Gloucestershire Care Services NHS Trust

GCS Trust Board Thursday 18th May 12.30pm

Tewkesbury Borough Council
Council Offices, Gloucester Road
Tewkesbury GL20 5TT

AGENDA

General Business			Presenter	Purpose
12.30 (guide time)	1/0517	**Apologies for Absence and Confirmation the Meeting is Quorate (**4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair)	Chair	To note
	2/0517	**Declarations of Interest** To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations are attached as appendix 1.	Chair	To note
12.35	3/0517	**Service User Story** - **Discharge planning**	Director of Nursing	To note
13.20	4/0517	**Minutes of the previous Board Meeting –** held on 23rd March 2017	Chair	For Approval
13.30	5/0517	**Matters Arising Action Log** - matters arising not covered by other items on the agenda	Chair	To note
13.35	6/0517	**Questions from the Public**		To note
Leadership and Strategy				
13.55	7/0517	**Chair's Report**	Chair	To note and approve
14.10	8/0517	**Chief Executive Report**	Chief Executive	To note
14.30	9/0517	**One Gloucestershire - Sustainability and Transformation Plan Update**	Chief Executive	To note
Quality and Operational Performance				
14.45	10/0517	**Quality and Performance Committee Report**	Committee Chair	To note
15.00	11/0517	**Quality and Performance Report – Month 12**	Chief Operating Officer & Director of Nursing	To note
Finance				
15.15	12/0517	**Finance Committee Report**	Committee Chair	To note
15.25	13/0517	**Finance Report – Month 12**	Director of Finance	To note

Understanding You

Assurance				
15.40	**14/0517**	**Audit and Assurance Committee Report**	Committee Chair	To note and approve
15.50	**15/0517**	**Year End Governance Update**	Trust Secretary	To note
For Information				
16.00	**16/0517**	**Forward Planner Review**	Trust Secretary	To note
Other Items				
	17/0517	**Any Other Business**		
	18/0517	**Date of Next Meeting - 20th July 2017**		

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

Appendix 1

Standing Declarations of Interest

Ingrid Barker	Board Members and Trustee NHS Providers Governor Hartpury College Husband Vice Chancellor Nottingham Trent University
Sandra Betney	Director Summerhill Supplies Ltd (wholly owned NHS Subsidiary) Director FTN Trading Ltd (wholly owned trading arm NHS Providers) Co-opted member NHS Providers Finance and General Resources Committee
Richard Cryer	Trustee Action for Children, Action for Children Pension Fund,
Nicola Strother Smith	Mentor Health & Justice Commissioner NHSE SW
Jan Marriott	Director Jan Marriott Associates Independent Co-Chair Gloucestershire Learning Partnership Board Independent Chair Gloucestershire Mental Health Wellbeing Partnership Board Acting Independent Chair Gloucestershire Physical Disability and Sensory Impairment Board Vice Chair Community Hospitals Association Research Interviewer National Centre for Social Research
Mike Roberts	GP Partner Rosebank Surgery Gloucester Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDoc)
Tina Ricketts	Board Member NHS Leadership Academy SW Trustee Gloucestershire UTC Chair SW NHS Graduate Management Trainee Steering Group
Candace Plouffe	Trustee Active Gloucestershire
Graham Russell	Chair Second Steps Bristol Chair Governors Cirencester Deer Park Academy Wife works at Longfield Hospice

Gloucestershire Care Services NHS
NHS Trust

Trust Board Minutes

Date: 23rd March 2017

Meeting on 23rd March 2017 at 12.30pm
at Edward Jenner Court, 1010 Pioneer Avenue, Brockworth, Gloucester

Board Members	
Ingrid Barker	Chair (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Mead	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member)
Katie Norton	Chief Executive (Voting Member)
Glyn Howells	Director of Finance/Deputy Chief Executive (Voting Member)
Dr. Mike Roberts	Medical Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer
Tina Ricketts	Director of Human Resources
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Julie Goodenough	Head of Community Hospitals (until 15.10pm)
Rod Brown	Head of Planning and Partnerships (items 1-3)
Public/Press	
Bren McInerney	Member of the Public
Stephen Wainwright	Colleague (until 14.05hrs)

Ref	Minute
01/0317	**Apologies and Quoracy** The Chair, Ingrid Barker, welcomed colleagues, noting that there were no apologies and that the meeting was quorate.
02/0317	**Declarations of Interest** Declarations of Interest previously declared were noted. The Medical Director declared his membership of GDoc.
03/0317	**Service User Story** **Positive Risk Taking within the Integrated Community Teams ICTs)** The Director of Nursing welcomed colleagues from the Trust ICTs who would be talking to the Board about their work to support positive risk taking which was putting individuals back in control of their lives. She noted that positive risk taking had been one of the

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	Quality Priorities for 2016/17 and a local CQUIN (Commissioning for Quality and Innovation National Goal). Members of the Integrated Community Teams presented examples of positive risk taking in their area, including video clips from service users explaining how they had been supported. The stories demonstrated how team working and a whole person approach was enabling care and support that enabled the service user to take informed decisions that was helping them re-engage with families and communities in ways that had enriched their lives and also reduced their demand on services. A service user described the services of the Team as branches on her tree that helped to support her. ICT Colleagues described how positive risk taking training had given them the confidence to develop services in this way. The Director of Nursing advised that the stories illustrated a changing culture across the teams, and advised that work was ongoing to embed this across the organisation. The Medical Director commented positively on the impact the teams were having in reducing GP visits and acute hospital admissions. There was a discussion on the importance of communication and team working when having to manage risk. Graham Russell and Sue Mead, Non-Executive Directors, asked what the Board could do to help embed positive risk taking across the Trust. ICT colleagues responded by highlighting the importance of training to support decision making using positive risk taking was helpful, and for colleagues to understand that this was an approach supported by management and the Board. It was recognised that it was an approach that needed extensive input at the start which could not be replaced with technology, therefore freeing up "time to care" was also a priority. The need for decisions to include risk assessment of impact on the wider community was confirmed by the ICT teams as clearly understood and in place. The Board commented positively on the inspiring stories which had demonstrated that care was being driven by a real understanding of what was important to each service user. The Chief Executive confirmed the Board support for a multi-disciplinary team approach to positive risk taking, which ensured holistic decisions were being made. ICT team members were thanked for having provided the Board with a presentation which demonstrated clearly the Trust's core values in action.
04/0317	**Minutes of the Meeting Held on 24th January 2017** Subject to some minor amendments the Minutes were **APPROVED** as a true record for signing by the Chair.
05/0317	**Matters Arising (Action Log)** The Board **NOTED** the items on track or completed.
06/0317	**Questions from the Public** No written questions had been received. Bren McInerney commented positively on the Service User Story and the need for these qualities to be embedded across the organisation;

	He queried whether the Trust had further explored recording meetings to enable wider public access to Trust Board meetings. The Chair advised that a trial of this had identified technical issues but that she provided a video log on meetings to Trust colleagues and that the Trust was currently exploring wider interactive options and encouraged Mr McInerney to send through his comments on this.
07/0317 Executive Director of Nursing	**Chair's Report** The Chair highlighted key aspects from her report which provided a summary of Board Developments and work with partners. She noted that it would be the last meeting for Glyn Howells, Director of Finance and Deputy Chief Executive, and expressed thanks and best wishes for the future on behalf of the Board for the outstanding contribution that he had made. Of note, the Chair: (i) formally advised that the formal parliamentary approval to increase the number of Executive Directors with voting rights had been increased to five through an Establishment Order Amendment which would take effect from 1 April 2017. As had previously been agreed by the Board the Chief Operating Officer post would therefore have voting rights from 1 April 2017. (ii) advised that the Non-Executive Director appointment process had not been successful in February and a further process was on going with interviews in early May. Non-Executive Director portfolios had therefore been reviewed to ensure all key requirements were in place. (iii) formally advised that she was proposing Susan Mead for the post of Vice Chair following discussions with colleagues and confirmation this could be combined with the Senior Independent Director role. (iv) Advised that the Health and Care Oversight and Scrutiny Committee had formally thanked the Trust with its support following Cleeve Link ceasing to provide domiciliary care and thanked colleagues for their work in this area. (v) noted the work of the Non-Executive Directors through their quality visits and other activities. Richard Cryer commented positively on his recent quality visit where he had met University of West of England students and been struck by the commitment and support provided. Nicola Strother Smith queried how Non-Executive Directors could be assured that issues highlighted within quality visits were being addressed. It was agreed that the Director of Nursing and Chief Operating Officer were working to ensure the feedback was built into the Learning Assurance Framework to ensure a central point of monitoring. The Chief Executive agreed that additionally a response would be made by the relevant Executive Director. The Director of Nursing also agreed to review the last 12 months and report back on impact. The Board: (i) **NOTED** the Chair's Report. (ii) **APPROVED** unanimously the appointment of Sue Mead as Vice Chair of the Board from 23rd March until 1st December 2017. (iii) **APPROVED** the designation of the Chief Operating Officer post as a voting director.
07/0117	**Chief Executive's Report** The Chief Executive outlined the key aspects of her report which: (i) advised on the work to refresh the Trust Strategic Objectives, Board Assurance

	Framework and associated metrics following the Board Strategic Session. (ii) provided an update on the Trust's ongoing commitment to progressing and championing the Place Based model to support new ways of working across organisational boundaries to meet the needs of local populations. (iii) celebrated key achievements of the Trust and staff since the last Board Report. (iv) updated on key areas of partnership working. The Board was informed that the Trust had successfully achieved Investors in People accreditation for a third successive occasion. This was recognised as a significant achievement and would help identify further priorities to support the organisation in its ambition for excellence. The Board was advised that the County Council was currently undergoing an OFSTED inspection of safeguarding, the Council's first under the new framework, with the outcome to be advised once available. Graham Russell, Non-Executive Director, queried how the proposals to work with the third sector were being progressed. The Chief Executive advised work had been done to map this to the localities and key priority areas and this was now being reviewed with operational teams. She advised there were also plans to build a more formal network of community leads. Richard Cryer commented on the recently issued NHS mandate and the challenges it posed, particularly in a period of resource restraint. The Chief Executive recognised the challenges, however also noted that the Trust's strong position to meet these challenges given its financial position, support from commissioners and the work to refresh the Trust's Strategic Objectives. It was recognised that the Mandate was more focused on acute and mental health provision, which was an issue the community trust sector needed to address. The Board **NOTED** the Chief Executive's Report. 14.05pm Stephen Wainwright left the meeting
08/0317	**One Gloucestershire – Sustainability and Transformation Plan (STP)** The Chief Executive presented an update looking at the national context, key areas of work being progressed through the One Gloucestershire STP and the implications and issues for the Trust. This included reference to the letter of 27th February from NHS England and NHS Improvement which included reference to the publication of a Five Year Forward View delivery plan and next steps for STPs. It was noted that the recent STP Engagement exercise had concluded and the feedback was being collated. Significant work also ongoing across the work streams, for example the clinical programmes were working on MSK and respiratory pathways. The work of the Director of Nursing and Medical Director in supporting the development of the Memorandum of Understanding Framework of Clinical Accountability was noted. She advised that the work stream on reducing variation was receiving increased focus as was the work to define the urgent care model. It was confirmed that there was discussion progressing to understand where public

	consultation may be needed to inform plans for service change. This had highlighted the need to ensure the process was robust to minimise risks and a meeting was being held with NHS England at the beginning of April to discuss how this would be progressed. The Chief Executive highlighted the capacity issues relating to supporting the One Gloucestershire developments, with key roles being played by all the Trust Executive. The Director of Finance stressed the need for the developing system pathways to reflect on the implications for individual organisations, and highlighted the challenges around the development of the MSK pathway. Sue Mead, Non-Executive Director, commented on the need for stronger strategic leadership to support STP delivery, but stressed the need to avoid the disruption of debate on organisational form and focus on taking forward the STP. The Chief Executive confirmed this was the Trust's approach. The Board **NOTED** the STP update.
09/0317

Board	**Public Health Remodelling** The Chief Operating Officer confirmed that engagement on redesign would be led by the Council once the May elections had taken place. **MIIU Staffing Model** The Board was assured that further information had been provided to GCCG to enable consideration of the current arrangements. It was confirmed that the position of the Board continued to be that if the GCCG was not able to fund the model a further review of hours of operation would be required to meet the cost pressure. **Estates Strategy** The Board agreed that the Trust Estates Strategy needed to be refreshed and that this would be a priority for the new Estates and Facilities Manager, who would be joining the Trust in May. It was agreed the Strategy should be considered initially by the Finance Committee and then the Board. **School Immunisation Contract** It was noted that the Trust was preparing a tender for this contract. It was confirmed that NHSE had advised that there were no quality issues with the Trust's current performance in this area, and the reason for tendering the service was to enable a more integrated school immunisation service. Graham Russell, Non-Executive Director, queried whether the Trust had a line of sight on services likely to be tendered and the level of competition in the sector. The Chief Operating Officer advised that work to identify likely areas for tender was ongoing, and that is was overseen by the Finance Sub Committee. The Chair confirmed that the aim was for GSF to look at the tendering issue across the STP. **Community Hospital Strategy** The Head of Community Hospitals presented an update on the ongoing development work by matrons and senior sisters on a strategy for the community hospitals. The Board agreed that the presentation was a useful first step which should be the subject of fuller discussion at the next Board strategy session. It was agreed if members required further information to support this that they would advise the Chief Operating Officer. 15.10pm the Head of Community Hospitals left the meeting **The Board:** (i) **NOTED** the Chief Operating Officer's Report and the actions being progressed; (ii) **AGREED** that the Estates Strategy be refreshed and considered at the September Finance Committee; (iii) **AGREED** that the recent Cleeve Care incident be raised as a system incident to support learning; **(iv) AGREED** that the Community Hospital Strategy discussion be taken forward at a Board Strategy Session**.**
10/0317	**Quality and Performance Committee Report** Susan Mead, Non-Executive Director and Chair of the Quality and Performance Committee, introduced the report. She highlighted the following issues from the February meeting: • The Committee had reviewed the operational arrangements that had been put in place to support system-wide patient flow. This had included discussion on Community Hospital average length of stay. The committee had recognised the work of

Executive	operational teams and the development of strong networks with the acute trust which was supporting improvement in this key area. • The Committee had reviewed performance against the Quality Priorities for 16/17, debated the Quality Priorities for 17/18 and were now recommending the following priorities to the Board: End of Life Pressure Ulcers Falls Prevention Dementia Health and Wellbeing for Trust Colleagues Equality and Diversity The Committee had also been clear that, subject to Board agreement of the priorities, there would be a need to set ambitious and measurable targets, informed by benchmarking, to enable monitoring of progress. • The Committee had discussed the need to develop the diabetes foot care/protection service, recognising it as a Gloucestershire wide system issues that needed to be raised with Commissioners. • The Committee had been encouraged by the progress demonstrated by the recent audit of Clinical Record keeping and therefore recommended that the level of risk on the Risk Register be reduced to 12. Sue Mead also updated the Board that she and the Director of Nursing had just attended a helpful conference on Mortality Reviews at which new guidance had been launched. The conference had provided insight in to good practice and work would now be progressed to ensure that the Trust was well positioned to ensure learning from Mortality Reviews. The Chief Executive confirmed that a report would be provided to the Quality and Performance Committee on the approach proposed to deliver on the new guidance, building on the work to date. The Board confirmed its support for the proposed Quality Priorities and the intention to set clear performance targets to enable progress to be measured. It was recognised that the system wide issues in relation to Diabetes needed to be addressed. In relation to Falls Prevention the need to look at variation by locality and ward level to drive improvement was stressed. It was confirmed that the Chief Operating Officer and Director of HR had met with the Head of Partnerships and Engagement to plan the reporting required for the Equality and Diversity Priority, this would be split between the Workforce and Organisational Development Committee and the Quality and Performance Committee. The Board**:** (i) **NOTED** the contents of the Quality and Performance Committee report; **(ii) RECEIVED** the minutes of the 21 December 2016 Quality and Performance Committee; **(iii) APPROVED** the Trust's Quality Priorities for 2017/18**;** (iv) **NOTED** the quality improvements that have been made with regards to clinical record keeping and that the corporate risk rating has reduced from 16 to 12. **(v) AGREED** that the recent Mortality Review Guidance be reviewed and taken forward.

11/0317	**Quality and Performance Report - Month 10 Data** The Board received the report which provided a summary of performance against national and local target. The Board was pleased to note improvements in the following areas: • Safety Thermometer Activity (95.1%) • Improved average length of stay (22 days) • Meeting the Minor Injury and Illness Unit (MIIU) time to initial assessment for ambulance arrivals within 15 minutes continues for the third consecutive month • Childhood measurements and HPV immunisations ahead of trajectory. While overall performance was recognised as being strong, notable areas for improvement were discussed to provide assurance on mitigating actions, specifically: • Pressure ulcers (acquired) continue to increase with regard to Grade 2 pressure ulcers. It was agreed variation across the Trust should be reviewed. • Abandoned call rate in Single Point of Clinical Access (SPCA) has increased to 6.3% compared to 4.6% in December 2016. Rosters had been realigned to map to demand. The consistently strong performance of the Children's Team was commended. Director of Nursing — It was confirmed that the data relating to Adult Safeguarding information was being reviewed by the Director of Nursing. Chief Executive — The Chief Executive suggested that there may be benefit in undertaking further analysis on the implications of high bed occupancy on outcomes, for example length of stay, incidence of falls, pressure ulcers to understand whether the safe staffing levels required review. The Chief Operating Officer advised of an earlier review which would provide a helpful comparator. Sue Mead, Non-Executive Director commented that a review of trends at a hospital and ward level would be helpful. The Board: (i) **NOTED** the Quality and Performance Report. (ii) **AGREED** that further analysis on the impact of high bed occupancy should be progressed.
12/0317	**Workforce and Organisational Development Committee Report** Nicola Strother Smith, Non-Executive Director and Chair of the Workforce and Organisational Development Committee introduced the report which provided an overview of key issues considered by the Committee at its January meeting. Of note, she highlighted: • continued improvement in nurse recruitment and statutory and mandatory training compliance. Following concerns raised at the previous meeting it was confirmed that the Safeguarding Training data was being reviewed as it did not include all training completed. Up to date data would be provided for the May meeting. • Sickness absence was improving year to date compared to 2016/17, although a spike in sickness in December and January may result in the rate deteriorating for the remainder of the financial year. • Personal Development Review compliance rate remains static at 80%, with ongoing work to support improvement • The Trust has improved its performance with regard to colleagues recommending the

	organisation as a place to work and it is now comparable to other community trusts. • The workforce and OD priorities for 2017/18 had been discussed and recommendations for consideration by the Board were proposed. • On-going work in relation to the Apprenticeship levy. The Board discussed the proposed priorities for workforce and OD and supported these, subject to including any relevant feedback from the Investors in People report. It was also agreed that "Time to Care" should be an included as an additional priority, The Board discussed the summary of 2016 NHS Staff Survey which confirmed the Trust's performance has improved slightly since 2015 in a number of areas while also highlighting areas which required ongoing focus. The Board was particularly concerned to ensure that actions were being taken to respond to the concerns relating to bullying and harassment and the need to ensure an open culture. It was noted that this was one of the priorities for 2017/18 and that ongoing work would be consolidated and developed with staff engagement. In relation to the staff survey reporting on levels of physical and verbal abuse experience Richard Cryer asked for assurance that adequate risk assessment processes were in place and this was confirmed. The Chief Operating Officer outlined the Trust's incident reporting processes which ensured that all incidents recorded were investigated by the Trust's security lead, with any significant assault being followed up in 24hours with a debrief. It was confirmed that a zero-tolerance policy was in place. It was confirmed that incidents were triangulated on patient records. The Medical Director queried what proportion of incidents were related to patients with cognitive ability issues. The Director of Finance, advised that review by the Health and Safety Committee indicated this was the case in the majority of incidents. The Board noted the decision to stand down the Workforce and OD Steering Group, with the establishment of a Recruitment and Retention Steering Group. The Board: (i) **NOTED** the Workforce and Organisational Development Committee Report (ii) **RECEIVED** the minutes from the meeting 12th December 2016. (iii) **NOTED** the progress that has been made against the Trust's Workforce and OD Strategy; (iv) **AGREED** the priority areas that have been identified for 2017/18, subject to inclusion of issues identified through the IiP report and Time to Care;
13/0317	**Finance Committee Report** Graham Russell, Non-Executive Director and Chair of the Finance Committee, introduced the report. He confirmed that Financial performance remained on track as would be confirmed in the next agenda item. He noted the progress being made to resolve the recharges position with the Gloucestershire Hospitals NHS Foundation Trust. He commented on the usefulness of the Budget holder review, findings from which had been triangulated with the Quality and Performance Committee in relation to diabetes to ensure holistic follow up. The Board: (i) **NOTED** the report of the Finance Committee; (ii) **RECEIVED** the minutes of the Committee held on 12th December 2016.

