

Trust Public Board Meeting Agenda

Date: Tuesday, 22 November 2016

Time: 11am

Venue: The Main Place
Old Station Way
Coleford
GL16 8RH

Item	Ref No.	Subject	Outcome	Presenter	Guide Time
1	01/1116	Service User Story –	To receive	Inclusion Gloucestershire	11:00
Inclusion Gloucestershire (Formally Inclusion Gloucestershire and Gloucestershire Voices) – Their focus is championing people from an all age, all disability perspective. That includes people with physical disabilities, learning disabilities, sensory impairment and mental ill health.					
LUNCH					12:00
PRELIMINARIES					
2	02/1116	Welcome and apologies	To note	Chair	12:30
3	03/1116	Confirmation that the meeting is quorate	To note	Trust Secretary	
4	04/1116	Declaration of Interests	To note	Chair	
5	05/1116	Minutes of the meeting 20 September 2016	To approve	Chair	
6	06/1116	Matters Arising Action Log	To note	Chair	
7	07/1116	Questions from the Public	To discuss	Chair	
STRATEGIC					
8	08/1116	Chair's Report	To note	Chair	12.55
9	09/1116	Chief Executive's Report	To note/ approve	Chief Executive Officer	13.05
10	10/1116	Chief Operating Officer's Report (Including Agency update)	To note/ approve	Chief Operating Officer	13.20
11	11/1116	Board Assurance Framework	To note and endorse	Director of Finance	13.35
QUALITY, SAFETY AND PERFORMANCE					
12	12/1116	Quality and Performance Committee update (plus	To discuss and note	Chair of Quality	13.45

Item	Ref No.	Subject	Outcome	Presenter	Guide Time
		Committee minutes)		and Performance Committee	
13	13/1116	Workforce and OD Committee update (plus Committee minutes)	To note	Chair of Workforce and OD Committee	13.55
14	14/1116	Quality and Performance report – Month 6 Data	To note	Director of Nursing, Chief Operating Officer	14.05
FINANCIAL					
15	15/1116	Finance Committee update (plus Committee minutes)	To note	Chair of Finance Committee	14.15
16	16/1116	Finance Report – Month 6 Data	To note	Director of Finance	14.25
17	17/1116	Charitable Funds Committee Update Including Charitable Funds Strategy	To note and approve	Chair of Charitable Funds Committee	14.35
ASSURANCE AND INFORMATION – Question only items					
18	18/1116	Audit Update (i) Audit Panel (ii) Business Continuity Strategy	To note	Chair of Audit and Assurance Committee	14.45
19	19/1116	Forward Planner Review	To approve	Chair	14.50
20	20/1116	Any other business	To note	Chair	14.55

The next Trust Board Meeting will be held on:

Tuesday, 24th January 2017
Oxstalls Tennis Centre, Plock Court, Tewkesbury Road, Gloucester. GL2 9DW

AGENDA ITEM 2

WELCOME AND APOLOGIES

AGENDA ITEM 3

CONFIRMATION THAT THE MEETING IS QUORATE

DECLARATION OF INTERESTS FRAMEWORK - January 2016 - January 2017 (last updated 10 November 2016)

		Ingrid Barker	Paul Jennings	Glyn Howells	Duncan Jordan	Richard Cryer	Robert Graves	Susan Mead	Ian Dreehan	Joanna Scott	Nicola Strother Smith	Jan Marriott	Mike Roberts	Tina Ricketts	Candace Plouffe	Susan Field
GOVERNANCE	Declaration of Interests Proforma	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Declaration of Interest signed by Board Members	✓	✓	✓	✓	✓	✓	✓	Pending	✓	✓	✓	✓	✓	✓	✓
	Declarations reviewed at Board Meeting - Jan 2016	✓	✓	✓	✓	✓	✓	✓	Pending	✓	✓	✓	✓	✓	✓	✓
MATERIAL INTERESTS	Directorships, including non executive directorships, held in private companies or public limited companies, (with the exception of those of dormant companies).	Board member and Trustee of NHS Providers. Governor Trustee of Hartpury College (Corporation)	Director of Colouring in Consulting Ltd Trustee Extra Care Charitable Trust Trustee and Chair Welcome Well Being CIC Non Executive Gold Standards Framework (from 4th July 2016)	Non-Exec position on Health Education England South West Quality Committee (ceased Sept 2016)		Trustee for: 1) Action for Children 2) Aspire Living						Jan Marriott Associates Ltd (Director)		Board Member of NHS Leadership Academy, South West		
	Ownership, part ownership of private companies, businesses or consultancies, likely or possibly seeking to do business with Gloucestershire Care Services NHS Trust, or likely to be considered a potential trading partner with Gloucestershire Care Services NHS Trust.															
	Majority or controlling share holdings in organisations likely or possibly seeking to do business with Gloucestershire Care Services NHS Trust															
	Any connection with an organisation, entity, or company, considering entering into or having entered into, a financial arrangement with the Gloucestershire Care Services NHS Trust, including but not limited to, lenders or banks.	Husband is the Pro-Vice Chancellor of Nottingham Trent University.		part time secondment to Buckinghamshire Oxfordshire and West Berkshire STP footprint as Finance Lead (from 09 November 2016)	On secondment from GCC until the end of March 2016.						Mentoring Health & Justice Commissioner at NHS England, South West England - Includes SARC, prison and secure children's homes. (from 7th November 2016)	Independent Co-Chair Gloucestershire Learning Disability Partnership Board (Gloucester County Council). Independent Chair - Gloucestershire Mental Health Wellbeing Partnership Board (Glos CCG). Acting Independent Chair - Gloucestershire Physical Disability and Sensory Impairment Board (Glos CC and CCG).	GP Partner - Rosebank Surgery, Gloucester Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDOC)	Trustee of Gloucestershire University Technical College (from 13 September 2016)		
	A position of authority in a charity or voluntary organisation in the field of health and social care services.									Chairman of the Wiggly Worm Charity, Gloucestershire		Vice-Chair Community Hospitals Association			Active Gloucestershire	
	Any connection with a voluntary or other organisation contracting for, or commissioning NHS services.															
	Research funding / grants that may be received by an individual or their department															
	Interests in pooled funds that are under separate management															
CONFLICTS	Direct financial interest															
	Indirect financial interest															
	Non-financial personal interest															
	Conflicts of loyalty															

Trust Board Minutes

Date: 20th September 2016

Board Members	
Ingrid Barker	Chair (Voting Member)
Robert Graves	Non-Executive Director, Vice Chair (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Mead	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member)
Paul Jennings	Chief Executive Officer (Voting Member)
Glyn Howells	Director of Finance/Deputy Chief Executive (Voting Member)
Dr. Mike Roberts	Medical Director (Voting Member)
Michael Richardson	Deputy Director of Nursing
Candace Plouffe	Chief Operating Officer
Tina Ricketts	Director of Human Resources
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Rod Brown	Head of Planning, Compliance and Partnerships
Public/Press	
	Approximately 30 members of the Public, including press, attended up to and inclusive of Agenda Item 10. Three members of the public attended the meeting.

Ref	Minute
01/0916	<p>Welcome and Apologies</p> <p>The Chair, Ingrid Barker, welcomed colleagues. In particular Graham Russell for his first formal meeting as a Non-Executive Director.</p> <p>Apologies for absence had been received from Susan Field, Director of Nursing, her deputy; Michael Richardson was also welcomed to the meeting.</p>
02/0916	<p>Confirmation the Meeting is Quorate</p> <p>The Chair confirmed that the meeting was quorate.</p>
03/0916	<p>Declarations of Interest</p> <p>Members were asked to provide relevant updates to their previous declarations of interest where appropriate. The Director of HR confirmed she had updated her Declaration of Interest in relation to the University Technical College which was to be discussed within the Chair's Report.</p>

04/0916	<p>Minutes of the Meeting Held on 19th July 2016</p> <p>The Minutes were approved as a true record and signed by the Chair.</p>
<p>05/0916</p> <p>Nicola Strother Smith</p>	<p>Matters Arising (Action Log)</p> <p>It was confirmed all except one item were on track or complete. Nicola Strother Smith advised that dates were now in place for Quality Visits to Edward Jenner Court, with the first of four to take place on 10th October. The other NEDS also offered to be involved and Nicola Strother Smith agreed that once she had trialled the process she would update them at a NEDS meeting on potential involvement.</p>
06/0916	<p>Questions from the Public</p> <p>The Chair confirmed to attendees that the meeting was a board meeting in public, not a Public Meeting, and advised on the formal processes in place to enable members of the public to submit questions in writing.</p> <p>It was confirmed that three sets of questions (see appendix) all relating to the proposed changes in opening hours within the Trust's Minor Injury and Illness Units (MIUs), had been submitted to the Trust Secretary in writing. One of these sets of questions, from Stroud Against the Cuts, had also been raised as a Freedom of Information Request which had been responded to the previous day (James Beecher, Stroud Against the Cuts, thanked the Trust for providing the response ahead of the statutory response time to enable it to be considered before the meeting).</p> <p>The Chair also formally acknowledged the Petitions from Stroud and Cirencester signed by over 5,000 people. She confirmed the Petitions and the issues around the proposed opening hours changes had been the subject of debate by the County Council. She also highlighted that there had been a 7 week engagement process which had given members of the public the opportunity to provide their views and gain further information.</p> <p>The Trust Secretary read out questions submitted by two members of the public, and one question and response from The Freedom of Information request which James Beecher from Stroud Against the Cuts requested be highlighted.</p> <p>The Chief Executive also advised of a number of questions received at the start of the meeting from colleagues from the Stroud Minor Injury and Illness Unit, mainly relating to shift patterns, which would be followed up with them during the consultation process after the Board had made its decision. This process would be led by the Director of HR.</p> <p>The Chair outlined the context for the Board's consideration of the Minor Injury and Illness Units (MIU) item. Whilst confirming that members of the public had no automatic right to raise verbal questions at this meeting, the Chair advised that to ensure members of the public present had received every opportunity to be heard, she would invite questions from the floor.</p> <p>Debbie Hicks, Stroud Labour Party Vice Chair, presented the Chair with additional signatures for the petitions and expressed concern members of the public were not being heard.</p> <p>Members of the Public raised a number of issues verbally: Could the Trust guarantee that if 8-11 opening hours were in place that it would resolve the nursing recruitment issues?</p>

Whether the statistics used were reliable, particularly as NHS Choices does not list Stroud Hospital?

Whether the Board could make a different decision to the recommendation?

Concerns relating to the signposting to services from other NHS organisations.

Need for Signs showing the MIU was not an Accident and Emergency service.

The ambulance service was in crisis.

Lack of capacity of the Acute Hospital – would the overnight closure of the MIUs put additional pressure on the Accident and Emergency Services.

In emergencies individuals do not always act rationally.

The Chief Executive responded to questions on potential nurse rotation by confirming the competencies required within MIUs. He also highlighted the national shortage of GPs. In relation to nurse recruitment he advised that this had improved over the last two years following the introduction of a range of recruitment initiatives, but that the nurses wanted the opportunity to practise their skills which they could not achieve in the low levels of attendance taking place at the MIUs currently opening overnight. He confirmed that recruiting Agency nurses had also been tried, despite the additional cost burden this created, but that they did not want to work over night with limited activity because it was not satisfying. He advised that the Trust employed the highest proportion of part time staff in the south west, and that this flexibility supported recruitment.

In response to the written question which queried why the Stroud MIU was being closed the Chief Executive confirmed it was **not** being closed, rather that the hours were proposed to be reduced. He stressed that the proposed changes were not “the thin end of the wedge” and were being driven by quality, sustainability and providing the right level of nurses. He confirmed that analysis had shown that patients presenting between 11pm-8am could either have waited until the next day or were urgent and should have gone directly to Accident and Emergency, and that the response time when an ambulance was called was often quicker if an individual called from home than from an MIU. He confirmed that NHS 111 would take individuals through the options and would only signpost to an MIU during its opening hours. He shared the members of the public’s frustrations with the signposting on NHS Choices and confirmed that the Trust had written repeatedly to have entries relating to its services corrected.

In relation to the questions from Stroud Against the Cuts relating to National Policy he confirmed that the Trust was not in a position to comment on these, and that such issues were not part of the process. He did note that many comparable countries’ expenditure on health was 10%, but that under the Comprehensive Spending Review the target was to move to 6.7% which inevitably would have consequences. The Chair advised that she sits on the NHS Providers Board which is the voice of all Trusts in England on policy issues.

In relation to implementing the changes the Chief Executive advised this would now be from 1 November at the earliest instead of the proposed 1 October 2016 to enable full colleague consultation and wider communication of any changes agreed.

In relation to questions on consistency across the county he advised this would be part of the later review of Urgent Care provision which was being led by the Gloucestershire Clinical Commissioning Group.

James Beecher commented that the spreadsheet provided by the Trust in response to the Freedom of Information request suggested attendance of approximately 4% of attendees took place between 11pm and 8am. The Chief Executive commented that this needed to be balanced against the 36% of costs incurred in this period. The Medical Director commented that in Stroud and Cirencester on average there were 3 patients a

	<p>night during this period and that a significant proportion of these attendees should have gone straight to Accident and Emergency services. The Chief Executive confirmed that the Chief Executive of Gloucestershire Hospitals NHS Foundation Trust, which operated the Accident and Emergency services, had advised that the overnight closures of the MIUs would have no impact on their services (over a 24 hour period they dealt with an average of 350 people).</p> <p>In terms of Board process it was confirmed the Board could vary the recommendation if it decided to. It was stressed that the Board was made up of individuals who would all feed in their views to support the decision making process. Attendees were advised that the Trust Board was a unitary board which combined Executives and Non Executives who were collectively responsible for decisions made.</p> <p>The Chief Executive commented that he understood how individuals react in a crisis and it is part of the Trust's responsibility to provide education and information so individuals can make the best choices.</p> <p>The Chair thanked members of the public for their contributions.</p>
07/0916	<p>Chair's Report</p> <p>The Chair highlighted key aspects in her report:</p> <ol style="list-style-type: none"> 1. The proposed Letter of Support for the establishment of a Health University Technical College (UTC) in Gloucestershire. This included the commitment to provide time from the Director of HR and the Head of Communications, nominate the Director of HR as a Trustee, support curriculum development, support the recruitment process for the senior team, recruit learners, and for the Trust to act as an ambassador. It was confirmed the aim was to support the recruitment of health staff. The Chief Operating Officer queried whether it would impact negatively on our relationship with the University of West of England (given that University of Gloucestershire were the sponsoring university) but was advised that UTCs focused on 14-18 year olds and therefore there would not be a conflict. Members were reassured by this, recognising the importance of both streams for recruitment. 2. The contribution of David Miller MBE, Chair of Stroud League of Friends, who was standing down after over 40 years in the role. She commented on the fantastic contribution he had made, which the Trust hoped to mark later in the year. 3. Sustainability and Transformation Plan – Mark Outhwaite had been appointed as independent Chair for Gloucestershire. 4. Recruitment of New Chief Executive – 2 assessment centres had taken place to date and a further assessment would take place on 22nd September. <p>The Board NOTED the Chair's Report.</p>
08/0916	<p>Chief Executive's Report</p> <p>The Chief Executive commented on the recent news from Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) relating to financial issues and advised that the Trust had been briefed in advance of the public announcement and was committed to helping and</p>

	<p>supporting them in working through these issues as a partner. He noted that work was on going at GHNHSFT to identify how this had arisen.</p> <p>From his report he highlighted:</p> <ul style="list-style-type: none"> • #take the lead – the planned leadership conference for staff on 5th October to build leadership capacity in the organisation • Listening into Action – a positive Board Development session that morning would be followed up with a session for 30 coaches to drive effective change management through the organisation • The Trust AGM is taking place on 11 Oct 2016 • Sustainability and Transformation Plan – highlighting the work being taken forward with GP clusters on the 30,000 model • Media – recently implemented controls on parking at Cirencester Hospital were having some teething issues. However he assured the Board that the aim is to keep free parking for staff and patients • Homeless Healthcare Team – Official Opening of George Whitefield Centre <p>Graham Russell recognised the contribution of the Homeless Healthcare Team in Gloucester and asked whether this would be rolled out across the county. The Chief Executive advised that there was some outreach to Cheltenham and Stroud but that more resources were required on a national level and that this was a Commissioner decision. He commented on the compassion and care shown by colleagues at the Centre to meet the needs of the very vulnerable.</p> <p>The Board NOTED the Chief Executive's Report.</p>
09/0916	<p>Chief Operating Officer's Report</p> <p>The Chief Operating Officer highlighted from her report:</p> <ul style="list-style-type: none"> • Ongoing pressure in the system, but confirmed that winter escalation beds had been closed and that a pilot of "ring fenced beds" for GP admission to improve system flow and reduce pressure on the Acute Hospital was ongoing. • The Safer Staffing Model (depending on acuity need rather than a fixed standard) was being taken forward and that work continued to support the cap on agency spend. • The Care Pathway Redesign work, utilising a whole system approach. The current focus was on respiratory and dementia which has involved the Integrated Respiratory Team and Integrated Community Teams. • Urgent Care – work ongoing with Primary Care – focus on urgent appointments. • Work to reduce admissions and decrease length of stay at the Acute Hospital. • Preparation for Winter Plans and Demand/Capacity modelling for 2016/17. • The use of Listening into Action to help clinical and operational leads to identify and take forward service developments. • Pilot of community matron in South Cotswolds employed by primary care – other localities to review. <p>Jan Marriott congratulated the Trust on the work being done to see patients locally which was better for the individuals and community.</p> <p>Graham Russell queried what "Care Pathway" redesign involved. The Chief Operating Officer advised it involved clinicians from different parts of the system coming together to consider the ideal pathway for the patient and looking at how this could be achieved. Sally Pearson from Gloucestershire Hospitals NHS Foundation Trust was the lead. The</p>

	<p>Medical Director commented positively on how the Respiratory Pathway would support patients moving through the system.</p> <p>Richard Cryer questioned how ring fencing beds for GPs contributed to reducing bed occupancy. The Chief Operating Officer advised the average length of stay was shorter for GP admissions and it enabled patients to be treated without going via the A&E. The Chief Operating Officer stressed that reducing length of stay at all hospitals in the County and reducing admission rates at A&E needed to be achieved to benefit the whole system.</p> <p>The Deputy Director of Nursing advised that the revised Staffing Model had been scrutinised by the Clinical Reference Group who were supportive of it as a clinically driven model.</p> <p>The Chair commented positively on the initiatives being considered for Urgent Care which would provide alternatives to the MIIU resources. She queried the timeframe for the developments and was updated that work was being led by the Gloucestershire Clinical Commissioning Group, and that each locality was in a different position. It was highlighted that Gloucestershire Healthwatch was supportive of clear pathways being in place. Sue Mead stressed the importance of work that met the key objective of enabling people to be supported to remain at home without needing to be admitted to any form of hospital.</p> <p>The Director of Finance queried whether new technology was being explored and it was confirmed this was being looked at, particularly in specialist teams such as the Rapid Response Team. The Chief Operating Officer confirmed that technology led solutions were being considered for patient testing, record keeping and virtual consultations to support community nurses.</p> <p>Resolved that the Chief Operating Officer's Report be NOTED.</p>
10/0916	<p>Minor Injury and Illness Units(MIIU):</p> <ul style="list-style-type: none"> (i) Engagement Outcome Report (ii) Proposal Paper <p>The Chair apprised the Board that to support the effective discussion of this important item, which was the subject of a detailed Board paper, the Chief Executive would introduce the item, the Medical Director would advise on the clinical position, the Head of Planning, Compliance and Partnerships would summarise the Engagement paper and the Chief Operating Officer would take the Board through the proposal and the recommendation. The item would then be opened for the Board to debate and challenge.</p> <p>The Chief Executive set the context, reminding the Board that the process had been triggered by concerns raised by the Care Quality Commission (CQC) in their inspection of the Trust's Services in June 2015. He advised that this had been followed up by talks with Trusts operating similar units to see if there were lessons that the Trust could learn from them and that the proposals being brought forward followed detailed research. He stressed that whilst some coverage by individuals and the press had framed the proposals as cuts in fact every option being considered would cost the Trust more and that the key factor was the inability of the Trust to resource the MIIUs, to the standards required, for the current opening hours. He commented that since the CQC inspection the Trust had taken forward a Quality Improvement Plan to respond to the issues identified, the decision</p>

relating to the MIUs was a key part of this Plan and needed to be resolved so that the CQC could be invited back to review the Trust. This process should not be delayed further.

The Medical Director advised that he and the Director of Nursing had reviewed the proposal focusing on quality, patient safety and clinical governance. The key criticism of the CQC had been that the Units were effectively over reliant on Health Care Assistants to make initial assessments of a patient's condition and that the Units should have more nurses in place when patients were using the services. He commented that the analysis showed that in the Units that operated overnight on average there were less than 3 patients being seen in the seven hour period after 11pm and that between 10pm-11pm on average 1 patient was being seen per hour. He advised that much work had been done to recruit additional nurses and retain them but that it was difficult to recruit nurses to work where they would not have the opportunity to exercise their skills. He commented that the Trust was keen to increase usage of the MIUs during the day and was working to ensure all health professionals; NHS 111 and NHS Choices were aware of the services offered by the MIUs and would signpost users appropriately.

The Head of Planning, Compliance and Partnerships highlighted key points from the Engagement Report. He commented that it was a lengthy report which reflected the open and transparent process, every comment that had been received was included in the report. The survey had received 1170 responses, which demonstrated effective engagement within the 7 week process, by way of comparison he advised that an engagement exercise by the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) in 2013 had received 239 responses.

The MIU engagement exercise had issued 5,000 leaflets initially, with a reprint being undertaken due to demand. Leaflets had been available from hospitals, MIUs, GP surgeries, community venues and these had been supported by a wide range of drop in events at community venues, the use of an engagement bus and social media activities. The activities had been spread across the Trust, but particularly focused in areas where change was proposed. An easy read leaflet had also been made available and there had been press engagement.

He confirmed the process had included pre-engagement with GHNHSFT, the Leagues of Friends (who had assisted in the engagement process), Healthwatch, Health and Care Overview and Scrutiny Committee, local GPs and staff.

The option for change preferred by the public was option 2 (to change the hours of the MIUs in Stroud and Cirencester to 8am-11pm with 39.1% of the vote, 405 of respondents had been from the Forest of Dean.

The Chief Operating Officer stressed that the driver for the proposal was to ensure compliance with the CQC requirements by providing safe staffing levels. The Chief Operating Officer confirmed that the proposal had been informed by the engagement process and detailed usage analysis. The engagement process had identified option 1 as the least desirable. The process had considered whether

continuing a variation in opening hours would cause confusion but had identified that local people understood the offer. She advised that the shift pattern would need to be further considered and discussed with the GCCG.

The Chief Operating Officer advised that she was recommending option two which would have least impact on partners, although she recognised it would cause the highest financial cost pressure on the Trust. The proposal also reflected on the ongoing review in the Forest of Dean which is being led by the GCCG.

The Chief Executive acknowledged the strength of feeling demonstrated within the petitions submitted but stressed that the Board needed to focus on delivering sustainable, high quality care, whilst making best use of resources.

The Director of Finance commented that the proposal had been led by clinical requirements but confirmed it had been costed and supported, however he reinforced that the recommended option did put the greatest cost pressure on the Trust. He confirmed that this would be managed through the current year through non-recurrent savings but for future years would have to be managed through adding £460k to the Cost Improvement Plan for the following year. It was noted that analysis of the evidence suggested that one of the MIUs in the Forest of Dean could be closed at 8pm, but recognised that given the wider consultation it would be inappropriate to take this forward at this time. Nicola Strother Smith, Non-Executive Director, stressed the need for the cost pressure to be raised further with the GCCG.

Sue Mead, Non-Executive Director, stressed that the key concern was to ensure the Trust met the standards required by the CQC to deliver safe, high quality, reliable and consistent care. She commented that the information within the report provided a strong evidence base for consideration but queried the justification for continuing to provide inconsistent opening hours across the county.

The Chief Operating Officer advised that the units proposed for the longer opening hours had higher levels of utilisation, that the Trust did not want to prejudice the wider discussions about the Forest of Dean Hospital provision and that the engagement strategy had confirmed that the localities understood their local services' opening times. She confirmed that appropriate signage and communication would be put in place once a Board decision had been made. The Medical Director confirmed that the Vale and Tewkesbury had smaller catchment areas and had lower numbers of attendees. He advised that GHNHSFT had informed the Trust that there was very little impact on demand for their services when the MIUs closed. Nicola Strother Smith, Non-Executive Director stressed the need for the Forest of Dean Review to be taken forward. This was supported by the Chair and Chief Executive

Jan Marriott, Non-Executive Director, queried whether the CQC could close the MIUs if they were not compliant with their requirements and this was confirmed. Nicola Strother Smith, Non-Executive Director, questioned whether the revised opening hours would mean unplanned closures would be reduced. The Chief Operating Officer advised that removing unplanned closures could not be guaranteed but that the changes should reduce the possibility by narrowing the

recruitment gap and that there were currently very few closures during the day.

Jan Marriott, Non-Executive Director, commented that it would have been beneficial for these changes to be concurrent with the review of urgent care. The Chief Operating Officer advised that this was being led by the GCCG with each locality at a different point, whilst the Trust needed to resolve the MIIU position now given the CQC recommendations.

Richard Cryer, Non-Executive Director, thanked members of the community of their involvement in the engagement, and commented that the Engagement Report had provided much useful information on individuals' concerns. He also recognised the work that underlay the recommendations and the analysis that had been undertaken. He commented that his initial preference would have been for option 1 to provide a consistent service, but that he understood the reasons the Chief Operating Officer had provided for proposing option 2. He queried what work was currently ongoing in relation to shift patterns. The Chief Operating Officer advised that this was being considered currently. The RCN view was that 12 hour shifts were acceptable for some forms of service.

Robert Graves, Non-Executive Director, commented that as a non-executive he understood the gravity of the decision and had considered the data in detail, with particular focus on safety, sustainability and value for money. He expressed concern at the length of time it had taken to respond to the CQC and stressed the need for a decision to be made without further delay.

The Deputy Director of Nursing advised that the Clinical Reference Group had undertaken Equality Quality Impact Assessments of all three options and that all three options had been supported. He also advised that the option of continuing to operate 24 hours had not been supported on the grounds of clinical safety.

Graham Russell Non-Executive Director, queried whether there was a clear understanding of the service provided through community based care and was advised that this information would be considered within the wider discussions on the Sustainability and Transformation Plan. The Chair commented on the need for strong advocates of community based health services and the role for the Board in this.

The Director of HR confirmed that once an option was agreed HR would meet with affected colleagues, beginning on Thursday, to launch an internal consultation process regarding shift patterns.

