nursing Celebration and Learning Event last November was extremely popular and the AHP day continued that trend, with extremely positive feedback from attendees.

More than nine out of ten people rated the event good or excellent, would recommend it to colleagues, rated the speakers good or excellent and would like a similar event each year. And everybody – 100 per cent of respondents – rated the service user story as good or excellent, highlighting the impact and power of hearing first hand from the people we care for.

As a trust we have a wide range of services operating across a large geographical area and clearly there is an appetite for events which help our colleagues meet, learn about each other's innovations and developments, and get a better sense of the overall work of the Trust than many of us have on a day to day basis.

Following this, on April 27, the Trust held an Occupational Therapy 'get-together' hosted by the service lead and including nearly 100 colleagues from services which work in collaboration with OT.

This included the Stroke Discharge team, the integrated community teams, wheelchair services, the community equipment service, hand therapy and the OT palliative care team. The event highlighted the importance of Occupational Therapy within our organisation and initial feedback about the event has been excellent.

Finally, the Everyone Matters conference was held on Tuesday, May 10. This was organised by the learning and development team for colleagues in supporting or administrative roles – many of which are at lower bands but are extremely important to the functioning of the Trust.

The day featured keynote speakers, a patient story and a range of workshops on service user experiences, customer service, social media and multi-agency working. I look forward to hearing the feedback from this event as we continue to develop these conferences, which so far have been successful in engaging and invigorating our colleagues.

Health and Social Care Economy

On behalf of the Executive team I would like to place on record our thanks to Dr Frank Harsent, and wish him well in his retirement, following eight years as Chief Executive at Gloucestershire Royal Hospitals NHS Trust. He joined the Trust on May 1, 2008 and retired on Friday, April 29.

He was Chief Executive of the Salisbury Hospital NHS Foundation Trust from 2001 and led it to Foundation status in 2006, having previously held a range of management positions including the Director of Clinical Services at Heatherwood and Wexham Park Hospitals between 1993 and 1995. He became Chief Executive of North Tees Health NHS Trust in 1995, and took on the role of Chief Executive of Cornwall Healthcare NHS Trust in 1999. With an early career in the Royal Navy he spent a total of 43 years in public service.

Incoming Chief Executive Deborah Lee is due to take up her post on Monday, June 13. Deborah joins at a critical time for the development of a system wide plan referred to below.

Sustainability and Transformation Plan

It is well known that the NHS faces considerable pressures on its finances over the coming years; having agreed to make efficiency savings of £22 billion pounds nationally during this parliament. Local Authorities also face very significant challenges in their finances and there is therefore growing pressure on the funding of social care services.

Looking ahead, we believe that by all working together in Gloucestershire in a joined up way there is an opportunity to build stronger, healthier communities and transform the quality of care and support we provide to all local people.

If we are going to realise this ambition, and meet the challenges of a growing population with more complex needs, we are going to have accelerate the pace of change and be even more ambitious and innovative in how we organise services and use the resources available to us.

The Gloucestershire Strategic Forum (chairs and chief executives from the Local Authority, Clinical Commissioning Group and the NHS provider organisations) has been meeting to consider the ongoing challenges faced by the Health and Social Care system.

Like other areas of the country, we are working together on our Sustainability and Transformation Plan for Gloucestershire (STP) and our initial ideas have just been submitted to NHS England. They represent outline plans to strengthen the resilience, sustainability and integration of local services. The approach is consistent with our overall strategy; 'Joining up your Care (JUYC)' and informed by the Five Year Forward View.

The long-term ambition is to have a Gloucestershire population, which is:

- Less dependent on health and social care services
- Living in healthy communities and benefitting from strong networks of community support
- Able to access high quality care when needed in the right place, at the right time.

The STP is starting to take shape around four workstreams;

- Enabling Active Communities
 - System Prevention and Self Care strategy
 - Development of Asset Based Community Models
 - Social Prescribing/ Cultural Commissioning
 - Joint work on carers and carer support
- Clinical Programme Approach
 - Transforming Care Pathways, Respiratory focus for STP
 - Clinical Programme Approach to improve health and care for our local population, developing pathways and shifting the focus towards prevention
 - Cross Cutting: Urgent Care / Planned Care Strategy
- Reducing Clinical Variation
 - Choosing Wisely: System Medicines Optimisation
 - Reducing clinical variation
 - Diagnostics, pathology and Follow Up Care
 - Urgent Care Clinical pathways reviews
- One Place, One Budget, One System
 - People and Place, place based service plans
 - 30,000 Place based community model of care
 - Delivery plan for 7 day working across the system
 - Devolution / Integrated commissioning (inc. PHBs)
 - SW Pilot for Integrated Personal Commissioning

We are hoping to make rapid progress with a full STP submission expected by the end of June.

A number of actions are proposed and include:

- Communicating widely with colleagues, so everyone knows what the ambitions of this work are
- Agreeing a memorandum of agreement which describes how partner organisations will take this work forward including:
- How we manage relationships between participant organisations, maintain overall understanding and keep things on track
- Defining the 'places' and local team working
- Agreeing the scope with front line clinicians in locally defined communities.

A presentation by commissioners on the STP is included as Appendix 1 to this report.

Staff Friends and Family Test

The Friends and Family Test (FFT) for staff is a tool which allows colleagues to give feedback based on their recent experiences. The survey is conducted on a quarterly basis and there is no set criterion for how many staff should be asked in each quarter, simply a requirement that all staff should be asked at least once over the year.

Since the survey was launched in April 2014 the results for the Trust are as follows:

Table1: Staff FFT results

| Quarter | Total Responses | Percentage Response | % recommend - work | % not recommend - work | % recommend - care | % not recommend - care |
|------------|-----------------|---------------------|--------------------|------------------------|--------------------|------------------------|
| Q1 2014/15 | 573 | 17% | 53% | 22% | 79% | 3% |
| Q2 2014/15 | 468 | 14% | 49% | 21% | 78% | 4% |
| Q3 2014/15 | 425 | 47%* | 52% | 16% | 68% | 8% |
| Q4 2014/15 | 532 | 20% | 50% | 25% | 81% | 4% |
| Q1 2015/16 | 467 | 14% | 52% | 25% | 85% | 2% |
| Q2 2015/16 | 439 | 14% | 51% | 23% | 81% | 4% |
| Q3 2015/16 | 390 | 50%* | 51% | 17% | 74% | 5% |
| Q4 2015/16 | 114 | 27% | 37% | 35% | 73% | 4% |

* Quarter 3 results are taken from the NHS Staff Survey which is sent to approx. 800 employees. The response rate is based on this sample size.

The Trust usually contacts all colleagues when sending out each survey. However, a decision was made to focus the survey in Quarter 4 of 2015/16 to colleagues based within the Trust's headquarters. This was during a phase of organisational change and restructuring, so it is understandable that the results reflect the challenges over that period.

Nationally the percentage of staff who would recommend their organisation to friends and family in need of care/treatment is 77%. The Trust results are above average for this question with the exception of quarter 3. A possible explanation for this is that

the questions asked within the NHS Staff Survey are phrased slightly different to those asked in the other surveys.

Nationally the percentage of staff who would recommend their organisation to friends and family as a place to work is 62%, whilst the percentage who would not recommend their organisation is 19%. The Trust has scored below average in all surveys. The Trust is in the upper quartile for response rates.

As a result of this feedback, a number of staff engagement activities are planned over the next nine months with an initial focus on colleagues based at the Trust's headquarters. The findings of these events will be submitted to the Trust's Workforce and Organisational Development Committee.

Media Coverage and Communications

The Trust has begun production of a series of concise promotional videos called 'Services in 60 Seconds'. As the title suggests, these are one minute videos which provide a snapshot and the key points of each of our services.

They are being shared on our YouTube channel and embedded on our Facebook page, with the idea that they are short and attention-grabbing enough to be used at meetings or corporate induction.

Videos so far cover Dental Services, Vale Community Hospital, Adult Physiotherapy and, most recently, our Stop Smoking Service. In terms of popularity, Vale Community Hospital is leading the way with 250 views on YouTube and the film has reached nearly 2,000 people on Facebook. The Chief Executive of the Chartered Society of Physiotherapy re-tweeted the adult physio film to her 6,500 followers following her visit. Several more videos are in the planning stage, with the aim being to produce one a week.

An interactive map of resources has been added to the health visiting page of the Trust website.

There was significant regional media coverage, as well as national reports, on the trial of Cirencester father Stephen Ward who was jailed for eight years for the manslaughter of his baby son. Our Trust's Safeguarding Team has contributed to a Serious Case Review due for publication later this year.

There has been coverage around our Celebrating You staff awards, with more anticipated particularly over the publicly nominated 'Community Health Hero' category.

There has been media coverage around a second donation from Stroud Hospitals League of Friends for x-ray equipment to be used in breast cancer treatment.

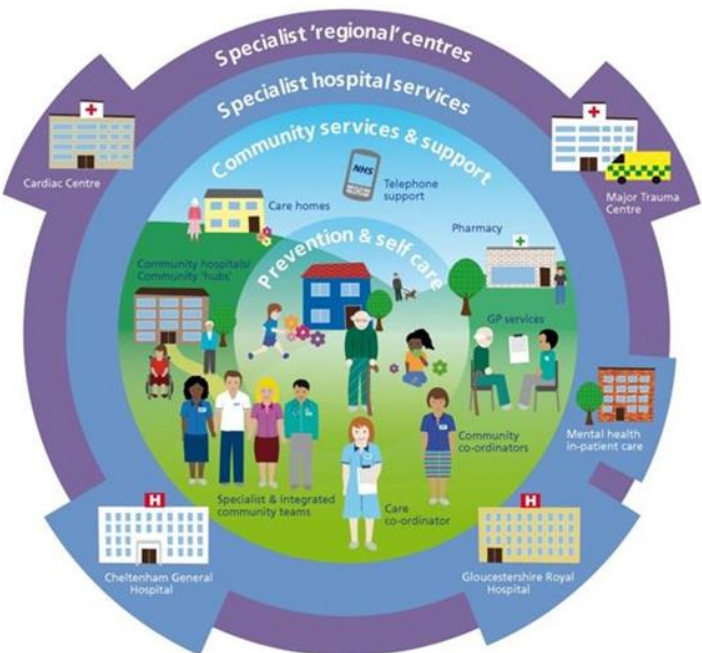
In the build-up to the Health and Wellbeing Fair at North Cotswolds Hospital on Saturday 21 May, publicity has been given to the Trust in Cotswold Life, as well as the North Cotswold Lifestyle publication.

Declarations of Interest

Following the annual refresh of our board members' declarations of interest, I can confirm that all budget holders across the Trust have also completed a refresh of their declarations of interest.

Appendix: Gloucestershire STP submission slides

Gloucestershire STP: Joining Up Your Care



FOOTPRINT INFORMATION

Name of footprint and no: Gloucestershire, 43 **Region:** South

Nominated lead of the footprint including organisation/function: Mary Hutton, Accountable Officer GCCG

Contact details (email and phone): Mary Hutton, mary.hutton1@nhs.net, Tel: 0300 421 1415

Organisations within footprints: Gloucestershire Clinical Commissioning Group, Gloucestershire Hospitals NHS Foundation Trust, 2Gether NHS Foundation Trust, Gloucestershire Care Services NHS Trust, Gloucestershire County Council, South Western Ambulance Service NHS Foundation Trust

NHS
Gloucestershire
Clinical Commissioning Group

Gloucestershire Hospitals
NHS Foundation Trust

Gloucestershire Care Services
NHS Trust



South Western Ambulance Service
NHS Foundation Trust

2gether
NHS Foundation Trust

Gloucestershire
COUNTY COUNCIL

Progress Made:

- We have a long and positive history of working together in Gloucestershire through our joint strategic forum. Building on this, Our system has agreed a **collaborative leadership approach for our STP**, with system leaders taking ownership of key STP work programmes on behalf of partners across Gloucestershire.

CCG and Provider Boards

STP Oversight Board

STP Delivery Board

System Development Programme

Countywide OD
Strategy Group

Quality
Academy

STP Programme
Development

Governance
Models

Health and Wellbeing Gap

Care and Quality Gap

Finance and Efficiency Gap

Enabling Active
Communities

Clinical
Programme
Approach

Reducing
Clinical Variation

One Place, One
Budget, One
System

Working Together to Enable Our System to Deliver (System Enablers)

Joint IT
Strategy

Primary Care
Strategy

Joint Estates
Strategy

Joint Workforce
Strategy

- **Local government partners** are fully engaged partners in our STP, evidenced through our **joint coterminous Devolution proposal** and our extensive joint commissioning portfolio. Our **Health and Wellbeing Board** will take a key role in supporting our prevention and self care strategy and the Enabling Active Communities STP programme
- The **nominated lead for our STP is supported by a programme office working group**, We are in the process of appointing additional posts to support the STP work programme at programme and project levels.
- Our shared system vision for our Health and Care Community, Joining Up Your Care, **was built from extensive community and staff engagement**. Where relevant, our delivery groups **all include lay , Healthwatch and / or patient representation** and where any change is planned we undertake extensive patient engagement to support the development of new ways of working.
- Clinicians are **active participants in all of our STP working groups**. Our STP board to date has been clinically chaired (this may change in future as the recommendation from NHS England is that we should have an independent chair and process underway). We are developing a health community wide organisational development approach including **health coaching and behaviour change for clinicians**. Furthermore, we are working in partnership with the ASHN around innovation and developing a system wide **quality academy**.

Section 2a: Improving the health of people in your area

Areas of focus for improving health and wellbeing

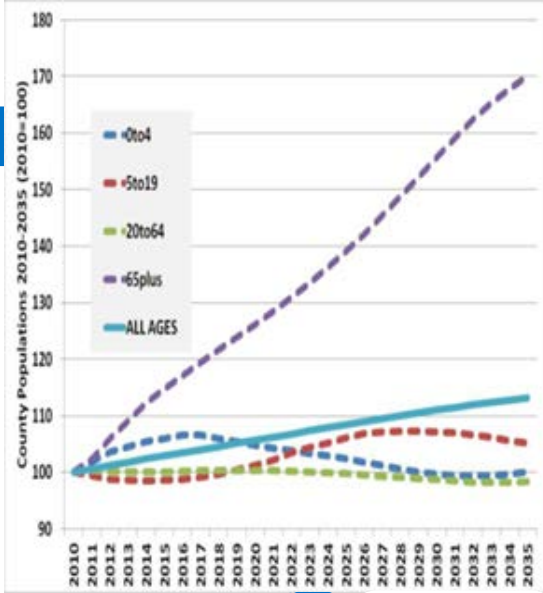
Three leading causes of death for our population: cancer (27.9%), cardiovascular disease (26.8%) and respiratory disease (14.2%)

Age is the leading risk factor for the majority of chronic health conditions but lifestyle plays a key part. WHO data indicates almost half of diseases such as the above are associated with four risk factors: **poor diet, physical inactivity, smoking, and excess alcohol** consumption. Poor mental and emotional wellbeing also have a key part to play.

Gloucestershire is broadly in line with national and regional benchmarks for alcohol related admissions to hospital, levels of physical activity and adult excess weight, although some districts have worse outcomes than the county as a whole, notably in the west of the county in the Forest of Dean, Gloucester and Tewkesbury. Smoking rates in Gloucestershire are steadily declining and are lower than comparators, Work is underway to capture the impact of loneliness and social isolation as both are factors in worse health outcomes. Healthy life expectancy for women is almost two years better than for their regional counterparts, the average for Gloucestershire men is lower than for the South West as a whole.

Our ageing population, changing patterns of disease (more people living with multiple long-term conditions) and rising public and patient expectations mean that fundamental changes are required to the way in which care is delivered in our county. We will support our vision to deliver joined up care with a **radical shift to more fully involve individuals in their own health and care**. This will include making **shared decision-making** a reality by intensively training our clinicians to work in a new way with people they care for, giving people the support and information they need for effective self-management and involving their families and carers to support them in making the changes needed to keep healthy. Evidence is clear **that most people want to be more involved in their own health**, and that when they are, decisions are better, **health and health outcomes improve**, and resources are allocated more efficiently.

To deliver change we will build on **our existing collaborations** between the NHS, local government, the third sector, employers and others – evidenced in our delivery of social prescribing across our county as a partnership between all of these partners and our new initiatives to tackle workplace health with our local LEP being developed for delivery in 2016/17. Some of the high level details of our work is set out on the following slide:



Health and Wellbeing Gap

- Enabling Active Communities
- Clinical Programme Approach
- Reducing Clinical Variation
- One Place, One Budget, One System

Section 2a: Improving the health of people in your area

Areas of focus for improving health and wellbeing

Our STP approach is to **work in partnership to radically upgrade prevention and self care by:**

Radically upgrading prevention through the following actions:

- Deliver county-wide action plan on obesity including Leeds Beckett national pilot: system plan to tackle obesity
- Diabetes programme developing community based model with prevention and self care as key, Digital test bed with AHSN using technology to support self management and remote monitoring, Bid for roll out of diabetes prevention programme
- Development of Social Investment Bond to support physical activity in Gloucestershire

Mobilising Healthy Behaviours for our population by:

- Delivering new programme of Health coaching to train staff in supporting people to set their own health goals, supported by development of personalised care planning and adoption of House of Care approach
- Recommissioning of Healthy Lifestyle services to support self management, with target 1:1 support for those with greatest need such as alcohol dependence
- Enabling Active Communities Policy agreed with joint action plan with council and other partners to develop system wide approach to commissioning community navigator/connector roles and shared information/ directory platforms

All partners including Local Government working together to deliver **Prevention and Public Health**

Improvements:

- Multi-agency Self Care and Prevention group established to deliver system wide leadership and direction as part of STP governance structure. £1.7 million non-recurrent funds in 2016/17 to pump prime agenda

We are working to improve the **Health and Wellbeing of staff** through:

- Working with Active Gloucestershire to roll out Health and Wellbeing Workplace Charter for key employer groups and to facilitate spread of Mile a Day initiative in schools
- Healthy workplaces a key strand of Self Care and Prevention Group with Local Authority working in partnership with the LEP

Health and Wellbeing Gap

Enabling Active Communities

Clinical Programme Approach

Reducing Clinical Variation

One Place, One Budget, One System

Section 2b: Improving care and quality of services



Areas of focus for improving care and quality

The NHS faces unprecedented operational challenges with targets for waiting times being missed; and in all areas of the NHS staff are under pressure from rising demand alongside constrained resources. Locally Gloucestershire is failing key constitution standards for A&E 4 hour waiting times, and other waiting time targets such as for cancer and diagnostics. **To improve care and quality to deliver better health outcomes** for our population our developing STP programmes are:

| Clinical Programmes Approach | Reducing Clinical Variation | One Place, One Budget, One System |
|---|--|--|
| To challenge our system to go further through our STP we will use Respiratory in 2016/17 to test our delivery of truly integrated care pathways. In line with our system challenges assessed through local intelligence, performance issues, benchmarking and right care we will also run clinical programmes for Cancer, Circulatory, Eye Health, MSK, Mental Health, Dementia, End of Life , Diabetes and Head and Neck (ENT). We will deliver 'cross cutting' improvement programmes for Urgent Care (with a particular focus on delivery of the 4 hr standard and improved discharge), planned care and community services ensuring a joined up care approach for people who experience multiple co-morbidities | Using our clinical programmes approach (left) we will focus on better value , improving productivity across our system by engaging clinical teams in reducing variations through our Reducing Clinical Variation programme . Through this work stream we will also deliver a Choosing Wisely programme for Gloucestershire, that will consider medicines optimisation and roll out right care approach | Through our One Place, One Budget, One System programme we will take a place based approach , pooling our available resources and breaking down barriers. We will deliver integrated care for older people through our 30,000 place based model of care and scale up of our End of Life strategy to support people to die in the place of their choice. We will set out a plan for 7 day services and expand our roll out of personal health budgets. |

Care and Quality Gap

Enabling Active Communities

Clinical Programme Approach

Reducing Clinical Variation

One Place, One Budget, One System

To identify our areas of focus to reduce the care and quality gap we have **reviewed a comprehensive range of indicators** to support the development of our programmes. Our outcomes indicator data highlights our most challenged outcomes are for patients admitted to hospital with **fractured hips**, people who need **IAPT**, and for **Acute Stroke Care** pathways. These issues are being addressed through our clinical programmes for **MSK, Circulatory and Mental Health**

Local Benchmarking dataset comparing data from SAR, Right Care, CfV, and Internal Analysis:

| OP Elective | | | | | | | IP & DC Elective | | | | | | | Non Elective | | | | | | | |
|-------------|---------------|-------------|-------------|-----|-------------|--------|-------------------|-----------|-------------|-------------|--------|-----------|-----|--------------|-------------------|-------------|---------|-----------|-------------|-----------|--------|
| T&O / MSK | Ophthalmology | Respiratory | Circulatory | ENT | Dermatology | Cancer | Womens & Children | T&O / MSK | Respiratory | Circulatory | Gastro | Neurology | ENT | Cancer | Womens & Children | Respiratory | Gen Med | T&O / MSK | Circulatory | Neurology | Cancer |
| ● | ● | ● | ● | ● | | | ● | ● | ● | | ● | | | | ● | ● | ● | ● | | | |
| ● | ● | ● | ● | | | | | ● | ● | ● | ● | ● | | | ● | ● | | | ● | ● | ● |
| | | | | | | | | ● | ● | | ● | ● | | ● | ● | ● | | ● | ● | ● | ● |
| ● | ● | ● | ● | | ● | ● | | ● | ● | ● | ● | ● | | ● | ● | ● | | ● | ● | ● | ● |
| | ● | ● | | ● | ● | ● | | ● | ● | | | ● | ● | ● | ● | ● | | | ● | | ● |

This table highlights rationale for improvement in Respiratory programme in STP (MSK programme is already in delivery phase)

Section 2b: Improving care and quality of services



Areas of focus for improving care and quality

- In addition to our transformational change programmes we will focus on the **delivery of core constitution standards, particularly performance of urgent care** and deliver quality improvement **in line with CQC recommendations from recent inspection reports**. The top three risks for our main in county providers are set out below.
- In line with the **Mental Health FYFV** we will focus on improved parity for mental health, using our STP to spark new focus on improving outcomes for people with **Dementia** and people with **Personality Disorders**
- Providers in our system will continue with the implementation of their action plans in line with the recommendations around patient safety from the **Francis Report, Keogh Reviews, Berwick Report and the findings from Winterbourne View**.
- To ensure the sustainability of **Primary Care** we will focus on scaling up 5 key areas of work: **Premises, Workforce** 40% of all practices are carrying GP vacancies, 75% are partners. 56% have impending GP retirements., **Quality, IT and Transformational Change**: improving access at evening and weekends, more on-the-day urgent appointments

System Enablers:

- Developing a joint plan to deliver **7 day services** across Gloucestershire
- We have a shared approach to digital road map and **local digital roadmap footprint** (Gloucestershire) aligned to STP boundary. As a system we have a shared records implementation plan: **Joining up Your Information (JUJI)**
- Workforce is a huge challenge for all parts of our system and we are working to develop a **system wide workforce strategy**, includes work in **partnership with the LEP** and an **innovative technical college proposal** (new roles). Workforce strategy reviewing opportunities for skill mix and increased role of technology in supporting staff to deliver
- We are working to develop a **system wide approach to quality improvement** through the development of a countywide quality academy in partnership with the academic health sciences network.
- A **countywide OD group** is being instigated to support the scale of ambition and change required by our STP
- We have a **‘one Gloucestershire’ estates group** working together on a joint estates strategy

Care and Quality Gap

Enabling
Active
Communities

Clinical
Programme
Approach

Reducing
Clinical
Variation

One Place,
One Budget,
One System

| Gloucestershire Hospitals Foundation Trust | Gloucestershire Care Services | 2gether Foundation Trust | Gloucestershire County Council |
|---|---|--|--|
| <ul style="list-style-type: none">•Increasing levels of demand and discharge flow issues for hospital services leading to operational delivery pressures•Workforce - availability, resilience and skill mix challenges•Premises and site configuration challenges arising from two site model | <ul style="list-style-type: none">•Workforce – availability, resilience and skill mix challenges.•Variation – of services and service delivery across localities•Financial challenge and sustainability | <ul style="list-style-type: none">•Workforce – availability, resilience and skill mix challenges•Financial challenge and sustainability•Managing rising demand and maintaining service quality | <ul style="list-style-type: none">•Workforce – availability, resilience and skill mix challenges.•Financial context and sustainability of services, especially for public health•Rising demand for social care in context of finance and workforce |

Section 2c: Improving productivity and closing the local financial gap



Emerging thinking on the finance and quality gap

Our system is currently in **financial balance**, but we recognise the potential scale of the challenge for our system looking forward to the pressures arising from future funding not keeping pace with demographic change and other drivers of demand. Our collective challenge is estimated at circa **£200 million over five years** (excluding local government) and we are working together to agree how each of our programmes will contribute to delivering savings at this level. In addition, we need to recognise that there will be **costs inherent in delivering change**, not just in terms of costs to support service change but also in terms of the capacity needed to design and deliver an STP programme at scale.

We intend to work together as partners across the health and **social care system through the following principles** (currently draft, to be further developed and underpinned by a formal MOU):

- We will ensure commitment to a risk share approach aligned to our priorities. This should be underpinned by an open, transparent approach to the development of opportunities for change
- We will commit to the principles of 'One Place, One Budget, One System' to improve services and outcomes for our population, whilst working to ensure financial stability across our system
- We will develop our clinical programme groups to the point where they are working with full visibility of programme budgets in 2016/17 to prioritise resources across programmes; starting with our priority pathway Respiratory
- We will work to the principle of moving care 'upstream', and will be aiming to prioritise resources within our care pathways towards primary care and prevention where possible
- We will work to the principle of commissioning through a care pathways approach, and within commissioned pathways we will work together to identify opportunities for increased cost effectiveness, minimising the number of steps and driving greater efficiency
- We will consider whether the pilot(s) of innovative organisational forms in line with the five year forward view new models for delivery of care will require us to develop any new and innovative approaches to contracting
- We will not commission or provide services that are deemed by evidence to not be cost or clinically effective

Finance and Efficiency Gap

Enabling
Active
Communities

Clinical
Programme
Approach

Reducing
Clinical
Variation

One Place,
One Budget,
One System

Section 2c: Improving productivity and closing the local financial gap

Emerging thinking on the finance and quality gap

- Our modelling suggests that **our prevention and self care model improvement plans** should deliver a reduction in anticipated levels of demand to provide an allocative efficiency saving against projected demand of approximately **£20million over five years**.
- Our high level ambitions for **how our work on care and quality and new care model plans will impact on technical and operational efficiencies** across our system is set out in the table below. It should be recognised that this is currently work in progress, and will be revised as work progresses towards our June submission. We are clear that although our system is **currently in aggregate financial balance**, longer term sustainability requires that as a health and care system we deliver around **£200 million efficiencies over 5 years** and as yet not all the work has been completed to identify how the gap can be closed.
- As set out on slide 11, **our big decision will be which new model of care** we wish to implement across our system. We intend to use our work in 2016/17 to test some prioritised approaches to agree a way forward for implementation from April 2017. It is clear that **a new model of care will need to also realise resource efficiencies** for our system

| Organisation | Draft Totals |
|-----------------------------------|--------------|
| One Place, One Budget, One System | 29.3m |
| Enabling Active Communities | 20m |
| Clinical Programmes Approach | 29.4m |
| Person Centred Care | 10.9m |

These draft savings are estimated against allocative efficiency and demographic growth

We are working to develop Shared Programme Level Savings Assumptions over the 5 year timeframe of STP being developed, Please note - this is still work in progress and provider efficiency assumptions to be added in following work on impact of new tariffs, Carter review local assessment etc. plus currently still working on social care savings impact

Finance and Efficiency Gap

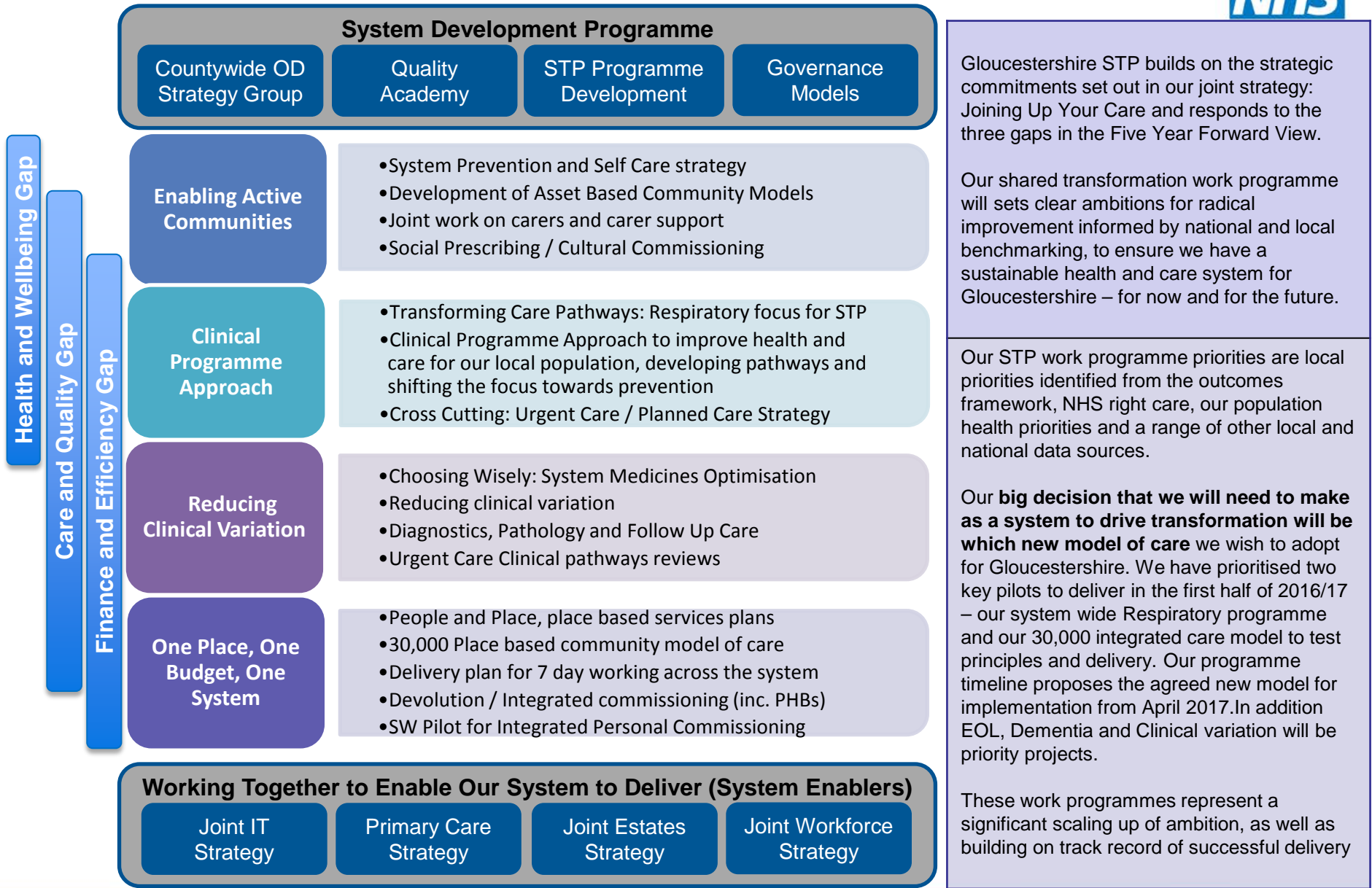
Enabling Active Communities

Clinical Programme Approach

Reducing Clinical Variation

One Place, One Budget, One System

Section 3: Our emerging priorities:



Emerging thinking on support needs

Support Needs

- We have identified **our main support need as being activity and finance modelling support** for our finance and efficiency gap, ensuring **triangulation of plans** across our system and setting up a realistic and informative reporting system to track our delivery of a range of system efficiency metrics
- We also require additional capacity to support our **programme office and backfill for senior level support and clinical engagement** across our system
- We have made an application for financial support for both of these needs. For the activity and financial support we wish to commission an external provider to help us with this work. We have proposed a further amount to support our programme office and senior backfill.

Best Practice

- Areas we can share: Enabling Active Communities, Social Prescribing, Cultural Commissioning (national pilot), Integrated Community teams model and clinical programmes approach
- We would be happy to share further work that would be considered as **best practice** and happy to receive any other examples that are identified as such

National Barriers or actions to support STP

- Political support for difficult decisions taken to resolve operational and financial efficiency challenges, including potential changes to service and / or site solutions
- Support from national bodies to develop new roles to support workforce gaps

Key risks

- Political risks associated with strategic change
- Capacity to deliver change at scale and pace alongside business as usual
- Financial risk – challenge of maintaining financial balance vs. allocations positions and demand on services

Trust Board

Date: 18th May 2016

| | |
|---------------|--|
| Agenda Item: | 11 |
| Agenda Ref: | 11/0516 |
| Author: | Candace Plouffe, Chief Operating Officer |
| Presented By: | Candace Plouffe, Chief Operating Officer |
| Sponsor: | |

| | |
|----------|----------------------------------|
| Subject: | Chief Operating Officer's Report |
|----------|----------------------------------|

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☒ Information

Executive Summary:

The operational services continue to focus on the key priorities identified by the Board to ensure that Gloucestershire Care Services NHS Trust is delivering the vision and strategic objectives set for the organisation.

Of note this month is the end of year operational performance, as it one element that demonstrates our success in fulfilling our strategic objective to achieve the best possible outcomes for our service users through high quality care. The Trust has again done very well on meeting its key performance indicators, particularly the National targets set.

The Trust remains committed to playing its role in the overall performance of the wider system and a number of our services continue to positively contribute to the overall system performance by ensuring demand is managed, and patient flow is maintained. Continued focus has been on refining and aligning the work of our Rapid Response team with other patient avoidance schemes. We have also maintained the escalation beds open as part of the contingency plan around the industrial action of Junior Doctors but are in discussion with partners on implementing our de-escalation plan.

Partner engagement continues to progress, particularly with our Primary care partners. We are cognisant that any initiatives considered need to compliment the approach and current work underway as part of the Sustainability and Transformation plan.

Lastly, the 2016-17 Cost Improvement programme is continuing to be refined, and a series of conversations utilising the Listening into Action change methodology has taken place with budget holders. The purpose of this was to ensure operational engagement and ownership of the Cost improvement programme, and quite simply "Putting colleagues who know the most at the centre of change". This was positively received by those who attended, and has supported the shaping of the Cost improvement programme as a continual process, rather than being viewed as a separate exercise to be done each year.

Recommendations:

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

Considerations:

Quality implications:

N/A

Human Resources implications:

| |
|--|
| N/A |
| <i>Equalities implications:</i> N/A |
| <i>Financial implications:</i> N/A |
| <i>Does this paper link to any risks in the corporate risk register:</i> No |
| <i>Does this paper link to any complaints, concerns or legal claims</i> No |

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

| | |
|-------------------------------|--|
| Reviewed by (Sponsor): | |
|-------------------------------|--|

| | |
|--------------|--------------------------|
| Date: | 9 th May 2016 |
|--------------|--------------------------|

| |
|---|
| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
| CIP element discussed in Finance board subcommittee |

| |
|--------------------------------------|
| Explanation of acronyms used: |
|--------------------------------------|

| |
|--|
| Contributors to this paper include: |
|--|

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: Wednesday 18th May 2016

Location: The Pavilion, Cheltenham

AGENDA ITEM 11 - CHIEF OPERATING OFFICER'S REPORT

1. Purpose

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

2. Recommendations

Note the contents of the report

3. Discussion of Issues

End of Year Operational Performance

It is important to acknowledge the overall performance of the organisation for the year 2015-16, as it demonstrates our success in fulfilling our strategic objective to achieve the best possible outcomes for our service users through high quality care.

Of the 29 national performance indicators for health services we have met 24, with 5 not achieved to the standard expected. Of the 5 targets rated either red or amber, 3 are back on target but have not achieved to a level that has recovered the year end position. 2 performance indicators, which relate to the recording of the New-born bloodspot screening, continue to be challenging and it is dependent by other partners to provide the screens adequately and in a timely way.

The 34 local performance indicators have been more challenging, and although we have met 19 of the targets set, we have 15 in which the target has not been achieved. Further analysis of these indicators note a common theme around demand-capacity issues, and as such work is underway to better understand how we quantify and proactively manage this as an organisation.

Our social care performance has continued to be variable, with overall good performance by our locality referral centres in managing demand and resolving service user issues at the point of referral. Reablement service performance indicators continue to be challenging, particularly the face to face contact, which although has increased from the 2014/15 position is not at a level that has been set by Commissioners. It needs to be acknowledged that as many teams are now covering a wider geographical area which is increasing travel time. Work is underway to review the

service model with the commissioners to ensure this service continues to offer best value for the people of Gloucestershire.

Demand and Capacity Approach

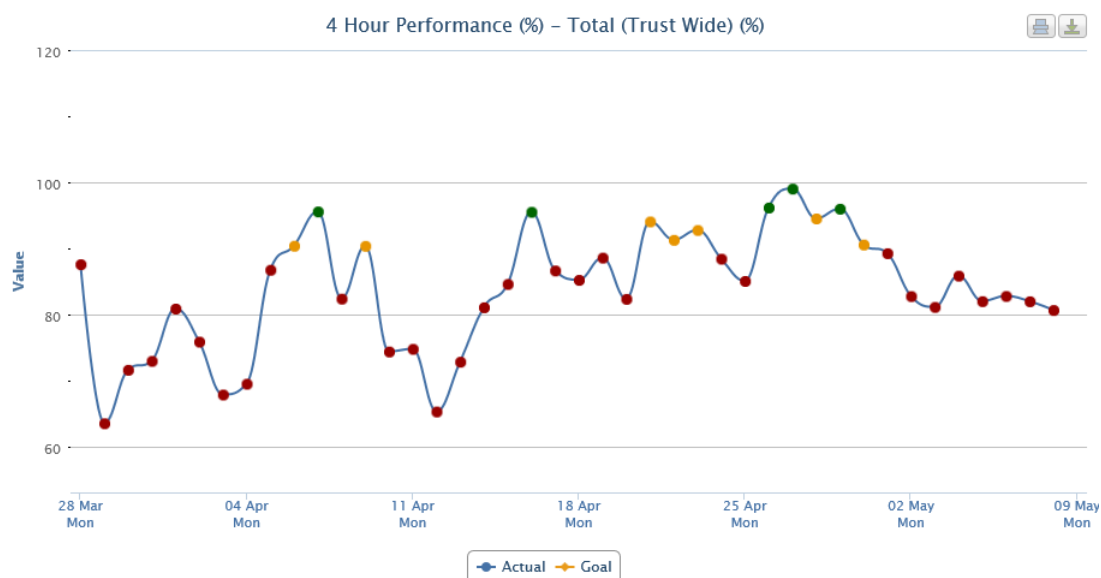
As identified by the Board it is essential that the organisation has a better understanding of both its demand and capacity in all operational services including those which are not bed based, and therefore more challenging to quantify.

A workshop was held on the 7th May 2016, in which 3 Service leads shared the current models they were utilising, and a review of two models which have been adopted by other Community NHS trusts.

A separate agenda item details the work to date, as well as how this will continue to be progressed within the services.

System-wide Operational Resilience

The current level of system wide escalation remains red, primarily due to the pressures experienced at the acute hospitals. The table below indicates the 4 hour performance target at our local A&E over the last 6 week period.



As the Board will be aware there are key services delivered by our organisation that can positively contribute to the overall system performance by ensuring demand is managed, and patient flow is maintained.

Minor Injury and Illness units

Recruitment within our Minor Injury and Illness units continue to be a challenging, particularly as the new workforce model is implemented as part of the CQC Quality Improvement plan.

Where required and safe to do so, we have used agency clinicians to support maintaining the opening hours of our Minor Injury Illness units.

It has however meant that we have to close units when we could not appropriately staff shifts. We are cognisant of the impact this has on the wider system, and as such continue to prioritise filling shifts in which the highest level of activity are predicted, and if required to close to do so in those shifts that will result in minimal impact to the public.

As this is not satisfactory the board has been asked to consider a proposal in which a number of options in revising our current operating hours, to facilitate a quality and safe service provision, support a sustainable staffing model and offer best value for money. This proposal is detailed in a separate agenda item for consideration.

Rapid Response

Our Rapid Response team continues to have a presence in the Emergency department in periods of heightened escalation, to assist with managing demand and avoiding admission onto the wards when the patient can be safely managed back in the home setting.

As would be expected, this has required Rapid Response to work much more closely with the Integrated Discharge team which also has a specific remit to work within the Emergency department in managing demand and admissions. It has been agreed that both the clinical and operational management of this element of the Integrated Discharge team will be overseen by the Rapid Response lead from the 20th May. This is an interim measure while a review of the Integrated Discharge team is undertaken collaboratively by Commissioners and providers.

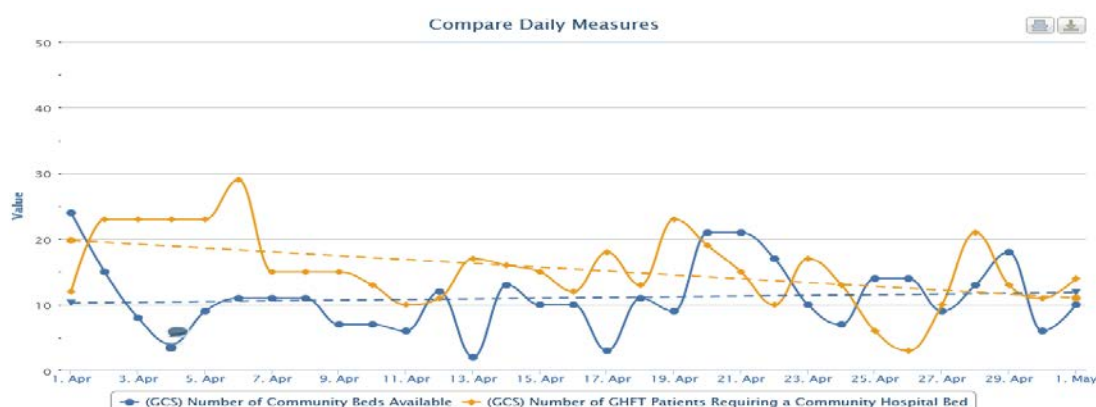
A number of other key pathways are being developed to facilitate referrals from South-west Ambulance Service Trust (SWAST) and directly from Nursing homes into the Rapid Response service, thus avoiding attendances and admissions into our district hospitals.

Community Hospitals

At the last Board it was reported that twelve escalation beds in our Community Hospitals would remain open until after the Easter bank holiday period, with the intention to implementing our de-escalation plan in early April. However to support the industrial action system-wide contingency plan it was agreed to have these remain open until after the Junior doctors 2 day strike period which occurred on the 26th and 27th April.

We have yet to have formal agreement on an agreed date to begin our phased closure of these additional beds but it anticipated this will now start the week commencing the 23rd May. The table noted below indicates a narrowing in the gap of the number of community beds available against the number of GHFT patients identified for a community hospital bed, and

therefore supports the view that it is now safe and appropriate to begin closure of the escalation beds.



It is also hoped that the de-escalation of the beds and reduction in demand will facilitate a reduction in bed occupancy rates which was particularly high in March with a rate of 99.4% and an overall year to date rate of have continued to remain high, with a year to date rate of 96.6%

Partner Engagement

Active engagement with our partners continues, both through the collaborative work underway as part of the Sustainable and Transformation Plan but also by with GP practices as partner providers. The purpose of this engagement is to facilitate ways of working that offer seamless health and social care services to the local population we jointly serve.

I have had two meetings with Rosebank surgery in Gloucester city, who with a practice population of approximately 24,000 patients, have considerable scope to work with us in a more collaborative way. This GP practice has identified areas in which we could support the overall management of the demands on primary care by some straightforward realignment of how we deliver our already commissioned service. The next step is to meet with practice partners to agree the priority initiatives going forward and baseline current practice to be able to measure the impact of more joined up working. It is important to ensure that any partnerships formed are done in a way to compliment the current STP work that is underway.

The Medical Director and myself are also in the process of arranging a meeting with G-Doc, to identify and progress any collaboration opportunities that would facilitate the delivery of the objectives of both organisations.

Lastly, we as a Trust have been invited by Dr Caroline Bennett Urgent Care Clinical Lead at Gloucestershire Clinical commissioning group to

participate in a series of workshops on urgent care provision in the county. This work is informing a newly formed Primary and Community Urgent Care Working Group, which will be responsible for developing an integrated urgent care model for the county. This work programme would take the learning from the Prime Minister's Challenge Fund (GP Access Fund) Choice+ scheme, as well as other urgent care provision e.g. Gloucester Health Access Centre, MIUs, Out of Hours to develop a more integrated model. This is a positive approach in reducing duplication and fragmentation in the system, as well as ensuring all services are being fully utilised. This work will also consider how consistent 7 day urgent care provision will be developed and implemented, which does not compete for the same workforce but works together to deliver the outcomes, and is clear and navigable for the public.

4. Financial implications

Cost Improvement Programme (CIP)

The draft CIP programme, for 2016-17 is taking shape and continues to be monitored by the Finance board subcommittee. Six work streams are detailed, and work has begun on clarifying and confirming the actions within each initiative to achieve the benefits and operational efficiencies required. The financial savings target has been split between pay and non-pay for each work stream.

To ensure operational engagement and ownership, the Cost improvement programme will utilise a Listening into Action approach as its change methodology.

As a result, two "Big Conversations" were held with all Budget Holders at the end of April and all Service Leads will be asked to identify service initiatives to improve efficiencies and include as part of the CIP programme for 2016-17. These was seen as a positive way forward, to ensure service improvements are clinically and operationally led.

We also recognise the importance of understanding the quality and equality impact that any service changes will have on the wider community and therefore the Board can be assured that all CIP schemes will undertake robust equality impact assessments which will be approved by the Clinical Reference Group. To support the understanding of the importance of robust quality and equality impact assessments, the recent Cap sticks Government Consultancy Service report has been circulate to all Services Lead so that any learning can be shared.

5. Valuing Colleagues

Allied Health Profession Celebration Event

As noted in previous reports, an Allied Health Professional (AHP) celebration and learning event was held to recognise the contribution of the

podiatrists, physiotherapists, occupational therapists and dieticians in delivering the vision and objectives of Gloucestershire Care Services NHS trust.

The keynote speaker, Linda Hindle, Lead Allied Health Professional for Public Health England, opened the event by highlighting the importance of the role of AHP's in driving forward change, both locally and nationally. Colleagues were also joined by Anya Wood, PR and social media consultant, who delivered a session on the powers and benefits of social media in supporting the delivery of health and social care services in the community.

Through a range of interactive workshops, the day provided an opportunity to share best practice across the organisation, to network, and to showcase the innovative work which has occurred over the past year.

For many, the highlight of the day was an inspiring patient story from a parent whose son was born with Trisomy 21. A very honest account of this family's experience with healthcare professionals was shared, as well as a huge thank you to Trust colleagues for the advice and the continued support she and her son had received.

5. Appointments

Deputy Chief Operating Officer

I am pleased to report that following an assessment centre held on the 29th April and panel interviews on the 4th May, we were able to appoint to the role of Deputy Chief Operating Officer. It is hoped that our preferred candidate will be able to start with us mid-June. To bridge the gap, an Interim Deputy Chief Operating Officer started with us on the 3rd of May, for a 12 week period. This will support the ability of operational services to continue at pace in progressing some key areas of work in the organisation.

Prepared by: Candace Plouffe

Presented by: Candace Plouffe – Chief Operating Officer

Dated: 09 May 2016

Trust Board

Date: 18 May 2016

| | |
|----------------------|--|
| Agenda Item: | 12 (Part 1) |
| Agenda Ref: | 12/0516 |
| Author: | Rod Brown, Head of Planning, Compliance and Partnerships |
| Presented By: | Glyn Howells, Director of Finance |
| Sponsor: | Glyn Howells, Director of Finance |

| | |
|-----------------|---------------------------|
| Subject: | Board Assurance Framework |
|-----------------|---------------------------|

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

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

It is additionally noted that this BAF reflects the refresh of the strategic objectives as agreed by Board members at the Board Development session on 12 April 2016.