14/0317	**Finance Report – Month 10 Data** The Director of Finance introduced the report. He advised that Month 11 data had just been finalised and this indicated that the Trust was on track to end the year slightly ahead of plan. He confirmed that the recharge issue with the acute trust was progressing and would be resolved by the end of the year. A meeting with Gloucestershire Clinical Commissioning Group to finalise income for 2017/18 was scheduled for the following day. The Board considered the budget holder allocations for 2017/18, noting that these had been agreed following detailed work with operational leads. The priorities of the Finance Team for managing financial delivery in 2017/18 were also noted. It was confirmed that the cost pressure total had been reviewed by the Executive. The Board queried the reported drug overspend – it was confirmed this related mainly to HIV patients and that the initial pharmacy contract issues had now been largely resolved. It was agreed the pharmacy lead would review the position. The Board: (i) **NOTED** current year financial performance and actions being taken to mitigate the remaining risks. (ii) **APPROVED** the 2017/18 budget which was in line with the submitted plan. **(iii) NOTED** the priorities for the Trust in terms of managing 2017/18 financial performance.
15/0317	**Audit and Assurance Committee Report** Richard Cryer, Non-Executive Director and Chair of the Audit and Assurance Committee introduced the report. Of note he highlighted: • Three Internal Audit Reports, all providing assurance levels of low overall risk, had been reviewed. • The External Audit Plan for the current year was in place. • Information Governance remained an area of focus, noting that a meeting had confirmed significant progress was now being made to meet the Information Governance Toolkit compliance standard, with the completion timeline now anticipated to be September 2017. It was confirmed that the new Director of Finance had detailed knowledge of this area. • The Standing Orders, Standing Financial Instructions, Terms of Reference and Scheme of Reservation and Scheme of Delegation had been updated and would be in place for the new financial year. • Data sharing and TPP had been considered following recent correspondence from TPP to the Minister of Health and guidance from the BMA. The Committee had considered the issues around data sharing, patient safety and the safeguards in place which limited access to records to individuals bound by professional codes and standards. On this basis, the Committee had supported on going use of TPP considering the risk of patient harm where information was not shared was the higher level of risk. It was noted that were data sharing to be switched off the Trust would not be able to share information between its different services.

	The Board: **(i)** **NOTED** the report from the Audit and Assurance Committee. (ii) **RECEIVED** the Minutes from the 5th December 2016 Committee.
16/0317	**Charitable Funds Committee Report** Nicola Strother Smith, Non-Executive Director and Chair of the Committee introduced the report. The Board was advised that the Annual Accounts for 2015/16 had been completed and the Board that the Accounts for 2016/17 would be consolidated within the Trust's Accounts. Progress on the Charitable Funds Strategy was noted. The Board: (i) **NOTED** the Annual Accounts for 2015/16 had been approved and submitted to the Charity Commission in line with requirements. (ii) **NOTED** the Committee Report.
17/0317	**Board Assurance Framework** The Director of Finance introduced the Board Assurance Framework. It was noted 5 risks had been reduced and one risk had been removed. It was confirmed this would be updated to reflect the updated Strategic Objectives for the next Board meeting. The Board: **(i)** **NOTED** the Board Assurance Framework and the actions planned to mitigate the risks.
18/0317	**Board Governance Framework** It was noted this item had been covered within the report of the Audit and Assurance Committee.
19/0317	**Agenda Forward Planner** The Board reviewed the forward agenda document. The following reporting was agreed: May – Investors in People formal report July – Volunteer Strategy Hatherley Road to be incorporated in regular Chief Operating Officer Reporting November - Estates Strategy It was noted that the Quality Account submission and Board meeting schedule did not align and that delegation to committee might be required. It was **AGREED** the Forward Planner would be revised as detailed.

20/0317	**Any Other Business** None There being no further business the Chair closed the meeting at 16.15hrs.
	Date of Next Meeting in Public It was agreed that the next meeting of the Board be held on Thursday 18th May 2017 in Tewkesbury.

Chair's Signature:

Date: Date

NHS
Gloucestershire Care Services
NHS Trust

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

Key to RAG rating:

- Action completed (items will be reported once as complete and then removed from the log)
- Action deferred once, but there is evidence that work is now progressing towards completion
- Action on track for delivery within agreed original timeframe
- Action deferred more than once

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
B006/16 (2)	Membership Strategy	**Membership Strategy - Options** to be developed to strengthen networks with local communities.	Chief Executive Chair / Head of Planning & Partnerships	September 2017	Proposals developed. To be progressed post-election. **Action to be closed**	
10/1116	Chief Operating Officer's Report	**Minor Injury and Illness Units (MIIUs) -** Gloucestershire Clinical Commissioning Group (GCCG) to confirm position ref, funding of additional costs for revised hours.	Chief Executive	Original December 2016 Revised March 2017	Further information provided to GCCG Response awaited.	
11/1116	Board Assurance Framework	**ICT Service Specification –** Up to date specification awaited.	Chief Operating Officer	Jan 2017	Contract Management Board Agreement. **Action to be closed**	

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
16/1116	Finance Report - Month 6	**Hatherley Road -** Business case to be progressed for consideration by the Board.	Director of Finance / Chief Operating Officer	Original Jan 2017 Revised date July 2017	Options being developed.	
01/0117	Service User Story	**Cultural awareness** – the Executive to undertake some further work to gain assurance that the issues raised through this story were being addressed and appropriate learning had taken place.	Chief Executive/Executive Team	March 2017	Review confirmed assurance processes in place. **Action to be closed**	
08/0117	Chair's Report	**Friends and Family Test Completion** – proposal that volunteers be used to support completion rate of Friends and Family feedback.	Director of HR	May 2017`	To be considered as part of the Trust's volunteer strategy. **Action to be closed**	
11/0117	Board Assurance Framework	**Board Assurance Framework** - review and refresh of the Board Assurance Framework to be undertaken .	Chief Executive / Board	May 2017	Discussed at Board Development Feb & April 2017 & to draft be finalised **Action to be closed**	
13/0117	Workforce and OD Committee report	**Overpayments** - Assurance Report provided to the Audit and Assurance Committee.	Director of Finance	May 2017	Report considered May 2017. **Action to be closed**	

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
18/0117	Audit and Assurance Committee Report	**Caldicott Guardian** and NED lead to be kept up to date on Caldicott 3 responsibilities	Trust Secretary and NED Lead	May 2017	Caldicott Guardian moved to Director of Nursing 12 May 2017. Meeting in place NED Lead. **Action to be closed**	
07/0317	Chair's Report	**Quality Visits** – Director of Nursing to incorporate Non-Executive Quality visits in Learning Assurance Framework. Additionally to review impact last 12 months .	Executive/Director of Nursing	July 2017	Update to Q&P **Action to be closed**	
09/0317	Chief Operating Officer's Report	**Cleeve Care Domiciliary Provider Cessation –** review of incidents impact on a system basis to be raised with GCCG by Chief Operating Officer	Chief Operating Officer	July 2017	Joint review agreed. Terms of Reference agreed. **Action to be closed**	
09/0317	Chief Operating Officer's Report	**Cleeve Care Domiciliary Provider Cessation –** Quality & Performance Committee to review impact of issues on GCS	Director of Nursing	July 2017	Reported to Q&P April 2017 **Action to be closed**	
09/0317	Chief Operating Officer's Report	**Cleeve Care Domiciliary Provider Cessation –** Chief Executive to propose to Council that Cleeve Care issue to be considered as incident to support shared learning	Chief Executive	July 2017	Joint review agreed. Terms of Reference agreed. **Action to be closed**	
09/0317	Chief Operating Officer's Report	**Community Hospitals Strategy –** to be reviewed further by Board at Strategy Session	Chief Executive	July 2017	Programmed for June Strategy Session. **Action to be closed**	

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
10/0317	Quality and Performance Committee Report	**Mortality Review Guidance –** Gap analysis and plan to be presented to Quality and Performance Committee with update to the Board.	Medical Director	July 2017	Status Report scheduled for June Quality & Performance Committee. System review of Mortality to be undertaken.	
11/0317	Quality and Performance Report	**Adult Safeguarding** – training completion rates to be confirmed and reporting of incidents to be highlighted to staff.	Director of Nursing	May 2017	Training completion updated within Workforce and OD Report and Quality and Performance Report. Director of Nursing has issued communication on importance of safeguarding reporting. **Action to be closed**	
11/0317	Quality and Performance Report	**Bed Occupancy** – review to be undertaken to assess impact of continued high levels of occupancy and impact on quality and outcomes.	Director of Nursing/Chief Operating Officer	July 2017	Report to Quality and Performance Committee June 2017	

Gloucestershire Care Services NHS Trust

Trust Board	
Date of Meeting:	**18th May 2017**
Report Title:	**Chair's Report**

Agenda reference Number	7/0517
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker- Chair
Author(s)	Ingrid Barker- Chair
Board action required	Note and Approve
Previously considered by	Not Applicable
Appendices	

Executive Summary

The report provides an overview of Chair and Non-Executive Director activity.

It also seeks approval for the refreshed strategic objectives for the Trust. These have been reviewed to ensure that they reflect our ambitions for the services and the people we serve as well as the challenging strategic landscape.

Recommendations:

The Board is asked to:

1. **NOTE** the report on the activities of the Chair and Non-Executive Directors
2. **APPROVE** the refreshed Strategic Objectives

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

Chair's Report

1 Introduction and Purpose

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

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

2 Board Developments

In my last report to Board I referred to the work being undertaken to refresh our **Trust strategic objectives** to better reflect our ambitions for the services and the people we serve as well as the changing strategic landscape. Colleagues across the Trust contributed to this refresh through the CORE Colleagues Network meeting. At its informal strategy meeting on 18th April, the Board agreed the final wording of the Trust's strategic objectives as follows:

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

The Chief Executive is now leading a review of our **Board Assurance Framework** to identify risks to delivery of these refreshed objectives and mitigating actions to overcome these. The renewed BAF will be presented at the next Board meeting for Board scrutiny and consideration.

The Board is asked to approve formally these refreshed strategic objectives.

A second round of **interviews for our vacancy for a Non-Executive Director** with financial expertise took place on 2nd May with a strong field of candidates. The

panel identified a preferred candidate. However, as this is an appointment on behalf of the Secretary of State, the NHS Improvement appointments panel will not be able to confirm the appointment until after the general election as the process is subject to Pre-Election Period ['purdah'] limitations. It is therefore expected that we will be able to announce the new appointment later in June.

As an NHS Trust as distinct from a Foundation Trust (FT), our statutory governance arrangements do not provide the opportunity for the people and communities we serve to directly impact on our plans and developments in the formal way that FTs do through membership and governors. Since becoming a NHS Trust, GCS has sought to **involve local people, stakeholders and service users** through regular meetings of 'Your Care Your Opinion', focus groups and other methods. However, we are keen to find an appropriate means to enable this local influence in a more formal way and the option we are currently exploring is an Advisory Group. Thinking is still at an early stage and we are drafting options for the role and membership of such a group which I would chair and which would give an opportunity for local people to further influence Trust plans and with whom we could test ideas for future developments. Proposals for this Advisory Group will come to Board for consideration in due course.

The **Remuneration and Terms of Service Committee** met on 9th May to consider Executives' performance over the last year and to agree Executives' objectives for the coming year.

3 Working with our Partners

Following the publication of the *'Next Steps: Five Year Forward View'* the **Gloucestershire Strategic Forum** has started to consider how we can move from overseeing the development of the "Sustainability and Transformation Plan" to delivering the plan through an effective "Sustainability and Transformation Partnership". As part of these discussions we are exploring the opportunities associated with an Accountable Care System which will be considered further as a separate item on our agenda. Our early thinking is to be tested with Matthew Swindells, NHSE's National Director of Operations and Information, during his visit to Gloucestershire on 5th May. He will also be given the opportunity to hear of work in progress on the Place Based initiative in a session to be led by our Chief Executive.

I was invited to attend the launch of new **Police and Crime Plan** on 30th March. The Police and Crime Commissioner, Martin Surl, outlined his priorities for the coming year and there were videos and presentations about the many projects supported through the Commissioner's fund. Many of these related to community development and support for disadvantaged groups, an example being the Cavern Club in Gloucester which offers a safe meeting place with support for young people.

I was delighted to attend the opening of the new **X-ray facility** at Lydney Hospital on 10th May. The Lord Lieutenant, Dame Janet Trotter, Viscount Bledisloe, local Mayors and other dignitaries also attended the event which received good local press coverage. With the support of the Friends of Lydney Hospital, the hospital now

boasts the latest in X-ray facilities for its patients which provides clear digital images in seconds offering a quick and effective service for patients. In addition, I had the opportunity to see first hand the improvements we are making to the Lydney Minor Injuries and Illness Unit (MIIU) to enhance the environment for patients and colleagues.

At its away day in December, the Board asked for a working group to be established to consider how we might work more effectively with the **Voluntary Sector**. This group has now met twice and has pulled together a network map of key organisations which is currently being tested out with colleagues across the Trust to establish what links and joint initiatives are already taking place. We are thinking about how we can relate to the voluntary sector in three main ways: as partners in delivery of services; as partners in co-producing plans for new ways of working; and as a voice for service users and communities to feedback views and experiences of our services. The outcome of this work will be presented to Board in due course.

We are in the habit of having informal discussions with **key partners** to ensure smooth joint working and that we take opportunities to enhance positive relationships. Most recently, the Chief Executive and I have had meetings with our counterparts in the Clinical Commissioning Group (CCG) and we have also met with the Chair and Chief Executive of 2gether NHS FT. The latter conversations have focussed on how we can maximise the impact of our joint working around the Place Based initiative and how this potentially transformative work can best be sustained and supported. An Executive to Executive meeting is also planned with the Acute Trust and all provider Board non- executives will be meeting informally in October to share experience and develop cross organisational relationships. These cross system meetings are particularly important in the context of the STP (Sustainability and Transformation Plan) and a potential Accountable Care System model.

4 Engaging with our Trust Colleagues

A panel including some Board members, the Chair of Staff Side and the Freedom to Speak up Guardian, met on 12th April to review over 230 nominations for the **Celebrating You Awards** to be held on 17th May. It was very encouraging to read such powerful stories of our colleagues living the values and ambitions of the Trust in their work and it was a really difficult job to choose the shortlist with so many strong nominations. As in previous years, we will be holding the awards events in three community venues on the same day in Cirencester, Gloucester and the Forest of Dean.

I was honoured to be asked by our colleagues on the Social Committee to present the cheque for £2,000 to their chosen charity, **Gloucestershire Night Stop.** This impressive charity supports homeless young people and finds them emergency accommodation placements in the homes of ordinary Gloucestershire families. The members of the Social Committee held a range of fund raising events during last year which not only raised money but provided a huge amount of fun for everyone. They are to be congratulated for their efforts.

Board members will know that a range of communications tools are used to engage with colleagues across the Trust. These include the weekly CORE email which includes the Chief Executive's blog and my Chair's Video Blog which I record after each Board meeting. However, we are hearing that colleagues would value a return to the **face to face Chair and Chief Executive briefing meetings** and so have decided to re-launch these. We will hold a rolling programme of these meetings in venues across the Trust starting with one in Edward Jenner Court on Tuesday 16th May at 2pm. These meetings will be an opportunity to take questions and hear views from colleagues, as well as update staff on key issues affecting the organisation and the NHS more widely.

In addition to my regular quality visits (most recently to the **Macmillan Next Steps** team, where I had a wonderful time joining cancer survivors in their exercise class at GL1!), I visited **Cirencester Hospital** on 4th April where I was delighted to meet the team of medical secretaries and medical records administrators as well as colleagues in the wards, Minor Injuries and Illness Unit and Out Patient departments. It is always instructive to see the services in action and to hear of both the commitment to excellent patient care and how they are managing some of the challenges indicated in the Performance and Quality report.

5 Other activities undertaken by the NEDs

Key meetings and events have included:

- STP Advisory Group (Sue Mead)
- Non-Executive Directors meetings held on 28th March at Forest ICT and 26th April at Edward Jenner Court
- Range of Committees, Sub-Committees and Trust Board Strategic session
- Interview panel member for Non-Executive Director (Richard Cryer)
- Interview panel member for Sexual Health Consultant (Jan Marriott)
- Staff awards judging panel (Nicola Strother Smith)
- Induction meetings with Director of Finance (all)
- Meeting with Director of Nursing (Sue Mead)
- Stroud League of Friends presentation at Redwood House Dental Clinic (Nicola Strother Smith)
- X-ray equipment handover at Lydney Hospital (Richard Cryer)
- End of Life Special Interest Group (Nicola Strother Smith)
- Volunteer Strategy Group (Jan Marriott and Nicola Strother Smith)
- Quarterly meeting with Trust Chair (Sue Mead)
- Staff awards events

The following **Quality Visits** have been undertaken:

- CYP immunisation session at Beaufort Academy School, Gloucester (Jan Marriott)
- Health Visitor, CYP Community Nursing Team (Sue Mead)
- MacMillan Next Steps Cancer Rehab Team including visit to Active Everyday at GL1 (Ingrid Barker)

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

National Network meetings

I attended the **NHS Providers Board** held on 3rd May. Board colleagues have been briefed separately on this meeting.

6 Conclusion and Recommendations

The Board is asked to:

1) **NOTE** the report on the activities of the Chair and Non-Executive Directors

2) **APPROVE** the refreshed Strategic Objectives

Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: 18th May 2017

Report Title: Chief Executive's Report

Agenda reference Number	8/0517
Accountable Executive Director (AED)	Katie Norton, Chief Executive
Presenter (if not AED)	
Author(s)	Katie Norton, Chief Executive
Board action required	For Information
Previously considered by	N/A

Executive Summary

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

Specifically this report:

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

Recommendations:

The Board is asked to **note** this report for information.

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

Chief Executives Report

1 Introduction and Purpose

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

2 Executive Summary

Specifically this report:

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

3 Strategy and Leadership

3.1 Strategic Objectives and Board Assurance Framework

As noted in the Chair's report, we will be seeking final approval to the refreshed strategic objectives for the Trust. In parallel, work has been progressing to understand the key risks and issues that will need to be managed by the Board to ensure these objectives can be met.

As noted in my previous report to the Board, this work has been informed by our senior leaders' forum (the CORE Colleague Network) who participated in a "pre-mortem" exercise to assist in the development of our 2017/18 Board Assurance Framework (BAF). The "pre-mortem" involved us imagining a future where we had failed to achieve our strategic objectives, with the aim of identifying and understanding the strategic risks and issues the Trust Board will need to manage to steer our journey.

The outcome of this exercise has informed the articulation of the strategic risks that will be used to populate our Board Assurance Framework. These risks are summarised in Appendix 1, with the lead Executive and Assurance Committee

identified. This work is progressing at pace, alongside work to reframe the operational risk register and this, with the BAF, will be considered by the Audit and Assurance Committee prior to regular oversight by the Trust Board from July 2017.

3.2 One Gloucestershire Sustainability and Transformation Partnership (STP)

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

I would, however, like to take this opportunity to note the recent visit made to Gloucestershire by Matthew Swindells, NHS Englands' National Director for Operations and Information. This visit provided an opportunity to discuss with Matthew the progress being made as we move from developing the Sustainability and Transformation Plan to ensuring the delivery of the plan through strengthened partnership working. The key message from NHS England was the need to ensure that our ambitions for the future are taken forward alongside a resolute focus on addressing the current performance issues, with particular reference to the urgent care 4 hour target and delayed transfers of care across our system.

The day also provided an opportunity to share with Matthew the benefits being realised through the Place Based model, recognising the new ways of working between primary care, GCS and 2Gether in particular.

3.3 Additional National Funding to Support Social Care

In the March 2017 budget an extra £20 billion of non-recurrent funding was announced over the next three years to support the provision of social care and subsequently ease pressures experienced by the NHS.

The priorities for utilisation of the £10m additional funding available in Gloucestershire in 2017/18 are being progressed through the STP. Initial plans are proposing a significant proportion of the funding should be deployed to stabilise and develop the provision of high quality domiciliary care across the County, with investment also in services that reduce the need for admission to an acute hospital and ensure timely discharge.

3.4 Staff Friends and Family Test

We have now received the detailed results of the Staff Friends and Family Test Quarter 4 survey. While over 85% of us who completed the survey reported that we would recommend care or treatment at GCS (4% would not), only half responded that we would recommend GCS as a place to work (25% would not). Although the number of people who are taking the opportunity to respond to the

survey remains disappointingly low, the richness of the comments is helpful in highlighting the positive experiences of the majority of our colleagues as well as the things that we need to be doing to make all colleagues feel valued and supported. Our senior leaders discussed this at the April Core Colleague Network and we will be reflecting within our Teams about what could help and what actions we can take individually and collectively. There have already been some very constructive suggestions which are being progressed.

3.5 Investors in People

As reported at the Board meeting in March 2017, the Trust was assessed against the Investors in People (IiP) framework in February 2017 and was confirmed as meeting all of the requirements to retain the accreditation for a further 3 years. This, along with the Listening into Action accreditation gained in September 2016, supports the Trust's standing as an employer of choice. Over 500 colleagues participated in the assessment which included an online assessment survey and face- to-face interviews over a 7 day site visit.

We have now received the IiP report which recognises the significant achievement of the accreditation given the additional challenge of the sixth generation framework (compared with the assessment criteria in 2013), and the national and local context in which the Trust operates.

The heat map attached as Appendix 2 shows that four indicators are judged developed, three established and one advanced. The report confirmed that the Trust does particularly well in living its values and notes many examples of good practice including the introduction of "Celebrating You" awards, the increased use of newsletter and social media to promote people and services and Listening in Action.

The report offers some clear recommendations for the future, which will be progressed through the Workforce and OD Committee.

4 Operational Service Overview

4.1 *Supporting People and Place: ICT Reconfiguration Update*

Phase 2 of the reconfiguration of the Integrated Community teams to realign around the GP clusters is currently progressing with anticipated implementation by the end of the summer 2017. The consultation with colleagues has confirmed that the realignment will have greatest impact on the current teams working in the Tewkesbury locality, and the Chief Operating Officer has written to colleagues thanking them for their work within the Tewkesbury locality and confirmed continued support as they move into new cluster teams.