The Chair summarised the discussion, highlighting that:

- the process was driven by the CQC requirements – quality, patient safety and reliability as far as was practicable,
- that a decision could not be further delayed,
- the financial cost pressure would need to be managed, and that there should be further discussion with the GCCG on this,
- the Trust needed to work with partners in relation to the wider reviews to ensure timeliness,
- the Equality Quality Impact Assessments had not identified any clinical

	<p>concerns for the recommended option.</p> <p>Sue Mead, Non-Executive Director commented that there remained a concern in relation to consistency within the recommended option and that the Trust would need to work with the Urgent Care Review to respond to this in due course.</p> <p>Colleagues present from the Stroud Hospital were given the opportunity to comment on the recommendation and suggested potential impact on retention and recruitment. The Director of HR commented on the flexibility of the Trust as an employer and confirmed HR would meet with affected colleagues to discuss options. The Chair confirmed that the comments had been heard. The Head of Planning, Compliance and Partnerships commented that colleague views had been part of the engagement process.</p> <p>The Board RESOLVED unanimously that:</p> <ul style="list-style-type: none"> (i) a change be made to the current operating hours of the MIUs to address the ongoing operational issues in providing a high quality, safe, consistent and sustainable service that offers best value to the population of Gloucestershire. The operating hours, to be: Cirencester, Stroud, Dilke, Lydney – 08-23.00 North Cotswolds, the Vale, Tewkesbury – 08-20.00 With the changes for Stroud and Cirencester to take effect effective from no earlier than 1st November 2016, (ii) that consultation with our colleagues about any changes in working patterns will be progressed; (iii) Noting the cost pressure of c£460k produced, and that GCS NHS Trust will work collaboratively with GCCG to review the staffing levels and rotas to minimise the cost pressures to the organisation. Any residual cost pressure to be alleviated by considering further integrated work as part of the system wide urgent care response. (iv) A recommendation be made to the Forest of Dean health and social care engagement exercise to consider the location of a single MIU open to 23.00 in the Forest of Dean. <p>3.45-4pm Break - the majority of the members of the public left the meeting with 3 remaining.</p>
11/0916	<p>Board Assurance Framework</p> <p>Members considered the Board Assurance Framework. It was agreed Risk 1, inability to identify, address or learn from trends that emerge as a result of complaints, concerns and incidents, could be removed from the register following confirmation of a reduced rating for the second period. Members discussed risks that remained at 16 and the increased risk relating to the ICT specification (more information on this was awaited from the GCCG). It was confirmed that the Clinical Record Keeping risk was believed to have reduced, following work in this area, but the risk rating was not being reduced until the results of the Audit, which would take place in January, were known. Members noted that the recruitment issue was reported on within the Workforce item and the Clinical Skills</p>

	<p>within the Quality and Performance Report. Members noted the reduction of the risk in relation to the CQC.</p> <p>The Board NOTED the Board Assurance Framework and confirmed the proposed actions planned to mitigate the risks to an acceptable level.</p>
<p>12/0916</p> <p>Chief Executive Officer</p>	<p>Quality and Performance Committee update including Minutes 26/8/16 and update on August Meeting.</p> <p>Clinical Strategy</p> <p>Sue Mead, Chair of the Quality and Performance Committee, took the report as read, and highlighted in particular:</p> <ul style="list-style-type: none"> the revised 3 year Clinical Strategy which the committee had welcomed for its clarity and focus on impact on improving patient experience. <p>The Deputy Director of Nursing confirmed it was underpinned by a detailed work plan and had been supported by the Clinical Reference Group.</p> <ul style="list-style-type: none"> Focus on Harm Free Care – assurance had been received in relation to high bed occupancy, concern that the safety thermometer remained below the 95% threshold since the previous meeting (4 months running). It was confirmed that investigation was on going in relation to whether this reflected the changed data validation process or other issues. Members queried if it related to one service area but were advised it was a mixed picture and a deep dive analysis was being conducted. It was confirmed this issue was a matter of focus for the Executive and colleagues and that the possibility of using Listening into Action as part of the process was being considered. CQC – the work to take forward the Quality Improvement Plan and internal review, and the work on the MIU meant the Quality and Performance Committee had recommended the Board should now formally invite CQC to undertake an inspection. Members stressed the need for this to be communicated effectively with colleagues. Members debated whether there should be an oversight group for the inspection process but agreed it should be taken forward within current structures, reflecting that it was a “business as usual” position not something relating only to inspection. <p>The Board:</p> <ul style="list-style-type: none"> noted the report, received the minutes of the Quality and Performance Committee – June 2016, meeting, endorsed the Clinical Strategy endorsed the recommendation that CQC should be invited to undertake an inspection of the Trust. and were assured of the reported position and actions taken.
13/0916	<p>Quality and Performance Report - Month 4 Data</p> <p>The Deputy Director of Nursing presented the report to the Committee and highlighted:</p> <ul style="list-style-type: none"> the Musculoskeletal Clinical Assessment and Treatment Service 8 week Referral to Treatment Target was achieved in July 2016, Patient slips, trips and falls within Community Hospitals inpatient settings remains the highest reported incident by type. The Trust reported a SRI (Serious Incident Requiring Investigation) in July – it

Trust Board Minutes

<p>Trust Secretary/ Governance Group</p>	<p>was noted a further one had taken place in August and would be included in that month's data. It was confirmed the rate of SIRIs at the Trust was below the average for Community Trusts.</p> <p>Graham Russell, Non-Executive Director, queried the Trust's tolerance of "reds", given that some objective, in particular Objective 4 were predominantly red. Members advised that the focus was particularly on trends and directions of travel, and that areas indicated as red should be the subject of detailed reporting through the committee structure. In relation to the Rapid Response Service it was noted that demand peaked on Friday/Saturday and Sunday and education was on going with Primary Care to use it more uniformly during the week.</p> <p>Richard Cryer, Non-Executive Director, commented on an inconsistency between the reporting on pages 27 and 33. It was agreed the metrics should be reviewed as the reablement information in particular did not match the commissioning changes, and other changes had occurred, the option of including safe staffing was also an aspect to be considered. It was agreed this should be taken forward within the Group reviewing information flows for the Board.</p> <p>The Board NOTED the report.</p>
<p>14/0916</p>	<p>Workforce and Organisational Development Committee update Including Minutes 13 June 2016</p> <p>HR Performance Report to August 2016 & Score Card Trends</p> <p>The Committee considered the report. It was noted that the Month 5 data was indicating an improving position, with appraisal completion now at 75%, Mandatory Training Levels improving, sickness rates reduced to 4.5%.</p> <p>Members commented that as the appraisal was now called Performance Development Review there should be consistent use of terminology. The new metrics charts were noted.</p> <p>The Board NOTED the Workforce and Organisational Development Committee update, received the approved minutes of the meeting 3 June 2016.</p>
<p>15/0916</p>	<p>Finance Committee update and Minutes Meeting 15 June 2016</p> <p>Robert Graves as Chair of the Finance Committee took members through the key parts of the update, confirming that currently the Trust's Financial Plan was on track, but stressing that the Finance Committee was not complacent about delivering the challenging Financial Plan against the sector and local financial landscape. Work was continuing to achieve the Quality Innovation Productivity and Prevention Plan (QIPP) and Commissioning for Quality and Innovation National Goals (CQUIN) funding, with some use of Listening into Action processes. He commented that the Committee had received a very helpful review of the Integrated Community Team (ICT) who would provide an update at a future meeting.</p> <p>He highlighted that the main risks being managed to ensure delivery of the planned surplus are:</p> <ul style="list-style-type: none"> - Getting the ICT management structure revised following GCC removal of funding for joint positions (in agreement with the GCCG),

<p>Director of Finance</p>	<ul style="list-style-type: none"> - Delivering Cost Improvement Plan (CIP) including managing non-recurrent savings where recurrent savings are delivered later than planned, - Managing the cost pressures arising from the outcome of the MIU engagement, - Delivering QIPP and CQUIN milestones in line with plan and current forecast. Latest figures show under delivery in Q1 of approx. £200k across CIP and CQUIN milestones. <p>Additionally the Director of Finance was working to resolve issues relating to out of area patients because of costs relating to the HIV service. This equated to c£600k cash over the last 3 years.</p> <p>Members queried the latest position on recharges with GHNHSFT and were advised the previous year had been resolved but that agreement for the current year was not yet in place. Members considered this a high level strategic risk and it was agreed the Director of Finance would add this to the Register.</p> <p>The Board NOTED the report and received the approved minutes of the Committee held on 15th June 2016.</p>
<p>16/0916</p>	<p>Finance Report – Month 4 Data</p> <p>The Director of Finance advised that Month 5 had just closed and currently the Income and Expenditure position was in line with plan and cash was £1.5m favourable to plan. He commented that in relation to the recharges with GHNHSFT the risk was circa £1m (once recharges both ways were reflected) and that the Deputy Directors of Finance of both organisations are working to achieve agreement.</p> <p>He identified the following key points within the report:</p> <ul style="list-style-type: none"> • QIPP risk share of £900k which is dependent on system wide admission avoidance • Offsetting any in year shortfall on CIP delivery with equivalent non-recurrent savings. <p>He also highlighted ongoing discussions with GCCG in relation to QIPP and CQUIN milestones on the evidence requirements.</p> <p>Members discussed Sustainability and Transformation Plan Funding noting that ability to earn it was kept under review, and that the wider system issues were a cause for concern.</p> <p>The Board NOTED the financial position and actions being taken to mitigate the identified risks.</p>
<p>17/0916</p>	<p>Audit and Assurance Committee Report</p> <p>Richard Cryer as Chair of the Audit and Assurance Committee presented the report, confirming the following key points:</p> <ul style="list-style-type: none"> - Information Governance Toolkit Compliance was now assessed at 50% - a plan was in place to mitigate this by March 2017, - There was also concern at the level of IG Mandatory Training – it was confirmed it was now to be returned to be incorporated within the Corporate Induction. <p>The Committee had agreed an update would be provided in November.</p> <p>Internal Audit would then review the self-assessment to provide independent scrutiny.</p>

Trust Board Minutes

	<ul style="list-style-type: none"> - Governance Framework and Information Flows to be reviewed by the Trust Secretary with NEDS and Executive leads with support from Graham Russell. - <p>The Board RECEIVED the report and noted the minutes of 3rd May and 31st May 2016 and endorsed the Risk Management Strategy (the Business Continuity Strategy to come to the next meeting).</p>
18/0916 Trust Secretary	<p>Agenda Forward Planner</p> <p>The Board reviewed the forward agenda document. It was agreed a Charitable Funds Report would come in November, the Listening into Action dashboard and a further mechanism for recording activity should be added to the schedule and the workforce dashboard be added. It was noted that the Strategy approval dates also needed to be revised as there had been slippage. It was agreed the November meeting should include the draft Financial Plan and that consideration at that meeting also be given to agreeing the required sign off by 23rd December 2016.</p> <p>The Forest of Dean engagement activity was also flagged for future consideration</p> <p>It was AGREED the Forward Planner would be revised as proposed.</p>
19/0916	<p>Any Other Business</p> <p>Bren McInerney, member of the public and Vice Chair Gloucestershire Link & Community Volunteer, commented positively on the way the Trust had demonstrated its commitment to its values through its conduct of the meeting. He advised that given time he would forward additional feedback by email.</p> <p>There being no further business the Chair closed the meeting at 5pm.</p>
	<p>Date of Next Meeting in Public</p> <p>It was agreed that the next meeting of the Board be held on Tuesday 22nd November 2016 and will be held at the Main Place, Old Station Way, Coleford, GL16 8RH.</p>

Chair's Signature:

Date:

Appendix to Board Minutes 20th September 2016

Public Questions Submitted to Trust Secretary by 12 noon 19th September 2016 and read out at the above meeting.

	Date	Question
1.	18/9/16 9pm	<p>Why not have the nurses who work on the wards at night rotate their shifts so that they all take it in turns to work one night a week in casualty?</p> <p>It will cost lives if people, especially the very young and vulnerable have to wait for an ambulance to arrive - which will obviously take longer if more people ask for one. When I was young your own GP would come out to visit you at night if you were very ill and frightened. What a change for the worse. The waiting time in the big general hospitals is already diabolical - putting more strain on their staff.</p> <p>I worked at Stroud Hospital many years ago, then there was a nurse's home and nurses got paid to train, not expected to run up tens of thousands of pounds in debt to train.</p> <p>Do the right thing for the people of Stroud and surrounding area, keep the hospital open at all times please. We need it.</p>
2.	19/9/16 10.35am These questions were responded to on 19/9/16 as a FOIA Confirmed at meeting.	<p>On Wednesday 31st August we sent the below questions to GCS and Gloucestershire Clinical Commissioning group, asking both to treat them as Freedom of Information requests if necessary. While both organisations have responded to say they are treating the questions under Fol legislation, we feel that at least some of the questions could be answered by the Board tomorrow. As such we restate them below in the hope answers may accompany the decision regarding the future of our local Minor Injuries and Illness Units, central to this decision as several of them are.</p> <p>Yours sincerely, Stroud Against the Cuts</p> <p>1. a) What has Gloucestershire Care Services done to assess the impact of changes to MIIU opening hours on Out of Hours and urgent care services in Stroud and Gloucestershire?</p> <p>1. b) What has Gloucestershire Clinical Commissioning Group done to ensure a full impact assessment of changes to MIIU opening hours on Out of Hours and urgent care services in Stroud and Gloucestershire has been undertaken?</p> <p>2. Please provide further details on numbers attending the county's MIIUs from 2010 – 2015, broken down for Stroud, Cirencester, Lydney and the Dilke, by hour.</p>

		<p>3. Please provide precise numbers regarding how many nurses have responded to recruitment offers by GCS in recent years, how many have been interviewed, and how many recruited?</p> <p>4. What period does the “additional investment of between £210,000 and £460,000” cover? Is it annually or over a longer period? How does it relate to the existing budget for the MIUs in Gloucestershire, and their budget in real terms over the past decade?</p> <p>5. Please inform us of how many people in total have attended the engagement events in Stroud.</p> <p>We also restate the following requests:</p> <p>1. Please make public statements regarding GCS and GCCGs understanding of the causes of the MIU staffing shortage and national policies that can either contribute to help or hinder it in future.</p> <p>2. Please make a clear statement of opposition to the changes to student nurse funding, and the imposition of contracts on healthcare workers outside of collective bargaining in general and specifically with regard to the current junior doctors’ contract.</p> <p>3. a) Please could you state publicly any concerns about planned funding and demands for ‘efficiency savings’ over the next 5 years?</p> <p>b) Please make public Gloucestershire’s ‘Sustainability and Transformation Plan, or any aspects of it that relate to Gloucestershire Care Services.</p>
3	20/9/16 11.38am	<p>I am distressed to learn that Stroud MIU is to close.</p> <p>Both myself and, in the past, my family, have had many opportunities to be grateful to the unit since moving to Stroud in 1987.</p> <p>Getting to Stroud Hospital when you live alone and have an injury can be tricky but a whole lot easier than getting to Gloucester. I am now 64 and fit, but as I get older there will be more difficulties, I am sure.</p> <p>It also seems obvious that, as the population of Stroud grows there will be more of a need for this facility, not less.</p> <p>What do you suggest putting in its place as support on a local level?</p>

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log - 10 November 2016

Key to RAG rating:



Action completed within agreed original timeframe

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

Action on track for delivery within agreed original timeframe

Action deferred more than once

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
B006/16 (2)	Membership Strategy	Organisational status under review and updates to Board	Chief Executive Officer	November 2016	CEO to update in his regular reports on status position. Chair to consider NEDS Equality Metrics and review appointment	
10/0516	Chief Executive Report	All Non-Executive Directors to engage in Quality visits at EJC – programme and process to be agreed	Director of Nursing/Nicola Strother Smith/NEDS	July 2016 Revised November 2016	Nicola Strother Smith trialling in October and then to confirm programme	
10/0616/ 13/0916	Chief Operating Officer's Report Q&P Report	Review reporting to consider exception reporting Quality Account data to be reviewed	Trust Secretary	Sept 2016 Dec 2016	Audit Committee updated & reported to Board. To be further discussed with Board.	
13/0616	Workforce and Organisational	Consideration from Executive where volunteers could contribute.	Director of HR	Nov 2016	Volunteer Strategy to be developed	

Minute reference/date	Item	Action Description	Assigned to	Completion Date	Progress Update	Status
	Development Committee				which will be reviewed by the Workforce & OD Committee	
13/0616	Workforce and Organisational Development Committee	Communications and Internal Engagement Strategy to be reviewed once Communication and External Engagement Strategy reviewed.	Director of HR / Director of Finance	Jan 2017	External and Internal Communication and Engagement strategy to be combined. Updated strategy will be submitted to Board in January 2017 for approval	
18/0616	Understanding You	5 page summary – to be drawn up for future reports	Head of Planning, Compliance & Partnerships	Jan 2017	To go to Q&P in Dec	
07/0916	Chair's Report - UTC	University Technical College – Health – Letter of Support issued.	Chair	Oct 2016	Complete	
12/0916	Quality & Performance Committee Meeting	CQC to be formally invited back to inspect GCS and the decision to be communicated to colleagues.	CEO	Oct 2016	Complete	
15/0916	Finance Committee	GHNHSFT recharges to be added to Risk Register.	Director of Finance	Oct 2016	Complete on BAF and referred to in Strategic Risk 12	
18/0916	Forward Planner	Updated to show Charitable Funds Report in Nov, Learning into Action dashboard & reporting to be added to Nov, March & July	Trust Secretary	Oct 2016	Complete	

AGENDA ITEM 7

Questions from the Public

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 22nd November 2016

Agenda item 8: Chair's Report

Updating on:

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

1 Board Developments

The Board is aware that the November meeting will be our last with **Paul Jennings** as our Chief Executive, due to his retirement at the end of December after 40 years of service to the NHS. Paul has been with the Trust for three and a half years, since the early days of the Trust being established. During that time he has made a huge contribution both to the Trust and to the wider NHS and social care system in Gloucestershire.

He has worked hard to create a culture where our CORE values of being caring, open, responsible and effective can be lived out by all our Trust colleagues and we are all proud that his energetic leadership of Listening into Action (LiA) has recently resulted in our Trust being the first community provider to be awarded the prized LiA 'kite mark'. From a starting point of being a newly created Trust, Paul has led the organisation to a place where we have an enviable record of delivering a financial surplus for the last three years, a strong quality and performance record and one of only ten 'green' rated forward plans in England. He has also worked hard with partners to create a positive start to the new Sustainability and Transformation Plan process, building on earlier partnership working through Gloucestershire Strategic Forum, developing an exciting and forward thinking new model of 'Place Based' integrated services. Paul is well known for his humorous and approachable style and will be missed by us all as an excellent Chief Executive and a warm and supportive colleague. We wish him well in his new ventures in the New Year and thank him very sincerely for his great contribution during his time in Gloucestershire.

Following a very thorough recruitment process, I am delighted to formally report to Board that **Katie Norton** is to take on the role of Chief Executive in January. In her current role at Deloitte, Katie is dealing with significant strategic and operational challenges within health and social care. Katie has spent almost her entire career in the NHS, including seven years as a Chief Executive, so she brings a great deal of experience and deep understanding to the role. I am confident that she will continue our Trust's track record of forward-thinking and compassionate leadership, and am very much looking forward to welcoming her to the Trust in January.

Board colleagues share my commitment to improving the **diversity of this Board** in order to strengthen the culture of inclusivity and openness throughout the Trust. I have been seeking a way to create opportunities for potential BAME Non-Executive Directors to be identified and supported in readiness for appropriate succession planning. I am pleased to report that Gatenby Sanderson, the headhunter used by the network of local NHS Trusts, is to provide, free of charge, a development programme for exactly this purpose and I have secured their commitment to run this for us from the New Year in partnership with other local Trusts. The programme will offer suitable candidates the opportunity to be mentored by a board Chair and to 'buddy' with a Non-Executive Director in each of the trusts where they will be rotated 'on placement' to gain a breadth of experience. Gatenby Sanderson will also provide a formal information and development programme alongside this.

The Trust held its **Annual General Meeting** at the Rugby Club at Kingsholm on Tuesday 11th October, with around 120 attendees including colleagues, stakeholders and service users. Many thanks to Rod Brown, Head of Planning, and his team for organising, and to all the teams who put time and energy into the exhibition. These included Macmillan Next Steps, Telecare, the Diabetes and the Complex Leg Wound Service, volunteers from the conversation partners scheme and a number of partners from third sector organisations.

2 Working with Our partners

The Board will want to join me in welcoming Peter Lachecki as the newly appointed **Chair of Gloucestershire Hospitals NHS Foundation Trust**. Peter, who lives near Tewkesbury, joins the Trust from Worcestershire Health and Care NHS Trust, where he has been a Non-Executive Director since 2011. He has served as Deputy Chair and chaired the Quality and Safety Committee there. He is also a Governor at The King's School, in Gloucester, and a member of the finance committee of Gloucester Cathedral.

The Board is well aware of the importance of the **Sustainability and Transformation Plan (STP)** process which began earlier this year and is more fully reported on in the Chief Executive's report. Along with executive colleagues, the NEDs and I have been closely involved with the development of the plan and in ensuring appropriate governance arrangements surrounding the STP, recognising the statutory responsibilities held by this and other boards in the health and social care system. The NEDs and I attended a meeting to discuss the governance arrangements in particular and this was followed up when some executive and NED colleagues joined me at a workshop of the Gloucestershire Strategic Forum when STP priorities were further discussed by the range of partners and arrangements for stakeholder engagement agreed.

We continue to engage actively with the **Health and Care Overview and Scrutiny Committee (HCOSC)**, both through attendance at their formal meetings and with less formal dialogue with its members. In October we were pleased to welcome a group of HCOSC members to the Vale Community Hospital where we were able to brief them on Trust developments, including our

End of Life work and the associated film. The matron, Juliette Richardson also gave members a tour of the hospital.

I was delighted to host a visit from the newly re-elected **Police and Crime Commissioner for Gloucestershire**, Martin Surl, along with his Deputy, Chris Brierley. We visited our jointly run Sexual Assault Referral Centre at Hope House in Gloucester, having a briefing and a tour from Dr Rona MacDonald (Clinical Director) and Val Welsh (Sexual Health Services Manager) to hear about the vital support on offer. We also visited the Single Point of Clinical Access team at Edward Jenner Court where Julie Birt, Team Leader, highlighted the role they play in liaising across the county to help health care professionals access community hospital beds and services such as Rapid Response.

On 3rd November, the Trust held its regular **Your Care, Your Opinion Programme Board** at the Friendship Café, Gloucester. Attended by over 40 key stakeholders and public members representing a true cross-section of the local community, this was an excellent opportunity for the Trust to share some of its planned innovations with local people, and to ask for their input into ongoing developments. Subjects ranged from the Sustainability and Transformation Plan (STP) to the Place Based Model, as well as complex leg wound management, the Macmillan Next Steps service and end-of-life care. Response to the event was very positive, with 84% of attendees saying that they felt extremely satisfied and that they had been given an open platform to voice their thoughts. Similarly, colleagues felt that they had received rich and meaningful feedback which will now be incorporated into future activities.

I continue to hold my **regular networking and briefing sessions** with key partners, most recently with Claire Feehily, Chair of Healthwatch Gloucestershire and with colleague NHS/County Council Chairs. I also attended the farewell tea party for Clair Chilvers, the departing Chair of GHNHSFT. We were able to recognise her significant contribution as a NHS Chair over a ten year period: five years in Nottingham and five in Gloucestershire.

3 Working with our colleagues

I was joined by some Board and other Trust colleagues at the **Gloucestershire Health and Social Care Awards** event in Gloucester Cathedral on Tuesday 8th November. I was delighted to be able to present the award for Community Services Team of the Year to our Rapid Response Service. It was an excellent evening which celebrated the very best in care and innovation across the county and I would like to congratulate all the winners and nominees on behalf of the Board. I am proud to announce that in addition to Rapid Response, our Theatre Team at Stroud Hospital were joint winners of Hospital Team of the Year Award, our Smiles Better Scheme won the Best Innovation Award and partnership work to create the Musculoskeletal Clinical Programme Group won the Together We Achieve Award.

The Non-Executive Directors and I continue to hold our **monthly meetings in clinical venues** and to have a tour with a clinician. Since the last Board meeting we have been to the Vale Community Hospital and to the newly opened George

Whitfield Centre housing our Homeless Healthcare Team in Gloucester. The NEDs and I have also continued our regular programme of **quality visits** which are reported in the Quality and Performance Report. My most recent visits have taken me to the Forest where I met Cheryl Haswell, the recently appointed Hospitals Matron, and also joined a range of professionals from the ICT and Rapid Response Teams for a multidisciplinary case review meeting.

I was very pleased to be able to attend **#takethelead**, along with some NED colleagues, which was the follow-up to last year's very successful leadership conference. The theme this year was to emphasise how leadership is a quality we can all strive towards, irrespective of role, and a brilliant opening address by Michael West from the King's Fund – which had the room captivated – set the tone for a brilliant event.

The opening of the new centre for our **Homeless Healthcare Team** was a highlight of last month for me, with around 80 partners and colleagues gathered at the **George Whitefield Centre**, opposite Gloucester Royal Hospital. As you know we have a partnership approach at the centre, with our Trust, Gloucester City Mission and Gloucester Foodbank providing a holistic range of services including healthcare, drop-in sessions, meals, food parcels, basic clothing, activities, housing and welfare advice under one roof. We celebrated the official opening on World Homeless Day on October 10. I also attended the premiere screening of our new **End of Life film 'Getting it Right'** which we took to the big screen at Sherborne Cinema on Wednesday, September 28th. We only get one chance to get End of Life Care right and it was very positive to share our approach, and our commitment to the national framework 'Six Ambitions for Palliative and End of Life Care.'

4 National and Regional Meetings

Nationally, I have attended a number of meetings last month which the Board has already been briefed on. These include the NHS Providers Board meeting, the NHSI South Chairs' meeting and one of two national NHSI meetings for Chairs and Chief Executives on the subject of STPs.

Ingrid Barker
Chair

14th November 2016

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 22 November, 2016

Agenda item 9: Chief Executive's Report

The report updates on

1. Listening into Action
2. Care Quality Commission (CQC) Reassessment
3. Strengthening Finances & Accountability – National Policy changes
4. #takethelead
5. Annual General Meeting
6. Black History Month/ Workforce Race Equality Standard – next steps
7. Health and Social Care Economy
 - 7.1 Sustainability and Transformation Plan (STP)
Board recommended to approve the signing of the Memorandum of Understanding.
 - 7.2 Annual Planning
8. Winter Preparations
9. Nursing Times Awards
10. Media coverage

1. Listening into Action (LiA)

I am very happy to report that three years of work to empower colleagues across the Trust to lead change they want to see has been recognised with formal accreditation from Listening into Action (LiA).

We are the first NHS community services provider in the country to receive the LiA Kite Mark, in recognition of hundreds of our colleagues who have worked to reshape our services and processes in line with the LiA approach.

The Trust will have the LiA Kite Mark from Optimise Limited throughout 2017 and I am confident it will be a driver for further improvement and change. I would like to thank everybody who has participated in a Listening into Action scheme since its introduction, and offer special thanks to Sonia Pearcey and Claire Powell, who have both been instrumental in embedding LiA across the Trust.

2. Care Quality Commission (CQC) reassessment

Following our initial inspection in June 2015 and subsequent report in September 2015, we have written to inform the CQC that our improvement plan has been completed.

The CQC has welcomed news that our preparations for re-inspection are complete but has yet to commit to a timescale for that process.

3. Strengthening Finances & Accountability

At the end of July NHS Improvement and NHS England issued a policy around Strengthening Financial Performance and Accountability in 2016/17. This policy laid out the 7 actions taken by the two arms-length bodies in response to the developing financial issues at many Trusts and CCGs.

In summary these changes are:

1. Allocation of £1.8Bn nationally to Trusts with the aim of reducing provider deficits (for the Trust this equates to £1,080k which is paid to the Trust quarterly based on achieving the financial annual plan).
2. The replacement of national fines for non-delivery with payments that will be made linked to individual Trust performance trajectories. (For the Trust this makes no specific impact)
3. Agreement of control totals for both Trusts and CCGs (this was accepted by the Trust as part of the annual planning and contracting round in March 2016).
4. The implementation of a new intervention regime where Trusts and CCGs are not meeting their financial commitments as laid out in the control totals. (GCS Trust continues to perform in line with the agreed annual plan).
5. The issuance of cost caps for senior interim management in commissioners (reflecting limits already put in place in Trusts under Agency Management rules) and the acceleration of back office integration plans in line with the Lord Carter recommendations.
6. The publication of CCG performance ratings (Gloucestershire CCG was found to be “Good”)
7. The issuance of a two year planning and contracting round starting a good six months earlier than the usual NHS planning round which should be completed before Christmas 2016 and should be linked to STPs.

The detailed policy can be found at

: <https://improvement.nhs.uk/resources/strengthening-financial-performance-and-accountability-201617/>

4. #takethelead

This event, on Wednesday 5 October, was our second annual leadership conference and attracted more than 230 colleagues from across the Trust.

The day started with a keynote speech by Michael West, from the King's Fund, offering a clear look at the foundations of teamwork, as well as a personal challenge to everyone present to work on “listening with fascination” as a critical part of leadership. And the event ended with a surprise – a drumming workshop showcasing the merits of teamwork... and of having a bandleader.

Between those were workshops on the Leadership framework, on how The Trust's core values align with personal ideals and on Listening into Action. We also had healthy lifestyles in action (with walking) and free flu vaccinations.

Overall 88% of colleagues rated the day either good or excellent, and 90% would recommend the event to colleagues, so this is clearly a valued part of our Trust's calendar.

5. Annual General Meeting

We had an extremely positive and successful Annual General Meeting on Tuesday, October 11 at Kingsholm Rugby Club, starting with a well-received interactive exhibition showcasing a range of innovations across healthcare.

The most distinctive exhibit was undoubtedly the blow-up colon which was being used by the Macmillan Next Steps team to highlight bowel cancer.

The formal presentations by the Chair, myself, Director of Finance and Director of Nursing were well attended and I feel that we had a productive conversation with members of the public and local stakeholders.

6. Black History Month

I was disappointed by the very low number of registrations for the planned Black History Month celebrations which prompted the event to be cancelled. While I am conscious that colleagues across the Trust have a significant workload – especially leading into the winter – I am equally mindful of the need to recognise and celebrate cultural diversity across our workforce.

Our recent Workforce Race Equality Standard (WRES) highlighted particular concerns about discrimination by line managers. As a result we are planning a discussion on unconscious bias at our leadership meeting in December and will be surveying all staff to further understand the underlying issues and concerns of colleagues as the basis for future activity.

7. Health and Social Care Economy

7.1 Sustainability and Transformation Plan (STP)

We are working closely with Gloucestershire Clinical Commissioning Group and all our partners through the Head of Planning to develop an engagement calendar of all public events where we have the opportunity to discuss STP, either in general or a specific workstream.

This process has already started, with the Head of Planning giving a presentation on STP and an overview of the place-based model to Forest Health Forum on Monday, November 1.

Additional to these general conversations there are plans for detailed focus group work to discuss particular cluster priorities. This will start on Tuesday, December 13 at the GL11 Community Hub which will look at the frailty model.

Our Trust is co-ordinating this event, but it will be attended by commissioners and partners in what we hope will be a step towards co-production.

The STP document is now publicly available, but I would like to highlight some alterations that have been made to the Memorandum of Understanding which underpins it.

Governance arrangements have been revised to give Gloucestershire Strategic Forum responsibility for the STP and there is greater clarity around which organisations are responsible for individual elements of the plan. Organisations have been asked to identify individuals with responsibilities for specific elements.

The legal framework is attached in Appendix 1. A question over lead clinician responsibility remains to be resolved. The Board confirmed their support for the Memorandum of Understanding (MOU) being signed at their August Board Strategic Day. The document has been refined, however, the principles remain unchanged. The Board are asked to formally approve the signing of the STP MOU.

More information on the STP is available at www.gloucestershireSTP.net

(full document and 12 page short guide)

The Forest of Dean Review will now be taken forward as part of the STP development.

7.2 Annual Planning Round

We are in the middle of preparing our operational plan as part of this year's NHS Improvement planning round, with first drafts due for completion by Thursday, November 24 and final drafts just before Christmas. As previously discussed, this plan covers a two year span from 2017-2019 and will dovetail with the aims and objectives in the countywide STP.

8. Winter Preparations

A joint meeting with our Trust, Gloucestershire Hospitals Trust and Gloucestershire County Council, was chaired by Shaun Clee from 2gether Trust, at which we had an open and extremely helpful discussion about the challenges facing us this winter.

Specifically we wanted to look at how patients transfer between acute care, community settings and social care and to agree steps to streamline that process while ensuring that people access the appropriate service.

At the meeting on October 20 we discussed a 'home-first' approach, aimed at getting patients back home with the appropriate support, agreeing the processes and measures we use to monitor capacity in the system and the pathways we will jointly use where bed-based care is required.

Our Trust has agreed to accept assessments from other agencies on whether a person is suitable for admission to a community hospital. This is a significant step in our admissions process, and we will continue to work with our partners to offer feedback as this agreement develops.

There was also agreement that the discharge processes from the acute hospital wards would be reviewed and updated to produce a new set of service standards, again aimed at getting people home or into the most appropriate care setting in a timely way.

We have a **clear commitment to a partnership approach**. This meeting was in addition to the work done to produce the Gloucestershire Urgent and Emergency Care and Resilience Plan 2016/17, which involves nine organisations (our Trust, Gloucestershire Hospitals Trust, 2gether Trust, GCC, SWAST, GCCG, Arriva, Care UK and Healthwatch) as well as GP practices across the county.

That plan was presented to the Gloucestershire A&E Delivery Board on Tuesday, October 11, and development continues at the Gloucestershire Whole System Resilience and Escalation Workshop on Monday, November 14.

NHS Improvement and NHS England have oversight of this work, and have set priorities around elective activity, flu vaccinations for healthcare workers and escalation planning heading into winter, and are targeting bed occupancy of 85% at acute Trusts between December 19, 2016 and January 16, 2017.

9. Nursing Times Awards

I would like to congratulate Gloucestershire Clinical Commissioning Group for winning the Patient Safety Improvement category of the Nursing Times Awards 2016. Judges were impressed by its system-wide approach to sepsis, aimed at highlighting the role everyone can play in safe and effective care.

A film about Jenny Turner, who works at North Cotswold hospital and celebrated 60 years as a nurse earlier this year, was screened at the opening of the ceremony on Wednesday October 26, watched by an audience of 1,100 nurses at the Grosvenor House Hotel in London.

Jenny was part of our contingent at the awards, with Director of Nursing Sue Field, North Cotswolds Hospital matron Elaine Thomas and Cotswolds locality service lead Lynn French.

10. Media Coverage

10.1 MIU Hours changes

Public discussion around this Board's decision to change the opening hours at Cirencester and Stroud Hospitals has continued in both print and social media. Given the extensive coverage of the engagement exercise it was not surprising to see the decision was widely reported in the local media.

The **change in opening hours came into effect on Tuesday, November 1** and we ensured continued public awareness with quarter page advertisements in local papers in Cirencester and Stroud, posters and flyers distributed to our hospital sites and delivered to pharmacies in both towns and letters to key stakeholders.

We have also been raising awareness of the change with updates on Facebook which have been shared 320 times and reached an audience of approximately 22,500 people concentrated around the two hospitals.