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

Recommendations:

The Board is asked to:

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

Considerations:

Quality implications:

Implicit within the relevant risk descriptions

Human Resources implications:

Implicit within the relevant risk descriptions

Equalities implications:

Implicit within the relevant risk descriptions

Financial implications:

Implicit within the relevant risk descriptions

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

N/A

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

No

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

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

| | |
|-------------------------------|-----------------------------------|
| Reviewed by (Sponsor): | Glyn Howells, Director of Finance |
|-------------------------------|-----------------------------------|

| | |
|--------------|-------------|
| Date: | 11 May 2016 |
|--------------|-------------|

| |
|--|
| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
| The updated strategic risks were agreed at the Board Development on 12 April This draft of the Board Assurance Framework was discussed at the Trust's Risk Steering Group |

| |
|--------------------------------------|
| Explanation of acronyms used: |
| BAF: Board Assurance Framework |

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

Board Assurance Framework:

Strategic Risks

April 2016

Overview

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

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

Contents

| | Page |
|--------------------------------|------|
| 1. Definitions | |
| 1.1 Description of consequence | 3 |
| 1.2 Description of likelihood | 5 |
| 2. Strategic risks | |
| 2.1 Summary of strategic risks | 6 |
| 2.2 Detail of strategic risks | 8 |

1. Definitions

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

1.1 Description of consequence

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

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

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

1.2 Description of likelihood

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

2. Strategic Risks

2.1 Summary of strategic risks

| Trust strategic objectives | Strategic risks | | | |
|--|-----------------|---|-----|----------|
| | Ref | Risk | RAG | Movement |
| Achieve the best possible outcomes for service users through high quality care | 001 | Inability to identify, address, or learn from trends that emerge as a result of complaints, concerns and incidents | 12 | |
| | 002 | Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times | 15 | |
| | 003 | Inability to observe robust record-keeping practices which may impact upon safety and care delivery | 16 | |
| | 004 | Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care | 16 | |
| Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work | 005 | Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust | 9 | |
| Actively engage in partnerships with other health and social care providers in order to deliver seamless services | 007 | Lack of service specifications which limits the Trust's ability to effectively plan and deliver to plan | 12 | |

| Trust strategic objectives | Strategic risks | | | |
|---|-----------------|--|-----|----------|
| | Ref | Risk | RAG | Movement |
| Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision | 008 | Inability to recruit and retain the right staff with the right skills in the right place which may have a detrimental impact upon the quality of provided care | 16 | |
| | 009 | Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice | 12 | |
| | 010 | Inability to provide robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care | 12 | |
| | 011 | Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care | 12 | |
| Manage public resources wisely to ensure local services remain sustainable and accessible | 012 | Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes | 12 | |
| | 013 | Inability to maintain robust internal control / governance systems which may lead to reputational loss and long-term sustainability | 10 | |

2.2 Detail of strategic risks

| | | | | | | | | | |
|---------------------|---|--------|------------|----------|-----------|-----------|---|----------|------------|
| Risk | Inability to identify, address, or learn from trends that emerge as a result of complaints, concerns and incidents | | | | | | | Ref | 001 |
| Strategic objective | Achieve the best possible outcomes for service users through high quality care | | | | | | | | |
| Description | The understanding and use of incident information management systems requires improvement across the Trust so that all colleagues know how to report issues which can then be reviewed and lessons learnt | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Susan Field | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 2 | 3 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 8 | 12 | | | | | | |
| Controls | <ul style="list-style-type: none">Datix software is used as the primary system for the collection, tracking and monitoring of incidents: however, this system has not been effective and as a consequence, colleagues have been under-reporting incidents which is a risk to the TrustColleagues have expressed a need to update their understanding of incident management requirements and responsibilitiesIn August 2015, the Trust ratified an Incident Governance Policy which focuses on the benefits of achieving a learning culture and is supported by further guidance on the intranetIncident reporting and trends is a standing agenda item in the Operational Governance ForumAn Incident Governance improvement plan is owned by the Professional and Clinical Effectiveness team | | | | | Assurance | <ul style="list-style-type: none">Incidents are identified in the Quality and Performance Report that is reviewed by the Quality and Performance Committee and the BoardQuarterly incident profiles are provided by the National Reporting and Learning System which provide an indication of the Trust's performance against comparable organisationsThe Professional and Clinical Effectiveness team now provides a summary report of incidents, concerns and complaints to directorate governance forumsBoth the Trust's Clinical Reference and Complaints Oversight Group (COG) scrutinise serious incidents | | |

| | | | |
|---|---|--------------------------|---|
| Gaps in controls | <ul style="list-style-type: none"> There is evidence of variance in understanding of incident reporting processes in some areas: this was confirmed by the CQC (September 2015) Staff are not observing agreed incident governance processes | Gaps in assurance | <ul style="list-style-type: none"> The Trust has now moved to within the middle 50% of comparative Trusts. This position needs to be sustained |
| Progress made in the previous period | <ul style="list-style-type: none"> The Professional and Clinical Effectiveness team has continued to engage with clinical teams in order to promote a positive reporting and learning culture. This has included bespoke learning sessions and quality-focused briefings Improved learning opportunities re: SIRIs are now in place through the Trust's Clinical Reference Group The Trust's Sign Up To Safety work plan has been approved by the Trust's Quality and Performance Committee The Listening into Action team is progressing with its plans to raise the profile of incident reporting and to share learning across the Trust. This includes improvements to Datix which are being tested by colleagues There is now weekly CORE communications and feedback mechanisms in place relating to Quality & Safety Matters | | |
| Actions in the next period | <ul style="list-style-type: none"> Continue to progress the Listening into Action work Commence monthly Trust-wide Quality Updates in Team Brief Continue with the approved Sign Up To Safety work plans Ramp up the "marketing" about the importance of reporting incidents across the Trust | | |
| Links to the Corporate Risk Register | ST5-CH: Rising trend of reported falls at Community Hospitals | | 9 |
| | NQ8: Colleagues are reported as not feeling sufficiently secure about raising concerns in respect of unsafe clinical practice (ref: National Staff Survey) | | 16 |
| | NQ9: Staff's inability to observe the Trust's incident governance processes may result in non-compliance with the CQC's safety domain | | 9 |

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|--------------------------------------|--|--------|------------|----------|-----------|-------------------|---|----------|------------|
| Risk | Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times | | | | | | Ref | 002 | |
| Strategic objective | Achieve the best possible outcomes for service users through high quality care | | | | | | | | |
| Description | Services have not developed, or are not following, evidence-based care pathways, to support the right person and provide the right care at the right time. This can result in ineffective and inefficient care being provided to service users. | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Candace Plouffe | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 5 | 2 | 5 | | | | | | |
| - Consequence | 3 | 3 | 3 | | | | | | |
| - Total | 15 | 6 | 15 | | | | | | |
| Controls | <ul style="list-style-type: none">Some services are adopting a care pathway approach and this is being incorporated into the service specifications. An exemplar of good practice has been the Complex Wound service.NICE guidance provides information on best practice and is utilised to develop and refresh care pathways | | | | | Assurance | <ul style="list-style-type: none">Clinical protocols which incorporate care pathways facilitate an audit based approach to ensure compliance | | |
| Gaps in controls | <ul style="list-style-type: none">Older service specifications tend to be input and activity based, and do not incorporate evidence-based care pathways | | | | | Gaps in assurance | <ul style="list-style-type: none">Not all interventions have nationally recognised evidence-based pathways, and as such, these will need to be locally developed and tested | | |
| Progress made in the previous period | <ul style="list-style-type: none">Demand and capacity work is integrating use of care bundles and pathwaysOngoing work with new services being developed and refreshed i.e. community continence service and Community IV therapy service | | | | | | | | |
| Actions in the next period | <ul style="list-style-type: none">Incorporate care pathway work within demand-capacity approachIncorporate care pathway development objective in operational service delivery plans | | | | | | | | |
| Links to the Corporate Risk Register | ST28-RR: Inconsistent delivery of complex antibiotic therapy | | | | | | NEW | | 12 |

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|--------------------------------------|---|--------|------------|----------|-----------|-------------------|--|----------|------------|--|
| Risk | Inability to observe robust record-keeping practices which may impact upon safety and care delivery | | | | | | | Ref | 003 | |
| Strategic objective | Achieve the best possible outcomes for service users through high quality care | | | | | | | | | |
| Description | The quality of record keeping is variable across services, and is potentially impacting on the quality of provided care as insufficient information is available for colleagues to act upon. This also creates a risk for the organisation when incidents occur, as care is not being documented to the standard expected as per the professional regulatory bodies and the Trust's record keeping policy. | | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Candace Plouffe / Susan Field | | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 | |
| - Likelihood | 4 | 2 | 4 | | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | | |
| - Total | 16 | 8 | 16 | | | | | | | |
| Controls | <ul style="list-style-type: none">SystmOne allows for more robust record keeping audits, in which quality is the focus.All services carry out an annual record-keeping audit, and this process has been revised as the Trust has moved to an electronic records | | | | | Assurance | <ul style="list-style-type: none">Annual record keeping audits have been completed by professional heads of service, and subsequent action plans developed | | | |
| Gaps in controls | <ul style="list-style-type: none">Lack of standard operating procedures in SystmOne has resulted in information being recorded in various parts of the record, making it difficult to find easily, thereby impacting upon continuity of careTraining for clinical colleagues on how and what to record on electronic systems has yet to be provided – recognising this may require a different approach to paper based records | | | | | Gaps in assurance | <ul style="list-style-type: none">Need to review current record keeping and record management policy to ensure fits with new way of recording clinical information | | | |
| Progress made in the previous period | | | | | | | | | | |
| Actions in the next period | <ul style="list-style-type: none">Continue with annual record-keeping auditsShort life working group to be formed to review audits and action plans, as well as identify training for clinical colleagues | | | | | | | | | |
| Links to the Corporate Risk Register | SD35-ICT: Lack of compliance within ICTs with professional standards of clinical record-keeping | | | | | | | | 16 | |
| | NQ11: Record-keeping and records management processes are not compliant with clinical governance standards | | | | | | | NEW | 16 | |
| | CG1: Inconsistent record keeping means that allegations of negligence cannot always be refuted | | | | | | | | 16 | |

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|---------------------|---|--------|------------|----------|-----------|-------------------|--|----------|------------|
| Risk | Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care | | | | | | Ref | 004 | |
| Strategic objective | Achieve the best possible outcomes for service users through high quality care | | | | | | | | |
| Description | Sustained and significant pressure for access to community services is reducing the ability to be proactive, as it is forcing the Trust to routinely react to the need to manage capacity. This not only distracts the organisation’s senior operational staff from strategic planning, it also reduces the level of resource that is available elsewhere within the health and care system. Additionally, the demand to make additional community beds available to the acute sector may impact upon the quality of care being provided, and can place excessive strain upon colleagues, leading to higher turnover and lower morale | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Candace Plouffe | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 2 | 4 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 8 | 16 | | | | | | |
| Controls | <ul style="list-style-type: none">Alamac reporting enables a more measured and responsive approach to system-wide pressures, and is beginning to gather a body of information to support systemwide urgent care demand-capacity modellingSystmOne is providing clearer evidence of Trust activity to underpin forward planning and a demand-capacity approachSome services have demand-capacity models, and have used them to success in improving access times | | | | | Assurance | <ul style="list-style-type: none">Activity and performance against contracted service levels is reported on monthly through the Quality and Performance Report | | |
| Gaps in controls | <ul style="list-style-type: none">The lack of service specifications which incorporate care pathways and demand-capacity models means that the Trust has very few cap-volume metrics agreedThere is insufficient clarity regarding step-up and step-down services to and from other providersWithout demand-capacity modelling, it is difficult to evidence when community services are “full” which impacts on the workforce and the quality of service delivered | | | | | Gaps in assurance | <ul style="list-style-type: none">There is not a consistent approach to proactive capacity planning across the whole of the health and social care economy: this should be one of the responsibilities of cross-organisational committees such as the Gloucestershire Strategic Forum and the Strategic Resilience Forum | | |

| | | |
|--------------------------------------|--|-------------------|
| Progress made in the previous period | <ul style="list-style-type: none">Continuation of system-wide CCG-led urgent care planningDischarge planning coordinator has assisted with understanding and proactively managing our capacity in community hospitals and bottlenecks that need to be addressedDemand-capacity workshops held with operational service leads, with subsequent series of actions to progress this in key services | |
| Actions in the next period | <ul style="list-style-type: none">Continue to review the Trust’s capacity management supported by the Alamac reports: this should provide greater clarity as to system-wide response and facilitate improved future planning and modelling for both community hospitals and wider community health and social care servicesContinue the implementation of the Medworxx system – technology challenges persist | |
| Links to the Corporate Risk Register | SD5-CWS: Increasing demand for specialist services (i.e. IV therapy, Tissue Viability and Home Oxygen), and lack of clinical governance support | 12 |
| | SD33-RR: Increased demand for overnight community service - nursing and rapid response | 12 |
| | SD34-ICT: Increasing demand for IV therapy is impacting on community nursing capacity and ability to provide safe care | 12 |
| | ST29-CH: Bed occupancy levels consistently exceed CQC-advised thresholds and commissioned targets | <div>NEW</div> 16 |

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|---------------------|--|--------|------------|----------|-----------|-----------|--|----------|------------|
| Risk | Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust | | | | | | | Ref | 005 |
| Strategic objective | Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work | | | | | | | | |
| Description | The Trust must ensure that it develops and maintains clear routes by which all service users, families and carers can provide feedback on their experiences so that this information may be actively used to improve service delivery and quality. This must include those service users who experience health inequalities or who traditionally find it hard to engage | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Susan Field | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 3 | 1 | 3 | | | | | | |
| - Consequence | 3 | 3 | 3 | | | | | | |
| - Total | 9 | 3 | 9 | | | | | | |
| Controls | <ul style="list-style-type: none">• Use of the Friends and Family Test (FFT) across all Trust settings• Direct feedback to teams from FFT comments• The updated Complaints Policy• The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments• The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities• Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion• On-going review of all feedback so as to ascertain themes• The Trust's Annual Equality Report• The Quality Equality Impact Assessments that are conducted against all service improvements / redesigns / Cost Improvement Plans• The Trust's Annual Quality Account• Being Open Champions | | | | | Assurance | <ul style="list-style-type: none">• The Your Care, Your Opinion Programme Board• Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board• 6-monthly Understanding You Report• Service user stories at Board• The Complaints Oversight Group• Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG• Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability• The outputs of focus groups which are reported to relevant Trust forums for learning• The outputs of other ad-hoc engagement and consultation activities | | |

| | | | |
|---|--|--------------------------|--|
| Gaps in controls | <ul style="list-style-type: none"> Feedback to clinical teams and the public in respect of all forms of engagement needs to be strengthened The Community Partnerships Team requires a more systematic approach so as to ensure effective engagement with all local populations including the most vulnerable The Trust needs to actively engage with partners to truly evidence coproduction in service development | Gaps in assurance | <ul style="list-style-type: none"> Service user feedback is not engrained in all service developments Benchmarking data suggests that the Trust receives fewer complaints than other comparable Trusts |
| Progress made in the previous period | <ul style="list-style-type: none"> Revised Duty of Candour Policy and Complaints Policy approved at the Board in March 2016 Your Care, Your Opinion held 1 March 2016 provided local service users with the opportunity to discuss next year's quality priorities Continued to hold public / stakeholder engagement on the future of healthcare services in the Forest of Dean Complaint story heard at the Trust Board, March 2016 Agreement with other local providers to establish a Countywide Equalities Group An updated Translation and Interpretation Policy has been cascaded | | |
| Actions in the next period | <ul style="list-style-type: none"> Continue with Quality Equality Impact Assessments Refresh the Engagement and Experience Strategy, and develop a corresponding implementation plan Finalise the complaints and incidents toolkit Commence Trust-wide awareness raising about new Complaints Policy. Promote materials to support and publicise how service users can tell us about their experiences with our services. Continue with Forest of Dean engagement activity Publish the Trust's Quality Account for 2015-16 on 30 June 2016 Develop the Understanding You Report for Quality and Performance Committee in June 2016 Continence workshop due 23 May 2016 First meeting of the new Countywide Equalities Group due June 2016 | | |
| Links to the Corporate Risk Register | None | | |

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|---------------------|---|--------|------------|----------|-----------|-----------|--|----------|------------|
| Risk | Lack of up to date service specifications which limits the Trust's ability to effectively plan and deliver to plan | | | | | | Ref | 007 | |
| Strategic objective | Actively engage in partnerships with other health and social care providers in order to deliver seamless services | | | | | | | | |
| Description | <p>Although the ICTs have been in existence for a number of years, the fundamental operational model has not been formally confirmed and agreed between partner organisations with a service specification. This, alongside further initiatives such as High Intensity/Enhanced Care service and case management, has resulted in a lack of agreed understanding between commissioners and the Trust of what is expected to be provided.</p> <p>The County Council has also introduced a change to the line management arrangements and responsibility for social work practice which has further impacted on the model.</p> <p>Overall, there is not a measure against which the Trust can effectively assess the success or otherwise of the ICTs. This results in an inability to set the service parameters and most significantly, the service cannot quantify when it is at capacity.</p> | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Candace Plouffe | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 2 | 3 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 8 | 12 | | | | | | |
| Controls | <ul style="list-style-type: none">The Trust has created an ICT operational plan, based on previous business cases developed with the Commissioner and on draft and previous service specifications.Individual action / recovery plans have been developed in respect of "hot spots" / areas of operational concern, such as reablementArrangements have been agreed with the Council to ensure that integrated care provision is provided by the ICTs, despite the change in line management and overall responsibilities for social work | | | | | Assurance | <ul style="list-style-type: none">Assurance and further direction is provided via the ICT Performance and Delivery Group which reports to the Joint Strategic Integration Panel. This in turn reports to the Contract Monitoring Board.The refreshed governance structure has been agreed with CommissionersInternal assurance is provided to the Operational Governance Group which reports to the Quality and Performance board subcommittee | | |

| | | | |
|---|---|--------------------------|--|
| Gaps in controls | <ul style="list-style-type: none"> • The Trust does not have a final service specification for Integrated Community Teams within its core contract • The Trust does not have an agreed ICT service delivery model • Changes in operational management of Social Care services with competing organisational priorities between health and social care, may jeopardise the relationship between the Trust and Council, and thereby undermine delivery of integrated health and adult social care services. • The change to the social care management element has resulted in the need to review the overall management structure of the Integrated community teams | Gaps in assurance | <ul style="list-style-type: none"> • Although system wide key performance indicators are reported to the Commissioner, there is not a full set of metrics in which the individual elements of the Integrated Community Teams are reporting on |
| Progress made in the previous period | <ul style="list-style-type: none"> • Draft overarching service specification and system-wide KPIs for Integrated Community Teams • Rapid Response service incorporated into the overarching service specification and is not part of the core funding for the service • Agreed a refreshed Section 113 agreement • The Clinical Commissioner that has been appointed specifically for ICTs: this role includes responsibility for progressing the ICT service delivery model is reviewing the current service specification that is in draft, and working alongside key services such as Rapid Response • Updated the ICT service delivery operational plan and action plan, although there is recognition that this will need to be refreshed once the overarching service specification has been agreed • Developed proposals for reconfigured ICTs in order to increase clinical leadership and thereby facilitate the implementation of case management and to support the people and place (30,000) model as part of the STP work underway • Further discussion with both GCC and CCG in respect of future financial arrangements, agreed to move forward with a set management fee for the ongoing oversight of social care elements remaining under GCS | | |
| Actions in the next period | <ul style="list-style-type: none"> • Sign off the overarching service specification and KPIs with Commissioners via contract variation process • Complete the appendices to the overarching service specification in order to detail the expectations of the professional services/functions provided within the ICTs • Progress the draft Service Level Agreement and Memorandum of Understanding with GCC • Progress the agreed review of occupational therapy services | | |
| Links to the Corporate Risk Register | ST8-MIU: Lack of a consistent staff model and system resilience in MIiUs which requires redress with the CCG | | 16 |

| | | | | | | | | | |
|---------------------|---|--------|------------|----------|-----------|-------------------|--|----------|------------|
| Risk | Inability to recruit and retain the right staff with the right skills in the right place which may have a detrimental impact upon the quality of provided care | | | | | | Ref | 008 | |
| Strategic objective | Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision | | | | | | | | |
| Description | The number of qualified nursing vacancies has remained static over the last 12 months. This has been compounded by the inability to attract new staff to the organisation and an increase in turnover rates in some areas. This is set in the national context that qualified nurses are included on the national shortage occupational list and the recent introduction of agency cap rates. | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Tina Ricketts | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 2 | 4 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 8 | 16 | | | | | | |
| Controls | <ul style="list-style-type: none">Weekly submissions of nurse staffing numbers within Community Hospitals and ICT's so as to identify gaps and respond effectivelyMonthly recruitment drives / fayres to attract new staffRevised establishment control processAny gaps in staffing are addressed by the use of bank/agency workers so as to maintain safe staffing levels at all timesCentralised bank and agency functionRoll out of e-rostering across the TrustSafer recruitment practices in placeDevelopment roles and training places for Community NursesReview of exit interviews, managed centrally in HR | | | | | Assurance | <ul style="list-style-type: none">Workforce data which is reported through the Workforce & OD Committee and thereafter to BoardSafer Staffing data which is included within the Quality and Performance Report which goes to BoardTop-level workforce plan submitted to Workforce & OD CommitteeAgency working group chaired by the Director of NursingRecruitment & Retention Working Group | | |
| Gaps in controls | <ul style="list-style-type: none">Lack of robust workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and responseAvailable staff banding does not help to retain talented staff – thus, for example, district nurses are unable to advance above Band 6 which results in them either having to specialise within other services, or leave the employ of the TrustLow completion rate of exit interviews | | | | | Gaps in assurance | <ul style="list-style-type: none">Data is not available to review in real-time | | |

| | | |
|---|--|----|
| Progress made in the previous period | <ul style="list-style-type: none">• E-rostering now in place across all community hospitals and being rolled out with Integrated Community Teams• Time taken to recruit reduced due to implementation of revised recruitment process and E-DBS• Further development of corporate and clinical skills induction• Recruitment and retention report standing agenda item on Workforce and Organisational Development Committee• Detailed analysis of reasons for leaving included in report to Workforce and Organisational Development Committee• Development of capacity tool for Community Nursing• Development of complexity tool for Rapid Response Service• Attendance at university open days to promote the Trust as an employer of choice (particularly looking at ‘border’ universities who specialise in particular training eg physio) | |
| Actions in the next period | <ul style="list-style-type: none">• Further review of recruitment and selection processes under a Listening into Action scheme• Further Targeted marketing of year 3 students to increase the number of final placements within the Trust• Further exploration of how the Trust can enhance and strengthen its staff bank service• Introduction of clinical apprenticeships x 12 (16-19 year olds)• Development of band 4 roles in Community Hospitals | |
| Links to the Corporate Risk Register | SD3-ICT: Occupational therapist and physiotherapist vacancies in the Integrated Community Teams | 12 |
| | SD28-CWS: Lack of speech and language therapy resource, placing service users at risk of longer term problems | 12 |
| | ST19-IDT: Unable to recruit suitably qualified staff to IDT | 12 |
| | HR3-409: High number of nurse vacancies across the Trust | 16 |
| | HR7-315: Insufficient workforce information may be masking further recruitment hotspots | 15 |

| | | | | | | | | | |
|---------------------|--|--------|------------|----------|-----------|-------------------|---|----------|------------|
| Risk | Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice | | | | | | Ref | 009 | |
| Strategic objective | Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision | | | | | | | | |
| Description | Lack of a clear, consistent and positive working environment may negatively affect the Trust's ability to attract and retain staff. This may result in insufficient staff numbers and higher costs of employment due to increased bank/agency staff. More significantly, disaffected and demoralised staff can impact on the quality of provided care. | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Tina Ricketts | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 1 | 3 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 4 | 12 | | | | | | |
| Controls | <ul style="list-style-type: none">Agreed Workforce and Organisational Development Strategy with corresponding implementation plansUndertaking a third year of Listening into ActionCore Values Behaviour FrameworkAnnual staff surveyQuarterly Staff Friends and Family Tests | | | | | Assurance | <ul style="list-style-type: none">Improvements in the Pulse Check for Listening Into Action between start and end of year twoInvestors in People accreditation until March 2017Workforce and Organisational Development CommitteeWorkforce and Organisational Development Steering GroupWorkforce Education & Development Group | | |
| Gaps in controls | <ul style="list-style-type: none">The Trust's agreed Performance Management Framework is not widely understood or embedded across the organisationHigh proportion of workforce risks relate to demand/ capacity issuesInability to recruit to all qualified nursing vacancies having an impact on morale | | | | | Gaps in assurance | <ul style="list-style-type: none">Both the NHS Staff Survey and the Staff Friends and Family Test report below-target for staff morale / recommendation | | |

| | | |
|---|---|-----------|
| Progress made in the previous period | <ul style="list-style-type: none">• The Engagement Team undertook a staff engagement pilot with Tewkesbury ICT and Stroud Hospital staff groups to better understand how colleagues can be motivated, engaged and involved with the Trust• Refresh of the Workforce & Organisational Development Strategy to identify strategic priorities for 2016/17• Embedding of Core Values Framework in appraisal processes• Listening into Action “Enabling our People” scheme in place which focuses on supporting colleagues through change• New role of Ambassador of Culture Change appointed• Internal engagement aligned with organisational development priorities | |
| Actions in the next period | <ul style="list-style-type: none">• Working towards Listening into Action accreditation• Focus on improving the Trust’s rating as a flexible working employer in conjunction with Timewise• Listening into Action Board Development session planned• Staff engagement events planned for April/ May 2016 | |
| Links to the Corporate Risk Register | HR13-407: Low staff morale within the Trust as a result of many changes and the mismatch between capacity and demand | 15 |
| | HR17: Colleagues at EJC have reported particular dissatisfaction with the Trust as a place to work | 12 |

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|---------------------|--|--------|------------|----------|-----------|-------------------|---|----------|------------|
| Risk | Inability to provide robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care | | | | | | Ref | 010 | |
| Strategic objective | Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision | | | | | | | | |
| Description | The Board does not receive the necessary assurance that colleagues are suitably skilled. Moreover, the Trust needs to establish a clear link between Personal Development Plans and Service Development Plans in order to be able to evidence a competent and flexible workforce who are able to effectively provide care despite the changing profile of service users and their increasing acuity. | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Susan Field / Tina Ricketts | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 1 | 3 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 4 | 12 | | | | | | |
| Controls | <ul style="list-style-type: none">The Trust has a policy regulating the use of appraisals and Personal Development PlansClinical education programmes are in place and accessible via TRSThere is a defined training budgetThere are competency frameworks for colleagues in MIUs, Rapid Response and for Healthcare AssistantsThe Trust is compliant with the Professional Bodies Registration requirements | | | | | Assurance | <ul style="list-style-type: none">Appraisals and mandatory training rates are included in the Quality and Performance Report which goes to the Trust Board: these are also reported at team and locality level on a monthly basisWorkforce Education & Development Group which reports to the Workforce & Organisational Development Committee | | |
| Gaps in controls | <ul style="list-style-type: none">Completion rates for appraisals are below the required thresholdThere are no commissioned audits looking at appraisals practiceInconsistent provision of clinical supervisionPolicies on safeguarding and resuscitation training need further development to enable better recording and reporting from ESRService Development Plans are not yet developed for all areasCompetency frameworks need to be developed across all roles and disciplines | | | | | Gaps in assurance | <ul style="list-style-type: none">Robust reporting is required in respect of safeguarding, resuscitation and other relevant clinical mandatory trainingPercentage of staff reporting access to relevant personal development | | |

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|--------------------------------------|---|----------------|
| Progress made in the previous period | <ul style="list-style-type: none">• Adoption of the Care Certificate for all new healthcare assistants• Annual review of training and development undertaken and reported to Workforce and Organisational Development Committee• CQC quality improvement plan actions ongoing. Progress and risks discussed at Quality and Performance Committee• Further development of the Oracle Learning Management system as to enable colleagues to access their own training records on line• Professional Registration Policy ratified by the Trust’s Workforce and OD Committee• Refresh of the Trust’s statutory and mandatory training matrix completed• Personal development form updated | |
| Actions in the next period | <ul style="list-style-type: none">• Self-service to be launched so that colleagues have access to their own training records• Refreshed corporate and clinical induction programmes to be launched from 1st April 2016• Workforce scorecard developed to include reporting of compliance on mandatory clinical training• Safeguarding Training Policy to be submitted to the Quality & Performance Committee• Continue with Listening into Action “Enabling our People” schemes | |
| Links to the Corporate Risk Register | NQ3: The Trust is unable to evidence staff’s safeguarding training | 16 |
| | NQ5: Insufficient staff competencies in MliUs may result in incidents up to, and including, severe harm | 12 |
| | HR12-411: Low mandatory training compliance could have a detrimental impact on the Trust’s reputation and its ability to meet CQC standards | RE-ENTRY 12 |
| | HR14: Low safeguarding and resuscitation training compliance could result in service users being at risk | 16 |

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|--------------------------------------|---|--------|------------|----------|-----------|-------------------|---|----------|------------|
| Risk | Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care | | | | | | Ref | 011 | |
| Strategic objective | Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision | | | | | | | | |
| Description | The Trust's cultural change programme requires all colleagues to be leaders so that service transformation and development can be driven from the front line. It is evident from staff survey results that leadership capability and capacity is varied across the Trust and this is having a detrimental impact on colleague engagement, service development and the Trust's ability to take forward service transformation at pace and scale. | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Tina Ricketts | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 2 | 3 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 8 | 12 | | | | | | |
| Controls | <ul style="list-style-type: none">NHS Leadership Competency FrameworkWorkforce and Organisational Development StrategyListening into Action programme year 3CORE values behaviour framework | | | | | Assurance | <ul style="list-style-type: none">Investors in People Accreditation to March 2017Workforce Education & Development Group which reports to the Workforce & Organisational Development CommitteeMonthly leadership meetings | | |
| Gaps in controls | <ul style="list-style-type: none">The Trust does not currently have a Talent Management Strategy or PlanThe assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans | | | | | Gaps in assurance | <ul style="list-style-type: none">Percentage of colleagues who have participated in leadership development activities | | |
| Progress made in the previous period | <ul style="list-style-type: none">96 colleagues have completed the Leading for Quality Care Programme8 colleagues have completed national NHS Leadership Academy ProgrammesLeadership Conference held in June 2015Edward Jenner leadership programme available to all staffLeading an Empowered organisation training for band 6 and above | | | | | | | | |

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| Actions in the next period | • Refresh of the membership of the monthly leadership meeting | |
| | • Leadership conference planned for September 2016 | |
| | • Listening into Action coaching for 30 colleagues | |
| | • Coaching programme for all Integrated Community Team Managers | |
| Links to the Corporate Risk Register | SD1-ICT: Staffing shortfalls are impacting on the leadership and support of the community nurses | 12 |
| | HR15: Lack of management capability and capacity could be the root cause of low staff moral and increased staff turnover | 12 |
| | HR16: Lack of leadership capability and capacity could be the root cause of lack of progress against service transformation and the Workforce and OD Strategy | 12 |

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|---------------------|--|--------|------------|----------|-----------|-------------------|---|----------|------------|
| Risk | Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes | | | | | | Ref | 012 | |
| Strategic objective | Manage public resources wisely to ensure local services remain sustainable and accessible | | | | | | | | |
| Description | The Trust has a challenging £4m Cost Improvement Programme for 2016-17. Additionally, the Trust is challenged to meet all QIPP and CQUIN targets which have another £6m of risk in them. The CQUIN schemes agreed are challenging but deliverable: however, there is £900k QIPP risk which is based on system-wide improvement in KPIs that are outside the Trust's control | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Candace Plouffe | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 4 | 2 | 3 | | | | | | |
| - Consequence | 4 | 4 | 4 | | | | | | |
| - Total | 16 | 8 | 12 | | | | | | |
| Controls | <ul style="list-style-type: none">• Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation• Accurate baseline reports and activity data to evidence progress• Financial targets agreed at the outset between operations and finance with more financial involvement throughout the process• Good historical delivery against QIPP and CQUIN and additional QIPP schemes close to agreement• A clear communications plan linking CIP delivery to LiA; highlighting that CIP is a collective responsibility and requires engagement from everyone• QEIAs will be completed and signed off for all CIP schemes before they are implemented• The Trust's main commissioner is supportive of the areas being targeted by the CIP plans | | | | | Assurance | <ul style="list-style-type: none">• Progress against CIP targets is monitored at the CIP Steering Group which reports to the Finance Committee• Quality Equality Impact Assessments are discussed at Clinical Senate with recommendations made to the Executive Team for ratification• Quality Equality Impact Assessments are included with future Clinical Senate reports which are provided to the Quality and Performance Committee | | |
| Gaps in controls | <ul style="list-style-type: none">• Clear evidence-base / intelligence / operational modelling upon which to build CIP plans• Financial understanding and accountability by operational leads is improving• Financial projections are improving• Understanding of CIPs across the Trust is improving | | | | | Gaps in assurance | <ul style="list-style-type: none">• The ability to deliver in-year and future CIP savings without reducing frontline services or generate additional income through increased productivity and efficiency | | |

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| Progress made in the previous period | <ul style="list-style-type: none"> • QIPP and CQUIN schemes are now fully agreed with main commissioner • CIP programme is being aligned to LiA priority focus during meetings with all budget holders in April | | |
| Actions in the next period | <ul style="list-style-type: none"> • Undertake QEIA for relevant CIP initiatives before implementing • Continued implementation of the communications plan and key messages • Continued management and monitoring of all CIP, CQUIN and QIPP plans • Accelerate development of plans for 2017-18 | | |
| Links to the Corporate Risk Register | FIN1: Ability to deliver CIPs against pay costs | NEW | 12 |
| | FIN2: Ability to achieve Gloucestershire Hospitals NHS Foundation Trust service recharges and adhoc | NEW | 16 |
| | FIN3: Ability to control and reduce agency spend | NEW | 12 |
| | FIN5: Inability to identify required targets or cost savings across a five year period | | 12 |

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|---------------------|--|--------|------------|----------|-----------|-------------------|---|----------|------------|
| Risk | Inability to maintain robust internal control / governance systems which may lead to reputational loss and long-term sustainability | | | | | | Ref | 013 | |
| Strategic objective | Manage public resources wisely to ensure local services remain sustainable and accessible | | | | | | | | |
| Description | Non-compliance with requisite standards is a constant risk, to which the Trust must adopt a proactive approach so as to maintain its effective performance and organisational reputation as a provider of high quality services. Governance arrangements for Board and sub-committees that have been discussed and agreed with the NHSI need to be quickly embedded in the Trust, and these new arrangements mapped to strategies, relevant sub-committees and matters arising under the previous governance arrangements. | | | | | | | | |
| Date opened | 30 March 2016 | | | | | Exec lead | Glyn Howells | | |
| Rating | Initial | Target | March 2016 | May 2016 | July 2016 | Sept 2016 | Nov 2016 | Jan 2017 | March 2017 |
| - Likelihood | 2 | 1 | 2 | | | | | | |
| - Consequence | 5 | 5 | 5 | | | | | | |
| - Total | 10 | 5 | 10 | | | | | | |
| Controls | <ul style="list-style-type: none">Clinical and corporate governance arrangements enable controls to be effectively managedCommittee / reporting structures enable controls to be monitored and reviewedThe Trust's strategy framework provides oversight of activity and controls in all key operational and support areasThe Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlledLine management structures provide clarity in terms of responsibilities and accountabilitiesInternal and external audit provides additional scrutiny | | | | | Assurance | <ul style="list-style-type: none">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 | | |
| Gaps in controls | <ul style="list-style-type: none">Revised committee structures need to be embedded and run through reporting cycles to provide assuranceThe Head of Financial Accounting position is vacant from the middle of MayThe Trust Secretary position has been vacant for 5 months | | | | | Gaps in assurance | | | |

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|---|---|-----------------|-----------|
| Progress made in the previous period | <ul style="list-style-type: none"> Recruitment of Trust secretary is complete (start date July 2016) Draft Annual Governance Statement to the NHSI Mapping of all governance meetings and reviewing in light of changes to Director portfolios is complete Begin formal development of the Annual Report & Accounts and Quality Account | | |
| Actions in the next period | <ul style="list-style-type: none"> Recruitment of the Head of Financial Accounting post Work towards extracting data from e-rostering in order to provide real time assurance on staffing levels Finalise Annual Report & Accounts and Quality Account | | |
| Links to the Corporate Risk Register | ST27-CH: Unable to safely treat service users undergoing immobilisation of lower limb due to lack of Low Molecular Weight Heparin Protocol | NEW | 9 |
| | NQ10: Failure to comply with multi-agency safeguarding policy for children and adults may put service users at risk by non-identification and/or not taking the necessary actions to safeguard | NEW | 9 |
| | HR11: Payroll provision may not be maintained due to loss of workforce team member | RE-ENTRY | 12 |
| | IT10: SystmOne address option box - No failsafe for identifying which address/contact details to accept | | 9 |
| | FT2: Failure to comply with Information Governance standards, resulting in the Trust no longer being at level 2 compliance with the Information Governance Tool Kit | | 15 |
| | FT3: The Trust's health and safety function is not suitably focused, and risks are not being identified or escalated through the governance structure | | 12 |

Operational risks not linked to strategic risks

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|--|------------|-----------|
| SD37-CWS: Service users at risk of falling from extra low beds issued without bed rails | NEW | 9 |
| ST21-CH: Staff at risk of injury due to being unable to use moving and handling aids to transfer unwell/collapsed injured service users from car to MliU | | 9 |
| ST26-CH: MliU service users wait in the Tewkesbury hospital waiting area for assessment and cannot be visualised by MliU staff | NEW | 10 |
| NQ7: The recommended shelf life of 33 of the Trust's 75 Automatic External Defibrillators have expired | | 10 |

Trust Board

Date: 18th May 2016

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|----------------------|----------------------------------|
| Agenda Item: | 13 |
| Agenda Ref: | 13/0516 |
| Author: | Susan Field, Director of Nursing |
| Presented By: | Sue Mead, Non-Executive Director |
| Sponsor: | Sue Mead, Non-Executive Director |

| | |
|-----------------|--|
| Subject: | Quality and Performance Committee Report |
|-----------------|--|

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

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

- The 3rd March 2016 Committee minutes
- The Trust's 2015-16 Infection Prevention and Control Annual Report and that it be published
- The Committee's Annual Statement and its priorities for 2016-17
- In principle, the contents of the Trust's Quality Accounts and that it progresses to final draft phase for wider comments
- In principle, the contents of the Trust's first draft Safeguarding 2015-16 Annual Report.

The Quality and Performance Committee also **RECOMMENDED** that the following issues progress or be formally highlighted to the May Trust Board:

- That the Trust's bed occupancy rate continues to be a risk to the Trust – 99.4% for March 2016
- That the number of patients transferring to the Trust Community Hospitals between 23:00 – 06:00 hours continue to increase – 35 for March 2016
- That the Trust needs to maintain its focus on improving its clinical record keeping processes and performance across the Trust
- That the Committee remains concerned that working relationships with GHFT may potentially be compromised from a clinical and quality perspective due to the financial challenges the Trust is trying to address with them
- That the Committee formally requested that there be a plan to de-escalate the 12 additional beds that the Trust has had in place as part of its winter response and resilience plans.

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

- Was progressing with further benchmarking activities with other organisations re: medication errors
- Took assurance that the Trust's Children in Care activities continued; was included in the Trust's first Safeguarding Annual Report and that a further performance report be included in the Committee's August agenda
- Took assurance that significant progress had been made against the Trust's CQC Quality Improvement Plan during the past two months and that the Committee would review the outcomes of any 'testing' of compliance which had commenced with the internal peer reviews (replacing what was previously known as Quality Visits)
- Quarterly Complaints and Duty of Candour report were reviewed and that a formal request was made for additional information about compliments to be included in the next report
- A review of the Trust's overall Quality and Performance for both March and for the full year to date. It was

acknowledged that despite considerable capacity pressures in some services, performance had overall been good and that Trust colleagues be congratulated for this

Recommendations:

The Board is asked to:

The Board is formally asked to receive the report and the approved minutes of the 3rd March 2016 Quality and Performance Committee.

Considerations:

Quality implications:

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

Human Resources implications:

N/A

Equalities implications:

N/A

Financial implications:

N/A

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

No

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

No

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

P or C

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

P

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

P

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

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

P

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

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

P or C

Caring

P

Open

P

Responsible

P

Effective

P

Reviewed by (Sponsor):

Date:

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

Quality and Performance Committee

Explanation of acronyms used:

CQC – Care Quality Commission
GHFT – Gloucestershire Hospitals Foundation Trust
QIP – Quality Improvement Plan
TDA – Trust Development Agency
GCCG – Gloucestershire Clinical Commissioning Group
LiA – Listening into Action

Contributors to this paper include:

QUALITY AND PERFORMANCE COMMITTEE APRIL 2016 REPORT

1.0 INTRODUCTION

This report provides information and assurances about the key issues and subsequent actions arising from the Trust's Quality and Performance Committee that took place on 26th April 2016.

The minutes of the previous meeting of 3rd March 2016 were approved and formally signed off by the Chair and can be seen in Appendix 1. In addition to this, the following issues are those that both the Committee Chair and the Director of Nursing would like to draw to the Trust Board's attention:

2.0 ANNUAL INFECTION PREVENTION AND CONTROL REPORT 2015-16

The Committee commended the work of the Trust's Infection Control Team during the past 12 months and key highlights from the Annual Report included:

- The Trust remains compliant within CQC domains that relate to hygiene and cleanliness
- That during 2015-16 there were no reported cases of Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemias
- That there were 9 cases of C.Difficile toxin positive cases diagnosed and reported 48 hours after admission during 2015-16 against a threshold of 18
- That there were 9 outbreaks of infection episodes during 2015-16. That of these, 6 were caused by Norovirus and a total of 72 bed days were lost (compared to 284 during 2014-15) due to these outbreaks and; that 72 patients had been directly affected
- That hand hygiene audit compliance was 90% during 2015-16
- That there continued to be a team focus on antimicrobial stewardship in collaboration with the Trust's Head of Medicines Management.

The Committee endorsed the Trust's 2016-17 Infection Prevention and Control work plan and agreed to its publication.

3.0 COMMUNITY HOSPITAL BED OCCUPANCY RATES

Committee members raised their concerns about the Trust's Community Hospital bed occupancy rates – 99.4% during March 2016 and the impact this may be having on patient care and on those Trust colleagues working in Community Hospitals.

The Committee formally requested that there be further 'pace' applied to mitigating actions to address potential risks and will include:

- The Quality and Equality Impact Assessment be discussed at the Trust's Clinical Reference Group (June 2016)
- That there be a formal approach to the GCCG requesting the de-escalation of the 12 additional beds currently in place
- That there be a more detailed review of information associated with bed occupancy; numbers of direct admissions and transfers.

Linked to this was a request made by the Committee to further explore the increasing number of patients being transferred to the Trust's Community Hospitals between 23.00-06.00 hours (35 for March).

4.0 ANNUAL COMMITTEE STATEMENT

Voting Committee members of the Committee had undertaken a survey about the Committee's effectiveness during 2015-16. Key feedback from this survey included:

- The Committee was well chaired
- The Committee remained focused on Quality and Safety issues
- The volume of papers and length of agendas were extensive and with this, raised the question as to whether the frequency of Committee meetings should be monthly
- The quality of Committee papers had improved significantly.

The Committee formally acknowledged the feedback; decided to remain with bi-monthly meetings and supported the content of the Annual Statement with the addition of next year's priorities. See Appendix 2.

5.0 CQC QUALITY IMPROVEMENT PLAN (QIP)

The Committee received progress to date and welcomed the revised assurance reporting format. The Committee advised that the Trust Board be made aware of the following:

- That the Trust's internal CQC Programme Group had met and would in addition to the Committee, maintain a level of scrutiny of the QIP
- That 58% or 11 of the 19 QIP 'Must Do's' have now been completed
- That 6 of the remaining 8 'Must Do's' should be completed by the time of the next Quality and Performance Committee meeting
- That 2 of the remaining 'Must Do's' are still dependent upon system developments – improved telephone access for people making appointments with the Sexual Health Service will not be in place until September 2016 and; maintenance systems for premises and equipment will not be in place until July 2016
- That the Board needed to be fully assured that the Trust's compliance and

subsequent testing of compliance was evidenced enough in readiness for any CQC re-inspection. Some of this will be produced by an outcome/risk based report following the Trust's peer review

- That the above assurances and supporting evidence be discussed in detail at the Trust's July Board meeting and that it be at this meeting that any decision for requesting a re-inspection be made with the CQC.

6.0 RELATIONSHIP MANAGEMENT WITH GHFT

Committee members expressed a desire to work more closely with GHFT colleagues in terms of patient safety, quality initiatives and care; shared learning opportunities that emerge from incident reporting trends; harm free care (Safety Thermometer); patient transfer risks and developments/outcomes of Serious Incident Requiring Intervention (SIRIs) and; clinical pathway developments.

The Committee expressed concern that the current financial negotiations the Trust is having with GHFT may subsequently impact on clinical care and clinicians working together. The Committee requested that the Executive Team maintains a watchful risk based approach to any deterioration in relationships which may impact on patient care.

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| Report prepared by: | Susan Field, Director of Nursing |
| Report presented by: | Sue Mead, Chair, Quality and Performance Committee and Non-Executive Director |
| Appendix 1: | Approved Minutes of Quality and Performance Committee Meeting 3 rd March 2016 |
| Appendix 2: | Quality and Performance Annual Statement 2015-16 |

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

3rd March 2016, 10.00am – 13.00pm
Boardroom

Committee members present:

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

In attendance:

| | |
|--------------------|----------------------------|
| Michael Richardson | Deputy Director of Nursing |
| Rod Brown | Head of Corporate Planning |
| Hannah Williams | GCCG, Quality Manager |
| Linda Gabaldoni | Head of OD and Improvement |
| Louise Simons | Assistant Trust Secretary |
| Christine Thomas | Minute Taker |

| Item | Minute | Action |
|------|---|--------|
| 1. | <p>Welcome and Apologies</p> <p>The Chair welcomed the Committee and extended a warm welcome to Hannah Williams from Gloucestershire Clinical Commissioning Group who would be attending these meetings in place of Helen Crystal. Introductions were completed.</p> <p>Apologies were Received from: Ian Dreelan, Non-Executive Director</p> | |
| 2. | <p>Confirmation that the meeting is quorate</p> <p>The meeting was confirmed as quorate by the Chair</p> | |
| 3. | <p>Declarations of Interests</p> <p>In accordance with Trust Standing Orders, all Committee members present were required to declare any conflicts of interest with items on the Meeting Agenda.</p> <p>No declarations of interest were made.</p> | |
| 4. | <p>Minutes of the meeting held on 17th December 2015</p> <p>The minutes of the meeting held on 17th December 2015 were Received and Approved as an accurate record, with one amend requested to the job title of Hannah Williams of Gloucestershire Clinical Commissioning Group (GCCG).</p> | |

| Item | Minute | Action |
|------|--|--------|
| 5. | <p>Matters arising (action log)</p> <p>The following matters were discussed and noted:</p> <p>15/QP020 - Risk Registers to be given same level of scrutiny across all Directorates. RB to scheduled meetings with all Directors. RB to give an update to the Committee in December. 17/12/15 – a revised risk register process to be brought back to the next Committee - Closed</p> <p>15/QP038 - The Director of Service Delivery would arrange for a communication to be put together that could be taken to meetings to help advise GPs of the shortage of District Nurses. The Director of Service Delivery to bring this to the next meeting. 17/12/15 – The DoSD and MD to formalise what communications would be shared with GPs – It was agreed that a formal communication would not be sent - Closed</p> <p>15/QP044 - It was agreed that the Committee Chair and Director of Nursing would formally write a letter to the Children's lead commissioner, with regards to resources and the Trust's responsibility. Update 17/12/15 - A response had been received from Simon Bilous, DoN to share this letter with the Committee and to formally meet with Simon Bilous. It was requested that for the next meeting that there was further clarity on key areas of responsibility and whether the Trust is meeting them. Update 03/03/16 - A report would be brought to the next meeting following the Director of Nursing meeting with Simon Bilous.</p> <p>15/QP049 – Pop up screen offering change of address of a parent does not show whether the child was supposed to have any contact with the parent. Director of Service Delivery (DoSD) to bring an update to the next Committee meeting - Closed</p> <p>15/QP050 - The MIIU is unable to meet the target of triage within 15 minutes of booking in time. This risk builds on the recent CQC report. The DoF would review this risk with the other Execs and bring back to Trust Board or Quality and Performance Committee – Closed</p> <p>15/QP052 - Friends and Family Test - Despite some good ratings it was disappointing that the response rate had dropped again, the COO would formally provide an update and actions taken to improve rates at the next Committee meeting – Closed</p> <p>15/QP053 - There was some concern raised by the Committee about the closure of the MIIUs overnight. The Director of Finance (DoF) requested that a report should be completed in order to demonstrate how many people use the service so they could take to the contract meeting and discuss with the Gloucestershire Clinical Commissioning Group (GCCG) – Closed</p> <p>15/QP057 - Sign up to Safety - It was proposed by the DDoN and the Director of Nursing (DoN) that the action plan be formally presented and discussed at the February Quality and Performance Committee</p> | |

| Item | Minute | Action |
|------|---|--------|
| | <p>and then to the Trust Board in March 2016 - Closed</p> <p>15/QP058 - End of Life Strategy - There were concerns expressed that there was not enough detail in the GCCG strategy and that this would be shared with the GCCG alongside other constructive feedback - Closed</p> <p>15/QP059 - The COO agreed to provide a more detailed update for the next Committee meeting on the data on Rapid Response (RR), Integrated Discharge Teams (IDT) and Discharges as this appeared to have decreased and was a risk in light of these services supporting the Trusts winter resilience and preparedness plans. The Chief Operating Officer (COO) advised that they were currently revisiting the KPIs as they don't always reflect what is being achieved - Closed</p> <p>15/QP060 - There were continued frustrations over the appraisal rates; this was to be discussed in more detail at the Workforce and OD Committee. It was requested that a strategy be brought back to this Committee for February – Closed</p> <p>15/QP061 - Duty of candour and Complaints Policy - it was agreed that Ingrid Barker and the Director of Finance (DoF) would agree with the CEO that these come to the Quality and Performance Committee in February 2016 and then to Trust Board in March 2016 - Closed</p> <p>15/QP062 - There was concern that patients were transferred without care plans in place and the Director of Service Delivery (DoSD) queried whether the Committee was assured that End of Life patients were not being inappropriately handed over from the acute hospital. It was agreed that this report would be sent to the Medical Director of Gloucestershire Hospital Foundation Trust (GHFT) and shared with the GCCG, highlighting concerns about inappropriate patients being transferred and patients being transferred without care plans. Update 03/03/16 – the MD had written to Sean Elyan, GHFT Medical Director and this item was ongoing.</p> | |
| 6. | <p>Forward agenda planner</p> <p>The following changes were requested/agreed:</p> <ul style="list-style-type: none"> • Freedom to Speak Out to be corrected to Freedom to Speak Up. • GCS Services supporting Children in Care report to be combined with the Safeguarding annual report • Service Experience Report to be added to April agenda • SEND report to be moved to June meeting • Year-end report to come to April meeting <p>The Forward Planner was Discussed and Approved.</p> | |
| 7. | <p>Corporate Risk Register – Quality and Performance Risks</p> <p>The Director of Finance (DoF) presented the Corporate Risk</p> | |

| Item | Minute | Action |
|------|--|------------|
| | <p>Register. The recently convened risk steering group would align all corporate risks with a score of 12 or more, this would then be reported to the Trust Board. Corporate risks were being divided into specific areas of risk and a thorough evaluation of these was yet to be completed.</p> <p>The Chief Operating Officer (COO) highlighted that Community Nursing had moved to a more positive position.</p> <p>The Director of HR (DoHR) reconfirmed that the current risk area for nursing continued to be Band 6's and that there were a number of actions being taken to improve recruitment and retention and included increased flexibility and protected learning time for CPD. The Director of Nursing (DoN) informed the group that they hoped to also progress with clinical apprenticeships. The Chair raised a number of concerns following these discussions:</p> <ul style="list-style-type: none"> • Is the Trust Board having enough oversight of the capacity risks across a high percentage of GCS services? • What is the impact on patients? • How does this link to complaints or incidents? <p>The COO agreed that they would bring a report back to Board to help them understand the capacity risks better. The Chair advised that without this more in-depth understanding the Board would not be in a position to actively own the risk or be assured of any mitigating actions being taken.</p> <p>The Committee Discussed and Approved the Corporate Risk Register subject to these amendments and noted the new risks and agreed actions.</p> | COO |
| 8. | <p>Operational Services Report</p> <p>The Chief Operating Officer (COO) introduced the Operational Services report and highlighted the following:</p> <ul style="list-style-type: none"> • There was still high demand on Community Hospitals' bed capacity and that the system-wide impact was currently RAG rated as red. The Trust was however working well to maintain good patient flow. • The medically stable list for GHFT for January was an average of 46.7 patients, which was an improving position and a 20% reduction from 2014-15. <p>The Chair raised concerns that bed occupancy was now very close to 100% and that there had been a small decrease in achieving some quality metrics e.g. Safety Thermometer, within Community Hospitals. The Chair requested that an EQIA be completed for this risk. The Chair asked for these concerns to be formally raised at the Trust Board March meeting.</p> <p>The Committee Discussed and Approved the Operational Services</p> | COO DoN |

| Item | Minute | Action |
|------|---|--------|
| | Report and noted the concerns raised. | |
| 9. | <p>Quality Directorate Report</p> <p>The Deputy Director of Nursing (DDoN) introduced the report and highlighted the following areas:</p> <ul style="list-style-type: none"> • There was soon to be a joint inspection on missing children and sexual exploitation. This would be as a multi-agency inspection and would take place between March 2016 and August 2016. • The current contract with Cometrica who currently ran the Friends and Family Tests (F&FT) was being reviewed. • All SIRIs were now being scrutinised by the Trust's Clinical Reference Group and that mechanisms were in progress to ensure that agreed actions as a result of SIRIs were being implemented by operational colleagues. <p>The Committee Discussed and Approved the Quality Directorate Report</p> | |
| 10. | <p>Quality and Performance Report</p> <p>The Director of Nursing (DoN) introduced the report and reviewed per section:</p> <p>Strategic Objective 1:</p> <p>The Director of Service Delivery (DoSD) advised that they were not meeting targets around Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) and this was likely to have an impact on CIPs.</p> <p>The DoN asked that it be formally noted that there had been one Never Event reported in January to the Trust Board. This was currently under investigation and was due for completion by early April.</p> <p>Ingrid Barker (IB) noted that the falls rates were pulling down the overall figures; IB asked if this was due to single rooms. The Chief Operating Officer (COO) confirmed this was the case and that the Matrons were currently looking at staffing to try and reduce this.</p> <p>Strategic Objective 2:</p> <p>It was noted that the F&FT response rate was variable. It was raised that some services struggled with consistently offering this service as it was not always appropriate to do so, especially for the complex Children's where contact was often ongoing with patients and their families. The Chair noted that this needed to be included as part of the wider Co-Metrica review.</p> | |