4.2 *Quality, Innovation, Productivity and Prevention (QIPP) 2017-18*

The Trust has now confirmed the QIPP Programme for 2017/18 with commissioners, setting out the priorities that will be progressed in year to support wider system changes.

This includes

- ***ICT Reconfiguration to align with GP clusters*** *-t*he aim is to support the delivery of integrated proactive care services at a practice cluster level population, reducing reliance on more specialist acute and social care provision.

- ***Implementation of the new Musculo-skeletal (MSK) Care Pathway*** - the aim is to realign and standardise service provision in each locality across the two MSK providers in the county, improving equity of service provision. The goal is to ensure patients are seen by the appropriate clinician at the appropriate time in their care pathway, reducing the number of patients escalated to specialist services too soon.

- ***Design and Implementation of an Integrated Respiratory Pathway*** - the aim is to deliver an improved integrated respiratory care pathway, to reduce admissions into the acute setting for patients with long term respiratory conditions.

- ***Implementation of a Proactive Community Care Offer to support discharge from the acute setting ("Pull Model")*** - the aim is to improve the service offer for service users who live in Cheltenham and Gloucester where there is no local access to a community hospital as well as improve urgent care performance, reducing unplanned admissions and supporting earlier discharge following an acute hospital admission.

The QIPP will enable the evaluation of two service models which will include enhancing the Rapid Response offer to support admission avoidance for those patients who attend Gloucester Emergency Department and a dedicated community nursing resource at Cheltenham to proactively support discharge of patients back home in a more timely manner.

- ***Improving the Provision of Dressings in the Community Nursing Service*** - at present there are several models of sourcing and supply in place for the community nursing service to obtain dressing products. This variation is a legacy of the former Primary Care Trust organisations (PCTs) prior to October 2006. The aim is to design a single pathway and formulary which is supports an efficient and effective system for access and supply of dressings for community nursing, reducing costs and ensuring compliance with clinical standards of provision.

4.3 Medical Model for Community Hospitals and Community based services

Work continues to ensure that there is effective and appropriate medical support for our Community Hospitals and community services. Following a tender exercise new contracts with local GPs are now in place in four of the community hospitals, with ongoing discussions in Cirencester, Stroud and the Vale. Interim arrangements continue in these sites.

Meetings are also progressing with Care UK, who will be providing the Gloucestershire GP Out of Hours service from the 1st June. As part of their contract they will continue to provide the Out of Hours medical cover into all 7 of the Community Hospitals.

In addition to discussions with local primary care partners, we are also in discussion with Gloucestershire Hospitals NHS Foundation Trust to review the consultant support to the Community Hospitals and the wider community based services which are increasingly supporting individuals with high levels of medical complexity in their own homes. The initial discussions have been positive, and a new dedicated e-mail advice and guidance service is now live and open to all senior colleagues (medical, nursing and therapy) working in our Community hospitals.

4.4 Meetings with Regulators

4.4.1 Care Quality Commission

The Director of Nursing and I met with our CQC Relationship Lead and Lead Investigator on 20th April. This was a routine engagement meeting, enabling the sharing of information, offering an opportunity to discuss progress and priorities for the year.

The meeting was extremely positive and there was a shared recognition of the work being progressed by the Trust to support continuous quality improvement.

There was a specific issue raised at the meeting relating to a concern that had been raised directly with the CQC associated with staffing at Stroud MIIU. A full response has since been provided, with assurance offered in relation to quality and safety of the service which reflected the changes that have been made in response to the CQC inspection recommendations.

4.4.2 NHS Improvement

While there have been no formal meetings with NHS Improvement, I and members of the Executive Team are in regular contact with colleagues to ensure that any issues or risks are notified and managed effectively. Relationships remain very positive and supportive.

4.5 Information Governance

I am delighted to be able to confirm that the Trust has met the IG level II toolkit requirements.

There continues to be a focus on ensuring strong information governance, noting in particular the recent media coverage associated with the enhanced data sharing model which is an integral part of the SystmOne.

Following the work undertaken in 2014, GCS has well established controls are in place to ensure compliance is met for implied consent. This includes monthly audits on all new registrations to check consent status. These processes, alongside the privacy officer checks provide assurance that consent is managed and monitored, with regular reports to the Audit and Assurance Committee.

As of the end of May, the Director of Nursing will become our Caldicott Guardian.

4.6 Business Development

4.6.1 School Aged Immunisation Programme

The Trust has submitted a full response to the tender for the provision of an integrated school age immunisation service (including the childhood influzena programme). As the current provider of the school based service, the Trust believes that it is uniquely placed to delivery this service in line with the required specification and to a high quality.

NHS England South (South Central) Public Health Team have noted that they had sufficient information from the submissions to make a decision, and did not require any further presentations from bidders.

The Notification of Contract Award decision is post election, with the new contract set to begin on the 1st April 2018.

4.6.2 Community Connectors Service

Commissioners (GCC and GCCG) have recently published a tender for the provision of the Community Connectors Service. This is a key service which aims to improve the wellbeing and resilience of local communities and reduce reliance on statutory services. Having reviewed the specification in detail, we support the focus placed within the documentation to support local delivery through a network of local providers and have confirmed our commitment to work in partnership with providers to support and embed the community connector service within the wider placed based model of care.

4.6.3 Gloucester City Estate Plan

The Board will be aware that the Trust has purchased a site in Gloucester City (Hatherley Road) with the expectation that this would be suitable for redevelopment to provide a central hub for this locality. Roberts Limbrick Architect services have been contracted to provide advice on options for the site, to include the potential for refurbishment of all or part of the building. This will inform next steps in terms of engagement with the local community, the development of the Business Case and application for planning.

4.6.4 Lydney X-Ray services:

The refurbishment and replacement of the x-ray department and equipment at Lyndey Community Hospital is near completion. This has been made possible through the application of Trust capital funds and the generous support from Lydney League of Friends. The building works are scheduled to be completed on the 8th of May, with clinical sign off and staff training occurring over the next few weeks.

Discussions are continuing with Gloucestershire Hospitals Foundation Trust to ensure that the staffing difficulties being experienced are being resolved to ensure a full service can be resumed in the Forest of Dean. This remains a significant risk at the present time and will be discussed further with GHFT at a meeting on 15th May.

4.6.5 Minor Injury and Illness Units refurbishment work

The Dilke Hospital is scheduled to undergo capital works to address CQC compliance issues in the MIIU and Outpatient department. The provisional start date for works is the 12th June in the reception and outpatient areas, and from the 1st July in MIIUs. An Operational and Communication plan has been developed to ensure colleagues, the patients and public are aware of any disruptions this may create.

Plans are also being progressed to address CQC compliance recommendations at Stroud MIIU. A start date for this work has yet to be decided, and is dependent on ensuring adequate alternative clinical space in which to re-provide services to minimise disruption.

5 Partnership Working

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

We continue to look forward to supporting the Learning Disability Big Health Check and Social Care Open Day which is being held on 24th May 2017. The day will focus on the health and wellbeing of people with learning disabilities in the county and is open to individuals with learning disabilities, their families and carers. Participants will be able to find out more about local services and resources and get involved in a number of fun and informative sessions on exercise and health. The event is being organised in conjunction with 2gether NHS Foundation Trust, NHS Gloucestershire Clinical Commissioning Group, Gloucestershire Voices and Gloucestershire County Council, under the umbrella of the Gloucestershire Learning Disability Partnership Board.

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

5.2 Ofsted Inspection

Trust colleagues supported the recent OFSTED inspection. The main focus was to inspect Gloucestershire's safeguarding, children and young people's care services. It commenced on 27th February 2017 and was extensive. Gloucestershire County Council is awaiting the outcomes from this – publication of the OFSTED report is expected June 2017.

6 Celebrating Success

6.1 Understanding You Awards

On 17th May we will be spending the day celebrating the outstanding contribution of colleagues who have been nominated by the peers for the work that they do within the Trust.

We received over 230 nominations this year and the decisions were incredibly difficult. We will provide details of winners, runners up and shortlisted individuals and teams at the Board meeting.

6.2 Health & Hustle

Our Health & Hustle group is going from strength to strength. In March, we saw our top performer Laura Bucknell walk over 1,384,426 steps in 12 weeks of the Spring Challenge. We now have over 133 participants, with teams now joining from the CCG and GHFT.

While it is of course the taking part that counts, we are in the process of realigning our GCS teams a little to make sure we continue our leadership role in this fantastic initiative in every way!

6.3 Link Worker Launch

A group of our Community Hospital matrons and senior sisters who are undertaking a strategic leadership programme have been developing a programme for developing the link worker role across our community hospitals. They formally launched the Link Worker Quality Assurance Framework on 8th May, with strong support from colleagues from the PACE Directorate and County Wide services.

We are confident that this is going to be a fantastic opportunity to embed and improve quality and safety across our community hospital inpatient wards. It will provide opportunities for health care assistants and nurses to take responsibility for a number of clinical activities which will align to the Trusts quality priorities at the same time as empowering colleagues to lead, network, learn and progress with their clinical careers in the longer term.

6.4 Trainee Nursing Associates Programme Launch

We are delighted to be one of the national pilot sites for the trainee nursing associate programme in collaboration with 2gether, GHFT, the GCCG (Primary Care) and the University of Gloucestershire. On 24th April 32 trainees formally commenced a 2 year educational programme which will include clinical placements across all provider organisations. The Trust is highly committed to this development as we recognise that the nursing associate role will be pivotal in supporting future NHS workforce plans and we wish the trainees well in their new endeavours.

6.5 Listening Into Action – "Not top down, but bottom Up"

Colleagues in Stroud Endoscopy Unit have been working to introduce a new bowel scope service, using the LiA approach.

As a JEG accredited unit, Helen Acack, Senior Sister and Jackie Smith, Sister, were determined to provide a local offer, and worked with colleagues in GHFT to make it happen. The Team are now seeing up to 11 people every week, offering a local service for local people which is hugely valued and achieving great results (Appendix 3)

7 Conclusion and Recommendations

The Board is asked to **NOTE** this report.

Gloucestershire Care Services NHS
NHS Trust

1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Strategic risks				
	Ref	Risk	RAG	Exec Lead	Assurance Body
*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*	SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services		CEO	Board
	SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		CEO	Board
	SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		Dir. HR/ D of N	WF&OD
	SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence (including demand) and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.		D of N/ Med. Dir.	Q&P
	SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		Dir of HR/ D of N	WF&OD
*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and*	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers.		DoF	Board
	SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.		DoF	Board

deliver care					
We will provide services in ***partnership*** *with other providers so that people experience* ***seamless care*** *and support.*	SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience..		CEO	Board
	SR9	There is a risk that lack of mutual understanding of the services and assets provided by ourselves and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		CEO	Board
We will have an energised and enthusiastic ***workforce*** *and each individual will feel valued and supported.*	SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness..		Dir HR	WF&OD
	SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.		Dir HR	WF&OD
	SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated		Dir HR	WF&OD
We will manage ***public resources*** *effectively so that the services we provide are* ***sustainable.***	SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		D of F	Finance
	SR14	There is a risk that we do not lead on, and invest in, transformation to secure long term sustainability of services; resulting in inability to sustain quality and compromising year on year cost improvement.		D of F	Finance
	SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability..		D of F/TS	Audit & Assurance

Chief Executives Report – May 2017
Appendix 2

Investors in People

		Not met	Developed	Established	Advanced	High Performing
Leading and inspiring people	Creating transparency and trust					
	Motivating people to deliver the organisations objectives					
	Developing leadership capability					
	Leading and Inspiring People					
Living the organisation's values and behaviours		Not met	Developed	Established	Advanced	High Performing
	Operating in line with the values					
	Adopting the values					
	Living the values					
	Living the Organisations Values and Behaviours					
Empowering and involving people		Not met	Developed	Established	Advanced	High Performing
	Empowering people					
	Participating and collaborating					
	Making decisions					
	Empowering and Involving People					
Managing performance		Not met	Developed	Established	Advanced	High Performing
	Setting objectives					
	Encouraging High Performance					
	Measuring and assessing performance					
	Managing Performance					
Recognising and rewarding high performance		Not met	Developed	Established	Advanced	High Performing
	Designing an approach to recognition and reward					
	Adopting a culture of recognition					
	Recognising and rewarding people					
	Recognising and Rewarding High Performance					
Structuring work		Not met	Developed	Established	Advanced	High Performing
	Designing roles					
	Creating autonomy in roles					
	Enabling collaborative working					
	Structuring Work					
Building capacity		Not met	Developed	Established	Advanced	High Performing
	Understanding people's potential					
	Supporting learning and development					
	Deploying the right people at the right time					
	Building Capability					
Delivering continuous improvement		Not met	Developed	Established	Advanced	High Performing
	Improving through internal and external sources					
	Creating a culture of continuous improvements					
	Encouraging innovation					
	Delivering Continuous Improvement					
Creating sustainable success		Not met	Developed	Established	Advanced	High Performing
	Focusing on the future					
	Embracing change					
	Understanding the external context					
	Creating Sustainable Success					

NHS
Gloucestershire Care Services
NHS Trust

NOT TOP DOWN BUT BOTTOM UP! PREVENTING BOWEL CANCER

Our mission

To introduce a new bowel scope service in Stroud General Hospital Endoscopy Unit for all people 55 and over, to reduce mortality rates via an increase in National Adenoma bowel scope detection rates of > 6.8%

How we made the change

Bowel scope screening can only be performed in a Joint Accredited Endoscopy Unit. We were able to begin planning after our accreditation in May 2016. To make the change excellent partnership working was required between our Trust and Gloucester Hospitals NHS FT. We were able to work with our team, the Bowel Screening Specialist Nurses, Lead Consultant, Nurse and GP Endoscopists. We held local meetings, site visits to review the patient pathways and shadowed the service running in Cheltenham General Hospital. The changes required a motivated team who facilitated excellent communication and leadership to roll out the programme locally.

Why we needed to change

We needed to be able to deliver this service locally for better provision, swifter diagnosis, be part of a national prevention programme and improve outcomes. This service was not available in the Stroud Locality and we wanted to see people close to home.

About one in 20 people in the UK will develop bowel cancer during their lifetime. The NHS Five Year Forward View (FYFV) presents a vision for improving health including all those diagnosed with cancer.

People having bowel scope screening just once have a 35% lower risk of developing bowel cancer, and a 40% lower risk of dying from the disease," (Aitkin *et al* 2017). To put this in context that translates to roughly 2 fewer cases of bowel cancer and 1 death prevented from the disease for every 220 people screened

The difference we made

We are now able to see up to 11 people a week on the Bowel Scope List and all patients are geographically close to Stroud General Hospital. Stroud site response rate has been higher than expected at 67.77% and overall have achieved an 8.92% adenoma detection rate. A higher detection rate considers a reduction of 30 – 40%, mainly distal cancers. The feedback from those attending has been very positive and the DNA rate is lower that other areas at 0.1%. Engagement between partnership organisations is very positive. Due to the success we will be extending the service to a full day list in September 2017 which is fantastic news for our local Stroud community.

Contacts

Helen Acock-Senior Sister

Jackie Smith-Sister

Listening into Action

Gloucestershire Care Services NHS Trust

Trust Board	
Date of Meeting:	**18th May 2017**
Report Title:	**One Gloucestershire STP**

Agenda reference Number	9/0517
Accountable Executive Director (AED)	Katie Norton, Chief Executive
Presenter (if not AED)	
Author(s)	Katie Norton, Chief Executive
Board action required	Discuss and consider recommendations for action and decision
Previously considered by	STP Delivery Board/Executive Team
Appendices	

Executive Summary

The report provides an update the Board on the ongoing work being progressed through the One Gloucestershire STP.

It confirms the discussions that are progressing within the STP on how build on the work to develop the One Gloucestershire STP Plan and specifically how we can develop new ways to support delivery of the plan alongside business as usual.

The report notes the recent visit made by the NHS England National Director of Commissioning Operations and Information.

Finally the report provides a short update on the significant work being progressed to support the development and delivery of new models of care, particularly that associated with the place based model which is central to the Trusts strategic objectives.

Recommendation

The Board is asked to **NOTE** this report.

Understanding you

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

One Gloucestershire STP

1 Introduction and Purpose

The purpose of this paper is to update the Board on the ongoing work being progressed through the One Gloucestershire STP.

2 Background and Context

Our One Gloucestershire STP strategy sets out our ambitions to deliver a step change for health and social care in Gloucestershire. Our Vision is to:

- Place a far greater emphasis on personal responsibility, prevention and self-care, supported by additional investment in helping people to help themselves
- Place a greater emphasis on joined up community based care and support, provided in patients' own homes and in the right number of community centres, supported by specialist staff and teams when needed
- Continue to bring together specialist services and resources in to 'Centres of Excellence', where possible reducing the reliance on inpatient care (and consequently the need for bed based services) across our system by repurposing the facilities we have in order to use them more efficiently and effectively in future
- Develop new roles and ways of working across our system to make best use of the workforce we have, and bring new people and skills into our delivery system to deliver patient care

3 Moving from STP "Plan" to STP "Delivery"

The NHS England *Next Steps on the Five Year Forward View* document has provided a helpful stimulus to review the significant progress that has been made to develop the One Gloucestershire Sustainability and Transformation Plan and consider how we now work to ensure effective delivery.

As part of this, we have been working to progress the thinking on the new models of care that are being developed through strong clinically led programmes and ensuring that, where there may be a case for change, we are well positioned to engage and consult with local people in line with best practice.

We have also been looking at the governance framework that we need to put in place across our system help us go further, faster to get the best value from the Gloucestershire NHS and Social Care £. Our thinking reflects the continued commitment of the local NHS organisations and Gloucestershire County Council (GCC) to work together collaboratively and with collective accountability and

responsibility for improving health and care delivery and population outcomes within the available resource.

As our thinking develops, we will bring this back further discussion with the Board.

4 Visit from NHS England Director of Commissioning Operations and Information

On 5th May Gloucestershire Strategic Forum, which has oversight of the STP, welcomed Matthew Swindells, NHS England's National Director of Commissioning Operations and Information to Gloucestershire.

This provided an opportunity to share with him the work that we have been progressing through the One Gloucestershire Sustainability and Transformation Plan as well as discuss our thoughts on how we move forward from "planning" to "delivering".

We took the opportunity to showcase the place based working, which was recognised as being well advanced compared to many areas of the country. What was very clear, however, was the continued focus being placed by NHS England on the national targets around urgent care (the 4 hour target), finance and delayed transfers of care. It is clear that, as a system, we have to address these key performance issues as a priority.

5 New Models of Care

As has been highlighted in other reports being considered by the Board, the move to a place based model of care, which is a key feature of the STP, is fundamental to the strategic objectives of the Trust.

A significant amount of work continues to be focused on maximising the opportunity to align our working to the local GP clusters. There have been a number of important areas of progress, particularly in relation to the joint working with local practices and 2Gether NHS Foundation Trust as we aim to work more effectively to meet the needs of people with both physical and mental health teams.

We have worked with partners to develop a framework to support cluster based "Multi-Disciplinary Team (MDT) Meetings" and are looking forward to supporting the test and learn process. We are enthusiastic that this approach can provide a new way of working to support people with the most complex needs.

Within Gloucester City we are also working to progress opportunities to explore new models to better meet the needs of children and young people.

Work is also on-going to develop plans and proposals to strengthen our urgent care services. This is recognising the need to have a whole system approach to

ensure that people can access the right service at the right time in the right place.

We will be meeting with colleagues from NHS England in early June to review progress and discuss next steps to progress some of the priority areas that were highlighted in the plan and subsequent engagement.

6 Conclusion and Recommendations

Considerable work is continuing building on the strong partnership working that has been established through the STP.

The Board is asked to **NOTE** this report.

Gloucestershire Care Services NHS Trust

Trust Board	
Date of Meeting:	**18th May 2017**
Report Title:	**Quality and Performance Committee Report**

Agenda reference Number	10/0517
Accountable Executive Director (AED)	Sue Mead, Non-Executive Director
Reason for Being Heard in Confidential Session	N/A
Presenter (if not AED)	
Author(s)	Susan Field, Director of Nursing
Board action required	To receive and approve
Previously considered by	N/A
Appendices	Appendix 1 – Approved minutes of the Quality and Performance Committee 22nd February 2017

Executive Summary

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

- Decisions made by the Committee in line with the Trust's scheme of delegation
- Key issues being overseen by the Committee to ensure delivery of the Trust's performance in relation to quality, professional and clinical activities

Recommendations:

The Trust Board is asked to:

1. **NOTE** The contents of the Quality and Performance Committee report
2. **NOTE** that the Committee approved the Trust's Interpretation and Translation Policy
3. **NOTE** that the Committee recommended that the Trust publish its annual Infection, Prevention and Control Annual Report (2016-17)

Understanding you

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

Understanding You

Quality and Performance Committee Update

1 Introduction and Purpose

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

- Decisions made by the Committee in line with the Trust's scheme of delegation

- Key issues being overseen by the Committee to ensure delivery of the Trust's performance in relation to quality, professional and clinical activities

The minutes of the February 2017 Committee were approved and are provided in Appendix 1.

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

The Committee:

- ***Signed off*** the Trust's 2016-17 Infection Prevention and Control Annual Report for publication. Key points from the report included:
    - Infection control audit score had increased to 93% compared to 91% during 2015 -16.
    - There had been a 15% increase in the number of Norovirus cases.
    - The Trust reported 1 MRSA bacteraemia case – the first in many years.
    - That the Trust had worked within its contractual C.Diff threshold of 18 - reporting 13 cases 2016-17.
    - That the Trust had experienced for the first time an outbreak of influenza in two of its inpatient units.