The updates on the Trust's own Facebook page have offered a forum for continued discussion with some strong opinions being expressed. In particular, the anticipated growth of Cirencester as a town has prompted calls for expansion and development of services.

10.2 Other media coverage

The **Gloucestershire Health and Social Care Awards** – in which we had four winners – received prominent coverage from Trinity Mirror titles (they were a partner in promoting the event organised by the Clinical Commissioning Group). One of those winners – Auriol Barker from the Healthy Lifestyles team – had earlier received media coverage for the success of the Smiles Better Scheme at which I presented awards. Those awards were for partner organisations – typically pre-schools and children's centres – which have promoted oral hygiene for young children in the Forest of Dean and Gloucester.

The Nursing Times ran positive coverage of the Trust's recruitment activity, highlighting a significant fall in the vacancy rates in community nursing posts. This was based on a presentation by Dawn Allen, professional head of community nursing, to the Queen's Nursing Institute annual conference which attributed the improvement to specialist training, professional leadership, career progression and clear guidance for health care assistants to allow for effective delegation.

The Combat Norovirus campaign was launched at Tewkesbury Hospital on Tuesday, November 8, with coverage on the Gloucestershire Live website (formerly the Echo / Citizen) and an interview on BBC Radio Gloucestershire with Sam Lonnen, head of infection control.

The decision by Gloucestershire County Council over a new provider for the Healthy Lifestyles Service has resulted in the closure of the Quit Stop Shop in Southgate Street, and has been picked up in the local press. Existing service users are being directed to the Stop Smoking Team's temporary base in Southgate Moorings during the transition.

The official opening of Homeless Healthcare Services at the George Whitefield Centre received positive coverage in the Gloucestershire Echo, and a radio interview with service lead Gayle Clay on Bristol-based Breeze FM.

Positive coverage of care for people with dementia was received by Cirencester and North Cotswolds Hospitals, following a report by Healthwatch Gloucestershire.

10.3 Other communications

An initial design of a replacement for **Team Brief** has been created and work is underway to develop this in both digital and print formats. While 'The Core' email bulletin is aimed at summarising important operational information, the new design would provide features, good news stories and more informal articles about the Trust. It is anticipated that a small print run will be distributed around staff areas across the Trust's sites to offer a source of updates and articles to colleagues who are not regularly at a computer.

'The Core' is expected to move to a new email platform in December. The current template has served well to launch The Core, but can be labour intensive to populate and uncooperative with images. The Head of Communications has identified a preferred platform, and is checking that it complies with governance requirements. The design will be a more structured evolution of the current version, but with the option to convert to pdf for printing and for storage of back issues on the intranet.

In response to feedback asking for greater Board engagement with colleagues at the Trust, round table discussions are being piloted. Attendance at these discussions is currently by invitation. The team is looking at using this format more widely across the Trust.

An 'Introduction to the Trust' was developed and printed for the Clinical Commissioning Group Annual General Meeting – as well as our own – based on showcasing the services within the Trust with the highest number of patient contacts. These 'Top 10' and 'Top 5' graphics are being used as screensavers and on the screen in reception at Edward Jenner Court (as well as the 'Services in 60 Seconds' videos) as the Trust looks for new ways to utilise the screens available across its sites.

Paul Jennings
Chief Executive Officer

14th November 2016

24th October 2016

1. Gloucestershire Care Services NHS Trust
2. Gloucestershire Clinical Commissioning Group
3. Gloucestershire County Council
4. Gloucestershire Hospitals NHS Foundation Trust
5. South Western Ambulance Service NHS Foundation Trust
6. 2gether NHS Foundation Trust

**MEMORANDUM OF UNDERSTANDING
FOR THE DEVELOPMENT OF GLOUCESTERSHIRE'S SUSTAINABILITY AND
TRANSFORMATION PLAN**

No	Date	Version Number	Author
1	01.04.16	1	JRK
2	17.05.2016	0.02	KM
3	26.5.2016	0.03	HE
4	27.5.2016	0.04	HE
5	27.5.2016	0.05	PJ and HE
6	13.06.2016	0.06	HE
7	23.06.2016	0.07	HE and KM
8	08.07.2016	0.08	HE
9	29.07.2016	0.09	HE/DL
10	07.09.2016	0.10	PJ/KM
11	22.09.2016	0.11	SML/ALD
12	28.09.2016	0.12	KM
13	04.10.2016	0.13	HE/CL
14	13.10.2016	0.14	HE/PJ/ER/AP
15	24.10.2016	0.15	KM/PJ
16	27.10.2016	0.16 FINAL	KM

Note: This MOU has been produced in partnership with Capsticks Solicitors LLP model

CONTENTS

1. Definitions and interpretation.....	4
2. Purpose and effect of MoU	4
3. Key Objectives and Outcomes for the Project	5
4. Principles of collaboration	5
5. Governance and reporting.....	6
6. Information Sharing and Information Governance	8
7. Complaint, Claims and Requests (including Freedom of Information)	8
8. Clinical Governance in integrated services.....	9
9. Communications and Publicity	10
10. Escalation	10
11. Intellectual property	10
12. Shared Resources to deliver the STP	11
13. Procurement and contracting principles.....	11
14. Term and termination.....	11
15. Variation.....	12
16. Charges and liabilities	12
17. No partnership.....	12
18. Counterparts.....	12
19. Governing law and jurisdiction	122
Signature	13

Date: 13th October 2016

This MoU is made between:

1. Gloucestershire Care Services NHS Trust of Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, Gloucestershire GL3 4AW;
 2. Gloucestershire Clinical Commissioning Group of Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE;
 3. Gloucestershire County Council of Shire Hall, Gloucester, GL1 2TG;
 4. Gloucestershire Hospitals NHS Foundation Trust of Gloucestershire Hospitals NHS Foundation Trust of Alexandra House, Cheltenham, Gloucestershire, GL53 7AN;
 5. South Western Ambulance Service NHS Foundation Trust of Abbey Court, Eagle Way, Exeter, EX2 7HY; and
 6. 2gether NHS Foundation Trust of Rikenel, Montpellier, Gloucester GL1 1LY.
- (together the “**Parties**”).

JOINT STATEMENT

The Parties share the objectives of facilitating high-quality care for all and improving patient outcomes both now and in the future through joint working to provide clinically effective and cost-effective practice. We are all working to a common goal of providing the best care for our patients within the resources available to us.

The Parties support the ambition set out in the Gloucestershire STP using a system of collaborative leadership to “take decisive steps to break down the barriers in how care is provided” and the rapid adoption and diffusion of the best, transformative, most innovative ideas, products, services and clinical practice for the people of Gloucestershire.

RECITALS

1. The Five Year Forward View published in October 2014 (the “**Forward View**”) sets out a clear goal that “the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.”
2. Following a review of health and social care services in 2014, Gloucestershire CCG set out its five year plan; “Joining Up Your Care” (“**JUYC**”) to improve the quality of care for patients living in Gloucestershire. The Parties are committed to enabling individuals to take greater control of their health and wellbeing through delivering greater patient support in patients’ homes and local communities.
3. The Parties’ shared vision is to improve health and wellbeing by working better together in a more integrated way and using the strengths of individuals, carers and local communities to transform the quality of care and support provided to people living in Gloucestershire.
4. In entering into and performing their obligations under this memorandum of understanding, the Parties are working towards the implementation of the integrated care models highlighted in the Forward View. In particular, this memorandum of understanding is intended to support the Parties’ ongoing work towards the

establishment of a model of integrated health and social care services in Gloucestershire. This model will build upon the ambitions set out in the Sustainability and Transformation plan (building on the JUYC five year plan).

OPERATIVE PROVISIONS

1. Definitions and interpretation

- 1.1 In this MoU, capitalised words and expressions shall have the meanings given to them in this memorandum of understanding (the “**MoU**”).
- 1.2 In this MoU, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
 - 1.2.2 a reference to a “**Party**” is a reference to a party to this MoU and includes its personal representatives, successors or permitted assigns and a reference to “**Parties**” is a reference to all parties to this MoU;
 - 1.2.3 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
 - 1.2.4 any phrase introduced by the terms “**including**”, “**include**”, “**in particular**” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms;
 - 1.2.5 documents in “**agreed form**” are documents in the form agreed by the Parties and initialled by them for identification and attached to this MoU; and
 - 1.2.6 a reference to writing or written includes faxes and e-mails.

2. Purpose and effect of MoU

- 2.1 The Parties have agreed to work together on the development of more integrated care for service users in line with the Gloucestershire STP (the “**Gloucestershire STP**”).
- 2.2 The MoU provides further detail with respect to the components of the priority programmes of work, to be supplemented by the accompanying schedules for each programme of work, which will be incorporated into this MoU in accordance with clause 15.2.
- 2.3 The Parties wish to record the basis on which they will collaborate with each other on the Gloucestershire STP.
- 2.4 This MoU sets out:
 - 2.4.1 the key objectives of the Gloucestershire STP;
 - 2.4.2 the principles of collaboration;
 - 2.4.3 the governance structures the Parties will put in place; and
 - 2.4.4 the respective roles and responsibilities the Parties will have during the Gloucestershire STP.

- 2.5 The Parties agree that, notwithstanding the good faith consideration that each Party has afforded the terms set out in this MoU, this MoU shall not be legally binding.

3. Key Objectives and Outcomes for the Project

- 3.1 The Parties shall support the Gloucestershire STP to achieve the key objectives set out below (the “**Key Objectives**”). The long-term ambition is to have a Gloucestershire population, which is:

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

- 3.2 In addition the Parties will work together through the following principles:

- We will ensure commitment to a risk share approach aligned to our priorities. This should be underpinned by an open, transparent approach to the development of opportunities for change;
- We will commit to the principles of 'One Place, One Budget, One System' to improve services and outcomes for our population, whilst working to ensure financial stability across our system;
- We will work to the principle of moving care ‘upstream’, and will be aiming to prioritise resources within our care pathways towards primary care and prevention where possible;
- We will work to the principle of commissioning through a care pathways approach, and within commissioned pathways we will work together to identify opportunities for increased cost effectiveness, minimising the number of steps and driving greater efficiency;
- We will consider whether the pilot(s) of innovative organisational forms in line with the Forward View new models for delivery of care will require us to develop any new organisational forms or innovative approaches to contracting;
- We will not commission or provide services that are deemed by evidence to not be cost-effective or clinically effective; and
- We will endeavour to minimise our infrastructure costs by sharing facilities and support wherever it is feasible and represents value for money.

- 3.3 The Parties acknowledge that the current position with regard to the Gloucestershire STP framework is set out within this MoU. Programmes of work will utilise schedules, to be incorporated into this MoU in accordance with clause 15.2.

4. Principles of collaboration

- 4.1 The Parties agree to adopt the following principles when carrying out the Gloucestershire STP:

- 4.1.1 collaborate and co-operate. Establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required;

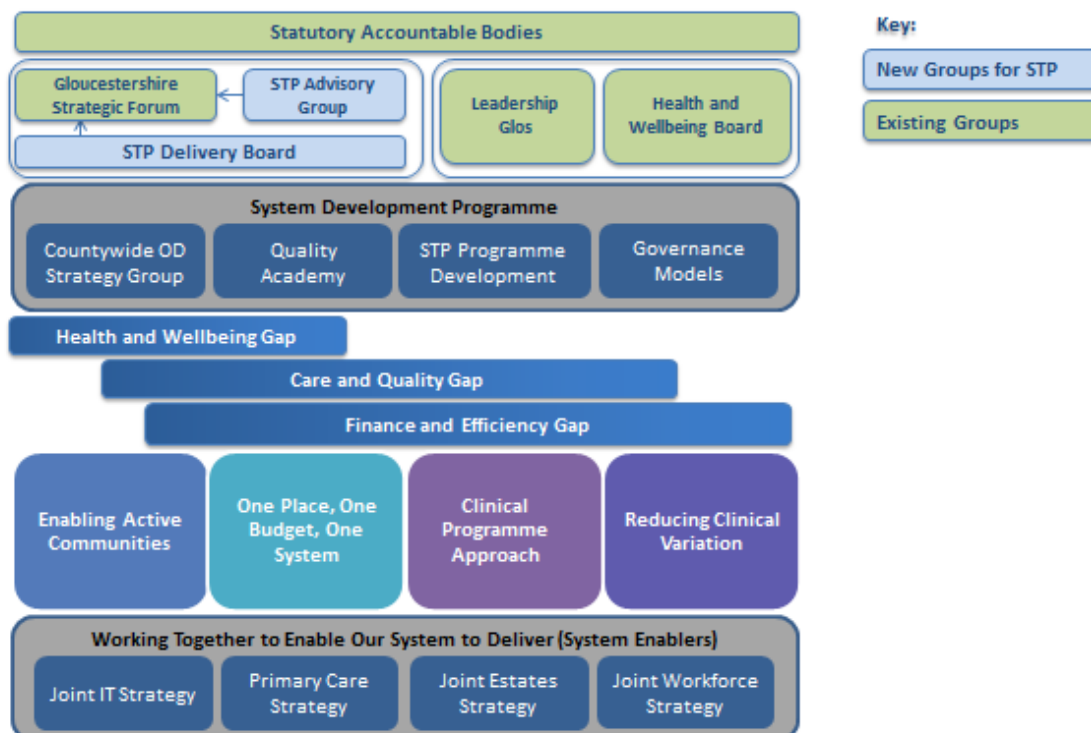
- 4.1.2 be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities as referred to within this MoU;
- 4.1.3 be open. Communicate openly about major concerns, issues or opportunities relating to the Gloucestershire STP;
- 4.1.4 adhere to statutory requirements and best practice. Comply with applicable laws and standards including EU procurement rules, competition law, data protection and freedom of information legislation;
- 4.1.5 act in a timely manner. Recognise the time-critical nature of the Gloucestershire STP and respond accordingly to requests for support;
- 4.1.6 work constructively with stakeholders with the aim of securing their support for the Gloucestershire STP and its delivery;
- 4.1.7 deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU; and
- 4.1.8 act in good faith to support achievement of the Key Objectives and compliance with these Principles.

5. Governance and reporting

5.1 The programme structure defined below provides the governance approach for the development and delivery the Gloucestershire STP

5.2

STP Governance Structure:



- 5.3 The parties agree to act in accordance with the principles of decision-making set out in Schedule 1 to this MoU.
- 5.4 As defined within the King's Fund's 10 overarching principles of integration within a place based care model ¹we will
- Define the population group served and the boundaries of the system;
 - Identify the right partners and services that need to be involved;
 - Develop a shared vision and objectives reflecting the local context and the needs and wants of the public identified through feedback and engagement;
 - Develop an appropriate governance structure for the system of care, which must meaningfully involve patients and the public in decision-making;
 - Identify the right leaders to be involved in managing the system and develop a new form of system leadership;
 - Agree how conflicts will be resolved and what will happen when people fail to play by the agreed rules of the system;
 - Develop a sustainable financing model for the system across three different levels:
 1. the combined resources available to achieve the aims of the system;
 2. the way that these resources will flow down to providers;
 3. how these resources are allocated between providers and the way that costs, risks and rewards will be shared;
 - Create a dedicated team to manage the work of the system;
 - Develop 'systems within systems' to focus on different parts of the group's objectives; and
 - Develop a single set of measures to understand progress and use for improvement.

¹ Ham, C., and Alderwick, H. (2015). Place based systems of care: A way forward for the NHS in England. Kingsfund.

6. Information Sharing and Information Governance

6.1 The Parties:

6.1.1 acknowledge that they are statutory bodies subject to primary and secondary legislation and guidance; and

6.1.2 agree that the provisions of this clause 6 are subject always to the Parties' statutory obligations under competition law and procurement law.

6.2 The Parties will freely share business and anonymised information to support integration and transformation discussions where such sharing is in the best interests of patients. There will be total transparency between us in sharing information on operational pressures, quality issues and finance.

6.3 Key system wide measures will be agreed and shared with all Parties to include activity, finance, workforce and outcomes. In addition programmes will have specific requirements which will be detailed in the Schedules.

6.4 All parties will ensure that any sharing of personal identifiable data is compliant with information governance requirements and is covered by the Gloucestershire Information Sharing Partnership Agreement.

7. Complaint, Claims and Requests (including Freedom of Information)

7.1 The Parties acknowledge that the provisions of this clause 7 are subject always to the Parties' obligations set out in primary and secondary legislation and guidance.

7.2 If any Party receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000 ("FOIA")) in relation to the Gloucestershire STP, the matter shall be promptly referred to the STP Programme Director.

7.3 The Parties acknowledge and confirm that no action shall be taken in response to any inquiry, complaint, claim or action as described in paragraph 7.2 above, to the extent that such response would adversely affect the Gloucestershire STP, without the prior approval of the STP Delivery Board (led by an independent chair).

7.4 Each Party acknowledges that the other Parties are public authorities for the purposes of FOIA.

7.5 Each Party may be statutorily required to disclose information about the MoU in response to a specific request under FOIA, in which case:

7.5.1 each Party shall provide the others with all reasonable assistance and co-operation to enable them to comply with their obligations under FOIA;

7.5.2 each Party shall consult the others regarding the possible application of exemptions in relation to the information requested; and

7.5.3 each Party acknowledges that the final decision as to the form or content of the response to any request is a matter for the Party to whom the request is addressed.

8. Clinical Governance in integrated services

8.1 Parties have agreed that clinical governance comprises 3 separate elements:

8.1.1 Clinical Accountability for the Service

This is an organisational responsibility which would include but not be limited to:

- developing the clinical governance framework;
- developing and maintaining protocols of care; and
- developing the competency framework for staff delivering the service.

8.1.2 Operational Management of the Service

This is an organisational responsibility which would include but not be limited to:

- Application of governance and competency frameworks;
- Reporting on compliance with the protocols and frameworks;
- Management of staff; and
- Supporting the role of the lead clinician.

8.1.3 Clinical Accountability for the Patient

It is recommended that the term lead clinician is adopted across all services.

- The role includes overall responsibility for the management, coordination and continuity of a patient's care. The lead clinician will also be likely to have some direct personal clinical responsibility for the patient.
- The role does not undermine the concept of multidisciplinary team ("MDT") care and working, where many clinical decisions arise. It is paramount that the multidisciplinary team and the lead clinician work together to ensure all the links are made to enable safe and appropriate coordination of care. Team members within the MDT will be expected to continue to give appropriate advice. It is not intended that all issues are automatically referred to the lead clinician.
- The lead clinician is the person to whom a patient or their relative/carer would ultimately address concerns about any aspect of care. This means they will take overall responsibility for ensuring that any clinical issues, reports of specialised tests or investigations, difficulties or complaints are addressed appropriately.

8.2 What does this mean in practice

Seamless clinical pathways inevitably require that a patient's care be transferred between individuals, teams and organisations. It is vital that the accountabilities for all the stages above are clearly assigned and recognised at all stages of a pathway.

The assignment of roles in any pathway should have regard to:

- the competence and capacity required to fulfil the roles
- minimising the number of transitions in any pathway
- ensuring the lead clinician is recognised and legitimised in the organisation with operational accountability
- that fulfilling the role of lead clinician should be recognised in the planning and resourcing of the individual's workload and activity.

9. Communications and Publicity

- 9.1 The Parties will ensure a joint approach to communications; agreeing key messages and authorising the approach through the STP Delivery Board.
- 9.2 It will be the role of the STP Delivery Board to make an assessment on whether changes are likely to constitute a substantial service change, requiring consultation under applicable legislation (including, but not limited to, Section 14Z2 and Section 242(1B) of the National Health Service Act 2006 (as amended)) and advise on the process accordingly.
- 9.3 The Parties accept responsibility for the cascade of agreed messages within their own organisations.

10. Escalation

- 10.1 If any Party has any issues, concerns or complaints about the Gloucestershire STP, or any matter in this MoU, such Party shall notify the other Parties and the Parties acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 10.2 If an issue identified in accordance with paragraph 10.1 above cannot be resolved within a reasonable period of time, the matter shall be escalated to the STP Programme Director who shall decide on the process to take for resolution.
- 10.3 If the matter cannot be resolved by the STP Programme Director, within five Operational Days (an “**Operational Day**” being a day other than a Saturday, Sunday or bank holiday in England), the matter shall be escalated to the STP Delivery Board (led by an independent chair) for resolution.
- 10.4 Subject always to the Parties’ statutory decision-making constraints, where any matter is not resolved under clauses 10.1, 10.2 or 10.3 above, any Party or the STP Programme Director may refer the matter for mediation arranged by an independent third party to be appointed by the STP Delivery Board. Any agreement reached through mediation must be set out in writing but will be non-binding on the Parties.
- 10.5 Any issues, concerns or complaints with regards to the schedules should be discussed within the work programme for which it relates. If an issue cannot be resolved it should be escalated to the relevant programme board within the Gloucestershire STP governance structure.

11. Intellectual property

- 11.1 The Parties intend that any intellectual property rights created in the course of the Gloucestershire STP shall vest in the Party whose employee created them (or in the case of any intellectual property rights created by employees of more than one Party, in the Party that is lead party for the part of the Gloucestershire STP that the intellectual property right relates to).
- 11.2 Where any intellectual property right vests in any one Party in accordance with the intention set out in paragraph 11.1 above, that Party shall grant a royalty free irrevocable licence to the other Parties to use that intellectual property for the purposes of the Gloucestershire STP.

12. Shared Resources to deliver the STP

- 12.1 The Parties will commit to the principles of the Gloucestershire STP (as listed in section 3.2) to improve services and outcomes for our population, whilst working to ensure financial stability across our system.
- 12.2 The Parties will provide non financial support to ensure a dedicated team is in place to deliver the components of the Gloucestershire STP under the collaborative leadership model.
- 12.3 Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU including in respect of any losses or liabilities incurred due to their own or their employee's actions.
- 12.4 Any costs associated with STP delivery will be transparent and overseen by the STP Delivery Board

13. Procurement and contracting principles

- 13.1 Section 7 of the Gloucestershire CCG operating plan for 2016/17 outlines the intended procurements for the year. (Gloucestershire STP does not envisage any addition to these priorities within the same time period). Gloucestershire STP work streams will be required to flag any risk to this through the agreed governance structure, including where any provider procurement would impact on the Gloucestershire STP. Intended procurements for 2017/18 will be considered once known.
- 13.2 2017/18 is the first year of our System Transformation and the decisions we take in setting 2017/18 contracts will be consistent with our STP (or at the very least not taking us in the wrong direction).
- 13.3 There is one pot of money and our collective task is to get the best value from that pot. Our aim will be to maximise the value and take out high cost, low value activity where possible.
- 13.4 We will agree the priorities for improving the quality of services and the resources to be invested in these priorities.
- 13.5 Our investment decisions will be consistent with our STP.
- 13.6 Investment (defined as funding above 2016/17 plans) is dependent on agreed service changes being identified and delivered.
- 13.7 Each organisation will achieve the financial control totals which are set by regulators. For the CCG this will be to achieve a 1% surplus.
- 13.8 Financial risk in year will be a shared responsibility.
- 13.9 There will be a shared responsibility for redesigning pathways.

14. Term and termination

- 14.1 This MoU shall commence on the date of signature by all the Parties, and shall be in place for a period of 12 months.
- 14.2 Any Party may terminate this MoU by giving at least three months' notice in writing to the other Parties.

15. Variation

- 15.1 This MoU may only be varied by written agreement of the STP Delivery Board.
- 15.2 The Parties acknowledge and agree that, as at the date of this MoU, the details of the Gloucestershire STP programmes of work are still to be agreed. The STP Delivery Board shall agree in writing the detail and components of each programme of work and, once agreed:
 - 15.2.1 the detail of each programme of work shall be signed by an authorised representative of each Party; and
 - 15.2.2 on the date that a programme of work is signed by an authorised representative of each Party, this MoU shall have effect as though the agreed programme of work had been originally contained in this MoU as a schedule and the MoU shall be amended accordingly.

16. Charges and liabilities

- 16.1 There will be transparency over any gain or loss attributable to any individual Party, whilst working to ensure financial stability across our system.
- 16.2 Whilst each Party shall be responsible for its own costs and liabilities, the system will work collectively to manage these during the transitional phase.

17. No partnership

- 17.1 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the Parties, constitute any Party as the agent of any other Party, nor authorise any of the Parties to make or enter into any commitments for or on behalf of the other Parties.

18. Counterparts

- 18.1 This MoU may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this MoU, but all the counterparts shall together constitute the same agreement.
- 18.2 The expression “counterpart” shall include any executed copy of this memorandum of understanding transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.
- 18.3 No counterpart shall be effective until each Party has executed at least one counterpart.

19. Governing law and jurisdiction

- 19.1 This MoU shall be governed by and construed in accordance with English law and, without affecting the escalation procedure set out in section 10, each Party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

Signed on behalf of **Gloucestershire Care Services NHS Trust**

Signed on behalf of **Gloucestershire Clinical Commissioning Group**

Signed on behalf of **Gloucestershire County Council**

Signed on behalf of **Gloucestershire Hospitals NHS Foundation Trust**

Signed on behalf of **South Western Ambulance Service NHS Foundation Trust**

Signed on behalf of **2gether NHS Foundation Trust**

SCHEDULE 1: PRINCIPLES OF DECISION-MAKING

1. Principles of decision-making

1.1. The Parties will:

- 1.1.1. collaborate in accordance with the principles set out in this MoU to enable the development and delivery of the Gloucestershire STP;
- 1.1.2. take into account their statutory constraints and parameters, acknowledging that they are all separate statutory bodies subject to primary and secondary legislation and guidance as detailed in Appendix 1 (Constraints on Parties' Decision-Making); and
- 1.1.3. taking into account their statutory constraints and flexibilities, work together for the benefit of the health and social care economy in Gloucestershire as a whole taking into account patients and the public in the wider area.

1.2. The Gloucestershire Strategic Forum (GSF) and the STP Delivery Board shall operate to advise, co-ordinate and facilitate decision-making between the Parties in support of the Gloucestershire STP.

1.3. Notwithstanding clauses 1.1 to 1.2 above, the Parties acknowledge and agree that:

- 1.3.1. no statutory functions or powers are being delegated by any Party to any other Party under this MoU;
- 1.3.2. each Party remains responsible and accountable for its statutory responsibilities and nothing in this MoU is a divestment or delegation of any Party's decision-making powers; and
- 1.3.3. accordingly, the Gloucestershire Strategic Forum and the STP Delivery Board do not have delegated responsibility to make decisions that bind the Parties.

1.4. The Parties acknowledge that, depending on the subject matter of the STP programmes of work in question, some or all of the Parties may be required to make a statutory decision in respect of implementation of that programme of work and that, in order to act efficiently and effectively, it is important to take into account the various statutory roles and responsibilities at an early stage. Accordingly, the Parties will, in respect of each programme of work, review the table set out in Appendix 2 (STP Programme of Work: Role and Relevant Approvals) and use the outcome of that review to ensure that the relevant Parties are engaged and involved at the appropriate times and stages in order to ensure that decisions are reached timeously and collaboratively.

Appendix 1
Constraints on Parties' Decision-Making

	Constraints on Decision-Making
NHS Commissioners	National Health Service Act 2006 (as amended) and related legislation
	CCG constitution
	Procurement law
	Guidance for commissioners, including on conflicts of interest and reconfiguration
	Case law
Local Authorities	Local Government Act 1972 and related legislation
	National Health Service Act 2006 (as amended) and related legislation
	Procurement law
	Competition law
NHS Providers	National Health Service Act 2006 (as amended) and related legislation
	NHS provider licence / Foundation Trust constitution and/or SOs/SFIs
	Procurement law
	Competition law
	Guidance for providers, including from NHS Improvement
	Case law

Appendix 2

STP Programme of Work: Role and Relevant Approvals

[Insert name and nature of programme of work]

	Gloucestershire CCG	Gloucestershire County Council	Gloucestershire Care Services NHS Trust	Gloucestershire Hospitals NHS Foundation Trust	2gether NHS Foundation Trust
Role (including meeting and support)	[insert details]	[insert details]	[insert details]	[insert details]	[insert details]
Internal approvals process and governance issues (if any)	[insert details]	[insert details]	[insert details]	[insert details]	[insert details]
External approvals process (if any)	[insert details]	[insert details]	[insert details]	[insert details]	[insert details]
Key dates to note	[insert details]	[insert details]	[insert details]	[insert details]	[insert details]

Trust Board

Date: 11 November 2016

Agenda Item:	10
Agenda Ref:	10/1116
Author:	Candace Plouffe, Chief Operating Officer
Presented By:	Candace Plouffe, Chief Operating Officer
Sponsor:	

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

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

Executive Summary:

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

Of note this month is the work underway to support a robust **urgent care provision** for Gloucestershire, both in the short term to address anticipated winter pressures as well as in the long term to ensure the system is sustainable and fit for purpose.

The system-wide **Gloucestershire Urgent and Emergency Care Resilience Plan 2016/17** is not yet finalised, and I would welcome board direction on which forum the Board would like this reviewed and ratified once available.

The changes to **Minor Injury and Illness Units** hours have taken effect from the 1st November 2016, following work with colleagues to operationalise the agreed changes made by the Board.

Progress has been made with health and social care commissioners' agreement on the funding mechanism for the management structures of the **Integrated Community Teams**, following Gloucestershire County Council decision to take back responsibility for the operational management of social work colleagues. This decision will now allow the flexibility required to realign our Integrated Community teams around the emerging GP clusters as part of the people and place new models of care work in the county.

It is understood that at the December cabinet meeting of Gloucestershire County council, direction will be sought on a revised offer of **public health services for both Sexual Health services and Public Health Nursing**. The models being presented to Cabinet have been designed following significant levels of engagement with the Trust, and we await the outcome of this meeting to finalise how services need to be redesigned to accommodate the Cabinet decision.

At month 6, there continues to show an **overall underspend against Agency Usage plan of £369k**. The trajectory set indicates we will not overspend the NHS Improvement cap of £2.36m, but this is monitored closely particularly as we move into the winter period.

Recommendations:

The Board is asked to:

- Agree which forum will receive and ratify the Gloucestershire Urgent and Emergency Care Resilience plan for 2016/17, with a recommendation that this is delegated to the December Quality and Performance board subcommittee scheduled for 21st December;
- note progress on realigning Integrated Community teams around GP clusters;
- note work underway with Public Health Commissioners;
- note achievement to date in CIP, QIPP and Agency Usage reduction

Considerations:	
<i>Quality implications:</i> N/A	
<i>Human Resources implications:</i> MIIU shift pattern changes agreed to reflect changed opening hours. Recruitment promotion activities to maintain reduced agency use and recruit substantive staff are on going.	
<i>Equalities implications:</i> The Gloucestershire Urgent and Emergency Care Resilience Plan, includes potential for breaching single sex accommodation to be considered by the Trust but any decision would be made by the CEO only. (Single Sex accommodation is a pledge rather than a right within the NHS Constitution and is no legally enforceable.	
<i>Financial implications:</i> CIP, QIPP and Agency Usage broadly on track no issues to highlight at this stage	
<i>Does this paper link to any risks in the corporate risk register:</i>	
Strategic Risk 7	Lack of up-to-date service specifications for Integrated Community Teams limits the Trust's ability to effectively plan and deliver to plan
Corporate Risk	ST31: Risk to service user safety, service effectiveness and Trust reputation as a result of competing developmental priorities in ICTs including the place-based model, frailty pathway and community matron model of care (Risk Rating 12)
Strategic Risk 4	Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care
Corporate Risk	ST29 - Bed occupancy levels consistently exceed CQC-advised thresholds and commissioned targets (Risk Rating 12)
Corporate Risk	ST31: Risk to service user safety, service effectiveness and Trust reputation as a result of competing developmental priorities in ICTs including the place-based model, frailty pathway and community matron model of care (Risk Rating 12)
Corporate Risk FIN1: Ability to deliver CIPs against pay costs (Risk Rating 12)	
Corporate Risk FIN3: Ability to control and reduce agency spend (Risk Rating 12)	
Corporate Risk TC27: CQUIN positive risk taking milestones are at risk (Risk Rating 12)	
<i>Does this paper link to any complaints, concerns or legal claims</i> No	

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

Reviewed by (Sponsor):

Date: 11th November 2016

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

CIP, QUIPP and Agency Usage element discussed in Finance board subcommittee
The draft version of Gloucestershire Urgent and Emergency Care Resilience Plan 2016/17 has been reviewed at the Quality and Performance board subcommittee.