| Item | Minute | Action |
|------|--|-------------------------------------|
| | <p>Strategic Objective 3:</p> <p>It was noted that the Rapid Response action plan was included within the Operational Services Report (agenda item 8).</p> <p>There had been an increase in the average length of stay (24 days) across the Community Hospitals. Rapid Response was now becoming more involved in Community Hospitals to try and discharge people quicker. The Chief Operating Officer noted some caution about this progressing and the impact this could have on their capacity over and above what they had been achieving with care homes.</p> <p>Strategic Objective 4:</p> <p>A F&FT survey was currently being undertaken between colleagues at Edward Jenner Court and other selected services.</p> <p>The DoN raised concerns about transfers happening within the Community Hospitals in the middle of the night. It was agreed that the Chief Operating Officer would ask the Head of Capacity to review this. It was agreed that it should also be checked that these were logged as incidents when they occurred. It was agreed that the outcome of this investigation would come to the June Committee meeting.</p> <p>The Committee Discussed and Approved the Quality Directorate Report</p> | <p>COO</p> <p>DoN</p> |
| 11. | <p>Annual Committee Evaluation Survey</p> <p>The Assistant Trust Secretary (ATS) asked for feedback on the current Annual Committee Evaluation Survey format.</p> <p>The Committee agreed to the current survey format and it was agreed that this was done via Survey Monkey. This was agreed.</p> <p>The Committee Discussed and Approved the Evaluation Survey and agreed this would be distributed via Survey Monkey</p> | |
| 12. | <p>Annual Committee Statement</p> <p>The Assistant Trust Secretary (ATS) formally requested formal feedback on the Committee statement.</p> <p>The Committee Agreed that all comments back to the Assistant Trust Secretary by mid-March</p> | ALL |
| 13. | <p>Sign up to Safety Action Plan</p> <p>The paper was presented by the Deputy Director of Nursing (DDoN). There were currently two action plans:</p> | |

| Item | Minute | Action |
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| | <ol style="list-style-type: none"> 1. a public facing document and; 2. a more detailed plan to be submitted to the Trust Development Authority (TDA). It had been agreed at the Clinical Reference Group meeting that the public facing plan needed to be clearer and more patient focused. The action plans had been shared with the Academic Health Network and who had been impressed by the plans. <p>The Director of Service Delivery advised that short-term working groups would be set-up to implement the action plans and that these include allied health professionals.</p> <p>The Committee Discussed and Noted the Sign up to Safety Action Plan and recommended it go to the Trust Board.</p> | |
| 14. | <p>Complaints Oversight Group Update</p> <p>The Deputy Director of Nursing (DDoN) presented the Complaints Oversight Group report to the Committee.</p> <p>The DDoN presented the reviewed Duty of Candour and Complaints policies. Both policies now had an action card at the start of the policies and were easier to read. A global email had been circulated to all GCS colleagues informing them of the new action card for Duty of Candour so that they could start using this.</p> <p>The following comments were received on the Complaints policy:</p> <ul style="list-style-type: none"> • There was concern that colleagues would go with the action card straight away before reading the policy • Nicola Strother Smith (NSS) felt unsure that the flowchart worked properly and agreed to share her annotations with the DDoN • 5.6 – heading should show joint working with other organisations • It was felt that the Trusts involvement in Friends and Family Test (F&FT) was not clear. <p>There was also concerns raised that there were not enough investigators for SIRIs and complaints. The DDoN advised that they were currently looking to build this into job descriptions in a phased way.</p> <p>The following comments were made on the Duty of Candour policy:</p> <ul style="list-style-type: none"> • Implications and implementation was repeated twice • The Medical Director (MD) felt that as the responsible officer that he should be on the Complaints Oversight Group rather than the Deputy Medical Director (DMD). <p>The DDoN asked for comments on the leaflet that had also been enclosed. The Head of Corporate Planning (HoCP) asked if the leaflet reflected feedback from the readers' panel and the DDoN confirmed that it had been included.</p> <p>The policies and leaflet were approved to go to the Trust Board</p> | NSS |

| Item | Minute | Action |
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| | <p>subject to the changes requested.</p> <p>The Committee Discussed and Noted the two respective policies and leaflet and Approved these to go to the Trust Board meeting, subject to changes being made.</p> | |
| 15. | <p>Safer Staffing</p> <p>The Deputy Director of Nursing (DDoN) presented the Safer Staffing paper, which had also been to the Clinical Reference Group following some anxieties and alternative proposals raised by some colleagues on the proposed changes. The DDoN and Head of Community Hospitals (HoCH) had reviewed the paper, but still believed after this review that this was the best model. The Safer Staffing proposal was being trialled in the two largest Community Hospitals and it had been agreed that a LiA Pulse Check survey would be undertaken to monitor the impact on colleagues.</p> <p>Ingrid Barker (IB) asked what the financial position was on this proposal and raised concerns on the delivery timings. GH advised that there was £150-£180k savings. It was noted that though Community Hospitals did not have to comply with the 1:8 staffing ratio no other hospitals appeared to have made any changes to their current ratios.</p> <p>The DoN advised the meeting that the Trust Development Authority (TDA) had been advised of the start date of any changes to staffing ratios. The Chief Operating Officer advised that they would need to support colleagues to understand the change and that staffing levels should remain safe. It was highlighted that these changes were not just around changes to nursing, but included ensuring that Multi-Disciplinary Teams (MDTs) were also involved; that it was important to ensure staff understand this. It was advised that the Matrons were broadly supportive of these changes and acknowledged this was now a case of winning 'hearts and minds' of those colleagues who had and will continue to express concerns.</p> <p>IB asked for assurance on the change of pace, as it was important that this got going. It was agreed that implementation would progress by June and that this timeframe would be reported to the Trust Board.</p> <p>The Committee Discussed and Approved the Safer Staffing report and agreed that this paper go to the Trust Board's March meeting.</p> | |
| 16. | <p>Agency Usage Quality Perspective</p> <p>The Director of Nursing (DoN) presented the agency usage paper and was keen to receive feedback as to how they had progressed with the scrutiny and changes associated with agency requests and spend. It appeared that the impact of reducing agency had not impacted significantly on the results of the F&FT and incident reporting.</p> | |

| Item | Minute | Action |
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| | <p>Jan Marriott (JM) raised concerns that Bank nurses would not revalidate and this would deplete the Bank nursing workforce. The DoN advised that this was due to be looked at the next agency usage meeting, but early indications were that bank nurses were revalidating and had been offered support to do this.</p> <p>The Committee agreed to Note this paper and the work currently underway.</p> <p>Linda Gabaldoni joined the meeting</p> | |
| 17. | <p>End of Life Implementation Plan</p> <p>The Director of Nursing (DoN) presented the plan and advised the group that this work stream was being overseen by the End of Life (EoL) Quality Group. Significant work had progressed and will be developed further at an End of Life cross-organisational workshop due to take place at the end of March 2016.</p> <p>The Deputy Director of Nursing (DDoN) recognised that they needed to focus on the patient journey with the Multi-Disciplinary Teams (MDTs) and external groups.</p> <p>The DoN advised that this would need to be aligned to the GCCG EoL Strategy due to be published by April 2016.</p> <p>The Committee Noted the report and were assured that the work progressed.</p> | |
| 18. | <p>Quality Account</p> <p>The Head of Corporate Planning (HoCP) presented the draft Quality Account to the Committee. The quality account provided a summary of performance against last year's figures, the performance was looking positive. The HoCP and Director of Nursing (DoN) would now focus on the 2016-17 Quality Account for 2016/17.</p> <p>The Committee Approved the report</p> <p>Dr Mike Roberts left the meeting.</p> | |
| 19. | <p>Quality Aspects of Staff Survey</p> <p>The Director of HR (DoHR) presented the quality aspects of the 2014-15 NHS Staff Survey. There were currently 3 schemes underway in the Listening into Action (LiA) programme. The next report would include timelines and actions going forward.</p> <p>HR were currently revisiting the Raising Concerns at work policy, this would be brought to the next Committee meeting.</p> <p>The Chief Operating Officer raised concerns that the questions in the survey were not very culturally relevant. The DoHR advised that this were nationally set and therefore not possible to change at this time and that it would remain a contractual requirement for the Trust.</p> | DoHR |

| Item | Minute | Action |
|------|---|--------|
| | The Committee Noted the Staff Survey results | |
| 20. | <p>Strategy on Improving Appraisal Rates</p> <p>The Head of OD and Improvement (HoOD&I) updated the Committee that she was reviewing and aiming to streamline the Trust's appraisal process which would include a change of the name to Personal Development Process and; be linked up to 1:1's to ensure continued development. The new process would be ready for 1st April 2016. The Director of HR (DoHR) advised that Line Managers would need to take responsibility for ensuring the forms were completed as appropriate.</p> <p>The Committee Approved the paper.</p> | |
| 21. | <p>Nurse Revalidation</p> <p>The Director of Nursing (DoN) advised that the first Nurse revalidations were due to take place between April and June 2016. The DoN was currently running two revalidation action learning set groups for this nurse cohort, both of which had been well attended.</p> <p>The Director of Finance asked whether training was needed for the Confirmer role and if not was there any risk to the Trust. The DoN advised that the risk to the Trust was low in workforce terms and continued that Confirmer training was underway.</p> <p>The Committee Noted the update.</p> | |
| 22. | <p>CQC Quality Improvement Plan</p> <p>The DoN and the Head of Corporate Governance (HoCG) presented the CQC Quality Improvement Plan and acknowledged that there was still much work to be completed. The plan had been presented to the joint CQC meeting with the Gloucestershire Clinical Commissioning Group (GCCG) and Trust Development Authority (TDA). The TDA had asked that we chase up on work that had slipped. The Director of Nursing (DoN) advised that the TDA had also asked for previous RAG ratings to be attached to the milestone plan.</p> <p>The Chair raised concerns that some of the big items on the plan seemed to have slipped. The DoN assured the group that this was where they expected to be at this time.</p> <p>It was noted that one of the areas that had shifted was the current situation with Minor Injury and Illness Units (MIIUs). GCS required the GCCG to make a decision so they could take this forward.</p> <p>The Committee Noted the CQC Quality Improvement Plan and it was agreed this would be included in the Committee report for the Trust Board meeting.</p> | |

| Item | Minute | Action |
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| 23. | <p>Interpretation and Translation Policy</p> <p>The Head of Corporate Planning (HoCP) asked for approval of the Interpretation and Translation Policy. The HoCP advised that after lengthy conversations with Prestige they were now working within contract requirements with the Trust.</p> <p>Nicola Strother Smith asked for clarity on the section of Professional Services that stated “this could not be staff and family unless it needed to be staff and family”.</p> <p>The DDoN asked if colleagues could be utilised for this as part of positive risk taking. The HoCP advised that CQC had said they were not to use colleagues for these services.</p> <p>It was agreed that this policy would go back to the Policy group for further discussion.</p> <p>The Committee Discussed and Noted that the policy required further review</p> | |
| 24. | <p>Subgroup Reports</p> <p>The Committee Noted the Subgroup reports.</p> | |
| 25. | <p>Any Other Business</p> <p>The Chair requested that the next Quality and Performance report for the Trust Board include the following items:</p> <ul style="list-style-type: none"> • Capacity – clarity on impact to patients and strategic approach to mitigating the risks • Sign up to Safety – endorsement from Quality and Performance Committee • Duty of Candour and Complaints Policy • Safe Staffing progress report • CQC Quality Implementation Plan update. <p>The Chair recognised that this was the last meeting for the Chief Operating Officer (COO) who would be leaving the Trust at the end of March. The Chair thanked the COO for his contribution and support to the Quality and Performance Committee.</p> <p>There being no other business, the Chair thanked everyone for attending and formally closed the meeting.</p> | |
| 25. | <p>Date of the next meeting</p> <p>The next meeting of the Committee to be held on 26 April 2016 in the Boardroom at 1:30pm.</p> | |

Signed Date

APPENDIX 2

Quality and Performance Annual Statement 2015-16

The Annual Statement of the Quality and Performance Committee sets out to provide to the Trust Board, highlights of the activities and accomplishments of the Committee for the reporting period 2015/16, together with anticipated developments over the next twelve months. The statement is intended to provide the Trust Board and other interested parties and stakeholders with information about the past work of the Committee and its future direction.

The key achievements for 2015/16:

- Played a key role in the overseeing the Care Quality Commission inspection of the Trust in June 2015 and subsequently maintained a clear focus upon the remedial Quality Improvement Plan
- Strengthened the levels of challenge and assurance in relation to the delivery of safe care and reduction in harm, with a particular focus on community hospital staffing levels, Safety Thermometer activities, mortality reviews and Trust-wide capacity issues
- Ensured that incidents and complaints were robustly investigated and that learning was shared across the Trust - this included responsibility for setting up the Complaints Oversight Group (COG)
- Maximised opportunities to hear the voice of the service user, their families and carers - this was epitomised by the development of the Understanding You report which analysed, triangulated and trended key information about service user experience and engagement
- Strengthened and refined reporting arrangements to support and challenge all aspects of care quality at Executive and Committee level - this included the set-up of a clinically-led sub-group, namely the Clinical Reference Group, which was responsible in particular for reviewing and making any appropriate recommendations against all Quality and Equality Impact Assessments
- Improved the breadth and depth of information available by which the Committee was able to comprehensively evaluate and assess quality and risk - this included making effective use of the Trust's recently developed Corporate Risk Register.

During 2016-17, the Trust's Quality and Performance Committee will continue to oversee the Trust's Sign Up to Safety Programme, Safeguarding and Infection Control and Prevention agendas; any future CQC re-inspection and other Quality Improvement priorities that will include:

- Ensuring that people with learning disabilities benefit from enhanced community services, have positive experiences of care and are supported within safe environments

- Delivering more care and assessment in the community for those people who experience continence difficulties which will include awareness raising, promoting self-care and prevention
- To use positive risk taking approaches with our Integrated Community Teams and Community Hospitals enabling care to be solution focused and service user led
- Supporting colleagues to work within the parameters of the National 6 Ambitions for End of Life Care, increasing our ability to work more closely with GP colleagues and ensuring that the wishes of people about their place of choice to die is met as much as possible
- To better understand local people's extra or different needs, and ensure that all voices are heard and can directly influence service design
- Supporting clinical colleagues to improving the quality of our Clinical record keeping arrangements and seeking assurances that our clinical records are consistently maintained at the highest level of quality.

Trust Board

Date: 18th May 2016

| | |
|----------------------|-------------------------------|
| Agenda Item: | 14 |
| Agenda Ref: | 14/0516 |
| Author: | Tina Ricketts, Director of HR |
| Presented By: | Nicola Strother Smith |
| Sponsors: | Nicola Strother Smith |

| | |
|-----------------|--|
| Subject: | Workforce & OD Committee Update Report |
|-----------------|--|

This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☒ Assurance ☒ Information

Executive Summary:

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

The key items to note are the results of the staff survey (see section 2.2) and the Trust's workforce plan for 2016/17 – both of which highlight the importance of undertaking robust quality impact assessments before any posts are removed from establishment.

Recommendations:

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

Considerations:

Quality implications:

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

Human Resources implications:

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

Equalities implications:

None identified

Financial implications:

None identified

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

Yes – this paper links to all workforce risks

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

No

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

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

| | |
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| Reviewed by (Sponsors): | Nicola Strother Smith |
|--------------------------------|-----------------------|

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|--------------|--------------------------|
| Date: | 4 th May 2016 |
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| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
|--|
| Workforce & OD Committee Workforce & OD Steering Group Workforce Education & Development Group |

| Explanation of acronyms used: |
|-------------------------------|
| |

| Contributors to this paper include: |
|---|
| Lindsay Ashworth, Head of HR Sonia Pearcey, Ambassador for Cultural Change |

WORKFORCE & ORGANISATIONAL DEVELOPMENT REPORT - MAY 2016

1.0 INTRODUCTION

This report provides a summary of the key agenda items considered by the Workforce & OD Committee at its meeting on 11th April 2016. Attached in appendix two are the approved minutes of the meeting held on 18th February 2016.

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

As a reminder to the Board the strategic workforce and organisational development risks are as follows:

- Inability to recruit and retain the right staff with the right skills in the right place may have a detrimental impact upon the quality of care provided
- Failure to develop a culture that engages and motivates colleagues may have a negative impact on the Trust's reputation as an employer of choice
- Lack of assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care
- Insufficient leadership capability and capacity within the Trust could have a detrimental impact to service transformation and patient care

The key workforce and organisational development operational risks are summarised in the following table by theme:

Table 1: Workforce Risks by Theme

| Organisational Development | Workforce |
|--|--|
| <i>Culture to support freedom to speak up/ speak up safely</i> – the CQC report states that the threshold for reporting incidents within the Trust was too high and that improvements need to be made in how learning from incidents are shared across the organisation | <i>Workforce capacity to meet demand</i> – the increase in demand on services coupled with vacancy rates within qualified nursing and Allied Health Professions may impact on the quality and level of service provided. This may also be having an impact on colleague |

| Organisational Development | Workforce |
|---|--|
| <p>Leadership capability and capacity – insufficient leadership capability and capacity within the organisation may be impacting on the pace of service transformation and development</p> <p>Staff satisfaction – the listening into action pulse check, staff friends and family test and NHS staff survey results all indicate that staff engagement and satisfaction requires improvement</p> | <p>morale and sickness absence as colleagues frequently report that they do not have enough resources to meet demand</p> <p>Workforce development – the lack of an overall workforce development plan linked to the Trust's Integrated Business Plan may impact on the pace of future service transformation and development</p> <p>Retention – there has been an increase in the overall turnover rate which is impacting on workforce capacity</p> |

To monitor the effectiveness of the strategy, a number of key performance indicators are monitored by the Committee and the areas requiring improvement as at 31st March 2016 are as follows:

Table 2: Key workforce performance indicators as at 31st March 2016

| Key Performance indicator | Performance as at 31 st March 2015 | Performance as at 31 st March 2016 | Target |
|--|---|---|--------|
| Appraisal completion rate | 71% | 77% | 95% |
| Staff FFT (recommending Trust as a place to work) | 51% | 51% | 60% |
| Mandatory Training (excludes resuscitation and safeguarding) | 71% | 82% | 95% |
| Sickness absence | 4.89% | 4.68% | 4.4% |
| Turnover | 14.70% | 15.16% | 11% |

It can be seen from the above table that progress has been made in all areas this year, with the exception of turnover. However, the Trust still has some way to go to achieve its targets.

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

2.1 Workforce Education And Development Report – the Director of HR updated the Committee on the progress that is being made in response to the

Care Quality Commission's Quality Improvement Plan (CQC QIP), with regards to clinical supervision, mandatory and essential training. Assurance was received that all required actions were on track to be completed within the agreed timelines with the exception of safeguarding training compliance and the completion of the training plan for colleagues working within the Minor Injury and Illness Units. The Committee was informed that action plans were in place to address the identified gaps and that a short life working group was being set up to take these forward at pace. Actions include compliance rates being reported to Committee from May 2016 onwards and a targeted approach to training to ensure key staff groups are prioritised.

2.2 Staff survey results 2015 – the Director of HR presented the Committee with a summary of the Trust's staff survey results compared to the national average.

The areas where the Trust scored better than the national average are as follows:

- Colleague recommendation of the Trust as a place to receive treatment
- Colleagues agreeing that their role makes a difference to patients/ service users
- Colleague motivation at work
- Effective team working
- Support from immediate manager
- Percentage of colleagues appraised in last 12 months
- Percentage of colleagues experiencing discrimination at work
- Percentage of colleagues believing the organisation provides equal opportunities for career progression
- Percentage of colleagues experiencing physical violence from patients, relatives, public or colleagues
- Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives, public or colleagues
- Percentage of colleagues reporting incidents

Areas for improvement where the Trust scored lower than the national average include:

- Colleague satisfaction with the quality of work and care they are able to deliver
- Recognition and value of colleagues by managers and the organisation
- Percentage of colleagues reporting good communication between senior management and staff
- Percentage of colleagues able to contribute towards improvements at work
- Staff satisfaction with level of responsibility and involvement
- Quality of appraisals
- Colleague satisfaction with resourcing and support
- Percentage of colleagues satisfied with the opportunities for flexible

working patterns

- Percentage of colleagues feeling pressure in the last 3 months to attend work when feeling unwell
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Colleague confidence and security in reporting unsafe clinical practice

The Committee was informed that whilst the Listening into Action programme and workforce and organisational development priorities for 2016/17 will help address the areas that require improvement, the survey results confirm that colleagues are concerned about the level of resource and support they have to undertake their role. Given the importance of this feedback in light of the findings from the Francis Report and more recently the report into the failings of Liverpool Community Trust, it was recommended that the quality and equality impact assessment process is reviewed to ensure robust oversight by the Board before any further posts are removed from establishment.

- 2.3 **Listening into Action Progress Report** – the Ambassador for Cultural Change presented the Committee with a summary report highlighting the key activities of the Listening into Action programme during the last reporting period. These included the pass it on event held on 20th January 2016 and the progress that is being made with the ten big ticket items and five enabling our people schemes.

An update was provided on the Trust's progress in obtaining the Listening into Action kitemark for its commitment to the engagement and empowerment of colleagues. The accreditation is awarded based on five specific criteria:

1. Following the LiA process both qualitative and quantitative
2. Leadership capability and capacity
3. Engagement and empowerment of colleagues
4. Better patient outcomes
5. External recognition of achievements

An initial self-assessment against the accreditation requirements has highlighted that further work is required in the following areas:

- Interventions made to stop or fix non-value added activity
- Managers/ leaders challenged on their role in fixing day to day frustrations
- Number of active users on the listening into action navigator
- Quality and quantity of patient outcome blogs
- Number of patient listening into action events held
- Number of initiatives that have “freed up time to care”
- Industry commentators (HSJ, Academies etc.)
- External awards for Listening into Action schemes

- 2.4 **Freedom to Speak up Progress Report** – the Ambassador for Cultural Change updated the Committee on the national arrangements for Freedom to Speak Up Guardians and confirmed that from April 2016 support will be provided through a network established by the office of the National Guardian. National leads, which have yet to be appointed, will manage and support this network. A recommendation by Sir Robert Francis QC was to appoint a National Independent Officer who will support local Guardians, to intervene when cases are failing to address patient safety, the integrity of the NHS or injustice to staff.

While the remit of the office of the National Guardian is to focus on NHS Trusts and NHS Foundation Trusts, from April 2016 they will be working with NHS England to consider how this may be extended to cover primary care.

Key points from the national guidance are:

- every Trust will be required to have a Freedom to Speak Up Guardian in place by the end of the 2016/17 financial year
- Trusts are expected to have plans in place by September 2016, based on local needs
- the title of these roles will be the same across the NHS to ensure clarity and consistency
- a national policy is available for each Trust to adopt to ensure consistency across the NHS

Alongside the Freedom to Speak Up Guardian with the Trust there are 39 others in place across England and early indications suggest that the majority of Trusts have appointed a clinician based on the model of the role of Helene Donnelly OBE. The Freedom to Speak Up Guardian at Hounslow and Richmond Community Healthcare NHS Trust is a senior radiographer and one of the first to be appointed nationally. He shares best practice through a national blog and also the challenges that the role brings.

The next steps are for the Trust to review the Raising Concerns Policy against the national template and this will be taken forward through the Audit & Assurance Committee.

- 2.5 **Recruitment and Retention Report** - the Head of HR provided a detailed report on the vacancy levels across the Trust and highlighted that the top two vacancy hot spots remain as Community Hospitals (CH) and Integrated Care Teams (ICT). Countywide Services (CWS) was the third hot spot but has seen significant improvement and is now forecasting a slight over establishment once current recruitment activity is taken into account.

The following table summarises the vacancies rates for the three hotspot areas for the period 1st September 2015 to 31st March 2016.

Table 3: Trend vacancy data

| Hot Spot | Sept 2015 | | Dec 2015 | | March 2016 | |
|----------|-----------|------|----------|------|------------|------|
| | Vacancy* | % | Vacancy* | % | Vacancy* | % |
| CH | -47.61 | 8.23 | -44.15 | 7.63 | -42.08 | 7.26 |
| ICT | -38.43 | 6.87 | -41.45 | 7.46 | -36.22 | 6.51 |
| CWS | -24.50 | 6.06 | -18.06 | 4.46 | 0.83 | NA |

* includes recruitment in progress.

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

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

- 3.1 **Workforce Plan for 2016/17** – the Committee approved the “top down” workforce plan which is based on the Trust’s long term financial model. The plan will see a 64 post reduction associated with the Trust’s costs improvement plans and a 25 post reduction in relation to the planned changes in public health funding. In addition, the Trust has forecast a reduction in agency spend to the equivalent of 7.5 whole time equivalents. 55 posts were predicted to be gained through new business, new commissioned services and Integrated Community Team enhancements resulting in a net reduction of 41.5 whole time equivalent by 31st March 2017.

The “bottom up” workforce plan is being taken forward under the Workforce and Organisational Development Steering Group and will be presented to the Committee in September 2016.

The Committee was informed that the Trust’s policy on quality impact assessments was currently being developed by the executive team. Further assurance was requested on this process and it was agreed that an update would be provided at the next meeting.

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

- Grievance policy (minor amendments)
- Corporate and Mandatory Training Policy (new policy)

3.3 Annual Committee Statement – the Committee reviewed and approved its annual statement, which is attached in appendix 1 for information.

4.0 ITEMS THE COMMITTEE Reviewed AND SUPPORTS, BUT ARE PRESENTED FOR THE BOARD TO Approve

No items are presented for Board approval.

APPENDIX 1

WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE ANNUAL STATEMENT

This annual statement is a report on the activities and accomplishments of the Workforce and Organisational Development Committee for the reporting period 1st April 2015 to 31st March 2016, together with anticipated developments during the next twelve months. The statement is therefore intended to provide the Trust Board and other interested parties and stakeholders with information about the past work of the Committee and its future direction. Of significance to this Committee is the consideration of how as a Trust we are achieving our strategic objective to:

Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision

The overall aim of the Committee is to provide the Board with assurance in respect of all aspects of workforce strategy, planning and organisational development, in order that the organisation may be able to achieve exemplar clinical and professional outcomes and experiences for local service users and Trust colleagues. The Committee has particular responsibility for making significant contribution towards the realisation of a supporting and learning organisational culture that promotes the Trust's CORE values of being Caring, Open, Responsible and Effective.

1. Terms of Reference

The Committee's terms of reference were reviewed and updated in February 2016.

2. Annual Committee Evaluation

A survey was issued to committee members in April 2016. Six completed surveys were received resulting in a completion rate of 75%. The results of the survey can be seen at the end of this report.

The results of the survey were overall very positive. Members commented that the Committee was ahead of the game with regard to strategy development and identifying priorities but could do more with regard to celebrating and sharing its successes. The quality of papers were felt to be improving and there was a commitment and passion to get things right.

Members felt that the Committee had made some progress in "getting under" the pressing workforce issues including recruitment and retention, staff FFT, and colleague engagement, listening into action and the development of OD and workforce strategy. The Committee now has more oversight of the Trust's education and learning activities and there was a shift from getting processes right to becoming more strategic.

Members felt that improvements could be made in the triangulation of data around key workforce issues and the inclusion of evidence from other trusts as to how they may have successfully addressed the issues which still concern us.

3. Organisational Development - Progress in 2015/16

There are a number of key performance indicators that can be used to monitor the effectiveness of the organisational development strategy. The following NHS staff survey results for 2015 confirm that improvements continue to be made with colleague engagement, although further improvement is required as the Trust benchmarks below the national average for Community Trusts in a number of areas:

- The overall staff engagement score for the Trust has improved to 3.77 in 2015 from 3.73 in 2014 and 3.71 in 2013 (the higher score the better out of a total score of 5). The national average for Community Trusts in 2015 is 3.82 up from 3.75 in 2014.
- Staff job satisfaction has improved to 3.84 in 2015 from 3.64 in 2014 and 3.57 in 2013, (the higher score the better out of a total score of 5). This is better than the national average for Community Trusts which was 3.75 in 2015 up from 3.67 in 2014.
- Staff recommending the Trust as a place to work or receive treatment increased to 3.73 from 3.61 in 2014 (the higher score the better out of a total score of 5). The national average for Community Trusts in 2015 was 3.75 up from 3.66 in 2014.
- Staff motivation at work has improved to 3.93 in 2015 from 3.89 in 2014 and 3.87 in 2013 (the higher score the better out of a total score of 5). However, this is below the national average for Community Trust which is 3.98 up from 3.87 in 2014.

Listed in the table below are the key accomplishments achieved and/or overseen by the Committee this year. These show clear alignment to the existing terms of reference and are intended to demonstrate how these achievements have fulfilled delegated responsibilities; in particular the Committee's focus on the priority organisational development activities:

Table 1: Key achievements (Organisational Development)

| OD Quality Goal | Key Achievements in 2015/16 |
|--|--|
| To embed the Trust's core values across the organisation, ensuring that these are reflected in behaviours, and are used to inform and support the growth of the Trust's culture | <ul style="list-style-type: none"> • The development and distribution of the CORE values behavioural framework to all colleagues • Further strengthening of the corporate induction programme which was launched on 1st April 2016 • The launch of the listening into action enabling our people scheme which will see the embedding of the CORE values in recruitment and appraisals |
| To maintain a supportive and learning culture, that emphasises the importance of team working to achieve common goals, and then shares the results of actions so as to improve future performance and outcomes | <ul style="list-style-type: none"> • The implementation of year two Listening into Action Programme. Launch of ten big ticket items and five enabling our people schemes. Successful pass it on event held in January 2016 • Establishment of the Workforce Education and Development Group • Introduction of profession specific celebration days – e.g. Nursing and Allied Health Professionals • Refreshed terms of reference and renaming of the Clinical Reference Group • New role of Ambassador for Cultural Change appointed in February 2016 |
| To increase the capacity and capability of leadership | <ul style="list-style-type: none"> • Leadership Conference held in June 2015 attended by over 150 colleagues |

| OD Quality Goal | Key Achievements in 2015/16 |
|--|--|
| across the Trust, encouraging corresponding behaviours in colleagues | <ul style="list-style-type: none"> • Coaching programme for all Integrated Community Team Managers • Master classes held on positive risk taking for managers within the Integrated Community Teams • Over 15 colleagues have participated in national NHS Leadership Academy programmes • The strengthening of the monthly GCS Leadership meeting chaired by the Chief Executive Officer |
| To support, encourage and motivate colleagues, and elicit their direct involvement with, and positive contribution to, all relevant Trust planning and decision-making | <ul style="list-style-type: none"> • Colleague engagement deep dive undertaken at Tewkesbury Integrated Community Team and Stroud Community Hospital • Colleague award ceremony held in May 2015 with categories based on the Trust's core values • Understanding You events held in April 2015. Understanding Why events held in October 2015 • Annual General Meeting held in October 2015 with an open invitation to colleagues |

4. Workforce – Progress in 2015/16

There are a number of key performance indicators that can be used to monitor the effectiveness of the workforce strategy:

The scorecard shows that improvements have been made in the following areas:

- Sickness absence has decreased to 4.71% from 4.89%
- Appraisal completion rates have slightly improved to 79% from 71%
- Health and Safety mandatory training compliance rates (which incorporates infection control) have increased to 87% from 80%
- Fire safety compliance has increased to 77% from 60%
- Equality and diversity compliance has increased to 85% from 73%
- Information Governance compliance has increased to 65% from 62%
- Conflict resolution compliance has increased to 87% from 72%

The workforce scorecard as at 1st March 2016 shows that the overall turnover rate for the Trust has increased from 14.70% in April 2015 to 15.53% in March 2016. This will remain a priority for 2016/17.

Listed in the table below are the key accomplishments achieved and/or overseen by the Committee this year. These show clear alignment to the existing terms of reference and are intended to demonstrate how these achievements have fulfilled delegated responsibilities; in particular the Committee's focus on the priority workforce risks:

Table 2: Workforce – key achievements

| Workforce Quality Goal | Achievements in 2015/16 |
|--|--|
| To ensure improved workforce planning so as to make optimum use of the Trust's most valuable resource | <ul style="list-style-type: none"> • Development of an organisational level workforce plan (based on the Trust's long term financial model) • Achievement of all CIP pay cost targets in 2015/16 • Roll out of e-rostering system across the organisation • HR Policies reviewed to support the ageing workforce e.g Flexible Retirement policy • Agency group established to ensure compliance with the new Agency rules; this group has overseen a reduction in agency spend within Community Hospitals • Introduction of apprenticeship programme which will see 12 apprentices employed in the Trust by June 2016 |
| To improve recruitment processes so as to enable the Trust to attract and retain a strong and stable workforce | <ul style="list-style-type: none"> • All aspects of the recruitment process reviewed with the length of time taken from recruitment requisition to start date reduced by 17 days (from 71 days to 54 days) • Introduction of Electronic DBS which has contributed to the shortened recruitment process • Exit interview procedure updated to include additional option of on-line survey; which has seen an increase in completion rates • Centralised healthcare assistant recruitment which has seen a reduction in the number of vacancies |
| To ensure that the Trust provides appropriate support and development for all colleagues, empowering them to reach their full potential, whilst representing the Trust's values and helping achieve the organisations strategic objectives | <ul style="list-style-type: none"> • Establishment of the Workforce Education & Development Group • A refresh of the Trust's mandatory and essential to role competency frameworks to ensure compliance with the Skills for Health framework • Introduction of profession specific celebration days – e.g. Nursing and Allied Health Professionals to support colleagues continued professional development • Refreshed corporate induction programme • New clinical induction programme • Rollout of management skills workshops in appraisals, absence management, performance management, stress management and difficult conversations |
| To deliver robust governance systems that effectively support the Trust's workforce | <ul style="list-style-type: none"> • Improved workforce hotspot information provided through updated dashboards and scorecards • Fraud training for the recruitment team • Safer recruitment practice audit undertaken with processes updated as a result of the findings • Fit and proper persons test audit undertaken which has resulted in additional information being requested from Board members |
| To encourage colleagues to remain healthy, so that they are best able to provide high quality services | <ul style="list-style-type: none"> • Development and implementation of a healthy workforce plan taken forward under a listening into action enabling our people scheme • GCS global challenge launched • Stress Management workshops for colleagues and managers • Review of employee assistance programme • Review of occupational health services undertaken • Attendance management workshops held with managers • New case management system in HR to support managers |

| Workforce Quality Goal | Achievements in 2015/16 |
|--|--|
| | <p>with employee relations cases</p> <ul style="list-style-type: none"> • Sickness absence KPI's incorporated in objectives for managers • Development of on-line sickness absence toolkit for managers |
| To further develop the trusts HR function, so as to provide responsive, accurate and streamlined services that benefit the organisation's operations | <ul style="list-style-type: none"> • Independent review of the HR Directorate undertaken resulting in the restructuring of the service around transactional, operational and transformational HR functions • New role of Head of OD introduced in July 2015 • New role of Head of Professional Practice and Education appointed in October 2015 |

5. Priorities for 2016/17

Through the annual committee survey, members have identified the following priorities for 2016/17:

- A focus on improving the Trust's staff FFT results through the development of a joined up strategic approach
- Listening into Action being the golden thread as the "way we do things around here", identifying and tackling areas where this is just not happening
- Getting the workforce in the right place to support the trust's strategic priorities e.g. competent, skilled and enthusiastic
- A maintained focus on recruitment and retention hotspots
- Ensuring the progress with the Trust's cultural change programme is not hampered by the impact of further transformational change

The following strategic priorities for 2016/17 have been agreed by the Committee:

Valuing our colleagues

Ensure colleagues feel valued and supported by the organisation through Listening into Action and targeted communication, involvement and engagement activities. Be clear on Trust priorities, team and individual objectives and how these are set in both the national and local context. Recognise the valuable contribution colleagues make to patient care and experience through local and trust-wide recognition schemes.

Realising colleagues full potential

Ensure all colleagues have access to protected learning time to fulfil their mandatory, continued professional development and professional registration requirements. Support colleagues' career progression through structured competency frameworks. Ensure effective and accountable leadership and management across the Trust so that all colleagues have access to regular supervision, team meetings and 1:1 meetings with their manager.

Supporting our colleagues

Through Listening into Action and the CORE values framework embed a culture where colleagues feel empowered to make change and supported to raise concerns. Offer a range of service friendly flexible working opportunities to enable colleagues to maximise their

work/life balance. Improve colleagues' health and wellbeing by offering a range of health promotion initiatives whilst maximising support during periods of sickness absence. The above priorities will be taken forward through the following high impact actions:

Table 3: Workforce and organisational development plan on a page

| High Impact Action | Lead(s) |
|---|--|
| Listening into Action (year 3) – Further embed the LIA approach across the organisation through the 10 big ticket items and 5 enabling our people schemes. Achieve Listening into Action accreditation. | Ambassador of Culture Change |
| Produce “Team Map” for the Trust. Support Head of Service to develop service/ team level objectives and scorecards and embed these within the appraisal process. | Head of Comms/ Head of OD |
| Develop and deliver internal communication and engagement plan based on “Team Map” and feedback from the Energise project. | Head of Communications |
| Hold annual colleague award ceremony. Introduce monthly team awards as part of internal communications and engagement plan. | Head of Comms/ Head of OD |
| Through the Workforce Education & Development Group refresh statutory, mandatory and essential to role training matrices. Update policy to mandate protected learning time to undertake this training. | Head of Professional Practice & Education |
| Develop and deliver annual training event calendar so that all colleagues can achieve their continued professional development requirements. Use celebration events to reward best practice. | Head of Professional Practice & Education |
| Develop and implement management standards so that all colleagues have access to regular supervision, team meetings and 1:1 meetings with their manager. | Head of Comms/ Head of OD |
| Embed CORE values framework within appraisal, HR policies and recruitment processes. | Head of OD |
| Undertake a review of the Trust's approach to flexible working and work towards Timewise status. | Head of HR |
| Improve workforce planning capability and capacity across the Trust. Develop a “bottom up” 3 year workforce plan supported by robust quality and equality impact assessments. | Head of Professional Practice & Education/ Head of HR |
| Develop and implement a Colleague Health and Wellbeing Plan. | Head of OD |

The expected outcomes of the above actions are as follows:

- Increase in colleagues recommending the Trust as a place to work
- Increase in positive exit interviews
- Reduction in the number of vacancies
- Increase in the number of candidates applying to work at the Trust
- Improvement in the compliance rates for appraisals and mandatory training
- Improvement in the compliance rates for colleague supervision
- Reduction in the number of colleague safety incidents (reported through datix)
- Reduction in sickness absence

Signed by: Nicola Strother Smith, Committee Chair

Dated: April 2016

SUMMARY OF ANNUAL COMMITTEE EVALUATION SURVEY APRIL 2016

| Question | Results |
|---|---|
| 1. As a committee member I feel my skills and experience are well used | 3 members strongly agreed 3 members agreed |
| 2. I feel my voice is heard and valued | 5 members strongly agreed 1 member agreed |
| 3. I find the experience of being a committee member satisfying and rewarding | 3 members strongly agreed 3 members agreed |
| 4. Any comments on your experience as a Committee member | The structure of the committee's agenda has improved recently allowing members to focus on key issues Good to have the papers with time to read and comment on |
| 5. Committee members support and encourage others on the Committee to participate fully | 2 members strongly agreed 4 members agreed |
| 6. Committee members are comfortable raising and addressing issues where differences of opinion or conflict occur | 4 members strongly agreed 2 members agreed |
| 7. Committee discussion is focussed on major issues with fair, open, respectful and thorough deliberation | 4 members strongly agreed 2 members agreed |
| 8. The Committee's decision making process is transparent | 1 member strongly agreed 5 members agreed |
| 9. Committee meetings are conducted efficiently and effectively | 2 members strongly agreed 4 members agreed |
| 10. Any comments on communications and decision making? | Could we progress further how Committee decisions are shared widely with Trust colleagues |
| 11. Committee members share a strong commitment to the Trust | 5 members strongly agreed 1 member agreed |
| 12. Overall the Committee has been effective in accomplishing its goals and achieving results | 6 members agreed |
| 13. The Committee conducts itself in an ethical and professional manner | 4 members strongly agreed 2 members agreed |
| 14. The Committee members have good working relationships with one another | 3 members strongly agreed 3 members agreed |
| 15. The Committee celebrates its accomplishments and successes | 6 members agreed |
| 16. Any comments on the overall Committee functioning? | Ahead of the game with regard to strategy development and identifying priorities Works well Could do more celebrating and sharing |
| 17. What are the Committee's strengths? | Being sighted on key workforce risks Analytical Quality of papers – although there are many Commitment and passion to get things |

| Question | Results |
|--|--|
| <p>18. Thinking about the Committee's accomplishments in the last year, what makes you most proud?</p> | <p>right Strong discussion on challenging issues Bringing in education, learning and development into the committee's oversight We have tried to get under the pressing issues: recruitment and retention, staff FFT/ engagement, LIA and the development of OD and workforce strategy The committee having more oversight of the Trust's education and learning activities, recruitment and retention improvements and links to LIA The shift from getting processes right to becoming more strategic Strong focus on education and development</p> |
| <p>19. What, if anything, impacts on your ability to participate on the Committee?</p> | <p>Insufficient time in between meetings to prepare quality papers No real issues More time to discuss key issue due to the breadth of agenda and papers Papers are improving, but still room for more improvements to bring out key points and speed up assimilation of facts</p> |
| <p>20. What issues should occupy the Committee's time and attention during the next year?</p> | <p>Ensuring Trust progress with culture is not hampered by STP and local care organisation developments Recruitment and retention, colleague engagement and the impact of further transformational change and the associated cultural issues Further consolidation/ CQC related activities Developing joined up strategic approach which incorporates LIA as the "what the Trust does" and identifying areas where it is just not happening. Really need to see staff satisfaction with working here improve Getting the workforce in the right place to support the trust's strategic priorities e.g. competent, skilled, enthusiastic – really putting LIA approach in place</p> |
| <p>21. How can the Committee's performance be improved in the next year?</p> | <p>I don't think we need to change the approach. What we lack is evidence from other trusts as to how they may have successfully addressed the issues which still concern us Identifying blocks to progress with cultural change and dealing with them Reviewing papers to triangulate data around key issues</p> |

Minutes of the Workforce and Organisational Development Committee

Boardroom, Edward Jenner Court

18 February 2016, 2pm-4pm

Members:

| | | |
|-----------------------------|-------------------------|-------|
| Nicola Strother Smith (NSS) | Non-Executive Director | CHAIR |
| Tina Ricketts | Director of HR | |
| Duncan Jordan | Chief Operating Officer | |
| Richard Cryer (RC) | Non-Executive Director | |
| Candace Plouffe | Non-Executive Director | |
| Joanna Scott (JS) | Non-Executive Director | |

In attendance:

| | | |
|------------------|--|--------------|
| Maria Wallen | Head of Professional Practice and Education | |
| Kieth Dayment | Head of HR Business Support | |
| Lindsay Ashworth | Head of HR | |
| Linda Gabaldoni | Head of Organisational Development (attended from 2:34pm) | |
| Harriet Howell | Senior Personal Assistant | Minute taker |

| Item | Minute | Action |
|----------|--|--------|
| 16/HR001 | 1. <u>Welcome and apologies</u> The Chair thanked everyone for attending the meeting. Apologies were received from the following members: Jan Marriott Sue Field Apologies were also received from Michael Richardson. | |
| 16/HR002 | 2. <u>Confirmation of Quoracy</u> The Chair confirmed that the Committee was quorate. | |
| 16/HR003 | 3. <u>Declaration of Interests</u> There were no conflicts of interest declared. | |
| 16/HR004 | 4. <u>Minutes of the Meeting held on 19 October 2015.</u> | |

| Item | Minute | Action |
|----------|---|----------------|
| | The minutes of the meeting held on 19 October 2015 were Received and Approved as an accurate record subject to minor amendments. | |
| 16/HR005 | 5. <u>Action Log</u> The Action Log was Approved . See action log for updates. | |
| 16/HR006 | 6. <u>Forward Agenda Plan</u> The Committee agreed to review the forward agenda planner at the end of the meeting for all future Committee's. | |
| 16/HR007 | 7. <u>Strategic priorities and high impact actions for 2016</u> The Director of HR (DoHR) presented the strategic priorities which have been refreshed for 2016. The Chief Operating Officer (COO) expressed concern regarding the "sickness absence relating to stress". It was suggested that the focus should be on the reduction of sickness absence and managing general sickness. NSS suggested that stress should not be included in the measures as a standalone measure. The DoHR confirmed that stress is often highlighted in reports which why it is addressed on this scorecard. The Head of HR stated that the Trust have had to respond to the media recently with regards to stress. The Trust are putting in place a number of opportunities to evidence the health and wellbeing of colleagues. RC asked if the "increase in the number of candidates applying to work in the Trust" would be more helpful if divided into categories of clinical and non clinical. He also asked why "increase/reduction" is in brackets on the scorecard next to the measures. The DoHR confirmed this was added after feedback from colleagues requesting clearer indication on what represented improvement i.e. an increase or decrease in the measures. | Director of HR |

| Item | Minute | Action |
|----------|--|--------|
| | <p>NSS asked whether the high impact actions for 2016 on page 3 of the strategy scorecard should be ahead of the revised workforce scorecard on page 2. The DoHR will amend the report to reflect this.</p> <p>The DoHR is still waiting on Rod Brown, Head of Corporate Planning to say whether the word pledges is going to be used. Suggestions instead of 'pledges' are 'objectives' or 'values'.</p> <p>JS enquired as to whether the 4.6% target in relation to 'overall sickness rate reduction' by end of December is realistic.</p> <p>The DoHR confirmed that the Trust has a 4.71% reduction at the end of January which is progress from last year.</p> <p>The COO suggested a two year programme regarding sickness targets, stress levels and exit interviews.</p> <p>The DoHR confirmed that 4% reduction will be added to this year's target for managers</p> <p>The Head of Organisation Development joined the Committee at 2:34pm.</p> <p>The Committee Approved the strategic priorities for 2016 as detailed on page 1, the revised workforce scorecard as details on page 2 and the high impact actions for 2016 as detailed on page 3.</p> | |
| 16/HR008 | <p>8. <u>Workforce, Education and Development Report</u></p> <p>The Head of Professional Practice and Education updated on progress made against education, learning and development priorities.</p> <p>The Director of HR stated that the Trust is still on track with the CQC plan to be achieved by the end of March 2016. It was questioned whether the plan has built in time to test some of those actions in April and May to make sure they are compliant.</p> <p>The Head of Professional Practice and Education has reviewed the corporate mandatory training and essential clinical skills within the plan developed staff profiles and will look at how to communicate these. This is on track to be completed by the end of March 2016 and currently a communication strategy is being developed.</p> | |

| Item | Minute | Action |
|------|--|----------------|
| | <p>Ameena Cott, Learning and Development Manager, is going to present corporate mandatory training and profiles to colleagues across the Trust.</p> <p>The DoHR stated that the report does not include resuscitation or safeguarding training.</p> <p>The Trust resuscitation officer has been looking at the national guidelines so the Trust can be compliant with national and local Skills for Health. He is currently presenting a programme to the Clinical Reference Group.</p> <p>This will then be populated onto a scorecard.</p> <p>Alison Reddock, Education and Professional Practice Manager, will be meeting with the Head of HR Business Support Unit to put this plan into place.</p> <p>The Head of Professional Practice and Education stated that from April 2016 onwards, a scorecard will be produced to include resuscitation and safeguarding.</p> <p>The Director of Service Delivery stated that once the training matrix is done, the Trust will need to sense check it to see how that affects capacity.</p> <p>The Head of Professional Practice stated that colleagues will be given protected time to complete training and will have the options of face to face, e-learning or a workbook.</p> <p>The Head of Professional Practice confirmed that the Trust is meeting national standards and can benchmark against the national frameworks.</p> <p>NSS asked how the WED report, CQC plan and the Learning and Development implementation plan are tied together. The Head of Professional Practice and Education stated that the priorities for next year will incorporate all of these plans.</p> <p>The Head of Professional Practice and Education along with Rod Brown, Head of Corporate Planning, have developed a sharepoint within the team and timeframes are updated on there regularly.</p> <p>NSS asked if there is a facility for anyone to change the end date and the Head of HR Business Support unit</p> | <p>Head of</p> |

| Item | Minute | Action |
|----------|--|--|
| | <p>confirmed that this is controlled by Rod Brown, the Head of Corporate Planning.</p> <p>The Head of Professional Practice and Education stated that the report will be split for the next meeting.</p> <p>RC asked if the committee should be concerned against the red RAG rating as some are red even though the target date has not been reached.</p> <p>The Head of Professional Practice stated that she discussed these RAG ratings with Rod Brown, Head of Corporate Planning and he confirmed that the ratings are measured on whether tasks have been met and whether there is still work to be done.</p> <p>The DoHR will check to make sure the plan includes all of Workforce and OD targets that need to be met.</p> <p>NSS asked if more than clinical colleagues have been covered and the DoHR confirmed every staff group will have the same approach and working groups regarding administrative and clerical have been set up.</p> <p>NSS asked if local induction ties in with mandatory training. The Head of HR Business Support has just signed off the fire safety workbook process and this is part of the local induction.</p> <p>RC asked when nurse revalidation is starting and the Head of HR Business Support unit confirmed it is starting on 1 April 2016.</p> <p>JS pointed out that some of the dates on the CQC plan are concluding April 2016. The Head of Professional Practice and Education confirmed that some of these are implementing work that is ongoing and this will be made clearer on future plans.</p> <p>The Committee Noted the progress made and Approved the proposed in year priorities for the coming year.</p> | <p>Professional Practice and Education</p> <p>Director of HR</p> <p>Head of Professional Practice and Education.</p> |
| 16/HR009 | <p>9. <u>Draft Workforce Plan for 2016/17</u></p> <p>The Director of HR gave the Committee a verbal update on the draft workforce plan for 2016/17.</p> | |

| Item | Minute | Action |
|----------|---|---------------------------|
| | <p>The Trust had to submit the initial workforce plan to the Trust Development Authority (TDA) as part of this year's planning and the final workforce plan will be submitted in April 2016.</p> <p>The Committee agreed that as the submission date is ahead of the next Committee meeting, a sub-group will be set up for the third week of March to review before submission. Attendees for the sub group will be The DoHR, NSS, RC, and The Director of Service Delivery.</p> <p>The DoHR confirmed that next year's Cost Improvement Plan shows a £3m reduction in pay costs. In addition, there will be loss of income from Public Health Services we provide.</p> <p>It has been estimated that there will need to be a reduction of 24 posts for the next financial year. This includes the Nursing staff group which will have a proposed reduction of 21 posts. Allied Health Professionals will increase because of investment and administrative and Clerical posts will reduce by 20. Currently these are the headline figures.</p> <p>It has been discussed that the reduction in administrative and clerical posts will be completed through the latest MARS scheme which ran in January 2016 as this goes to next year's CIP and a possible MARS scheme next year to achieve the remaining amount.</p> <p>The CCG have put an extra £500k into Nursing, which will offset some of the reductions required in other areas.</p> <p>The Chief Operating Officer stated that there needs to be communications circulated around staff reductions.</p> | <p>The Director of HR</p> |
| 16/HR010 | <p><u>10. Investors in people options appraisal</u></p> <p>The Trust is due to be reassessed against the Investors in people (IIP) standards in March 2016 if it is to attain its accreditation.</p> <p>The Director of HR discussed the four options with the Committee and recommends that due to cost and preparatory work involved in the reassessment that the Trust does not pursue the reaccreditation at this time but instead focuses on obtaining the LiA award.</p> | |

Gloucestershire Care Services NHS Trust – Trust Public Board – 18 May 2016
Agenda Item 14.2: Approved Minutes – Workforce and OD Committee

| Item | Minute | Action |
|----------|--|---|
| 16/HR011 | <p><u>11. Terms of Reference – Committee and Steering Group</u></p> <p>Workforce and OD Committee</p> <p>The ToR has been refreshed with new titles and is now to be aligned with strategic priorities identified.</p> <p>The following amendments were suggested:</p> <ul style="list-style-type: none"> • 3.4 – amend steering group to Workforce, Education and Development (WED) group. • Self-evaluation- this should be discussed at each committee against the criteria. The Chief Operating Officer stated that this did exist. NSS has seen this at the Trust Board and will liaise with the new Trust Secretary. <p>Workforce and OD Steering Group</p> <p>There have been significant changes around content and a wider attendance has been added from operations.</p> <p>The following amendments were suggested:</p> <ul style="list-style-type: none"> • Incorrect title for Director of Nursing • 3.1 – Add that the Workforce and OD Steering group minutes come to the Committee. <p>The Committee Approved the Terms of reference for the Workforce and OD Committee and the Workforce and OD Steering group subject to the above minor amendments.</p> <p>The Director of HR will send the updated ToR's to Louise Moss, Deputy Board Secretary to present at Board.</p> | <p>Director of HR</p> <p>Director of HR</p> |
| 16/HR012 | <p><u>12. Workforce Risk register</u></p> <p>The Workforce Risk register was provided to inform the Committee and keep them informed regarding workforce risk and those actions being taken to minimise or eliminate those risks to the Trust.</p> <p>The Director of HR requested for only one risk register to be presented at future Committee meetings.</p> | |

| Item | Minute | Action |
|----------|--|--------|
| | <p>There is a further piece of work to do to make sure that the register has incorporated the required risk registers into one format as they both have different content.</p> <p>The Chief Operating Officer stated that Glyn Howells, Director of Finance and Rod Brown, Head of Corporate Planning are working to get to one document together making sure it is consistent.</p> <p>The Director of HR suggested IIP be added as a risk. The COO stated that this would be hard to rate and therefore The Committee agreed not to add this as a risk.</p> <p>The Committee noted the risk register.</p> | |
| 16/HR013 | <p><u>13. HR Policy Development</u></p> <p>The Head of HR presented a report to the Committee providing an overview of the Trust's position regarding HR policy development and review.</p> <p>The Head of HR confirmed that 33 policies are up to date, 6 are under review, 5 are overdue and there is 1 new one to be produced.</p> <p>NSS will send her amendments to the Head of HR outside of meeting.</p> <p>RC stated that a some changes need to be made regarding grammar.</p> <p>NSS congratulated LA on the progress on these policies.</p> <p>The next policy sub group 18 March 2016.</p> <p>The Committee Noted the contents of the report and Ratified the following policies:</p> <ul style="list-style-type: none"> • Bullying and Harassment policy (amendments) • Job Evaluation and Banding policy (amendments) • Overpayments Policy • | |
| 16/HR014 | <p><u>14. Workforce report (inc summary of hotspots)</u></p> <p>The Head of HR Business Support presented the latest dashboard along with the Workforce Scorecard as provided to the Performance Committee highlighting particular workforce hotspots.</p> | |

| Item | Minute | Action |
|----------|--|--------|
| | <p>The Chief Operating Officer and The Head of HR attended the GCS Leadership meeting and there were various discussions regarding Appraisals.</p> <p>The Head of HR Business Support stated that the Top 20 “worst performers” are going out and there is a monthly record. NSS suggested promotion of the top 20 performers in addition.</p> <p>NSS enquired as to what the minimum amount of part time hours is. The Director of HR confirmed that the Sexual health referral centre have 4 hour shifts at a time as these hours are required in that area.</p> <p>Gloucestershire Care Services is the highest Trust in the South West with part time to full time ratio.</p> <p>The Committee Noted the Workforce dashboard and scorecard.</p> | |
| 16/HR15 | <p><u>15. Recruitment and Retention report (inc Nursing)</u></p> <p>The Head of HR discussed the main areas of concern within the report and updated the Committee on the vacancy position across all directorates.</p> <p>NSS asked what the stability is when organisations are recruiting overseas. The Head of Professional Practice and Education stated that nurses tend to stay in those areas but then migrate after 18 months.</p> <p>The Committee Discussed the action plan proposed and Agreed further performance indicators they wish to receive as part of this report.</p> <p>Continued monitoring of vacancy rates across the Trust will be in place and a review of the impact of changed processes will inform future plans.</p> | |
| 16/HR016 | <p><u>16. Worcestershire Investigation – learning for the Trust</u></p> <p>The Director of HR explained that the TDA recently published a review into five complaints raised by former staff about their employment with the former Worcestershire Health organisations and Worcestershire Health and care NHS Trust.</p> | |

| Item | Minute | Action |
|----------|---|----------------|
| | <p>The report contained eight recommendations and these have been reviewed to ascertain whether there is any learning that can be transferred to Gloucestershire Care Services NHS Trust.</p> <p>The Head of HR will provide progress on actions for GCS at the Committee meeting on 13 June 2016.</p> <p>The Committee Noted the findings of the review and the learning that will be taken forward by The Trust.</p> | The Head of HR |
| 16/HR017 | <p><u>17. Minutes from sub-committees</u></p> <p>The Committee Noted the following minutes:</p> <ul style="list-style-type: none"> • JNCF – 1 October 2015 • Workforce and OD Steering Group – 27 November 2015 • Workforce, Education and Development Group – 8 December 2015 | |
| 16/HR018 | <p><u>18. Any other business</u></p> <p><u>Forward Agenda Plan</u></p> <p>Deferred from earlier in the meeting, the Chair took agenda item 6 at the end of the meeting and the Committee agreed for this to be the way forward for all future Workforce and OD Committee meetings.</p> <p>Amendments to the forward planner:</p> <ul style="list-style-type: none"> • Investors in People to to be added to 13 June 2016. • Self-assessment against LiA framework will be included in the next LiA report. • Annual Reports to be added to 11 April 2016. • Worcestershire Investigation to be added to 13 June 2016. • SystmOne to be added to 13 June 2016. • LiA to be added to every future meeting and Sonia Pearcey, Ambassador for Cultural Change to present. <p>The Chair closed the meeting at 4pm.</p> | |
| | <p>Date and Time of Next Meeting: 11 April 2016 , 10am-12pm, Boardroom, EJC.</p> | |

Trust Board

Date: 18th May 2016

| | |
|----------------------|---|
| Agenda Item: | 15 |
| Agenda Ref: | 15/0516 |
| Author: | Susan Field, Director of Nursing; Matthew O'Reilly, Head of Performance and Information |
| Presented By: | Susan Field, Director of Nursing; Candace Plouffe, Chief Operating Officer |
| Sponsor: | N/A |

| | |
|-----------------|--------------------------------------|
| Subject: | Trust Quality and Performance Report |
|-----------------|--------------------------------------|

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

This report aims to provide assurance to Board members that the Trust is delivering high quality safe and effective care. The report relates to March 2016 information and was formally discussed and reviewed by the Trusts Quality and Performance Committee on 26th April 2016.