- **Approved** the Trust's Interpretation and Translation Policy.

- **Approved** that the Trust progress with the Implementation of the Red/Green patient flow management system – a Quality Equality Impact Assessment (QEIA) associated with this proposal had been discussed at the Trust's Clinical Reference Group – there was a neutral impact and a request that clinical assessment criteria be included in any new system developments.

- **Agreed** to delegate Quality Account publication responsibilities to the Committee Chair, Trust Chair, Chief Executive Officer and Director of Nursing in order to meet nationally defined timescales of publishing on 30th June 2017.

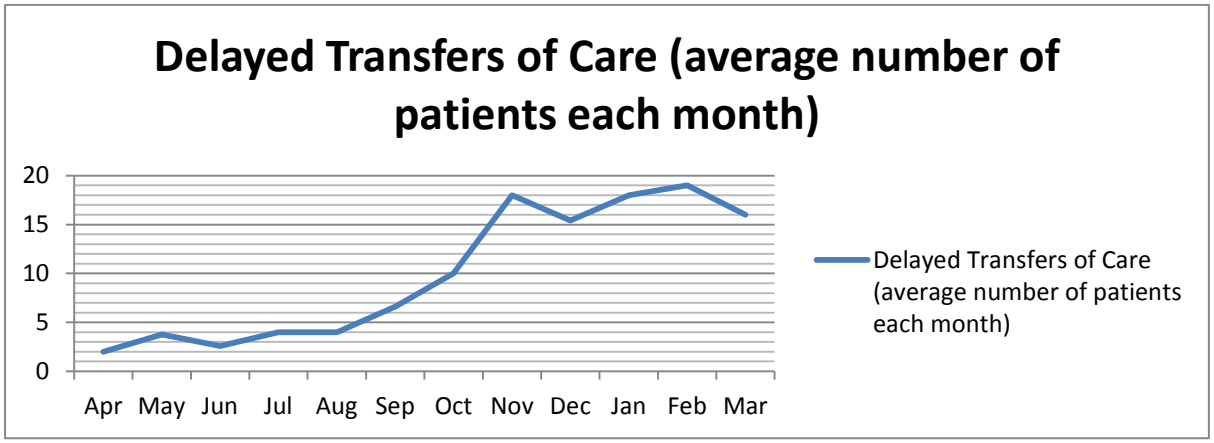
3 Key Issues

3.1 Quality and Performance Report

While noting the overall performance across the Trust remained strong, the Committee specifically focused on a number of areas where performance and quality issues and risks were recognised.

Delayed Transfers of Care – The Committee discussed the progress being made to reduce Delayed Transfers of Care (DToC) - when a person in hospital is ready to go home or move to a less acute stage of care, but is prevented from doing so. The Committee were concerned to see an increase in the number of reported cases (Figure 1 below):

Figure 1 – GCS reported Delayed Transfers of Care



The Committee was assured that operational colleagues were working to ensure that there is accurate and standardised reporting across all Community Hospitals, noting that this is now being done in a way that is consistent with the definitions used by Gloucestershire Hospitals NHS Foundation Trust. It was suggested that this may be a contributing factor for the increased number reported over recent months. It was also confirmed that the Trust is contributing data the 'system-wide' Alamac reporting system. The aim was to establish a clear and shared understanding of the position to ensure that the right actions are being undertaken to improve patient flow. It was agreed that this issue would continue to be reviewed by the Committee.

Safety Thermometer - The Committee was keen to understand why performance against the 95% threshold had only been achieved for 3 months during the reporting year and sought assurance on the actions being taken. Members debated the patient safety risks identified within the Safety Thermometer domains, namely falls and pressure ulcers. While recognising that there were instances where the Trust "inherited" patients with known risks associated with falls and pressure ulcers, there was a strong steer from the Committee that the Trust needed to "get a grip" with these quality priorities with clear quality improvement trajectories identified.

Pressure Ulcers - the Committee approved the progression of the Trust's refreshed Pressure Ulcer Quality Improvement Plan, noting that this will specifically concentrate on:

- Making it clear that Pressure Ulcers are everyone's business
- Providing targeted education on assessment, grading of Pressure Ulcers and improved and quicker healing rates
- Patient Education
- Use of equipment and technology

Bed occupancy – the Committee discussed the continued high bed occupancy rates (97.7% for February) and the potential impact that this may be on patient safety, quality of care. The Committee was assured that Operational and Professional and Clinical Effectiveness (PaCE) colleagues continued to monitor this issue, and while there was no direct evidence to suggest high occupancy was impacting on patient safety there was an appreciation of the high workload and pressures being placed upon colleagues. It was agreed that this would continue to be closely monitored.

The Committee also supported the intention to progress a system-wide bed review through the STP.

Learning from Deaths - the Committee acknowledged that significant work had been undertaken across the Trust with regards to deaths that occur in community hospitals in the Trust. It was recognised, however, that there was a need for further progress to be made in light of the recent published guidance *"National Guidance on Learning from Deaths – A framework for NHS Trusts on Identifying Reporting, Investigating and Learning from Deaths in Care"* (March 2017). This work would be informed by a gap analysis to identify what is required to ensure the Trust meets the requirements of the new guidance. It was also noted that opportunities for a system wide approach were to be progressed through the STP.

Family and Friends Test (FFT) - the Committee noted the reduced patient response rates. It sought assurance that actions were being put into place to address this and noted that the Trust would no longer be using Co-Metrica as its Family and Friends provider as from June 2017.

4 Conclusion and recommendations

4.1 Conclusion

While recognising the strong performance overall across the Trust, the Quality and Performance Committee continues to focus on priority areas for quality and performance improvement.

4.2 Recommendations

The Trust Board is asked to:

1 **NOTE** the contents of the Quality and Performance Committee report.

2 **NOTE** that the Committee approved the Trusts Interpretation and Translation Policy.

3 **NOTE** that the Committee recommended that the Trust publish its annual Infection, Prevention and Control Annual Report.

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

22nd February 2017, 13.30am – 16.30pm

Boardroom

Committee members present:	
Sue Mead	Chair (Non-Executive Director)
Susan Field	Director of Nursing
Tina Ricketts	Director of HR
Candace Plouffe	Chief Operating Officer
Nicola Strother Smith	Non-Executive Director
Jan Marriott	Non-Executive Director
Graham Russell	Non-Executive Director
In attendance:	
Rod Brown	Head of Planning, Compliance and Partnerships (for agenda item 6)
Ian Main	Head of Clinical Governance
Gillian Steels	Trust Secretary
Hannah Williams	Quality Manager, Gloucestershire Clinical Commissioning Group
Julie Goodenough	Head of Community Hospitals (for agenda item 14)
Julia Bradbury	Clinical Specialist Falls Physiotherapist (for agenda item 14)
Christine Thomas	Minute Taker

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

Approved

4.	**Minutes of the meeting held on 21st December 2016** The minutes of the 21st December 2016 were **Received.** Nicola Strother Smith asked that the concern about Gloucestershire's amputation rates be added to the wider diabetes risk. The Chair requested this be added and subject to this amend the minutes were **Approved** as an accurate record and that the Chair would sign accordingly.	
5.	**Matters arising (action log)** The following matters were discussed and noted: 16/QP062 – Annual Mortality Review - there was concern that patients were transferred without care plans in place. 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. 220217 - The Chair raised concerns about this action, which had been on the action log for a considerable time. The Director of Nursing (DoN) advised that the Medical Director (MD) was chasing for a response. There had also been an in depth review of discharges completed by Trust operational colleagues and was included in the Operational Services Report, which had revealed that the quality of End of Life discharges needed to improve. This had been shared with the End of Life Strategy Group. It had been suggested that End of Life become a Sustainability and Transformation Plan (STP) objective, which the Clinical Commissioning Group were keen to see as well. Hannah Williams advised that the Gloucestershire Hospitals Foundation Trust (GHFT) had undertaken a Quality Improvement Programme re End of Life and that current discussions with GHFT were encouraging. It was agreed that the Committee Chair and the DoN formally write to Hannah Williams explaining concerns. The Committee Chair would also contact GHFT's Quality Committee Chair for their response. The Committee felt that more Countywide working between the various organisations was required to move this forward - **Ongoing** 07.2/310816 - The Chair queried why the falls risk had decreased given that falls with harm were increasing in community hospitals. It was agreed that the Director of Nursing (DoN) would take this to the Quality Improvement Group meeting – **Closed** 18/310816 - The next report to contain information on how a quality control of leaflets would be organised and details of how the correct leaflets would be given to each patient. Progress against this would be reported to the February 2017 Committee. The PaCE report to include an update – **Ongoing** 09/011116 - Jan Marriott raised concerns as to why the PaCE report noted that there were no MRSA cases, but the Chief Operating	**Chair/DoN** **Chair**

Approved

	Officers report had said there was two. The Director of Nursing (DoN) to look into this and report back at the next meeting - **Closed** 07.3/211216 - Arriva were incurring delays due to a rise in same day bookings and it was raised that patients wouldn't always realise they needed to book return journeys. It was agreed that the DoN and COO would write to the GCCG formally regarding these issues and the COO would include this in the COO Board Report. 22/02/17 - Incident numbers have been reducing and there was ongoing work to reduce the number of same day bookings - **Closed** 12/211216 - The Red, Amber, Green (RAG) rating for the Pressure Ulcer Quality Improvement Plan was all June 2017 and it was requested this was looked at and that more differentiation was given on dates – **Closed** 13/211216 - It was agreed that an update to the Quality Account go to Trust Board and a further update to the February Quality and Performance Committee – **Closed** 17/211216 - The Chief Operating Officer (COO) felt the role of the Quality and Performance Committee needed to be clearer within the policy and that the process map needed to reflect this. The DoN agreed to make this change – **Closed** 19.1/211216 - It was questioned as to how, once a patient moves from one hospital to another, this is recorded in terms of length of stay, was this separate stays or one continual one. The Chief Operating Officer (COO) agreed to investigate this. 22/02/17 it was confirmed that even if moved this was still classed as one whole period stay - **Closed**	
6.	**Corporate Risk Register - Quality and Performance Risk** The Head of Planning, Compliance and Partnerships (HoPCP) presented the Trusts corporate risk register (December 2016). The HoPCP advised that although some new risks had been identified since December 2016, some of these had already been reduced or closed. The lack of data risk re Sexual Health had now closed and the increased demand on SPCA risk rating had reduced. It was also noted that good progress had been made on the GHFT Trackcare risk (mainly by "work completed" by GCS colleagues). Concern was raised that some of the risks were "old". The HoPCP advised that some of these may have changed in the nature of the original declaration of what the risk was and its rating, but still needed to remain. It was acknowledged that with regards to some risks the Trust would need to accept as a residual risk for the long term. Some risks appeared to be duplicated and the HoPCP advised that the risk register was regularly reviewed by the Risk Steering Group, which met monthly.	

Approved

	Concern was raised with regards to the absence of a foot protection service and the fact that this risk had declined. The Chief Operating Officer (COO) advised that Gloucestershire Care Services (GCS) was not funded to provide this service and therefore there were limitation to how the Trust could influence any significant change to this risk. It was agreed that the COO would obtain an update from the Head of Countywide Services (HoCS) as to the scale of the risk. The storage and capacity of medicines risk had been reduced in January 2017. The COO also advised that dressings would become a QIPP for 2017/18, acknowledging the potential difficulty of having dressings spread across the County and within patient's homes. The Chair asked for an update on Medical Cover. The DoN confirmed that the procurement of medical cover had been completed, although there had been some difficulties in securing long term medical cover due to the procurement process for Stroud and Vale Community Hospitals. There were some current risks at the Vale Community Hospital although mitigating actions had been put into place i.e. limiting the number of patients admitted at the hospital on agreed days up until April 2017. The Committee **Discussed** and **Approved** the Corporate Risk Register The Head of Planning, Compliance and Partnerships left the meeting.	
7.	**Operational Services Report** The Chief Operating Officer (COO) presented the Operational Services Report and highlighted that good progress was being made on reducing the Average Length of Stay - the operations team now received a daily report on this. There were still significant challenges associated with GHFT Emergency Department patient flows and a "deep dive" had been completed on discharged and transferred patients, which had highlighted some issues of concern e.g. venflons being left in patient arms, limited DNARs. Hannah Williams advised that there was a nation-wide CQUIN around discharge and safe transfer of care, quality metrics associated with this were still to be agreed and hopefully across the wider "system". There was disappointment raised around the demand capacity tool, which was not yet "live". The Head of Capacity was reviewing this with South West Ambulance Service Trust (SWAST) and were remodelling rotas around demand capacity. The Discharge policy would be presented to the April Committee meeting. Work was underway to increase the level of adult speech therapy activity as they were introducing "living well beyond cancer".	

Approved

	The Chair commended operational services for all the continued work they did for ensuring good outcomes and patient experience/service during periods of pressure and asked that this was added into the Quality and Performance report for next Trust Board meeting (March 2017). The Committee **Discussed** and **Approved** the Operational Services Report	
8.	**Professional and Clinical Effectiveness (PaCE) Directorate Report** The Head of Clinical Governance (HoCG) presented the Professional and Clinical Effectiveness (PaCE) report. The PaCE directorate had been experiencing a period of risk due to colleagues on long term sickness, to cover this risk short term secondment opportunities were being advertised. The Trust had reported its first MRSA bacteraemia case in many years and this had been declared as a SIRI. The Trust had recently transferred its NICE guidance to the Trusts Datix system and because of this there had been a short period of time where both systems were not working. This had now been rectified but there remained a backlog of guidance to be circulated for review. None had been sent out during December and January. The PaCE team were now sending out the outstanding NICE guidance's and working with colleagues to complete any old outstanding ones. The Committee felt that more governance rigor around was required around NICE guidance and it was felt this was not often taken seriously enough. The HoCG did assure the group that NICE had advised that the number of new publications would reduce in future and this was already being seen. It was agreed that the PaCE team would allocate the new and outstanding guidance and that an update would come to the next meeting. Price Waterhouse Cooper (PWC), internal auditors, had completed an audit into SIRI reporting and the PaCE directorate activities. It should be noted that this was a good report; that there were some actions that had materialised and that these would be implemented. The Chair agreed that the Committee was able to take assurance from the PWC report. The HoCG highlighted the good work that had progressed with dementia, which it was hoped would support colleagues to understand patients living with dementia better. The Director of Nursing (DoN) advised that the Clinical Lead for Dementia had presented a QEIA to the Clinical Reference Group on providing	**HoCG/ DDoN**

Approved

	wider training to colleagues and it was hoped the training from this would bring some notable outcomes including less violent incidents, less falls and improved patient and family communications. It was noted that bullying and harassment from patient and service users had had a higher than average rating on the recent staff survey. The DoHR would take this forward with the HR and OD Committee and also through some planned communications. Hannah Williams acknowledged the current staffing difficulties but asked that the Trust could ensure that they would not fall back on Qtr 4 CQUIN for End of Life. The DoN assured her that this was not an issue at this time although one element (training) may have some slippage. Graham Russell reported that he was unsure as to whether the Trust was being progressive in moving forward and effectively managing risks. The DoN assured him that there was some good work taking place and that they had a good handle on risks, pressure ulcers and falls. Some of the work is business as usual; some was being driven by NHS Improvement and national policy. The overall view from the group was that they were now in a much better place than they had been in the previous 12 months. The Committee **Discussed** and **Approved** the Professional and Clinical Effectiveness Report	
9.	**Clinical Reference Group Report** The Director of Nursing (DoN) presented the Clinical Reference Group report and advised that the focus was now on planning work for the next year. Weighing facilities for people with Bariatric needs was causing concern, mainly due to a lack of resources. Hannah Williams acknowledged this and also advised the group that an increase in End of Life Bariatric patients was also being seen, which was causing difficulties in providing care. The Committee **Discussed** and **Approved** the Clinical reference Group Report	
10.	**Quality and Performance Report** The Director of Nursing (DoN) presented the revised Quality and Performance report and noted the changes that had now been incorporated into the report. It was noted that there had been significant improvement in the Children's performance activities maintaining a high standard within the already "green" metrics. It was noted that the results on pressure ulcers were not looking good. The DoN acknowledged that there were some concerns about	

Approved

	the grading of pressure ulcers. Work had been undertaken to refresh training for colleagues on grading pressure ulcers and smartphones were being rolled out so that photos could be taken of pressure ulcers not only for record keeping, but also for grading. There had been some challenges in the Gloucester locality recently and a significant amount of work had been undertaken to tackle these and the outcomes of this work was now being rolled out across the organisation. The Chief Operating Officer (COO) also noted that some of the ICT teams were small and worked in isolation; this was currently being reviewed to see if it would be more effective to join these teams up and make a larger team with an improved support network. It was agreed that the Quality Improvement Plan for pressure ulcers and actions would be bought to the next Quality and Performance Committee meeting. Graham Russell highlighted the issue of high bed occupancy rates. The COO acknowledged these were high but felt this was not a significant risk as long as the Trust continued to manage patient flow effectively – high occupation rates across the Community Hospitals meant that beds were not standing empty when Gloucestershire Hospitals Foundation Trust (GHFT) required them. This helped to manage capacity across the County generally. It was agreed that there would be a further review of the bed occupancy metrics and how these were to be reported. The Director of HR (DoHR) informed the Committee that the Friends and Family Staff Survey was up to over 50%. The Committee **Discussed** and **Approved** the Quality and Performance report	**DoN**
14.	**Falls Quality Improvement Group Report** The Head of Community Hospitals (HoCH) and Clinical Specialist Falls Physiotherapist (CSFP) presented an update on the work being undertaken by the Falls Quality Improvement Group. The Trust were now adopting a different focus on falls, as the acuity of service users meant that most service users were at risk of a fall and therefore risk assessments were completed as standard. It had been noted that there was confusion as to what was classed as a fall and that near misses also appear to being reported. It was hoped that the focus of the three new CSFPs would help clarify when a fall should be reported. Patients with high cognitive impairment continued to be more of a high falls risk, but it was hoped that understanding these patients and their needs better would reduce the need for 1:1 support. A reduction in falls had been seen in the Tewkesbury and Vale Community Hospitals and this was despite them having single room facilities. The falls figures were currently benchmarked against NHS benchmarking, although it was recognised that there was some	

Approved

	inconsistencies with benchmarking information i.e. whether hospitals benchmarked had single rooms, were acute or community etc. It was felt that it was difficult to continue to benchmark to the NHS figures when there were some "unknowns" so it was planned to benchmark against Stroud Community Hospital who had the lowest falls rate. The CSFP highlighted the risk that there may be an initial rise in reporting, due to reporting criteria becoming clearer and more consistent. The Committee **Approved** the report and noted the progress made to date and requested a further update for December 2017.	
11.	**Quality Account Update including Quality Priorities for Quality Account 2017-18** The Director of Nursing (DoN) presented the Quality Account Update and advised that this would now "sit" with the Professional and Clinical Effectiveness (PaCE) team. The DoN would be aiming to reduce the size of the report. The Quality Priorities for next year would align to organisational risks, Sustainable and Transformation Programmes such as Dementia and to national programmes such as CQUINs. With regards to 2016-17 quality priorities the Chief Operating Officer (COO) questioned one of the Qtr 4 figures for ICT and agreed to check and advise to the DoN if incorrect. It was asked whether Gloucestershire Hospitals Foundation Trust (GHFT) would have End of Life as a quality priority, Hannah Williams was unsure but would check and advise; though was unsure if Gloucestershire Clinical Commissioning Group (GCCG) were at liberty to share priorities. It was noted that there was a Your Care Your Opinion meeting in March and it would be important to manage expectations to these stakeholders. The DoN recommended that this report go to Trust Board. This was agreed and it was also agreed that Falls would become a sixth priority for 2017-18. The Committee **Noted** the Quality Account and supported the priorities for 2017-18	**COO** **HW** **DoN**
12.	**Quality Assurance Report including CQC** The Director of Nursing (DoN) highlighted that the assessment process for CQC was clearly changing and there was a need to ensure that the Trust was prepared for this. The Director of HR (DoHR) asked if it was known if there was a date to hear the results of the Gloucestershire Hospitals Foundation Trust (GHFT) CQC inspection. The DoN advised that they did not know	

Approved

	this yet but they did understand that there had been no issues in relation to any GCS services. The Head of Clinical Governance (HoCG) had recently attended a CQC meeting in which they were looking to consult on moving to a yearly self-assessment system for low risk Trusts. The Trust was looking to embed a Datix module that would allow them to gather information and self-assess. This was currently being trialled with various services throughout the Trust with assistance from the Professional and Clinical Effectiveness (PaCE) team and had been positively received. It was agreed that a progress report would come to the Quality and Performance Committee in June 2017. The Committee **Discussed** and **Noted** the Quality Account Update	**HoCG**
13.	**Clinical Record Keeping Report** The Chair acknowledged that clinical record keeping had been a concern to the Committee and risk to the Trust and patient care. The Director of Nursing (DoN) acknowledged the challenges the record keeping quality improvement group had addressed and acknowledged the work of the Head of Professions. Following this work the Clinical Record Keeping risk had been 16 but had now been re-assessed to 12. Audit findings had so far seen improvements but acknowledged that there were still some areas for concern. It was important to now sustain this improvement and colleagues needed to be reminded that this was part of their professional code of practice, it was felt that the Trust may have to ensure Clinical Record Keeping became part of the mandatory training programme. It was noted that there were still some audits to be submitted and that some of the outstanding ones in the report had since been completed. The Chief Operating Officer (COO) felt that this should mean an increase in the quality of reporting and informed the Committee that voice activated recordings were looking to be used for record keeping, which would save clinicians time. The Chair asked if they could be assured about the quality of the audits and the DoN assured the Committee that they could as the reports were overseen, and if need be challenged, by members of the PaCE team. The DoN acknowledged that there were some large services such as District Nursing that still needed to be audited (planned for September 2017). The Chair asked for this to be included in the report to Board and requested an update to come back to the Committee in December 2017. Graham Russell questioned if record keeping was focused on in colleagues Professional Development Reviews (PDRs) (appraisals) and supervision as part of professional revalidation and the DoN agreed that the Head of Professions were looking to cover it in	