Explanation of acronyms used:

CIP – Cost Improvement Plan

QUIPP - Quality, Innovation, Productivity and Prevention

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 22nd November 2016

AGENDA ITEM 10 - CHIEF OPERATING OFFICER'S REPORT

1. Purpose

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

2. Recommendations

The Board is asked to :

- **Agree which forum will receive and ratify the Gloucestershire Urgent and Emergency Care Resilience plan for 2016/17, with a recommendation that this is delegated to the December Quality and Performance board subcommittee scheduled for 21st December;**
- **note progress on realigning Integrated Community teams around GP clusters;**
- **note work underway with Public Health commissioners;**
- **note achievement to date in CIP, QIPP and Agency Usage**

3. Discussion of Issues

3.1 Delivery of High Quality Services

3.1.1 Supporting Urgent Care provision over the winter: Gloucestershire Urgent and Emergency Care Resilience Plan 2016/17

Gloucestershire Care Services NHST has been contributing to the development of the 2016/17 Gloucestershire winter response plan to ensure our Urgent and Emergency Care Services are resilient and the system can cope with the anticipated rise in urgent care demand over the winter months.

The Trust's refreshed Surge Escalation Plan has been incorporated into the wider Gloucestershire's Urgent and Emergency Care Resilience Plan 2016-17, along with bed modelling and an agreed set of key performance indicators that would be incorporated into a framework to determine what level of escalation the system is in.

The Board will be aware that in previous years a maximum of 12 additional Community hospital beds have been opened in times of escalation. It is the intention of the system not to take this same approach this winter, but rather to focus on admission avoidance, improved patient flow and utilising a "home first" approach for discharges from the acute sector rather than transfer to community hospital beds. To support this approach, Operations have worked with the Performance Team to model what reduction in the average length of

stay needs to be to improve patient flow to a level that would be comparable to have 12 additional community beds in the system. This has been determined to be a reduction in average length of stay of 1.8 days and includes an assumption of improving the GP direct admissions into Community hospitals up to 30% (currently at 22%).

To support the anticipated rise demand seen over the winter months, every inpatient ward has been focussing on robustly reviewing those patients who have had a considerable length of stay above the current average, or who are medically fit and ready for discharge but delayed due to the inability to access the correct support in the community.

A draft version of the **Gloucestershire's Urgent and Emergency Care Resilience Plan 2016-17** was presented to the A&E delivery board on the 11th October 2016 with a request for further review and refinement by the respective organisations. This was subsequently shared with the Quality and Performance board subcommittee.

It was intended that the final plan will be completed by November 2016 for approval by Accident and Emergency Delivery Board (formerly known as the Systems resilience group) and then presented to all respective partner Boards. However due to late guidance issued by NHS England, the final plan is not yet ready, and therefore the Board is asked to consider and give a recommendation on how this will be ratified once finalised.

3.1.2 Supporting Urgent Care Service provision in the long term: Service Review and Redesign update

Gloucestershire Care Services NHS Trust continues to work with all system partners to support the long term strategy for the provision of urgent care. The focus has been on the core offer and urgent care response "in hours", and how to align and integrate the various services currently seeing those patients who require an on the day appointment.

The "out of hours" element of urgent care is being tendered following the current provider, South West Ambulance NHS Trust, giving notice. The service will initially be tendered for a 10 month period with a new provider offering the service from June 2017. The tender process for this is underway and due to be completed by the end of the month. A second tender, with a start in April 2018, will occur once the Countywide Urgent Care Strategy and offer is finalised in early January 2017. It is understood that this phased approach will ensure that the Out of Hours Service is not disrupted and status quo is maintained until the new "out of hours" urgent care offer is defined and a new provider which can meet this new model is secured.

I have reviewed the current tender document which is now available, and can provide assurance to the Board that the ongoing out of hours GP medical cover for our community hospitals is included. The tender document also notes that many of the rural primary care centres are based adjacent to our Minor Injury and Illness units and there is an expectation that good partnership working continues to ensure the best utilisation of all

services currently offering urgent care services out of core primary care hours.

Lastly, as referenced in the Chief Executive's report, colleagues in Operations attended the Urgent care "lock in " session to improve patient flow and joint working. Gloucestershire Care Services NHS trust committed to a number of actions to support the delivery of patient flow and the 4 hour Accident and Emergency target at Gloucestershire Hospitals NHS Foundation trust. There has been good collaboration and information sharing across both organisations, which is facilitating Gloucestershire Care Services NHS Trust in being able to more proactively support and manage known patients who are admitted into the district hospitals, facilitating a more timely discharge for them.

3.1.3 Implementation Minor Injury & Illness Units Revised Hours

Following Board approval of revised opening hours for the Minor Injury and Illness Units in Cirencester and Stroud, engagement with colleagues on preferred shift patterns has been completed, and the new hours came into effect from the 1st November 2016.

To support this change, a robust communication plan for the public was put in place that included local newspaper adverts, social media, poster and leaflets displayed at the Community hospitals, local GP practices and pharmacies.

System partners (including Out of Hours, South West Ambulance NHS Trust and NHS 111) were written to them directly to inform them of the date the change of hours was taking place.

3.2 Engaging with System Partners

3.2.1 Primary Care Engagement and Progress on the Integrated Community Team Realignment

The formation of GP cluster groups is happening at pace as the "people and place model" develops. The current thinking is there will be 16 groups of primary care practices, who have agreed to work together and with other community services to address the needs of their local population.

Since the last Board, there have been regular cluster meeting of the 4 Stroud and Berkeley Vale GP clusters, follow up meetings with the Tewkesbury cluster, North Cotswolds cluster, and initial meetings have occurred with representatives of the South Cotswolds cluster, the 5 Gloucester city clusters and one of the three clusters in Cheltenham. The only locality in which we have not yet had an opportunity to meet the GP cluster is the Forest of Dean.

Following the initial set up meetings the operational managers of the Integrated Community Team and other colleagues are included in cluster

board meetings to support the new ways of working to deliver community health and social care.

Gloucestershire Care Services NHS Trust has also reached an agreement with Gloucestershire County council on the ongoing funding to support the provision of integrated health and social care for these GP cluster populations. This set management fee will recognise the ongoing responsibility of the Trust to provide operational management of the locality referral centres, reablement and telecare. All three of these county council services are key enablers to providing integrated care, supporting people's independence and ability to remain in their own home.

In particular, reablement services would benefit from a rapid review and consideration of service redesign to ensure it continues to positively contribute to the people and place model and complements the new domiciliary care service commissioned by Gloucestershire County council. Discussions are underway with the Commissioner responsible for this service on the long term vision for reablement, and how to transform this service in a way that does not disrupt the current patient flow from our acute and community hospitals.

As the GP clusters are now established a programme of change to realign the Integrated Community teams will begin and it is anticipated this will be fully implemented by the end of this financial year.

3.2.2 Public Health Services

The Trust continues to support Gloucestershire County Council in determining options for provision of Public Health services following the changes to funding noted in the Comprehensive Spending review.

The Children and Young Peoples Public Health Nursing Services (Health visiting and School nursing) have worked in collaboration with colleagues from Public Health to review the current model of service delivery and to determine options to deliver services in a more efficient and effective way. Two very well attended Listening into Action conversations were held to help colleagues understand the change required and to allow them to reshape the services. This new service model has been shared with Gloucestershire County Council who will seek approval from Cabinet to progress the changes proposed.

A similar programme of work has occurred in the Sexual Health Services, and a new service model offer provided to the Public Health commissioners to consider. This new model will provide clarity for the public and system partners on the specialist nature of services provided by our Hope House sexual health services and make better use of technology to support patients accessing the appropriate services.

I am disappointed to inform the Board that Gloucestershire Care Services NHS trust was not successful in its partnership bid to secure the Healthy

lifestyles tender. From the 1st January, the health promotion and prevention services provided by the Trust (including smoking cessation, oral health promotion, Healthy eating for the very young) will be provided by ICES Creates limited. Work is underway to facilitate a smooth transition of the service to the new provider, and to support colleagues through this change process.

4. Financial implications

4.1 Achievement of CIP (Cost Improvement Programme) and QIPP (Quality, Innovation, Productivity and Prevention Programme)

The Cost Improvement programme of £4.0m for 2016/17 continues to progress as expected, with £2.085m recurrent savings delivered against the plan at month 6. Achieving the remaining £1.915m will be challenging, but Operational Services continue, with the support of colleagues in Finance, to progress the schemes identified at the local level. It is anticipated that the full CIP target will be delivered at year end.

Identification of schemes for the next 2 years has begun, with high level proposals shared with budget holders at the October CORE colleague network. Operational Service leads have been requested to review the proposals presented with their respective teams and to feedback on any further schemes that have identified locally.

At Month 6, the achievement of QIPP (Quality, Innovation, Productivity and Prevention Programme) at Quarter 1 was 93.25% of milestone delivery, which equated to £1.105mil out of a total of £1.1.85m available. Quarter 2 milestone delivery is valued at £1.055m, and currently there has been a positive indication by Commissioners on the achievement of 81% of the milestones with a recurrent risk of approximately £200k. There are continued discussions with Commissioners on the evidence required to meet the Quarter 2 submission, and what alternative schemes can be identified to facilitate the Trust's full attainment of QIPP funding for this financial year.

There has also been an initial indication that for QIPP 2017/18 Commissioners will be fully aligning schemes to the recently published Sustainability and Transformation Plan. This will require a much more system wide approach to transformation of services, but ensure that the operational teams can fully focus on innovation and transformation work that will support the delivery of the STP.

4.2 Agency Usage

Following the recent correspondence from Anne Eden, Executive Regional Managing Director (South) for NHS Improvement, I will continue to update the Board on a quarterly basis on spend against target and provide assurance that Operational Services continue to focus on reducing agency spend in all services.

The ceiling for Gloucestershire Care Services NHS Trust for 2016/17 is £2.36m and the plan spend forecast as noted below

NHSI Plan for Agency by Category					
Agency / Contract Costs	Qtr1	Qtr2	Qtr3	Qtr4	Full Year
Qualified Nursing	300	280	260	222	1,062
Medical	69	69	69	69	276
Other	300	280	250	192	1,022
Total Agency / Contract	669	629	579	483	2,360

At month 6, there continues to show an overall underspend against plan of £369k as noted in the table below.

Agency / Contract Costs	Qtr1 Actual	Qtr2 Actual	Qtr3 Forecast	Qtr4 Forecast	Full Year
Qualified Nursing	320	338	260	222	1,140
Medical/Dental	43	(44)	69	69	137
Other	183	89	250	192	714
Total Agency / Contract	546	383	579	483	1,991
Variance to Plan	123	246			

Although the trajectory set indicates we will not overspend the ceiling set, we continue to monitor this closely, as we are aware of previous patterns of high agency usage during the winter period.

As previously reported, high levels of vacancies in the Community hospitals nursing workforce continue to have the greatest impact on agency spend. This includes substantive vacancies, as well as those colleagues on maternity leave and/or experiencing sickness.

The Trust strategy to drive down agency usage is to focus on both recruitment and retention, and colleagues have attended a number of recruitment events to promote Gloucestershire Care Services NHS Trust as a place to work.

The Trust has also begun recruitment to the peripatetic nursing team, which can be accessed at short notice to decrease the agency usage for short term sickness in which it can be difficult to fill shifts using our current bank workforce.

Prepared by: Candace Plouffe
Presented by: Candace Plouffe – Chief Operating Officer

Dated: 11 November 2016

Trust Board

Date: 22 November 2016

Agenda Item:	11
Agenda Ref:	11/1116
Author:	Rod Brown, Head of Planning, Compliance and Partnerships
Presented By:	Rod Brown, Head of Planning, Compliance and Partnerships
Sponsor:	Glyn Howells, Director of Finance

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

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

Executive Summary:

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

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

There are currently 12 Strategic Risks on the Register (which is the position at September).

The Risk Register is reviewed, moderated and monitored on a monthly basis by the Risk Management Steering Group. The membership of this group consists of the Director of Finance (chair), the Director of Nursing (or deputy), the Chief Operating Officer (or deputy), the Director of HR, and the Head of Planning, Compliance and Partnerships. Risk actions are monitored for progress by the relevant Committees.

Of these strategic risks, 9 have not moved since last month:

2. Inability to both embed and maintain consistent care pathways across all Trust services, and ensure staff observe these at all times - Rating 12
(see Q & P Report & Q&P Minutes for on-going monitoring)

3. Inability to observe robust record-keeping practices which may impact on safety & care delivery - Rating 16
(Q & P 31/8/16 minute 19 shows setting up Quality Improvement Group to oversee)

4. Inability to maintain capacity and match capacity to demand, which may impact on service user and colleague safety, and the provision of continuous care - Rating 12
(see Q&P Meeting Report 1 Nov 2016 Item 5 for progress in development of Capacity & Demand Tool)

7. Lack of up to date specifications for Integrated Community Teams limits the Trust's ability to effectively plan and deliver to plan - Rating 16
(Chief Operating Officer's Report gives latest update on progress on this with Gloucestershire County Council)

8. Inability to recruit & retain the right staff with the right skills in the right place which may have a detrimental impact on the quality of care provided – **Rating 16**
(Workforce and OD Report provides latest update)

9. Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the quality of provided care – **Rating 16**
(Workforce and OD Report provides latest update)

11. Insufficient leadership to capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care.- Rating 12
(*Workforce and OD Report provides latest update*)

12. Failure to deliver the Trust's Financial Plan, including CIP, CQUIN and QIPP programmes – Rating 12
(*see Finance Report – confirming currently broadly on track*)

13. Inability to maintain robust internal control/governance systems which may lead to reputational loss and long term sustainability – Rating 10
(*See Audit Committee Panel notes on appointment Internal & External Auditors*)

3 risks have reduced

5. Variable engagement practices with service users, families and carers which may result in the public voice not being used to inform the Trust (Rating 3) – **target rating achieved** (will be removed once sustainability shown through two reporting months)

10. Inability to provide a robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver the best care - Rating 12 (target is 4)
(*Workforce and OD Report provides latest update*)

14. Inability to gain a “good” or “outstanding” rating following a CQC Chief Inspector of Hospitals’ assessment - Rating 5 - **target rating achieved** (will be removed once sustainability shown through two reporting months)

No risks have increased and there are no new Strategic Risks.

There are 7 new Corporate Risks and 1 Corporate Risk which has re-entered the Register.

Recommendations:

The Board is asked to:

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

Considerations:

Quality implications:

Implicit within the relevant risk descriptions

Human Resources implications:

Implicit within the relevant risk descriptions

Equalities implications:

Implicit within the relevant risk descriptions

Financial implications:

Implicit within the relevant risk descriptions

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

N/A

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

No

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

P or C

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

P

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

P

Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	P
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P

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

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

Date:	8 November 2016
--------------	-----------------

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
This draft of the Board Assurance Framework was discussed at the Trust's Risk Steering Group

Explanation of acronyms used:
BAF: Board Assurance Framework

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

Board Assurance Framework:

Strategic Risks

September 2016

Overview

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

Contents

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

1. Definitions

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

1.1 Description of consequence

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

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

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

1.2 Description of likelihood

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

2. Strategic Risks

2.1 Summary of strategic risks

Trust strategic objectives	Strategic risks			
	Ref	Risk	RAG	Movement
Achieve the best possible outcomes for service users through high quality care	002	Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times	12	↔
	003	Inability to observe robust record-keeping practices which may impact upon safety and care delivery	16	↔
	004	Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care	12	↔
Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work	005	Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust	3	↓
Actively engage in partnerships with other health and social care providers in order to deliver seamless services	007	Lack of up-to-date service specifications for Integrated Community Teams limits the Trust's ability to effectively plan and deliver to plan	16	↔

Trust strategic objectives	Strategic risks			
	Ref	Risk	RAG	Movement
Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision	008	Inability to recruit and retain the right staff with the right skills in the right place which may have a detrimental impact upon the quality of provided care	16	↔
	009	Inability to develop a culture that engages and motivates colleagues which may have a negative impact upon the Trust's reputation as an employer of choice	12	↔
	010	Inability to provide robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care	12	↓
	011	Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care	12	↔
Manage public resources wisely to ensure local services remain sustainable and accessible	012	Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes	12	↔
	013	Inability to maintain robust internal control / governance systems which may lead to reputational loss and long-term sustainability	10	↔
	014	Inability to gain a "Good" or "Outstanding" rating following a CQC Chief Inspector of Hospitals' assessment	5	↓

2.2 Detail of strategic risks

Risk	Inability to both embed and maintain consistent care pathways across all Trust services, and also ensure that staff observe these at all times						Ref	002	
Strategic objective	Achieve the best possible outcomes for service users through high quality care								
Description	Services have not developed, or are not following, evidence-based care pathways, to support the right person and provide the right care at the right time. This can result in ineffective and inefficient care being provided to service users.								
Date opened	30 March 2016					Exec lead	Candace Plouffe		
Rating	Initial	Target	March 2016	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017
- Likelihood	5	2	5	4	4	4			
- Consequence	3	3	3	3	3	3			
- Total	15	6	15	12	12	12			
Controls	<ul style="list-style-type: none">Some services are adopting a care pathway approach and this is being incorporated into the service specifications: an exemplar of good practice has been the Complex Wound serviceNICE guidance provides information on best practice and is utilised to develop and refresh care pathwaysWork is underway to approach this a system as part of the STP clinical pathway programme – with a focus initially on respiratory illness and dementia					Assurance	<ul style="list-style-type: none">Clinical protocols which incorporate care pathways facilitate an audit based approach to ensure compliance		
Gaps in controls	<ul style="list-style-type: none">Older service specifications tend to be input and activity based, and do not incorporate evidence-based care pathways					Gaps in assurance	<ul style="list-style-type: none">Not all interventions have nationally recognised evidence-based pathways, and as such, these will need to be locally developed and tested		

Progress made in the previous period	<ul style="list-style-type: none"> • Demand and capacity tool for ICTs localities completed, and ready for full roll out • Demand and capacity tool for health visiting and school nursing has been further refined, however unlikely to be fully ready until recommissioned model is agreed by Commissioner • Work has started in demand and capacity tool for therapy services • Draft operational service delivery plans reviewed • Ongoing review of service specifications • Participation in STP clinical pathway workstream, which is directing operational services to move to a more consistent care pathway approach
Actions in the next period	<ul style="list-style-type: none"> • Demonstration of demand-capacity tool for ICTs will be presented at the Quality and Performance Committee in October, full implementation of demand and capacity tool for ICTs by December 2016 • Finalise care pathways for stroke rehab services, continence service and Community IV therapy services • Finalise operational delivery plans, down to individual service level, incorporating 2017/18 objectives • Complete outstanding service specification reviews • Contract meeting with GHT due to be scheduled in October, this will allow for discussion on key pathways identified by services subcontracted into the acute, i.e. Adult SLT service for head and neck cancer
Slippages on reported actions in the last reporting period	<ul style="list-style-type: none"> • Finalisation of service specifications with the Commissioners; as there is now a view some of the key service specifications need to be reviewed again to ensure alignment with the STP
Links to the Corporate Risk Register	None

Risk	Inability to observe robust record-keeping practices which may impact upon safety and care delivery						Ref	003	
Strategic objective	Achieve the best possible outcomes for service users through high quality care								
Description	The quality of record keeping is variable across services, and is potentially impacting on the quality of provided care as insufficient information is available for colleagues to act upon. This also creates a risk for the organisation when incidents occur, as care is not being documented to the standard expected as per the professional regulatory bodies and the Trust's record keeping policy <i>The evidence to support a decrease in risk rating will not be available until January 2017 when the results of record-keeping audits are known</i>								
Date opened	30 March 2016					Exec lead	Candace Plouffe / Susan Field		
Rating	Initial	Target	March 2016	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017
- Likelihood	4	2	4	4	4	4			
- Consequence	4	4	4	4	4	4			
- Total	16	8	16	16	16	16			
Controls	<ul style="list-style-type: none">• SystmOne allows for more robust record keeping audits, in which quality is the focus• All services carry out an annual record-keeping audit, and this process has been revised as the Trust has moved to an electronic records					Assurance	<ul style="list-style-type: none">• Annual record keeping audits have been completed by professional heads of service, and subsequent action plans developed		
Gaps in controls	<ul style="list-style-type: none">• Lack of standard operating procedures in SystmOne has resulted in information being recorded in various parts of the record, making it difficult to find easily, thereby impacting upon continuity of care• Training for clinical colleagues on how and what to record on electronic systems has yet to be provided – recognising this may require a different approach to paper based records					Gaps in assurance	<ul style="list-style-type: none">• Need to review current record keeping and record management policy to ensure fits with new way of recording clinical information		

Progress made in the previous period	<ul style="list-style-type: none"> • Standard Operating Procedures have been developed on SystmOne, as well as redesign of modules to facilitate improved record keeping (i.e. tile approach). This work has almost been completed by the Heads of Profession • Record keeping audits are being completed as per 16/17 audit schedule • Training programme reviewed • Trust Record Keeping Policy reviewed by Quality Improvement Group • Decision made to cease the use of Trust Abbreviations Policy • Progress report presented to the August Quality & Performance Committee 	
Actions in the next period	<ul style="list-style-type: none"> • Continue work via the Quality Improvement Group action plans • Training programme for clinical colleagues to be finalised • Implement agreed work plan actions that include use of SystmOne templates and READ Codes • Commence re-audit activities beginning with children's services • Clinical Policies Group to ratify revised Record Keeping Policy 	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	SD35: Lack of compliance within ICTs with professional standards of clinical record-keeping	16
	NQ11: Record-keeping and records management processes are not compliant with clinical governance standards	16
	PCP01: Inconsistent record keeping means that allegations of negligence cannot always be refuted	12

Risk	Inability to maintain capacity, and match capacity to demand, which may impact upon service user and colleague safety, and the provision of continuous care						Ref	004	
Strategic objective	Achieve the best possible outcomes for service users through high quality care								
Description	Sustained and significant pressure for access to community services is reducing the ability to be proactive, as it is forcing the Trust to routinely react to the need to manage capacity. This not only distracts the organisation's senior operational staff from strategic planning, it also reduces the level of resource that is available elsewhere within the health and care system. Additionally, the demand to make additional community beds available to the acute sector may impact upon the quality of care being provided, and can place excessive strain upon colleagues, leading to higher turnover and lower morale								
Date opened	30 March 2016					Exec lead	Candace Plouffe		
Rating	Initial	Target	March 2016	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017
- Likelihood	4	2	4	4	3	3			
- Consequence	4	4	4	4	4	4			
- Total	16	8	16	16	12	12			
Controls	<ul style="list-style-type: none">Alamac reporting enables a more measured and responsive approach to system-wide pressures, and is beginning to gather a body of information to support systemwide urgent care demand-capacity modellingSystmOne is providing clearer evidence of Trust activity to underpin forward planning and a demand-capacity approachSome services have demand-capacity models, and have used them to success in improving access times					Assurance	<ul style="list-style-type: none">Activity and performance against contracted service levels is reported on monthly through the Quality and Performance Report		
Gaps in controls	<ul style="list-style-type: none">The lack of service specifications which incorporate care pathways and demand-capacity models means that the Trust has very few cap-volume metrics agreedThere is insufficient clarity regarding step-up and step-down services to and from other providersWithout demand-capacity modelling, it is difficult to evidence when community services are “full” which impacts on the workforce and the quality of service delivered					Gaps in assurance	<ul style="list-style-type: none">There is not a consistent approach to proactive capacity planning across the whole of the health and social care economy: this should be one of the responsibilities of cross-organisational committees such as Gloucestershire Strategic Forum and the Strategic Resilience ForumThe Staff FFT is showing an increase in the number of colleagues identifying demand-capacity issues as increasingly significant		

Progress made in the previous period	<ul style="list-style-type: none"> Revised IDT service offer made to Commissioners following review of the service and outcomes of the MADE events and Home First pilot Completion of the pilot of GP priority admission beds in Community hospital, with report to be shared at the Quality and Performance Committee Progression by operational teams on demand-capacity frameworks for individual services, interlinked with defined care bundles 		
Actions in the next period	<ul style="list-style-type: none"> Complete roll-out of ICT demand and capacity tool by December. Complete roll-out of health visiting and school nursing demand and capacity tool, expanding to include therapy services Implementation of the Medworxx system Determine additional capacity needed in Rapid Response with changes to front door avoidance service and care home pilot Continue to develop demand and capacity tools in countywide services Agree with Commissioners and system partners, a revised urgent care system pull model, incorporating demand and capacity tools to support patient flow and reduce number of acute sectors beds utilised 		
Slippages on reported actions in the last reporting period	Delays with the implementation of the Medworxx system		
Links to the Corporate Risk Register	SD5: Increasing demand for specialist services		9
	ST29: Bed occupancy levels consistently exceed CQC-advised thresholds and commissioned targets		12
	SD8: Failure to achieve the local 4-week wait for routine MSKCAT service users	RE-ENTRY	12
	SD51: Failure to achieve 8 week referral to treatment times for ICT physio and occupational therapy services	NEW	12

Risk	Variable engagement practices with service users, families and carers, which may result in the public voice not being used to inform the Trust							Ref	005
Strategic objective	Understand the needs and view of our service users, carers and families so that their opinions inform every aspect of our work								
Description	The Trust must ensure that it develops and maintains clear routes by which all service users, families and carers can provide feedback on their experiences so that this information may be actively used to improve service delivery and quality. This must include those service users who experience health inequalities or who traditionally find it hard to engage								
Date opened	30 March 2016					Exec lead	Susan Field		
Rating	Initial	Target	March 2016	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017
- Likelihood	3	1	3	3	2	1			
- Consequence	3	3	3	3	3	3			
- Total	9	3	9	9	6	3			
Controls	<ul style="list-style-type: none">• Use of the Friends and Family Test (FFT) across all Trust settings• Direct feedback to teams from FFT comments• The updated Complaints Policy• The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments• The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities• Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion• On-going review of all feedback so as to ascertain themes• The Quality Equality Impact Assessments that are conducted against all service improvements / redesigns / Cost Improvement Plans• The Trust's Annual Quality Account• Being Open Champions					Assurance	<ul style="list-style-type: none">• The Your Care, Your Opinion Programme Board• Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board• 6-monthly Understanding You Report• Service user stories at Board• The Complaints Oversight Group• Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG• Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability• The outputs of focus groups which are reported to relevant Trust forums for learning• The outputs of other ad-hoc engagement and consultation activities		

Gaps in controls	<ul style="list-style-type: none"> Feedback to clinical teams and the public in respect of all forms of engagement needs to be strengthened The Community Partnerships Team requires a more systematic approach so as to ensure effective engagement with all local populations including the most vulnerable The Trust needs to actively engage with partners to truly evidence coproduction in service development 	Gaps in assurance	<ul style="list-style-type: none"> Service user feedback is not engrained in all service developments Benchmarking data suggests that the Trust receives fewer complaints than other comparable Trusts
Progress made in the previous period	<ul style="list-style-type: none"> MIU engagement completed and full Outcome Report presented at the September HCOSC and Trust Board Patient stories continue to be heard at Board and Board Development Continuing to contribute to the planned Forest of Dean consultation led by the CCG Continuing to work towards the Trust's compliance with the NHS Accessible Information Standard End-of-life film which involves community members and clinical colleagues publicly launched September Established Easyread readers panel with Inclusion Gloucestershire Community Partnership Outreach Officer joined the Trust with the remit to strengthen and widen community relationships Countywide Equalities Group now established Planning for the Trust AGM and contribution to the CCG AGM (29 September) The Quality / Equality Impact Assessment (QEIA) Policy presented to the Quality & Performance Committee – further amendments to be made 		
Actions in the next period	<ul style="list-style-type: none"> Your Care Your Opinion Event planned for 3 November Launch engagement events for the STP / 30,000 model in November Trust AGM on 11 October Special Olympics event on 25 October Final preparations being made for Black History month celebration (now 17 November) Merge the Engagement and Experience Strategy with the Communications and Marketing Strategy Continue with NHS Accessible Information Standard compliance activities Identify new translation and interpretation provider for the Trust 		
Slippages on reported actions in the last reporting period	<ul style="list-style-type: none"> Forest of Dean consultation delayed from original launch at November HCOSC Delay of one month in Trust launch of NHS Accessible Information Standard due to SystmOne not having available READ codes Commemoration of Black History Month deferred until November due to competing events 		
Links to the Corporate Risk Register	None		

Risk	Lack of up-to-date service specifications for Integrated Community Teams limits the Trust’s ability to effectively plan and deliver to plan							Ref	007	
Strategic objective	Actively engage in partnerships with other health and social care providers in order to deliver seamless services									
Description	<p>Although the ICTs have been in existence for a number of years, the fundamental operational model has not been formally confirmed and agreed between partner organisations with a service specification. This, alongside further initiatives such as High Intensity/Enhanced Care service and case management, has resulted in a lack of agreed understanding between commissioners and the Trust of what is expected to be provided.</p> <p>The County Council has also introduced a change to the line management arrangements and responsibility for social work practice which has further impacted on the model.</p> <p>Overall, there is not a measure against which the Trust can effectively assess the success or otherwise of the ICTs. This results in an inability to set the service parameters and most significantly, the service cannot quantify when it is at capacity.</p> <p>With the development of the 30,000 people and place model, the Integrated Community Team will need to be redefined and service specifications refreshed</p>									
Date opened	30 March 2016					Exec lead	Candace Plouffe			
Rating	Initial	Target	March 2016	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017	
- Likelihood	4	2	3	3	4	4				
- Consequence	4	4	4	4	4	4				
- Total	16	8	12	12	16	16				
Controls	<ul style="list-style-type: none">The Trust has created an ICT operational plan, based on previous business cases developed with the Commissioner and on draft and previous service specifications.Individual action / recovery plans have been developed in respect of “hot spots” / areas of operational concern, such as reablementArrangements have been agreed with the Council to ensure that integrated care provision is provided by the ICTs, despite the change in line management and overall responsibilities for social work					Assurance	<ul style="list-style-type: none">Assurance and further direction is provided via the ICT Performance and Delivery Group which reports to the Joint Strategic Integration Panel. This in turn reports to the Contract Monitoring Board.The refreshed governance structure has been agreed with CommissionersInternal assurance is provided to the Operational Governance Group which reports to the Quality and Performance board subcommittee			