Recommendations:

The Board is asked to:

- The Trust Board is formally asked to consider the Quality and Performance position as at March 2016

Considerations:

Quality implications:

Included throughout the attached report and it should be noted that at year end 2015-16 the quality and effectiveness of care across the Trust should be considered as good despite capacity issues being experienced by some of the Trusts services.

Human Resources implications:

Vacancy and sickness levels are impacting on the Trust Board on some service delivery and standards/targets

Equalities implications:

No specific issues identified

Financial implications:

Inability to meet contractual obligations and commissioned quality metric will potentially have a detrimental impact on the Trust from a financial perspective

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

Yes, Strategic Risks:

007 (Sustainability and Transformation Plan delivery)

010 (Inability to recruit staff)

012 (Clinical skills of the workforce)

014 (Failure to deliver community contract obligations, QIPP & CQUIN)

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

No

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

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

| | |
|-------------------------------|-----|
| Reviewed by (Sponsor): | N/A |
|-------------------------------|-----|

| | |
|--------------|--------------------------|
| Date: | 9 th May 2016 |
|--------------|--------------------------|

| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
|--|
| Executive Colleagues – Virtual review and comments (early April 2016) Quality and Performance Committee – 26 th April 2016 |

| Explanation of acronyms used: |
|-------------------------------|
| |

Quality and Performance Report

Trust Board

18th May 2016

Contents

| Report section | Page |
|---|-------------|
| Report overview | 3 |
| Strategic Objective 1 - Achieve the best possible outcomes for our service users through high quality care | 9 |
| Strategic Objective 2 - Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | 36 |
| Strategic Objective 3 - Actively engage in partnerships with other health and social care providers in order to deliver seamless services | 48 |
| Strategic Objective 4 - Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision | 54 |
| Strategic Objective 5 - Manage public resources wisely to ensure local services remain sustainable and accessible | 58 |
| Change request log | 59 |

Report Overview

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

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

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

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

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

- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) Referral to Treatment (RTT) target (within 8 weeks) was achieved in March 2016. The target has been achieved in 5 out of 12 months in 2015/16. This is a target that is part of QIPP delivery programme and activity is funded on a cost and volume basis.
- Patient slips, trips and falls within Community Hospital in-patient setting remains the highest reported incident by type. Of the patient falls, 636 (71%) resulted in no harm (*see page 21*).
- The Trust has reported no Serious Incident Requiring Investigation (SIRI) during March (*see page 17*). *GCS is reporting a rate of SIRIs (2.1 average per month) which is below the average of the Trusts within the Aspirant Community Foundation Trust group (2.4).*
- The Trust surveyed 1,046 patients episodes of care for the March Safety Thermometer report. Of these 1,001 (95.7%) were harm free. 45 harms were reported, of which 13 were new harms (*see pages 18-20*). *This means that GCS reported 1.24% new harms compared to national average of 2.1% new harms. The national average for harm free care was 94.1% (March 2016).*
- On a year-to-date basis (April to March 2016) the Trust is reporting 82.8% compliance with national targets and 55.9% compliance with local health targets. *This represents a slight decrease in national target compliance from 86.2% reported previously; local target compliance has also decreased from 57.6% compared to the performance reported previously (see page 11).*

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

- The Trust is committed to providing care in an environment that protects privacy and dignity. This is supported by providing care in a single sex environment. No breaches have been reported (April to March 2016).
- The Friends and Family Test question asks service users “How likely are you to recommend our services to your friends and family”. During March, there were 2,072 responses (4.6%) from a total of 45,517 patients accessing GCS services. *This is a slight reduction from the 4.9% response rate recorded in February 2016. The highest rate was received from Inpatients (33.1%) and Minor Injury and Illness Units (18.2%). The average of Trusts within the Aspirant Community Foundation Trust group is 29.3% (based on 6 Trusts, with variance from 1.4% to 90.9%). Information regarding the Friends and Family Test response best practice has been requested from high-performing Trusts within the group but not yet received.*
- Of those that responded, 95.3% said they were extremely likely or likely to recommend us. *This is slightly below the average of Trusts within the Aspirant Community Foundation Trust group (96.1%).*
- 7 NHS Choices comments were received in March, of which 71% were positive. *Negative comments were directed to the service experience team to discuss the concerns further. Comments were also shared with the relevant service leads.*
- Complaints: 7 complaints were received in March. In quarter three, 96.4% complaints were responded to within agreed timescale of 25 working days.

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

- Rapid Response referrals target was achieved in March with 276 referrals received compared to target of 263 (page 50).
- Reablement indicators are currently rated as red, with the exception of average length of reablement service (see pages 30-31).
- The Trust continues to perform well against national data quality targets. The 45 data indicators that measured from data submitted to the Secondary Uses Services (SUS) shows Trust performance to be 99.0% against a target of 96%, monitored by Health and Social Care Information Centre (HSCIC) (April 2015 to February 2016). The National average is 96.2%, South Central regional average 92.7%.
- Data quality reports are not yet available from HSCIC for the Children and Young People's dataset that has been flowing since October 2015. The latest indication is that these reports will not be provided until June 2016 at the earliest.
- Average length of stay in Community Hospitals increased slightly to 22.2 days in March, from 22.1 days in February. Year to date average is 20.9 days (page 53). The median (mid-point) in March was 18.0 days. *The NHS Benchmarking network average for 2014/15 was 26.7 days.*
- Bed Occupancy rates were 99.4% in March. *The NHS Benchmarking network average for 2014/15 was 90.75%.* Thresholds have been set by Head of Community Hospitals to identify over-performance. The CQC Report for GCS Community Health Inpatient Services identifies that when occupancy rates rise above 85%, it may affect the quality of the care provided to patients and the orderly running of hospitals. The Trust continues to monitor quality metrics that are aligned to bed occupancy e.g. falls, infection rates to identify if there is any impact.

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

- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatments (73% Q4); however, there is significant opportunity to improve the Trust's recommendation as a place to work (see page 56)
- Sickness absence: remains above target (4.67% rolling 12 months to March, compared to target of 3%) (see page 57).
- Appraisals: rate of reported completed appraisals (77.45%) has declined from that reported for February, remains behind trajectory. Note the trajectory has now increased from 90% to 95% (see page 57).
- Mandatory training: All aspects of mandatory training are now behind trajectory as the target increased to 90% at the end of December 2015 (see page 57).

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

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

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

Quality Strategy metrics 2015-16 against strategic objective 1

| | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|--|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Harm-free care in community hospitals and ICTs | More than 95% | 95.9% | 93.9% | 95.2% | 95.1% | 95.1% | 95.8% | 95.4% | 95.4% | 95.3% | 95.0% | 96.2% | 95.7% | 95.3% |
| Number of new harms (Safety Thermometer) | Less than 267 (14/15 total) | 12 | 15 | 8 | 13 | 14 | 10 | 10 | 14 | 18 | 21 | 6 | 13 | 154 |
| Reduction in incidents that result in severe harm | Less than 12 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 4 | 1 | 1 | 0 | 8 |
| Not exceeding the agreed threshold of C. diff infections | Less than 18 | 0 | 1 | 2 | 0 | 1 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 9 |
| Achieving agreed staffing levels in community hospitals | 80-120% | 104.7% | 103.4% | 104.7% | 105.6% | 99.2% | 98.7% | 99.7% | 99.8% | 99.4% | 100.4% | 98.7% | 97.6% | 101.3% |
| Number of Never Events within the Trust | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |

Summary of health performance key indicators - March year to date

| | March cumulative year-to-date (with comparators to February) | | | | | | | February cumulative year-to-date | | |
|----------|---|---|-------------|---|--------------|---|-------|-------------------------------------|-------------|--------------|
| | Red | | Amber | | Green | | Total | Red | Amber | Green |
| National | 3 10.34% | ↔ | 2 6.90% | ↑ | 24 82.76% | ↓ | 29 | 3 10.34% | 1 3.45% | 25 86.21% |
| Local | 10 29.41% | ↑ | 5 14.71% | ↔ | 19 55.88% | ↔ | 34 | 9 27.27% | 5 15.15% | 19 57.58% |
| Total | 13 20.63% | ↑ | 7 11.11% | ↑ | 43 68.25% | ↓ | 63 | 12 19.35% | 6 9.68% | 44 70.97% |

National indicators

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

Local indicators

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

Local indicators

| | | |
|-------|---|---------|
| Amber | Physiotherapy (Adult) - referral to treatment within 8 weeks | Page 14 |
| | Single Point of Clinical Access - % of Calls abandoned | Page 14 |
| | Single Point of Clinical Access - % of calls resolved with agreed pathway within 20 minutes | Page 14 |
| | MSKCAT service - referral to treatment within 8 weeks | Page 14 |
| | Paediatric Speech and Language Therapy - % treated within 8 Weeks | Page 14 |

Performance exceptions - Year-to-date National targets

| Indicator | YTD RAG | Performance | Actions | Projected date of remedy |
|--|---------|--|---|---|
| Percentage of diagnostic tests waiting longer than 6 weeks | | Performance in March was 100% (target >99%). Year to date performance is 97.5% | The target for access to Echocardiography was not achieved during July and August due to capacity following staff sickness. The service reviewed its patient tracking processes which are robust – no significant changes to current practice have been made as a result. | Target achieved in last 6 months – however there is a risk of breaches of target due to potential capacity issues. |
| Time to initial assessment for patient arriving at MilU by ambulance | | Performance in February for the 95 th percentile was 14 minutes (target <15 minutes). Year to date performance is 17 minutes. | This measure had been within target during months 1 to 4 but deteriorated since August, recovering in quarter 4. There have been a number of delays recorded by staff limitations of having one registered practitioner on a shift but only registered practitioners can triage. If the registered practitioner is with a patient this has resulted in a delay. GCS Trust Board has agreed a workforce action to redesign skill mix in MiiUs. | Target achieved during quarter 4 – however there is now a risk of continued breaches of target due to staffing model. |
| VTE risk assessment - % of inpatients with assessment completed | | Performance in March was 98.5% compared to target of 95%. Year to date performance is 87.8% | Community hospitals have confirmed that assessments are being completed, however the relevant template had not been populated on SystmOne. This has now been resolved. | In-month February and March 2016 |
| Newborn bloodspot screening coverage by 17 days of age | | Performance on year to date basis is 90.9% (target 95%) | The midwifery service in GHNHSFT are currently undergoing update training to try and reduce their repeat rate for newborn bloodspot screening. | Ongoing. CCG has agreed to remove this target. |
| Newborn bloodspot screening coverage by 21 days of movement in | | Performance on year to date basis is 90.9% (target 95%) | GCS are now able to monitor this target following SystmOne development work. | Ongoing review of data now that this is available. |

Performance exceptions - Year-to-date Local

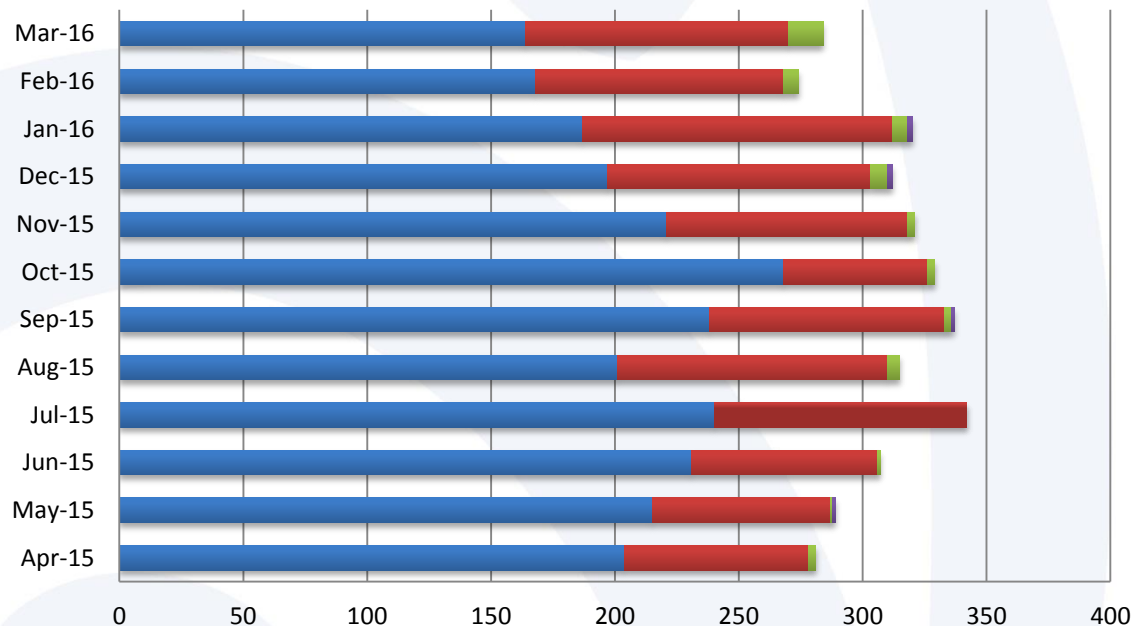
| Indicator | YTD RAG | Performance | Actions | Project date of remedy |
|---|---------|--|--|--|
| Rapid response – number of referrals | | Target achieved in March with 276 referrals (target 263). Year to date performance remains behind target | The service is continuing to work to action plan, this includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads to have regular contact with GP surgeries in an attempt to increase referrals. | Dependant on receipt of referrals. Service to continue working to action plan. |
| Integrated Discharge Team (IDT) – number of avoided admissions (3 targets) | | Performance in March was 183 avoided admissions compared to a target of 310; year to date performance remains behind target | Service is working with health community service providers to review out of hours and reablement pathways to identify any scope for increase in IDT involvement. GCCG funding being used to increase resilience within the service. | Alternative model of service delivery being implemented. |
| Chlamydia Screening - number of positive screens | | Year to date performance is behind trajectory by 69 positive screens, (1,100 positive screens compared to trajectory of 1,169) | Performance is behind target however in excess of average 105 positive screens have been identified each month over the last 6 months. If this performance had been repeated across the year the target would have been achieved. A service recovery plan is in place. The service is working on actions within the plan resulting in the increased level of positive screens. Countywide performance for Gloucestershire patients has now been ahead of diagnostic rate of 2,300 positive patients per 100,000 population in 5 of the last 6 months. | Action plan in place however dependant on identification of positive screens. |
| Average number of discharges per day from Community Hospital (weekends and weekdays) | | Performance on a year to date basis is an average of 4.4 discharges at weekend compared to target of 10 | Number of discharges are currently behind target. The number of discharges have been impacted by an increased average length of stay within the Community Hospitals which has reduced throughput. | Discharge action plan in place to improve performance. |
| | | Performance on a year to date basis is an average of 11.3 discharges on weekdays compared to target of 20 | 2016/17 Contract Quality Schedule will include development of planned targets for Community Hospitals for average length of stay which will determine average number of discharged patients. | |
| Adult Occupational Therapy - referral to treatment within 8 weeks | | Performance in March was 90.0% compared to a target of 95%; year to date performance of 87.0% | Data continues to be reviewed with service following SystmOne go-live to ensure validity of patients on caseload and waiting lists. Staff vacancies continue to impact on delivery of this target. | Target unlikely to be achieved due to capacity. |
| Bed occupancy | | Performance in March was 99.4% compared to a target of 90%; year to date performance of 96.6% | Thresholds have been set by Head of Community Hospitals to identify over-performance. The CQC Report for GCS Community Health Inpatient Services identifies that when occupancy rates rise above 85%, it may affect the quality of the care provided to patients and the orderly running of hospitals. | Occupancy has been consistent at this level due to demand and is expected to continue. |
| Stop Smoking Service - 3rd Party Providers | | Year to date performance is 926 smokers who successfully quit, against a target of 1,399 | GCS internal specialist stop smoking service have achieved their annual target, of 933 quitters, third party deliverers are currently down by 11% in comparison to last year. Although this figure should improve over the next 6 weeks, it is highly unlikely they will meet their target as they have 424 quitters to go. This is due to clients finding it difficult to access smoking cessation provision at GP practices and pharmacies. | Data continues to be collected for Q4 2015/16. |

Performance exceptions - Year-to-date Local

| Indicator | YTD RAG | Performance | Actions | Project date of remedy |
|--|---------|---|---|--|
| Adult Physiotherapy Service - referral to treatment within 8 weeks | | Performance in March was 95.1% compared to a target of 95%; year to date performance 92.9% | Target was achieved in March. Previous under-performance was within the MSK and ICT Physiotherapy service areas. Staff vacancies impacted on delivery of this target. | Target achieved in-month March 2016. |
| Single Point of Clinical Access % of calls abandoned | | Performance in March was 7.4% compared to a target of less than 5%; year to date performance 7.2% | The target was not achieved due to demand. There were 3,894 calls received in March of which 289 were abandoned. This equates to 94 calls abandoned above the threshold. | Performance has been consistent at this level due to demand and is expected to continue. |
| Single Point of Clinical Access % of calls resolved with agreed pathway within 20 minutes | | Performance in March was 97.1%; Year to date performance 93.2%. | The target was achieved in March 2016. | Performance has been consistent at this level due to demand and is expected to continue. |
| MSKCAT service - referral to treatment within 8 weeks | | Performance in March was 99.4% compared to a target of 95%; year to date performance of 94.1% | The target was achieved in March, however not achieved in earlier months due to capacity issues within the service. Recruitment and training means that additional capacity has been available from the end of January. | In-month March 2016. |
| Paediatric Speech and Language Therapy - % treated within 8 Weeks | | Year to date performance is 93.6% compared to a target of 95.0% | The deterioration in performance has been due to administrative processes and ways of working in the service. An administration review has been undertaken and new processes applied which are expected to show an improvement in the forthcoming months. | Q1 2016/17. |

Incidents by category of harm

Incidents by Category of Harm



| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| No Harm | 204 | 215 | 231 | 240 | 201 | 238 | 268 | 221 | 197 | 187 | 168 | 164 |
| Low Harm | 74 | 72 | 75 | 102 | 109 | 95 | 58 | 97 | 106 | 125 | 100 | 106 |
| Moderate Harm | 3 | 1 | 1 | 0 | 5 | 3 | 3 | 3 | 7 | 6 | 6 | 14 |
| Severe Harm | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 2 | 0 | 0 |
| Death | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Duty of Candour (DoC)

Duty of Candour applied to 20 incidents from April 2015 to end of March 2016. In addition 3 cases were downgraded following review. Patients and relatives have received a verbal apology and written apology as per DoC guidance

The refined DoC and Complaints Policy were ratified by the Trust Board in March 2016.

The DoC "Action Card" provides a quick reference tool and is cited at the beginning of the policy for those professionals who need to determine whether their case applies to this process.

Incident reporting

The National Reporting and Learning System (NRLS) Organisation Patient Safety Incident Report for the period 01.04.2015 until 30.09.2015 was published on 19.04.2016.

The Trust has demonstrated a significant increase in the number of incidents that were reported in comparison to the previous period. The Trust is now one of the highest reporters of incidents nationally when it is compared with other similar Community Trusts.

Benchmarking

| | | |
|---|---------------------------|---|
| Number of incidents (GCS) | 144.9 per 1,000 WTE staff | April – March 2016 |
| Number of incidents (Aspirant Community Foundation Trust Group) | 185.4 per 1,000 WTE staff | Latest 6 months (October 2015 - March 2016) |

Incidents by type (top 5 only)

| Category of harm /Type of incident - <u>Patients</u> (top 5 categories) | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | 12-month total |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------------|
| Slip, Trip or Fall (Patient) | 96 | 72 | 78 | 69 | 80 | 92 | 84 | 77 | 97 | 91 | 61 | 74 | 971 |
| Medication or drug error | 14 | 30 | 31 | 28 | 36 | 28 | 31 | 53 | 33 | 25 | 33 | 33 | 375 |
| Pressure Ulcer | 23 | 20 | 23 | 26 | 21 | 23 | 19 | 46 | 45 | 41 | 41 | 42 | 370 |
| Treatment or procedure problem | 5 | 20 | 16 | 21 | 13 | 12 | 23 | 12 | 8 | 11 | 8 | 7 | 156 |
| Problem with patient records / information | 5 | 8 | 13 | 15 | 7 | 22 | 8 | 5 | 5 | 2 | 8 | 7 | 105 |
| Total (All) | 203 | 212 | 223 | 258 | 242 | 258 | 271 | 264 | 248 | 249 | 215 | 233 | 2,876 |

| Category of harm /Type of incident - <u>Staff</u> (top 5 categories) | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | 12-month total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------------|
| Staffing issues | 6 | 11 | 9 | 22 | 7 | 12 | 5 | 4 | 4 | 3 | 4 | 2 | 89 |
| Verbal/written abuse | 6 | 6 | 5 | 3 | 8 | 11 | 3 | 9 | 5 | 4 | 1 | 7 | 68 |
| IT related issue | 2 | 0 | 9 | 0 | 4 | 8 | 10 | 6 | 5 | 6 | 6 | 2 | 58 |
| Property | 4 | 4 | 9 | 3 | 3 | 5 | 1 | 3 | 5 | 7 | 4 | 7 | 55 |
| Premises / buildings | 7 | 3 | 3 | 3 | 2 | 4 | 3 | 1 | 7 | 2 | 3 | 2 | 40 |
| Total (All) | 78 | 74 | 84 | 83 | 67 | 79 | 56 | 55 | 66 | 70 | 54 | 46 | 812 |

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

There have been 17 RIDDOR reportable incidents this year to date. Of the reportable incidents 16 were staff incidents, 1 was a patient incident. The patient incident has been withdrawn following completion of a root case analysis (RCA). All of the reportable incidents are reviewed by the Health and Safety Committee.

RIDDOR Actions taken

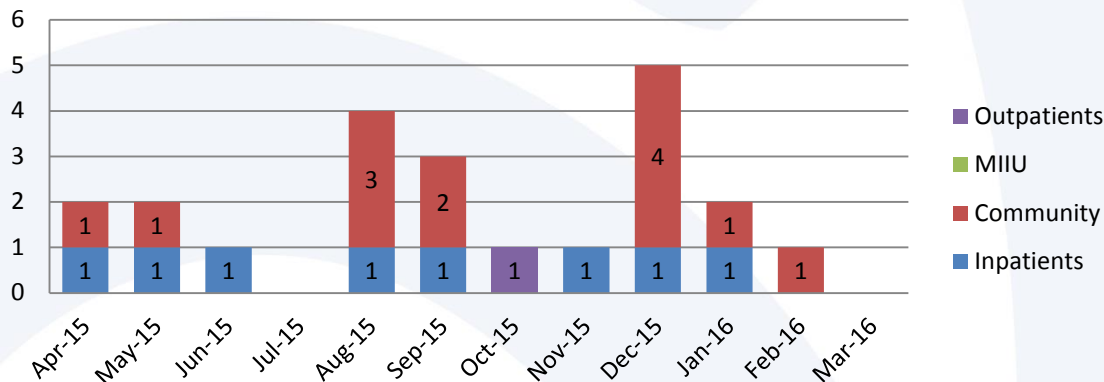
Staff reminded of process for cleaning. Staff reminded to follow correct working practice
Lone working protocols information sharing reinforced. Care provider to update control process.

Clinical Alert System (CAS)

No overdue CAS alerts this year.

Serious Incidents Requiring Investigation And Never Events

SIRIs by Service Area



SIRIs

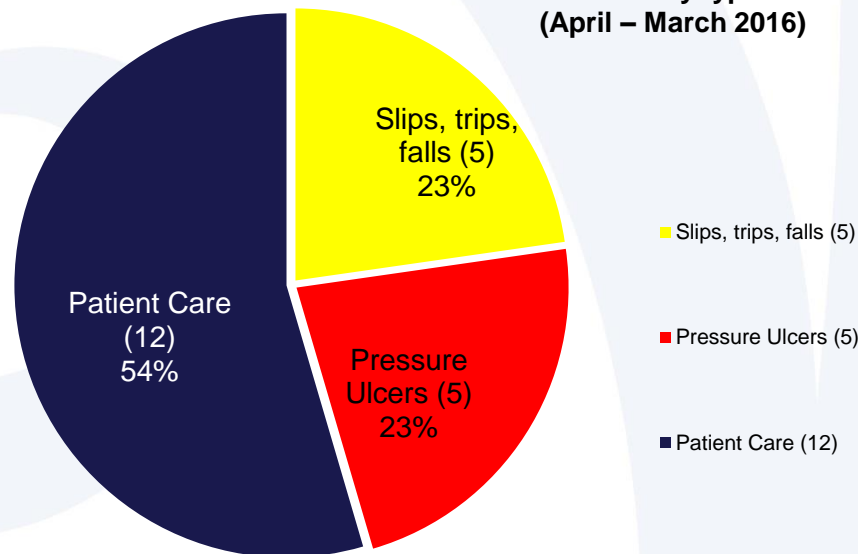
There were no SIRI's declared in March 2016. During 2015/16 there have been 22 SIRI's reported. By service area these were as follows:

- 13 in Community
- 8 in Community Hospital inpatient setting
- 1 in outpatients
- 0 in MIU

The PACE directorate are analysing the delay in the reporting of such events through qualitative measures in order to substantiate the disparity with quantitative evidence.

It would appear that cases brought to clinical supervision may be one of the contributory factors for the delay in reporting incidents; i.e. it is at that juncture that the clinical supervisor recommends that their supervisee completes a "Datix" and submits it via the incident reporting system.

**SIRIs by type
(April – March 2016)**

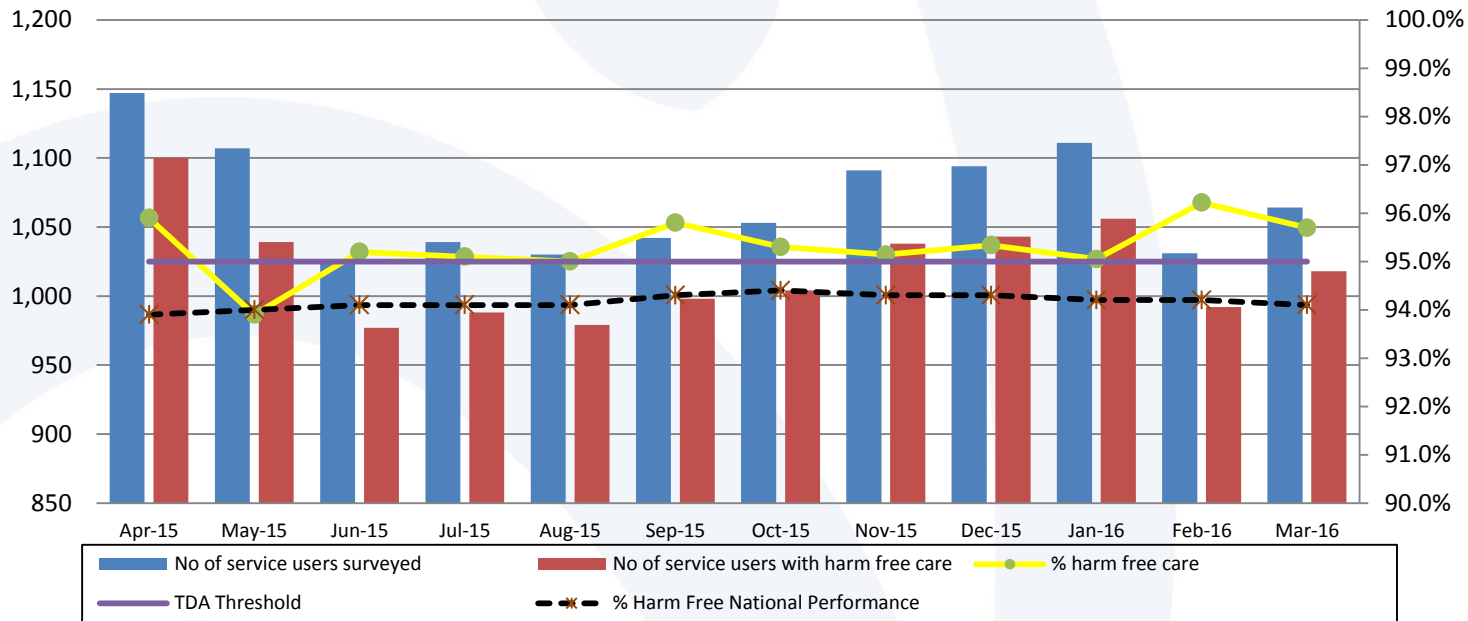


Benchmarking

| | |
|---|--|
| New SIRIs (GCS) | 2.1 average per month, April – March 2016 |
| New SIRIs (Aspirant Community Foundation Trust Group) | 2.4 average per month, Latest 6 months (October 2015 – March 2016) |

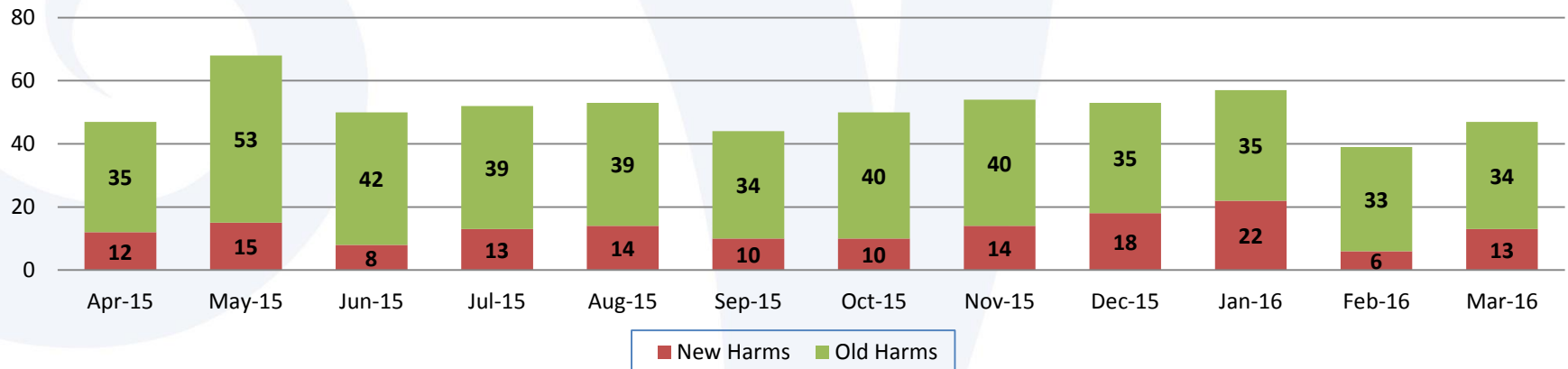
Harm-free care / Safety Thermometer

Safety Thermometer 2015/16

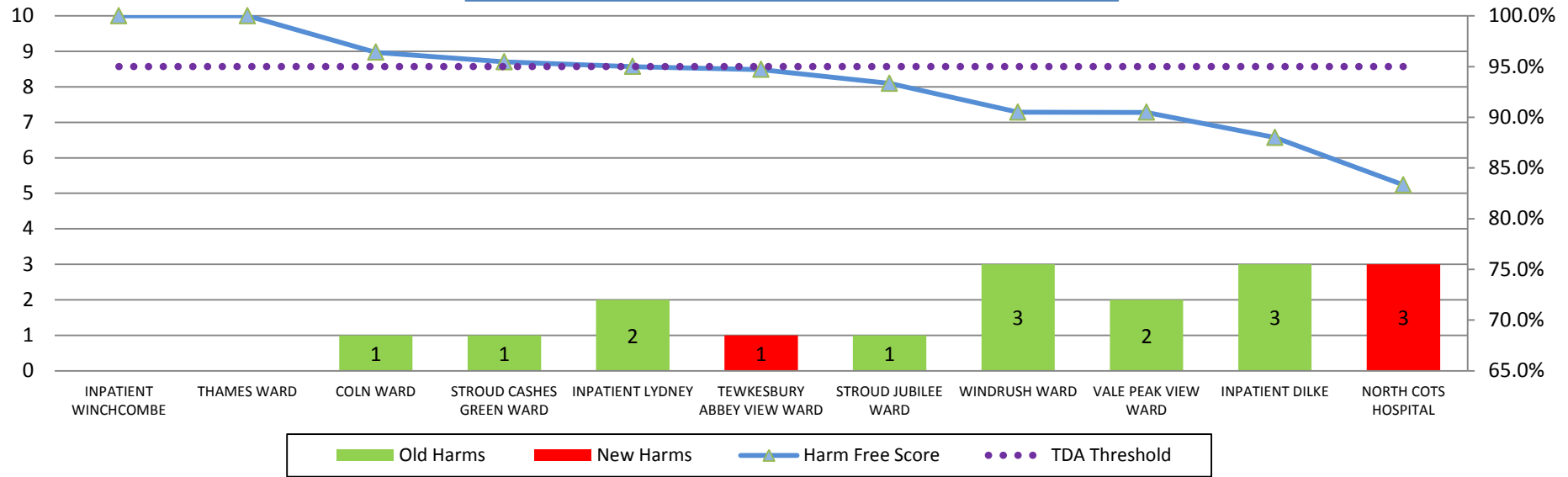


- Achievement of 95.0% harm free with variation of 83.3% - 100% across teams
- Focus remains on the key areas of falls and pressure ulcers looking at those patients who experienced harm and working to further reduce this risk

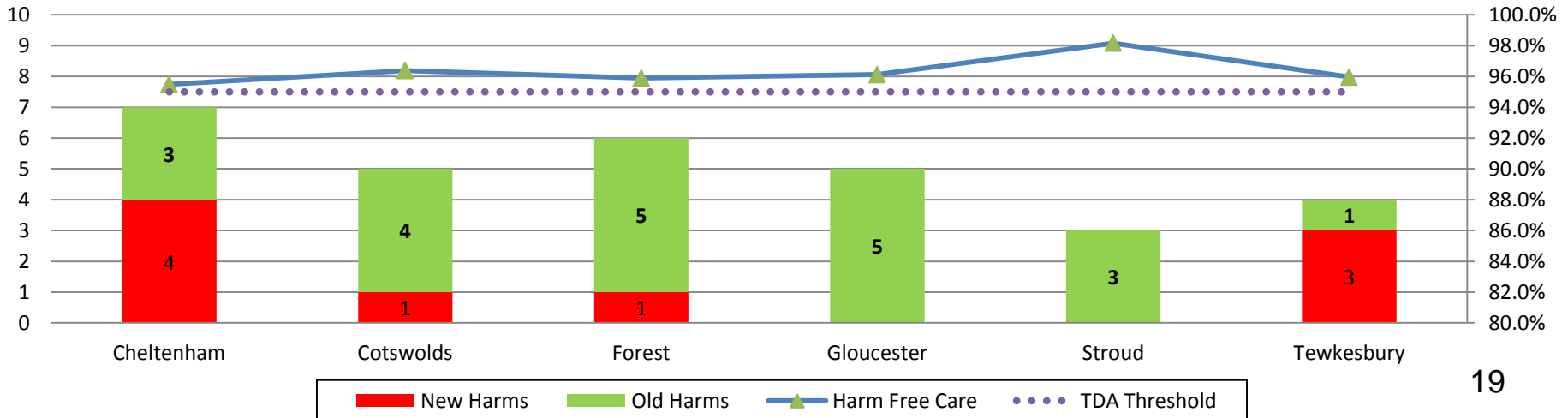
Total Harms 2015/16



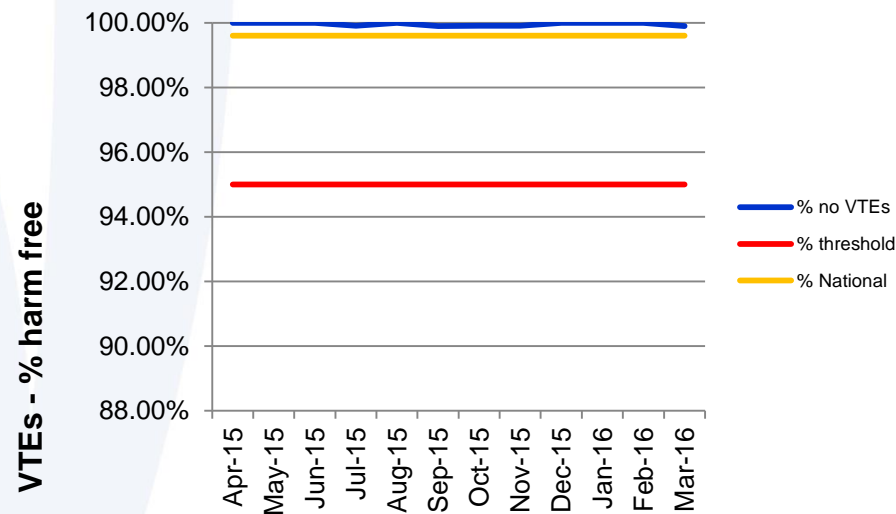
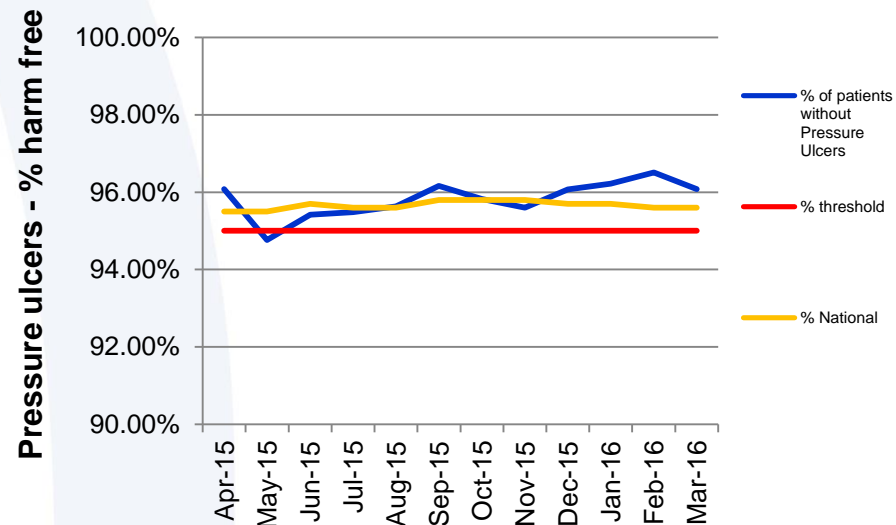
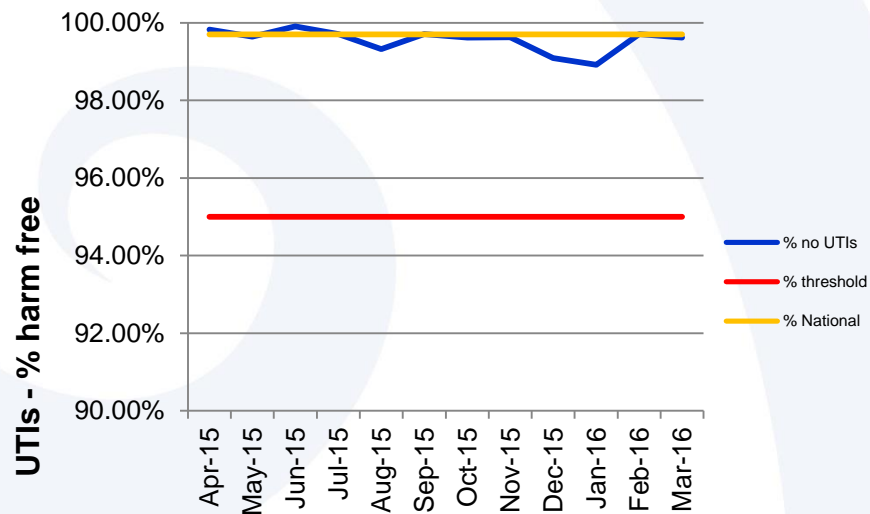
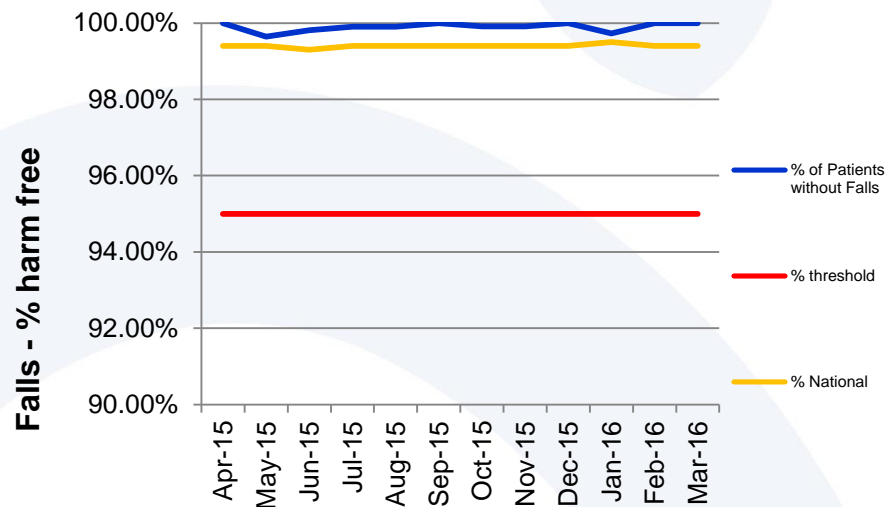
Harms - Community Hospital – March 2016



Harms - Community – March 2016



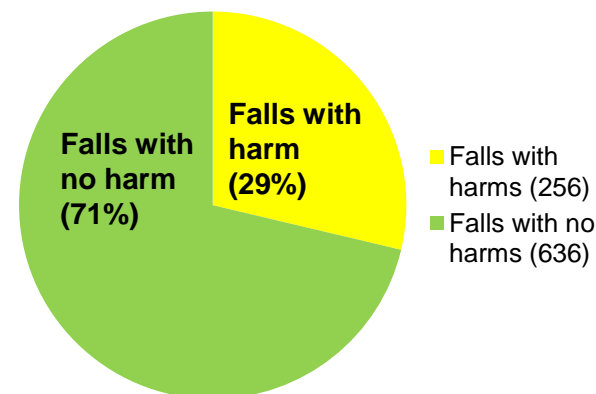
Harm-free care by type / Safety Thermometer



Falls in an inpatient setting

| Hospital | Total Falls | | | | Falls with harm | | | |
|-----------------|-------------------------|-----------------------------------|------------------|-----------------------------------|--------------------------------|---|-----------------------------|---|
| | 2015/16 Year to Date | | 2014/15 Total | | 2015/16 Year to Date | | 2014/15 Total | |
| | No of falls | Falls per 1,000 bed days | No of falls | Falls per 1,000 bed days | No of Falls with harm | Falls with harm per 1,000 bed days | No of Falls with harm | Falls with harm per 1,000 bed days |
| North Cotswolds | 121 | 15.6 | 137 | 18.3 | 31 | 4.0 | 43 | 5.8 |
| The Vale | 109 | 15.2 | 157 | 22.7 | 33 | 4.6 | 34 | 4.9 |
| Dilke | 130 | 14.5 | 74 | 9.0 | 32 | 3.6 | 23 | 2.8 |
| Tewkesbury | 100 | 14.0 | 117 | 16.8 | 26 | 3.7 | 27 | 3.9 |
| Cirencester | 256 | 13.8 | 213 | 12.5 | 81 | 4.4 | 65 | 3.8 |
| Lydney | 65 | 8.3 | 85 | 11.3 | 19 | 2.4 | 24 | 3.2 |
| Stroud General | 111 | 8.2 | 96 | 7.7 | 34 | 2.5 | 27 | 2.2 |
| TOTAL | 892 | 12.6 | 879 | 13.2 | 256 | 3.6 | 243 | 3.6 |
| FORECAST | 892 | | | | 256 | | | |

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



Inpatient falls have increased over the last 12 months. The last patient fall that caused moderate harm occurred in September 2015. This was declared as a SIRI. Since that date, the falls that patients have sustained have resulted in either low or no harm.

Factors for further analysis relating to this area include staffing levels, patient acuity, and the openness and transparency of incident reporting, all being reviewed by the Head of Community Hospitals and matrons.