Approved

	appraisals and as part of professional revalidation. The Committee **Approved** the Clinical Record Keeping Report	
15.	**Cultural Awareness Activity Report** The Cultural Awareness Activity report was a follow up to the patient story at the last Trust Board meeting and highlighted work that had been undertaken and still to progress. The Trust's Chair had received assurance from Dilke Community Hospital on ensuring that cultural needs were being met. This work had been undertaken in line with the Listening into Action (LiA) work being completed by the Director of HR (DoHR). The Chair asked how this would work in line with the Quality and Diversity group and the DoN assured the Chair that this would link in very well, though the Executive team still needed to agree on how all this activity could be brought together. It was asked if a headline report could be brought to the next meeting and the DoHR agreed to progress this. Graham Russell raised concern that communication documents were not representative of the multi-cultural community that made up Gloucestershire. This was acknowledged and would be taken up with the Trusts Communications team. The Committee **Noted** the Cultural Awareness Activity Report	**DoHR**
16.	**Sign up to Safety** The Sign up to Safety work had now been incorporated into the Learning Assurance tracker, where learning was being aligned with the pledges and this could be the suggested way forward for the Trust. The Committee **Noted** the Sign up to Safety update	
17.	**Medical Revalidation Report** In the absence of the Medical Director the Director of Nursing (DoN) presented the Medical Revalidation report. The Trust had 11 Doctors and 19 Dentists who were all required to revalidate. This work had been undertaken and completed by the Deputy Medical Director (DMD). There had been a high satisfaction rate with appraisals at the same time the Doctors were also being asked whether they have any concerns or requirements such as education. It was also reported to the Committee that an internal audit of the process was still underway before any assurance could be provided to the Trust Board. The Committee **Noted** progress made with Medical Revalidation.	
18.	**Annual Statement Review**	

Approved

	The Trust Secretary (TS) asked Committee members if they would prefer to discuss its annual statement as a group or assess individually. It was agreed that this would be done individually and the assessments would be circulated, it was noted that these would need to be completed in time for a report to go to the Trust Board meeting in March 2017. The Committee **Noted** the Annual Statement Review requirements	**TS**
19.	**Quality and Performance Forward Planner** The Quality and Performance forward planner was approved. The Committee **Approved** the Quality and Performance Forward Planner	
23.	**Any Other Business** **February Trust Board Feedback** The Chair agreed that the next Quality and Performance report for the March Trust Board meeting should include the following items: • Progressing Countywide System Quality Forum to support STP activities – the Chair to write to the CCG • Diabetes integrated pathway internally/externally and a Foot Protection Team • Good news progressed resilience – re patient flow • Quality Account priorities • Falls and Pressure Ulcers • CQC • Cultural Awareness • Medical Revalidation – partial assurance There was no other business raised; the Chair thanked everyone for attending and formally closed the meeting.	
25.	**Date of the next meeting** The next meeting of the Committee to be held on 25th April 2017 in the Boardroom, EJC at 1:30pm.	

Approved

Signed …… Date ……

Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: 18th May 2017

Report Title: Quality and Performance Report – month 12

Agenda reference Number	11/0517
Reason for Being Heard in Confidential Session	N/A
Accountable Executive Director (AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Presenter (if not AED)	
Author(s)	Matthew O'Reilly, Head of Performance
Board action required	To receive
Previously considered by	
Appendices	Quality and Performance Report (March 2017 data)

Executive Summary

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

The March performance notes improvements in the following places:

- Safety Thermometer activity (93.6%).
- Average length of stay 24.3 days compared to 27.7 in February.
- 'Abandoned call rate' in Single Point of Clinical Access (SPCA) was within target at 4.6% (target <5%).
- Delayed Transfers of Care (DToC) has been above its target of 10 since November 2016 and broadly reflects "winter pressures". Operational colleagues continue to focus on this with partner organisations.
- Completed mandatory training increased to 82.1%.

Notable risks to performance include:

- Sickness levels for March was 5% - below the trajectory of 4%.
- Pressure ulcers (acquired) remained the same as February - 45.

Recommendations:

The Trust Board is asked to receive this report.

Understanding you

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

Understanding You

Quality and Performance Report – March 2017

1 Introduction and Purpose

This is the final Quality and Performance report for 2016-17 and overall year end performance is generally good.

2 Background

Both the Board and Quality and Performance Committee have oversight of the Trust's Quality and Performance activities. The Quality and Performance Committee reviewed February 2017 performance at its April Committee meeting.

Information exception reporting and risk are reviewed and actioned accordingly on a monthly basis.

There is clear alignment with the Trust's Corporate Risk Register.

3 Report sections as required by author to support narrative

Notable performance improvements include:

- Safety Thermometer activity (93.6%).
- Average length of stay 24.3 days compared to 27.7 in February.
- 'Abandoned call rate' in Single Point of Clinical Access (SPCA) was within target at 4.6% (target <5%).
- Delayed Transfers of Care (DToC) has been above its target of 10 since November 2016 and broadly reflects "winter pressures". Operational colleagues continue to focus on this with partner organisations.
- Completed mandatory training increased to 82.1%.

Notable risks to performance include:

- Sickness levels for March was 5% - below the trajectory of 4%.
- Pressure ulcers (acquired) remained the same as February - 45.

4 Conclusion and Recommendations

4.1 Conclusion

Quality and Performance across the Trust remains good and the Trust has now moved into the 2017-18 reporting period and there will be some revised trajectories to reflect the new reporting period.

4.2 Recommendation

The Trust Board is asked to receive this report.

Understanding You

Gloucestershire Care Services NHS
NHS Trust

Quality and Performance Report

Trust Board
18th May 2017

Data for March 2017

Understanding you

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Executive Summary

Are Our Services Caring?

- Friends and Family Test response rate in 2016/17 was 4.3% compared to 5.4% in 2015/16. Positive response feedback with respondents 'extremely likely' or 'likely' to recommend the Trust was 95.2%, same as 2015/16.

Are Our Services Safe?

- Safety Thermometer 'Harm Free Care' in 2016/17 was 94.0%, reduced from 95.3% in 2015/16.

- The reduction in performance has been the subject of a detailed review, considering "old" ("inherited") and "new" harms. The number of patients being transferred to the care of the Trust with "old" harms makes achieving this target challenging. Reducing pressure ulcers, the cause of the highest level of new harms, is a quality priority for 2017/18.

Are our Services Effective?

- Inpatient average length of stay for patients discharged in 2016/17 was 25.7 days, an increase from 20.9 days in 2015/16. The average length of stay for current inpatients (not discharged) was 21.6 days (census date 02 April 2017).
- 'Abandoned call rate' in Single Point of Clinical Access (SPCA) was 5.7% compared to 7.2% in 2015/16. SPCA received 44,769 calls in 2016/17 compared to 38,767 in 2015/16, an increase of 15.5%.
- Rapid Response received 2,993 referrals in 2016/17 compared to 2,639 in 2015/16, an increase of 13.4%.

Are Our Services Responsive?

- MIIU 'time to initial assessment for ambulance arrivals' increased to 22 minutes in 2016/17 compared to 17 minutes in 2015/16.
- 99.6% of patients were seen and discharged from MIIU within 4 hours.
- Childhood Measurement and HPV Immunisation programmes are both ahead of trajectory at end of March and on course to achieve school year targets.

Are Our Services Well Led?

- 76.1% of Personal development reviews were completed by the end of March 2017.
- Mandatory training completed (based on the five previously reported measures) was 82.1% at the end of March. This is an increase from 81.1% (March 2016).
- Sickness absence (rolling 12 months to March) was 4.5% (March 2017) compared to 4.7% (2015/16).

Quality and Performance Dashboard – March 2017

CQC DOMAIN - ARE SERVICES CARING?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016/17 YTD	Exception Report?
1	Friends and Family Test Response Rate	No Target	5.4%	4.2%	4.0%	4.2%	4.8%	5.1%	4.3%	4.7%	4.4%	4.8%	4.1%	3.7%	3.4%	4.3%	Y
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	No Target	95.2%	95.3%	94.3%	95.9%	95.7%	94.4%	94.2%	95.3%	95.3%	96.0%	95.8%	96.0%	94.3%	95.2%	Y
3	Number of Compliments	No Target	333	13	39	43	19	37	62	37	56	55	31	28	92	512	
4	Number of Complaints	No Target	87	8	6	4	8	3	2	7	12	7	7	7	2	73	Y
5	Number of Concerns	No Target	315	29	28	36	43	37	34	39	43	28	43	17	26	403	

CQC DOMAIN - ARE SERVICES SAFE?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016/17 YTD	Exception Report?
6	Number of Never Events	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
7	Number of Serious Incidents Requiring Investigation (SIRI)	No Target	22	3	2	4	1	2	0	1	1	3	2	0	2	21	Y
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	No Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9	Total number of incidents reported	No Target	3,711	319	303	302	297	333	323	346	345	337	315	277	317	3,814	Y
10	% incidents resulting in low or no harm	No Target	98.4%	96.2%	96.0%	98.7%	98.7%	94.6%	95.0%	97.4%	94.5%	96.1%	99.4%	94.2%	95.6%	96.4%	
11	% incidents resulting in moderate harm, severe harm or death	No Target	1.6%	3.8%	4.0%	1.3%	1.3%	5.4%	5.0%	2.6%	5.5%	3.9%	0.6%	5.8%	4.4%	3.6%	
12	% falls incidents resulting in moderate, severe harm or death	No Target	0.4%	1.2%	0.0%	0.0%	0.0%	0.0%	1.2%	2.6%	3.9%	2.7%	0.0%	0.0%	2.7%	1.2%	
13	% medication errors resulting in moderate, severe harm or death	No Target	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
14	Number of post 48 hour Clostridium Difficile Infections	*18	9	0	0	1	1	2	2	0	0	1	2	2	2	13	Y
15	Number of MRSA bacteraemias	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
16	Number of MSSA Infections	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
17	Number of E.Coli Bloodstream Infections	0	2	0	0	0	0	0	0	0	0	0	0	1	0	1	
18	Safer Staffing Fill Rate - Community Hospitals	No Target	101.0%	98.7%	97.6%	96.0%	96.0%	95.4%	95.5%	97.2%	97.5%	97.9%	96.8%	96.9%	95.9%	96.8%	Y
19	VTE Risk Assessment - % of inpatients with assessment completed	95%	87.8%	95.4%	96.0%	91.5%	96.7%	97.9%	96.8%	97.2%	98.2%	96.3%	96.8%	95.8%	98.7%	96.4%	
20	Safety Thermometer - % Harm Free	95%	95.3%	93.6%	93.4%	93.1%	93.4%	93.8%	93.9%	94.0%	95.6%	95.2%	95.1%	93.6%	93.6%	94.0%	Y
21	Total number of Acquired pressure ulcers	No Target	350	46	35	42	31	49	38	50	46	56	66	45	45	549	Y
22	Total number of grades 1 & 2 Acquired pressure ulcers	No Target	310	37	33	34	30	39	33	44	38	51	63	42	37	481	Y
23	Number of grade 3 Acquired pressure ulcers	No Target	30	7	2	5	1	6	3	5	8	3	1	3	8	52	Y
24	Number of grade 4 Acquired pressure ulcers	No Target	10	2	0	3	0	1	2	1	0	2	2	0	0	13	Y

*Cumulative YTD target

Quality and Performance Dashboard – March 2017

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016/17 YTD	Exception Report?
Community Hospitals																	
25	Emergency re-admission within 30 days of discharge following a non-elective admission	No Target	14.6%	12.4%	14.3%	11.9%	10.8%	10.1%	10.3%	7.4%	6.3%	9.5%	8.9%	7.5%	12.4%	10.2%	
26	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
27	Inpatients - Average Length of Stay	No Target	20.9	24.3	24.1	23.5	25.6	23.0	27.1	29.2	24.5	25.0	29.5	27.7	24.3	25.7	Y
28	Bed Occupancy - Community Hospitals	90%	96.6%	99.4%	99.4%	98.4%	98.3%	98.9%	98.3%	98.3%	98.6%	97.6%	98.2%	97.9%	98.5%	98.5%	Y
29	% of direct admissions to community hospitals	No Target	29.3%	19.0%	22.1%	26.4%	25.4%	25.6%	23.7%	24.7%	27.0%	25.9%	24.9%	19.1%	27.9%	24.3%	
30	Delayed Transfers of Care (average number of patients each month)	10	3	2	4	3	4	4	7	10	18	15	18	19	16	10	Y
31	Average of 4 discharges per day (weekends) - Inpatients	4**	4.4	5.1	4.4	4.9	4.2	3.3	3.5	2.6	4.3	3.8	4.0	3.4	2.9	3.9	Y
32	Average of 11 discharges per day (weekdays) - Inpatients	11**	11.3	11.3	9.6	9.5	9.4	9.2	8.8	9.3	9.2	8.7	8.8	8.5	9.5	9.3	Y
33	Cancelled Operations - No urgent operation should be cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
34	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
35	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	>99%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
36	SUS Data Quality Index	TBC	99.0%	99.0%	99.0%	99.2%	98.9%	98.8%	98.8%	98.8%	98.7%	98.7%	98.7%	98.8%	++	98.7%	
37	IAT Number of avoided admissions	*2,440	2,083	143	168	168	189	204	192	205	200	+++ Data unavailable				1,469	Y
Other																	
38	Rapid Response - Number of referrals	*3,130	2,639	257	232	236	264	275	234	255	235	257	280	218	250	2,993	Y
39	Stop Smoking Service - **3rd Party Providers**- Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	*462	1,103			225			169			no data available	Service no longer provided by GCS from 1st January 2017			394	
40	Stop Smoking Service - **GSSS only** - Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	*368	1,031			198			199			159				397	
41	Single Point of Clinical Access (SPCA) Calls Offered (received)	No Target	38,767	3,553	3,625	3,794	3,625	3,598	3,965	3,938	3,813	3,474	4,086	3,622	3,676	44,769	
42	SPCA % of calls abandoned	<5%	7.2%	5.1%	4.7%	5.1%	4.7%	3.8%	7.0%	7.9%	7.5%	4.6%	6.3%	6.4%	4.6%	5.7%	Y
43	SPCA % of calls resolved with agreed pathway within 20 mins	95%	93.2%	96.3%	96.4%	96.6%	97.1%	97.9%	97.2%	97.2%	95.8%	95.3%	95.1%	96.4%	95.7%	96.4%	
44	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	2,300 per 100,000 population	2,130	2,314	2,263	2,027	1,909	2,145	2,584	2,787	2,331	2,077	2,888	2,584	2,010	2,327	
45	Chlamydia Screening - Number of Positive Screens	*1,169	1,116	100	104	94	83	101	123	127	108	90	119	107	91	1,247	

*Cumulative YTD target
**Contract variation received and targets amended for 2016/17
+ Service will no longer be provided by GCS from 1st January 2017. Q3 figure is actual number of smokers who have set a quit date. This is the final data available from service ahead of transfer to alternative provider.
++ Data not currently available from NHS Digital
+++Data not received from GHT following Trakcare implementation

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016/17 YTD	Exception Report?
Minor Injuries and Illnesses Unit (MIIU)																	
46	MIIU % seen and discharged within 4 Hours	95%	99.8%	99.6%	99.8%	99.7%	99.6%	99.5%	99.6%	99.6%	99.7%	99.6%	99.2%	99.8%	99.6%	99.6%	
47	MIIU Number of breaches of 4 hour target	No Target	178	25	17	22	30	31	27	22	18	24	42	11	23	292	
48	Trolley waits in the MIIU must not be longer than 12 hours	<12hrs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
49	Total time spent in MIIU less than 4 hours (95th percentile)	<4hrs	02:20	02:41	02:26	02:38	02:30	02:30	02:36	02:37	02:31	02:36	02:40	02:36	02:44	02:35	
50	MIIU Time to initial assessment for patients arriving by ambulance (95th percentile)	<15 m	00:17	00:24	00:21	00:43	00:38	00:17	00:19	00:28	00:14	00:14	00:14	00:13	00:20	00:22	Y
51	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 30 minutes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
52	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 60 minutes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
53	MIIU - Time to treatment in department (median)	<60 m	00:21	00:28	00:17	00:18	00:19	00:16	00:16	00:16	00:15	00:15	00:14	00:16	00:18	00:16	
54	MIIU - Unplanned re-attendance rate within 7 days	<5%	4.4%	3.2%	3.6%	4.1%	3.7%	3.2%	3.6%	3.2%	3.6%	3.0%	3.4%	2.8%	3.2%	3.4%	
55	MIIU - % of patients who left department without being seen	<5%	0.7%	0.7%	0.9%	1.0%	1.2%	1.0%	1.1%	0.8%	0.6%	0.8%	0.8%	0.7%	1.2%	0.9%	
Referral to Treatment																	
56	Speech and Language Therapy - % treated within 8 Weeks	95%	95.1%	84.8%	88.6%	94.1%	100.0%	97.1%	98.9%	98.1%	98.7%	100.0%	98.4%	93.8%	96.7%	95.8%	
57	Podiatry - % treated within 8 Weeks	95%	98.3%	99.2%	99.3%	97.6%	92.6%	95.0%	96.0%	97.0%	96.6%	96.0%	87.0%	87.4%	88.1%	94.3%	Y
58	Occupational Therapy Services - % treated within 8 Weeks	95%	87.0%	90.8%	90.5%	89.9%	92.8%	94.9%	94.6%	92.4%	91.8%	91.3%	86.1%	90.0%	90.9%	91.3%	Y
59	Adult Physiotherapy - % treated within 8 Weeks	95%	92.9%	93.6%	93.9%	92.7%	92.5%	90.3%	88.3%	88.6%	91.9%	94.8%	89.3%	91.0%	94.7%	91.8%	Y
60	Occasional Wheelchairs - % treated within 8 Weeks	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
61	Parkinson's Nursing - % treated within 8 Weeks	95%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%	
62	Diabetic Nursing - % treated within 8 Weeks	95%	97.9%	95.8%	95.0%	100.0%	95.9%	100.0%	96.0%	100.0%	100.0%	100.0%	98.0%	98.0%	100.0%	98.2%	
63	Bone Health Service - % treated within 8 Weeks	95%	99.8%	99.0%	99.5%	100.0%	100.0%	99.4%	99.4%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	
64	MSKCAT Service - % treated within 8 Weeks	95%	94.1%	99.8%	98.5%	100.0%	99.3%	98.7%	90.4%	77.5%	77.7%	78.3%	67.4%	68.4%	73.9%	85.8%	Y
65	Contraception Service and Sexual Health- % treated within 8 Weeks	95%	99.8%	99.8%	99.4%	99.3%	99.8%	99.5%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	
66	HIV Service - % treated within 8 Weeks	95%	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
67	Psychosexual Service - % treated within 8 Weeks	95%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
68	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	80%	80.4%	87.8%	80.4%	75.0%	86.0%	86.5%	81.3%	80.4%	76.8%	86.2%	80.4%	77.1%	80.0%	81.5%	
69	Paediatric Speech and Language Therapy - % treated within 8 Weeks	95%	93.6%	95.9%	92.8%	99.5%	98.7%	97.1%	99.1%	99.3%	98.8%	99.4%	98.1%	94.7%	95.3%	97.4%	
70	Paediatric Physiotherapy - % treated within 8 Weeks	95%	99.3%	97.6%	98.3%	99.1%	97.2%	98.2%	94.0%	92.3%	87.9%	93.0%	95.3%	95.1%	98.6%	95.6%	
71	Paediatric Occupational Therapy - % treated within 8 Weeks	95%	98.9%	97.2%	97.4%	96.9%	96.7%	100.0%	95.2%	96.2%	96.9%	97.2%	96.3%	94.1%	97.4%	96.8%	

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016/17 YTD	Exception Report?
Other																	
72	MSKCAT Service - % of referrals referred on to secondary care	<30%	11.2%	10.0%	9.3%	13.6%	12.1%	14.8%	10.9%	12.1%	11.9%	12.8%	13.2%	11.8%	13.3%	12.2%	
73	MSKCAT Service - Patients referred to secondary care within 2 days of decision to refer onwards	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
74	MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	95%	97.1%	95.8%	100.0%	97.8%	100.0%	100.0%	100.0%	96.3%	100.0%	97.4%	100.0%	97.1%	97.4%	98.5%	
75	Stroke ESD - Proportion of new patients assessed within 2 days of notification	95%	96.7%	90.6%	95.8%	100.0%	100.0%	91.9%	100.0%	100.0%	92.6%	95.2%	100.0%	94.1%	100.0%	96.7%	
76	Stroke ESD - Proportion of patients discharged within 6 weeks	95%	98.6%	96.3%	97.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	
77	Social Care ICT - % of Referrals resolved at Referral Centres and closed	No Target	67.9%	38.4%	37.8%	37.9%	36.7%	36.5%	35.0%	46.8%	47.7%	49.1%	46.7%	48.2%	44.4%	42.1%	
78	Reablement - Current Cases Open Longer than 6 weeks	0	57	74	69	57	54	67	73	61	76	76	65	53	57	65	Y
79	% community reablement completing after 6 weeks	No Target	17.2%	21.0%	17.2%	15.5%	20.6%	16.8%	16.9%	17.9%	17.0%	16.3%	23.6%	19.1%	15.8%	18.1%	Y
80	Reablement - % progressed within 6 weeks from closing this month	100%	82.8%	79.0%	82.8%	84.5%	79.4%	83.2%	83.1%	82.1%	83.0%	83.7%	76.4%	80.9%	84.2%	81.9%	Y
81	Reablement - % contact time	60%	40.3%	41.5%	42.1%	42.4%	40.7%	42.0%	39.4%	39.6%	41.2%	39.5%	37.4%	41.5%	37.8%	40.4%	Y
82	Newborn Hearing Screening Coverage	97%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
83	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	97%	99.4%	99.8%	99.6%	99.8%	99.6%	100.0%	99.8%	99.6%	100.0%	99.8%	99.8%	100.0%	99.8%	99.8%	
84	Newborn Bloodspot Screening Coverage - by 17 days of age (responsibility at birth)	No Target	90.5%	91.7%	95.3%	94.4%	94.4%	94.8%	96.5%	94.0%	90.7%	82.7%	88.2%	94.2%	95.6%	92.7%	Y
85	Newborn Bloodspot Screening Coverage - by 21 days of movement in (Movers In)	No Target	96.7%	92.3%	93.3%	100.0%	91.2%	93.3%	90.9%	100.0%	89.5%	100.0%	100.0%	93.3%	94.4%	94.9%	Y

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016/17 YTD	Exception Report?
Immunisations			**2015/16 Outturn**	**ACADEMIC YEAR 2016/17 - Target 90% of all 2 immunisations by end of academic year (July 2017)**												**2016/17 YTD**	
86	HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed) - **2nd immunisation**	*75%	88.1%						35.5%	52.3%	76.8%	83.4%	83.9%	84.7%	88.1%	88.1%	
87	1st HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed) - **1st immunisation**	*75%	91.6%						7.5%	20.7%	63.8%	85.7%	87.1%	88.2%	90.2%	90.2%	
Childhood Measurement Programme			**2015/16 Outturn**	**ACADEMIC YEAR 2016/17 - Target 95% of children measured by end of academic year - Cumulative target (July 2017)**												**2016/17 YTD**	
88	Percentage of children in Reception Year with height and weight recorded	*85%	97.8%						2.3%	21.2%	52.7%	79.0%	96.4%	97.1%	98.5%	98.5%	
89	Percentage of children in Year 6 with height and weight recorded	*95%	93.3%						9.9%	50.2%	76.1%	89.3%	95.4%	95.5%	96.1%	96.1%	

CQC DOMAIN - ARE SERVICES WELL LED?