Gaps in controls	<ul style="list-style-type: none"> • The Trust does not have a final service specification for Integrated Community Teams within its core contract • The Trust does not have an agreed ICT service delivery model • Changes in operational management of Social Care services with competing organisational priorities between health and social care, may jeopardise the relationship between the Trust and Council, and thereby undermine delivery of integrated health and adult social care services. • The change to the social care management element has resulted in the need to review the overall management structure of the Integrated community teams 	Gaps in assurance	<ul style="list-style-type: none"> • Although system wide key performance indicators are reported to the Commissioner, there is not a full set of metrics in which the individual elements of the Integrated Community Teams are reporting on
Progress made in the previous period	<ul style="list-style-type: none"> • Letter sent to Gloucestershire County Council confirming a set management fee for the oversight of the social care elements that have remained with the organisation • Costing the agreed reconfigured ICTs with commissioners, in order to increase clinical leadership and thereby facilitate the implementation of case management and support the people and place (30,000) model as part of the STP • Response sent to the draft OT review and recommendations shared • ICT KPIs and data monitored via the ICT Performance and Delivery Group, and has been shared with primary care as part of the cluster formation • Agreement by GCCG to review of overarching service specification and appendices to ensure of the professional services/functions provided by the ICTs to ensure they are in alignment with emerging people and place 30,000 model of care 		
Actions in the next period	<ul style="list-style-type: none"> • Agreement with GCCG on the funding for the revised ICT structure • Develop an organisational change plan to move to new structure in line with 30,000 model • Complete review of overarching service specification and appendices to ensure of the professional services/functions provided by the ICTs to ensure they are in alignment with emerging people and place 30,000 model of care • Agree programme of change framework to redesign reablement service 		
Slippages on reported actions in the last reporting period	None		
Links to the Corporate Risk Register	ST31: Risk to service user safety, service effectiveness and Trust reputation as a result of competing developmental priorities in ICTs including the place-based model, frailty pathway and community matron model of care		12

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

Progress made in the previous period	<ul style="list-style-type: none"> Recruitment and retention report standing agenda item on Workforce and Organisational Development Committee Detailed analysis of reasons for leaving included in report to Workforce and Organisational Development Committee Attendance at university open days to promote the Trust as an employer of choice (particularly looking at 'border' universities who specialise in particular training e.g. physio) Contingent workforce plan in place with new initiatives including introduction of weekly payroll and peripatetic teams Nurse Associate pilot submitted Positive news story in Nursing Times about the Trust's progress with Community Nursing recruitment 	
Actions in the next period	<ul style="list-style-type: none"> Recruitment and selection processes to be further reviewed under a Listening into Action scheme Targeted recruitment campaigns in BANES and Swindon areas 	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	SD48: Reduced staffing levels in SPCA	12
	ST28: Inconsistent delivery of complex antibiotic therapy	16
	NQ12: No formal consultant microbiologist to support antimicrobial stewardship and provide clinical guidance	16
	HR3: High number of nurse vacancies across the Trust, particularly in community hospitals	16
	HR7: Insufficient workforce information may be masking further recruitment hotspots	15
	TC28: Loss of the ICT's head of service	12

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

Progress made in the previous period	<ul style="list-style-type: none"> • Refresh of the Workforce & Organisational Development Strategy to identify strategic priorities for 2016/17 • Listening into Action “Enabling our People” scheme in place which focuses on supporting colleagues through change • Three LiA schemes (communications, leadership, behaviours) launched at EJC to address 3 priority areas identified in big conversations • Listening into Action Board Development session held in September 2016 	
Actions in the next period	<ul style="list-style-type: none"> • Continue to work towards Listening into Action accreditation • Continue to focus on improving the Trust’s rating as a flexible working employer in conjunction with Timewise • #takethelead event planned for 5 October 2016 • Refresh the combined Communications and Engagement Strategy 	
Slippages on reported actions in the last reporting period	None	
Links to the Corporate Risk Register	HR13: Low staff morale within the Trust as a result of many changes and the mismatch between capacity and demand	12
	HR6: Low rates of Personal Development Reviews	12
	PCP23: The Trust’s WRES report shows significant discrepancies between the experiences of different staff groups	12

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

Progress made in the previous period	<ul style="list-style-type: none"> • Further development of the Oracle Learning Management system as to enable colleagues to access their own training records on line • Trust's statutory and mandatory training matrix promoted across the Trust • Intense statutory and mandatory training sessions arranged for July-December 2016 • Improved reporting now in place for safeguarding, resuscitation and relevant clinical mandatory training and appraisals • Access to e-learning simplified • Training booking system replaced enabling improved access • Appointed a management lead to progress apprenticeships across the Trust • Recruitment to apprenticeship roles commenced • Annual review of training and development undertaken and reported to Workforce and Organisational Development Committee • Refresh of the Trust's statutory and mandatory training policy completed • Refresh of the Trust's study leave policy completed • Workforce scorecard developed to include reporting of compliance on mandatory clinical training • Training data validation process with budget holders completed
Actions in the next period	<ul style="list-style-type: none"> • Launch ESR Self- Service in October • Targeted approach to improving statutory and mandatory training compliance – action plans in place for each subject area • Training booking system to be replaced to enable improved access • Continue with Listening into Action “Enabling our People” schemes • Continue with training data validation with Head of Services and budget holders • Progress further definition of essential to role training matrices for each service (led by Professional Heads and Operational Leads) • Review Terms of Reference for Workforce and Education Group
Slippages on reported actions in the last reporting period	<ul style="list-style-type: none"> • Lack of capacity of services to release staff to complete the training

Links to the Corporate Risk Register	NQ3: The Trust is unable to evidence staff's safeguarding training	12
	NQ5: Insufficient staff competencies in MliUs may result in incidents up to, and including, severe harm	12
	HR12: Low mandatory training compliance could have a detrimental impact on the Trust's reputation and its ability to meet CQC standards	12
	HR14: Low safeguarding and resuscitation training compliance could result in service users being at risk	12

Risk	Insufficient leadership capacity and capability within the Trust which could have a detrimental impact upon service transformation and service user care						Ref	011	
Strategic objective	Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision								
Description	The Trust's cultural change programme requires all colleagues to be leaders so that service transformation and development can be driven from the front line. It is evident from staff survey results that leadership capability and capacity is varied across the Trust and this is having a detrimental impact on colleague engagement, service development and the ability to take forward service transformation at pace and scale								
Date opened	30 March 2016					Exec lead	Tina Ricketts		
Rating	Initial	Target	March 2016	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017
- Likelihood	4	2	3	3	3	3			
- Consequence	4	4	4	4	4	4			
- Total	16	8	12	12	12	12			
Controls	<ul style="list-style-type: none">NHS Leadership Competency FrameworkWorkforce and Organisational Development StrategyListening into Action programme year 4CORE values behaviour framework					Assurance	<ul style="list-style-type: none">Investors in People Accreditation to March 2017Workforce Education & Development Group which reports to the Workforce & Organisational Development CommitteeMonthly leadership meetings		
Gaps in controls	<ul style="list-style-type: none">The Trust does not currently have a Talent Management StrategyThe assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans					Gaps in assurance	<ul style="list-style-type: none">Percentage of colleagues who have participated in leadership development activities		
Progress made in the previous period	<ul style="list-style-type: none">Improved leadership scorecard results compared to September 2015Edward Jenner leadership programme available to all staffCORE Colleague Network attendee list updatedBespoke leadership programmes in place for Integrated Community Teams and Community Hospital ManagersListening into Action coaching session for 32 colleagues took place in September 2016								

Actions in the next period	<ul style="list-style-type: none"> • Leadership conference planned for 5 October 2016 • Trust Leadership Plan being developed which will be launched at the leadership conference in October 2016 	
Slippages on reported actions in the last reporting period	Delay in the development of a Talent Management Strategy	
Links to the Corporate Risk Register	HR15: Lack of management capability and capacity could be the root cause of low staff moral and increased staff turnover	16
	HR16: Lack of leadership capability and capacity could be the root cause of lack of progress against service transformation and the Workforce and OD Strategy	12
	PCP27: The ability of the Trust to coordinate all finance, activity, workforce, operational and strategic elements of the STP into a single response with limited capacity	12
	HR19: A number of Board and senior management changes may lead to instability and lack of service knowledge / continuity	NEW 12

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

Progress made in the previous period	<ul style="list-style-type: none"> • QIPP and CQUIN schemes are now fully agreed with the main commissioner, good achievement in Quarter 1 and Quarter 2 • Detailed CIP programmes in place, with good achievement in community hospitals and ICTs • QEIAs for CIP programme resulting in significant change being reviewed by Clinical Reference Group • Continued identification of CIP opportunities that have been projected to deliver in Quarter 1 of 2017/18 	
Actions in the next period	<ul style="list-style-type: none"> • Continue to complete QEIAs for relevant CIP initiatives before implementing • Review of QIPP milestones and agree evidence required with Commissioners to minimise potential non-achievement • Continued management and monitoring of all CIP, CQUIN and QIPP plans • Accelerate development of plans for 2017-18 • Provider to Provider contract meeting with GHT 	
Slippages on reported actions in the last reporting period	<ul style="list-style-type: none"> • Provider to provider contract meeting with GHT has not yet occurred for 16/17 	
Links to the Corporate Risk Register	SD38: The Trust is not receiving funding for all out-of-county HIV care	16
	FIN1: Ability to deliver CIPs against pay costs	12
	FIN2: Ability to achieve Gloucestershire Hospitals NHS Foundation Trust service recharges and adhoc	16
	FIN3: Ability to control and reduce agency spend	12
	FIN5: Inability to identify required targets or cost savings across a five year period	12
	FIN6: £900k of QIPP income is outside the Trust's control	12
	TC14: £900k admission avoidance QIPP scheme at risk of non-delivery	16
	TC27: CQUIN positive risk taking milestones are at risk	12

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

Progress made in the previous period	<ul style="list-style-type: none"> Trust Secretary has started leading on governance Head of Financial Accounting started in August (though has subsequently resigned) Work in improving reporting on key workforce data is complete with greater visibility of key information Revised governance arrangements were shared at Audit and Assurance Committee Paper proposing changes to assurance reporting went to Audit and Assurance Committee but further work was requested. 	
Actions in the next period	<ul style="list-style-type: none"> Head of Financial Accounting recruitment to be re-run Changes to assurance reporting to have supporting analysis prepared by the Trust Secretary working with Non-Exec Chair and Executive lead for each Board committee 	
Slippages on reported actions in the last reporting period	<ul style="list-style-type: none"> Appointment of substantive Head of Financial Accounting 	
Links to the Corporate Risk Register	SD42: Capacity to correct / amend countywide services data quality in SystemOne	12
	SD45: Failure to have information on ICT capacity	12
	SD46: Inconsistent data entry practices in community hospitals	12
	SD47: Lack of EPRR awareness and testing across operational teams	12
	HR18: No internal expert to support staff who have retained their local government pension scheme (LGPS)	12
	PI3: Areas of reporting inconsistency and poor data quality across some services	16
	PI4: Inaccurate data being used for delayed transfer of care (DTOC) statutory returns	12
	PI8: Delays in business intelligence reporting tool project	12
	PCP02: Failure to comply with Information Governance standards, resulting in the Trust no longer being at level 2 compliance with the Information Governance Toolkit	12
	PCP04: Inability to comply with the NHS Accessible Information Standard	12
	PCP14: Low rates of Information Governance training across the Trust	12
	PCP28: Lack of control and policy on the use of data storage devices	12

NEW

Risk	Inability to gain a “Good” or “Outstanding” rating following a CQC Chief Inspector of Hospitals’ assessment						Ref	014	
Strategic objective	Manage public resources wisely to ensure local services remain sustainable and accessible								
Description	The CQC report published 22 September 2015 awarded the Trust a rating of “Requires Improvement”. It is the Trust’s clear ambition to secure a “Good” rating as a minimum in order to provide assurance of the organisation’s high-quality services, care and regulatory compliance.								
Date opened	31 May 2016 (re-entry)					Exec lead	Susan Field		
Rating	Initial	Target	March 2016	May 2016	July 2016	Sept 2016	Nov 2016	Jan 2017	March 2017
- Likelihood	3	1		3	2	1			
- Consequence	5	5		5	5	5			
- Total	15	5		15	10	5			
Controls	<ul style="list-style-type: none">The development of a detailed Quality Improvement Plan in response to the CQC Chief Inspector of Hospitals’ report, which details all the actions being taken by the Trust to address the identified gaps / inconsistencies over time.					Assurance	<ul style="list-style-type: none">The Quality Improvement Plan will continue to be monitored by the Quality and Performance Committee and the Trust BoardActions to ensure compliance with CQC recommendations are also being monitored by the CQC Inspection Programme BoardCQC QIP Working GroupCQC QIP Oversight Group (TDA, CCG)		
Gaps in controls	<ul style="list-style-type: none">The Trust is currently unable to provide full evidence / assurance to the CQC of a number of actions, which have been organised under the twelve themes of (i) leadership, (ii) staffing, (iii) training, (iv) incidents, complaints and risks, (v) policies / protocols (including audit), (vi) medicines management, (vii) accessibility, (viii) records management (including document security), (ix) equipment and supplies (including cleaning), (x) information, (xi) estates (including security), and (xii) partnership workingParticular concerns noted about record-keeping and staff training rates					Gaps in assurance			

Progress made in the previous period	<ul style="list-style-type: none">• CQC Quality Improvement Plan progress and risks discussed at every Quality and Performance Committee and September Trust Board• MIIU public engagement exercise completed: revised model of service due to be implemented by operational teams at Stroud & Cirencester MIIUs following decision made by Trust Board September 2016• 8 week MIIU CQC operational action plan in progress• Outcomes of “mock” CQC inspection shared with operational leads• CQC Oversight Group with NHS Improvement and the GCCG held its last review meeting. Progress against CQC compliance now moved to Business as usual		
Actions in the next period	<ul style="list-style-type: none">• CQC module within Datix being developed as a future reporting and assurance reporting tool• Formally invite CQC back for re-inspection following Trust Board decision in September		
Slippages on reported actions in the last reporting period	None		
Links to the Corporate Risk Register	NQ13: Lack of temperature controlled storage for drugs and dressings at sites across the Trust		16
	ST8: Lack of a consistent staff model and system resilience in MIIUs		12
	SD53: Failure of MIIUs to provide initial assessment for patients arriving by ambulance within 15 minutes	NEW	12

Operational risks not linked to strategic risks

ST5: Rising trend of reported falls at Community Hospitals		9
SD49: Increase in the average length of stay in community hospitals, impacting upon reduced numbers of discharges	NEW	12
SD50: Failure to achieve harm-free care standards across community teams and hospitals	NEW	12
SD52: Failure to achieve numbers of avoided admissions into the acute Trust (IDT)	NEW	12

Trust Board

Date: 22nd November 2016

Agenda Item:	12
Agenda Ref:	12/1116
Author:	Susan Field, Director of Nursing
Presented By:	Sue Mead, Non-Executive Director
Sponsor:	Sue Mead, Non-Executive Director

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

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

Executive Summary:

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

- The Trust's mortality report and that the next annual report would be published November 2017.
- The Trust's Controlled Drugs Annual Report and its publication

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

- Gloucestershire System Resilience & Escalation Plans for winter 2017-17
- NICE Compliance risks identified by the Trust's Clinical Reference Group
- Safety Thermometer (harm free care) decline in performance and the subsequent actions being taken
- That the MIIUs and Mandatory Training CQC actions continue
- Revised Committee Terms of Reference and that these would be presented to the January 2017 Trust Board for formal ratification

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

- That a Research and Development review is underway and being led by the Trusts Clinical Reference Group

Recommendations:

The Board is asked to:

The Board is formally asked to:

- **Note and Discuss** as appropriate the contents of this report

Considerations:

Quality implications:

This report draws on discussions and decisions at the Quality and Performance Committee that took place on 1st November 2016 and therefore has significant quality and patient safety assurance/implications throughout.

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

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

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

Reviewed by (Sponsor):	Sue Mead, Non-Executive Director
-------------------------------	----------------------------------

Date:	
--------------	--

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Quality and Performance Committee – 31 st August 2016 and 1st November

Explanation of acronyms used:
PaCE – Professional and Clinical Effectiveness ICT – Integrated Community Teams CQC – Care Quality Commission

GHFT – Gloucestershire Hospitals Foundation Trust QIP – Quality Improvement Plan
R&D – Research and Development
SIRIs – Serious Incidents Requiring Investigation GCCG – Gloucestershire Clinical
Commissioning Group STPs – Sustainability and Transformation Plans
ACP – Advanced Care Plans
DNAR – Do Not Actively Resuscitate
IDTs – Integrated Discharge Teams
NICE - National Institute for Health and Care Excellence
MIU - Minor Injury and Illness Unit

Contributors to this paper include:

Susan Field, Director of Nursing

Quality and Performance Committee November 2016 Report

1. Introduction

This report outlines agreed actions and assurances that emerged following the Trust's Quality and Performance Committee meeting which took place on 1st November 2016.

The minutes of the previous meeting of 31st August 2016 were approved and formally signed off by the Committee Chair and can be seen in Appendix 1.

The Committee Chair and the Director of Nursing would like to draw to the attention of Trust Board members the following issues:

2. Safety Thermometer Activities (Harmfree Care)

The Trust has experienced a decline in its Safety Thermometer ratings over recent months and with this a potential impact on patient safety and care. There is now a clear action plan in place led by the Deputy Director of Nursing working with operational colleagues to:

- Clearly articulate why there is a declining trend
- Understand whether the decline can be extricably linked to data quality or whether there is a decline in harm free care provision.

Actions progressed over the past few weeks has included:

- Developing a more robust revalidation process by operational colleagues and particularly for falls and pressure ulcers on Safety Thermometer "Census day". This will include a mandatory incident reference box (Datix) appearing when a pressure ulcer harm (acquired or inherited) or a fall harm is reported. This approach will enable a degree of triangulation risk and evidence more clearly any patient safety risks.
- Reminding colleagues that the sign off of any Safety Thermometer data is undertaken by a nominated "census" lead or team manager.

Safety Thermometer data for September has seen a slight improvement of 93.9% and it is anticipated that this will continue to improve over the coming months following the introduction of more rigor by Operational Colleagues.

3. Mortality Review

The Committee reviewed the Trusts recent Mortality Report. Key points to highlight from this included:

- Reporting of deaths and subsequent mortality reviews that occur in the Community Hospitals and not community services.
- For the period 1st April – 31st August 2016 there were 99 deaths reported of which 67 of these were patients who had been admitted or transferred from an Acute Hospital.
- That further work needs to progress to ensure that patients who are dying have advanced care plans (ACPs) and Do Not Actively Resuscitate (DNAR) plans in place.

4. Research and Development

The Research and Development (R&D) activities across the Trust are being reviewed by the Clinical Reference Group. This has included:

- Nominating the Deputy Medical Director and Head of Professional Practice to represent the Trust on the Gloucestershire R&D Consortium hosted by Gloucestershire Hospitals Foundation Trust (GHFT).
- Inviting the Associate Director for R&D (Julie Hapeshi) to the December Clinical Reference Group. It will be at this meeting where the Trust will clarify in more detail:
 - R&D Governance arrangements
 - How the Trust can “tap” into the R&D Consortium expertise to support what is broadly an AHP and nurse led Trust (not medical)

5. Capacity and Demand

The Quality and Performance Committee welcomes the progress lead clinicians had made with the development of the ICT and capacity and demand tool currently being “tested” in the Stroud and Forest of Dean localities. There continues to be significant concerns about the increasing number of system-wide risks that were beginning to impact on GCS services – the availability of domiciliary care was one example of this particularly with regards to End of Life and dementia domiciliary care packages.

6. Trust Performance

Key points that were highlighted:

- The Committee expressed concern about the timeliness of data – August 2016

- Declining Family and Friends (FFT) response rates (5.1%, 1,854 responses)
- 2 SIRIs declared during August (and also noted that the Trust has progressed with the development of its Learning Assurance Framework)
- Safety Thermometer below its trajectory of 95%
- Concern about the Integrated Discharge Teams (IDTs) performance metrics and whether these were now applicable to GCS in light of the wider system and STP developments. It was agreed these would be reviewed at the Trusts Contract Board meeting with the GCCG.

7. CQC

The Committee noted the progress that had been made re: MIUs and mandatory training and requested that the focus continue on these activities in order to mitigate the risks even further, especially as the new MIU operating model was now in place as from 1st November 2016.

The Committee also noted that the CQC had formally responded to the Trusts re-inspection request which also included an acknowledgement that the Trust continues to provide high quality care but that they did not respond to individual inspection requests.

8. Winter Escalation and Resilience

The Gloucestershire-wide escalation plan led by the GCCG was reviewed on behalf of the Trust Board (due to timescales set by the GCCG) and key points noted by Committee members included:

- Breaching single sex accommodation would be considered by the Trust but that any decision would be made by the CEO only.
- That there appeared to be no quality or patient experience metrics associated with the system-wide plan either in terms of any de-briefing plans or when shifting up or down the escalation process.
- That the Trust had not been asked to open any additional escalation beds, which was broadly welcomed by the Committee.

9. Controlled Drugs Annual Report

The Committee approved this report for publication and noted:

- Physiotherapists and Podiatrists can now prescribe a limited range of controlled drugs.
- That there had been 51 incidents associated with controlled drugs over the past 12 months and that 20% of these were out of Trust Colleagues control i.e. patient “owned” controlled drugs

10. Committee Terms of Reference

These had been reviewed and with some suggested amendments will be finalised at the Committee’s December 2016 meeting prior to formal ratification by the Trust Board January 2017.

11. NICE Compliance

The PaCE Directorate had highlighted to the Committee concerns about the Trusts compliance levels with NICE guidance and appraisals, which was becoming an increasing risk due to a number of factors which included: clinician capacity to review guidance; increased volume and complexity of NICE publications.

The Committee noted the risks and mitigating actions that were being taken by both PaCE and operational colleagues.

Report prepared by: Susan Field, Director of Nursing

Report presented by: Sue Mead, Chair, Quality and Performance Committee and Non-Executive Director

Appendix 1: Approved Minutes of Quality and Performance Committee Meeting 31st August 2016

Gloucestershire Care Services NHS Trust

Minutes of the Quality and Performance Committee

31st August 2016, 13.30am – 16.30pm

Boardroom

Committee members present:

Sue Mead	Chair (Non-Executive Director)
Susan Field	Director of Nursing
Candace Plouffe	Chief Operating Officer
Tina Ricketts	Director of HR
Ingrid Barker	Chair (Gloucestershire Care Services NHS Trust)
Jan Marriott	Non-Executive Director
Glyn Howells	Director of Finance

In attendance:

Rod Brown	Head of Compliance and Partnerships (for agenda item 7, 21, and 23)
Michael Richardson	Deputy Director of Nursing
Ian Main	Head of Clinical Governance
Gillian Steels	Trust Secretary
Jules Roberts	Clinical Pathway Lead – End of Life (for agenda item 15)
Carol Ball	Senior Sister, Stroud Community Hospital
Christine Thomas	Minute Taker

Item	Minute	Action
1.	<p>Welcome and Apologies</p> <p>The Chair opened the meeting and specifically welcomed Ian Main, Jules Roberts, Gillian Steels and Carol Ball to the meeting.</p> <p>Apologies were Received from: Nicola Strother Smith, Non-Executive Director; Hannah Williams, Quality Manager, GCCG; Graham Russell, Non-Executive Director; Dr Mike Roberts, Medical Director</p>	
2.	<p>Confirmation that the meeting is quorate</p> <p>The meeting was confirmed as quorate by the Chair</p>	
3.	<p>Declarations of Interests</p> <p>In accordance with the Trust Standing Orders, all Committee members present were required to declare any conflicts of interest with items on the Meeting Agenda.</p> <p>No declarations of interest were made.</p>	

4.	<p>Minutes of the meeting held on 28th June 2016</p> <p>The Director of HR (DoHR) requested a slight addition to the wording on the Quality Equality Impact Assessments (QEIA) for the Mutually Agreed Resignation Scheme (MARs) from the minutes of the 28th June; the Chair agreed to these changes and asked the DoHR to liaise with the minute taker to make these changes.</p> <p>Subject to this change the minutes were Received and Approved as an accurate record and that the Chair would sign accordingly.</p>	DoHR/CT
5.	<p>Matters arising (action log)</p> <p>The following matters were discussed and noted:</p> <p>07/260416 - The Quality Manager for Gloucestershire Clinical Commissioning Group (GCCG) agreed to highlight the concerns raised by the lack of the foot protection team service. 31/08/16 - This had been completed and feedback given, via email, to the Quality and Performance Committee - Closed</p> <p>08/260416 - The Director of Nursing raised concerns that the escalation beds for winter pressures in the Community Hospitals were still open. It was agreed that this would be formally raised as a risk at the Trust Board meeting. 31/08/16 - The Chief Operating Officer confirmed that these beds were now closed - Closed</p> <p>08/280616 - The acuity of patients to be reviewed for Gloucestershire Care Services (GCS) and a further benchmarking exercise with Derbyshire NHS Trust be completed. 31/08/16 - The Chief Operating Officer to bring a full report to the next meeting.</p> <p>15/280616 - It was agreed that the HoPCP and the Director of HR (DoHR) should look as to whether colleague attitude should be taken as a Listening into Action (LiA) approach. The HoPCP to ask the Trust Chair if she wanted this to go to the next Trust Board or not? 31/08/16 - The Director of HR had provided the group with a written report on the numbers of complaints/concerns raised and advised that an LiA approach was being taken to deal with this issue – Closed</p> <p>17/280616 - The Workforce Race Equality Standard Submission survey did not include white non-British colleagues. The HoPCP would work with the Director of HR (DoHR) and Ambassador for Cultural Change (AfCC) to formally consider these results. 31/08/16 – A survey would be going out to all Trust colleagues in Quarter 3 - Closed</p> <p>20/280616 – Overnight Hospitals Transfers Report, an enhanced report to be brought to the next meeting. 31/08/16 - The Chief Operating Officer presented a verbal update to the group. The Trust was still awaiting for information from Arriva to complete the report. The Chief Operating Officer (COO) had formally written to them Ingrid Barker advised that both the Health Care Overview Scrutiny</p>	COO

	<p>Committee and Healthwatch had raised concerns about transport arrangements and the impact this was having on patient experience and care. It was noted that the Clinical Commissioning Group were resurrecting the Transport group meetings. It was agreed that the COO would bring a full report to the next meeting.</p> <p>22/280616 – Safe Staffing, the Director of Nursing to summarise discussions to the July Trust Board meeting for further discussions – Closed</p>	COO
6.	<p>Forward agenda planner</p> <p>The following changes were requested/agreed:</p> <ul style="list-style-type: none"> • Quality Priorities update to come to the November meeting • Acuity Audit outcome to come to the November meeting • Overnight Hospitals Transfers Report to come to the November meeting <p>The Chair asked that the Director of Nursing (DoN) start populating the forward planner for 2017/18.</p> <p>The Forward Planner was Discussed and Approved</p>	DoN
7.	<p>Corporate Risk Register - Quality and Performance Risk</p> <p>The Head of Planning, Compliance and Partnerships (HoPCP) presented the Trusts corporate risk register. There were 2 new risks to note, these were “Rising Demand for Continuing Healthcare” and “Complex Leg Wound Service”. A targeted approach was being taken for each service to mitigate these risks.</p> <p>The HoPCP was re-establishing the Risk Champions group and would bring an updated report to the next Quality and Performance Committee meeting.</p> <p>The Chair queried why the NICE Diabetes risk had decreased. It was explained that there was a limit to what the Trust could progress to reduce the risk further. The Falls risk had also decreased. The Chair queried why this was 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.</p> <p>The DoN updated the group on the Microbiology risk. Unfortunately the meeting that had been arranged to discuss this issue with Gloucestershire Hospitals Foundation Trust (GHFT) had been cancelled due to illness; this was in the process of being rearranged.</p> <p>Jan Marriot raised concern that there was a perception in the Community that packages of care would be affected by the Council's financial savings plan and that this could have an effect on care</p>	<p>HoPCP</p> <p>DoN</p>

	<p>particularly in areas such as pressure sores. Ingrid Barker believed that this needed to be highlighted within any RCAs if reduced care was affecting patients in this way. It was also noted that Healthwatch were raising concerns over this issue. It was agreed that the DoN and Chief Operating Officer (COO) would formally raise with Tina Reid of Gloucestershire County Council (GCC) and the Director of Nursing to take to the Quality Review Group with Gloucestershire Clinical Commissioning Group (GCCG).</p> <p>The Committee Discussed and Approved the Corporate Risk Register</p>	<p>DoN/COO</p> <p>DoN</p>
8.	<p>Operational Services Report</p> <p>The Chief Operating Officer (COO) presented the Operational Services Report.</p> <p>The COO directed the Committee's attention to the continuing high bed occupancy rates; this had been a repeated concern at previous Committee meetings. It was felt that the continued high intake of transferred patients at an earlier stage was leading to an increase in the acuity of patients, which in turn led to longer periods in hospital. The Trust was now actively working to ring fence some of its beds for GP direct admissions, which had been well received. An acuity audit was currently underway and the results of this would come back to the next meeting. It was recognised that the consistently high occupancy rates were having an effect on staff morale due to the pressure they were under and also potentially to the care received. It was noted that the Trust had been working with occupancy rates of over 95% since August 2014.</p> <p>The COO noted that the number of pressure ulcers was increasing and the Director of Nursing (DoN) informed the group that the Trust were seeing more patients admitted with pressure ulcers into the community hospitals, which could be due to the reduced availability of package of care mentioned earlier. It was also noted that although falls overall were falling, falls with harm were increasing.</p> <p>It was noted that there was still an issue in recruiting Band 5 nurses for the Community Hospitals. The Director of HR (DoHR) to share the report that had gone to Workforce and OD Committee around the training and competency of nurses.</p> <p>The Committee Discussed and Approved the Operational Services Report</p>	<p>COO</p> <p>DoHR</p>
9.	<p>Professional and Clinical Effectiveness (PaCE) Directorate Report</p> <p>The Deputy Director of Nursing (DDoN) presented the Professional and Clinical Effectiveness (PaCE) report and highlighted the key areas of the report to the Committee, noting in particular the good work that had been done around Learning Disabilities and that there were still some challenges around NICE compliance, but that these</p>	