Benchmarking

Falls with harm per 1,000 inpatient occupied bed days (GCS)

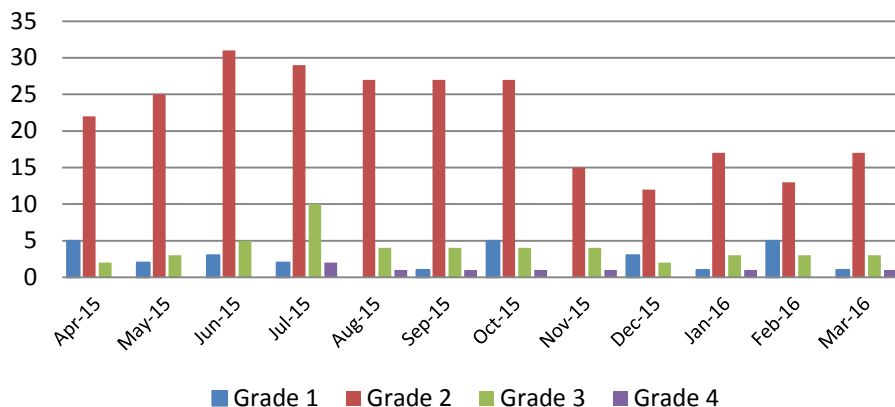
3.6 average per month (April – March 2016)

Falls with harm per 1,000 inpatient occupied bed days (Aspirant Community Foundation Trust Group)

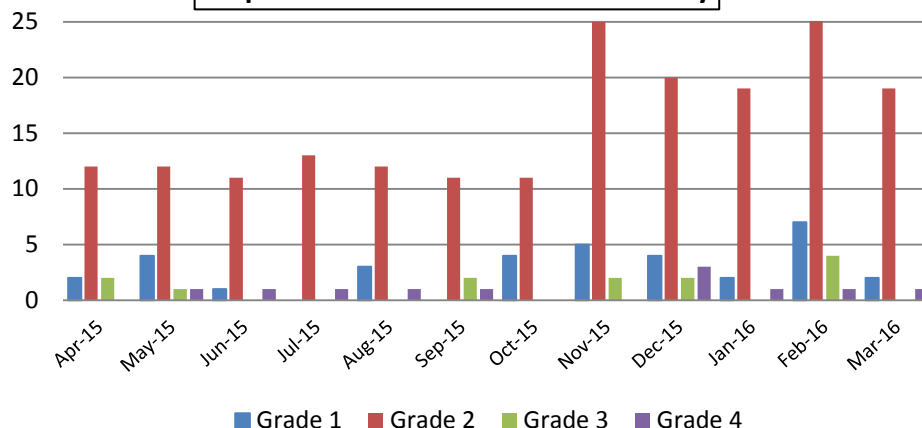
**2.8 average per month
Latest 6 months (October 2015 – March 2016)**

Pressure ulcers

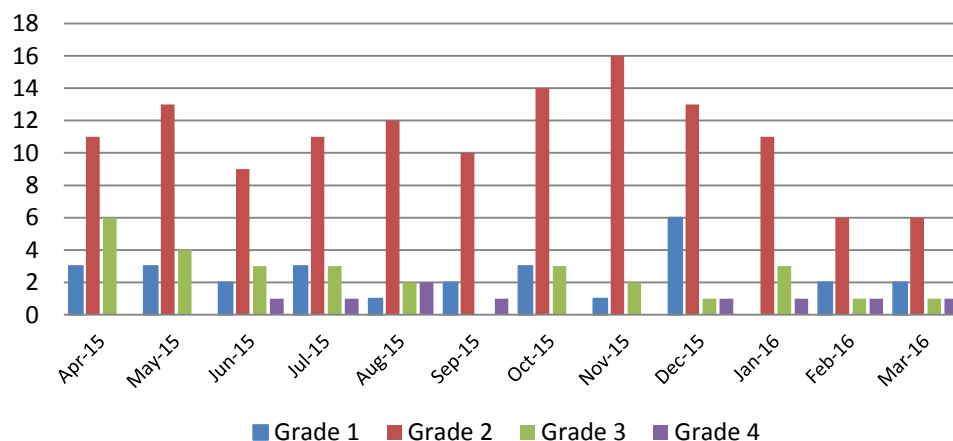
Inherited Pressure Ulcers - Community



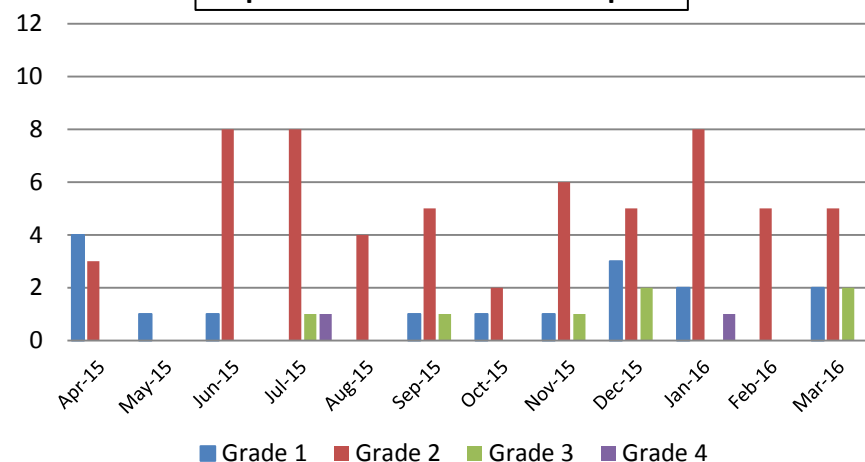
Acquired Pressure Ulcers - Community



Inherited Pressure Ulcers - Hospitals



Acquired Pressure Ulcers - Hospitals



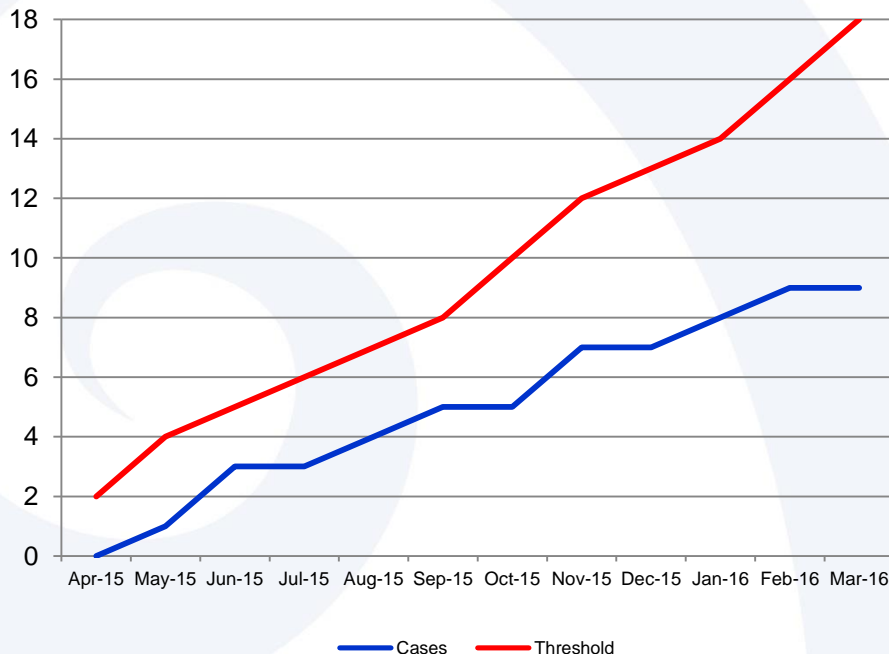
Patients' who have acquired pressure ulcers in the community have become a recurring theme since November 2015. These figures also correlate with an increase that have met the criteria for a SIRC. It would appear that the acquisition of pressure ulcers in the community hospital is a reduced risk for inpatients. Factors that may explain this disparity include increased vigilance within this clinical setting whereas the Community Nursing Service are unable to continuously monitor patients compliance with therapeutic interventions.

| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|
| C diff Cases | 0 | 1 | 2 | 0 | 1 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 9 |
| *Avoidable cases in GCS care* | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| *Unavoidable cases in GCS care* | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 8 |
| Norovirus Outbreaks | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 6 |

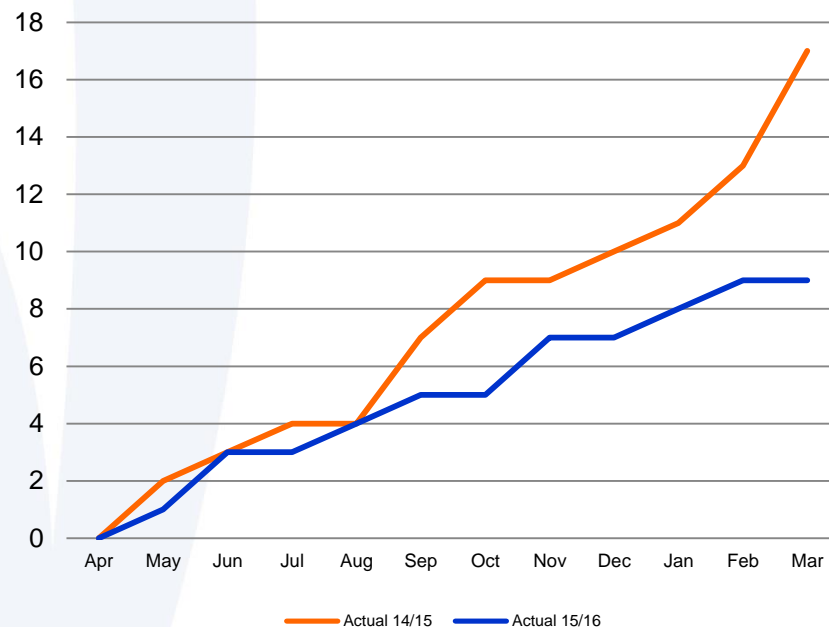
Outbreak March 2016:

Winchcombe Unit - In March, 5 patients and 4 staff reported symptoms associated with viral gastroenteritis, samples provided to the labs identified Norovirus as the causative organism. The unit was reopened on the afternoon of 16th of March following the required deep clean and in total 6 bed days were lost.

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



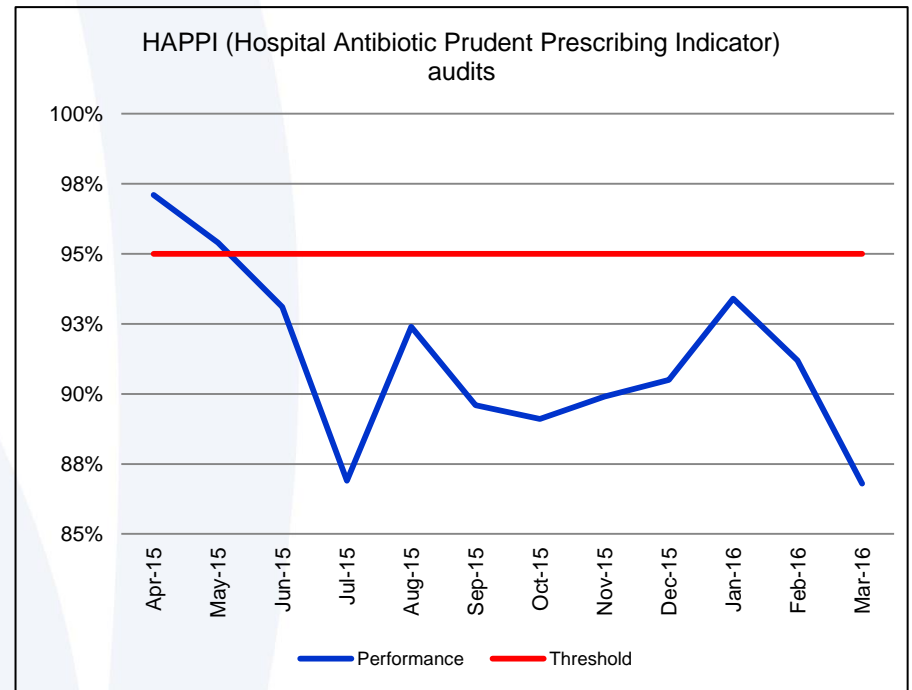
Incidence of C. diff (comparing 14/15 actuals to 15/16 actuals)



Latest Hand hygiene observation audits including the 'Bare below the Elbows' initiative evidenced an average of 96% compliance in March 2016 – this improvement in compliance is due to all areas providing a hand hygiene audit report.

| Medication incidents | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| 2015-16 | 16 | 33 | 38 | 29 | 40 | 29 | 36 | 54 | 34 | 31 | 35 | 34 | 409 |
| 2014-15 | 22 | 26 | 12 | 21 | 14 | 21 | 27 | 16 | 15 | 23 | 20 | 18 | 235 |

| Medication incidents by sub-category (2015/16) | Number |
|--|------------|
| Omitted or delayed administration | 152 |
| Medication administered in error/incorrectly | 103 |
| Controlled drugs issue | 44 |
| Medication prescribed incorrectly/in error | 28 |
| Medication missing | 17 |
| Medication storage Issue | 16 |
| Illegible or unclear information | 12 |
| Medication dispensed incorrectly | 7 |
| Failure to follow up or monitor | 6 |
| Prescribed with known allergy | 5 |
| Discharge/transfer medication related issue | 5 |
| Information/advice to patient not given/wrong | 4 |
| Medication not stopped/reviewed/followed up | 4 |
| Non medical prescribing issue | 3 |
| Medication supply problem | 2 |
| IV therapy issue | 1 |
| Total | 409 |



Hospital Antibiotic Prudent Prescribing Audits

The audit results show a continued decrease in performance in March. Areas for improvement are being discussed with clinical staff at each site by matrons

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

Safe staffing - March 2016

| Hospital | Ward | Day | | Night | | Bed Occupancy |
|----------------------|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | | Average fill rate RNC | Average fill rate HCA | Average fill rate RNC | Average fill rate HCA | |
| Cirencester | Coln Ward | 118.3% | 106.0% | 98.4% | 148.4% | 99.3% |
| | Windrush Ward | 94.1% | 94.0% | 103.3% | 98.3% | 96.4% |
| | Thames Ward | 101.6% | 89.2% | 103.2% | 100.0% | 100.0% |
| Dilke | The Ward | 79.4% | 98.0% | 100.0% | 98.4% | 98.8% |
| Lydney and District | The Ward | 89.2% | 100.0% | 100.0% | 100.0% | 97.6% |
| North Cotswolds | NCH Ward | 98.9% | 97.7% | 98.4% | 100.0% | 99.6% |
| Stroud General | Cashes Green Ward | 96.1% | 95.2% | 98.3% | 101.7% | 99.1% |
| | Jubilee Ward | 100.0% | 94.0% | 98.4% | 100.0% | 100.0% |
| Tewkesbury Community | Abbey View Ward | 87.1% | 91.7% | 100.0% | 96.8% | 100.0% |
| Vale Community | Peak View | 95.2% | 96.8% | 100.0% | 116.1% | 100.0% |
| TOTAL | | 94.9% | 96.7% | 99.8% | 106.3% | 99.3% |

| Hospital | Ward | Bank Staff | Agency Staff |
|----------------------|-------------------|------------|--------------|
| Cirencester | Coln Ward | 15.6% | 19.2% |
| | Windrush Ward | 14.0% | 11.2% |
| | Thames Ward | 19.1% | 9.1% |
| Dilke | The Ward | 5.7% | 3.4% |
| Lydney and District | The Ward | 12.0% | 8.7% |
| North Cotswolds | NCH Ward | 13.7% | 5.8% |
| Stroud General | Cashes Green Ward | 10.2% | 17.0% |
| | Jubilee Ward | 13.5% | 12.0% |
| Tewkesbury Community | Abbey View Ward | 2.7% | 2.5% |
| Vale Community | Peak View | 13.8% | 6.9% |
| TOTAL | | 11.6% | 9.7% |

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

Coln Ward: Increased HCA staffing to meet care needs due to opening of 8 escalation beds.

Dilke: Fill rate affected by requests for agency staffing not filled.

It should be noted that the Trust has reviewed the National 1:8 staffing guidance and are about to embark on alternative staffing models, testing during April and May 2016. This work in essence reintroduces Clinical judgement and proactive management into staffing levels rather than purely a numbers based approach and will commence with Stroud, The Vale and Cirencester Hospitals (April 2016). It is anticipated that future Safe Staffing and Quality reports will change to reflect the outcomes from the test sites.

Safe staffing - February 2016

| Hospital | Ward | Day | | Night | | Bed Occupancy |
|----------------------|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | | Average fill rate RNC | Average fill rate HCA | Average fill rate RNC | Average fill rate HCA | |
| Cirencester | Coln Ward | 115.5% | 103.4% | 100.0% | 139.7% | 99.3% |
| | Windrush Ward | 100.0% | 98.9% | 100.0% | 100.0% | 99.2% |
| | Thames Ward | 92.5% | 91.6% | 100.0% | 100.0% | 96.4% |
| Dilke | The Ward | 89.7% | 106.0% | 100.0% | 124.1% | 99.4% |
| Lydney and District | The Ward | 80.5% | 103.0% | 100.0% | 100.0% | 95.8% |
| North Cotswolds | NCH Ward | 99.4% | 100.0% | 101.7% | 100.0% | 97.5% |
| Stroud General | Cashes Green Ward | 93.1% | 103.0% | 89.2% | 82.9% | 99.4% |
| | Jubilee Ward | 101.7% | 98.5% | 100.0% | 100.0% | 100.0% |
| Tewkesbury Community | Abbey View Ward | 94.8% | 92.1% | 100.0% | 100.0% | 99.1% |
| Vale Community | Peak View | 92.0% | 101.5% | 100.0% | 100.0% | 99.1% |
| TOTAL | | 95.2% | 99.9% | 98.9% | 104.4% | 98.7% |

| Hospital | Ward | Bank Staff | Agency Staff |
|----------------------|-------------------|------------|--------------|
| Cirencester | Coln Ward | 14.5% | 15.8% |
| | Windrush Ward | 17.8% | 4.5% |
| | Thames Ward | 13.4% | 11.9% |
| Dilke | The Ward | 7.2% | 7.7% |
| Lydney and District | The Ward | 9.9% | 8.2% |
| North Cotswolds | NCH Ward | 14.6% | 7.3% |
| Stroud General | Cashes Green Ward | 10.3% | 16.8% |
| | Jubilee Ward | 9.2% | 11.3% |
| Tewkesbury Community | Abbey View Ward | 1.9% | 5.3% |
| Vale Community | Peak View | 14.1% | 7.1% |
| TOTAL | | 10.9% | 9.9% |

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

Coln Ward – Increased HCA staffing to meet care needs due to opening of 8 escalation beds.

Dilke – Increased HCA staffing caused by an increased dependency and the need to provide 1:1 supervision.

Quality Snapshot - Community Hospital Inpatient Care March 2016

| Hospital site | Inpatient wards | FFT response rate | FFT number of responses | % of respondents 'extremely likely' or 'likely' to recommend service | Complaints | Number of cases of C.Diff | Safety thermometer harm free care | Number of patients who fell | | | | | Number of patients with acquired pressure ulcers | Safer staffing fill rate (aggregated) | | Shortfall of 8 Hours or 25% of RN hours on the shift | Previous Month Sickness (FTE at start of month) | | Appraisal % | | Movement against Previous Month | |
|---------------|-----------------|-------------------|-------------------------|--|------------|---------------------------|-----------------------------------|-----------------------------|-------|----------|-------|-------|--|---------------------------------------|-------------|--|---|---------------|---------------|-------|---------------------------------|-----|
| | | | | | | | | No Harm | Minor | Moderate | Major | Death | | Grade 1& 2 | Grade 3 & 4 | | RNC | HCA | RNC | HCA | | RNC |
| SGH | Cashes Green | 4.0% | 1 | 100.0% | 0 | 0 | 95.5% | 12 | 4 | 0 | 0 | 0 | 0 | 0 | 96.6% | 96.6% | 7 | 0.0% (11.39) | 0.0% (15.00) | 84.6% | 88.2% | ⬇️ |
| SGH | Jubilee | 15.4% | 2 | 100.0% | 0 | 0 | 93.3% | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 99.5% | 95.3% | 1 | 4.1% (9.99) | 0.7% (15.53) | 83.3% | 75.0% | ⬆️ |
| NCH | North Cotswold | 21.2% | 7 | 100.0% | 0 | 0 | 83.3% | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 98.8% | 98.2% | 10 | 3.6% (12.09) | 13.8% (15.79) | 66.7% | 90.0% | ⬇️ |
| VLH | Peak View | 38.1% | 8 | 87.5% | 0 | 0 | 90.5% | 4 | 6 | 0 | 0 | 0 | 1 | 0 | 96.4% | 101.1% | 9 | 5.4% (14.21) | 2.4 (13.36) | 83.3% | 66.7% | ⬇️ |
| DLK | Dilke | 13.8% | 4 | 100.0% | 0 | 0 | 88.0% | 4 | 1 | 0 | 0 | 0 | 3 | 1 | 83.5% | 98.1% | 1 | 7.2% (17.59) | 7.3% (17.29) | 73.9% | 86.4% | ⬇️ |
| TWK | Abbey View | 26.1% | 6 | 100.0% | 0 | 0 | 94.7% | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 90.3% | 92.8% | 17 | 1.5% (17.25) | 13.7% (18.20) | 71.4% | 76.2% | ↔️ |
| LYD | Lydney | 40.0% | 12 | 100.0% | 0 | 0 | 95.0% | 1 | 1 | 0 | 0 | 0 | 3 | 0 | 91.9% | 100.0% | 17 | 8.0% (13.00) | 14.5% (17.13) | 93.8% | 95.7% | ⬆️ |
| CIR | Coln | 47.4% | 18 | 100.0% | 0 | 0 | 96.4% | 8 | 7 | 0 | 0 | 0 | 0 | 1 | 113.3% | 115.4% | 8 | 3.5% (14.53) | 1.5% (13.43) | 77.8% | 100.0% | ↔️ |
| CIR | Windrush | 94.1% | 16 | 100.0% | 0 | 0 | 90.5% | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 96.3% | 94.9% | 12 | 11.1% (12.27) | 13.5% (12.93) | 33.3% | 37.5% | ⬇️ |
| CIR | Thames | 23.1% | 3 | 100.0% | 0 | 0 | 100.0% | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 102.2% | 91.9% | 3 | 0.0% (7.47) | 6.4% (5.60) | 77.8% | 57.1% | ⬆️ |

Quality Snapshot - Community Teams March 2016

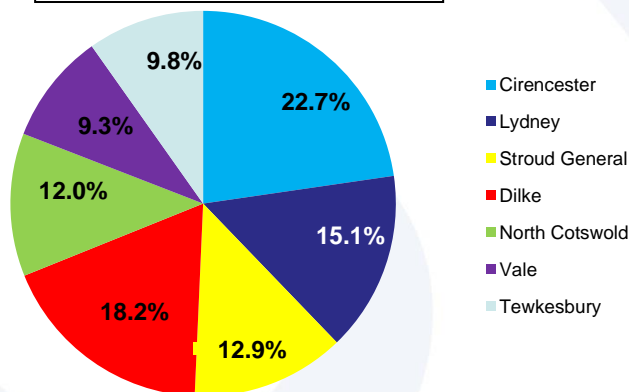
| Locality | Safety thermometer harm free care | Number of patients with acquired pressure ulcers | | | | Previous Month Sickness (FTE at start of month) | Appraisal % | Complaints | Movement against Previous Month |
|------------|-----------------------------------|--|---------|---------|---------|---|-------------|------------|---------------------------------|
| | | Grade 1 | Grade 2 | Grade 3 | Grade 4 | | | | |
| Cheltenham | 95.5% | 0 | 0 | 0 | 0 | 8.6% | 75.9% | 2 | ↔ |
| Cotswold | 96.4% | 0 | 0 | 1 | 0 | 6.1% | 69.0% | 0 | ↓ |
| Forest | 95.9% | 2 | 4 | 1 | 0 | 1.5% | 94.4% | 0 | ↓ |
| Gloucester | 96.1% | 0 | 0 | 0 | 0 | 6.0% | 79.0% | 0 | ↑ |
| Stroud | 98.2% | 0 | 1 | 0 | 0 | 3.7% | 83.0% | 0 | ↑ |
| Tewkesbury | 96.0% | 0 | 0 | 0 | 0 | 2.3% | 86.7% | 0 | ↑ |

Mortality Reviews: Community Hospitals

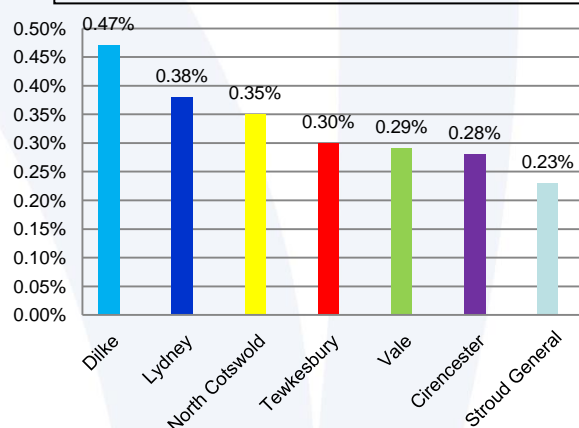
Number of Discharges from Community Hospital where discharge reason is as a result of death

| Hospital Site | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Rolling 12 month total |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------------|
| Cirencester | 2 | 5 | 5 | 3 | 6 | 3 | 4 | 2 | 5 | 6 | 4 | 6 | 51 |
| Dilke | 2 | 2 | 3 | 6 | 4 | 3 | 3 | 1 | 3 | 5 | 5 | 4 | 41 |
| Lydney | 5 | 2 | 2 | 0 | 4 | 3 | 2 | 2 | 3 | 6 | 2 | 3 | 34 |
| Stroud General | 6 | 5 | 0 | 2 | 1 | 3 | 0 | 1 | 2 | 6 | 2 | 1 | 29 |
| North Cotswold | 0 | 2 | 4 | 4 | 3 | 3 | 2 | 2 | 0 | 4 | 2 | 1 | 27 |
| Tewkesbury | 2 | 3 | 2 | 0 | 2 | 1 | 1 | 3 | 2 | 3 | 2 | 1 | 22 |
| Vale | 2 | 1 | 1 | 2 | 2 | 4 | 3 | 0 | 1 | 2 | 1 | 2 | 21 |
| Total | 19 | 20 | 17 | 17 | 22 | 20 | 15 | 11 | 16 | 32 | 18 | 18 | 225 |

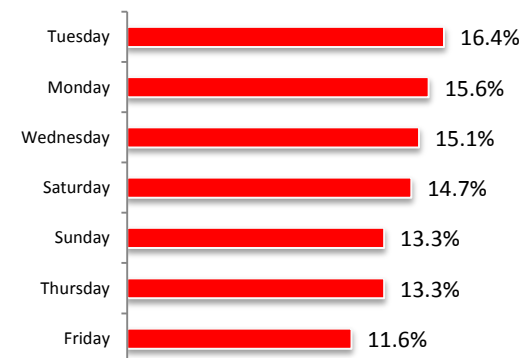
Number of deaths per Community Hospital (%) – Rolling 12 month Total



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



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



- MIDAS is used to capture the record of care after death in the community hospital setting.
- Incorporating this data into the SystmOne template would make the system more effective and reliable to ensure all data is captured first hand. This is being investigated.

Reablement Service Key Indicators

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

| Target description | 2014/15 Outturn | Apr-15 | May-15 | Jun -15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Target 2015/16 |
|--|-----------------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|
| % Contact Time | 34.9% | 39.0% | 37.7% | 37.3% | 37.8% | 36.7% | 37.3% | 41.4% | 42.9% | 45.8% | 42.9% | 43.3% | 41.6% | 40%-60% by Mar 16 Target this month: 54% |
| Number of Community Reablement Starts | Average 257 | 335 | 287 | 332 | 358 | 302 | 289 | 291 | 336 | 283 | 304 | 260 | 259 | |
| Number of Current Cases open longer than 6 weeks | 106 | 73 | 62 | 53 | 45 | 35 | 38 | 45 | 47 | 62 | 77 | 65 | 79 | 0 |
| % of cases progressed within 6 weeks (from those closing this month) | 81.1% | 86.4% | 80.5% | 79.5% | 84.4% | 84.9% | 83.9% | 84.4% | 83.1% | 87.0% | 76.4% | 83.0% | 80.2% | 100% |
| Average Length of Reablement Service (weeks) | 4.0 | 3.1 | 3.7 | 3.3 | 3.2 | 2.9 | 3.0 | 2.9 | 3.0 | 2.7 | 3.6 | 3.4 | 3.7 | 6.0 |
| Sickness rate in Reablement Workforce | 6.9% | 6.2% | 3.2% | 5.3% | 5.5% | 7.7% | 6.8% | 6.8% | 6.8% | 6.0% | 7.7% | 10.7% | 6.9% | 3% |

The Reablement Delivery Group continues to oversee and .deliver improvement are shown against key targets below:

| Measure | Definition | Actions |
|----------------------------|---|--|
| Face to Face Contact Time | This targets relates to the amount of time the Reablement workers spend giving direct intervention with a service user | <ul style="list-style-type: none"> • Deep dive report taken to ICT Performance & delivery Group in January. Decision yet to be agreed regarding out of hours reablement. • Reablement Workshops to be held in May with a focus on the 'over 6 weeks' concerns. • New charts showing Face to Face time of the workers <i>actually at work</i> on those days / hours, with the percentage of annual leave and sickness removed, have been produced as a comparison. These clearly indicate that countywide the target is being exceeded. • Discussion underway around CQUIN for ICT's regarding reablement. |
| Sickness absence | This target relates to sickness absence of all staff within the reablement service | <ul style="list-style-type: none"> • Performance / Sickness management processes to support staff to return to work as quickly as possible and if not possible, then to consider appropriate alternatives, • Updated sickness lists now sent from GCC HR to all Community Managers to cross check. |
| Over 6 week length of stay | This target relates to the number of people receiving a reablement service who have been in the service for longer than 6 weeks | <ul style="list-style-type: none"> • Data categories for 'over 6 week stay' shared with Commissioners. • New category for those receiving reablement who should be with a Domiciliary Care provider added. This related to Domiciliary Care contracts concern. • Rural contracts now awarded, urban contracts still being assessed. • Expected improvement in timescale from panel approval to package of care in place • Reablement played very positive part in current Escalation period by accepting increased number of people from Acute hospital • Planning regarding potential restructuring of ICTs will give increased ownership to smaller number of Team Managers, to focus further. • Plans developed to centralise a 'new' Team Manager and support staff to manage all referrals from all hospitals and schedule work for initial 4 days. Implementation phase will begin following ICT restructure consultation. • Anticipated go-live date for centralising referrals from Community Hospitals 1st May 2016. |

Integrated Community Teams Key Indicators

Integrated Community Teams key indicators

| Target description | Apr-15 | May-15 | Jun -15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|--|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| % Service User referrals resolved at point of referral | 70.5% | 70.1% | 70.5% | 70.3% | 71.7% | 70.8% | 68.0% | 63.9% | 64.5% | 68.4% | 64.6% | 71.9% |
| Number of Service User referrals resolved at point of referral | 2,167 | 2,044 | 2,334 | 2,470 | 2,107 | 2,226 | 1,907 | 1,639 | 1,721 | 2,060 | 2,055 | 2,510 |
| Service User Referrals from ICT to Specialist Services | 41 | 24 | 18 | 37 | 30 | 20 | 23 | 68 | 49 | 37 | 36 | 27 |

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

This group will review operational issues and improvement action plans in more detail and make appropriate recommendations regarding required service change to the GCCG Contract Board; wider strategic issues / concerns will be escalated to the new Joint Integration Reference Panel Group.

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

| Total | 2014-15 outturn | Apr -15 | May-15 | Jun-15 | Jul-15 | Aug -15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|---|--------------------|---------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|-------|
| Adult safeguarding concerns raised by GCS | 247 | 35 | 23 | 28 | 18 | 10 | 6 | 10 | 8 | 6 | 5 | 6 | 5 | 160 |
| Total county adult safeguarding concerns | 3,853 | 356 | 343 | 336 | 289 | 246 | 266 | 308 | 271 | 217 | 279 | 221 | 147 | 3,279 |
| GCS adult section 42 enquiries | 112 | 17 | 4 | 7 | 4 | 3 | 1 | 2 | 3 | 2 | 1 | 2 | 5 | 51 |
| Total county section 42 enquiries | 397 | 139 | 109 | 99 | 63 | 57 | 66 | 82 | 64 | 51 | 69 | 60 | 148 | 1007 |
| Number of new Children's Serious Case Reviews | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | TBC | 1 |
| Number of new Safeguarding Adult Reviews | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | TBC | 2 |
| Number of children subject to a Child Protection Plan | 428 | 425 | | | 522 | | | 595 | | | 580 | | | 580 |

*Breakdown of adult safeguarding enquiries (2015/16)

| Client group | | Type of concern | |
|-----------------------|----|-----------------|----|
| Other vulnerable | 69 | Physical injury | 54 |
| Learning Disabilities | 37 | Neglect | 43 |
| Physical Disability | 33 | Financial | 28 |
| Dementia | 19 | Psychological | 18 |
| Mental Health | 1 | Sexual | 9 |
| | | Self neglect | 7 |
| | | Other | 4 |

See page 34 for further details

2014/15 Safeguarding Reviews:

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

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

2015/16 Safeguarding Reviews:

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

The December 2015 Safeguarding Adult Review is a severe self neglect/neglect case. GCS were involved in care provision.

Other updates:

An Independent Case Reviewer has been appointed and Trust colleagues have been notified.

As previously reported the number of adult safeguarding concerns (which had appeared as declining) from GCS and countywide will continue to be monitored to determine whether there are any other trends or causes to be explored. This will be monitored closely over the next 6 months.

Non-Executive Directors (NED) Quality Visit Report (Quarter 4, 2015/16)

| Date | Service | NED | Key Findings | Actions required |
|----------|-----------------|-----------------------|--|---|
| 01/03/16 | Stroke ESD Team | Nicola Strother Smith | <p>Feedback from patients was positive with regard to care received.</p> <p>The patients felt the service was really making a difference to their recovery and were motivated by the input from GCS staff. Recognition of the role of carers was apparent where relevant.</p> <p>The patients were clearly motivated by the level of input and the regular visits in these early weeks following their stroke, helping to build their confidence.</p> <p>The patients appreciated the level of advice delivered by the team, and particular reference was made to the availability of written information provided.</p> <p>The consultation observed demonstrated an approach designed to the patients' needs, built upon information from gentle discussion with patients about their ambitions and goals.</p> <p>A questionnaire around depression and anxiety enabled discussion around ongoing needs and management of anxiety. The patients were given opportunities to ask questions throughout the consultations. The Bridge booklet also provided an opportunity for patients and colleagues to engage over patients' needs.</p> <p>The patients have a patient held record, which include s leaflets to advise on how to raise a complaint and Friends and Family test questionnaire.</p> | <p>A new booklet is being piloted to help patients think through small steps to achieve their ambitions.</p> <p>Appointment of a new project manager who will focus on patient pathway across acute and community services.</p> <p>Discussed potential changes to working patterns.</p> |

Non-Executive Directors (NED) Quality Visit Report (Quarter 4, 2015/16)

| Date | Service | NED | Key Findings | Actions required |
|----------|---------------------|--------------|---|---|
| 02/03/16 | Rapid Response Team | Jan Marriott | <p>The service are looking after some very ill patients who undoubtedly would have been admitted to hospital without the rapid response service.</p> <p>Patients who live alone probably have a different threshold for admission unless a high level of responsive social care is available. Families might need help to know how to look after sick relatives and reassurance.</p> <p>The team need exceptionally good clinical skills to support their approach to risk taking and the organisation needs to understand and support them.</p> <p>The service has welcomed the implementation of SystmOne, it has been very helpful in managing workload in particular. There are many advantages, particularly sharing information with primary care.</p> <p>Working closely with the SPCA and the Discharge Teams in the hospitals has improved the effectiveness and numbers of referrals to the service. There is also good integrated working with the Referral Management Centre and Integrated Teams.</p> <p>The service currently receive blood results immediately via PAS system and need to understand what will happen when the acute hospital implements its new clinical IT system.</p> | <p>The Rapid Response Team could support skills development in the community hospitals.</p> <p>There are good relationships with GPs who have used the service. However need to encourage the GPs who do not use the service to work with it.</p> <p>An audit would be useful to include an assessment of the reasons why patients were admitted to hospital.</p> |

Non-Executive Directors (NED) Quality Visit Report (Quarter 4, 2015/16)

| Date | Service | NED | Key Findings | Actions required |
|----------|---|---------------|---|---|
| 15/03/16 | Children's services clinics, Quedgeley Clinic | Ingrid Barker | <p>The interior of the building has been redesigned to create a more flexible range of multi-use treatment rooms and offices; this generally works well for service users and clinicians alike.</p> <p>There is no reception cover. From a service user point of view, this is rather unwelcoming and could be confusing for those with poor reading skills, visual problems or with a first language which isn't English.</p> <p>At times (usually evenings) the porch area outside is used as a 'hanging out' place for local young people and this is a risk which needs to be managed by having a member of staff in reception.</p> <p>The clinic sees young people aged 0-19 and in recognition of the needs of the teenage cohort, an evening clinic has been set up for 14-19 year olds so that they do not need to miss school, and are in a waiting area with a more appropriate group of peers. This is a good example of the responsiveness of the service to its user group.</p> <p>Overall experienced warmth, clear communication and reassuring approach taken by clinicians, especially when the parents were worried or the child upset.</p> <p>Planned changes include: 1) the 'Ready Steady Go' transition plan, preparing young people with on going health needs for their transition to adult services (response to forthcoming NICE guidance, learning from and building on an evidenced approach from another part of the country). 2) the developing approach Special Educational Needs Coordinators to the development Education and Health Care Plans which are replacing the old 'statementing' system, offering a more empowering and asset based approach</p> | <p>The GCS volunteer co-ordinator has attempted to secure a suitable volunteer but with a poor response. Further efforts might be made to secure appropriate volunteer cover, perhaps a renewed recruitment drive by the GCS volunteer co-ordinator, or by linking with active hospital volunteer groups, or with other volunteer organisations in Gloucestershire.</p> |

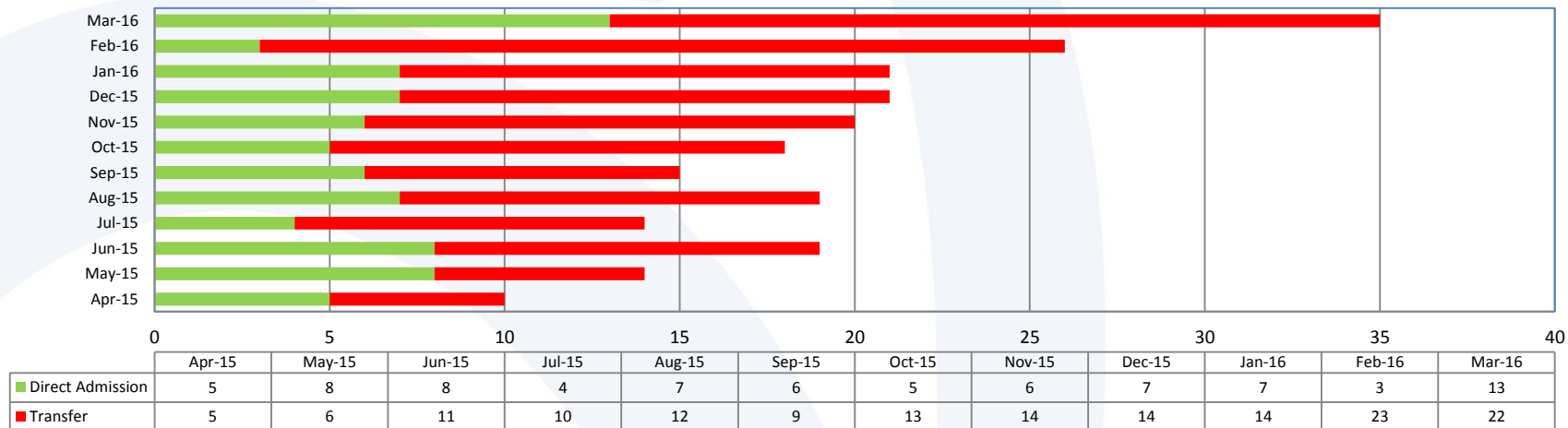
Strategic Objective 2:
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

Quality Strategy metrics 2015-16 against strategic objective 2

| | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|--|------------------------|--------|--------|--------|--------|--------|--------|---|--------|--------|--------|--------|--------|-------|
| Percentage of service users recommending the Trust as a place of care | More than 90% | 95.9% | 96.1% | 95.6% | 95.7% | 96.1% | 93.5% | 94.7% | 94.6% | 94.8% | 95.2% | 95.3% | 95.3% | 95.2% |
| Measured increase in the number of service users who feel appropriately involved in their care and treatment | Equal or more than 95% | 94.4% | 95.3% | 94.7% | 95.5% | 95.2% | 93.4% | 94.6% | 94.0% | 94.7% | 94.2% | 97.5% | 97.0% | 95.0% |
| Increasing the number of service users who feel treated with dignity and respect | Equal or more than 98% | 98.3% | 98.4% | 98.7% | 98.7% | 98.4% | 97.9% | 97.9% | 98.5% | 98.5% | 98.3% | 99.1% | 97.0% | 98.3% |
| Increased response rates of service users completing the Friends and Family Test | More than 4.6% | 5.6% | 6.9% | 5.6% | 5.1% | 5.4% | 4.8% | 5.7% | 5.5% | 5.0% | 4.3% | 4.2% | 4.6% | 5.4% |
| Increase in the number of public focus / discussion groups per quarter | Two topics per quarter | 2 | | | 3 | | | 13 (includes Healthwatch event, work with the VCS, Forest engagements etc) | | | 5 | | | 23 |

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

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



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

| Time of admission | Direct Admission | Transfer | Total |
|-------------------|------------------|-----------|-----------|
| 23:00 - 23:59 | 1 | 14 | 15 |
| 00:00 - 00:59 | 5 | 4 | 9 |
| 01:00 - 01:59 | 0 | 1 | 1 |
| 02:00 - 02:59 | 2 | 1 | 3 |
| 03:00 - 03:59 | 1 | 2 | 3 |
| 04:00 - 04:59 | 2 | 0 | 2 |
| 05:00 - 05:59 | 2 | 0 | 2 |
| Total | 13 | 22 | 35 |

| Day of admission | Direct Admission | Transfer | Total |
|------------------|------------------|-----------|-----------|
| Saturday | 0 | 3 | 3 |
| Sunday | 0 | 1 | 1 |
| Monday | 1 | 1 | 2 |
| Tuesday | 3 | 5 | 8 |
| Wednesday | 3 | 5 | 8 |
| Thursday | 3 | 6 | 9 |
| Friday | 3 | 1 | 4 |
| Total | 13 | 22 | 35 |

| Admitting Hospital | Direct Admission | Transfer | Total |
|--------------------|------------------|-----------|-----------|
| Stroud General | 1 | 2 | 3 |
| North Cotswold | 2 | 2 | 4 |
| The Vale | 0 | 1 | 1 |
| Lydney | 3 | 7 | 10 |
| Cirencester | 4 | 6 | 10 |
| Tewkesbury | 0 | 2 | 2 |
| Dilke | 3 | 2 | 5 |
| Total | 13 | 22 | 35 |

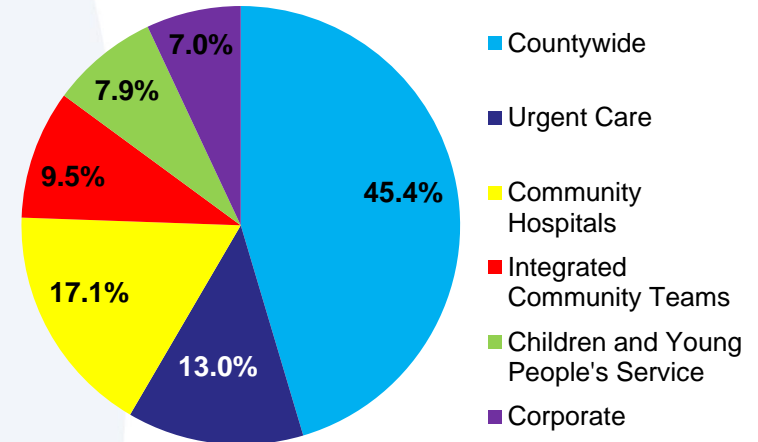
The number of admissions into Community Hospitals between 23:00 and 05:59 in March was 35. Of these:

- 43% (15) occurred between 23:00 – 23:59, 26% (9) between 00:00 – 00:59
- 26% (9) occurred on a Thursday, 23% (8) occurred on a Tuesday and on a Wednesday
 - 29% (10) were each to Lydney and Cirencester

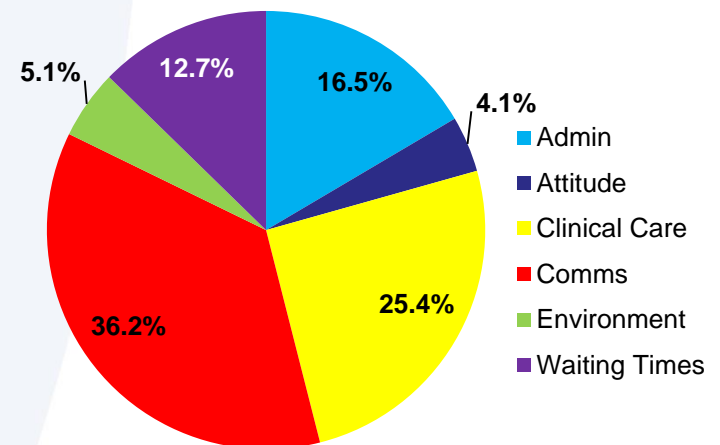
When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse

Below are details of reported concerns:

| Concerns | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Countywide | 19 | 8 | 16 | 12 | 9 | 8 | 10 | 12 | 11 | 17 | 6 | 15 | 143 |
| Community Hospitals | 4 | 3 | 4 | 5 | 4 | 3 | 7 | 5 | 6 | 2 | 9 | 2 | 54 |
| Urgent Care | 2 | 2 | 7 | 3 | 3 | 7 | 1 | 5 | 3 | 4 | 2 | 2 | 41 |
| ICTs | 0 | 1 | 1 | 3 | 2 | 6 | 7 | 1 | 1 | 0 | 3 | 5 | 30 |
| CYP Services | 3 | 6 | 2 | 2 | 1 | 1 | 1 | 0 | 1 | 1 | 2 | 5 | 25 |
| Corporate | 0 | 2 | 1 | 1 | 1 | 0 | 4 | 5 | 2 | 0 | 4 | 2 | 22 |
| Total | 28 | 22 | 31 | 26 | 20 | 25 | 30 | 28 | 24 | 24 | 26 | 31 | 315 |



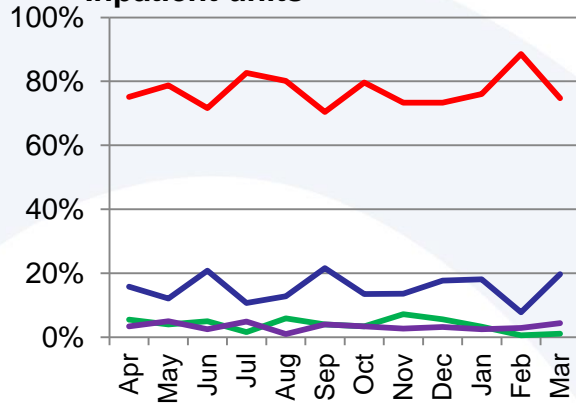
| Concerns | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Communications | 13 | 10 | 16 | 10 | 3 | 8 | 11 | 9 | 5 | 10 | 8 | 11 | 114 |
| Clinical Care | 7 | 3 | 6 | 9 | 10 | 9 | 6 | 4 | 7 | 7 | 6 | 6 | 80 |
| Admin | 2 | 3 | 3 | 1 | 3 | 3 | 4 | 10 | 4 | 5 | 7 | 7 | 52 |
| Waiting Times | 6 | 5 | 4 | 3 | 1 | 2 | 5 | 3 | 5 | 1 | 1 | 4 | 40 |
| Attitude | 0 | 0 | 2 | 1 | 0 | 2 | 3 | 1 | 2 | 0 | 1 | 1 | 13 |
| Environment | 0 | 1 | 0 | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 3 | 2 | 16 |
| Total | 28 | 22 | 31 | 26 | 20 | 25 | 30 | 28 | 24 | 24 | 26 | 31 | 315 |



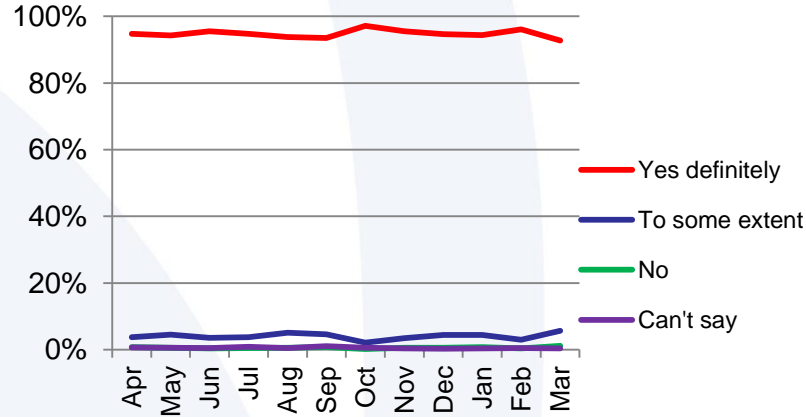
People are informed and supported to be as involved as they wish to be in decisions about their care

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

Inpatient units

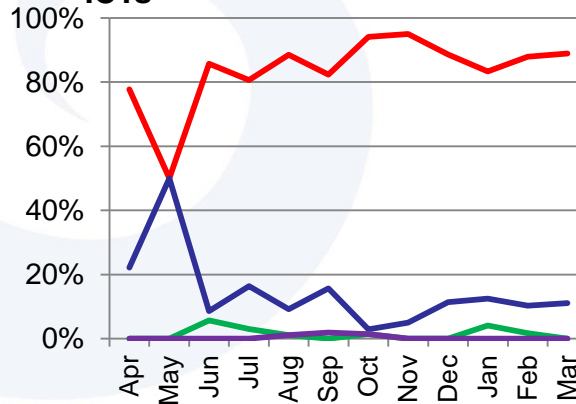


Minor Injuries and Illness Units

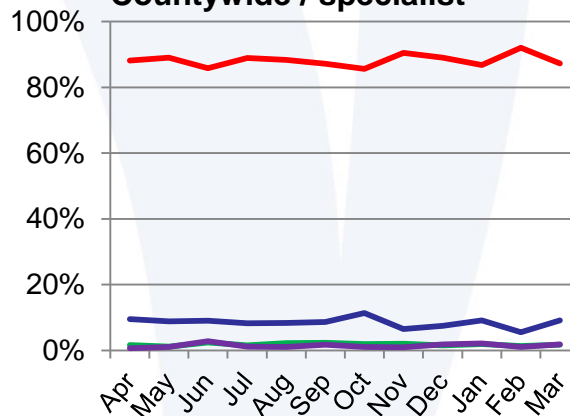


Please note that data for a number of services is based on a small sample so may not be wholly representative

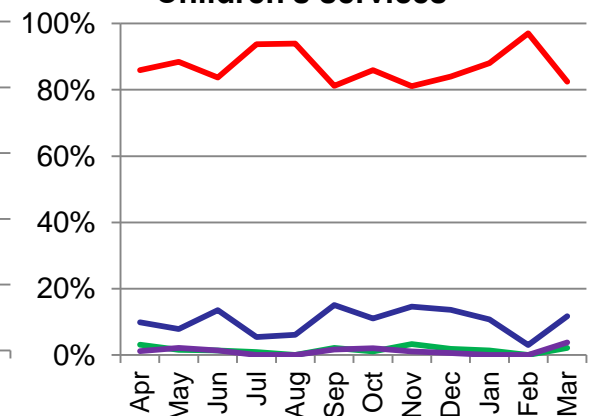
ICTs



Countywide / specialist

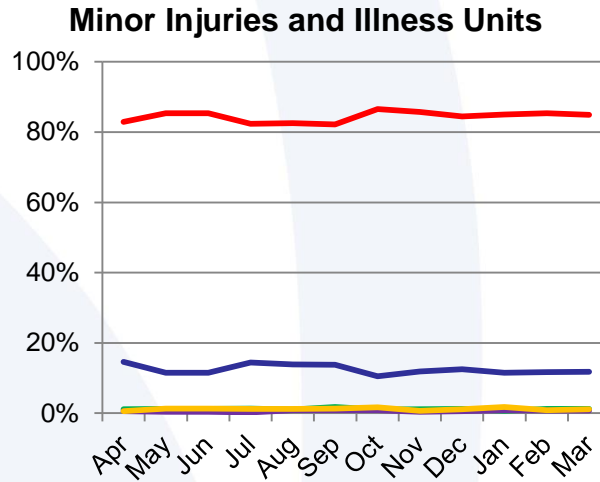
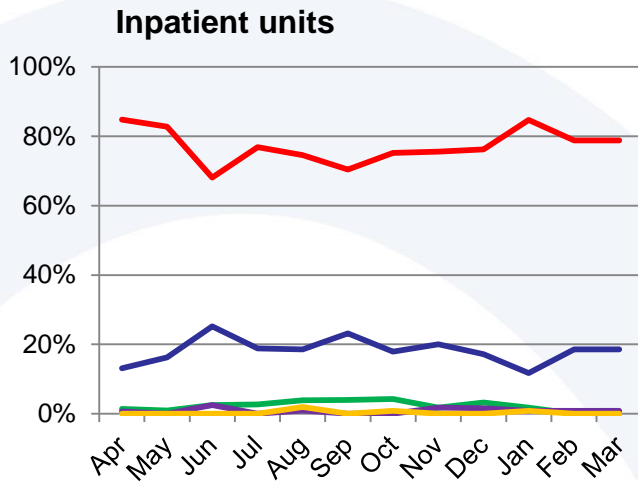


Children's services

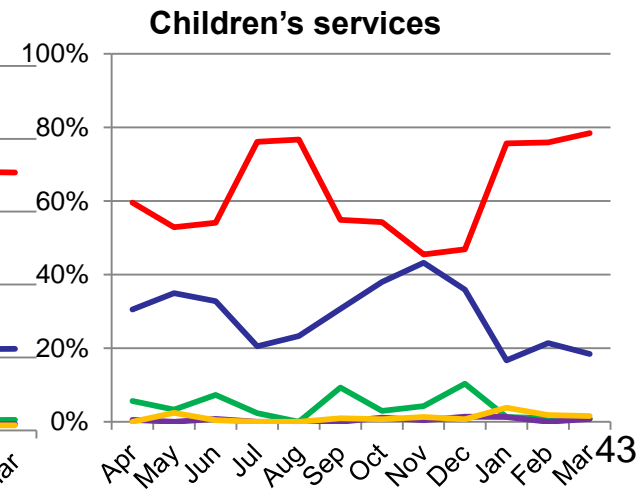
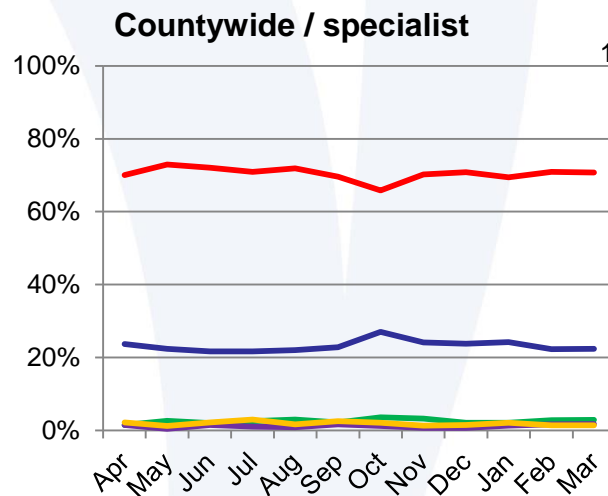
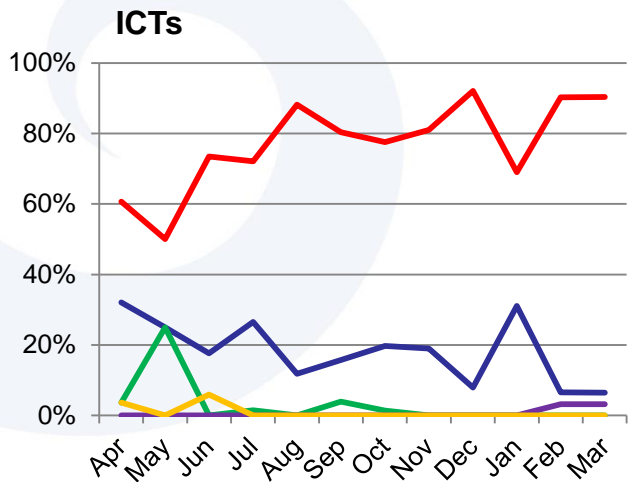


People report positive experiences of the NHS

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



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



People report positive experiences of the NHS (cont)

We received 7 NHS Choices comments in March which were shared with the relevant teams for actioning:

| Service | Themes | Positive | Negative |
|-------------------------|---|----------|----------|
| Dilke Memorial Hospital | "Excellent consultation with an extremely diligent doctor. The medication prescribed has, within 48 hours, began to put an end to a miserable three weeks. If possible, please pass on my thanks. What a credit to our NHS that doctor is" | 1 | 0 |
| Dilke MliU | "Both times members of my family have attended with suspected fractures, we have been mishandled. Triage, x-rays and analysis on both occasions were done within an hour, so that aspect of our treatment was superb. However, in my case, my fracture was not spotted, and in my daughter's case, they forgot to refer her to Gloucester to have the fracture cast properly. Next time, we'll go elsewhere" "Excellent advice, support and medical reassurance" | 1 | 1 |
| Stroud MliU | "The only suitable description of my treatment and experience at Stroud Hospital is exceptional. The NHS is the best in the world, thank you" | 1 | 0 |
| Tewkesbury MliU | "I am a local resident and wanted to visit my local hospital. After all the multi-million pounds of local tax money that was spent replacing the old one that does not even provide an out of hours GP service - we are expected to travel to Cheltenham or Gloucester for that! It makes you wonder what the point of it all was. Staff make you feel like you have no right to be there as you are not part of their budget" | 0 | 1 |
| Dental services | "Staff were so accommodating and caring. I would thoroughly recommend this centre for their excellent service" | 1 | 0 |
| Vale Hospital Physio | "Very thorough analysis of my condition. I felt that the physiotherapist not only knew what they were talking about, but was genuinely interested and enthusiastic about resolving my problems" | 1 | 0 |

We responded to all comments, asking people to contact our Service Experience Team.