		Performance Target	2015/16 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016/17 YTD	Exception Report?
90	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	61%	47.0%			50.0%			49.0%			58.0%			50.0%	51.8%	Y
91	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	67%	80.0%			83.0%			79.0%			74.0%			85.0%	80.3%	
92	Sickness Rate in Reablement workforce	3%	6.5%	4.3%	5.2%	4.4%	5.0%	3.7%	3.9%	8.1%	6.5%	6.3%	8.1%	5.9%	4.7%	5.5%	
93	% of Staff with completed Personal Development Reviews (Appraisal)	95%	77.5%	74.7%	70.7%	66.2%	70.3%	74.8%	76.2%	77.7%	78.2%	79.5%	78.6%	77.1%	76.1%	75.0%	Y
94	Sickness absence average % rolling rate - 12 months	<4%	4.7%	4.7%	4.6%	4.5%	4.5%	4.4%	4.3%	4.2%	4.3%	4.4%	4.4%	4.5%	4.5%	4.4%	Y
95	Sickness absence % rate (1 month only)	<4%	4.4%	4.5%	3.9%	3.8%	4.3%	4.1%	4.4%	4.5%	4.9%	5.4%	5.4%	5.2%	5.0%	4.6%	Y
96	Mandatory Training	**85%	81.1%	68.5%	72.9%	74.1%	75.7%	77.4%	78.4%	80.6%	80.3%	81.1%	80.7%	81.9%	82.1%	77.8%	Y

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

EXCEPTION REPORT | ARE SERVICES CARING?

Gloucestershire Care Services NHS
NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

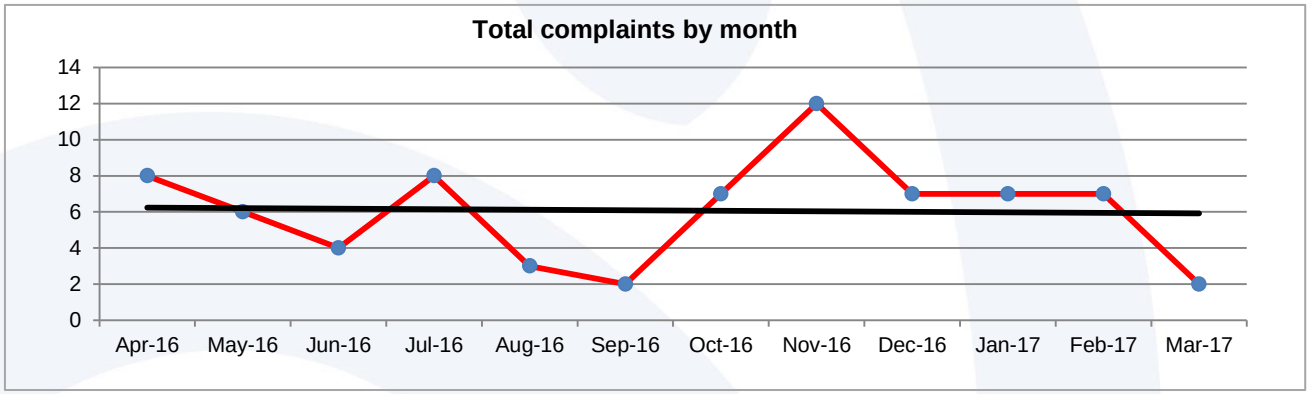
	Risk Register ref.	Risk Register rating	Performance Target	Jan	Feb	Mar
Friends and Family Test Response Rate	-	-	No Target	4.1%	3.7%	3.4%
% of respondents indicating 'extremely likely' or 'likely' to recommend service	-	-	No Target	95.8%	96.0%	94.3%
Number of Compliments	-	-	No Target	31	28	92
Number of Complaints	-	-	No Target	7	7	2
Number of Concerns	-	-	No Target	43	17	26

Additional information related to performance	What actions have been taken to improve performance?
Friends and Family Test response rate and recommendations: • February response rate dropped to 3.4% in March from 3.7% in February • On a year-to-date basis, response rate is 4.3% which remains below the 2015/16 outturn of 5.4%. • Respondents indicating 'extremely likely' or 'likely' to recommend service dropped to 94.7% in March from 96.0% in February. The YTD score is 95.2%.	Progress is being made to transition the Friends and Family Test process to Trust management. (CoMetrica contract ending June 2017): • The new FFT surveys on SNAP are being tested and final amendments made to surveys in preparation for launch across the Trust. • The new FFT will go live using iPads in MIIUs during the first week of May, following testing on two sites (Cirencester and Dilke). • Testing of the automated survey process including extracting data from SystmOne, sending automated emails and texts and setting up an automated reporting process, including reporting on BIRT is being finalised and tested. • All services will go live using the new FFT by the time the CoMetrica contract ends in June 2017.
Complaints, Compliments and Concerns: • 512 compliments were recorded in 2016/17 compared to 333 in 2015/16 • 73 complaints were recorded in 2016/17 compared to 87 in 2015/16 • 403 concerns were recorded in 2016/17 compared to 315 in 2015/16	• N/A

EXCEPTION REPORT | ARE SERVICES CARING?

Gloucestershire Care Services NHS
NHS Trust

Complaints per month and by reason:



Complaints	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016/17 YTD
Comm Hosp	2	2	2	2	1	0	1	4	2	1	1	1	19
Countywide	0	1	0	2	1	1	3	3	1	1	3	1	17
ICTs	2	1	1	3	1	0	0	2	1	1	2	0	14
Urgent Care	3	2	1	0	0	1	0	1	2	2	1	0	13
CYP services	1	0	0	1	0	0	3	2	1	2	0	0	10
Total	8	6	4	8	3	2	7	12	7	7	7	2	73

There were 2 complaints received in March:

- 1 Inpatient services
- 1 Countywide

There were no complaints referred to the Parliamentary Health Service Ombudsman (PHSO) in March 2017.

A total of 3 cases have been referred to the Parliamentary Health Service Ombudsman (PHSO) in 2016/17.

• 1 Dilke Hospital regarding clinical care
• 2 District Nursing - Cheltenham ICT regarding clinical care.

Complaint response times:

Response Time	Q1	Q2	Q3	Q4
Target time within agreed timescale (25 working days)	92.3%	100.0%	91.8%	89.6%

Benchmarking:

This means that the Trust is reporting 3.1 Complaints per 1,000 WTE (Oct-16 to Mar -17) compared to the average of 4.7 based on the Trusts within the NHS Benchmarking Network monthly indicator report.

Gloucestershire Care Services NHS
NHS Trust

EXCEPTION REPORT | ARE SERVICES SAFE?

CQC DOMAIN - ARE SERVICES SAFE?

	Risk Register ref.	Risk Register rating	Performance Target	Jan	Feb	Mar
Number of Never Events	-	-	0	0	0	0
Number of Serious Incidents Requiring Investigation (SIRI)	-	-	No Target	2	0	2
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	-	-	No Target	0	0	0
Total number of incidents reported	-	-	No Target	315	277	317
% incidents resulting in low or no harm	-	-	No Target	99.4%	94.2%	95.6%
% incidents resulting in moderate harm, severe harm or death	-	-	No Target	0.6%	5.8%	4.4%
% falls incidents resulting in moderate, severe harm or death	ST5	9	No Target	0.0%	0.0%	2.7%
% medication errors resulting in moderate, severe harm or death	-	-	No Target	0.0%	0.0%	0.0%
Number of post 48 hour Clostridium Difficile Infections	-	-	*18	2	2	2
Number of MSSA Infections	-	-	0	0	0	0
Number of E.Coli Bloodstream Infections	-	-	0	0	1	0
Safer Staffing Fill Rate - Community Hospitals	HR3	12	No Target	96.8%	96.9%	95.9%
Safety Thermometer - % Harm Free	SD50	9	95%	95.1%	93.6%	93.6%
Total number of Acquired pressure ulcers	-	-	No Target	66	45	45
Total number of grades 1 & 2 Acquired pressure ulcers	-	-	No Target	63	42	37
Number of grade 3 Acquired pressure ulcers	-	-	No Target	1	3	8
Number of grade 4 Acquired pressure ulcers	-	-	No Target	2	0	0

*Cumulative YTD target

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Number of post 48 hour *Clostridium Difficile* Infections: • 13 cases of C.diff were recorded in 2016/17 compared the full year threshold of 18. • There were 2 cases reported in March 2017, one at North Cotswolds Hospital and the other at Windrush ward in Cirencester Hospital. • The patient at the North Cotswold hospital had been transferred from GRH. No signs or symptoms suffered until early March during a course of amoxicillin that was then changed to co-amoxiclav, and then suffered no more symptoms until the sample taken in mid-March. Recurrent courses of antibiotics and a prescribed Proton Pump Inhibitor (PPI) seen as the causes of this infection with likely colonisation when at the acute trust. • The patient on Windrush Ward was transferred from Great Western Hospital (GWH), Swindon. The patient had received 3 separate courses of intravenous antibiotics when at GWH. The patient suffered with constipation prior to/during the early stages of transfer to Cirencester and was prescribed aperients. This resulted in the patient displaying symptoms and a sample was sent in early March that was diagnosed as C. difficile positive. The symptoms were thought to have been caused by the laxative prescribed, as the patient remained well throughout the resulting treatments for C. difficile.	In both cases reported in March 2017 the actions taken to improve performance were as follows; **SIGHT-T**, *Suspect, Isolate, Gloves/apron, Hand wash, Test & Treat* - mnemonic from the Clostridium difficile policy to be used by all staff. This includes commencement of treatment and management (care plan, isolation etc.) on symptoms of diarrhoea, clinical suspicions and risks associated with Clostridium difficile. Staff should not wait for confirmation of a positive result prior to commencing treatment. Improved record keeping required using the Bristol Stool Chart categorisation process to ensure accurate recording of symptoms suffered and output. Both patients had prolonged periods when there was no bowel activity and this issue in both cases should have been addressed sooner.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sept-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016/17 YTD
C diff Cases	0	0	1	1	2	2	0	0	1	2	2	2	13
Avoidable cases in GCS care	0	0	0	0	0	0	0	0	0	0	0	0	0
Unavoidable cases in GCS care	0	0	1	1	2	2	0	0	1	2	2	2	13
Norovirus Outbreaks	2	0	1	0	0	0	0	0	0	0	0	1	4

There have been 13 cases to report so the year end figure remains within the tolerance figure of 18, meaning that Gloucestershire Care Services NHS Trust has again remained within the allowed number of cases as set by GCCG.

The tolerance figure as set by the Gloucestershire Clinical Commissioning Group for 2017-2018 remains at 18.

Outbreaks • There has been one confirmed Norovirus outbreak to report for March 2017. This occurred at Lydney Hospital between the 27th of March and Tuesday 4th of April. In total 12 patients and 3 staff were affected and 29 bed days were lost. • There have been no further confirmed Influenza A outbreaks in March 2017.	• The organisation is prepared for outbreaks, with April anticipated to see more Norovirus activity as in previous years.
Hand Hygiene Audit • The observational hand hygiene audit, including 'bare below the elbows' organisational score for March 2017 evidenced an average of 94% compliance. • The overall 2016-2017 year end compliance figure for Gloucestershire Care Services NHS Trust is 93% against the compliance target of 90%.	• The roll out of cross departmental observational hand hygiene audits being undertaken by visiting members of staff from other departments within the hospital continues.

EXCEPTION REPORT | ARE SERVICES SAFE?

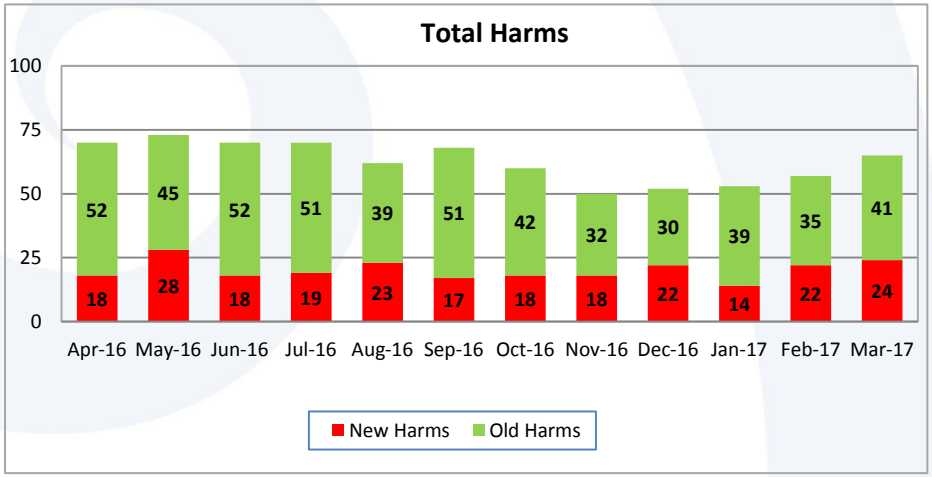
Additional information related to performance

Safety Thermometer:

- Harm Free Care dropped below the 95% target in March to 93.6%. Year to date performance is 94.0%.
- 1,015 patient episodes of care were surveyed for the March Safety Thermometer census. 950 patients' care was harm free.
- Community Hospital inpatient care scored 92.5% harm free in March, an increase from the 88.2% reported in February. Year to date performance is 89.8%.
- Community Nursing scored 93.8% harm free in March, a drop from 95.1% reported in February. Year to date performance is 94.9%.
- 65 harms were reported, of which 24 were new harms.

Benchmarking:

- This means that the Trust reported 2.4% new harms which is above the national average of 2.2% new harms (NHS Digital, March 2017).



What actions have been taken to improve performance?

- Please refer to separate Safety Thermometer Report (Formal Exec meeting 20 April 2017 and Quality and Performance Committee 25 April 2017) for full analysis on year end safety thermometer data.
- The Safety Thermometer report also indicates there has also been an increase in new harms over the past 3 months and details how these are being addressed.
- Data quality is still proving to be an issue with some teams and this is being addressed. Additionally the Trust Pressure Ulcer Quality Improvement action plan has recently been refreshed and submitted to NHSI and frequent meetings for the quality improvement group have been scheduled in order to ensure that the plan is enacted. This group is now being led by the Professional Head of Community Nursing and Deputy Director of Nursing. There is work in progress to agree an improvement trajectory during 2017-18.
- Reducing and preventing pressure ulcers has been continued as one of the Trust's 2017-18 Quality priorities.

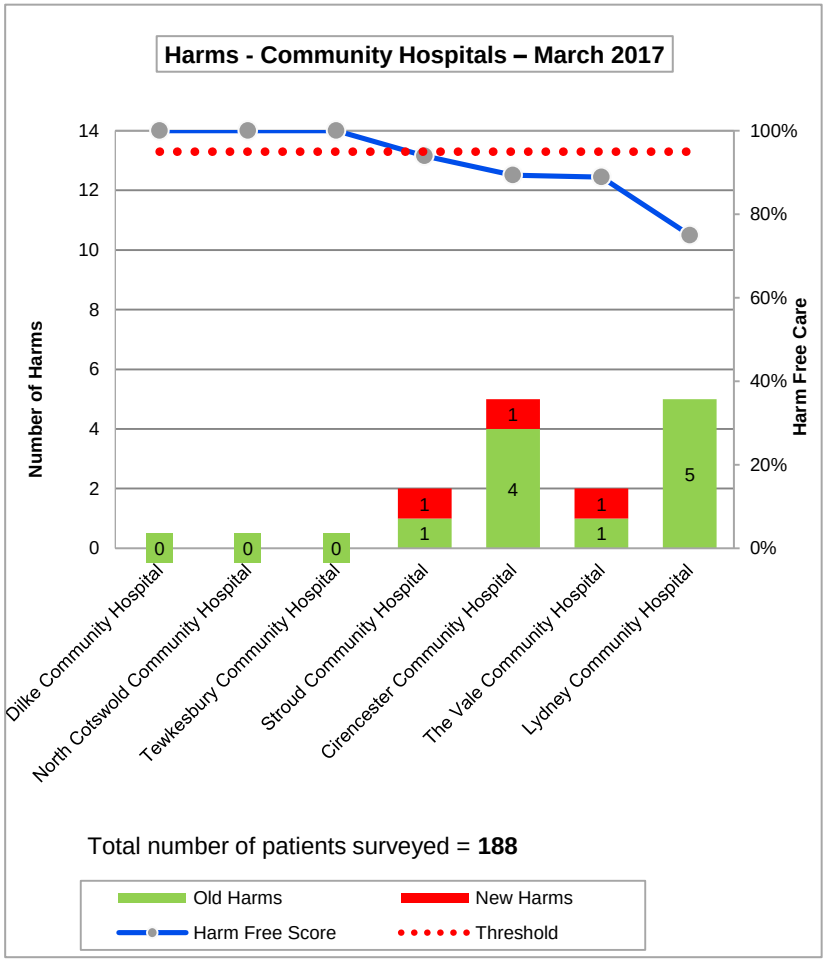
Risks

- Reference – SD50
- Rating – 9

EXCEPTION REPORT | ARE SERVICES SAFE?