	<p>were being worked on. The Chair asked if the NICE compliance was on the risk register, it was confirmed that it wasn't, but would be added if the risk continued.</p> <p>The Committee Discussed and Approved the Professional and Clinical Effectiveness Report</p>	
10.	<p>Clinical Reference Group Report</p> <p>The Director of Nursing (DoN) presented the Clinical Reference Group report.</p> <p>The Clinical Reference Group had been focused on the development of the Trusts Clinical Strategy (which was on the agenda for this meeting). The group was also currently reviewing Research and Development across the Trust, with the Support of the Deputy Medical Director. The group continued to review SIRIs on a monthly basis and was overseeing the various Quality Improvement Group activities i.e. Learning Disabilities, End of Life and Dementia.</p> <p>The Group also oversaw all Quality Equality Impact Assessments (QEIAs). Ingrid Barker asked if the QEIAs were being applied to all the CIP schemes and the Director of Nursing confirmed that they were being timetabled into future agendas.</p> <p>The Committee Discussed and Approved the Professional and Clinical Effectiveness Report</p>	
11.	<p>Quality and Performance Report</p> <p>The Director of Nursing (DoN) formally noted the reduction in Harm Free Care and the low Personal Development Reviews (appraisals) rates, which was at its lowest for a long time.</p> <p>The Chief Operating Officer (COO) had discussed the redesign of the reablement service at the Contract Management Board, it was not envisaged that this would involve any redundancies but is requiring vacancies to be held. This redesign is being led by Commissioners at Gloucestershire County Council (GCC) with GCS support. The service would move towards a more specialised care approach. As such there has been a "relaxation" of performance management as transition to new service. It was also noted that some additional training of the workforce may be needed to enable the service change to progress.</p> <p>Objective 4</p> <p>The Director of HR (DoHR) informed the group that sickness rates had reduced, but concerns remained as to whether all sickness was being recorded. Managers were being chased up on outstanding appraisals and the process had been simplified to make it as easy as possible to record completion. It was questioned as to whether mandatory training was being prioritised over Personal Development</p>	

	<p>Reviews. Ingrid Barker stressed that it was not appropriate for these Personal Development Reviews not to be held, particularly as Personal Development Reviews correlate to patient safety. The COO requested that a report to be completed on the time managers needed to complete Personal Development Reviews, training and to cover sickness etc as there was concern expressed that colleagues did not have the capacity to complete all requirements. The Chair asked the DoHR if the Workforce and OD Committee would progress this with colleagues and assess what the issues were and if there was a way the Trust could help. It was also suggested that the Non-Executive Directors include team managers as part of their quality visit schedules to better understand day to day issues and pressures.</p> <p>The Committee Approved the Quality and Performance report</p>	DoHR
12.	<p>CP-IS (Child Protection – Information System)</p> <p>The Deputy Director of Nursing (DDoN) presented the CP-IS report to the Committee. This outlined the work being completed by the Trust to implement the new Child Protection Information System across the County. There was concern raised as to what would happen if the Trust lost the CHIS work, but the DDoN reported that the impact was low as it was an Independent System.</p> <p>The Committee Noted the CP-IS Report</p>	
13.	<p><u>Safe Staffing Progress Report</u></p> <p>The Chief Operating Officer (COO) provided the Committee with a verbal update on Safe Staffing. At the last Quality and Performance Committee it had been agreed by the executive team that the revised Safe Staffing levels would be implemented by October 2016. Safe Staffing levels had been agreed for each ward and a refreshed Quality Equality Impact Assessment would be taken to the Clinical Reference Group (Sept 2016). Wards will be staffed to the agreed limit and any agency required over and above this would still be approved by the Director of Nursing (DoN). It was felt that this new approach would also help on-call managers understand safe staffing levels for wards when agreeing to weekend agency. Budgets would be reset to reflect these staffing changes.</p> <p>The COO to include this in the Trust Board COO report that would go to the September Board meeting.</p> <p>The Committee Discussed and Noted the progress made to date</p>	COO
14.	<p>CQC Investigation Deaths Review</p> <p>The Director of Nursing (DoN) provided a verbal update on the recent CQC Investigating Deaths Review and their visit to the Trust.</p> <p>The CQC were undertaking visits to 12 Trusts to investigate the way deaths were reviewed and this was in response to the Southern</p>	

	<p>Health (Mazars) report. The CQC had been with the Trust for 3 days and the overall feedback had been favourable. The CQC had been impressed with the way that the Trust had involved families following on from any SIRIs/Complaints; they had also been pleased with the End of Life activities that were underway and the Director of Nursing had highlighted that both the Quality and Performance Committee and Trust Board may wish to seek further assurance about the quality of reviews undertaken and expected deaths. The Trust had discussed with the CQC guidance on the definition of an unexpected death (adults) and for a standardised minimum data set for verifying death.</p> <p>The report would be published in December 2016.</p> <p>The Committee Noted the CQC Investigating Deaths Review</p>	
15.	<p>End of Life Developments Report</p> <p>The Clinical Pathway Lead (CPL) for End of Life presented an update on End of Life developments within the Trust.</p> <p>The improvements to date had been aligned to the CQC Quality Improvement Plan and to the Gloucestershire Clinical Commissioning Groups (GCCG) 12 point End of Life Strategy, now published. The main risk was with articulation re End of Life Communication and Engagement plans, but this was being progressed.</p> <p>Work was focusing on audits - some recent local record keeping audits had highlighted there was poor use of the Shared Care Record.</p> <p>This work was linked to a CQUIN and data had been submitted to the GCCG for Quarter 1 and focused on education provision for which a draft plan had been developed with local Hospices.</p> <p>A film had also been made on the 6 Ambitions for Palliative and End of Life Care; this would be used at Clinical Induction and Essential for Role training.</p> <p>It was questioned as to how the effectiveness of these developments would be measured and the CPL advised that a survey had already been completed and a follow up one would be planned to assess progress.</p> <p>Training was planned which included new SystmOne templates which would commence in October and be completed by the end of the year. It was agreed that a follow up report with colleagues, patients and external partner feedback as well as an update on any training/systems issues would come back to the February Committee meeting.</p> <p>The Committee Discussed and Noted the End of Life Report</p>	

16.	<p>Quality Improvement Plan (Including CQC)</p> <p>The Director of Nursing (DoN) presented the Quality Improvement Plan, which included the outcomes of the “mock” CQC Inspection report. This report had not raised any major surprises and had confirmed the risks that the Trust were already aware of, namely MIIUs and Mandatory Training. The Trust Board in September would be asked to ratify the Committees decision as to formally write to the CQC asking them to re-inspect the Trust. This would be done via the Quality and Performance Committee’s report to Board.</p> <p>There was concern raised that the push on Mandatory Training could mean that many colleagues refresher training would all come at the same time. It was advised that colleagues would be asked to plan their training so that this did not happen.</p> <p>The Committee Noted the Quality Improvement Plan update and the next steps</p>	Committee Chair/ DoN
17.	<p>Draft Clinical Strategy</p> <p>The Director of Nursing (DoN) presented the draft Clinical Strategy (2016-19). The Strategy had been simplified, was measurable and more meaningful to clinical colleagues. Concern was expressed that the strategy was still too long. It was agreed key points would be emphasised to aid access by busy front line staff. The Committee was asked to approve the Strategy prior to it going to the Trust Board for formal ratification. Once the Strategy had been ratified an action plan would be developed and implemented by clinical colleagues led by the Heads of Professions and Clinical Colleagues.</p> <p>It was agreed that the Clinical Strategy should go to the Board for ratification and the action plan to come back to the Committee in November and a full update re impact on patient care in 12 months.</p> <p>The Committee Approved the Clinical Strategy to go to Trust Board</p>	DoN
18.	<p>Complaints and Duty of Candour</p> <p>The Deputy Director of Nursing (DDoN) presented the Complaints and Duty of Candour Report.</p> <p>The complaints presented were from Quarter 1 and July 2016 data. There had been no complaints to the Parliamentary Ombudsman in the last quarter.</p> <p>New complaint leaflets had been printed and were in the process of being distributed across the Trust. It was agreed that an amnesty would be needed on the old leaflets and a process was needed to ensure that all old leaflets were collected. It was agreed that future reports on complaints and Duty of Candour should tie up with any Understanding You reports.</p> <p>The Director of Finance suggested that a virtual notice board should</p>	

	<p>be developed that services could refer to so they could see what there notice boards should look like and what information they should contain. The Chair asked that the next report 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.</p> <p>The Committee Discussed the Complaints and Duty of Candour report.</p>	DDoN/ DoF
19.	<p>Trust Clinical Record Keeping Report</p> <p>A Quality Improvement Group had been set up to oversee improvement in the quality of clinical record keeping. The group would report into the Clinical Reference Group. A clinical re-audit was planned for the end of the year and would commence with Children's services. Work was being undertaken with the Bank Office to ensure that bank colleagues were also being trained in improving record keeping. The Chair raised that this was still rated 16 on the Corporate Risk Register and the Director of Nursing (DoN) agreed that this would be reviewed at the end of the year following the re-audit of records.</p> <p>The Committed Noted the Clinical Record Keeping Report</p>	
20.	<p>Updated – Overnight Hospital Transfers Report</p> <p>This had been covered under agenda item 5</p>	
21.	<p>Accessible Information Standard Progress Report</p> <p>The Head of Planning Compliance and Partnerships (HoPCP) updated the Committee as to the progress of the Accessible Information Standard. They were currently behind in getting a Communication campaign underway however; this was due to commence the W/C 5th September 2016. The HoPCP had been working with the IT team to make this SystmOne user friendly.</p> <p>It was agreed that patient experience and quality issues should come to the Committee as part of the patient experience report.</p> <p>The Committee Discussed and Noted the Accessible Information Standard.</p>	
22.	<p>Quality Equality Impact Assessment Policy (QEIA)</p> <p>It had been decided that a formal Quality Equality Impact Assessment (QEIA) Policy was needed in light of the Capsticks report on Liverpool. The Policy endeavours to outline when a QEIA should be undertaken i.e. scale and significance threshold, the role of Clinical Reference Group and examine theme. The Chief Operating Officer (COO) felt that a process was needed to show</p>	

	<p>when a QEIA should be undertaken and did not believe the draft policy captured this.</p> <p>Ingrid Barker asked that it be double checked that the correct process was being followed for these QEIAs and that this was clarified on the document. It was also agreed that the Trust Board should see the outcomes of any significant QEIAs.</p> <p>It was agreed that the policy would go to Committee and the Trust Board not later than November.</p> <p>The Committee Noted the QEIA Policy and requested further work to be undertaken on the draft.</p> <p>The Director of Nursing and Chief Operating Officer left the meeting</p>	<p>COO</p> <p>DoN/DDoN</p>
23.	<p>Coroner's Policy</p> <p>The Coroner's report was presented by the Head of Planning Compliance and Partnerships. The aim of the Policy was to formalise the process and to make clear the support available to colleagues who were called to Coroner's court.</p> <p>The Committee Recommended the report and that the Policy should be included within the Committee Board report.</p>	
24.	<p>Subgroup Reports</p> <p>The Committee Noted the Subgroup Reports</p>	
25.	<p>Safeguarding Annual Report</p> <p>The Safeguarding Annual Report was brought to the Committee's attention for information. The report had formally been shared with the Clinical Commissioning Group (CCG) who were pleased with the report but had requested that future reports have more detail on how this information was cascaded to colleagues.</p> <p>The Committee Noted the Safeguarding Annual Report</p>	
20.	<p>Any Other Business</p> <p>September Trust Board Feedback</p> <p>The Chair requested that the next Quality and Performance report for the Trust Board include the following items:</p> <ul style="list-style-type: none"> • Bed Occupancy – Harm Free Care/ICTs • Patient Transfers • Personal Development Reviews (appraisals) – concerns re quality impact • Clinical Strategy • Coroner's Policy • CQC re-inspection 	

	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 1 November 2016 in the Boardroom, EJC at 1:30pm.	

Signed Date

Trust Board

Date: 22nd November 2016

Agenda Item:	13
Agenda Ref:	13/1116
Author:	Tina Ricketts, Director of HR
Presented By:	Nicola Strother Smith
Sponsors:	Nicola Strother Smith

Subject: Workforce & OD Committee Update Report

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

Executive Summary:

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

The key items to note are:

- The continued improvement in mandatory training compliance
- The continued improvement in the Trust's sickness absence rates (now at 4.4%)
- The work that is being undertaken to improve staff recommending the Trust as a place to work (internal engagement schemes, Timewise accreditation, listening into action schemes and embedding the core values initiatives)

Recommendations:

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

Considerations:

Quality implications:

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

Human Resources implications:

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

Equalities implications:

None identified

Financial implications:

None identified

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

Yes – this paper links to all workforce risks

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

No

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

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

**Reviewed by
(Sponsors):**

Nicola Strother Smith

Date:

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

Workforce & OD Committee
Workforce & OD Steering Group
Workforce Education & Development Group

Explanation of acronyms used:

Contributors to this paper include:

Lindsay Ashworth, Head of HR

Workforce & Organisational Development - Board Report November 2016

1.0 Introduction

This report provides a summary of the key agenda items considered by the Workforce & OD Committee at its meeting on 10th October 2016. Attached in appendix 1 are the approved minutes of the meeting held on 24th August 2016.

As a reminder to the Board the strategic workforce and organisational development priorities are:

- To ensure that a robust recruitment and retention plan is in place so that the Trust has the right staff with the right skills in the right place at the right time
- To develop and sustain a culture that engages and motivates colleagues
- To ensure that colleagues have the necessary knowledge, skills and expertise to deliver best care
- To ensure that the Trust has the necessary leadership capability and capacity to deliver on the sustainability and transformation agenda

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

Table 1: Key risks by theme as at 30th September 2016

Organisational Development	Workforce
<p>Leadership capability and capacity – insufficient leadership capability and capacity within the organisation may be impacting the pace of service transformation and the achievement of personal development reviews and mandatory training compliance</p> <p>Staff satisfaction – the staff friends and family test and NHS staff survey results all indicate that staff engagement and satisfaction requires improvement with regard to recommending the Trust as a place to work</p>	<p>Workforce capacity to meet demand – the increase in demand on services coupled with vacancy rates particularly within qualified nursing may impact on the quality and level of service provided. This may also be having an impact on colleague morale and sickness absence as colleagues frequently report that they do not have enough resources to meet demand</p> <p>Workforce development – the lack of an overall workforce development plan linked to the Trust's Integrated Business Plan may impact on the pace of future service transformation and development</p>

To monitor the effectiveness of the strategy, a number of key performance indicators are monitored by the Committee and the performance as at 30th September 2016 is as follows:

Table 2: Key workforce performance indicators as at 30th September 2016

Key Performance indicator	As at 31/03/13	As at 31/03/14	As at 31/03/15	As at 31/03/16	As at 30/09/16	Target by 31/03/17
PDR completion rate	67%	80.5%	71%	77.5%	76%	95%
Staff FFT (recommend Trust as a place to work)	Survey not in place	53%	50%	37%	49%	60%
Mandatory Training	64% (excludes clinical elements)	75% (excludes clinical elements)	71% (excludes clinical elements)	82% (excludes clinical elements)	66% (80% excluding clinical elements)	95%
Sickness absence	4.5%	4.3%	4.9%	4.7%	4.4%	4.0%
Turnover	12.2%	15.7%	14.7%	15%	14.38%	12%
Nurse vacancy rates (band 5 & 6)	Not available	Not available	Peaked at 21% in August 2014	13.5%	13.6%	<10%

The full workforce scorecard is attached in appendix two.

From the above table it can be seen that since the Trust was formed in April 2013:

- There was a spike in sickness absence in 2014/15. This can be attributed to the national shortage of qualified nurses which resulted in an increase in band 5 and band 6 nursing vacancies across the Trust
- There was a spike in turnover in 2014 and 2015 which can be attributed to the non-frontline cost improvement plans
- Improvements continue to be made in mandatory training compliance

The two “wicked” issues are the Staff FFT results for recommending the Trust as a place to work and personal development review completion rates, which have not seen any improvement over the last three years. These have been added to the agenda of the Board development session in December for further discussion.

2.0 Items the Committee NOTED that the Board should be aware of

The committee received the following reports, which were provided for assurance and discussion:

Table 3 Summary of the reports

Report title	Purpose	Brief summary of the report
Workforce and OD strategy progress report	Assurance	3 of the 12 agreed high impact actions have now been completed (Listening into Action (LiA) coaching sessions, communications and internal engagement strategy and annual awards ceremony) and good progress is being made against the remaining 9 priority areas. "Green shoots" are evident from the improvement in nurse recruitment, sickness absence rates and mandatory training compliance
Communication and Internal Engagement strategy progress report	Assurance	9 of the 34 agreed high impact actions have now been completed. Good progress is being made against 15 actions but 10 actions are still in development. A scorecard is being developed to enable the Committee to gauge the on-going effectiveness of the strategy
Workforce education and development report	Assurance	Evidence was provided of the month on month improvement in mandatory training compliance across all corporate and clinical elements. Action plans are in place to achieve 85% compliance by 31 st December 2016. However, it was highlighted that the biggest risk to achieving this target was the capacity of services to release colleagues to attend training.
Flexible working progress report	Discussion	The Committee was provided with the outcome of the base line audit which had been undertaken by Timewise to assess the Trust's current practices in relation to flexible working practices, flexible hiring and leadership support. The findings of the audit are to be used as the basis of a LiA big conversation in October 2016.
Listening into action progress report	Discussion	The Committee was provided with the latest pulse check results which showed improvements in 13 of 15 questions since September 2015. The Trust had submitted further evidence in support of its application for LiA accreditation and is awaiting the outcome from Optimise.
EJC Staff FFT progress report	Assurance	This report updated the Committee on the actions that are being taken to address the poor Staff FFT results within the Trust's headquarters. Three LiA groups had been established (leadership, communication and behaviours) with a number of quick wins being

		identified. Attendance at the groups had been variable and it was identified that regular participation by the executive team sponsors would be beneficial to help “unblock” the actions that were needed to take these schemes forward.
SystemOne update report	Discussion	This report provided the Committee with a progress report on the eight workforce and OD issues that had been identified following the deployment of SystemOne across the Trust. Progress has been made on either resolving or mitigating all of the issues noted.

3.0 Items the Committee APPROVED that the Board should be aware of

The Committee approved minor amendments to the following policies/ documents:

- Standard contract of employment
- Additional employment policy
- Pay progression policy
- Salary policy
- Sickness absence management policy and guidance
- Personal Development Review guidance and templates
- Leavers policy

4.0 Items the Committee REVIEWED and supports, but are presented for the Board to APPROVE

No items require Board approval.

Minutes of the Workforce and Organisational Development Committee

**Boardroom, Edward Jenner Court
24th August 2016**

Members:

Nicola Strother Smith (NSS)	Non-Executive Director	CHAIR
Tina Ricketts	Director of HR	
Candace Plouffe	Chief Operating Officer	
Richard Cryer (RC)	Non-Executive Director	
Susan Field	Director of Nursing	

In attendance:

Lindsay Ashworth	Head of HR	
Linda Gabaldoni	Head of Organisational Development	
Stuart Bird	Deputy Director of Finance	
Sonia Pearcey	Ambassador for Cultural Change	
Matt Blackman	Communications Manager	
Michael Richardson	Deputy Director of Nursing	
Maria Wallen	Head of Professional Practice and Education	
Harriet Smith	Senior Personal Assistant	Minute taker

Item	Minute	Action
16/HR067	1. <u>Welcome and Apologies</u> The Chair thanked everyone for attending the meeting. Apologies were received from Mark Lambert, Head of Communications.	
16/HR068	2. <u>Confirmation of Quoracy</u> The Chair confirmed that the Committee was quorate.	
16/HR069	3. <u>Declaration of interests</u> There were no conflicts of interest declared.	
16/HR070	4. <u>Minutes of the meeting held on 13 June 2016</u> The minutes of the meeting held on 13 June 2016 were received and approved as an accurate record.	
16/HR071	5. <u>Matters Arising (Action Log)</u> The Action Log was approved . See Action Log for updates.	

Item	Minute	Action
16/HR072	<p>6. <u>Workforce and OD Strategy progress report</u></p> <p>RC stated that upon looking at the gap analysis, the 12 priority actions could be consolidated and suggested that the annual strategic staffing assessment recommended be linked to the “improving workforce planning capability and capacity across the Trust” priority.</p> <p>The Head of HR stated that there is a gap within the priorities regarding Recruitment and Retention.</p> <p>The Director of Nursing (DoN) stated that links needed to be strengthened between the Clinical Reference Group and Workforce Planning.</p> <p>The Director of HR (DoHR) will bring a report to the next meeting showing the current priorities and how all the additional elements link in to these priorities.</p> <p>The DoHR will ensure that STP is referenced within the next Workforce and OD Strategy report.</p> <p>The Committee reviewed the gap analysis and agreed to review the priorities at the next meeting subject to the discussed amendments.</p>	<p>DoHR</p> <p>DoHR</p> <p>DoHR</p> <p>DoHR</p>
16/HR073	<p>7. <u>Internal engagement strategy progress report</u></p> <p>The Communications Manager presented the internal engagement strategy progress report on behalf of the Head of Communications and provided the Committee with an update on the progress made towards improving internal engagement within the Trust.</p> <p>The Committee discussed the proposal to increase the visibility of senior management and the Executive Team with round table lunchtime discussions.</p> <p>The Ambassador for Cultural Change stated that at the recent EJC big conversations colleague’s feedback that Senior Management are not visible enough and ‘meet the Execs’ came up as a priority area.</p> <p>The Director of Nursing stated that she supports the informal approach and suggested that the Executive Teams should go out on site visits and publicise these visits so colleagues are aware of when Senior Management would be visiting their area of work.</p>	

Item	Minute	Action
	<p>NSS asked whether NED input would be helpful with regards to the informal round table discussions and site visits.</p> <p>The Committee discussed the Line Manager tool kit. The Managers tool kit will primarily be a set of guidelines to help managers provide their teams with direction or assistance through regular team meetings and information sharing.</p> <p>The Committee discussed the “Thank You scheme” with regards to the CORE values badges. It has been suggested that colleagues demonstrating a CORE value be presented with a badge to display on their lanyard. The DoHR asked if this could be explored further.</p> <p>NSS suggested that the awards process be reviewed to include volunteers.</p> <p>The Deputy Director of Nursing suggested that Executives and Senior Management be more visible on social media (twitter).</p> <p>The Committee reviewed the report and discussed the progress made.</p>	<p>Head of Communications</p> <p>Head of Communications</p> <p>All</p>
16/HR074	<p>8. <u>Strategy metrics update report</u></p> <p>The DoHR presented the Committee with the workforce dashboard containing “hard” metrics, a quarterly scorecard containing “soft” metrics and an annual “deep dive” report on the Trust’s workforce profile.</p> <p>The Committee reviewed the proposed measurements and agreed that there were no additional measurements to add.</p>	
16/HR075	<p>9. <u>Workforce, Education and Development Report</u></p> <p>The Head of Professional Practice and Education presented the WED report outlining the priorities that have been addressed by the Trust to ensure effective strategies are in place to support the statutory and mandatory training compliance identified within the CQC report.</p> <p>The Head of Professional Practice and Education stated that colleagues have been contacted individually to see what support can be offered to them to complete their mandatory training within agreed timeframes. The Chief Operating Officer (COO) asked if it is clear what impact removing colleagues to complete the mandatory</p>	

Item	Minute	Action
	<p>training has on the remaining workforce capacity. The DoHR stated that this issue is picked up within the Workforce and OD strategy report.</p> <p>The Head of Professional Practice and Education also confirmed that Bank Staff are being contacted with regards to the completion of mandatory training. JS stated that the Trust need to look at the 'passport' approach as some of the Bank Staff have already completed some aspects of mandatory training.</p> <p>RC asked whether time has been considered when looking at the Trust being up to date with compliancy targets. The DoHR stated that statutory and mandatory training is only one element of the time commitment for colleagues, in particular those with a professional registration but this is being monitored to ensure protected learning time is given.</p> <p>The DoHR stated that Learning and Development are working with Professional and Operational Heads of Service with regards to the essential to role and CPD to agree what the framework should be across those particular services. Specific time will be allocated to complete this training.</p> <p>The Deputy Director of Nursing stated that he has received positive feedback around the Infection Control e-learning module and this has been feedback to the Infection Control team.</p> <p>JM asked whether the colleagues who have completed the FLAP module can be utilised more to support training locally. The Head of Professional Practice and Education stated that all registered nurses undertake the FLAP module but they are being used to support students.</p> <p>The Committee received the WED progress report and noted the progress made against statutory and mandatory training.</p>	
16/HR078	<p><u>10. Freedom to Speak up progress report</u></p> <p>The Ambassador for Cultural Change presented the Freedom to Speak up progress report highlighting the progress nationally since the last reporting period as well as a summary of concerns raised by colleagues.</p> <p>The Head of OD asked whether grievance figures have been reviewed to see the comparison ahead of The Ambassador for Cultural Change being appointed to this</p>	

Item	Minute	Action
	<p>role to see if there is an impact with a decrease in grievances since her appointment. The DoHR stated that the first step of the grievance policy is an informal discussion with the colleagues Line Manager and therefore this is not monitored making it difficult to capture true figures of grievances as some may be resolved before becoming a formal process.</p> <p>The Director of Nursing enquired with regards to closed complaints and asked whether colleagues are consulted before the concern is closed. The Ambassador for Cultural Change confirmed that the colleague is involved with closing the concern and the Ambassador for Cultural Change ensures that the colleague is satisfied with the outcome.</p> <p>The Director of Nursing confirmed that the Ambassador for Cultural Change brings any clinical concerns that may impact on safety and patient care to the Clinical Reference Group on a monthly basis.</p> <p>NSS asked whether there is a timescale to respond to colleagues who have raised concerns confidentially. The Ambassador for Cultural Change confirmed that a response is aimed within 3 working days and the inbox is regularly monitored.</p> <p>NSS asked for feedback at the next Committee meeting from the National meeting that The Ambassador for Cultural Change attends.</p> <p>The Head of HR asked whether any outcomes are reported to the appropriate teams involved with the concern so colleagues can learn from issues that have been raised. The Ambassador for Cultural Change stated that she has been liaising with Sara Bowen with regards to the concerns raised in relation to recruitment.</p> <p>The Committee approved the contents of this report and noted progress to date.</p>	Ambassador for Cultural Change
16/HR079	<p><u>11. Listening into Action progress report</u></p> <p>The Ambassador for Cultural Change presented the LiA progress report and updated the Committee with an update of the progress made to date since the last reporting period.</p> <p>The Ambassador for Cultural Change stated that the last LiA pulse check took place in November 2015 and a further one has been launched today and has been sent within the</p>	Ambassador for

Item	Minute	Action
	<p>CORE across the organisation.</p> <p>RC asked for the Ambassador for Cultural Change to share the full results from the LiA Pulse Check in November 2015.</p> <p>The Committee approved the contents of the paper and noted progress to date.</p>	Cultural Change
16/HR080	<p><u>12. Embedding Core Values progress report</u></p> <p>The Head of OD presented the Embedding Core Values progress report and provided the Committee with an overview of the activities that the Trust has undertaken to embed Core Values and behaviours across the organisation.</p> <p>NSS stated that there needs to be consistency around the language used across the organisation in relation to 'appraisals' and 'PDRs (Personal Development reviews)'.</p> <p>JS stated that Somerset Partnership NHS Foundation Trust have a high 'appraisal' rate and they provide training programmes on role modelling and how colleagues can challenge those not complying with the values.</p> <p>The Director of Nursing raised a concern around the positive wording within the framework. It needs to be made clear that there are negative processes such as disciplinary's and investigations and core values should be applied through these aspects aswell. It needs to be made explicit and profiles should be raised around how negative behaviours of colleagues can lead to such processes.</p> <p>The Committee noted the actions taken to date.</p>	<p>Head of OD</p> <p>Head of OD</p>
16/HR081	<p><u>13. Staff FFT (Friends and Family Test) progress report</u></p> <p>The Head of OD presented the Staff FFT progress report, provided the Committee with an update of the outcomes from the Staff FFT and progress on actions taken in response to Quarter 4 2015/16 Staff FFT Test.</p> <p>Three 20 week LiA schemes have been set up using the main themes from feedback at the Big Conversations for the EJC Staff FFT. The first workshops have now taken place (Leadership, Behaviours and Communication).</p> <p>Executive sponsors have been identified for each of the schemes. Paul Jennings, Chief Executive Officer is the</p>	

Item	Minute	Action
	<p>Executive sponsor for Leadership. Glyn Howells, Director of Finance is the sponsor for Behaviours and Tina Ricketts, Director of HR is the sponsor for Communication.</p> <p>A concern was raised regarding feedback from colleagues in relation to Line Managers comments to their staff regarding attending the workshops.</p> <p>Paul Jennings, Chief Executive Officer to send a wider email regarding leadership support for colleagues to attend these LiA workshops.</p> <p>The Committee noted the progress made in response to the results.</p>	DoHR
16/HR082	<p><u>14. Workforce risk register</u></p> <p>The Director of HR presented the Workforce risk register containing risks rated 12 and above.</p> <p>There is one new risk this period relating to the administration and liability of the Local Government Pension Scheme. The DoHR is meeting with the Director of Finance and the Deputy Director of Finance with regards to an action plan going forward.</p> <p>JM raised a concern around the ongoing risk of band 5 recruitment of nurses. The Community Hospitals in Dorset have recruited from overseas to their Band 5 staff nurse vacancies. The Head of HR stated that the recruitment issue was raised at the Matrons meeting on 23 August 2016 and is being raised through the Recruitment and Retention group.</p> <p>The DoHR stated that there may be some opportunities to recruit band 5 nurses due to recent contract changes with Bath and North East Somerset (BaNES), Sirona and Sequel.</p> <p>The Director of Nursing suggested the DoHR liaise with Cheryl Haswell, Matron in the Forest of Dean.</p> <p>The Committee reviewed the risk register and agreed that all key workforce risks had been identified.</p>	<p>DoHR</p> <p>Head of HR</p>
16/HR083	<p><u>15. HR policy development</u></p> <p>The Head of HR asked for ratification for each policy from the Committee.</p>	

Item	Minute	Action
	<p>NSS gave her amendments to the Head of HR.</p> <p>The Committee ratified the Freedom to Speak Up Policy.</p> <p>The Committee ratified the Salary Policy.</p> <p>The Committee approved the Injury allowance guidance and flowchart.</p> <p>The Committee approved the Standard Contract of employment template.</p> <p>The Committee ratified the Special Leave policy.</p> <p>The Committee approved the Job description template</p> <p>The DoHR stated that within the Personal Development review policy, responsibilities could be strengthened and made clearer with regards to the Managers responsibility.</p> <p>The Committee ratified the PDR policy.</p> <p>The Director of Nursing stated that there is an issue regarding policies on the intranet site and asked whether old policies are removed once updated policies are ratified and uploaded to the intranet.</p> <p>The Head of HR confirmed that there is a HR process to ensure that this is taking place. LA will pick this up with the Communications Team outside of the Committee.</p> <p>The Director of Nursing raised a concern around the overdue policy, Allegations Management regarding Children and Vulnerable Adults. In the schedule of policy development it states that HR are seeking guidance from the Children's Safeguarding Board but does not mention Adults. The Head of HR stated that this should be done around adults as well as childrens. The Head of HR will ensure Adults are included.</p> <p>RC asked whether solicitors are used to review the Trust policies. The DoHR stated that these are not externally legally reviewed but are in line with best practice and the agenda for change handbook. The whistleblowing policy goes to the Audit and Assurance Committee to be ratified.</p>	<p>Head of HR</p> <p>Head of HR</p>
16/HR084	<p><u>16. Workforce report</u></p> <p>The Head of HR provided the Committee with up to date workforce information.</p>	