Freedom of Information Requests

In March, we received 4 Freedom of Information (FOI) requests. These sought information regarding:

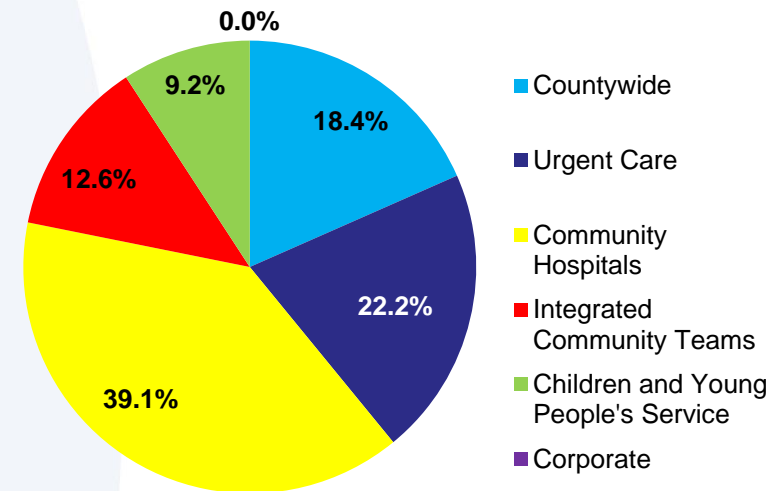
- district nurses' administration of medication through IV drip
- the composition of the Trust Board and details of Directors, plus reports and accounts from 2010 to present day
- couriering provisions for internal mail, pathology specimens, sterile services department etc
- Junior Doctors pay banding

Of the FOI requests received which were due to be answered in March, we achieved the following:

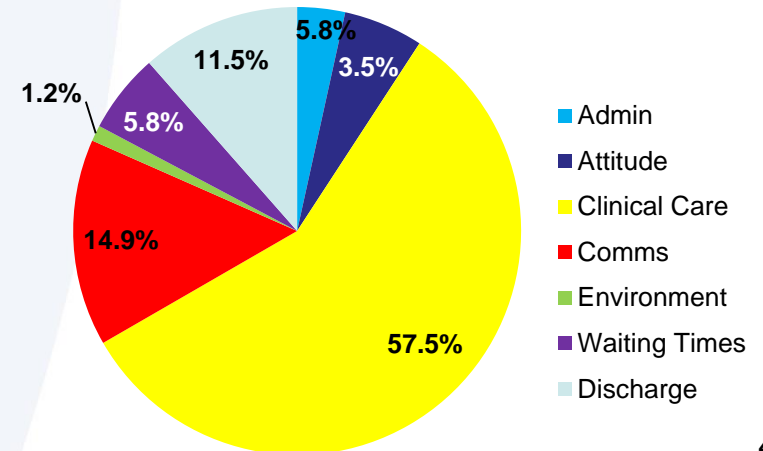
| | Number due | Number replied | Total % |
|---|------------|----------------|---------|
| Target time within agreed timescale (20 working days) | 7 | 7 | 100% |

People's complaints about services are handled respectfully and efficiently

| Complaints | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|---------------------|----------|----------|----------|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|-----------|
| Community Hospitals | 5 | 5 | 1 | 2 | 1 | 2 | 5 | 3 | 2 | 5 | 3 | 0 | 34 |
| Urgent Care | 2 | 0 | 0 | 0 | 3 | 9 | 0 | 0 | 1 | 1 | 2 | 0 | 18 |
| Countywide | 2 | 1 | 4 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 1 | 4 | 16 |
| ICTs | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 1 | 2 | 2 | 2 | 11 |
| CYP Services | 0 | 0 | 2 | 1 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 8 |
| Corporate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 9 | 6 | 7 | 3 | 5 | 11 | 12 | 4 | 6 | 9 | 8 | 7 | 87 |



| Complaints | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|----------------|----------|----------|----------|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|-----------|
| Clinical Care | 3 | 4 | 3 | 2 | 4 | 10 | 6 | 1 | 3 | 6 | 5 | 3 | 50 |
| Communications | 3 | 1 | 3 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 | 13 |
| Discharge | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 2 | 1 | 0 | 10 |
| Attitude | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 5 |
| Waiting Times | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 5 |
| Admin | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 3 |
| Environment | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Total | 9 | 6 | 7 | 3 | 5 | 11 | 12 | 4 | 6 | 9 | 8 | 7 | 87 |



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

| Response Time | Q1 | Q2 | Q3 | Q4 |
|---|-------|-------|-------|-------|
| Target time within agreed timescale (25 working days) | 90.5% | 94.4% | 95.7% | 96.4% |

| Benchmarking | |
|--|--|
| Complaints per 1,000 WTE staff (GCS) | 3.4 average per month, April 2015 – March 2016 |
| Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group) | 5.6 average per month, Latest 6 months (October 2015 – March 2016) |

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

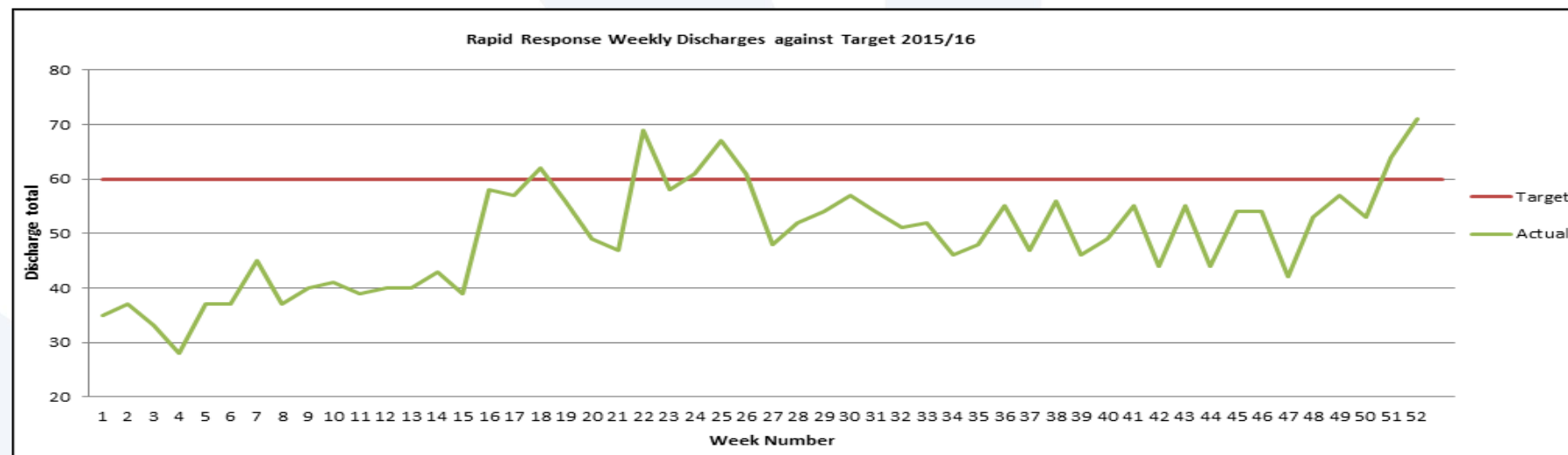
Quality Strategy metrics 2015-16 against strategic objective 3

| | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|---|---------------|--------|--------|--------|--------|--------|--------|------------|--------|--------|-------------|--------|--------|-----------------------|
| % CQUIN milestones achieved against agreed plan | n/a | 100% | | | 100% | | | 100% - TBC | | | 83.3% - TBC | | | 96% - TBC |
| % QIPP milestones achieved against agreed plan | n/a | 94.3% | | | 81.5% | | | 80.0% | | | 70.6% | | | 81.6% |
| Number of referrals accepted by Rapid Response service | Target | 254 | 266 | 256 | 266 | 265 | 256 | 265 | 257 | 263 | 263 | 246 | 263 | 3,120 |
| | Actual | 146 | 178 | 178 | 243 | 239 | 264 | 244 | 214 | 223 | 213 | 224 | 276 | 2,642 |
| Number of avoided admissions as a result of ICT intervention | 80%+ | 96.6% | 98.3% | 96.1% | 96.3% | 97.9% | 97.0% | 98.0% | 98.0% | 98.2% | 95.8% | 93.7% | 97.9% | 97.0% |
| Number of service users discharged by the IDT from the acute Trust Emergency Department | 280 per month | 119 | 96 | 120 | 124 | 96 | 119 | 119 | 121 | 108 | 118 | 104 | 125 | 114 average per month |
| Number of service users discharged by the IDT from the acute Trust ACU (same day) | 56 per month | 33 | 42 | 49 | 51 | 33 | 37 | 30 | 20 | 39 | 27 | 25 | 26 | 34 average per month |

Rapid Response - Key Indicators

| Indicator | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD 15/16 | 14/15 Outturn |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|---------------|
| Number of referrals accepted (plan) | Target | 254 | 266 | 256 | 266 | 265 | 256 | 265 | 257 | 263 | 263 | 246 | 263 | 3,120 | |
| Number of referrals accepted | Actual | 145 | 178 | 178 | 241 | 239 | 264 | 244 | 214 | 223 | 213 | 224 | 276 | 2,639 | 1,381 |
| % of patients with assessment initiated within 1 hour | 95% | 95.2% | 97.2% | 94.8% | 96.2% | 95.1% | 95.8% | 96.9% | 96.1% | 98.5% | 95.1% | 57.9% | 45.5% | 88.7% | 92.4% |
| % of patients referred from SPCA who have an agreed patient led care plan in place | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| % of patients where the direct referrer reports that rapid response intervention avoids hospital admission | | 96.6% | 98.3% | 96.1% | 96.3% | 97.9% | 97.0% | 98.0% | 98.0% | 98.2% | 95.8% | 93.7% | 97.9% | 97.0% | 82.0% |
| Number of referrals where the direct referrer reports that rapid response intervention avoids a hospital admission | | 139 | 173 | 169 | 234 | 227 | 253 | 236 | 206 | 219 | 204 | 119* | 140* | 2,319 | 1,154 |

*direct referrer is only asked where referral is via SPCA and collected on SystmOne



Rapid response referrals:

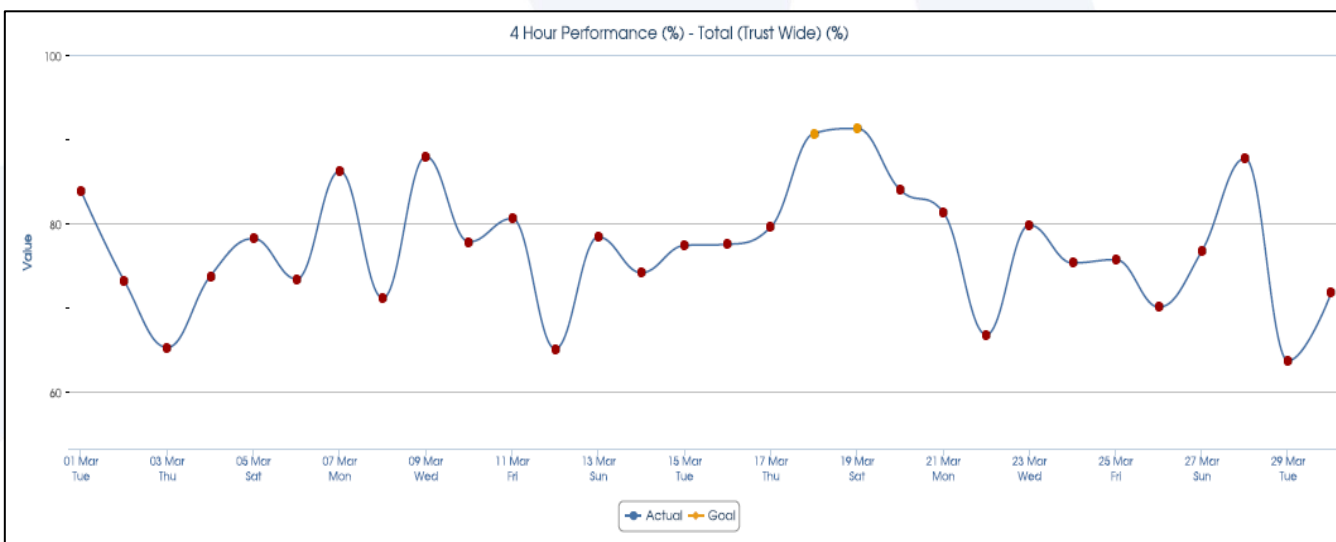
Action plan continues to be followed to increase referrals. This includes shadowing Single Point of Clinical Access, presence in Locality Referral Centres and Locality rapid response leads to have regular contact with GP surgeries.

Alamac - Gloucestershire Health Community reporting (1/2)

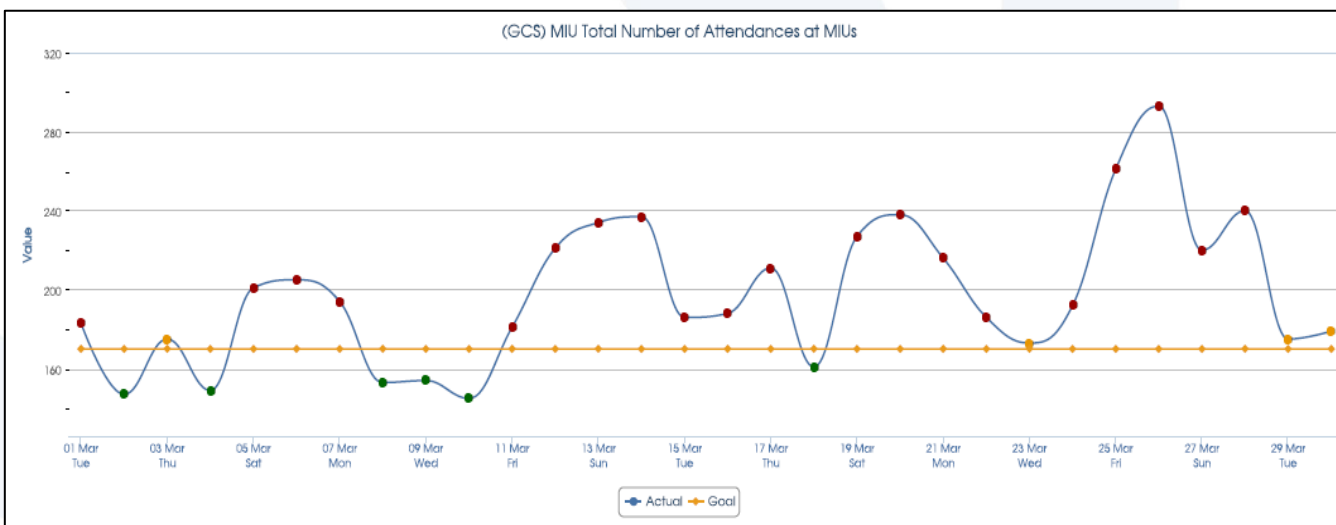
The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow and is the CCG and adopted by a number of other NHS providers including GHFT and SWASTFT.

The charts on page 52 provide a number of the headline measures reviewed.

Alamac - Gloucestershire Health Community reporting (2/2)

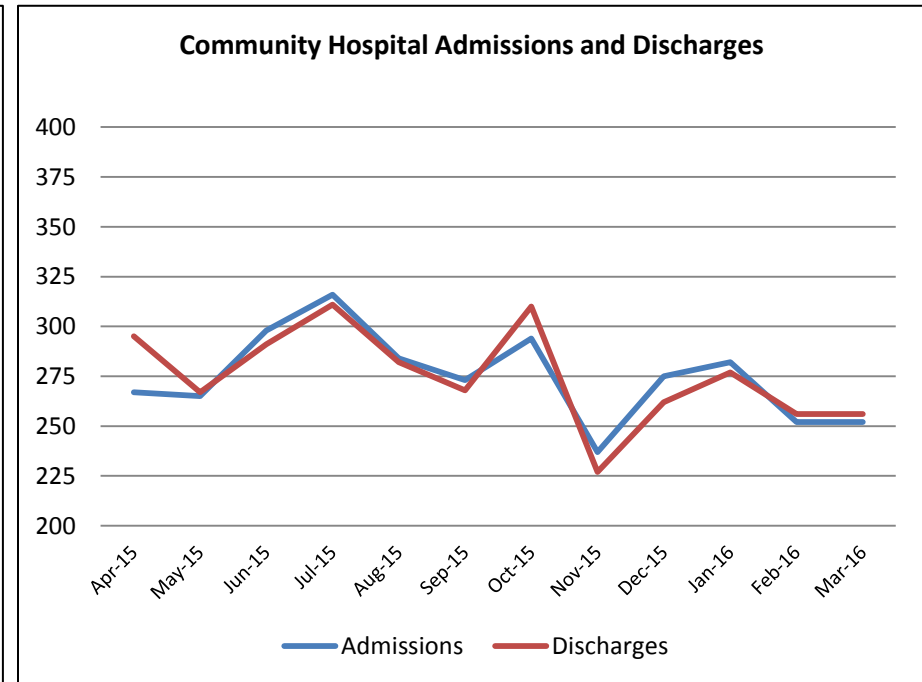
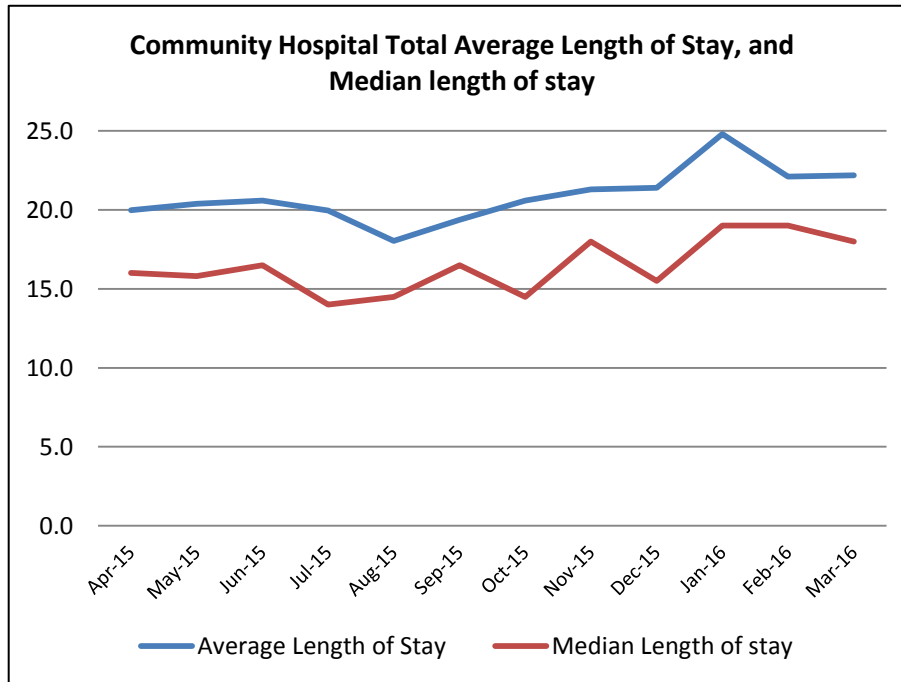


Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target – performance level was not achieved during March.



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

Community Hospitals - Average Length of Stay



| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | 12 Month Total |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------|
| Average Length of Stay | 20.0 | 20.4 | 20.6 | 20.0 | 18.0 | 19.4 | 20.6 | 21.3 | 21.4 | 24.8 | 22.1 | 22.2 | 20.9 |
| Median Length of Stay | 16.0 | 15.8 | 16.5 | 14.0 | 14.5 | 16.5 | 14.5 | 18.0 | 15.5 | 19.0 | 19.0 | 18.0 | 16.4 |
| Admissions | 267 | 265 | 298 | 316 | 284 | 273 | 294 | 237 | 275 | 282 | 252 | 252 | 3,295 |
| Discharges | 295 | 267 | 291 | 311 | 282 | 268 | 310 | 227 | 262 | 277 | 256 | 256 | 3,302 |

The average length of stay within Community Hospitals increased slightly in March 2016. Over the last 12 months there has been a reduction in short-stay admissions, but an increase in longer-stay admissions which has increased the average. It continues to be difficult to isolate the exact reasons for this.

It should be noted that although GCS has seen an increase in the average length of stay, performance is still below national averages.

A discharge co-ordinator post will assist with progression of patients out of the community hospitals.

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

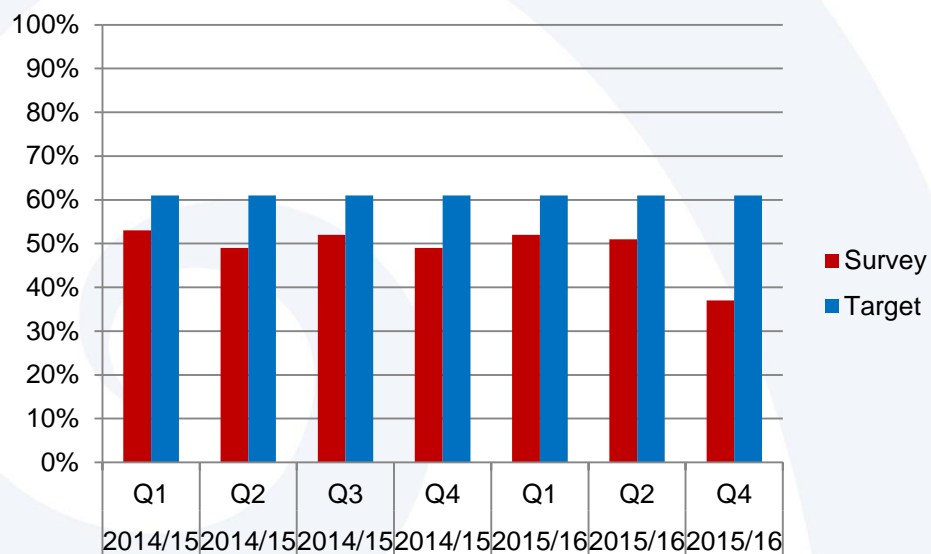
Quality Strategy metrics 2015-16 against strategic objective 4

| | Target | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | YTD |
|--|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Staff recommending the Trust as a place to work | More than 60% | 52% | | | 51% | | | | | | 37% | | | 47% |
| Percentage of annual staff appraisals | More than 95% | 72.1% | 78.2% | 77.9% | 77.7% | 76.8% | 76.1% | 77.6% | 78.6% | 78.7% | 77.7% | 79.4% | 76.3% | 77.3% |
| Completion of all mandatory training | 100% | 78.4% | 81.2% | 83.1% | 81.8% | 80.4% | 79.4% | 80.4% | 82.2% | 82.1% | 80.8% | 81.7% | 81.8% | 81.1% |

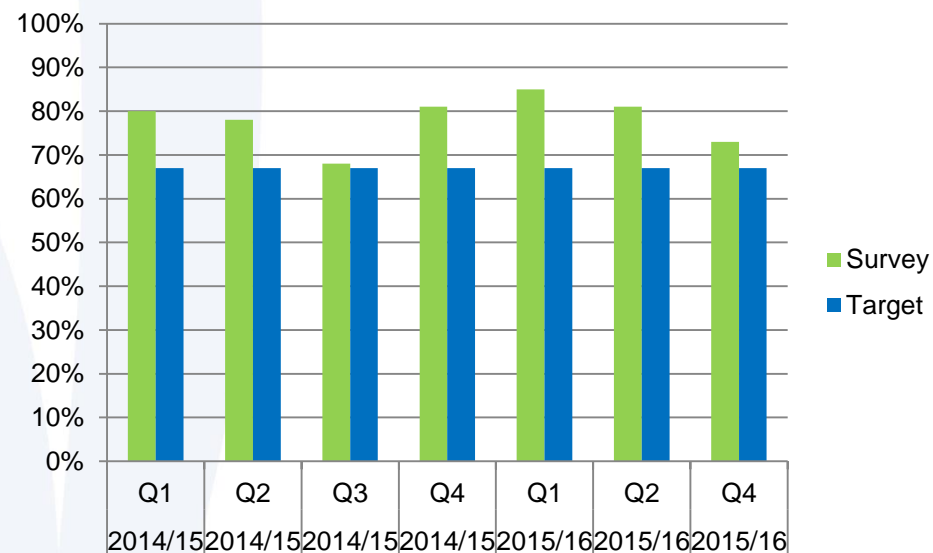
Staff Friends and Family Test

| | 2014-15 | | | | 2015-16 | | | |
|---|---------|-----|-----|-----|---------|-----|----|-----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Percentage of staff who would recommend the Trust as a place of work | 53% | 49% | 52% | 49% | 52% | 51% | | 37% |
| Percentage of staff who would recommend the Trust as a place to receive treatment | 80% | 78% | 68% | 81% | 85% | 81% | | 73% |

Place of work



Place of treatment



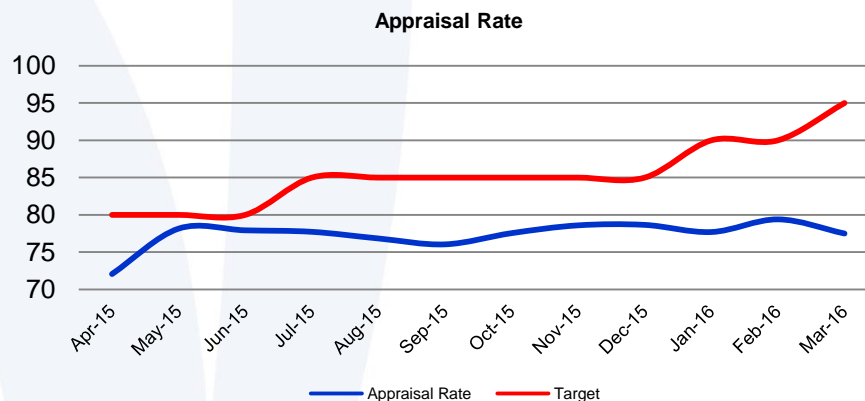
More detailed report provided to Workforce & OD Committee

Sickness absence / mandatory training / appraisals

| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Target |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Sickness absence average % rolling rate - 12 months | 4.86 | 4.82 | 4.77 | 4.85 | 4.84 | 4.88 | 4.85 | 4.85 | 4.74 | 4.71 | 4.68 | 4.67 | 3.00 |
| Sickness absence % rate (1 month only) | 4.56 | 3.98 | 3.74 | 5.13 | 5.04 | 4.93 | 5.09 | 4.21 | 3.91 | 4.73 | 4.56 | 4.37 | 3.00 |

| Mandatory training course | Target (End March 2016) | March performance |
|---------------------------------|-------------------------|-------------------|
| Conflict Resolution | 90% | 88.3% |
| Infection Control | 90% | 87.7% |
| Health & Safety | 90% | 87.7% |
| Equality & Diversity | 90% | 87.6% |
| Fire Safety | 90% | 78.6% |
| Information Governance | 90% | 64.7% |

| Appraisal rate | Target | Performance |
|----------------|--------|-------------|
| March | 95% | 77.45% |



The target for Appraisal rates increased to 95% at the end of March; however performance has decreased slightly. Monthly reports are produced to highlight to managers the staff that have appraisals due in future months to allow them to be scheduled. The process for appraisal has been revised in order to transition to schedule appraisals between April and September. The onus remains on managers to ensure appraisals are scheduled, completed and reported.

The target for Mandatory Training increased to 90% in December 2015, all aspects of mandatory training are behind target.

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

*Detailed Finance report will be provided separately.

Change request log

Change Request Log (Since April 2015)

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

Change Request Log (Since April 2015)

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

Change Request Log (Since April 2015)

| Number | Who | Description of change | Page Number | Report Change applied to |
|--------|--|---|-------------|---------------------------------|
| 29 | Head of Corporate Planning | Added details in respect of some of the Monitor Compliance Statements | 64-65 | 7 th September 2015 |
| 30 | Director of Finance | Community Hospitals – Average Length of Stay | 59 | 7 th September 2015 |
| 31 | Head of Corporate Planning | Inclusion of translation and interpretation data | 36-37 | 22 nd September 2015 |
| 32 | Head of Corporate Governance & Trust Secretary | Inclusion of Legal services data | 40-44 | 22 nd September 2015 |
| 33 | Head of Performance and Information | Adult Social Care key indicator slides removed following change in management responsibility from 1 st August 2015 | n/a | 22 nd October 2015 |
| 34 | Head of Corporate Planning | Expanded Strategic Objective 2 (Understanding You report) | 43 | 24 th November 2015 |
| 35 | Head of Performance and Information / Head of Corporate Planning | Update of report content to reflect the refreshed strategic objectives Updated Quality Strategy metrics | n/a | 24 th November 2015 |
| 36 | Head of Planning, Compliance and Partnerships | Freedom of Information Requests | 45 | 31 st March 2016 |

Trust Board

Date: 18th May 2016

| | |
|---------------|------------------------------------|
| Agenda Item: | 16 |
| Agenda Ref: | 16/0516 |
| Author: | Glyn Howells, Finance Director |
| Presented By: | Rob Graves, Non-Executive Director |
| Sponsor: | Rob Graves, Non-Executive Director |

| | |
|----------|--------------------------|
| Subject: | Finance Committee Report |
|----------|--------------------------|

This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

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

- The Month 11 Finance Report
- The performance on CIP for 2015/16 and plans for 2016/17
- The performance to date on QIPP and CQUIN
- The performance to date of the Agency Usage Group
- The management of pharmacy budgets
- The detailed review of Financial Corporate Risks
- The review of the procurement process

Recommendations:

The Board is asked to:

The Board is asked to receive the report and the approved minutes of the Finance Committee held on 22 February 2016.

Considerations:

Quality implications:

N/A

Human Resources implications:

N/A

Equalities implications:

N/A

Financial implications:

N/A

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

No

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

No

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

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

FINANCE COMMITTEE APRIL 2016 REPORT

INTRODUCTION

This report provides an executive summary of the key issues and subsequent actions arising from the Finance Committee meeting held on 13TH April 2016. The minutes of the 24th February 2016 meeting were approved and can be seen in Appendix 1. It is the following issues that the Committee Chair and Director of Finance would like to draw to the Trust Board's attention:

FINANCE REPORT

The Committee received the Finance report for Month 11, the main points are summarised below:

- Surplus at month 11 was £1.5m ahead of plan at £2.2m due to the receipt of income of £1.5m from DH as a capital to revenue transfer which is outside of plan
- Cash is £2.3m behind plan at £4.0m which is due to higher than planned debtors
- Replacement QIPP schemes for the KPI (£900k) element of QIPP are close to being agreed with the CCG.
- CAPEX is lower than plan due to delays in delivering schemes but is still expected to be utilised in full in the financial year.
- The main risks to the year-end position remain:
 - Agreeing recharges with GHFT
 - Non-achievement of risk share element of QIPP £0.4m.
 - Increase charges from NHS Property Services Ltd

CIP REPORT

The Committee reviewed the performance against CIP for 2015/16 and noted the over delivery of the cost improvement programme in year.

The Committee then reviewed the draft CIP schemes as submitted to the TDA which will continue to focus on non-pay areas particularly within procurement and estates.

The Committee congratulated the executives on the delivery of CIP for 2015/16 noting that it is evident that there is a good understanding throughout the organisation around the principles of the CIP.

CQUIN REPORT

The Committee was taken through the CQUIN schemes and was informed that quarter 3

had now been submitted to the GCCG noting that £78,471 is currently at risk due to not fully achieving milestones associated with urgent care and delirium.

The draft schedules for 2016-17 are now available and will continue to be monitored and risk assessed via the Quality Programme group and in turn reported to this Committee and Heads of Terms have now been signed.

QIPP REPORT

On QIPP against milestones the original total amount available for Quarter 4 milestones is £563,125; however this has been revised to £613,125, with an additional £50k from Q3 available (Integrated Discharge team evaluation.)

The full year out-turn has between £300k and £500k of risk of achievement though the COO and Director of Nursing are in discussion with the CCG about mitigating actions and alternate schemes.

On QIPP KPI improvements, £900k of the total, alternate schemes have been discussed with the CCG and the SWIFT (Six Week Improvement to Flow and Transfer) Action Plan has now been agreed and implemented. Originally acute admission avoidance targets were set by GCCG but a new proposal to align with SWFT was agreed with the commissioners. Due to this new alignment, the risk of non-achievement of the £900k has been mitigated

BUDGET HOLDER REVIEW – PHARMACY

The Head of Medicines Management presented an overview of the budget area that she is responsible for.

Prior to May 2015, pharmacy services to GCS were provided by Gloucester Hospital NHS Foundation Trust (GHNHSFT) without any formal service level agreement to support this. Due to concerns about cost, consistency of service and a lack of engagement of the provider to change service delivery models a competitive tendering process for the pharmacy service was carried out and Lloyds Pharmacy was appointed as the pharmacy services provider to GCS. The new service went live on 1st May 2015.

The change in pharmacy provider was expected to produce financial savings in the cost of delivery which has been achieved and also savings with respect to the cost of drugs. The service savings have been delivered in full but drug cost savings have not been realised due to delays in accessing the Commercial Management Unit (CMU) pricing discounts and an increase in drugs usage. Actions are underway to address this increased spend which should result in reduced drug spend during 2016-17. The cost of service has however achieved a saving of more than £100k and the Committee noted that an equitable service is now being received across all community hospitals.

The Head of Medicines Management will be invited back towards the end of the year to give a further update to the Committee and a detailed financial comparison against the

previous costs.

CAPITAL REPORTING

The Committee delegated this item to the Audit and Assurance Committee who meet on 3rd May 2016 due to the current year end commitments within the Finance Team.

FINANCE RISKS

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

AGENCY SPEND AND REPORTING

The Committee received a verbal update from the Director of Nursing and in particular noted the agency spend ceiling which has now been allocated by NHS Improvement to the Trust for 2016/17 which equates to £2.379m.

The Trust's Agency Usage group chaired by the Director of Nursing continues to meet on a fortnightly basis and have now introduced the use of an agency usage dashboard that would include some quality metrics, trajectories against the ceiling being applied to the Trust, this report will be presented to the Committee at future meetings.

PROCUREMENT UPDATE

The Procurement Manager presented the report and the Committee were taken through the process that is currently followed with highlighted targeted areas for 2015/16 and areas to target in 2016/17.

The Procurement Manager identified that the activity of the procurement team is not limited to the contract award phase of the procurement process and that the Procurement manager continues to support on the management of the strategic relationships and the early engagement with budget holders on new opportunities.

Report prepared by: Glyn Howells – Finance Director

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

Appendix 1: Approved minutes of Finance Committee meeting: 22nd December 2015

| | | |
|--|---|---|
| <p>Gloucestershire Care Services NHS Trust</p> <p>Minutes of the Finance Committee Meeting</p> <p>held on the 24 February 2016</p> <p>in the Boardroom, Edward Jenner Court, between 14:00 – 17:00 hrs</p> | | |
| <u>Committee Members present:</u> | | |
| Rob Graves | – | Non-Executive Director (Chair) |
| Glyn Howells | – | Director of Finance |
| Candace Plouffe | – | Director of Service Delivery (from 14.20 hrs) |
| Duncan Jordan | – | Chief Operating Officer |
| Richard Cryer | – | Non-Executive Director |
| Sue Mead | – | Non-Executive Director |
| <u>In attendance:</u> | | |
| Johanna Bogle | – | Head of Operational Finance |
| Des Gorman | – | Head of Transformation and Change |
| Louise Simons | – | Assistant Trust Secretary |
| Stuart Bird | – | Deputy Director of Finance |
| Mark Parsons | – | Head of Estates |
| Bernie Wood | – | Head of Information Technology |

| Item | Minute | Action |
|----------|--|--------|
| 15/FC095 | <p>Agenda Welcome and Apologies</p> <p>The Chair welcomed everyone to the Finance Committee meeting</p> <p>Apologies were received from;</p> <p>Susan Field, Director of Nursing</p> <p>Ian Dreelan, Non-Executive Director</p> | |
| 15/FC096 | <p>Confirmation that the meeting is quorate</p> <p>The meeting was confirmed as quorate by the Assistant Trust Secretary.</p> | |
| 15/FC097 | <p>Declarations of Interests</p> <p>Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item.</p> <p>No updates or interests were declared.</p> | |

| Item | Minute | Action |
|----------|--|---------------------------|
| 15/FC098 | <p>Minutes of the Finance Committee held on the 22nd December 2015</p> <p>The minutes of the meeting held on the 22nd December 2015 were received and approved as an accurate record with some minor amendments.</p> | Assistant Trust Secretary |
| 15/FC099 | <p>Matters Arising (Action Log)</p> <p>The following matters were discussed and noted:</p> <p>15/FC083 – Finance Report, Hatherley Road The Director of Finance informed the Committee that this purchase is now complete with guardians taking occupancy to provide security from March 2016. This item is now closed as further updates and next steps will be reviewed at Trust Board. A press release will be prepared by Head of Communications for release should we have any media interest.</p> <p>15/FC085 – Agency Spend The Director of Finance informed the Committee that in respect of agency spend, reduced figures are now showing in budgets and therefore this action is closed.</p> <p>All other matters arising contained within the Action log were to be discussed at the Committee meeting today, covered by the agenda items.</p> | Director of Finance |
| 15/FC100 | <p>Forward Agenda Planner</p> <p>The Forward Planner was discussed and approved with the following changes as listed below:</p> <ul style="list-style-type: none"> - Following a request from the Director of Service Delivery it was agreed to move the “deep dive review” for ICTs to June 2016 and the Sexual Health budget listed for April 2016 Finance Committee. - Add 5 year Sustainability and Transformation Plan to April agenda. - Add Procurement update to April agenda. - Reference costs item to be added to August agenda. <p>Subject to the above changes, the Forward Agenda Planner was approved.</p> | Assistant Trust Secretary |
| 15/FC101 | <p>Finance Report</p> <p>The Deputy Director of Finance presented the report and highlighted the follows key areas:</p> <ul style="list-style-type: none"> • At month 9 the Trust is £13k behind plan with a year | |

| Item | Minute | Action |
|----------|--|---------------------|
| | <p>to date adjusted surplus £243k, the full year forecast is in line with plan at £2.5m</p> <ul style="list-style-type: none"> The Trust needs to deliver £3.9m of QIPP schemes and £1.9m of CQUIN schemes to achieve its revised surplus of £1m. The Trust continues to closely monitor agency usage and is also required to report all non-framework bookings on an ongoing basis. <p><u>Risks</u></p> <ul style="list-style-type: none"> Non-achievement of risk share element of QIPP £0.4m. Inability to reduce agency spend £0.4m (was £1.0m earlier in year). £1m risk on potential failure to agree recharges to / from GHFT. £0.25m risk in the balance of year on Non-delivery of revised inpatient staffing rotas which were pay savings required as part of the plan to achieve the new stretch surplus target of £1m Increases in recharges from NHS Property Services £0.25m (meeting is planned for 26 February 2016). <p>The Director of Finance also confirmed that in respect of the GHFT recharges negotiations have been ongoing for some time with his counterpart at GHFT and to date there is a £400k difference on settlement figures.</p> <p>In addition, the Director of Finance also commented that the consultation document regarding the review of establishment roles in non-frontline staff is complete and due to redeployment opportunities the redundancy costs are lower than planned.</p> <p>The Chair commented that a great deal of work has been done to reduce agency spend which is now evident through the figures reported and thanked colleagues for their hard work in this area. The Director of Service Delivery commented that eRostering had assisted significantly in this area and was planned to be rolled out across the Trust.</p> <p>The Committee noted the report.</p> | Director of Finance |
| 15/FC102 | <p>CIP Report</p> <p>The Chief Operating Officer presented the reported and drew the Committees attention to the following areas;</p> <ol style="list-style-type: none"> Whilst delivery year to date was behind trajectory, the final working through the “non- | |

| Item | Minute | Action |
|----------|---|---------------------|
| | <p>frontline staff" CIP was almost complete and there was a high degree of confidence that these savings would be made recurrently which meant that the Trust would be achieving its CIP targets for the year overall.</p> <p>2. CIP plans for 2016/17 were well underway with more than 1/3rd of them already identified ready to deliver from early in the new year.</p> <p>The Chair congratulated the executive team on the delivery of CIP for 2015/16 but raised some concerns about the lack of substance behind the some of the schemes for the coming year. The Director of Finance commented that the work had already been done to have around £1.3m of savings delivering from the beginning of the year but recognised that more work was needed as a priority to get schemes in place. This plan will continue to be reviewed at each Committee meeting.</p> <p>The Committee Noted the update.</p> | Director of Finance |
| 15/FC103 | <p>Focussed Report – Pharmacy</p> <p>The Director of Finance requested that due to annual leave commitments, the planned post implementation review of the Pharmacy CIP from last year be deferred to the next meeting on 13 April 2016.</p> <p>The Chair noted the request and agreed to defer this item to the meeting scheduled for 13th April 2016.</p> | |
| 15/FC104 | <p>CQUIN & QIPP Report</p> <p>The Director of Nursing presented the report and highlighted the following areas;</p> <p>Quarter 1 and 2 deliverables had now been confirmed as payable in full. The Trust has submitted evidence for quarter 3 deliverables and has identified that there is £78k potentially at risk although, additional evidence will be provided that would seek to recover some of this.</p> <p>The Quarter 4 report is due to be submitted to the GCCG at the end of April 2016, with confirmation expected in May 2016. Total amount available for Quarter 4 is £44k. Projected risk for Quarter 4 totals £166k. GCS will continue its work with the GCCG to minimise this risk and identify alternative schemes to make up any shortfall.</p> <p>On QIPP against milestones (£3m of the total £3.9m) the CCG has now confirmed £15k deduction for non-</p> | |

| Item | Minute | Action |
|----------|---|--------|
| | <p>delivery against quarter 1 milestones and circa £80k at risk on quarter 2. The full year out-turn has between £300k and £500k of risk of achievement though the COO and Director of Nursing are in discussion with the CCG about mitigating actions and alternate schemes.</p> <p>On QIPP KPI improvements which makes up £900k of the total QIPP, alternate schemes have been discussed with the CCG and are close to being agreed.</p> <p>The Committee noted the report.</p> | |
| 15/FC105 | <p>Budget Holder Review – Estates</p> <p><i>Mark Parsons, Head of Estates joined the Committee meeting for this agenda item.</i></p> <p>The Head of Estates presented an overview of the budget areas that he is responsible for. This breaks into 3 main areas:</p> <ul style="list-style-type: none"> • Estates (maintenance and minor works) • Hotel Services • Cross cutting budgets for all properties (rent, rates, utilities etc.) <p>On the first two areas, these budgets have been stable and are well understood with year on year savings being found as part of the ongoing efficiency reviews. The last area is a new responsibility this year and so understanding is still developing. All costs relating to the Trust's estate (so rent, rates and utilities etc) have been removed from the responsibility of operational managers and placed under the Head of Estates since the middle of 2015/16; this was done to try to get consistency and economies of scale as looking at each cost line across all properties was seen as giving a better chance of making savings then having an operational manager look at relatively low spend for the one property that they are responsible for. Much of this year has been spent in trying to get all cost allocations being done consistently so that the budgets are understood and so provide a stable base for savings from 2016/17 onwards.</p> <p>Richard Cryer enquired in respect of the maintenance costs and asked if there is a planned 5/10 year programme. In response, the Head of Estates confirmed that we do work towards a planned programme however some issues are not apparent until routine checks have been carried out and in such cases this delays and incurs additional costs. In addition the Director of Finance added that the Trust only spends capital where it is for the delivery of services in the following year and that maintenance could be mapped and planned more</p> | |

| Item | Minute | Action |
|----------|---|---|
| | <p>systematically. Richard Cryer asked if a report of maintenance costs on all assets could be provided. The Head of Estates agreed to provide this report to the Committee once completed.</p> <p>The Chair commented that this would also be a further benefit to consolidating our systems, which is to be presented later in the meeting.</p> <p>The Chair thanked the Head of Estates for the report and confirmed that he will be invited back around this time next year to give an update on progress in this area.</p> <p>The Committee noted the report</p> | <p>Head of Estates</p> <p>Assistant Trust Secretary</p> |
| 15/FC106 | <p>Capital Schemes</p> <p>The Deputy DoF presented the report and noted spend to date is £1.8m and latest forecast is that in year spend will be £1.5m less than the plan as agreed with the TDA. Whilst spend is low compared to plan, there are significant spends that have been committed but the work will only be completed over the last two months of the year (e.g. SystemOne, COIN replacement, Microsoft re-licensing).</p> <p>The Capex Committee meets on a monthly basis to review spend to date and prioritise schemes for the remainder of the year.</p> <p>The progress against the Trust's capital plan was noted.</p> | |
| 15/FC107 | <p>Business Development Tracker</p> <p>The Deputy DoF presented the report drawing the Committees attention to the following:</p> <p>The Trust needs to maintain its current income and develop further opportunities to add/expand services or to sell surplus capacity to existing and new customers.</p> <p>The Deputy Director of Finance also highlighted the key increases in Trust income;</p> <ul style="list-style-type: none"> Significant time invested to embed within our baseline contract the financial value for several new services (Macmillan Cancer Next Steps, Complex Leg Wound) and certain existing services (notably Rapid Response). In total, these variations will increase 2016/17 contract value by £4.0m. Non-recurrent funding of £288k secured for 2015/16 'winter beds' in GCS hospitals, as well as £120k for | |

| Item | Minute | Action |
|----------|---|--------|
| | <p>2016/17 in relation to supporting GDoc with delivering enhanced GP access.</p> <ul style="list-style-type: none"> Work completed to support a KPMG review of the basis and data supporting the proposed annual £4.9m of GCS recharges to GHT for GHT Outpatient, Theatre and Endoscopy lists run on GCS sites. <p>The Committee noted the report.</p> | |
| 15/FC108 | <p>Corporate Risk Register</p> <p>The Director of Finance presented the finance risk register noting the new format. High risk items and the mitigating actions were discussed by the Committee.</p> <p>The Committee noted the risks and took assurance from the mitigating actions.</p> | |
| 15/FC110 | <p>Consolidating Corporate Systems - Presentation</p> <p>The Committee received a presentation from the Head of IM&T regarding the new Corporate System Consolidation plans. The Trust is looking to repeat the great work done in replacing the myriad clinical systems with SystmOne (noting that Dental and Sexual Health services will remain on their individual systems) in the corporate System area.</p> <p>The Head of IM&T laid out a huge number of systems that are used for different corporate purposes and laid out the programme of work that will work through a solution to radically reduce the number.</p> <p>Richard Cryer asked if this would then impact on the number of licenses currently issued to the Trust and costs associated with this. In response, the Head of IM&T confirmed that consolidation would reduce these costs and that all licensing for any IT software is now commissioned through the Trusts IM&T Board.</p> <p>The committee noted the work done to date and asked to be kept informed as this important programme of work develops.</p> | |
| 15/FC111 | <p>Draft Annual Plan Review</p> <p>The Director of Finance presented the draft annual plan that had been submitted to the TDA earlier in the month. The draft plan was discussed and the underlying assumptions probed and validated.</p> <p>The Committee agreed assumptions and; subject to</p> | |

| Item | Minute | Action |
|----------|---|--------|
| | changes needed once the contracting round was closer to completion, recommended the plan for approval by the Board. | |
| 15/FC112 | <p>Draft Annual Budget</p> <p>The Director of Finance presented the report and the Committee were taken through the process currently followed to set budgets which are dependent upon the annual plan being accepted and the contracting round being settled in line with the assumptions in the plan.</p> <p>The Committee congratulated the Deputy Director of Finance on the diligent work that was being put in place to ensure that meaningful, accurate budgets were in place by the start of the financial year – and noted the big improvement over previous years.</p> <p>The Committee endorsed the process being followed.</p> | |
| 15/FC114 | <p>Transformation and Change Programme Board</p> <p>The minutes of the Transformation and Programme Board were received.</p> | |
| 15/FC117 | <p>Any Other Business</p> <p>No other business was reported for discussion.</p> | |
| | <p>Date and Time of Next Meeting</p> <p>The Chair closed the Finance Committee meeting at 17.00 hrs.</p> <p>It was agreed that the next meeting of the Finance Committee be held on the:</p> <p>13th April 2016 09:30 hrs – 13:00 hrs Boardroom, Edward Jenner Court, Brockworth, GL3 4AW</p> | |

Trust Board

Date: 18 May 2016

| | |
|----------------------|-----------------------------------|
| Agenda Item: | 17 |
| Agenda Ref: | 17/0516 |
| Author: | Glyn Howells, Director of Finance |
| Presented By: | Glyn Howells, Director of Finance |
| Sponsor: | Glyn Howells, Director of Finance |

| | |
|-----------------|----------------|
| Subject: | Finance Report |
|-----------------|----------------|

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

- Subject to audit and the risks on disputed GHT recharges the trust has delivered its planned surplus for the year of £2.5m
- CIP of £3.324m was delivered during the year which was £174k higher than plan.
- At year end the cash balance was on plan at £6.1m
- Capital spend in year was in line with plan at £4.35m
- As reported throughout the year charges between GCS and GHFT are still not agreed. Difference between trusts is at least £1.9m Papers in support of a request for binding mediation have now gone to NHSI.
- 2016/17 plan has now been signed off by NHSI and the main contract with NHSI has been signed. Key figures for 16/16 are:
 - Planned surplus £1,113k
 - Sustainability and Transformation funding included non-recurrently £400k
 - Capital spend planned for the year £5m
 - CIP target £4m (Pay £2.8m, Non pay £1.0m, Income £0.2m)
 - Milestones agreed with commissioners for QIPP (£3.9m) and CQUIN (£1.8m)

Recommendations:

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

Considerations:

Quality implications:

None

Human Resources implications:

None

Equalities implications:

None

Financial implications:

The trust has delivered on its financial targets for 15/16 and has submitted an agreed plan for 16/17

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

GHFT recharge risk, achieving the planned surplus risk and achieving QIPP risk share elements.