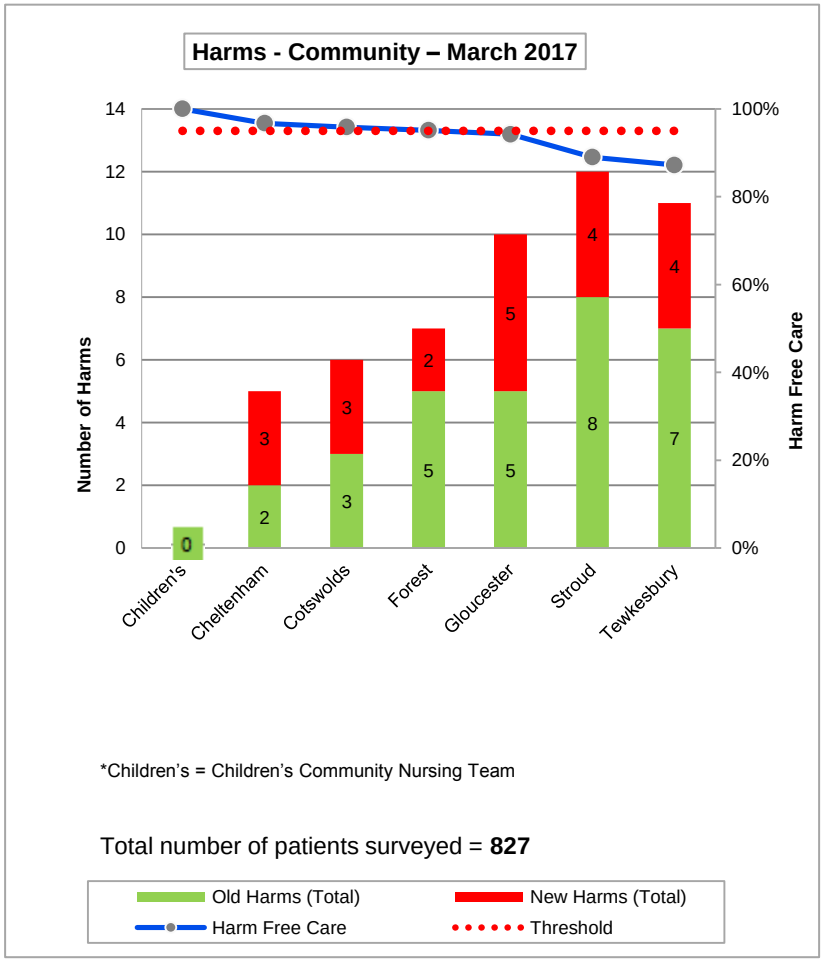
Gloucestershire Care Services NHS
NHS Trust

Safety Thermometer – Community Hospitals breakdown



Total number of patients surveyed = **188**

Safety Thermometer – Community breakdown



*Children's = Children's Community Nursing Team

Total number of patients surveyed = **827**

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS
NHS Trust

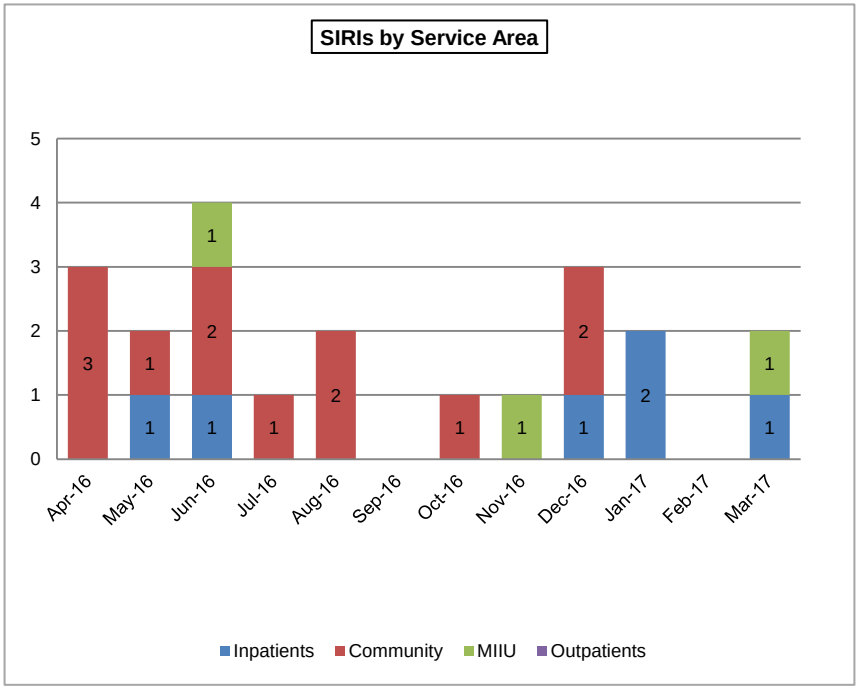
Additional information related to performance

Serious Incidents Requiring Investigation (SIRIs)

- There were 2 SIRIs declared in March 2017. A total of 21 SIRIs have been reported in 2016/17 compared to 22 in 2015/16.

Benchmarking

- The Trust is reporting a rate of SIRIs (1.5 average per month from Oct-16 to Mar-17) which is below the average of the Trusts within the NHS Benchmarking Network monthly indicator report (3.0 average per month).



What actions have been taken to improve performance?

There were 2 SIRI's declared in March.

- Patient attended Stroud MIIU following a fall. Following clinical assessment the patient was sent for anterior and posterior x-rays of his wrist. However, clinical guidelines were not followed as radiological views were not requested of the patient's scaphoid and his wrist was not immobilised.

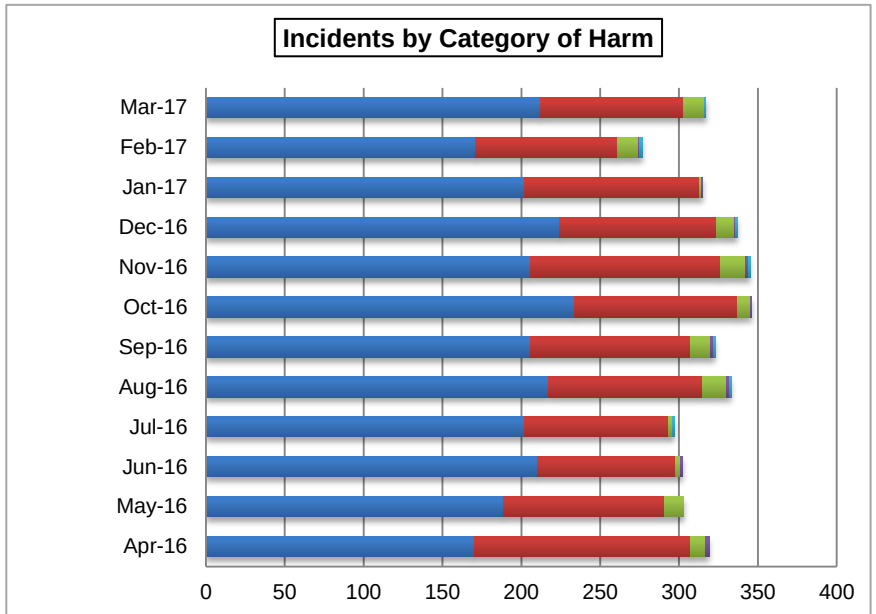
- Patient admitted as an inpatient to The Vale Hospital from Gloucester Royal Hospital (GRH) on 29/10/2016 following a fall which resulted in decreased mobility and subsequent pain in right hip. On 05/11/2016 it was noted that the patient had acquired a blister on right heel which had an area of necrosis.

EXCEPTION REPORT | ARE SERVICES SAFE?

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

Incident Reporting

- Total incidents reported year-to-date are shown below. 317 incidents were reported in March. 3,814 incidents were reported in 2016/17 compared to 3,711 in 2015/16.

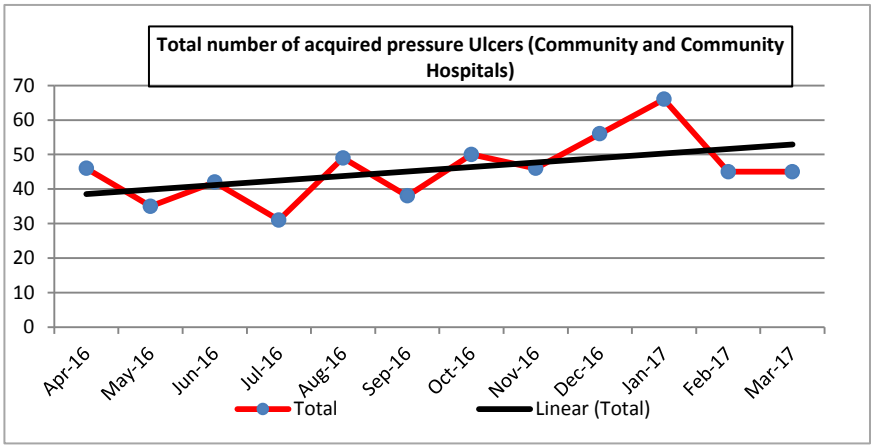


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
No Harm	170	189	210	202	217	206	234	206	224	202	171	212
Low Harm	137	102	88	91	98	101	103	120	100	111	90	91
Moderate Harm	10	12	3	3	15	13	8	16	11	1	13	13
Severe Harm	2	0	1	0	2	2	1	2	1	1	1	0
Death	0	0	0	1	1	1	0	1	1	0	2	1

- Incident reporting levels appear to have returned to average levels in March.

EXCEPTION REPORT | ARE SERVICES SAFE?

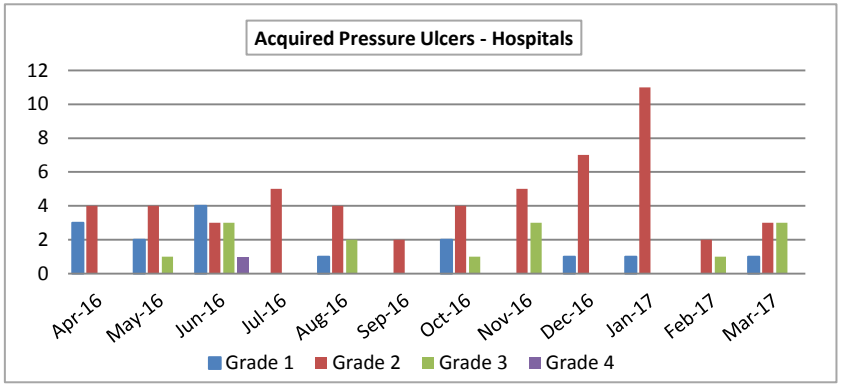
Gloucestershire Care Services NHS
NHS Trust

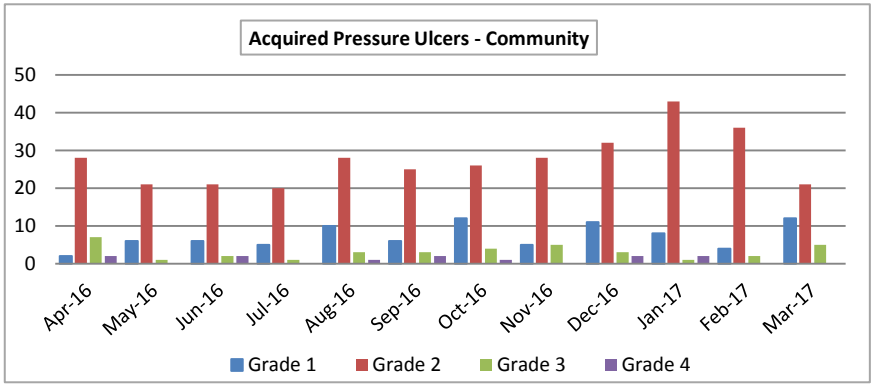
Additional information related to performance	What actions have been taken to improve performance?
Duty of Candour (DoC) • Duty of Candour applied to 18 incidents from 1 April 2016 to 31 March 2017 but 1 incident from April was stepped down from a SIRI making a total of 17.	• Patients and relatives have received a verbal apology and written apology as per DoC guidance.
Pressure Ulcers (PUs) • Overall number of acquired pressure ulcers remained at 45 in March, same as in February. A total of 549 reported in 2016/17 compared to 350 in 2015/16 • Community Hospital acquired pressure ulcers increased to 7 in March from 3 in February. A total of 84 recorded in 2016/17 compared to 83 in 2015/16. • Community acquired pressure ulcers dropped to 38 in March compared to 42 in February. 2016/17 total is 465 compared to 267 in 2015/16. **Benchmarking** • The Trust is reporting 1.2 grades 2,3,4 avoidable pressure ulcers in community hospitals setting per 1,000 occupied beddays (Oct-16 to Mar-17) compared to the average of 0.53 based on the Trusts within the NHS Benchmarking Network monthly indicator report.  • Please see breakdown of reported acquired pressure ulcers into Community Hospitals and Community on page 17.	• It is welcome to see a level in the decline in patients acquiring pressure ulcers whilst they are in care of Trust colleagues. However it is recognised that the trend-line remains an upward trajectory from July 2016. The recent Safety Thermometer results also suggest that pressure ulcers needs to remain a priority with further alignment of the incidents and safety thermometer data needed. • There has been a local and national drive to reduce this element of harm to patients in the care of the NHS. The Executive Led SIRI panel is a powerful forum to relay good practice surrounding pressure area management. Clinical colleagues invited to present cases regarding patients with pressure ulcers are encouraged to critically review practice in an arena which encourages professional challenge but feels safe, with learning then disseminated back to teams and through the learning assurance framework process. • In addition, the Pressure Ulcer Improvement Group continues its drive to ensure that pressure ulcer prevention remains high on the patient safety agenda.

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS
NHS Trust

Analysis of Acquired Pressure Ulcers – February 2017



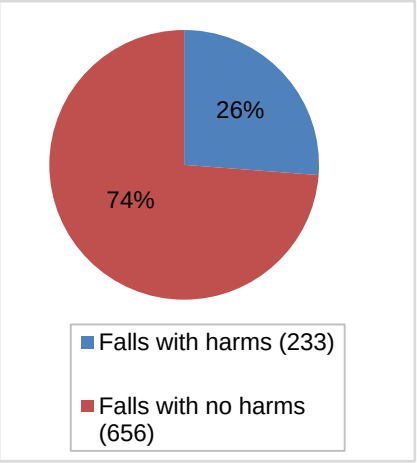


EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Falls in an inpatient setting

Hospital	Total Falls				Falls with harm			
	2016/17 Year to Date		2015/16 Total		2016/17 Year to Date		2015/16 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days	No of Falls with harm	Falls with harm per 1,000 bed days
The Vale	100	13.9	109	15.2	27	3.7	33	4.6
Stroud General	142	18.4	111	8.2	33	2.5	34	2.5
Tewkesbury	89	12.2	100	14.0	19	2.6	26	3.7
Dilke	116	12.1	130	14.5	36	3.7	32	3.6
Lydney	75	10.3	65	8.3	20	2.7	19	2.4
Cirencester	225	12.1	256	13.8	55	3.0	81	4.4
North Cotswolds	142	18.4	121	15.6	43	5.6	31	4.0
TOTAL	**889**	**12.5**	**892**	**12.6**	**233**	**3.3**	**256**	**3.6**
FORECAST	**889**				**233**			



Risks
Reference – ST5
Rating – 9

Additional information related to performance	What actions have been taken to improve performance?
Falls in an inpatient setting • Falls that occurred in an inpatient setting increased to 73 in March from 67 in February. Year to date total is 889 compared to 892 in 2015/16. • 74% of all falls in 2016/17 are without harm. **Benchmarking** • The Trust is reporting a rate of 12.4 falls per 1,000 beddays occupied (Oct-16 to Mar-17) while the NHS Benchmarking network is reporting an average of 8.81 falls per 1,000 beddays, based on the Trusts within the NHS Benchmarking Network monthly indicator report.	• It is inevitable that patients will continue to experience falls in Community Hospitals owing to the nature of rehabilitation. However, patients who have come to "moderate" harm whilst in the Trust's care has been unavoidable. Our colleagues providing care in the inpatient facilities have ensured that all assessments throughout the patient's hospitalisation are undertaken and all necessary interventions have been put in place. • The Head of Community Hospitals continues to chair the Falls Prevention Group and has worked collaboratively with colleagues from GHNHSFT in order to share good practice in this field with continued positive results. • Falls will be one of the Trust's 2017-18 Quality Priorities.

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS
NHS Trust

Safe Staffing – March 2017

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RN	Average fill rate HCA	Average fill rate RN	Average fill rate HCA	
Cirencester	Coln Ward	97.7%	100.0%	101.6%	97.8%	99.5%
	Windrush Ward	89.7%	98.8%	101.6%	104.8%	99.5%
Dilke	The Ward	99.1%	100.8%	100.0%	100.0%	98.7%
Lydney and District	The Ward	81.3%	88.7%	100.0%	104.8%	98.6%
North Cotswolds	NCH Ward	95.5%	86.3%	101.6%	101.6%	96.1%
Stroud General	Cashes Green Ward	92.9%	96.0%	100.0%	101.6%	96.1%
	Jubilee Ward	100.0%	102.7%	100.0%	104.8%	99.4%
Tewkesbury Community	Abbey View Ward	94.2%	92.3%	100.0%	100.0%	99.6%
Vale Community	Peak View	91.0%	87.9%	100.0%	101.6%	99.4%
TOTAL		93.5%	94.8%	100.5%	101.9%	98.5%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	14.7%	17.4%
	Windrush Ward	6.4%	9.0%
Dilke	The Ward	7.9%	8.1%
Lydney and District	The Ward	5.3%	12.9%
North Cotswolds	NCH Ward	8.6%	4.3%
Stroud General	Cashes Green Ward	20.1%	14.0%
	Jubilee Ward	16.5%	16.7%
Tewkesbury Community	Abbey View Ward	0.8%	4.6%
Vale Community	Peak View	18.0%	12.8%
TOTAL		10.9%	11.1%

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

Minimum staffing levels

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

Risks
Reference – HR3
Rating – 12

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

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS
NHS Trust

Safeguarding

Total	2015-16 outturn	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	*Mar-17	2016/17 YTD
Adult safeguarding concerns raised by GCS	**160**	5	5	8	8	8	7	12	14	12	9	8	10	2	101
Total county adult safeguarding concerns	**3,279**	134	164	129	138	155	153	149	172	160	141	124	115	154	1,600
GCS adult section 42 enquiries	**51**	2	2	2	3	6	6	4	6	5	5	1	1	0	41
Total county section 42 enquiries	**1,007**	54	64	53	63	96	99	72	82	85	42	18	9	6	683
Number of new Children's Serious Case Reviews	**1**	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Number of new Safeguarding Adult Reviews	**2**	0	1	0	1	2	1	0	0	0	0	0	0	0	5
Number of children subject to a Child Protection Plan	**580**	**580** (Jan – Mar 2016)	**565** (Apr - Jun 2016)			**538** (Jul-Sep 2016)			**496** (Oct - Dec 2016)			**476** (Jan 2017)			

*Gloucestershire County Council have identified some issues with t he Safeguarding figures they provide for us and have commenced an audit, hence earlier reported figures may change after the audit.

Adult Safeguarding Concerns

No new Safeguarding Adult Reviews have been commissioned during this period. The business manager for Gloucestershire Safeguarding Adults Board (GSAB) has confirmed that the data the Trust currently receives in relation to the number of safeguarding concerns raised by GCS staff is unreliable. This is being addressed by GCC and has also been added to the GSAB risk register.

Children Safeguarding Concerns

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

Two cases are currently being considered by the Gloucestershire Safeguarding Children's Board (GSCB) Serious Case Review Sub group.

***Breakdown of adult safeguarding enquiries (2016/17)**

Client group		Type of concern	
Other vulnerable	60	Physical injury	32
Physical Disability	32	Neglect	27
Learning Disabilities	22	Financial	18
Dementia	4	Psychological	16
Mental Health	1	Sexual	7
		Organisational	3

Gloucestershire Care Services NHS
NHS Trust

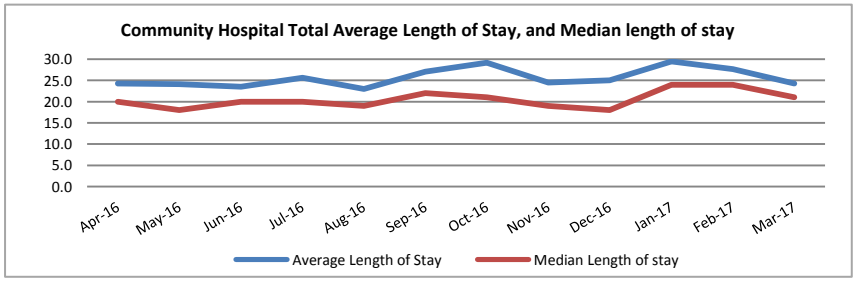
EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

CQC DOMAIN - ARE SERVICES EFFECTIVE?						
	Risk Register ref.	Risk Register rating	Performance Target	Jan	Feb	Mar
Community Hospitals						
Emergency re-admission within 30 days of discharge following a non-elective admission	-	-	No Target	8.9%	7.5%	12.4%
Inpatients - Average Length of Stay	-	-	No Target	29.5	27.7	24.3
Bed Occupancy - Community Hospitals			90%	98.2%	97.9%	98.5%
% of direct admissions to community hospitals	-	-	10	24.9%	19.1%	27.9%
Delayed Transfers of Care (average number of patients each month)	-	-	No Target	18	19	16
Average of 4 discharges per day (weekends) - Inpatients	-	-	4**	4.0	3.4	2.9
Average of 11 discharges per day (weekdays) - Inpatients	-	-	11**	8.8	8.5	9.5
SUS Data Quality Index	-	-	TBC	98.7%	98.8%	++
IAT Number of avoided admissions	-	-	*2,440	+++Data unavailable		
Other						
Rapid Response - Number of referrals	-	-	*3,130	280	218	250
+Stop Smoking Service - 3rd Party Providers- Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	-	-	*462	No Data available	+Service no longer provided by GCS from 1st January 2017	
+Stop Smoking Service - GSSS only - Number of smokers successfully quit (Quarterly Data From September 2015 to June 2016)	-	-	*368	+159		
Single Point of Clinical Access (SPCA) Calls Offered (received)	-	-	No Target	4,086	3,622	3,676
SPCA % of calls abandoned	-	-	<5%	6.3%	6.4%	4.6%
Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	-	-	2,300 per 100,000 population	2,888	2,584	2,010
Chlamydia Screening - Number of Positive Screens	-	-	*1,169	119	107	91