Item	Minute	Action
	The Committee reviewed the information provided and priorities for 2016/17. No additional risks or areas of concern were identified.	
<u>16/HR085</u>	<p><u>17. Workforce Plan 2016/17 update</u></p> <p>The Director of HR provided the Committee with a summary of the progress against the Trust's workforce plan and detailed the changes to establishment that have resulted from the CIPs.</p> <p>The Head of OD and the Director of Nursing left the meeting at 12:03pm. The Committee noted the report.</p>	
16/HR086	<p><u>18. Contingent workforce plan</u></p> <p>The Head of HR provided the Committee with an update on the contingent workforce plan which looks at temporary staffing including Bank and Agency.</p> <p>The Deputy Director of Nursing suggested that the Head of HR liaise with Derbyshire Community Trust as they have a similar model for a relief team.</p> <p>The Committee reviewed and discussed the plan and priorities proposed.</p>	
16/HR087	<p><u>19. Minutes from sub-committees</u></p> <p>JNCF – Approved Workforce and OD Steering Group – Approved Workforce, Education and Development Group – Approved</p>	
16/HR088	<p><u>19. Forward agenda plan</u></p> <p>10 October 2016</p> <ul style="list-style-type: none"> • Staff Engagement update is the same as internal engagement – remove • EJC Staff FFT update report <p>12 December 2016</p> <ul style="list-style-type: none"> • Flexible working progress report - combine with timewise report – December • Approval of Workforce plan for NHSI 	
16/HR089	<u>20. Any other business</u>	

Item	Minute	Action
	<p>There was no other business.</p> <p>The Chair closed the meeting at 12:21pm.</p> <p>The next Workforce and OD Committee meeting is on 10 October 2016, 10am-12pm in the Boardroom.</p>	

Approved

Human Resources Performance Report - To the End September 2016

Training Data is from - 06/10/2016

Sickness is to the end - August 2016

Trust Mandatory Training All Staff

Directorates		Headcount	SICKNESS % rate - 12 month rolling average to end August 2016.	TURNOVER FTE % for 12 month period to the end of this month	STABILITY FTE % for 12 month period to the end of this month	APPRAISALS	% of staff with Up to Date Appraisal	MANDATORY TRAINING	Equality, Diversity and Human Rights - 3 Years	Fire Safety - 1 Year	Health, Safety and Welfare - 3 Years	Infection Prevention and Control - Level 1 - 3 Years	Infection Prevention and Control - Level 1 - 1 Year	Information Governance - 1 Year	Moving and Handling - Level 1 - 3 Years	Moving and Handling - Level 2 - 1 Year	NHS Conflict Resolution (England) - 3 Years	Resuscitation - Level 1 - 3 Years	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	Safeguarding Level 1 - 3 Years	Safeguarding Adults - Level 2 - 3 Years	Safeguarding Children - Level 1 - 3 Years	Safeguarding Children - Level 2 - 3 Years	PREVENT WRAP - 3 Years
Training Targets: 85% to be achieved by Sept 2016; Sickness Target: 4.4% to be achieved by March 2017			4.40%	11.00%	85.00%		95.00%		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
Paul Jennings	Chief Exec Office	15	0.00%	12.50%	100.00%		93.33%		80.00%	46.67%	46.67%	30.77%	50.00%	40.00%	38.46%		40.00%	7.69%	0.00%			15.38%	0.00%	15.38%	0.00%	44.44%
Paul Jennings Total		15	0.00%	12.50%	100.00%		93.33%		80.00%	46.67%	46.67%	30.77%	50.00%	40.00%	38.46%		40.00%	7.69%	0.00%			15.38%	0.00%	15.38%	0.00%	44.44%
Glyn Howells	Finance	20	1.49%	31.26%	66.44%		70.00%		95.00%	75.00%	95.00%	90.00%		80.00%	85.00%		95.00%	80.00%				80.00%		95.00%		85.00%
	IT & Clinical Systems	39	1.76%	28.17%	75.00%		100.00%		100.00%	100.00%	100.00%	100.00%		100.00%	100.00%		100.00%	84.62%				89.74%		94.87%		97.44%
	Performance & Information	12	4.49%	17.53%	75.40%		91.67%		100.00%	91.67%	100.00%	100.00%		100.00%	100.00%		91.67%	91.67%				91.67%		91.67%		91.67%
	Planning, Compliance & Partnership	7	0.29%	11.43%	107.14%		100.00%		85.71%	71.43%	85.71%	85.71%		85.71%	85.71%		85.71%	85.71%				85.71%		85.71%		85.71%
	Trust Secretariat	2	3.23%	50.00%	16.67%		100.00%		100.00%	100.00%	100.00%	100.00%		100.00%	100.00%		100.00%	0.00%				100.00%		100.00%		50.00%
Glyn Howells Total		80	2.10%	27.22%	70.11%		91.25%		97.50%	90.00%	97.50%	96.25%		93.75%	95.00%		96.25%	82.50%				87.50%		93.75%		91.25%
Sue Field	Professional & Clinical Effectiveness	32	3.16%	26.78%	88.21%		75.00%		81.25%	62.50%	84.38%	90.00%	42.11%	68.75%	88.89%	14.29%	90.63%	10.00%	23.08%	0.00%	0.00%	40.00%	58.82%	40.00%	47.06%	61.29%
Sue Field Total		32	3.16%	26.78%	88.21%		75.00%		81.25%	62.50%	84.38%	90.00%	42.11%	68.75%	88.89%	14.29%	90.63%	10.00%	23.08%	0.00%	0.00%	40.00%	58.82%	40.00%	47.06%	61.29%
Tina Ricketts	Central Nursing Bank	168	3.96%	23.53%	52.63%		44.64%		48.94%	24.47%	56.38%	68.18%	13.89%	18.09%	50.00%	8.97%	54.26%	31.82%	29.58%			63.64%	12.50%	63.64%	9.72%	24.47%
	Communications	4	0.47%	0.00%	100.00%		100.00%		100.00%	75.00%	100.00%	100.00%		75.00%	100.00%		100.00%	75.00%				100.00%		100.00%		100.00%
	Human Resources	30	2.70%	19.73%	87.52%		80.00%		96.67%	93.33%	93.33%	89.66%		93.33%	93.10%		93.33%	72.41%				82.76%		82.76%		83.33%
	Learning & Development	14	5.85%	7.84%	148.78%		50.00%		85.71%	78.57%	85.71%	100.00%	45.45%	78.57%	100.00%	25.00%	92.86%	100.00%	54.55%			100.00%	63.64%	100.00%	54.55%	71.43%
Tina Ricketts Total		216	3.44%	15.41%	97.45%		50.93%		64.08%	45.77%	68.31%	82.46%	18.07%	41.55%	80.39%	10.47%	67.61%	57.89%	32.93%			77.19%	19.28%	77.19%	15.66%	43.66%
Candace Plouffe	Capacity	145	5.09%	13.66%	87.82%		75.86%		77.78%	65.28%	85.42%	90.48%	57.39%	57.64%	82.50%	39.78%	88.89%	47.62%	56.76%		37.50%	71.43%	60.71%	66.67%	57.14%	64.58%
	Community Hospitals	794	5.15%	14.98%	83.43%		68.26%		82.07%	65.15%	86.74%	89.62%	59.10%	62.12%	83.93%	51.30%	86.87%	47.17%	58.79%		61.17%	61.32%	53.14%	57.55%	50.08%	48.17%
	Countywide	521	3.73%	12.14%	93.83%		80.23%		84.76%	78.67%	84.19%	87.10%	56.60%	72.76%	81.51%	17.32%	90.10%	38.71%	63.19%		38.46%	66.13%	65.23%	65.32%	64.72%	66.79%
	CYPS	479	4.16%	9.26%	91.94%		86.43%		83.09%	75.99%	87.68%	90.00%	58.17%	68.48%	79.49%	47.67%	90.40%	68.33%	25.00%	54.30%		71.67%	55.18%	76.67%	73.25%	67.64%
	ICTs	188	4.74%	10.11%	87.13%		86.70%		88.30%	79.79%	81.91%	80.21%		68.62%	76.07%	0.00%	88.83%	34.76%				47.06%		49.73%		48.94%
	Estates	606	4.27%	17.64%	80.43%		78.55%		84.42%	68.01%	87.77%	91.67%	65.25%	64.15%	84.31%	48.74%	89.11%	35.42%	75.05%			75.00%	59.46%	68.75%	56.37%	55.95%
Candace Plouffe Total		2733	4.54%	13.68%	86.67%		77.68%		83.49%	71.30%	86.24%	86.08%	59.88%	65.94%	80.44%	45.65%	88.84%	42.31%	65.81%	54.30%	59.62%	60.26%	57.86%	60.07%	59.52%	57.80%
Mike Roberts	Medical	2	0.00%	0.00%	100.00%		100.00%		100.00%	100.00%	100.00%		50.00%	50.00%	100.00%		100.00%		0.00%		0.00%		50.00%		50.00%	0.00%
Mike Roberts Total		2	0.00%	0.00%	100.00%		100.00%		100.00%	100.00%	100.00%		50.00%	50.00%	100.00%		100.00%		0.00%		0.00%		50.00%		50.00%	0.00%
Trust Totals		3078	4.39%	14.38%	86.37%		76.22%		82.91%	70.39%	85.48%	85.98%	58.11%	65.42%	81.06%	43.56%	87.82%	47.03%	63.46%	54.17%	59.05%	63.60%	56.33%	64.16%	57.68%	57.98%
Comparative information as at 31 March 2016		3024	4.68%	15.16%	85.98%		77.45%		87.63%	78.60%	87.73%			64.68%			88.26%									
Comparative information as at 31 March 2015		2970	4.89%	14.70%	89.35%		70.91%		72.93%	60.03%	79.83%			61.58%			72.69%									
Comparative information as at 31 March 2014		2969	4.28%	11.71%	-		80.45%		50.20%	57.36%	88.37%			25.05%			65.90%									

* Bank Staff are shown under Human Resources for the benefit of reporting however Bank staff are spread across the Trust and responsibility for achieving performance targets rest with their Line Managers

Trust Board

Date: 22nd November 2016

Agenda Item:	14
Agenda Ref:	14/1116
Author:	Susan Field, Director of Nursing; Matthew O'Reilly, Head of Performance and Information
Presented By:	Susan Field, Director of Nursing; Candace Plouffe, Chief Operating Officer
Sponsor:	N/A

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

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

Executive Summary:

This report aims to provide assurance to Board members that the Trust is delivering high quality, safe and effective care. The report relates to September 2016 information (NB August 2016 performance and quality data was formally discussed and reviewed by the Trust's Quality and Performance Committee on 1st November 2016).

Performance risks are highlighted and include:

- MSKCAT: - Over performance in activities but increased number of 8 week RTT breaches
- MSK – 87.7% against 95% 8 week RTT target
- Safety Thermometer 93.9%
- Mandatory Training Compliance – although an ever improving picture this remains below the 80% trajectory
- MIU time to initial assessment for ambulance to arrive to less than 15 minutes but consistently below target of 15minutes (28 minutes).

Recommendations:

The Board is asked to:

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

Considerations:

Quality implications:

Included throughout the attached report.

Human Resources implications:

Vacancy and sickness levels are impacting on the Trust on some service delivery and standards/targets, although it should be highlighted that sickness levels are decreasing across the Trust

Equalities implications:

No specific issues identified

Financial implications:

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

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

Yes, Strategic Risks:

003 (Inconsistent care pathways)

006 (Sustainability and Transformation Plan delivery)

008 (Inability to recruit staff)

010 (Clinical skills of the workforce)

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

014 (Inability to achieve a "Good" or "Outstanding" CQC rating)

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

No

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

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

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

Date:	9 th November 2016
--------------	-------------------------------

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?
Executive Colleagues – Virtual review and comments (late August 2016) Quality and Performance Committee (August quality and performance data) – 1 st November 2016

Explanation of acronyms used:

Quality and Performance Report

Trust Board
22nd November 2016

Contents

Report section	Page
Report overview	3
Strategic Objective 1 - Achieve the best possible outcomes for our service users through high quality care	9
Strategic Objective 2 - Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	44
Strategic Objective 3 - Actively engage in partnerships with other health and social care providers in order to deliver seamless services	54
Strategic Objective 4 - Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision	59
Strategic Objective 5 - Manage public resources wisely to ensure local services remain sustainable and accessible	66

Report Overview

Gloucestershire Care Services NHS Trust continues with its commitment to provide high quality care ensuring that patients remain safe and well cared for. The Trust continues to make improvements in the care that is provided, and to respond to any performance or quality issues in a clinically effective, person-focused and safe manner.

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

The report aligns to the Trust's strategic objectives and provides a high level overview of how the Trust is meeting those commitments.

This report relates to year to date performance up to end of **September 2016**.

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

- It has been agreed with Commissioners at Contract Board meeting that metrics for services where the service model is being reviewed will not be subject to RAG rating. This includes Reablement, Integrated Sexual Health, Chlamydia and Smoking Cessation.
- Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) 8 weeks Referral to Treatment (RTT) target was not achieved in September 2016. This is the first time this indicator has underperformed this year, due to a number of factors: the service is currently holding the funded establishment at a level which will accommodate the proposed changes as part of the MSK service review (in which there will be a loss of activity in Gloucester Locality) and in addition to this referrals are currently 22% higher than last year and the service is consistently over-performing in terms of activity levels compared to planned activity.
- Patient slips, trips and falls within Community Hospital in-patient settings remains the highest reported incident by type. Of the total patient falls on a year to date basis to the end of September 2016, 322 (71%) resulted in no harm (see page 22).
- The Trust reported zero Serious Incidents Requiring Investigation (SIRIs) for September (see page 17). *The Trust is reporting a rate of SIRIs (1.8 average per month) which is below the average of the Trusts within the Aspirant Community Foundation Trust group (2.6 average per month).*
- The Trust surveyed 1,100 patients' episodes of care for the September Safety Thermometer census. Of these, 1,033 (93.9%) were harm free. This is below the 95% threshold for the sixth consecutive month (see page 18 for further details). *The national average for harm free care was 94.3% (September 2016).*
- 68 harms were reported via Safety Thermometer, of which 17 were new harms (see pages 18-21). *This means that the Trust reported 1.5% new harms compared to national average of 2.2% new harms (September 2016).*
- September 2016 shows the Trust reported 86.21% compliance rate with national targets on a year to date basis, and 62.07% compliance with local health targets. (see page 11).

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

- There have been no single-sex environment breaches reported during September 2016.
- The Friends and Family Test question asks service users “How likely are you to recommend our services to your friends and family”. During September, there were 1,691 responses (4.3%) from a total of 39,155 patients accessing GCS services. *The average of Trusts within the Aspirant Community Foundation Trust group is 11.7% (based on 6 Trusts, with variance from 1.5% to 57.3%).*

There have been discussions with other Trusts that had high response rates. This revealed a number of inconsistencies with reported data and application of definition by other Trusts and resulted in resubmissions of their data. One Trust is showing as an outlier at 57.3%. If this Trust data was excluded the average would be 2.6%.
- Of those that responded in September, 94.2% said they were extremely likely or likely to recommend us (95.0% on year to date basis). *This is slightly below the average of Trusts within the Aspirant Community Foundation Trust group (96.2%).*
- 9 NHS Choices comments were received in September, of which 88.9% (8) were positive.
- Complaints: 2 complaints were received in September 2016.

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

- Rapid Response service received 234 referrals in September, less than the target of 257 (see page 56).
- The Trust continues to perform well against national data quality targets. The 45 data indicators that measured from data submitted to the Secondary Uses Services (SUS) shows Trust performance to be 98.8% against a target of 96%, monitored by Health and Social Care Information Centre (HSCIC) (April 2016 to August 2016). The National average is 96.5%, South Central regional average 93.4%.
- Average length of stay in Community Hospitals increased to 27.1 days in September 2016 from 23.0 days in August 2016 (page 58). The average in 2016/17 to date is 23.3 days which is above that in 2015/16 of 20.9 days. The median (mid-point) in September was 22.0 days. *The NHS Benchmarking network average for 2014/15 was 26.7 days.*
- Bed Occupancy rates were 98.3% in September, a slight decrease from 98.9% in August. *The NHS Benchmarking network average for 2014/15 was 90.75%.* The Trust continues to monitor quality metrics that are aligned to bed occupancy e.g. falls and infection rates to identify if there is any impact and the high bed occupancy risk remains on the Trust strategic risk register.

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

- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place for treatment (79% Q2); however, there is significant opportunity to improve the Trust's recommendation as a place to work (see page 61)
- Sickness absence: remains above target (4.30%) for the rolling 12 months to September 2016 (compared to target of 4.0%), though this is a slight drop from 4.39% in August. September 2016 rate of 4.41% is also above target (see page 62).
- Personal Development Reviews (formerly known as Appraisals): rate of reported completed PDR (76.2%) continues to be below the highest point of 79.4% (February 2016), although a slight increase was observed compared to previous months but remains significantly behind trajectory of 95% (see page 62).
- Mandatory training: the report now shows the matrix of all aspects of mandatory training. Out of the 18 courses 3 are ahead of the 85% trajectory (see page 63), but there continues to be improvement.
- Health and safety metrics are included within the report (*pages 64-65*)

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

- A detailed Finance report was provided to the Finance Committee.

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

Quality Strategy metrics - strategic objective 1

	2015/16 Outturn	Target	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Harm-free care in community hospitals and ICTs	95.3%	More than 95%	95.4%	95.4%	95.3%	95.0%	96.2%	95.7%	93.6%	93.4%	93.1%	93.4%	93.8%	93.9%	93.5%
Number of new harms (Safety Thermometer)	154	Less than 267 (14/15 total)	10	14	18	21	6	13	18	28	18	19	23	21	127
Reduction in incidents that result in severe harm	8	Less than 12	0	0	4	1	1	0	2	0	1	1	3	3	10
Not exceeding the agreed threshold of C. diff infections	9	Less than 18	0	2	0	1	1	0	0	0	1	1	2	2	6
Achieving agreed staffing levels in community hospitals	101.3%	80-120%	99.7%	99.8%	99.4%	100.4%	98.7%	97.6%	98.7%	97.6%	96.0%	96.0%	95.4%	95.5%	96.5%
Number of Never Events within the Trust	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0

Summary of health performance key indicators - September year to date

	September cumulative year-to-date (with comparators to July)							August cumulative year-to-date		
	Red		Amber		Green		Total	Red	Amber	Green
National	2 (6.90%)	↔	2 (6.90%)	↓	25 (86.21%)	↑	29	2 (6.90%)	4 (13.79%)	23 (79.31%)
Local	6 (20.69%)	↓	5 (17.24%)	↑	18 (62.07%)	↓	29	7 (24.14%)	3 (10.34%)	19 (65.52%)
Total	8 (13.79%)	↓	7 (12.07%)	↔	43 (74.14%)	↑	58	9 (15.52%)	7 (12.07%)	42 (72.41%)

National indicators			Local indicators		
Red	Safety Thermometer – percentage Harm Free	Page 12	Red	Integrated Discharge Team – Number of avoided admissions (3 targets)	Page 13
	Time to initial assessment for patients arriving by Ambulance (MiIU)	Page 12		7 Day Service – Inpatients (2 targets)	Page 13
Amber	Newborn Bloodspot screening coverage (2 targets)	Page 12		Bed occupancy	Page 13
			Local indicators		
Amber	Rapid Response – Number of referrals				Page 14
	Speech and Language Therapy – referral to treatment				Page 14
	Occupational Therapy (Adult) – referral to treatment				Page 14
	Physiotherapy (Adult) - referral to treatment within 8 weeks				Page 14
	Single Point of Clinical Access (SPCA) – Percentage of calls abandoned				Page 14

Performance exceptions - Year-to-date National targets

Indicator	YTD RAG	Risk Register ref.	Risk Register rating	Performance	Actions	Projected date of remedy
Safety Thermometer – Percentage Harm free		SD50	12	YTD performance is 93.5% against a target of 95%. Performance was 93.9% in September compared to 93.8% in August.	Senior colleagues provide a monthly report detailing the recorded harms on their wards and whether they were avoidable or not. Harms identified as occurring during care by GCS and as avoidable are then investigated further. Learning and avoidance actions are then embedded into practice to avoid harms re-occurring. The sign-off web page process will be improved to ensure that all reported harms pertaining to pressure ulcers and falls in both inpatients and community settings are fully cross-referenced with every reported incident (via Datix). This will be supported by a comprehensive communications plan and a revised standard operating procedure.	Jan 2017
Time to initial assessment for patient arriving at MIU by ambulance		SD53	12	YTD performance is 27 mins against a target of <15mins Performance was 19 minutes in September compared to 17 minutes in August. Target is to be below 15 minutes.	Although still red, performance against this target has significantly improved in August and September from previous months. In September all units were within the target except Dilke which experienced some delays in being able to log the times due to how busy the unit was; staff have investigated those cases and the patients were seen within the required time but were logged retrospectively which has caused the reported performance this month. GCS believes the figures reported are due to recording and data issues and therefore investigative work will continue to improve the accuracy of recording.	Dec 2016
Newborn bloodspot screening coverage by 17 days of age and by 21 days of movement into area		N/A		For the coverage by 17days of age, performance was 96.5% in September compared to 94.8% in August. Target is 95%.	The contract variation to remove this from the scorecards has been sent to Public Health commissioners.	n/a
		N/A		YTD performance is 94.4% against a target of 95% For the movers-in coverage by 21 days, performance was 90.9% in September compared to 93.3% in August.	This measure refers to a very small number of children. This month the families were not able to make themselves available in the timeframes required for this measure therefore the delays were unavoidable.	Ongoing

Performance exceptions - Year-to-date Local

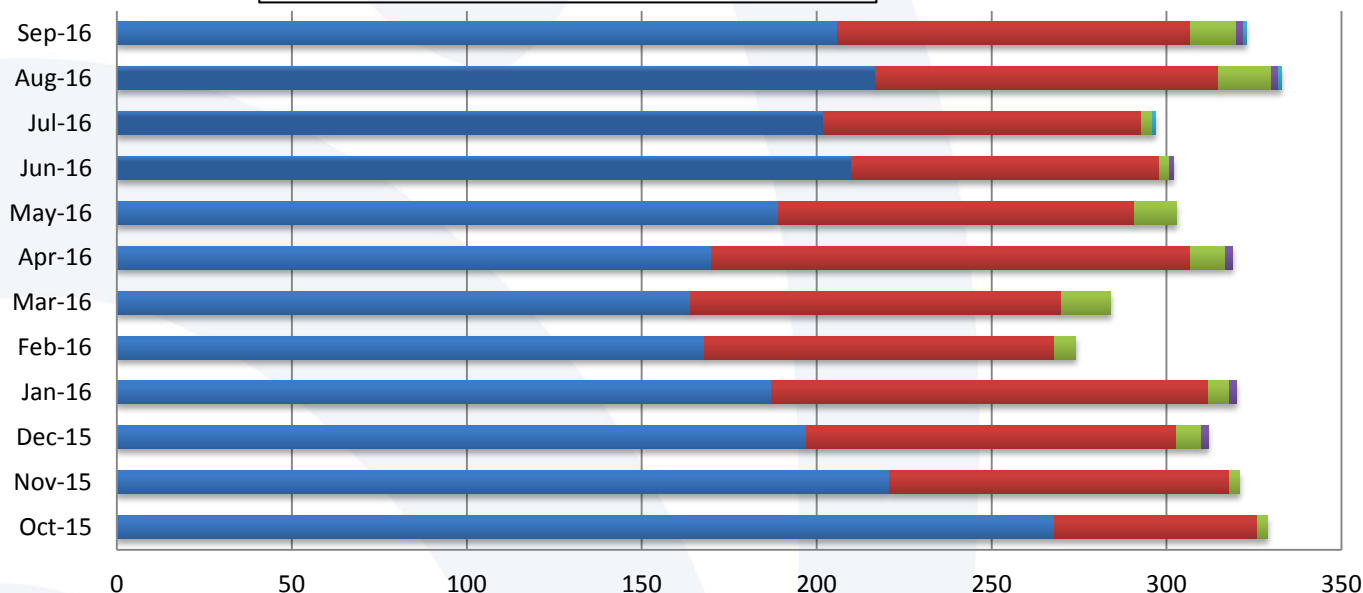
Indicator	YTD RAG	Risk Register ref.	Risk Register rating	Performance	Actions	Projected date of remedy
Integrated Discharge Team – Number of avoided admissions (3 targets)		SD52	12	<p>YTD performance is 1,269 against a target of 2,140.</p> <p>Performance in September was 192 against a target of 300.</p> <p>Performance was below target for avoided admissions in Gloucester Royal Hospital (GRH) and Cheltenham General Hospital (CGH) measured against a target of 5 avoided admissions per day in each hospital.</p>	The IDT has been reviewed and phase 1 of a restructure is underway whereby the front and back door teams will be split and have single line management, with the latter sitting with GHFT and the former sitting with GCS. In addition it has also been agreed at IDT Board to review all IDT dashboard measures as they are potentially no longer appropriate. Therefore assurance is not being sought as to performance against this KPI	IDT service review is being undertaken by Commissioners. Outcome is due to be reported October 2016.
Average number of discharges per day from Community Hospital (weekends and weekdays)		SD49	12	<p>Average of 3.5 discharges were recorded against a target of 10 (on weekends) in September.</p> <p>Average of 8.8 discharges were recorded against a target of 20 (on weekdays) in September.</p>	A contract variation has been submitted by CCG to amend these targets.	To be reviewed when Contract Variation is agreed and targets changed
Bed occupancy		N/A		<p>YTD performance is 98.7% against a target of 90%.</p> <p>Bed occupancy was 98.3% in September compared to 98.9% in August.</p>	An in depth review of bed occupancy was completed for the August Quality and Performance Committee and has been shared with CCG. There seems to be minimal impact on both quality and workforce metrics of the continued high bed occupancy.	N/A – target is 90% so GCS is not underperforming

Performance exceptions - Year-to-date Local

Indicator	YTD RAG	Risk Register ref.	Risk Register rating	Performance	Actions	Projected date of remedy
Rapid Response – Number of referrals		N/A		YTD performance is Number of referrals accepted in September was 234 against a target of 257. In August it was 275 referrals against a target of 266.	Performance against this target had improved in the previous two months but has shown a drop again this month. Work is underway to engage GPs to increase referrals into Rapid Response, including a GP in the ED who can target GPs not using the RR pathway. <i>Actions by service include:</i> <ul style="list-style-type: none"> • <i>Seconded Band 7 into ED is now back in Rapid Response (RR) team which should improve the ability to increase referrals and have a Red Lead presence in SPCA to direct referrals to RR.</i> • <i>Continued development of the Admission Prevention Team (APT) will ensure RR are used more appropriately.</i> • <i>Nursing Home developments are continuing. RR video and RR HCP leaflet completed to support GP awareness of RR service.</i> • <i>GP cluster group meetings attended by RR to support communications.</i> • <i>Building a single IV referral pathway into GCS underway may have a positive affect on referrals.</i> • <i>District Nurse (DN) referral workshop completed to ensure DN teams across the county know how to access RR and when to consider step up.</i> • <i>Working group set up to look at how capacity management is described and followed in SPCA if Red Lead is not on site.</i> • <i>Revised South Western Ambulance Service NHS Foundation Trust (SWAST) referral process in place to enable a swifter triage process into RR via SPCA.</i> 	Ongoing
Speech and Language Therapy – referral to treatment		N/A		April and May performance were very low, hence the below-target YTD performance. Target is 95%.	Performance was 98.9% in September compared to 97.1% in August. There were staffing issues early in the year which have now been resolved, leading to the improved performance, however the overall YTD remains amber.	n/a
Adult Occupational Therapy - referral to treatment within 8 weeks		SD51	12	Performance was 94.6% in September compared to 94.9% in August. Target is 95%.	Ongoing work in progressing to improve the performance, which is now at 94.9%. This is being led by the Professional Lead for OT, working with colleagues to address pathways and improve access.	Oct 2016
Adult Physiotherapy Service - referral to treatment within 8 weeks		SD51	12	Performance was 88.3% in September compared to 90.3% in August. Target is 95%.	This target continues to be impacted by recent challenges in Physiotherapy, including recruitment. The Professional Head of Physiotherapy is overseeing a recovery programme but this remains challenging.	Apr 2017
Single Point of Clinical Access (SPCA) – Percentage of calls abandoned		N/A		Performance was 7.0% in September compared to 3.8% in August. Target is to be below 5%.	The service experienced unusually challenging staffing situations in September, with sickness absence, annual leave and bereavement leave. This was combined with a month of highest ever calls received.	Nov 2016

Incidents by category of harm

Incidents by Category of Harm



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
No Harm	268	221	197	187	168	164	170	189	210	202	217	206
Low Harm	58	97	106	125	100	106	137	102	88	91	98	101
Moderate Harm	3	3	7	6	6	14	10	12	3	3	15	13
Severe Harm	0	0	2	2	0	0	2	0	1	0	2	2
Death	0	0	0	0	0	0	0	0	0	1	1	1

Benchmarking

Number of incidents (GCS)	144.8 per 1,000 WTE staff	October 2015– September 2016
Number of incidents (Aspirant Community Foundation Trust Group)	183.2 per 1,000 WTE staff	Latest 6 months (March 2016 – August 2016)

Duty of Candour (DoC)

Duty of Candour applied to 11 incidents from 1 April 2016 to 30 September 2016 but 1 incident from April was stepped down from a SIRI making a total of 10.

Patients and relatives have received a verbal apology and written apology as per DoC guidance

Service user incidents by type (top 5 only)

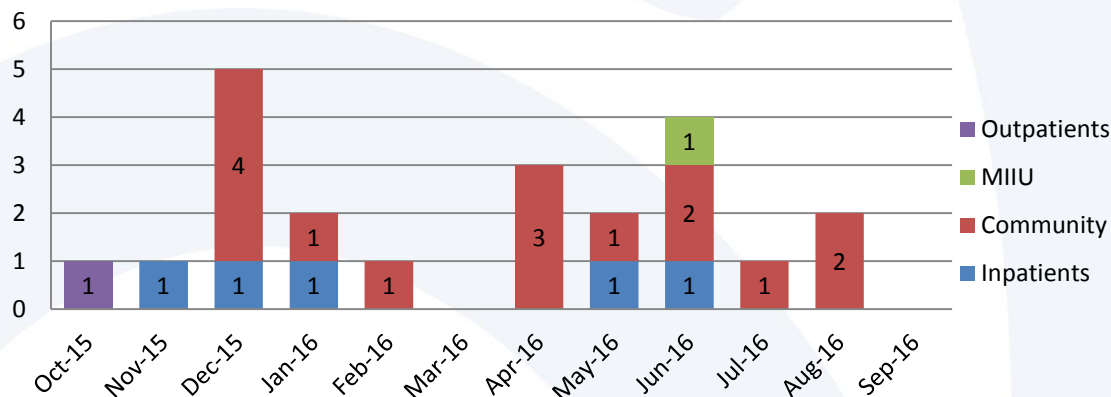
Category of harm /Type of incident - <u>Patients</u> (top 5 categories)	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	12-month total
Slip, Trip or Fall (Patient)	84	77	97	91	61	74	92	82	78	79	64	90	969
Pressure Ulcer	19	46	45	41	41	42	51	43	40	32	55	49	504
Medication or drug error	31	53	33	25	33	33	36	40	16	29	25	22	376
Treatment or procedure problem	23	12	8	11	8	7	13	13	11	7	11	9	133
Problem with patient records / information	8	5	5	2	8	7	1	5	4	0	4	4	53
Total (All)	271	264	248	249	215	233	243	238	225	204	229	228	2,847

Incident reporting: Over the last 12 months there appears to be consistent levels of reporting regarding the top 5 categories. The exception to the rule is Pressure Ulcers which although have been persistently high throughout the year has doubled since the original figure in October 2015. The Quality and Safety Lead has approached the Tissue Viability Team regarding the potential reasons for this increase.