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

None

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

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

| | |
|-------------------------------|-----------------------------------|
| Reviewed by (Sponsor): | Glyn Howells, Director of Finance |
|-------------------------------|-----------------------------------|

| | |
|--------------|-------------|
| Date: | 11 May 2016 |
|--------------|-------------|

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

| |
|--------------------------------------|
| Explanation of acronyms used: |
| None used. |

| |
|--|
| Contributors to this paper include: |
| Stuart Bird, Deputy DoF |

Agenda Item: 17.1

Month 12 Finance Report

V 1

Contents

| | Page |
|---------------------------------|------|
| Overview | 3 |
| 2015/16 CIP phasing | 4 |
| Income and Expenditure position | 5 |
| Capital Expenditure | 6 |
| Cash & Agency Performance | 7 |
| Risks | 8 |

Overview

- Subject to audit and the risks identified below (mainly GHFT related) the trust has delivered its planned surplus for the year of £2.5m
- CIP of £3.324m was delivered during the year which was £174k higher than plan.
- The impact of property revaluation was reflected in reported figures at month 9. This resulted in an impairment (below the line) of £7.4m, a reduction in annual depreciation charge of £1.6m (full year effect in 15/16) and annual reduction of public dividend capital charge of £260k (£130 impact on 15/16)
- At year end the cash balance was on plan at £6.1m
- Capital spend in year was in line with plan at £4.35m
- As reported throughout the year charges between GCS and GHFT are still not agreed. Difference between trusts is at least £1.9m Papers in support of a request for an independent binding mediation have now gone to NHSI.
- 2016/17 plan has now been signed off by NHSI and the main contract with Gloucestershire CCG has been signed. Key figures for 16/16 are:
 - Planned surplus £1,113k
 - Sustainability and Transformation funding included non-recurrently £400k
 - Capital spend planned for the year £5m
 - CIP target £4m (Pay £2.8m, Non pay £1.0m, Income £0.2m)
 - Milestones agreed with commissioners for QIPP (£3.9m) and CQUIN (£1.8m)

Income and Expenditure

At year end the trust was in line with NHSI expectations at an adjusted surplus £2,501k. This includes £1.5m of income from DH; which flows through to surplus, that was not reflected in our formal plan.

Accounts are still being audited but the main risk to the result arises from the failure to agree balances with GHFT which is set out in detail at page 9. The size of the difference is £1.9m and the trust awaits the results of binding NHSI mediation to be able to finalise its position.

Full year income is £8m higher than plan including the £1.5m income for capital to revenue transfer from DH. Net of this, income and expenditure are both £6.5m higher than plan reflecting non-contracted income the, additional escalation beds, higher levels of MSKCAT activity and some other smaller additional pieces of work being requested and funded by the CCG

The variance in non-pay is made of up the following:

- £3.1m of undelivered prior year CIP that was offset in our 15/16 out-turn by the additional non-contracted income (this is now included in future year's plans)
- £1.6m of overspends on drugs, dressings and utility costs that are currently being investigated
- £0.8m of expected reductions in inter-trust recharges where budgets were reduced but charges continue at old levels
- £0.6m of increased rents and service charges from NHS Property services as a result of the move to market rents

Full year agency spend was £3,717k, the ceiling for spend in 16/17 to qualify for sustainability and transformation funding is £2,379k.

The three notable risks to forecast outturn reported at month 11 were QIPP risk share, GHFT recharges and Propco debt.

Of these 3 risks the first and last have been resolved while the second (GHFT) remains in the pre-audit figures. Total gap re GHFT is £1.9m, the trust has made provision for some of this risk but is awaiting the results of binding mediation from NHSI to finalise the position and understand if draft figures reported to NHSI and DH need to be changed.

| Statement of Comprehensive Income | Plan | Actual | Variance |
|--|----------------|----------------|--------------|
| Revenue from Patient Care Activities | 104,404 | 112,409 | 8,005 |
| Income from agreed Capital to Revenue Transfer | 0 | 1,500 | 1,500 |
| Other Operating Revenue | 2,075 | 964 | (1,111) |
| Gross Employee Benefits | (78,950) | (79,268) | (318) |
| Other Operating Costs | (23,896) | (30,405) | (6,509) |
| Impairment of fixed assets | (7,453) | (7,251) | 202 |
| Dividends Payable on Public Dividend Capital (PDC) | (2,753) | (2,637) | 116 |
| OPERATING SURPLUS/(DEFICIT) | (6,573) | (4,688) | 1,885 |
| Add back: Impairments | 7,453 | 7,251 | (202) |
| Add Back: Adjustments for donated assets | 120 | (62) | (182) |
| Adjusted retained surplus/(deficit) | 1,000 | 2,501 | 1,501 |

2015/16 CIP Performance

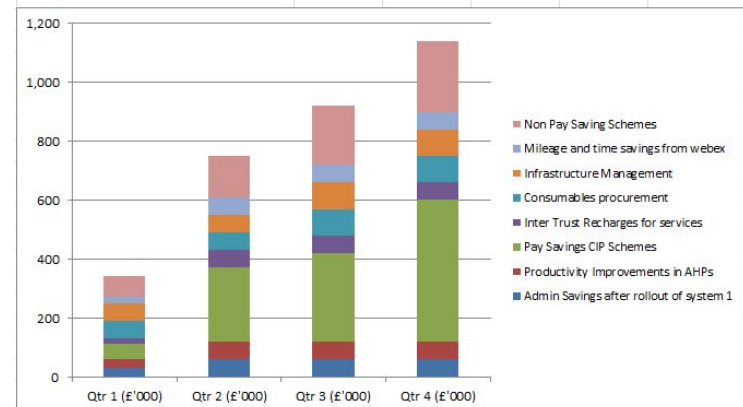
CIP full year requirement was £3,150k,

The Trust actually achieved £3,324k of recurrent savings.

(£1,577k was pay related and £1,747k was non pay)

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

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



| Analysis of Efficiency Programmes | Rec or Non Rec | Category | Full Year Actual | | |
|---|----------------|----------|------------------|--------------|------------|
| | | | Plan | Actual | Variance |
| Admin Savings after rollout of system 1 | R | Pay | 210 | 210 | 0 |
| Productivity Improvements in AHPs | R | Pay | 210 | 210 | 0 |
| Restructure of non frontline roles | R | Pay | 1,080 | 1,157 | 77 |
| Inter Trust Recharges for services | R | Non Pay | 200 | 0 | (200) |
| Consumables procurement | R | Non Pay | 300 | 39 | (261) |
| Infrastructure Management | R | Non Pay | 300 | 100 | (200) |
| Mileage and time savings from webex | R | Non Pay | 200 | 0 | (200) |
| Non Pay Saving Schemes | R | Non Pay | 650 | 1,608 | 958 |
| Grand Total | | | 3,150 | 3,324 | 174 |

Capital Expenditure

| Capital Analysis of Projects | Full Year Sepnd | | |
|--|-----------------|--------------|--------------|
| | Plan | Actual | Variance |
| Backlog Maintenance Programme | 250 | 166 | 84 |
| Premises and Plant refurbishments 2016 | 1,000 | 1,389 | (389) |
| Medical - Equipment | 500 | 538 | (38) |
| COIN (Community IT Network) | 400 | | 400 |
| IM T 2015/16 | 1,400 | 1,796 | (396) |
| Gloucester Premises | 2,300 | 600 | 1,700 |
| Funded by donations | 0 | (139) | 139 |
| Gross Capital Expenditure | 5,850 | 4,350 | 1,500 |

- Following agreement with DH the trust full year spend was £1.5m below plan at £4.35m
- The capital plan for the year allowed for the receipt of £0.6m for land on the Tewkesbury Hospital site. This money was received earlier in the year.
- Capital spend in 15/16 includes circa. £0.8m of spend on projects started and committed in 14/15 (Milsom St development and Stratton ward refurbishment)
- A property in Hatherley Rd, Gloucester was purchased in early 2016 with a plan that it will be redeveloped and used to deliver a number of services within the city, a full business case for works is now being prepared for submission to NHSI for approval
- The capital spend in 16/17 allowed for in the plan is £5.0m

Cash Position

- The trust actively manages its cash position to ensure that funds are available to meet obligations as they fall due.
- At the year end the actual balance of cash on hand was

| All figures £000s | Opening Balance 01/04/2015 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|-------------------|-------------------------------|---------|--------|--------|---------|--------|--------|---------|---------|--------|--------|---------|--------|
| Plan | 2,812 | 7,941 | 6,641 | 6,841 | 6,541 | 6,741 | 5,741 | 5,941 | 6,141 | 5,841 | 6,041 | 6,241 | 6,112 |
| Actual | 3,328 | 5,796 | 6,630 | 6,139 | 5,337 | 7,126 | 4,940 | 4,305 | 4,389 | 5,341 | 5,874 | 3,971 | 6,112 |
| Variance | 516 | (2,145) | (11) | (702) | (1,204) | 385 | (801) | (1,636) | (1,752) | (500) | (167) | (2,270) | 0 |

Agency Usage

- The Trust monitors agency usage closely and is required to report all non framework bookings on an ongoing basis.
- Agency usage during 15/16 by month is as below. Full year total was £3,717k.
- Agency usage ceiling for 16/17 is £2,379k

| Agency / Contract Costs | Usage by Month | | | | | | | |
|--------------------------------|----------------|------------|------------|------------|------------|------------|------------|--------------|
| | Apr - Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total 15/16 |
| Qualified Nursing | 1,129 | 181 | 153 | 97 | 120 | 120 | 106 | 1,906 |
| Medical | 155 | 23 | 16 | 15 | 19 | 22 | 131 | 381 |
| Other | 923 | 141 | 48 | 132 | 132 | 16 | 38 | 1,430 |
| Total Agency / Contract | 2,207 | 345 | 217 | 244 | 271 | 158 | 275 | 3,717 |

Trust Board

Date: 18th May 2016

| | |
|----------------------|----------------------------------|
| Agenda Item: | 18 |
| Agenda Ref: | 18/0516 |
| Author: | Susan Field, Director of Nursing |
| Presented By: | Susan Field, Director of Nursing |
| Sponsor: | N/A |

| | |
|-----------------|------------------------------------|
| Subject: | CQC Quality Improvement Plan (QIP) |
|-----------------|------------------------------------|

This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☒ Assurance ☒ Information

Executive Summary:

The attached is a report that contains an update against all actions within the Trust's Quality Improvement Plan.

- 11 of the 19 (58%) of the QIP "Must Do's" have now been completed
- 6 of the 8 remaining "Must Do's" should be completed by end May 2016
- 2 remaining "Must Do's" are delayed

Some risks remain against the QIP and because of this members of the Trust Programme Group have undertaken both a clinical and compliance review of the milestones and revised as appropriate.

The internal peer review processes have commenced and it is these that will be 'testing' both compliance and sustainability of QIP actions that have been implemented.

Recommendations:

The Board is asked to:

- Note and discuss both the progress and risks identified within the Trusts QIP
- Agree to receive a further detailed assurance report in readiness for any decision

Considerations:

Quality implications:

The QIP seeks to ensure improved quality outcomes are met within the CQC Standards.

Human Resources implications:

Capacity within operational teams.

Equalities implications:

None

Financial implications:

None

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

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

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

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

Reviewed by (Sponsor):

Date: 9th May 2016

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

Trust CQC Programme Group meeting (14th April 2016)
CQC Oversight Group (26th April 2016)
Trust Quality and Performance Committee (26th April 2016)

Explanation of acronyms used:

QIP – Quality Improvement Plan
CQC – Care Quality Commission
LiA – Listening into Action
GCCG – Gloucestershire Clinical Commissioning Group
MIUs – Minor Injury and Illness Units

Contributors to this paper include:

Rod Brown, Head of Planning, Compliance and Partnerships

CQC QUALITY IMPROVEMENT PLAN - MAY 2016

1. INTRODUCTION

This report is intended to provide Trust colleagues, service users and the Trust Board with assurance on progress against the Trust's Quality Improvement Plan (QIP), which was developed and agreed in response to the CQC inspection report published September 2015.

2. GOVERNANCE ARRANGEMENTS FOR OVERSEEING THE QIP

The Trust remains committed to addressing each of the QIP's 101 actions. Overseeing this continues to be the responsibility of:

- the Trust's CQC Programme Group chaired by the CEO
- the Trust's CQC QIP Working Group chaired by the Director of Nursing
- the Trust's Quality and Performance Committee – the last assurance report was discussed at its 26th April meeting
- the triumvirate CQC Oversight Group whose membership consists of NHS Improvement, the GCCG and the Trust. This group last met on 26th April 2016 and key highlights from this included:
 - noting the progress made by the Trust against its QIP
 - the group's request for additional assurance purposes, notably that the internal governance forums more clearly articulate to the Trust Board where there has been any changes to any action completion dates; the reasons for these; a revised action completion date and; any potential risk associated with achieving revised dates.

3. PROGRESS TO DATE - ASSURANCE

This report presents progress against compliance actions and is based on the situation as of 30th April 2016.

In light of recent feedback, the Trust has revised its assurance reporting format and anticipates that this will provide further clarity and assurance against the QIP actions. This format is based upon review of compliance actions as a whole within the twelve themes and is based on the date of completion of any original actions.

There is an element of judgement on the Red, Amber, Green and Blue (RAGB) ratings based on the updates provided by service leads, members of the QIP

working group discussion and on evidence provided. For ease, the RAGB risk ratings have been divided into 2 key areas:

- The Must Do's
- Other actions (the "Should Do's")

The KEY to progress ratings (RAGB) is as follows:

| | |
|--|--|
| | Blue – Fully completed, tested and assured |
| | Green – Complete, but assurance testing needed |
| | Amber – Not running to time and/or more work required |
| | Red – Not assured/actions not delivering outcome |

3.1 Compliance Summary

The table below provides a summary of the progress made against the QIP's 101 actions:

| Action Type | Total No. | Complete | | Incomplete | |
|---------------|------------|------------------------------------|--|----------------------------|---------------------|
| | | Actions complete and tested (blue) | Actions completed but untested (green) | More work required (amber) | Not delivered (red) |
| 'Must Do's' | 19 | 5 | 6 | 8 | 0 |
| 'Should Do's' | 82 | 9 | 31 | 39 | 3 |
| Total | 101 | 14 | 37 | 47 | 3 |

In order to ensure more robust future testing of completed actions, the Trust is adopting a Peer Review process. This replaces the unannounced quality visits that took place with operational teams during 2015, and more latterly during January 2016 within the MIIUs.

These Peer Reviews have been spearheaded by the Head of ICTs and the Head of Community Nurses who have undertaken a number of supportive and constructive unannounced assessments of community-based teams so as to validate their compliance with CQC requirements. Comprehensive documentation provides details on the outcomes of these visits. It is strongly

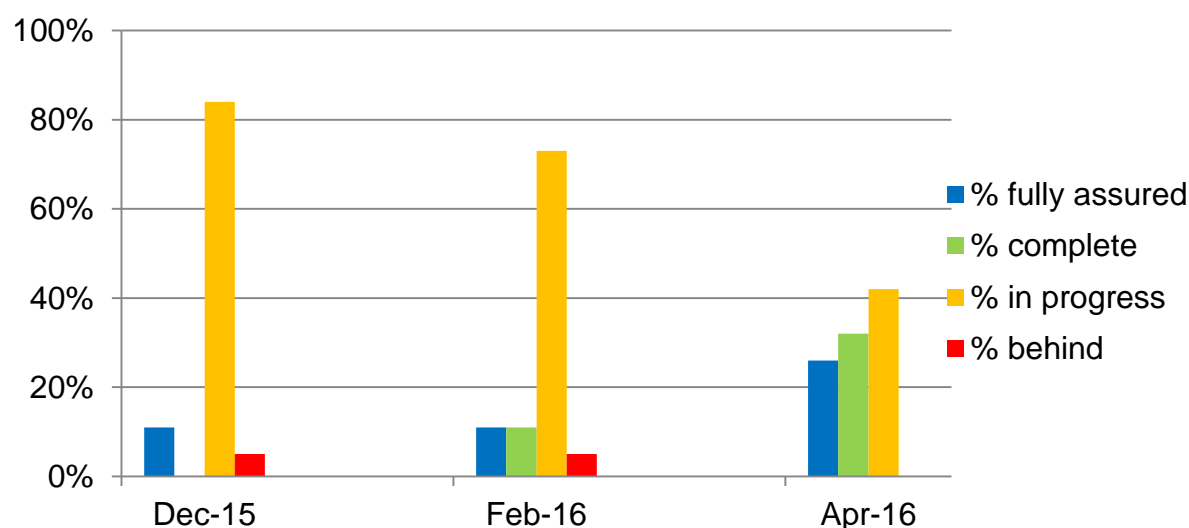
believed that this approach promotes wider learning, and it is our intention to develop this as a quality focused nursing programme.

Further Peer Reviews will be undertaken during June, including the MIUs during July. It is also intended that the outcomes of the Community Nursing peer review will be presented to the Quality and Performance Committee in June 2016.

In addition to this, the Director of Nursing is currently in the process of securing some external scrutiny and this is likely to take the form of an internal CQC re-inspection approach during June/July and will be supported by senior clinical and operational leads within the Trust.

3.2 “Must Do’s” as at 30th April 2016

The CQC report identified 19 Must Do actions: progress against completing these are indicated below:



This shows that over half the Must Do's (58%, or 11/19) have now been completed, although some still require compliance 'testing' to gain absolute assurance (and therefore a blue rag rating).

6 of the remaining 8 'Must Do's' should be completed by the end of May 2016 - the remaining 2 'Must Do's' are dependent upon systems development as detailed below:

- *issue 070: the Trust must improve the systems that allow people to phone and make an appointment with the sexual health service.* Closure of this action is dependent upon the introduction of an online booking system which will not be available until September 2016;
- *issue 083: all premises, equipment (including resuscitation equipment) and treatment areas must be properly maintained, checked and cleaned:*

moreover, these checks must be comprehensively recorded. Closure of this action is dependent upon the embedding of the Atrium estates monitoring system which will not be available until July 2016.

3.3 'Should Do's' as at 30th April 2016

Progress against the "Should Do's" is presented below aligned to the QIP's 12 main themes (NB this provides an indicative summary of progress only – definitive details are available within the latest QIP):

| Theme | Status |
|---------------------------------------|--------|
| Leadership / culture | |
| Staffing | |
| Training | |
| Incidents, complaints and risks | |
| Policies, protocols (including audit) | |
| Medicines management | |
| Accessibility | |
| Records management | |
| Equipment and supplies | |
| Information | |
| Estates | |
| Partnership working | |

In respect of the above, it is noted that delays relate to:

- *training*: although significant advances have been made in the development of improved mandatory and essential-to-role training, some delays have resulted from Mental Capacity Act training being adopted by wave three Listening into Action, which does not complete until May 2016;
- *policies and protocols*: completion of end-of-life documentation is largely dependent upon the publication of GCCG's strategy;
- *records management*: this is now a priority action for the Trust;
- *information*: additional time has been needed to scope and update reporting templates in SystemOne;

- *partnership working*: improved links are needed with a number of key stakeholders including 2gether and SWAST.

4. SUSTAINING IMPROVEMENTS

The Trust has recognised the importance of sustaining those “Good” and “Outstanding” ratings awarded by the CQC September 2015, alongside its ambition to achieve an overall “good” rating, should there be a future CQC re-inspection.

The focus of this will continue with the development of the Trust’s “leading change” and leadership capabilities. An integral part of this is the Trust’s Listening into Action (LiA) programme, which promotes our long standing commitment to hear the views of all involved in providing care and acting on feedback – LiA will continue to enable Trust colleagues to become better at sharing the learning from improvement across the Trust’s many sites and teams and aligns very well with the CQC QIP.

Throughout the QIP programme of work the Trust has endeavoured to involve patients and service users (where appropriate), e.g. End of Life care, and colleagues with the Trust so that there is a continuation of QIP actions being progressed, a continuation of concerns being addressed, especially with those CQC responsiveness, leadership and safety domains.

In addition to this, there now needs to be some further work progressed about how the outcomes of the QIP can be ‘evidenced’ further with the Trust’s overall Quality and Performance reports so that there is a clear triangulation of CQC domains within the Trust’s wider quality activities and its 2016-17 quality priorities. This will be progressed by the Director of Nursing.

5. COMMUNICATION AND ENGAGEMENT

It continues to be challenging to meet all the “Must Do” and “Should Do” milestones and this is due to a number of factors that include:

- External dependencies, upon which the Trust is to some degree reliant on others
- Examples of this include future model of service and resilience for the MIIUs although it should be highlighted that the Trust has proactively (and visibly) pursued activities that are associated with the MIIUs’ future – this includes a planned public engagement and consultation exercise and a revised staffing model
- Available capacity to actively support operational leads to robustly formulate and deliver the respective action plans

- Linked to the above point, operational leads having time for them to assure themselves (with their teams) that any actions or change implemented is embedded, sustainable and CQC compliant.
- Maintaining communications and engaging a continued momentum that clearly indicates safe high quality care and CQC compliance remains important for the Trust.

Despite these issues, the Trust Board needs to be assured that Trust colleagues remain focused on the Trust's Quality agenda and at this point in time, the evidence and risk management approaches adopted to support this are in place and include the CQC QIP. The Trust has commenced an agreed communication plan associated with the CQC and wider Quality and Safety matters, which supports "bite size" information about issues, developments and risks on a weekly basis.

Susan Field
Director of Nursing
May 2016

Trust Board

Date: 18 May 2016

| | |
|---------------|--|
| Agenda Item: | 19 |
| Agenda Ref: | 19/0516 |
| Author: | Candace Plouffe, Chief Operating Officer |
| Presented By: | Candace Plouffe, Chief Operating Officer |
| Sponsor: | |

| | |
|----------|---|
| Subject: | Demand-Capacity Approach for Operational Services |
|----------|---|

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☒ Information

Executive Summary:

Gloucestershire Care Services NHS Trust is inconsistently using a demand-capacity approach within operations. As demand has continued to increase for the services, and workforce resources have remained stable and/or reduced there is a growing concern that the demand is outstripping the capacity of the organisation. Without any agreed approach to demand-capacity modelling, it is difficult to evidence when we are “full” and how we are proactively managing our capacity to continue to deliver high quality, timely services for the population of Gloucestershire. An update on the current position of the organisation in relation to demand-capacity modelling, and agreed work plan for 2016-17 to embed this into all operational services within Gloucestershire Care Services NHS Trust.

Recommendations:

The Board is asked to:

The Board is asked to take assurance from the work being undertaken and delegate oversight in this area to the Finance Committee with Quality / Equality Impact Assessments on any changes resulting from this work being taken through Quality and Performance Committee via Clinical Reference Group as usual

Considerations:

Quality implications:

Demand-capacity modelling, which incorporates evidence based care pathways should positively influence the quality of care delivered by the services

Human Resources implications:

This will support more sophisticated workforce modelling, and ensure capacity matches demand.

Equalities implications:

None noted

Financial implications:

This will support the understanding of productivity and where any potential efficiencies can be made

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

Yes – risk related to demand-capacity issues identified in a number of services

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

No

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

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

Reviewed by (Sponsor):

Date: 09 May 2016

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

Explanation of acronyms used:

Contributors to this paper include:

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: Wednesday 18th May 2016

Location: The Pavilion, Cheltenham

AGENDA ITEM 19.1: DEMAND-CAPACITY APPROACH FOR OPERATIONAL SERVICES

1. Purpose

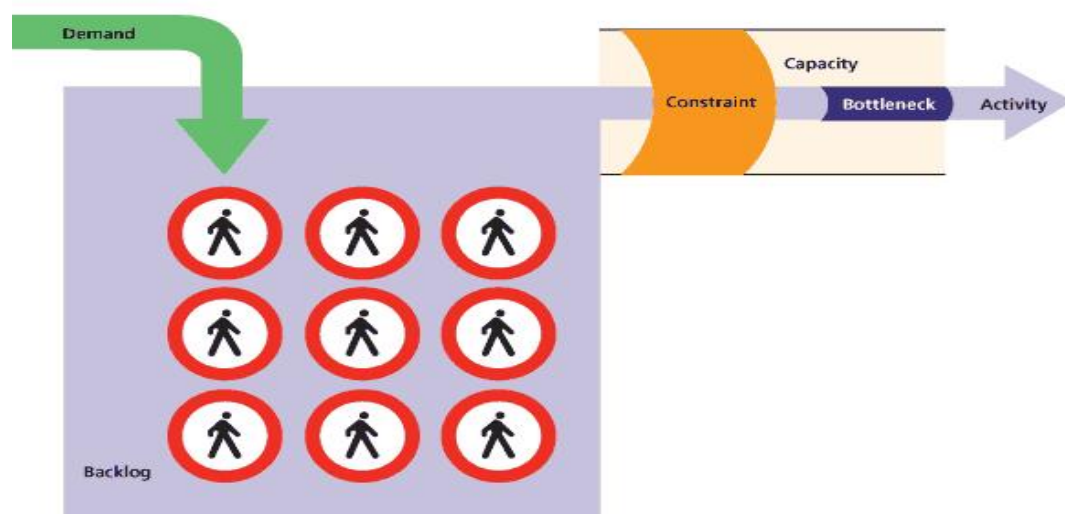
To provide the Board an update on the current position of the organisation in relation to demand-capacity modelling, and agreed work plan for 2016-17 to embed this into all operational services within Gloucestershire Care Services NHS Trust.

2. Recommendations

The Board is asked to take assurance from the work being undertaken and delegate oversight in this area to the Finance Committee with Quality / Equality Impact Assessments on any changes resulting from this work being taken through Quality and Performance Committee via Clinical Reference Group as usual.

3. Background

Demand and capacity modelling has been an approach used in NHS services for a number of years now. The previous NHS Institute for Improvement and Innovation released *Demand and Capacity – A Comprehensive Guide* in 2008, and noted that most waiting lists or backlog of works within the NHS are relatively stable, suggesting that variation in capacity and demand are the cause. It proposed that by measuring demand, capacity, activity and backlog, it enables capacity problems to be resolved at the appropriate point of the system.



By clearly understanding these four measures and identifying the constraints and subsequent bottleneck you can:

- Proactively manage and plan work in all teams
- Increase throughput by reducing variation and /or matching variations in capacity and demand at the bottleneck
- Focus improvement effort in the place (bottleneck) where throughput can be increased
- Shift capacity to the bottleneck or manage demand to the bottleneck

Despite this methodology being available to the organisation, we have not fully adopted a demand-capacity approach within operations. However, as demand has continued to increase for the services, and workforce resources have remained stable and/or reduced there is a growing concern that the demand is outstripping the capacity of the organisation. Without any agreed approach to demand-capacity modelling, it is difficult to evidence when we are “full” and how we are proactively managing our capacity to provide assurance to both the Board and the Commissioners that we can continue to deliver a service in a way which continues to meet our strategic objectives.

4. Discussion of Issues

A recent review of services within the organisation has shown that there is an inconsistent approach to demand-capacity modelling to explicitly manage how services operate.

Many of the services who have implemented demand-capacity approaches have been those who were in a historical position with unacceptable waiting times following the implementation of the local 2 week access target (i.e. Podiatry, MSK physiotherapy, Children’s Occupational therapy). With these services a demand-capacity approach assisted with reducing waiting times (i.e. the backlog) and improving overall performance. It has also assisted with ensuring clinical colleagues maintain appropriately sized caseloads, and prevent case drift.

More recently, our adult community nursing service has been piloting a demand capacity approach to supporting the delivery of their services. This requires a different model, then those used currently used in therapy services. By the very nature of the interventions provided by nursing services, they are not able to develop waiting lists. However, as the community nursing team works within a wider integrated community team the model being developed is being done in a way in which other professionals in the team can adopt, as it is preferable that one model is utilised by all clinical services offered within the integrated community teams.

The implementation of Systm1 has supported the ability to implement demand-capacity modelling, as it now provides much clearer information

related to demand, activity, as well as greater visibility of backlogs and bottlenecks. However a recent demand-capacity workshop has noted that the operational services are not utilising Systm1 to its full capabilities to support this work.

What was also identified as a concern by the Operational leads was that as many of our services continue to be funded on block contract without clear demand-capacity modelling we are at risk of continuing to absorb increasing demand without sufficient resources. Operational services have indicated that much of the clinical efficiencies gains made in previous years, which could positively contribute to our Cost Improvement programme targets, have been utilised to meet increase demand into their services without additional income for this work.

This has resulted in Operational and Professional Leads wary of any efficiency schemes which potentially reduce the workforce, as they cannot readily sense check the impact on capacity, and in particular ensuring clinicians carry appropriate size caseloads to ensure high quality, safe clinical services are delivered. An explicit Demand-capacity service approach will therefore support a more sophisticated approach to our future workforce modelling.

5. Key Findings and Actions

The organisation currently does have some services that use demand-capacity modelling to support case allocation and patient flow. However this has not been systematically adopted, and there is variation in how this is being done.

It is proposed that a consistent and explicit approach to demand-capacity modelling in each service is developed, and that it is done in a way which is a dynamic process so that it can facilitate an understanding when the service is reaching capacity (i.e. “full”), supports understanding of productivity of the individual/team/service and creates a baseline for service redesign and improvements.

Action:

A quick review of all services will be done to understand how Operational Service leads understand and utilise a demand-capacity approach in the management of their service. This will include understanding of all the key elements of a demand-capacity model including -

- **Demand:** referrals into the service, complexity of intervention required, as well as understanding and management of the peaks/troughs, prioritisation systems in place
- **Activity:** amount and throughput of work, including type, frequency, case complexity
- **Capacity:**, proactive management of workforce available and any other resources (equipment, estates)
- **Capability:** matching skills/competencies of workforce to activity

- **Bottlenecks:** identification and oversight of bottlenecks and ways these are addressed

This will be reviewed by the CIP Productive workstream and those services in which they are not achieving an expected level of performance, and/or have high reference costs will be prioritised.

Action:

System1 is a key facilitator in embedding a demand-capacity management approach as are key corporate systems that provide information on workforce.

A revised Operational dashboard will be developed for Services to support and embed this approach. It is anticipated that the Business Intelligence Reporting tool (BIRT) will be able to bring this information together for services to triangulate the key elements of a demand-capacity model to proactively manage capacity in a way that ensures high quality and safe service delivery which meets demand.

Action:

Any new service specification or reviewed service specification will include demand-capacity modelling so that it can be resourced appropriately and/or suitable volume of activity is agreed with Commissioners.

The recent complex wound service is a good exemplar, in which a clear care pathway was set for each patient and with the available resources for the new service a cap of 400 active patients has been set.

Action:

We are aware that there are a number of other Community trusts who we network with are also developing demand-capacity models, including Sheffield NHS Teaching Hospital and Rotherham, Doncaster and South Humber NHS foundation Trust. A telephone conference is being arranged to share information and learn from their practice, particularly those who also use System1.

We will also seek to publish and share any work done in the area of demand-capacity modelling. Although there has been much focus in this of demand-capacity modelling by inpatient and outpatient services, this has been more limited in community health and social care services. Any work undertaken by Gloucestershire Care Services NHS trust can contribute to the wider base of developing knowledge in this area.

6. Financial implications

To be able to deliver any Cost improvement savings, while ensuring efficiencies do not impact on the quality of the service delivered, an understanding of the demand-capacity for each service is required.

As part of the prioritisation for implementing demand-capacity models consideration will be given to those services that have high reference costs.

7. Implementation and Review of Progress

The progress of the implementation of the demand-capacity model is proposed to be overseen by the Finance board subcommittee.

8. Legal Implications

No legal implications are identified

9. Risk Implications

A number of operational risks are identified as related to demand outstripping current capacity. Improving the implementation of demand-capacity modelling will seek to address existing service delivery risks.

The organisation does need to be prepared on how to manage the potential mismatch between demand and capacity once models are implemented. This is particularly pertinent for those services in which a waiting list is not clinically appropriate, such as district and community nursing, due to the nature of the services they provide.

10. Equality and Quality Implications

Implementation of a demand-capacity model in each service should have a positive impact on the quality of services delivered. This is because any new model will have an element of assurance that clinicians hold appropriate size workloads, to ensure they can give the appropriate care, while also balancing their time for non-clinical activities that are essential to enhance the quality of service provided, including supervision and training.

11. Consultation and Communication including Public Involvement

As this is a system development to support delivery of services, no consultation with service users or the public is required.

Prepared by: Candace Plouffe - Chief Operating Officer

Presented by: Candace Plouffe - Chief Operating Officer

Trust Board

Date: 18 May 2016

| | |
|---------------|-----------------------------------|
| Agenda Item: | 20 |
| Agenda Ref: | 20/0516 |
| Author: | Glyn Howells, Director of Finance |
| Presented By: | Glyn Howells, Director of Finance |
| Sponsor: | Glyn Howells, Director of Finance |

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|----------|-----------------------------------|
| Subject: | Charitable Funds Committee Update |
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This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☒ Assurance ☐ Information

Executive Summary:

The Trust Board are asked to receive assurance that the following items were **NOTED** by the Charitable Funds Committee on 19th January 2016.

- The two legacies in the process of being cleared £60,000
- The detailed review of the risk register
- An update from the Brokenborough sub-committee
- The annual Committee Evaluation

The Trust Board are asked to note that the following items were **APPROVED** by the Charitable Funds Committee on 19th January 2016.

- The new structure of funds recommending re-creating of locality based funds
- The Communication and Fundraising approach
- The annual Committee Statement to Board

Recommendations:

The Board is asked to:

The Board is asked to receive the report and the approved minutes of the Charitable Committee held on 19 January 2016.

Considerations:

Quality implications:

Human Resources implications:

Equalities implications:

| |
|---|
| <i>Financial implications:</i> |
| <i>Does this paper link to any risks in the corporate risk register:</i> N/A |
| <i>Does this paper link to any complaints, concerns or legal claims</i> |

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

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

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| Reviewed by (Sponsor): | Glyn Howells, Director of Finance |
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| | |
|--------------|-------------|
| Date: | 11 May 2016 |
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| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
| |

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|--------------------------------------|
| Explanation of acronyms used: |
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| Contributors to this paper include: |
| |

CHARITABLE FUNDS COMMITTEE APRIL 2016 REPORT

INTRODUCTION

This report provides an executive summary of the key issues and subsequent actions arising from the Charitable Funds Committee meeting held on 20TH April 2016. The minutes of the 19th January 2016 meeting were approved and can be seen in Appendix 1. It is the following issues that the Committee Chair and Director of Finance would like to draw to the Trust Board's attention:

BIDS for Approval

The Committee received the bids report which showed all bids received, identified whether they were approved or rejected along with any reason and then any bids that required Committee approval.

The Committee was assured of the approval process based on the review of approvals / rejections and reasons. The committee then approved funding towards the running costs of GCS Volunteers £10,000 across the county for the year, this funds tabards, travel and training expenses for volunteers as well as covering the costs of maintaining the green gym at Cirencester. Rob Graves is going to visit the Green Gym to get a better idea of how it supports our patients.

DONATIONS

The Committee was advised that the Trust has been notified of two legacies that are in the process of being cleared to the Charitable fund; the first of £50,000 and the second of £10,000.

COMMUNICATIONS AND FUNDRAISING

The Committee reviewed the communications plan and revisited the debate around funding someone in the communication and fundraising area. Mark Lambert (Head of Communications) and Mark Parsons (Head of Estates) are to visit neighboring Trusts that have larger fundraising functions to understand the workload and likely benefits of the role. After much debate, the Committee approved the creation of a Band 4/5 role (banding To be finalised once the job description is created ensuring there is not overlap around the community hospitals with League of Friends [LoF]) for an initial period of 6 months during which time the committee will evaluate the cost effectiveness of the approach. The Committee were sensitive to the good relations that are currently enjoyed with the LoF at the community hospitals and asked that the Chairs of the LoF be informed and have the role explained to them to ensure they are comfortable with the Trust' approach.

RISK REGISTER

The Risk Register was presented by the Head of Estates; these were discussed and the Committee took assurance that issues being identified have appropriate mitigating actions in place.

STUCTURE OF FUNDS

A paper was presented which recommended the re-creation of locality based funds to re-establish the links to local communities that have been lost by moving to countywide funds based on the use of the fund. The Committee approved the creation of 8 funds being 1 for each locality; 1 countywide fund and 1 fund to handle any restricted funds.

The uses to which funds from Charitable funds can be used were reviewed and it was decided to reduce them from the current 6 funds to 4 which would be based around the Trust's CORE values.

A paper detailing these changes along with a communication plan for rolling this out will come to the next committee.

BROKENBOROUGH LEGACY

The Committee received an update from the Brokenborough sub-committee which explained that a tender would be issued during April / May asking for offers from developers to enter into an options agreement. Once these were received the Brokenborough sub-committee would evaluate them and propose next steps.

ANNUAL COMMITTEE EVALUATION AND ANNUAL COMMITTEE STATEMENT TO BOARD

The Committee discussed the feedback on Committee Performance and noted that the quality of papers and analysis at Committee needed to improve which the Director of Finance agreed would be looked at before the next committee.

Other than that the Chair was pleased that members felt that the Committee was effective in discharging its duties.

The Committee Annual Statement to Board was approved and is attached at appendix 2.

Report prepared by: Glyn Howells – Finance Director

Report Presented by: Nicola Strother Smith, Chair of Charitable Funds Committee and Non- Executive Director

Appendix 1: Approved minutes of Charitable Funds Committee meeting: 19th January 2016

Appendix 2: Charitable Funds Committee Annual Statement to the Board

Minutes of the Charitable Funds Committee

Chief Executive's Office, Edward Jenner Court

Tuesday 19th January 2016 – 10.30 a.m. – 12.00 p.m.

Committee Members present:

Nicola Strother Smith – Non-Executive Director (Chair)
Rob Graves – Non-Executive Director
Glyn Howells – Director of Finance (DoF)
Tina Ricketts – Director of HR (DoHR)
Susan Field – Director of Nursing (DoN)

In attendance:

Mark Parsons – Head of Estates (HoE)
Amruta Hiremath – Head of Financial Accounts (HoFA)
Mark Lambert – Head of Communications and Marketing (HoC)
Jenny Goode - Executive Assistant - minute taker (JAG)

| Item | Minute | Action |
|--------------|--|--------|
| CFC 01/16 | 1. Welcome and Apologies | |
| | The Chair welcomed everyone to the meeting. There were no apologies for absence. | |
| CFC 02/16 | 2. Confirmation that the meeting is quorate | |
| | Nicola Strother Smith raised a query about the number of Non-Executive Directors required for quoracy for this Committee. The Director of Finance confirmed that quoracy was 2 Executive Directors and one Non-Executive Director (including the chair). The meeting was confirmed as quorate by the Chair. | |
| CFC 03/16 | 3. Declarations of Interests | |
| | Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared. | |
| CFC 04/16 | 4. Minutes of the meeting held on 19th October 2015 | |
| | The minutes of the meeting held on 19 th October 2015 were Received and Approved as an accurate record subject to the following comments/corrections: | |

| | | |
|-----------|--|---|
| | <p>Michael Richardson was not in attendance at the meeting and his name is to be removed from the Minutes.</p> <p>CFC 39/15 – 6. Forward Planner – Risk Register – bullet point 5 – “restrictive” to be amended to “restricted”</p> <p>CFC 41/15 – paragraph 6 – wording to be amended to reflect future applications will be discussed at monthly meetings involving Executive team members.</p> <p>CFC 43/15 – Brokenborough – use of funds – last paragraph to read “The Land Agent has approached the farmer, but now feels there is a conflict of interest. The Head of Estates will follow this up.”</p> | <p>Jenny Goode</p> <p>Jenny Goode</p> <p>Jenny Goode</p> <p>Jenny Goode</p> |
| CFC 05/16 | <p>5. Matters Arising and Action Log</p> <p>The following matters were Discussed and Noted:</p> | |
| | <p>CFC 44/14 - Glos Arthritis Trust - closed</p> <p>CFC 23/15 – Current Funds report – single summary spreadsheet - closed</p> <p>CFC 24/15 (x 2) – Legacy Gifts – both closed</p> <p>CFC 25/15 – donations received in the last year amounted to £14k and the following comments were made in relation to this action:</p> <ul style="list-style-type: none"> - Rob Graves queried the low figure. - The Director of Finance to produce a trend analysis to show where donations were received from over the last 3 years. The Director of HR commented that perhaps focus should be on the last two years instead of three. - It was agreed that donations were more than likely going to the Leagues of Friends instead of Giving to Gloucestershire and in this respect Rob Graves commented that it is important that the communications plan addresses this. <i>(The Communications Plan is due for discussion under agenda item 10 of this agenda.)</i> <p>CFC 26/15 – Bids requiring approval – Health visiting - on agenda</p> <p>CFC 28/15 – Internal Communications Plan - on agenda</p> <p>CFC 31/15 – Draft accounts - on agenda</p> <p>CFC 35/15 – Terms of Reference - on agenda</p> | <p>Director of Finance</p> <p>Head of Communications</p> |

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|-----------|--|---|
| | <p>CFC 39/15 – Forward Planner – Trust Deed Report – the Director of Finance reported that the current deed is dated 2007; he is due to discuss this matter soon with Solicitors, Fieldfisherwaterhouse. Rob Graves queried whether GCS is in breach of anything from a statutory position and the Director of Finance reported that the organisation is still bound by the contents of the deed, even though it is out of date.</p> <p>The Chair requested that an update report is circulated to committee members as soon as possible after the Director of Finance has discussed the matter with the solicitors.</p> <p>CFC 39/15 – Forward Planner – Investment Strategy – on agenda.</p> <p>CFC 41/15 – Allotments at the Vale – on agenda</p> <p>CFC 43/15 – Brokenborough – use of funds - the Director of Finance informed the Committee he is having regular meetings with the Clinical Commissioning Group regarding this.</p> <p>The Chair asked that the status on closed items is changed to green and removed from the current document.</p> | <p>Director of Finance</p> <p>Jenny Goode</p> |
| CFC 06/16 | 6. Forward plan | |
| | The Forward Plan was discussed and approved by the Committee subject to the following comments/additions: | |
| | Trust Deed Report - The Chair requested that the Trust Deed Report is brought back to the next meeting for approval. | Director of Finance |
| | <p>Internal Communication Plan – The Chair requested that the communication plan should encompass plans for a fund raising strategy.</p> <p>The Committee agreed that the plan should be all encompassing rather than focusing on internal or external and should be referred to as the Communications Plan.</p> | Head of Communications |
| | The Director of Nursing queried whether there are any proposals to produce a Charitable Funds Committee Annual Report. Following discussion, the Committee requested that a section is included in the yearly Quality Account. The Director of Finance is to discuss this with the Head of Corporate Planning. | Director of Finance |
| CFC 07/16 | 7. Current Funds, Donations Report and Legacy Gifts | |
| | The Committee discussed and noted the report, and the following comments were made: | |
| | The Head of Financial Accounts presented her report to the Committee, which showed that the level of receipts has | |

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| | continued to be much lower than historical levels, whilst expenditure has continued to increase with the additional focus on using the charitable receipts for appropriate purposes. | |
| | The Director of Finance confirmed that he will be writing to Great Western Hospital to request 50% of the funding towards Brokenborough legal costs. | Director of Finance |
| | The Director of HR queried the figure against the Volunteers Fund (£10k shown in summary of fund balances – year to date) and whether this was the right allocation. Head of Financial Accounting to confirm back to Director of HR. | Head of Financial Accounting |
| | The Director of Nursing asked for more information about the Virgin Money entry and what this related to. The Director of Finance explained that this was Non-Executive Director, Ian Dreelan, donation to the Homeless Health Care team following his run in the Cheltenham Half Marathon in October 15. The Director of Finance commented that going forward he would be asking people not to make commitments to specific areas, but would ask if donations could be made to “Giving to Gloucestershire” instead. | |
| | The Director of HR confirmed to Committee members that funds raised by staff for GCS’s chosen charity of the year are treated separately and are not part of Charitable Funds. | |
| | <p>The Director of Finance gave an update on restricted funds and requested approval for the following:</p> <ul style="list-style-type: none"> - Fairford Hospital balance should be transferred to Cirencester Hospital as the two hospitals are managed as one; - J Page fund is for a site that no longer exists and so should be transferred to general funds; - Palliative OT fund, the Head of Service has committed to putting a bid in shortly. <p>The committee approved the two transfer requests and noted the commitment on the remaining restricted fund.</p> | Head of Financial Accounting |
| | The Head of Communications and the Head of Estates confirmed that they plan to visit other Trusts to discuss how they manage Charitable Funds/fundraising etc. They will report back to Committee once these visits have taken place. | Head of Estates & Head of Communications |
| | The Head of Financial Accounting queried whether a fund spending plan should be drafted at the beginning of the financial year. Rob Graves acknowledged that this was a good suggestion for the future, but cautioned that in his view it would currently not be wise to do this as it may raise requests for greater spending than was available. | |