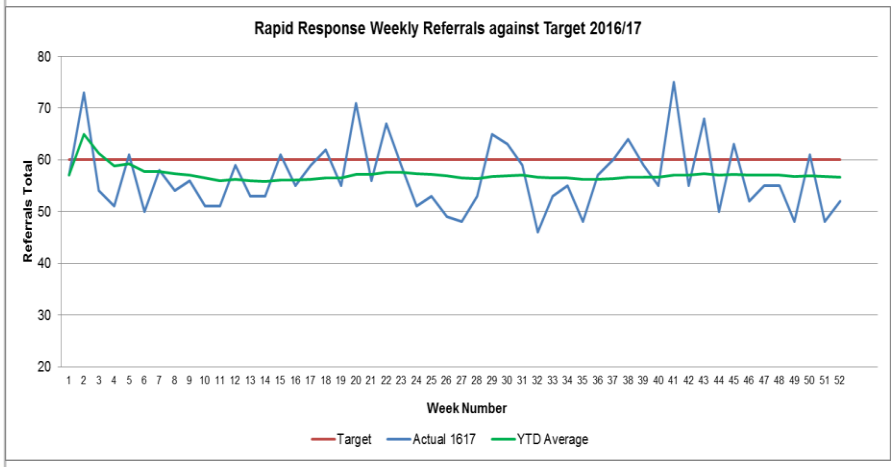
*Cumulative YTD target
**Contract variation received and targets amended for 2016/17
+ Service will no longer be provided by GCS from 1st January 2017. Q3 figure is actual number of smokers who have set a quit date. This is the final data available from service ahead of transfer to alternative provider.
++ Data not currently available from NHS Digital
+++Data not received from GHT following Trakcare implementation

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Gloucestershire Care Services NHS
NHS Trust

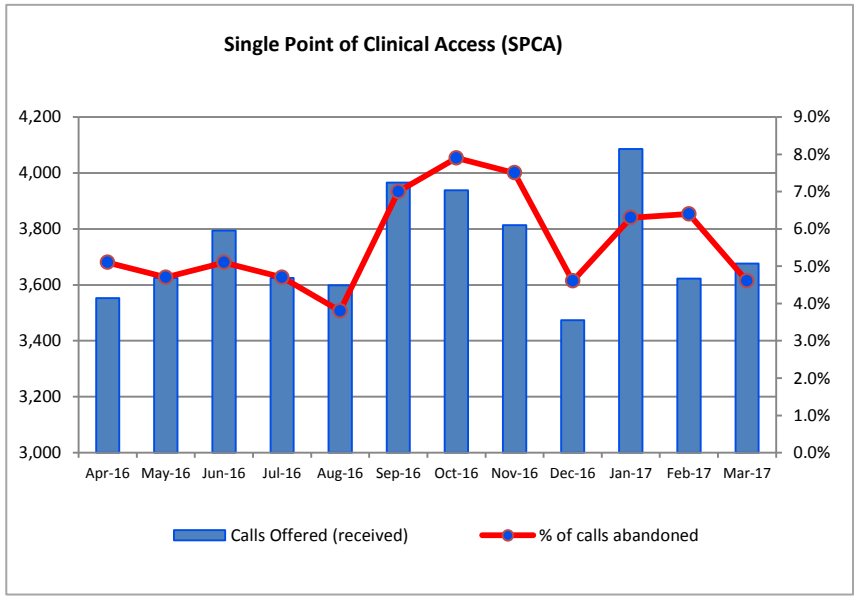
Additional information related to performance	What actions have been taken to improve performance?
Bed Occupancy • Occupancy rate was 98.5% in March. **Benchmarking** • *The NHS Benchmarking network average for 2015/16 was 91.36%.*	• GCS adopted a voluntary red-amber-green-amber-red rating with the upper red being applied at >=96.0%. CQC recommendation is bed occupancy rates of 85%. • All patients are reviewed on each ward on a daily basis to ensure discharge plans are in place and are being progressed where possible. • Improved patient flow has resulted in a decrease in LOS and increased proportions of transfers from GHFT since December.
Delayed Transfer of Care (DToC) • Delayed Transfer of Care was an average of 16 patients (per month) in March compared to an average of 19 in February. • There has been a noticeable increase in reported DTOCs from November 2016 due to an improved reporting process and standardised reporting through SystmOne to replace a manual process.	• To continue to support accurate and transparent reporting, an agreement has been reached with the Head of Social Care on the care pathway for patients requiring onward care and expected delivery standards. • In addition there is a daily board round, weekly MDT and discussion for matrons regarding relevant patients plus a weekly escalation conference call to escalate and unblock delays to discharge where possible. • Ongoing work to ensure consistency and accuracy in attributing the reason for DToC.
Inpatient Average Length of Stay • Average length of stay in Community Hospitals was 24.3 days in March compared to 27.7 days in February. 2016/17 average is 25.7 days compared to 20.9 days in 2015/16. • The median (mid-point) in March is 21.0 days compared to 24.0 days in February. **Benchmarking** • *The NHS Benchmarking network average for 2015/16 was 27.6 days.*  	• All patients are reviewed on a daily basis to ensure discharge plans are in place and are being progressed. • There is a weekly conference call chaired by the Head of Community Hospitals and joined by a senior nurse from each inpatient ward where all patients who are MDT stable but not yet discharged (i.e. a delayed discharge) and all patients with a length of stay over 23 days are reviewed and discussed. Following this call, any particular issues affecting patient flow are escalated to the appropriate partner organisation. • An improved flow process has resulted in decreased average LOS.

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Additional information related to performance	What actions have been taken to improve performance?
Average of 4 discharges per day (weekends) – Inpatients • Average of 2.9 discharges was recorded on weekends in March. Target is 4.0. **Average of 11 discharges per day (weekdays) – Inpatients** • Average of 9.5 discharges were recorded on weekdays in March. Target is 11.0.	• Measure is related to high bed occupancy, DTOCs and patient flow. • Changes in patient flow process have resulted in increased proportions of admissions from GHFT transfers; work is planned to determine whether this is impacting on increased acuity and therefore patient requirements. • DTOCs are largely as a result of delays in implementing social care packages and therefore outside of the Trust's control; the drop in performance in March was significantly affected by the closure of Cleeve Link and subsequent low availability of packages of care for patients requiring social care before discharge.
Rapid Response - Number of referrals accepted • YTD performance remains behind trajectory. • Number of referrals accepted in March was 250 against a target of 266.  	• Discussions are underway with commissioners to review whether the target and current capacity is appropriate as the number of referrals received has increased significantly since the targets were set. • Performance in March was adversely affected by vacancies and sickness absence. Recruitment is underway to reduce the number of vacancies so performance is expected to improve by May 2017.
Integrated Assessment Team (IAT) Number of avoided admissions • IAT Data for January to March was not received from GHFT following Trakcare implementation.	• It has been agreed at IAT Board to review all IAT dashboard measures as they are potentially no longer appropriate. Therefore assurance is not being sought as to performance against this KPI. • The data regarding IAT has not been provided by GHFT since TrakCare implementation.

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Additional information related to performance	What actions have been taken to improve performance?
SPCA % of calls abandoned Performance for March is within target at 4.6% compared 6.4% in February. (target is less than 5%).	• A review has been completed analysing times of calls and high demand; options around having a dedicated GP phone line are being explored to manage times of high demand. • Other processes are being reviewed to explore skill mix and reduction of non essential calls to again increase capacity. • Shift times have been reviewed against activity to align highest capacity with times of high demand whilst maintaining full service cover.



EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS
NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?						
	Risk Register ref.	Risk Register rating	Performance Target	Jan	Feb	Mar
Referral to Treatment						
MIIU Time to initial assessment for patients arriving by ambulance (95th percentile)	-	-	< 15 m	00:14	00:13	00:20
Speech and Language Therapy - % treated within 8 Weeks	-	-	95%	98.4%	93.8%	96.7%
Podiatry - % treated within 8 Weeks	-	-	95%	87.0%	87.4%	88.1%
Occupational Therapy Services - % treated within 8 Weeks	-	-	95%	86.1%	90.0%	90.9%
Adult Physiotherapy - % treated within 8 Weeks	-	-	95%	89.3%	91.0%	94.7%
MSKCAT Service - % treated within 8 Weeks	SD8	12	95%	67.4%	68.4%	73.9%
Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	-	-	80%	80.4%	77.1%	80.0%
Paediatric Speech and Language Therapy - % treated within 8 Weeks	-	-	95%	98.1%	94.7%	95.3%
Paediatric Occupational Therapy - % treated within 8 Weeks	-	-	95%	96.3%	94.1%	97.4%
Other						
Stroke ESD - Proportion of new patients assessed within 2 days of notification	-	-	95%	100.0%	94.1%	100.0%
Social Care ICT - % of Referrals resolved at Referral Centres and closed	-	-	No Target	46.7%	48.2%	44.4%
Reablement - Current Cases Open Longer than 6 weeks	-	-	0	65	53	57
% community reablement completing after 6 weeks	-	-	No Target	23.6%	19.1%	15.8%
Reablement - % progressed within 6 weeks from closing this month	-	-	100%	76.4%	80.9%	84.2%
Reablement - % contact time	-	-	60%	37.4%	41.5%	37.8%
Newborn Bloodspot Screening Coverage - by 17 days of age (responsibility at birth)	-	-	No Target	88.2%	94.2%	95.6%
Newborn Bloodspot Screening Coverage - by 21 days of movement in (Movers In)	-	-	No Target	100.0%	93.3%	94.4%

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Additional information related to performance	What actions have been taken to improve performance?
MIIU Time to initial assessment for patients arriving by ambulance (95th percentile) • Performance was above target at 20 minutes in March after being within target since November 2016 (target is < 15 minutes). • 11 patients arrived by ambulance in March. • There were two breaches which caused the performance to miss target this month. One breach was in Stroud and one in Cirencester, due to periods of high activity in the units.	• Trust has undergone a review of staffing against activity in the two larger MIIUs as per the Commissioners request following the change to MIIU opening hours.
Podiatry Services (% treated within 8 weeks) • Performance continues to be below target at 88.1% in March for the third consecutive month. • 87/730 patients with first contacts in March were seen outside of the 8 week threshold.	• Vacancies are being recruited to. • Additional clinics are being offered starting in April continuing into May. • Long-waiting patients are being targeted as priorities. • The ratio of new-follow up appointments is being addressed by reserving a higher proportion for new patients. • Some improvement is expected in April due to the above, but full impact is expected towards the end of May. • Although still below target, performance has shown improvement in the last three consecutive months.

MIIU	Time (hh:mm:ss)
Stroud	00:22:38
Cirencester	00:16:57
The Vale	00:04:53
Tewkesbury	00:01:47
Lydney	00:00:51
North Cotswold	00:00:37
Dilke	00:00:21

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Additional information related to performance	What actions have been taken to improve performance?
Adult Occupational Therapy Services (% treated within 8 weeks) • Performance in March is 90.9% compared to 90.0% in February. • 27/296 patients were seen outside of the 8 week threshold. • 2016/17 YTD performance is 91.3%, an improvement on 2015/16 figures which was 87.0%.	• Ongoing realignment of resources as part of ICT reconfiguration around GP clusters, to ensure equitable provision across the county. • The service are also undertaking a data cleanse exercise as part of transferring patients in SystmOne in line with the locality restructure.
Adult Physiotherapy (% treated within 8 weeks) • Performance increased to 94.7% in March compared to 91.0% in February. • 94/1,787 patients were seen outside of the 8 week threshold.	There is an on-going action plan which is showing increase in performance
MSKCAT Service (% treated within 8 weeks) • Performance continues to be below target. 73.9% of patients were seen within 8 weeks in March. • 107/411 patients were seen outside of the 8 week threshold.	• The service continues to hold vacancies in readiness for the Gloucester locality change as part of the wider MSK service redesign. This has reduced capacity and is gradually extending waits. • Options are being considered to address the backlog of cases before the new structure is introduced but at present the start date of the new structure is unconfirmed so this will be finalised when the actual patients affected are known. **Risks** • Reference – SD8 • Rating – 12
Reablement Actual performance is reported for information and monitoring.	• As reablement service model is being reviewed metrics will not be subject to RAG rating following agreement with Commissioners.
Newborn Bloodspot Screening Coverage Actual performance is reported for information only.	• Target has been removed following contract variation.

EXCEPTION REPORT | ARE SERVICES WELL LED?

CQC DOMAIN - ARE SERVICES WELL LED?						
	Risk Register ref.	Risk Register rating	Performance Target	Jan	Feb	Mar
Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	-	-	61%	58.0%		50.0%
Sickness Rate in Reablement workforce	-	-	3%	6.3%	8.1%	5.9%
% of Staff with completed Personal Development Reviews (Appraisal)	HR6	12	95%	78.6%	77.1%	76.1%
Sickness absence average % rolling rate - 12 months	-	-	<4%	4.4%	4.5%	4.5%
Sickness absence % rate (1 month only)	-	-	<4%	5.4%	5.2%	5.0%
Mandatory Training	-	-	**85%	80.7%	81.9%	82.1%

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

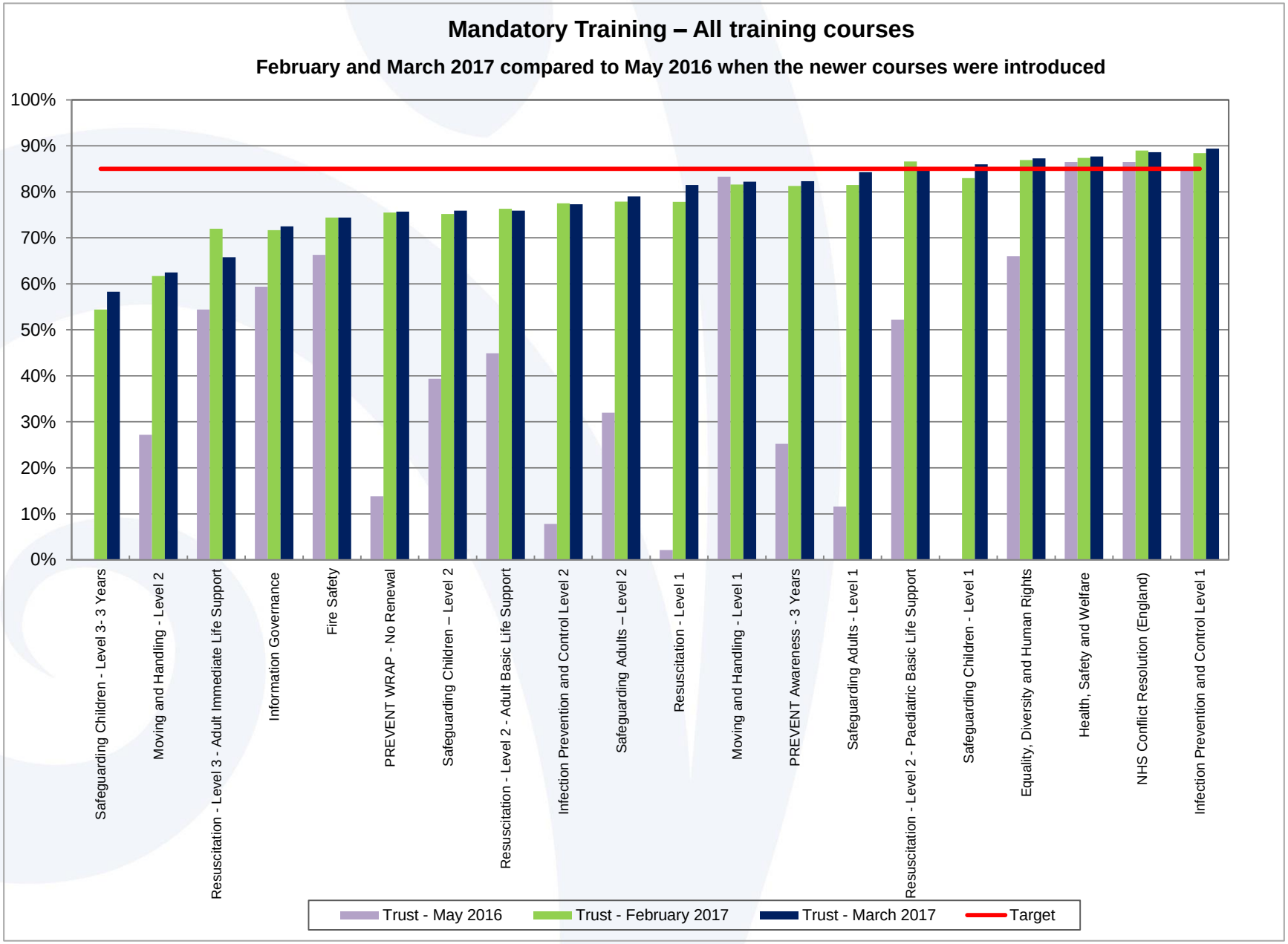
Additional information related to performance	What actions have been taken to improve performance?
Staff Friends and Family Test • Q4 indicated half of the workforce (50%) would recommend the Trust as a place of work. Down from 58.0% in Q3.	• Presentations at CORE leadership meeting. • Listening into Action programmes in place regarding Communications, Leadership and Behaviour .
Staff with completed Personal Development Reviews (Appraisal) • Rate of reported completed PDR was 76.1% in March. Performance remains significantly behind trajectory of 95%.	• Trust is working with colleagues to proactively monitor both their training and PDR with the provision of self service Electronic Staff Record (ESR). **Risks** • Reference – HR6 • Rating – 12

EXCEPTION REPORT | ARE SERVICES WELL LED?

Additional information related to performance	What actions have been taken to improve performance?
Sickness absence • Rolling 12 months performance to March is at 4.5%, remains above target of 4.0%. • March 2017 rate of 5.0% is also above target.	• Reviewed in detail at Workforce and Organisational Development Committee.

Mandatory Training
• Performance in March was 82.1% compared to 81.9% in February. Performance continues to be behind the target of 85%. Most of the measures continue to improve, but some have also dropped compared to January (this is based on the five previously reported measures to enable direct comparison).
 	
• Performance for 5/20 mandatory training measures have decreased in March (compared to February):
 	
  • Resuscitation - Level 3 - Adult Immediate Life Support
  • Resuscitation - Level 2 - Adult Basic Life Support
  • Infection Prevention and Control Level 2
  • Resuscitation - Level 2 - Paediatric Basic Life Support
  • NHS Conflict Resolution (England)
 	
• Performance for 15/20 measures have seen an increase in March compared to February.
	• Reviewed in detail at Workforce and Organisational Development Committee. Compliance for all training requirements shown on page 30.
	• Performance will also be triangulated against long term absences e.g. for sickness and maternity leave to take into account where it is not possible to complete a staff member's mandatory training as they are not available.

EXCEPTION REPORT | ARE SERVICES WELL LED?



HEALTH AND SAFETY | RIDDORs 2016-17

	2015-16 Total	Aggression or violence towards staff	Manual handling	Occupational ill health confirmed or suspected	Slips, trips and falls	Falling object / struck against	Hot, poisonous or corrosive substances	2016-17 Total
Service user / visitor	1	-	-	-	-	-	-	0
Colleague	15	-	4	-	7	-	-	11
Bank / agency	0	-		-	-	-	-	0
Total	16	0	4	0	7	0	0	11

Definition

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

Trends

No RIDDORs were reported October 2016 to February 2017, but 3 were reported in March 2017. **Nevertheless, this still means that there were 32% fewer RIDDORs in 2016-17 compared to 2015-16.**

Also, the 2016-17 RIDDORs were focused solely upon manual handling and slips, trips and falls incidents, whereas in 2015-16, there were incidents in five of the six incident categories.

RIDDOR details

SLIPS, TRIPS AND FALLS

- District Nurse slipped in unlit area outside service user's residence
- District Nurse slipped off the kerb when returning to car
- District Nurse slipped off step on service user's premises when taking waste to the bin
- District Nurse tripped in car park attending off-site meeting
- Colleague slipped on newly-mopped floor despite clear signage in place
- Care Home Support Nurse fell from step on 2gether premises
- HCA tripped on mattress which was being used as a crash mat to prevent a service user from falling out of bed (slips, trips and falls)

MANUAL HANDLING

- HCA felt pain after helping to move a bariatric service user
- District Nurse carrying out patient dressings at sheltered premises
- HCA assisting service user to sit forward
- HCA working as supernumerary undertook a moving and handling procedure beyond her prescribed duties

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

HEALTH AND SAFETY | INCIDENTS

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

2016-17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Verbal Abuse	6	9	1	6	15	9	3	3	7	9	13	6	**87**
Buildings issues	7	7	8	10	5	4	6	4	3	-	4	10	**68**
Assault	3	13	6	8	4	2	1	4	5	4	3	6	**59**
Moving Handling	3	3	3	1	7	4	1	3	2	4	2	9	**42**
Slips/Trips/Falls	5	1	4	1	6	2	2	5	2	3	2	4	**37**
Needlestick	1	1	2	2	1	6	3	4	3	2	1	3	**29**
Stepping/Striking	5	-	2	2	-	-	3	1	2	3	1	2	**21**
Animals	-	1	1	1	-	1	1	-	1	1	1	1	**9**
TOTAL	**30**	**35**	**27**	**31**	**38**	**28**	**20**	**24**	**25**	**26**	**27**	**41**	**352**

- There were 14% fewer health and safety incidents in 2016-17 compared to the previous year.
- In 2016-17, there was a significant downturn in the number of needle-stick injuries as a result of increased focus on safer sharps.
- The increase noted in stepping/striking incidents in year is believed not to be an actual increase, but is attributable in improved reporting/recording of moving and handling events and increased oversight and scrutiny of reported incident numbers.
- The number of assaults reported were not all against colleagues: indeed, these included 5 domestic assaults of service users / carers which were witnessed by staff
- There are no other apparent trends; the reduction is across all health and safety incident types.