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|--------------|---|---|
| | The Committee agreed that there is a need to explore investing in charitable fund donation activities to ensure a flow of funds in advance of the larger income from the historic legacy, and Board approval will be sought as this is a movement away from the Committee's historical position. | Director of Finance |
| CFC 08/16 | 8. League of Friends / Giving to Glos Activity / Bids requiring Committee approval | |
| | The Committee considered the following Bids: | |
| | <p>a) Allotments at the Vale Hospital - the Head of Estates gave an update on the current situation. He confirmed that the occupancy agreement will be with Dursley Town Council and that suitable indemnities will be in place before access to the land is granted.</p> <p>Head of Financial Accounts to check if the £10k for this bid is included in the commitments.</p> <p>Subject to the above comments, the Committee approved this bid.</p> | Head of Financial Accounting |
| | <p>b) Health Visiting Development Event - £3K – the Head of Estates confirmed that the cost of this event is £6k and £3k is to be funded from the Clinical Training budget. The Director of HR will check to see if the Clinical Training budget could fund the full amount.</p> <p>Following a query, the Director of HR confirmed that funding for the staff awards events comes from the training budget. The Director of Nursing and Director of Finance commented that they felt Charitable Funds should fund these types of events which were more about changing culture and celebrating success rather than core training. Rob Graves expressed a concern about where lines are drawn and what is classed as core business.</p> <p>The Committee subsequently agreed that going forward a clear view is needed about the funding principles for events relating to cultural change, empowerment, mandatory training and personal development, and what the Charitable Funds Committee is able to consider. The Director of HR was asked to draft a report for consideration at the next meeting of the committee on 20th April.</p> <p>The Committee agreed that for now the Head of Estates is to forward any requests for funding of these types of events to the Director of HR for initial consideration.</p> | <p>Director of HR</p> <p>Director of HR</p> <p>Director of HR & Head of Estates</p> |
| | c) Milsom Centre Art - the Head of Estates confirmed that the Trust had worked with the University of Gloucestershire to | |

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| | provide artwork for the Milsom Centre. Funding to be provided for some of the materials and framing. A bid would be submitted once values were confirmed. | Head of Estates |
| | <p>d) Dementia Friendly Clocks - the Head of Estates confirmed that dementia friendly clocks have already been provided for some community hospitals, but the bid being presented to today's Committee was for clocks at North Cotswolds Hospital. The quotation received for £10,854 is from the same company that has provided the clocks for other community hospitals.</p> <p>Following a query by the Director of Nursing, the Head of Estates was asked to obtain some alternative quotations to compare against the price quoted by Hanman.</p> <p>The Committee proposed that the Head of Estates is to enquire whether the League of Friends could provide funding for the dementia friendly clocks.</p> <p>Following discussions the Committee therefore agreed to defer the decision on funding dementia clocks until further information was available.</p> | <p>Head of Estates</p> <p>Head of Estates</p> |
| | <p>e) Healthy Marketplace, Cirencester - the Director of Finance explained that the bid was in relation to funding for additional works in the Healthy Marketplace area at the Hospital and was also discussed at a recent Executive Team meeting. It was agreed at the Executive meeting that the Chief Operating Officer (COO) is to ask the Head of Community Hospitals to speak to the League of Friends to see if there is a possibility of the works being funded by them.</p> <p>The Chair noted that neither Gloucestershire County Council nor the 2gether Trust are providing are funds towards this project.</p> | Director of Finance |
| | Appendix 1 – LoF Activity | |
| | a) Cirencester – 15/16 December - The Director of Nursing commented that capex could have funded the manikin lung bags. The Director of Finance commented that having the Director of Nursing as co-signatory on future bids will prevent a repeat of this. | |
| | b) The Committee subsequently requested that the Head of Estates is to amend the bid forms to reflect that the Director of Finance will be a signatory on bids relating to facilities and the Director of Nursing on clinical related requests. | Head of Estates |
| | c) The Chair raised a query about League of Friends and VAT. The Head of Estates confirmed that going forward there are plans to bill the LOF direct. | |

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| | Appendix 2 – Giving to Gloucestershire Activity | |
| | a) The Head of Estates commented that the request for the taxi on 4 th November had not been approved as there are strict rules about paying for patient transport. | |
| | b) CF 15/16 071 – the Director of Nursing commented that the bids were related to John’s Campaign. | |
| CFC 09/16 | 9. Update on the Land of Brokenborough | |
| | <p>The Director of Finance updated the Committee on the proposed use of proceeds from the development and sale of Land at Brokenborough. He explained that the legal ownership has been clarified and a historic lease issue has now been resolved. The next step is to go to tender to select a developer to take the land through a planning process which will be completed in March 2016.</p> <p>The Brokenborough Sub-Committee will discuss relevant communications once the tender has been issued. The Director of Finance will update the Charitable Funds Committee on the situation and progress being made in due course.</p> | Director of Finance |
| CFC 10/16 | 10. Internal Communications Plan | |
| | <p>Following a discussion led by the Head of Communications and Marketing, the Committee agreed that the communications plan for Charitable Funds must encompass internal and external matters, but it must be realistic about what can be achieved.</p> <p>The following comments were made:</p> <p>The Head of Estates was asked to look back at the purchases made over the previous 12 months to see whether it would be possible to build stories on these.</p> <p>The Director of HR asked if there was any scope to undertake joint marketing with League of Friends to avoid any possible conflicts.</p> <p>It was suggested that a link to Giving to Gloucestershire could be included on the signature strapline in emails.</p> <p>The Committee noted the comments made and requested that the Head of Communications develops a plan for further consideration at the next meeting of the committee on 20th April 2016.</p> | <p>Head of Estates & Head of Communications</p> <p>Head of Communications</p> <p>Head of Communications</p> <p>Head of Communications</p> |
| CFC 11/16 | 11. Risk Register | |
| | The Head of Estates presented the first Risk Register to the meeting. The Committee noted the themes and approved the | |

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| | ratings applied. The Director of Finance confirmed that this document will be owned by the Executive Charitable Funds group. | |
| | Risk ID 2 – Committee agreed that the Trust needs to raise the profile of Charitable Funds and suggested that there is a stand at events such as the AGM. The Committee requested the Head of Communications to take this forward. | Head of Communications |
| CFC 12/16 | 12. Charitable Funds Draft Accounts 2014-15 and Auditor's report | |
| | <p>The Head of Financial Accounts presented the Trustee's Annual report for Giving to Gloucestershire to the meeting and invited comments. In relation to Page 4 – section 6 the Committee raised the following points:</p> <ul style="list-style-type: none"> • This section of the report was very brief in terms of the achievements and performance of the charity and needs to be expanded. • Reference to toys for the children's ward should read toys for children's "services". • The first two bullet points to be moved to the end of the list (needs to be more patient focussed) <p>Subject to the above comments, the Committee approved the report.</p> <p>The Head of Financial Accounts then presented the Management Representation Letter to the meeting and this was subsequently approved and signed by the Chair of the Charitable Funds Committee and Director of Finance.</p> | <p>Head of Financial Accounts</p> <p>Head of Financial Accounts</p> <p>Head of Financial Accounts</p> |
| CFC 13/16 | 13. Terms of Reference | |
| | <p>The Director of Finance presented the amended Terms of Reference to the meeting and the following comments were made:</p> <p>Hyphen to be removed between Strother Smith on first page.</p> <p>Membership: Director of HR is a voting member of Charitable Funds Committee and therefore needs to be moved from "in attendance" to "membership"</p> <p>In attendance: following to be added: Head of Estates Head of Communications and Marketing</p> <p>Remove words "and Quality" after Director of Nursing</p> | <p>Director of Finance</p> <p>Director of Finance</p> <p>Director of Finance</p> <p>Director of Finance</p> |

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| | <p>The Director of Nursing queried if a statement should be included about “effectively managing risk” and the Director of Finance agreed that this should be incorporated in section 4 – Relationships and Accountability.</p> <p>The Director of Nursing queried whether the words “where pertinent” at the beginning of section 4.2 were required.</p> <p>Section 3 – Responsibilities Bullet point 7, sub point 3 – amend “arms” to read “weapons” Bullet point 11 - “communication” to be inserted before “engagement”</p> <p>The Committee deferred approval of the Terms of Reference and requested that the Director of Finance circulate an updated copy to Committee members asap for approval via email.</p> | <p>Director of Finance</p> <p>Director of Finance</p> <p>Director of Finance</p> <p>Director of Finance</p> |
| CFC 14/16 | 14. Revised Fund Definitions | |
| | <p>A revised set of fund definitions was presented to the Committee by the Director of Finance and the Head of Estates. The Director of Finance explained that the Executive Group that supports the Committee has agreed to produce an engagement process with service users, staff and stakeholders on what grouping of funds will support increases in donations and also support a simple, logical set of principles to inform approval. The Director of HR will lead on this work, involving the Head of Estates and the Head of Communications and Marketing, to ensure that the schemes align with supporting our colleagues, Workforce and Organisational Development Committee activities, as well as supporting heads of service and geographical groupings.</p> <p>The Director of HR to explore the feasibility of a Business Studies Graduate from the University of Gloucestershire undertaking this project over a period of 3 months.</p> <p>The final proposal will then need to be submitted to Trust Board for ratification.</p> <p>The Committee therefore deferred approval of the fund definitions until the engagement process being led by the Director of HR has been completed.</p> | <p>Director of HR, Head of Estates, Head of Communications</p> <p>Director of HR</p> <p>Director of Finance</p> <p>Director of HR</p> |
| CFC 15/16 | 15. Investment Strategy | |
| | <p>The Director of Finance presented his report to the Committee.</p> <p>Following discussion, the Committee agreed to the interim investment strategy as outlined in the report.</p> | |

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| CFC 16/16 | 16. Update on Restricted Funds | |
| | <p>The Director of Finance gave a verbal update to the meeting on restricted funds.</p> <p>The Committee approved the proposals as verbally outlined by the Director of Finance.</p> | |
| CFC 17/16 | 17. Principles for Spending Plan 2015-16 | |
| | <p>The Director of Finance presented the principles for the 2015-16 spending plan to the meeting.</p> <p>The Committee discussed and noted the proposals.</p> | |
| CFC 18/16 | 18. Any Other Business | |
| | <p>“John’s Campaign” – the Director of Nursing gave an update to the meeting on the current situation relating to providing refreshments and meals for relatives who need to be with patients (EOL etc.) in Community Hospitals. The Committee discussed the possible difficulties surrounding this in terms of hotel management etc. and recommended that the situation is monitored to clarify what level of need there is. The Director of Nursing to further discuss with the EoL working group.</p> | Director of Nursing |
| | There were no further AOB items. | |
| | The Chair thanked everyone for attending the meeting and the meeting was closed at 12.15pm. | |

Chair

Date:

Trust Committee

Date: 20th April 2016

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| Agenda Item: | 13 |
| Agenda Ref: | CF-074 |
| Name of Committee: | Charitable Funds Committee |
| Author: | Louise Moss, Deputy Trust Secretary |
| Presented By: | Glyn Howells, Director of Finance |
| Sponsor: | N/A |

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| Subject: | Annual Committee Statement |
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This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☐ Assurance ☐ Information

Executive Summary:

The Annual Statement of the Charitable Funds Committee sets out to provide to the Trust Board, highlights of the activities and accomplishments of the Committee for the reporting period 2015/16, together with anticipated developments over the next twelve months. The statement is intended to provide the Trust Board and other interested parties and stakeholders with information about the past work of the Committee and its future direction.

The key achievements for 2015/16;

- Consolidated more than 80 small historic funds into 6 countywide funds and communicated the purpose of these Trust-wide, which successfully inspired and motivated colleagues to request available support
- Supported important work with local homeless communities in order to encourage them to access health and social care services
- Continued the development of plans with Great Western Hospital Charitable Funds to realise the benefits of a joint legacy of land
- Approved grants in order to make a real difference to local service users, carers and staff, including support for specialist clinical studies and research
- Continued the work to rebrand the Charitable Funds' identity and to reshape its proposition in association with the Charities Commission

Recommendations:

The Committee is asked to:

The Committee are asked to approve the Charitable Funds Annual Committee Statement.

Considerations:

Quality implications:

None

Human Resources implications:

None

Equalities implications:

None

Financial implications:

None

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

None

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

None

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

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

Reviewed by (Sponsor):

Date:

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

Explanation of acronyms used:

Contributors to this paper include:

Trust Board

Date: 18th May 2016

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| Agenda Item: | 21 |
| Agenda Ref: | 21/0516 |
| Author: | Glyn Howells, Finance Director |
| Presented By: | Richard Cryer Non-Executive Director |
| Sponsor: | Richard Cryer Non-Executive Director |

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

Executive Summary:

The Trust Board are asked to receive assurance that the following items were **APPROVED** by the Audit and Assurance Committee:

Internal Audit Annual Plan for 2016/17
Counter Fraud plan for 2016/17
Committee Annual Report to Board
Minutes of the Audit and Assurance Committee 23rd March 2016

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

Internal Audit Annual Report
Confirmation that External Auditors and Department of Health had received draft accounts on time
Counterfraud Annual Report
Draft Accounts which were discussed and a further detailed meeting is planned prior to approval meeting and then submission of final accounts.
Corporate Risk Register

Recommendations:

The Board is asked to:

The Board is asked to receive the report and the approved minutes of the Audit and Assurance Committee held on 23rd March 2016

Considerations:

Quality implications:

N/A

Human Resources implications:

N/A

Equalities implications:

N/A

Financial implications:

N/A

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

No

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

No

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

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

AUDIT AND ASSURANCE COMMITTEE APRIL 2016 REPORT

INTRODUCTION

This report provides an executive summary of the key issues and subsequent actions arising from the Audit Committee held on 3rd May 2016. The minutes of the 23rd March 2016 meeting were approved and can be seen in Appendix 1. It is the following issues that the Committee Chair and Director of Finance would like to draw to the Trust Board's attention:

Internal Audit Update

Annual Report

The Committee received the Internal Audit Annual report 2015/16 and noted the opinion which was "Generally satisfactory with some improvement required". This judgement was made following completion of the audit programme and represented a balanced view of the years' work. The Committee were pleased to note that there were fewer critical and high risks and noted more medium to low risks compared to the previous year.

Audit Reports

The Committee also received two audit reports being Data Anonymization and Pseudonymisation Report and SystmOne Benefits Realisation Report.

On the first report, the PwC review of the processes highlighted a number of good practices within the Trust and identified 2 low risk findings producing an overall rating of **Low Risk**. The Committee noted that this was a positive report and formally acknowledged the progress made and thanked Matthew O'Reilly and his team for their diligent work.

The second report identified 2 medium and 2 low risk findings. Medium risk findings related to benefits identification and benefits tracking. As a result of these findings the Committee agreed that a post implementation review of the project should be completed and reported back to the Audit Committee in September 2016. The overall rating of this reported noted a **Medium Risk**.

External Audit

The Committee received the technical update report which provides an anticipated work plan for the coming quarter and noted that the Finance Team had delivered the draft accounts to the Auditors and the Department of Health ahead of the required deadline.

The Committee acknowledged the work delivered from Finance colleagues and all contributors

Counter Fraud

The Committee received the final version of the annual report on the work of the Counter

Fraud Service for GCS over the past year.

A total of 33 induction and fraud awareness presentations were made during the year, an average of nearly three a month. The Counter Fraud service is also investigating the production of a DVD training solution for 2016-17 to increase the numbers of staff being receiving awareness training.

The Committee **noted** the measures being taken to increase counter fraud reporting and agreed the report offered **assurance** of the activity being undertaken in this area to raise awareness.

The Committee **Received** the annual report and requested that the self-assessment of Trust performance required counter fraud standards that informs the next year program of work be included in the proposed self-assessment review being conducted by internal audit.

Draft Financial Statements

The Committee received the draft annual accounts which were discussed in detail with the Director of Finance and Deputy Director of Finance. A further meeting has been scheduled for 24th May ahead of the extraordinary Audit and Assurance meeting on 31st May for approval and then final submission on 2nd June 2016.

Corporate Risk Register

The Committee reviewed the Trust Corporate Risk Register as at quarter 3 together with an update from risk owners. Risks are allocated to Board sub-committees for oversight and assurance that risks are being appropriately managed. This process offers significant **assurance** and is now a well-established process managed through the Risk Management Steering Group.

IG Toolkit, failure to comply with Information Governance standards has resulted in the Trust no longer being at level 2 compliant. The Committee were informed that interviews are taking place on May 5th for an Information Governance manager. [subsequently a successful appointment has been made].

Committee Evaluation

The Committee discussed the feedback on Committee Performance the Chair was pleased that members felt that the Committee was effective in discharging its duties.

The Committee Annual Statement to Board was approved and is attached at appendix 2.

Report prepared by: Glyn Howells – Finance Director

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

Appendix 1: Approved minutes of Audit and Assurance Committee meeting: 23rd March 2016

Appendix 2: Committee Annual Statement to Board

Gloucestershire Care Services NHS Trust

| Minutes of the Audit and Assurance Committee | |
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| Boardroom, EJC | |
| Wednesday 23 rd March 2016 | |
| Committee Members present: | |
| Richard Cryer (RC) | Non-Executive Director (Chair) |
| Robert Graves (RG) | Non-Executive Director |
| Jan Marriott (JM) | Non-Executive Director |
| In attendance: | |
| Glyn Howells (GH) | Director of Finance |
| Stuart Bird (SB) | Deputy Director of Finance |
| Louise Simons (LSi) | Deputy Trust Secretary |
| Lynn Pamment (LP) | Internal Audit (PwC) |
| Duncan Laird (LD) | External Audit, KPMG |
| Jon Brown (JB) | External Audit, KPMG |
| Lee Sheridan (LS) | Counter Fraud Specialist (Agenda Item 1 only) |
| Tina Ricketts (TR) | Director of Human Resources (Agenda Items 10 to 13 only) |
| Sonia Pearcey (SP) | Ambassador for Cultural Change (Agenda Items 10 to 13 only) |
| Minute Taker: | |
| Pamela Farrow (PF) | Senior Personal Assistant |

| Item | Minute | Action |
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| 16/AA001 | <p>Agenda Item 1 Welcome and Apologies</p> <p>The Chair welcomed members and asked Lee Sheridan (LS), the newly appointed Counter Fraud Specialist to introduce himself and provide members with some background to his appointment. The Chair then informed members that Agenda Item 9 – Counter Fraud update had been placed first on the agenda following confirmation of the Committee's quoracy and Declarations of Interest.</p> <p>Apologies were Received from: Duncan Jordan, Chief Operating Officer Sue Mead, Non-Executive Director</p> | |
| 16/AA002 | <p>Agenda Item 2 Confirmation that the Meeting is quorate</p> <p>The meeting was confirmed as quorate by the Assistant Trust Secretary.</p> | |

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| 16/AA003 | <p>Agenda Item 3 - Declarations of Interest</p> <p>There were no additional Declarations of Interest over and above the ones already registered by Board members.</p> | |
| 16/AA009 | <p>Agenda Item 4 Counter Fraud Update</p> <p>LS presented the draft annual report and reported that there are no anticipated changes to the Final Report. A total of 20 induction sessions have been delivered and 13 presentations to GCS colleagues over the last year. As the Trust's induction process has now been streamlined, LS is to meet with Matt Blackman to discuss the possibility of delivering the counter fraud induction sessions in a more innovative way, possibly via a digital recording.</p> <p>LS reported that he had assessed the Trust as achieving a summary of risk against the contract and standards of Green and although new standards are being introduced, LS did not envisage this rating to change.</p> <p>In response to an observation by RG regarding the possibility of Counter Fraud updates being in the format of a video presentation that had been previously discussed with Sallie Cheung, LS responded that he would be in a better position to provide information on progress toward this following his meeting with Matt Blackman the following day. A discussion took place regarding the possibility of a shared service video being produced and the possibility of selling this to other Trusts. LS to discuss with Matt Blackman and report back to the next Committee.</p> <p>LS reported that in the case where the Trust had prosecuted a staff member for fraud, this was the only prosecution from 10 referrals during the year. The full salary paid had been recovered and the person involved has received a suspended sentence. LS reported that the case scenario had been discussed in a radio interview with Sallie Cheung (previous Counter Fraud Specialist) on BBC Gloucestershire Radio and received mixed responses. This case scenario will be used as part of the new material for the Trust's induction sessions.</p> <p>In response to LS's reporting of a person who had been paid twice for working the same clinical shifts, he would like to see this case pursued, however GH reported that it was not thought to be possible to bring any criminal action against the person due to GCS management initially condoning the action and the person continuing to cover critical clinical shifts.</p> <p>LS reported that following completion of the Annual Report, there were two further allegations made that were being investigated and further information would be provided to the next Committee meeting as part of the regular Counter Fraud</p> | LS |

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| | <p>update. GH reported that as one case was linked to procurement, Internal Audit had been asked to undertake investigation into possible effects on the Trust. LS also reported that linked to this, he would be meeting with Mark Parsons, Head of Estates to discuss compliance issues.</p> <p>LS reported that for the 2016-17 year of activity, there would be four proactive exercises undertaken, one of which will include a shared activity with Internal Audit. GH observed that one exercise would be linked to billing and cost recovery for people who should not be accessing free NHS services. JM commented that care needs to be taken that any action is taken in a non-discriminatory way. LS responded that there was an aim to establish a cross-county approach to doing this, using best- practice methods.</p> <p>In response to RG's query regarding the Counter Fraud team staffing now that Sallie Cheung had left and LS had been promoted, LS provided information on resources and assured the Committee that the Counter Fraud team would be at full strength and activities would be undertaken in line with the current contract.</p> <p>The Committee RECEIVED the Counter Fraud Update and NOTED that the current action plan would be updated with the outcomes of the two further allegations at the next Committee.</p> <p>LS left the meeting.</p> | |
| 16/AA004 | <p>Agenda Item 5 - Minutes of the Meeting held on 27th January 2016</p> <p>The minutes were approved.</p> | |
| 16/AA005 | <p>Agenda Item 6 - Matters Arising (Action Log)</p> <p>The Chair advised that the Committee would look only at the Red Rag Rated items due to time constraints:</p> <p>Action 15/AA027 – 13 May 2015 – LS to explore possibilities of producing video for induction purposes and report back to the next Committee</p> <p>Action 15/AA044 – 23 September 2015 – GH reported that because there is no current link from complaints/incidents to claims for compensation, a retrospective analysis would be carried out.</p> <p>Action 15/AA051 – 23 September 2015 – GH reported that there has been an exchange of letters between the Trust and GHFT's Chief Executives and it has been agreed that a line be drawn under 2014-15 disputes and 2015-16 accounts would be in full and final settlement. Negotiation of a settlement was still ongoing.</p> | |

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| | <p>Action 15/AA052 – 23 September 2015 – GH reported that work had been undertaken to refresh the IG toolkit to the end of March, however there is insufficient information to evidence that the Trust is at Level 2 and is more likely to be a high Level 1 heading toward a Level 2. To get back to a Level 2 is likely to take approximately six months. RB confirmed this situation. RC observed that this issue would be entered onto the risk register to reflect the risk to the Trust. RB reported that the TDA would note the drop in compliance at 31st March 2016. RG queried the consequences of this situation and GH responded that a plan to achieve Level 2 would be required. LP observed that this information may need to be reflected in the Annual Governance Statement. LP to confirm. GH reported that the IG toolkit submission is based on a self-assessment and that in his opinion this should be reviewed by an external body such as Internal Audit to provide assurance to the Board that the self-assessments reflect the reality of the Trust's position. Other self-assessments may also be included in the IG Toolkit refresh. RB reported that there had been staffing issues due to not being able to recruit to the Trust Secretary position and this should be resolved within the next few weeks. It was agreed that IG Toolkit Update would be added to the forward plan for the next Committee meeting.</p> <p>Following a discussion regarding how to ensure that the self-assessments undertaken are thorough and valid, it was agreed that Internal Audit would propose undertaking two pieces of work:</p> <ol style="list-style-type: none"> 1. To review the action plan to achieve Level 2 for the IG toolkit; and 2. To review other self-assessments with the relevant specialist to give Board assurance that the self-assessments were accurate reflections of the Trust's position and then to monitor progress towards achievement. <p>It was agreed that as the action log still remained to be reviewed and consolidated, this would be completed prior to the next Committee meeting.</p> | <p>RB</p> <p>LP</p> <p>GH</p> <p>LSi</p> <p>GH/LP</p> <p>GH/PF</p> |
| 16/AA006 | <p>Agenda Item 7 - Forward Agenda Planner</p> <p>The tendering process for External Audits from 2017/18 onwards should be added to the forward planner.</p> <p>RB requested that a formal Information Governance Report be presented to the Committee at every meeting and that the Strategy Matrix agreed at Board should be included on the forward planner for the next Committee meeting. LSi reported that the Strategy Matrix had been added to the forward planner following Board yesterday.</p> | <p>LSi</p> <p>LSi</p> |

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| 16/AA007 | <p>Agenda Item 8 – Internal Audit Update</p> <p>LP reported on the following items:</p> <p>Progress Report: Currently finishing off in two audit areas – on target for completion within timelines. RG queried whether the Trust’s management responses had improved to which LP responded that whilst there had been an improvement, the situation is still not as good as it could be and there were some outstanding items that needed to be addressed. GH reported that there had been an improvement in responding to the outstanding actions on the recommendation tracker but responses to draft reports needed to be improved.</p> <p>Recommendation Tracker: RC commented that it would appear that the Trust is in a very much improved position and this was confirmed by LP.</p> <p>Risk Management Report: LP reported that in summary, there are two medium risks related to:</p> <ul style="list-style-type: none"> • risk register scoring and structure • awareness and communication of risk management processes. <p>RC observed that the Risk Appetite Policy was to be discussed at a Board Development session in April.</p> <p>Draft Annual Report: LP reported that 78 out of 86 days had been completed to date and confirmed that based on the work undertaken so far, the Trust sits in the second to top category – generally satisfactory with some improvements required. The report would be updated to reflect the progress on the Recommendation Tracker. LP reported that there had been more recommendations raised in the last year but there had been fewer in the critical and high risk categories.</p> <p>RC commented that although the report classifies CIP and Systm1 Benefits Realisation as high risk, the Trust anticipates it will be able to make the target CIP savings required and is reporting benefits in line with expectation on Systm1. It was agreed that the wording in the report would be updated to reflect this, once management comments were received.</p> <p>SB commented that a response had been submitted regarding Systm1 Benefits Realisation so there should also be some updating to the wording in this section. SB also reported that although work undertaken regarding duplicated payments had not been part of the current Internal Audit Plan, it had been found that there had not been any significant amount of number or value of suppliers paid twice in the changeover in systems and the change from the PCT to GCS.</p> <p>Internal Audit Plan 2016/17: LP reported that this was the final version and included a number of updates that were agreed at</p> | <p>GH</p> <p>LP</p> |
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| | <p>the last Committee.</p> <p>Following discussion, it was agreed that risk assessment should be extended to all self-assessments. JB commented that it may be useful for the Trust to undertake a Well-Led self-assessment and requested Internal Audit to provide a sense check on the outcomes.</p> <p>RC requested that Internal Audit also undertake reviews of the Trust's Internal Control Documents (Standing Orders, SFI, Scheme of Delegation, Scheme of Reservation and Terms of Reference) to ensure they are in line with best practice. LP agreed to undertake this work during April and provide a letter outlining observations made.</p> <p>RB requested that the testing of consistency of pathways and implementation of the Trust's End of Life Strategy under the Clinical Quality and Development heading could be revised as the Trust's End of Life Strategy was county-wide and so not just GCS's responsibility.</p> <p>JB commented that data quality and revalidation reports could perhaps be included in the Internal Audit Plan. GH responded that data quality was on the agenda for 2016/17 and RB confirmed that he had begun work on data accuracy for System1. TR requested that Salary Sacrifice be included and GH suggested that this could be part of the payroll review element of the plan. LP agreed.</p> <p>The Committee RECEIVED the Internal Audit Reports.</p> | <p>LP</p> <p>LP</p> <p>LP</p> <p>LP</p> |
| 16/AA008 | <p>Agenda Item 9 - External Audit Update</p> <p>DL reported on the following items:</p> <ul style="list-style-type: none"> • DL and JB met with GH and Paul Jennings as part of the audit programme to discuss operational issues, current financial performance, strategic direction, key issues and risks, audit arrangements and standard audit questions around litigation, fraud, compliance and related parties • An interim review of financial systems and key controls had been completed • Aim to complete a review of the re-charges between GHFT and the Trust by the end of March • Plan to liaise with Internal Audit to review key reports and complete risk assessment. <p>The remainder of the report relates to the Technical Update which discusses:</p> <ul style="list-style-type: none"> • A local healthcare system 'Sustainability and Transformation Plan' which all NHS organisation are required to produce, including a separate plan for | |

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| | <p>2016/17</p> <ul style="list-style-type: none"> • Information on the reduced price caps on agency staff which are now in place • Notification of the planned South West Healthcare Seminar in Bristol • Changes to the Well-Led framework for NHS providers. JB advised the Committee that it would be beneficial to hold back from undertaking any external review of Well-Led for the time being. RB commented that the Board undertake self-assessment exercises on their away-days which has proved useful and beneficial in the lead up to changing from Quality Governance Assurance Framework (QGAF) to Well-Led. <p>It was agreed that Well-Led self-assessment would be brought to this Committee prior to presentation at Board. RG observed that due to the number of self-assessments that are required to be undertaken, there should be a central repository so that they can be tracked and progress reported. It was agreed that the self-assessments and the monthly board statements should be brought to the next Committee meeting for discussion.</p> <p>The Committee RECEIVED the External Audit Update.</p> | GH/RB |
| 16/AA010 | <p>Agenda Item 10 – Review of Waivers, Special Payments and Write Offs</p> <p>SB reported that there have not been any additions since the last report to the Committee. SB also reported that in future, the process will be changed so that Finance are made aware of requests for waivers before they are signed so they can log them more completely. GH would be signing off on the waivers as they occur so they will not in future be reported to the Committee.</p> <p>The Committee RECEIVED the Review of Waivers, Special Payments and Write-Offs Report.</p> | |
| 16/AA013 | <p>Agenda Item 11 – Raising Concerns at Work</p> <p>TR reported that this report in its current format was brought to the Committee to ensure actions are taken in response to concerns raised in the policy. There is however a worrying trend of concern in that no new concerns have been raised under the policy even though a number of new pathways for raising concerns, such as the 24 hour helpline, confidential email to the Chair of the Trust and direct approaches to a line manager had been introduced.</p> <p>TR reported that information provided through staff survey results and other investigations provided evidence that there appears to be a cultural influence within the Trust where</p> | |

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| | <p>colleagues did not feel comfortable or confident in raising issues.</p> <p>TR outlined the new role of Ambassador for Cultural Change (Sonia Pearcey) (SP) which incorporates the Listening into Action (LiA) and the Freedom to Speak Up Guardian roles recommended in the Francis Report.</p> <p>Further and linked to the Sign up to Safety campaign, a number of action cards that will provide a clear process for colleagues are being developed and SP will be attending team meetings to talk through and explain these processes, sign-post colleagues to the appropriate policy and be an additional point of contact for the Raising Concerns at Work policy which will be updated with this information. SP will in addition, provide a separate report which details the more informal routes that are taken to raise concerns or grievances.</p> <p>SP reported that all NHS Trusts would be required to have an Ambassador for Cultural Change role from September 2016, that the role was independent and would be informed through the peer network and led by a national guardian. SP said that she hoped her role would help a more open and honest culture to develop within the Trust and she would continue to report on cultural aspects of the role through the Workforce and OD Committee.</p> <p>SP's role was discussed in greater detail and it was agreed that a more informal but practical approach may be more successful in encouraging colleagues to raise their concerns.</p> <p>JM observed that this role was welcome and would hopefully contribute to a situation where colleagues are able to feel confident in raising any issues with their line managers or another route and the Trust would really need to aspire to a 'whole systems' culture.</p> <p>TR summarised that a detailed report would be provided to the Workforce and OD Committee and TR would continue to bring the Raising Concerns at Work report to this Committee to discuss any issues raised under that policy.</p> <p>The Committee welcomed the role of Ambassador for Cultural Change and RECEIVED the Raising Concerns at Work report.</p> | TR |
| 16/AA011 | <p>Agenda Item 11 – Better Payments Practice Code (BPPC) and Purchase Orders (PO) Usage</p> <p>SB reported that the national target for BBPC is to have at least 95% of undisputed invoices paid within 30 days of receipt of goods, however the Trust's year to date position is 88% by value and 91% by volume. This situation is likely to continue until a new accounting system is in place.</p> <p>In response to RC's query regarding the risk of over-accruing,</p> | |

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| | <p>SB responded that non-PO accruals are thoroughly monitored on an ongoing basis and at year end to ensure this doesn't happen however the process is not as robust as required.</p> <p>The Committee RECEIVED the Better Payments Practice Code (BPPC) and Purchase Orders (PO) Usage Update.</p> | |
| 16/AA012 | <p>Agenda Item 12 - Review of Debtor/Creditor Balances</p> <p>SB reported that GHFT continued to be the main debtor and that the sentence below the table on page 8 which reads 'Agreement has recently been reached with GCC and GHT' is incorrect as there are still ongoing issues.</p> <p>In response to RC's query regarding any other critical issues, SB replied that payment from Propco was still outstanding even though the payment was agreed six months ago. There is no substantial risk however as Propco are also suppliers and a hold on paying invoices to them has been made to bring this matter to conclusion.</p> <p>The Committee RECEIVED the Debtor/Creditor Balances Update.</p> | |
| 16/AA014 | <p>Agenda Item 13 - Estates Compliance Report</p> <p>GH presented this report to the Committee to provide assurance that the Trust is achieving its statutory requirements for staff safety in accordance with legislation. GH reported that although this is the case for the properties owned by the Trust, the same reassurance could not be provided for those properties which are rented by the Trust from Propco.</p> <p>GH discussed a letter in the appendices of the report that would be forwarded to Propco which requests copies of certificates and other documentation evidencing compliance for a number of risks.</p> <p>RC asked that in the circumstances, the letter should be more strongly worded asking for compliance with Propco's obligations. It was also agreed that due the serious nature of the breaches, the letter should be forwarded from the Chair of the Trust.</p> <p>The Committee RECEIVED the Estates Compliance Report.</p> | GH/MP |
| 16/AA015 | <p>Agenda Item 15 – Strategy Update</p> <p>RB reported that there are five strategies that will be presented for review by the Committee over the coming months:</p> <ul style="list-style-type: none"> • Estates Strategy which will incorporate security aspects of the Health, Safety and Security Strategy • Health and Safety Strategy (omitting security) | |

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| | <ul style="list-style-type: none"> • IM and T Strategy which will combine previous IT Strategy, Performance and Information Strategy and Information Governance Strategy • Risk Management Strategy • Business Continuity Strategy <p>At JM's request, RB agreed that Estates Strategy would also include facilities.</p> <p>GH reported that one of the findings from CQC with respect to their report on Southern Health was that the Health and Safety Committee was not aware of clinical issues or incidents and was focused on Estates and Lone Working. As a result, GH is in discussion with Sue Field, Director of Nursing to ensure that clinical safety is included within the wider auspices of the Health and Safety Committee that transfers from the Head of Estates to the Head of Planning, Compliance and Partnerships from 1st April.</p> <p>It was agreed that this change would be confirmed and included in the forward planner.</p> <p>The Committee RECEIVED the Strategy Update.</p> | <p>GH</p> <p>LSi</p> |
| 16/AA016 | <p>Agenda Item 16 – Legal Claims Report</p> <p>GH outlined the report which provided a relatively small number of high cost/high impact cases. GH reported that although subject access requests had begun to be centralised through the Information Governance team, this procedure was now being reversed and would revert to operational areas that have the required expertise.</p> <p>JM queried whether legal cases are no longer linked back to complaints or incidents. GH confirmed that this has recently been put in place and LSi reported that now when a legal complaint is received, there are regular meetings with Quality and Performance and Legal teams to investigate the history of the complaint to ascertain if it was originally raised through a complaint, concern or incident.</p> <p>The Committee RECEIVED the Legal Claims Report.</p> | |
| 16/AA017 | <p>Agenda Item 17 – Caldicott Guardian/SIRO Compliance</p> <p>GH provided the report to assure the Committee that there are accountable officers in place for this compliance – GH is the Senior Information Risk Officer (SIRO) and Dr Mike Roberts (MR) is the Caldicott Guardian. GH reported that MR was currently being supported regarding his obligations in the role until he undertakes training in May.</p> <p>RB commented that there would be work undertaken to ensure these roles receive a higher profile relating to Information</p> | |

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| | <p>Governance requirements.</p> <p>The Committee RECEIVED the Caldicott Guardian/SIRO Compliance Report.</p> | |
| 16/AA018 | <p>Agenda Item 18 – Data Protection Notification</p> <p>LSi reported that the renewal documents relating to Data Protection Notification are presented to assure the Committee that the Trust is registered with the Information Commissioner's Office.</p> <p>The Committee RECEIVED the Data Protection Notification.</p> | |
| 16/AA019 | <p>Agenda Item 19 – Standing Orders of the Board</p> <p>GH reported that as approximately 15% of the document had changed, the document had been re-written although there are no contentious issues within the documents.</p> <p>In response to a query from JM, GH responded that the Scheme of Delegation provides details of budget holders and their delegated powers.</p> <p>LP confirmed that Internal Audit would look over the documents and report back to the Committee.</p> <p>A discussion took place regarding references to changes in legislation that should be expanded in the document and changes relating to position titles that should be made. RG queried when the orders were due to be published and GH confirmed that they could be published subject to finalisation in April 2016.</p> <p>SB reported that it was important for budget holders to understand their authority levels and a one page document for them would be prepared for rollout during the meetings with budget holders scheduled in April.</p> <p>The Committee RECEIVED the Standing Orders of the Board pending review by Internal Audit and APPROVED them subject to any comments from PwC.</p> | <p>LP</p> <p>SB</p> |
| 16/AA020 | <p>Agenda Item 20 – Terms of Reference</p> <p>RC introduced this item and reported that:</p> <ul style="list-style-type: none"> the Risk Steering Group Terms of Reference was a new document the Audit and Assurance Committee Terms of Reference was unchanged with the exception of some minor alterations and the inclusion of the Committee as the Auditor Panel the Auditor Panel Terms of Reference was a new document | |

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| | <p>A discussion took place regarding a potential procurement exercise that would be required in order to appoint auditors and LP reported that NHS guidance was to be issued in the near future regarding this process. JB reported that there would be no formal requirement to tender, but Monitor recommends that there is a market test every 5 years. RC reported that a timetable would be drawn on the basis of the information received from the Department of Health.</p> <p>The Committee APPROVED the Terms of Reference.</p> | RC/GH |
| 16/AA021 | <p>Agenda Item 21 - Security Self-Assessment</p> <p>GH explained that although this item was on the Committee's previous agenda, the report itself was missing and so was presented at this Committee meeting for completeness.</p> <p>GH reported that there are some items that will need a process for tracking and evidence to be developed. GH informed the Committee that Max Boyce, Local Security Management Specialist in the Trust was taking responsibility for this work.</p> <p>The Committee RECEIVED the Security Self-Assessment.</p> | GH |
| 16/AA022 and 16/AA023 | <p>Agenda Items 22 and 23 - Emergency Preparedness and Resilience Steering Group Minutes and Health and Safety Committee Minutes</p> <p>GH commented that there was very little operational attendance at the Health and Safety Committee meetings and following discussion, GH reported that a refresh of the Committee would be undertaken and reported back to the Committee.</p> <p>LSi reported that work was ongoing regarding standardising all committees and sub-groups so they adhere to the same standards.</p> <p>The Committee RECEIVED the Minutes of both Committees.</p> | GH |
| 15/AA091 | <p>Any Other Business</p> <p>There was no other business.</p> | |
| | <p>Date and Time of Next Meeting</p> <p>3rd May 2016, 10am – 12 pm The Boardroom, Edward Jenner Court</p> <p>Note that the dates for the meetings in September and December are changed to 13 September (from 14 September) and 8 December (from 7 December)</p> | |

Trust Committee

Date: 3rd May 2016

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| Agenda Item: | 14 |
| Agenda Ref: | 16/AA037 |
| Name of Committee: | Audit and Assurance Committee |
| Author: | Louise Moss, Deputy Trust Secretary |
| Presented By: | Glyn Howells, Director of Finance |
| Sponsor: | N/A |

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| Subject: | Annual Committee Statement |
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This report is provided for: ☐ Discussion ☐ Decision ☒ Approval ☐ Assurance ☐ Information

Executive Summary:

The Annual Statement of the Audit and Assurance Committee sets out to provide to the Trust Board, highlights of the activities and accomplishments of the Committee for the reporting period 2015/16, together with anticipated developments over the next twelve months. The statement is intended to provide the Trust Board and other interested parties and stakeholders with information about the past work of the Committee and its future direction.

The key achievements for 2015/16;

- Routinely reviewed financial reports and significant financial judgments including analysis of the service provided by SBS (Shared Business Services), standing orders and waivers, debtors and write-offs, special payments, Better Payment Practice performance and analysis of legal claims
- Reviewed the Trust's estate (both freehold and leasehold) in regard to compliance with building regulations and requirements
- Received reports from the Local Counter Fraud Team and reviewed activity including all cases under investigation: also received updates about incidence of whistleblowing, lessons learned and ensured all related actions were completed
- Approved the internal audit plan, ensuring that this was comprehensive: also, reviewed all issued reports, considered major findings, and requested supplementary work where appropriate
- Reviewed the external audit plan, and was assured that the necessary liaison between the finance team and internal / external audit was appropriate to ensure that statutory obligations were met
- Oversaw the process which led to significant improvements in the Trust's risk management processes and procedures

Recommendations:

The Committee is asked to:

The Committee are asked to approve Audit and Assurance Annual Committee Statement.

Considerations:

Quality implications:

None

Human Resources implications:

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| None |
| <i>Equalities implications:</i> |
| None |
| <i>Financial implications:</i> |
| None |
| <i>Does this paper link to any risks in the corporate risk register:</i> |
| None |
| <i>Does this paper link to any complaints, concerns or legal claims</i> |
| None |

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

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

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| Reviewed by (Sponsor): | Glyn Howells |
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| Date: | 18 April 2016 |
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| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
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| Explanation of acronyms used: |
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| Contributors to this paper include: |
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Trust Board

Date: 18 May 2016

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| Agenda Item: | 22 |
| Agenda Ref: | 22/0516 |
| Author: | Louise Moss, Deputy Trust Secretary |
| Presented By: | Glyn Howells, Director of Finance |
| Sponsor: | Glyn Howells, Director of Finance |

Subject:

This report is provided for: ☐ Discussion ☐ Decision ☐ Approval ☐ Assurance ☒ Information**Executive Summary:**

The common seal of the Trust is primarily used to seal legal documents such as transfers of land, leaser agreements and other important documents. The attached Register of Seals provides a list of documents that have been fixed with the Trust seal.

Recommendations:*The Board is asked to:*

Note the information

Considerations:*Quality implications:*

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Human Resources implications:

Write here

Equalities implications:

Write here

Financial implications:

Write here

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

Write here

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

Write here

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

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

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| Reviewed by (Sponsor): | Glyn Howells, Director of Finance |
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| Date: | 18 May 2016 |
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| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
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| N/A |

| Explanation of acronyms used: |
|-------------------------------|
| N/A |

| Contributors to this paper include: |
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Register of Seals 2016-2017

| Seal No. | Date sealed | Nature of Document | No. of Copies | First Signatory | Second Signatory | Attestation |
|----------|-------------|---|---------------|---------------------------------------|-----------------------------------|-------------------------------------|
| 030/16 | 26/04/16 | Council for the Borough Tewkesbury and GCS - Lease Renewal of land at Back Lane Car Park Winchcombe | 1 x copy | Paul Jennings, Chief Executive Office | Glyn Howells, Director of Finance | Deputy Trust Secretary, Louise Moss |

| TRUST PUBLIC BOARD | | | | | | | | |
|------------------------------|---|---|--|---|---|--|---|---|
| Month: | 26 January 2016 | 22 March 2016 | 18 May 2016 | 19 July 2016 | 20 September 2016 | 22 November 2016 | 24 January 2017 | 21 March 2017 |
| Venue: | Edward Jenner Court BROCKWORTH | Cirencester Town FC CIRENCESTER | The Pavilion CHELTENHAM | Roses Theatre TEWKESBURY | Stroud Subscription Rooms STROUD | Oxstalls Tennis Courts GLOUCESTER | Edward Jenner Court Brockworth | Cirencester Town FC Cirencester |
| Private Session: | 09:30 - 10:45 hrs | 09:30 - 10:45 hrs | 09:30 - 10:45 hrs | 09:30 - 10:45 hrs | 09:30 - 10:45 hrs | 09:30 - 10:45 hrs | 09:30 - 10:45 hrs | 09:30 - 10:45 hrs |
| Service User Story: | 11:00 - 12:00 hrs | 11:00 - 12:00 hrs | 11:00 - 12:00 hrs | 11:00 - 12:00 hrs | 11:00 - 12:00 hrs | 11:00 - 12:00 hrs | 11:00 - 12:00 hrs | 11:00 - 12:00 hrs |
| Public Trust Board | 12:30 - 16:00 hrs | 12:30 - 16:00 hrs | 12:30 - 16:00 hrs | 12:30 - 16:00 hrs | 12:30 - 16:00 hrs | 12:30 - 16:00 hrs | 12:30 - 16:00 hrs | 12:30 - 16:00 hrs |
| Standing Items | | | | | | | | |
| | Service User Story - GOPA | Service User Story - Learning from Complaints | Service User Story - TBC | Service User Story - TBC | Service User Story - TBC | Service User Story - TBC | Service User Story - TBC | Service User Story - TBC |
| | Welcome and apologies | Welcome and apologies | Welcome and apologies | Welcome and apologies | Welcome and apologies | Welcome and apologies | Welcome and apologies | Welcome and apologies |
| | Confirmation that the meeting is quorate | Confirmation that the meeting is quorate | Confirmation that the meeting is quorate | Confirmation that the meeting is quorate | Confirmation that the meeting is quorate | Confirmation that the meeting is quorate | Confirmation that the meeting is quorate | Confirmation that the meeting is quorate |
| | Declaration of interests | Declaration of interests | Declaration of interests | Declaration of interests | Declaration of interests | Declaration of interests | Declaration of interests | Declaration of interests |
| | Minutes of previous meeting | Minutes of the meeting held on the 26 January 2016 | Minutes of the meeting held on the 22 March 2016 | Minutes of the meeting held on the 18 May 2016 | Minutes of the meeting held on the 19 July 2016 | Minutes of the meeting held on the 20 September 2016 | Minutes of the meeting held on the 22 November 2016 | Minutes of the meeting held on the 24 January 2017 |
| | Matters arising action log | Matters arising Action Log & completed Action Log | Matters arising Action Log & completed Action Log | Matters arising Action Log & completed Action Log | Matters arising Action Log & completed Action Log | Matters arising Action Log & completed Action Log | Matters arising Action Log & completed Action Log | Matters arising Action Log & completed Action Log |
| | Forward Agenda Planner Review | Forward agenda planner review | Forward agenda planner review | Forward agenda planner review | Forward agenda planner review | Forward agenda planner review | Forward agenda planner review | Forward agenda planner review |
| | Questions from the public | Questions from the public | Questions from the public | Questions from the public | Questions from the public | Questions from the public | Questions from the public | Questions from the public |
| | Chair's Report | Chair's Report | Chair's Report | Chair's Report | Chair's Report | Chair's Report | Chair's Report | Chair's Report |
| | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report | Chief Executive's Report |
| | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report | Chief Operating Officer's Report |
| Governance, Quality & Safety | | | | | | | | |
| | Board Assurance Framework - Corporate Risks | Board Assurance Framework | Board Assurance Framework | Board Assurance Framework | Board Assurance Framework | Board Assurance Framework | Board Assurance Framework | Board Assurance Framework |
| | Quality and Performance Committee Update (Minutes) | Quality and Performance Committee update (Minutes) | Quality and Performance Committee update | Quality and Performance Committee update | Quality and Performance Committee update | Quality and Performance Committee update | Quality and Performance Committee update | Quality and Performance Committee update |
| | Workforce and Organisational Development Committee update (Minutes) | Workforce and Organisational Development Committee update (Minutes) | Workforce and Organisational Development Committee update | Workforce and Organisational Development Committee update | Workforce and Organisational Development Committee update | Workforce and Organisational Development Committee update | Workforce and Organisational Development Committee update | Workforce and Organisational Development Committee update |
| | Finance Committee update (Minutes) | Quality and Performance report | Quality and Performance Report | Quality and Performance Report | Quality and Performance Report | Quality and Performance Report | Quality and Performance Report | Quality and Performance Report |
| | Quality, Finance and Performance Report | Finance Committee update (Minutes) | Finance Committee update | Finance Committee update | Finance Committee update | Finance Committee update | Finance Committee update | Finance Committee update |
| | Finance Report | Finance Report | Finance Report | Finance Report | Finance Report | Finance Report | Finance Report | Finance Report |
| | Update on CQC Quality Improvement Plan | | | Learning Disability Report (see action log) | | | | |
| Strategy | | | | | | | | |
| | | Board priorities, strategy update and strategy matrix | CQC Quality Improvement Plan Update | Communications Strategy <i>Approved by the Workforce & OD Committee - June 2016</i> | Financial Management Strategy <i>Approved at the Finance Committee - August 2016</i> | Quality Strategy | | |
| | | | | Workforce and Organisational Development Strategy - <i>Approved at the Workforce and Organisational Development Committee - June 2016</i> | Engagement and Experience Strategy <i>Approved at the Quality and Performance Committee - August 2016</i> | Health, Safety and Security Strategy <i>Approved at the Audit and Assurance Committee - September 2016</i> | | |
| | | | | | Charitable Funds Strategy <i>Approved at the Charitable Funds Committee - July 2016</i> | Risk Management Strategy <i>Approved at the Audit and Assurance Committee - September 2016</i> | | |
| | | | | | Clinical and Professional Care Strategy <i>Approved at the Quality and Performance Committee - August 2016</i> | Business Continuity Strategy <i>Approved at the Audit and Assurance Committee - Sept 2016</i> | | |
| | | | | | | Information Management and Technology Strategy <i>Approved at the Audit and Assurance Committee - Sept 2016</i> | | |
| | | | | | | Estates Strategy <i>Approved at the Audit and Assurance Committee Sept 16</i> | | |
| Corporate | | | | | | | | |
| | DoC/Complaints Policy Review - Deferred from Nov Board (COG) | Complaints Policy, Duty of Candour and PHSO (Public Health Service Ombudsman) process | Report on Capacity as development piece of work (from March Trust Board) | 5 Year Plan - Final Version | | | | |
| | Update - Operational Resilience Capacity and Trust Escalation Plan (Winter Plan SF) COO | Approval of the annual plan from the February Finance Committee | | Understanding You report | | | Understanding You report | |
| | EPRR - COO | Approval of annual budgets | | STP (GH) | | | | |
| | | Director portfolio and initial consultation update (to be included in the Chief Executive's report) | | | | | | |
| Assurance and Information | | | | | | | | |
| | Charitable funds Committee update (+ Minutes) | Charitable funds Committee update (+ Minutes) | Charitable Funds Committee update | Audit and Assurance Committee update | Charitable Funds Committee update | Audit and Assurance Committee update | Charitable Funds Committee update | Audit and Assurance Committee update |
| | Audit and Assurance Committee update (+ Minutes) | Audit and Assurance Committee update (+ Minutes) | Audit and Assurance Committee update | Any other business | Audit and Assurance Committee update | Any other business | Audit and Assurance Committee update | Any other business |
| | Register of Gifts and Commercial Sponsorship | Register of Declaration of interests | Register of Seals | Review of Board and sub-committee performance | Any other business | Review of Board and sub-committee performance | Any other business | Review of Board and sub-committee performance |
| | Any other business | Any other business | Any other business | Date of the next meeting | Review of Board and sub-committee performance | Date of the next meeting | Review of Board and sub-committee performance | Date of the next meeting |
| | Review of Board and sub-committee performance | Date of the next meeting | Review of Board and sub-committee performance | | Date of the next meeting | | Date of the next meeting | |
| | Date of next meeting | | Date of the next meeting | | | | | |

AGENDA ITEM 24

ANY OTHER BUSINESS