It was discussed that there maybe incidents of duplicate reporting of pressure ulcers that have been acquired/inherited from one service to another within the Trust. Therefore, the PaCE team are going to review and triangulate a consistent approach to the incident reporting and documentation of Pressure Ulcers. This will involve the current system redesign of SystmOne. Furthermore, the PaCE directorate intend to produce a Standard Operating Procedure to support frontline Health care Professionals within this sphere of clinical practice.

Serious Incidents Requiring Investigation And Never Events

SIRIs by Service Area

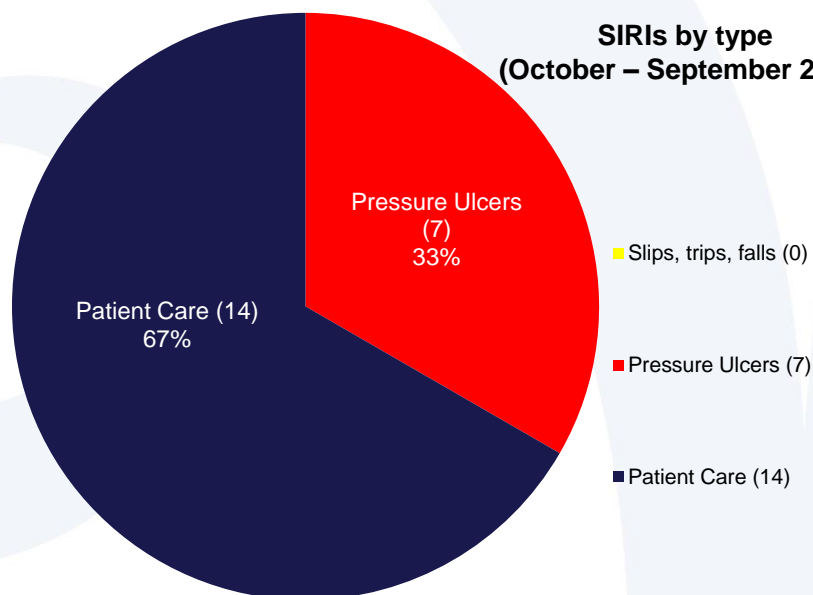


SIRIs

There were no SIRIs declared in September 2016. However, 8 Root Cause Analysis (RCAs) were requested. Of these, 4 were discussed at an Executive Led SIRC panel meeting. One of the RCAs' did meet the SIRC criteria. This incident will be reported in the figures for October owing to the date of declaration.

All of the remaining incidents that required an RCA have robust action plans which have been migrated onto the Learning Assurance Framework (LAF) tracker. This "live" document provides evidence of learning to reduce the likelihood of further incidents.

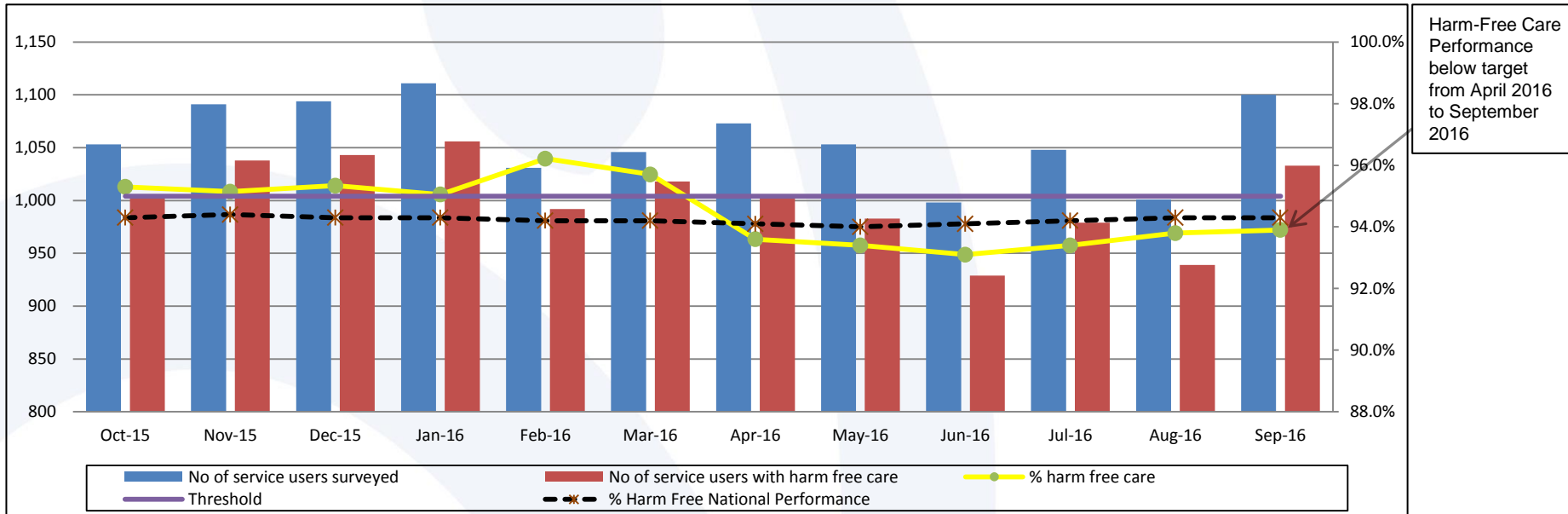
**SIRIs by type
(October – September 2016)**



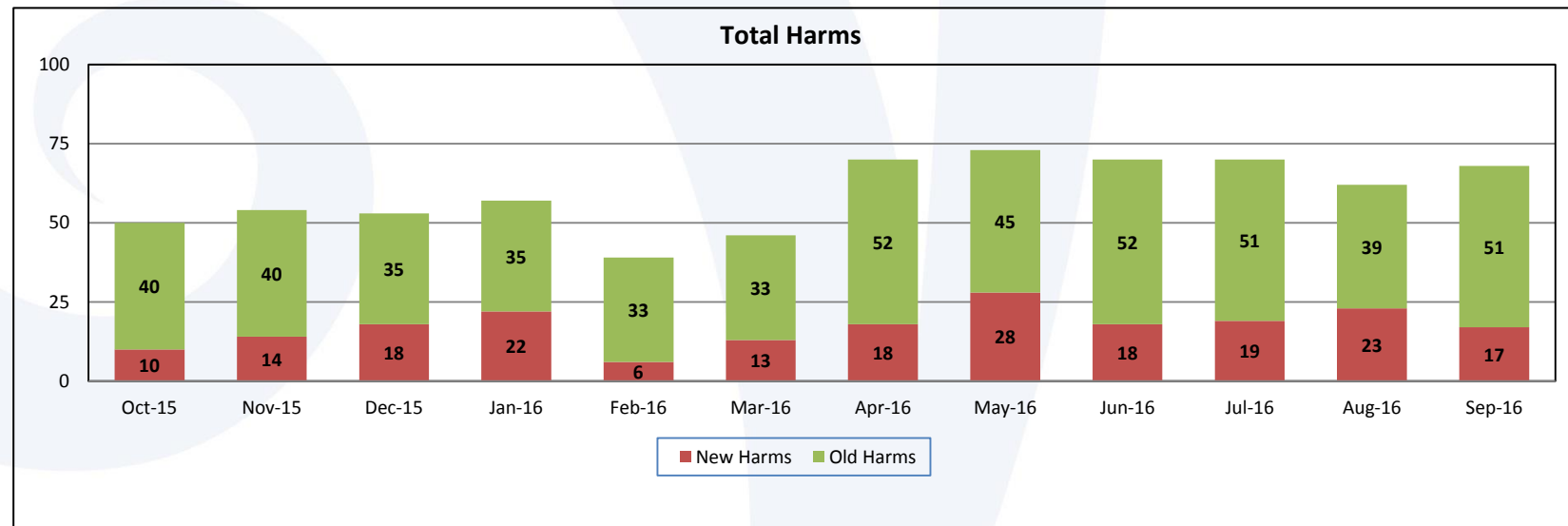
Benchmarking

New SIRIs (GCS)	1.8 average per month, October 2015–September 2016
New SIRIs (Aspirant Community Foundation Trust Group)	2.6 average per month, Latest 6 months (March 2016 – August 2016)

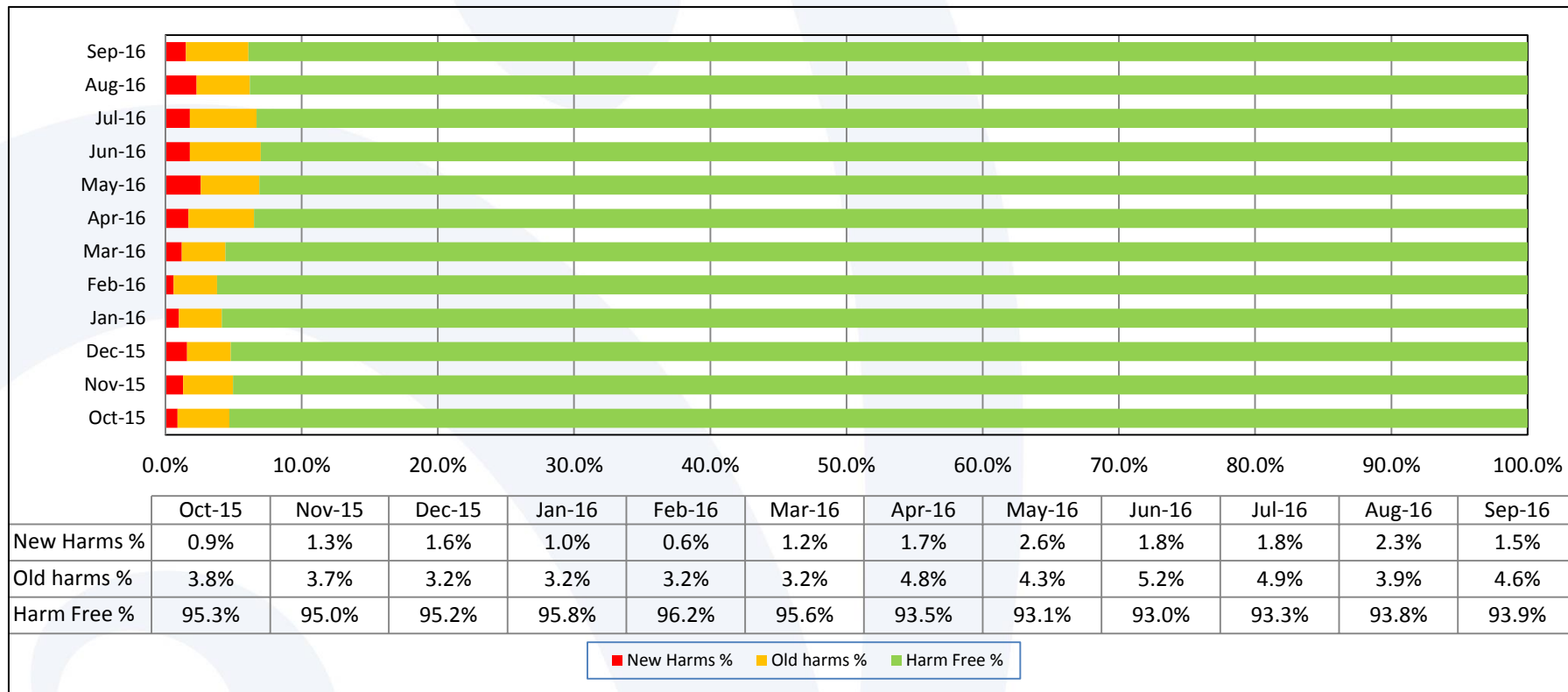
Harm-free care / Safety Thermometer



The PaCE directorate is currently supporting operational teams to understand how scores have dipped in harm free care. As previously reported, data quality appears to be a major factor, teams are being supported to ensure that the standard operating procedure for the safety thermometer census is implemented properly as there has been some misreporting of harms.



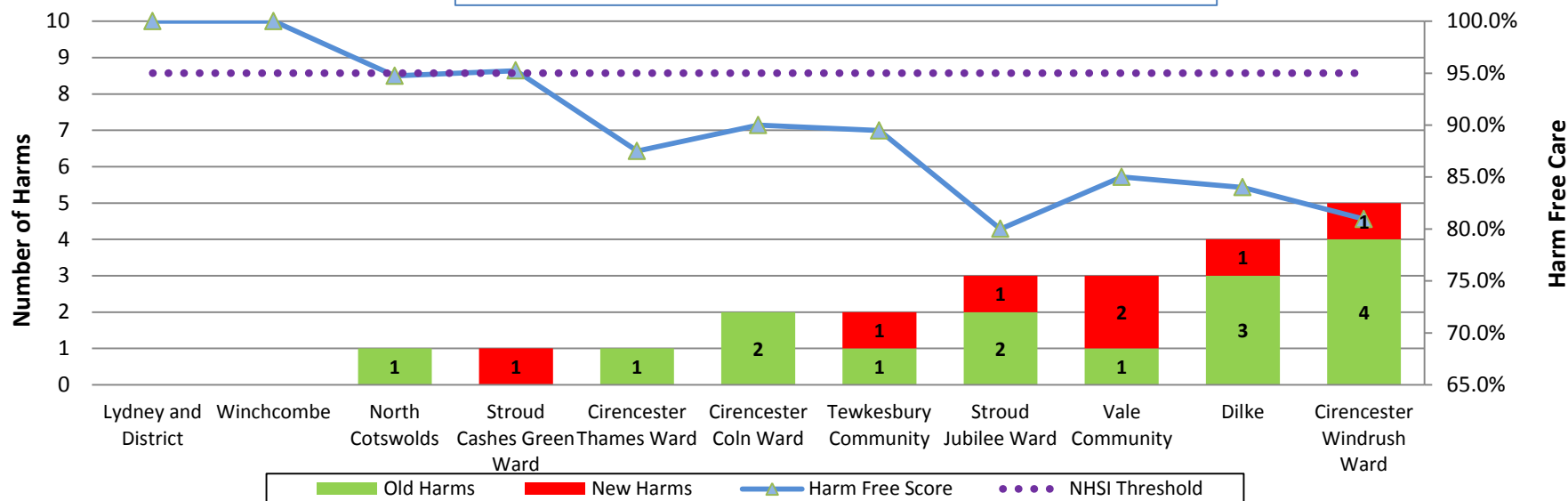
Harms as a percentage of surveyed patients



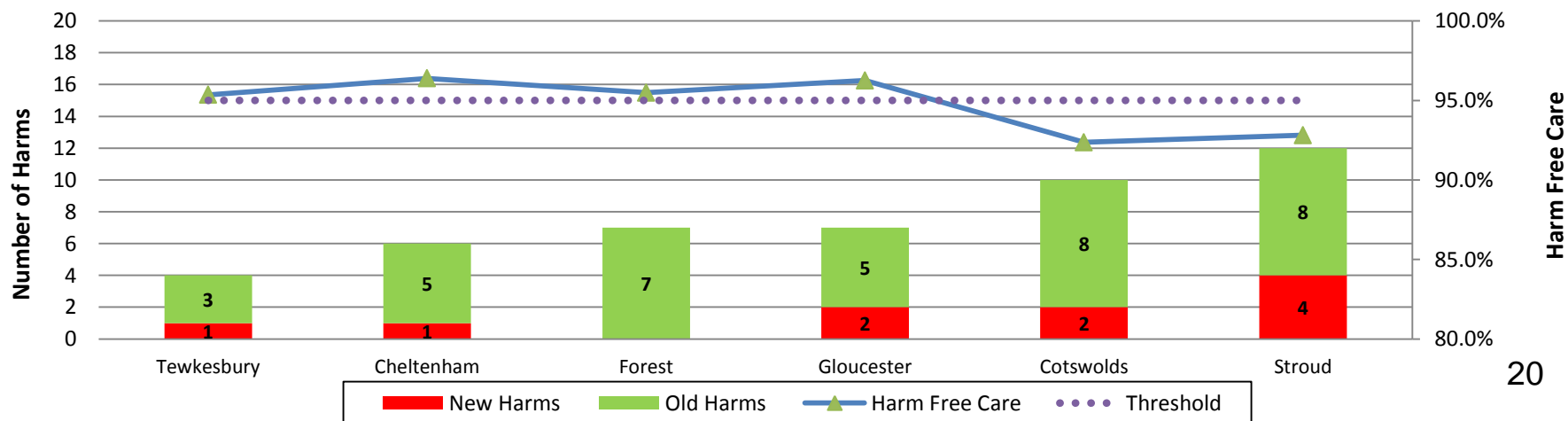
Many old harms are not necessarily caused whilst under the care of the Trust but due to the reporting parameters of safety thermometer they are still recorded . For example, patients admitted or transferred to a community hospital with an existing pressure ulcer while not previously under the care of the Trust will still have an "old" harm recorded on census day against the Trust's safety thermometer. Work is now underway to attempt to triangulate all harms against all reported incidents to determine how many harms are attributed to care provided by the Trust and how much are inherited. For example is pressure area prevention and/or care deteriorating in quality in the Trust, or are the number of patients who are being admitted to the Trust with existing pressure damage increasing demonstrating that the population as a whole is getting older, more frail and vulnerable to pressure damage? Work underway needs to continue when or if 95% harm free care is regained in order to ensure our incident governance and safety culture remains a top priority.

Harm-free care / Safety Thermometer

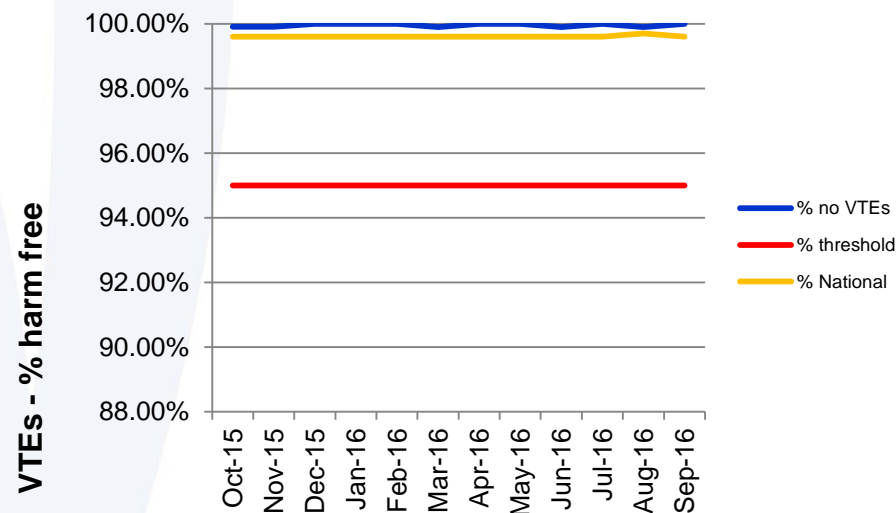
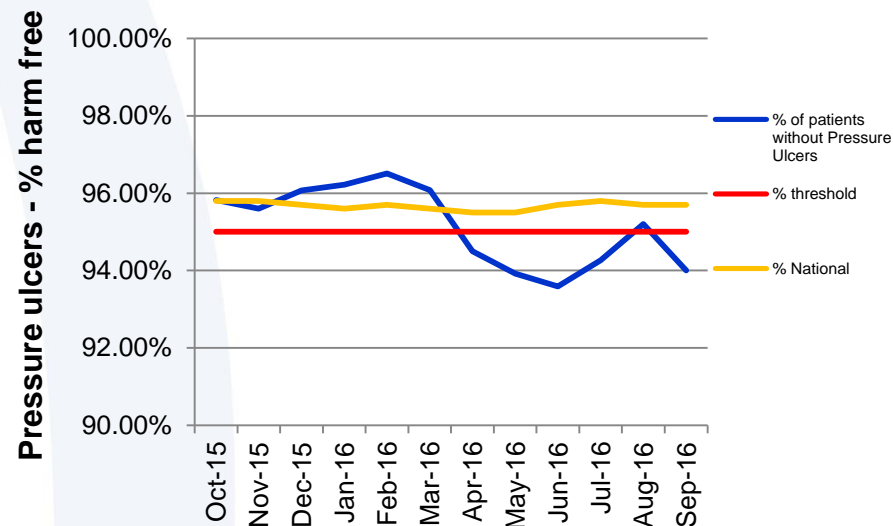
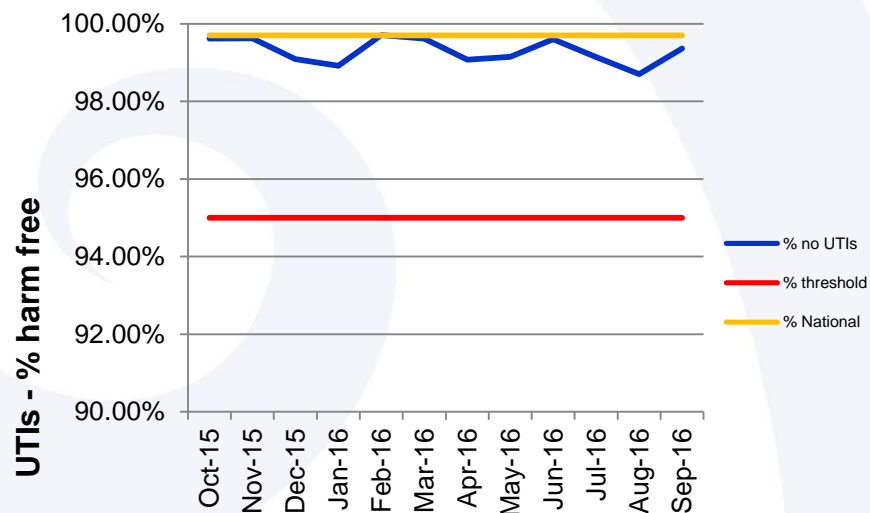
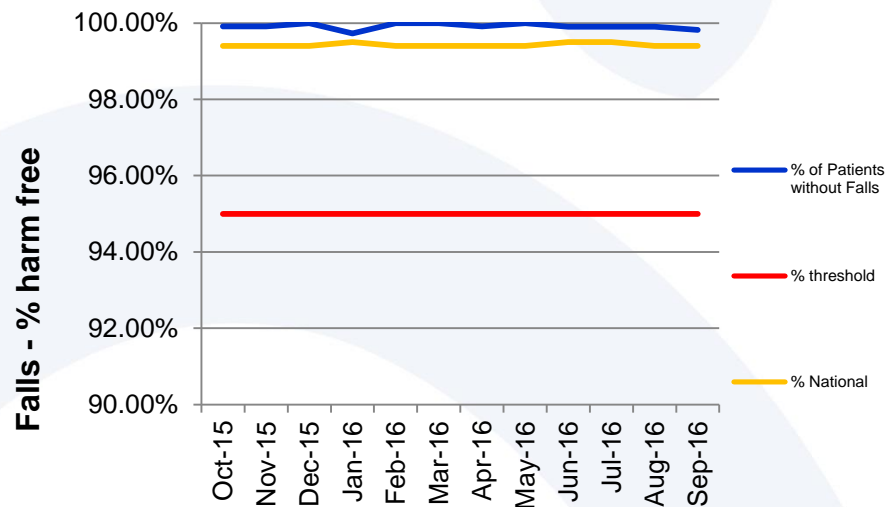
Harms - Community Hospital – September 2016



Harms - Community – September 2016



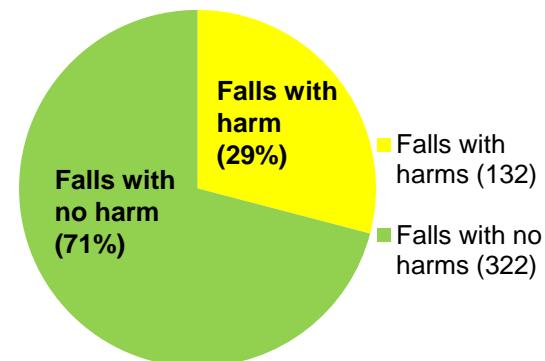
Harm-free care by type / Safety Thermometer



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
Cirencester	119	12.2	256	13.8	27	2.8	81	4.4
Stroud General	70	10.2	111	8.2	18	2.6	34	2.5
North Cotswolds	66	16.8	121	15.6	25	6.4	31	4.0
The Vale	57	15.6	109	15.2	21	5.8	33	4.6
Dilke	54	11.2	130	14.5	19	3.9	32	3.6
Lydney	49	13.2	65	8.3	14	3.8	19	2.4
Tewkesbury	39	10.7	100	14.0	8	2.2	26	3.7
TOTAL	454	12.5	892	12.6	132	3.6	256	3.6
FORECAST	908				264			

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



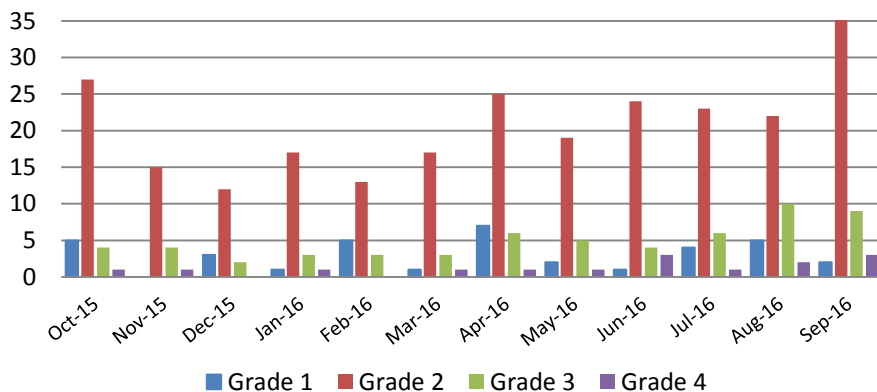
There has been an increase in inpatient falls from 60 in August to 86 in September.

This correlates with the increased number of "Delayed Transfers of Care" patients and increased "Average length of stay" in community hospital beds in September.

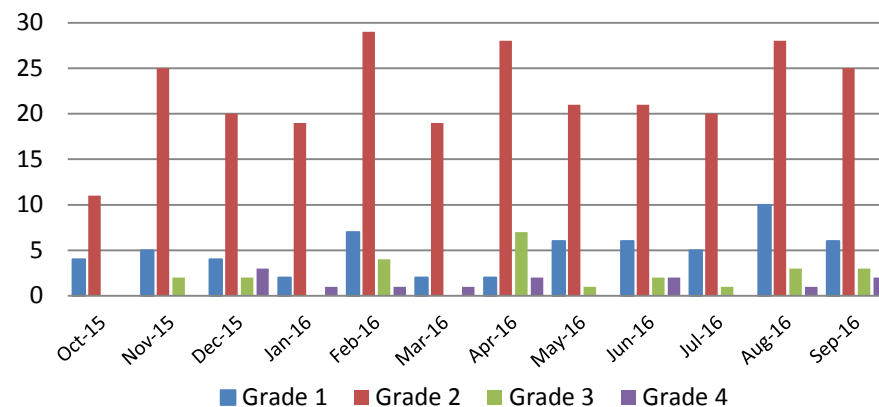
Benchmarking	
Falls with harm per 1,000 inpatient occupied bed days (GCS)	3.6 average per month (October 2015 – September 2016)
Falls with harm per 1,000 inpatient occupied bed days (Aspirant Community Foundation Trust Group)	2.7 average per month Latest 6 months (March 2016 – August 2016)

Pressure ulcers

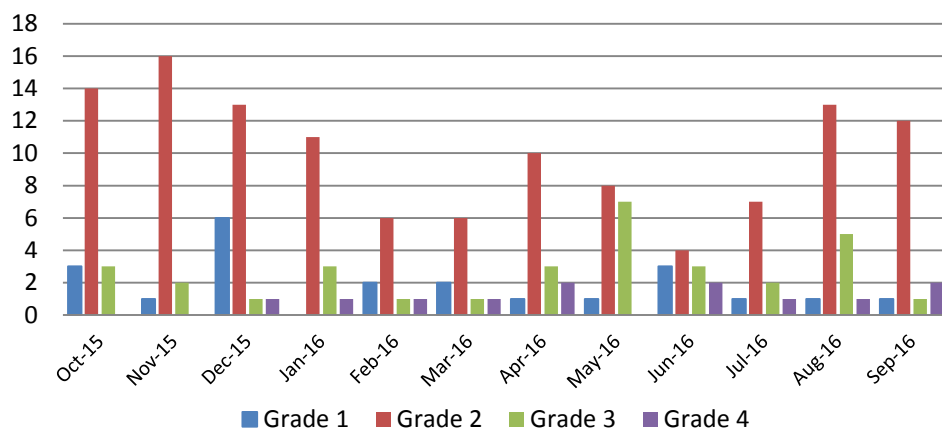
Inherited Pressure Ulcers - Community



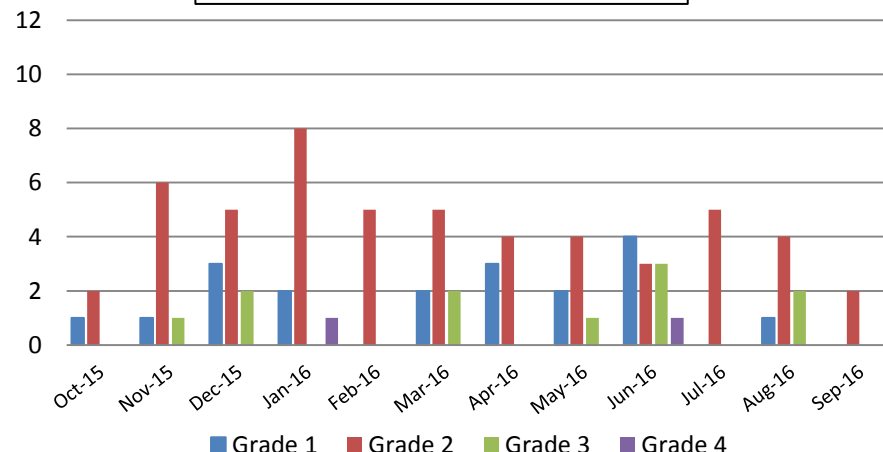
Acquired Pressure Ulcers - Community



Inherited Pressure Ulcers - Hospitals



Acquired Pressure Ulcers - Hospitals



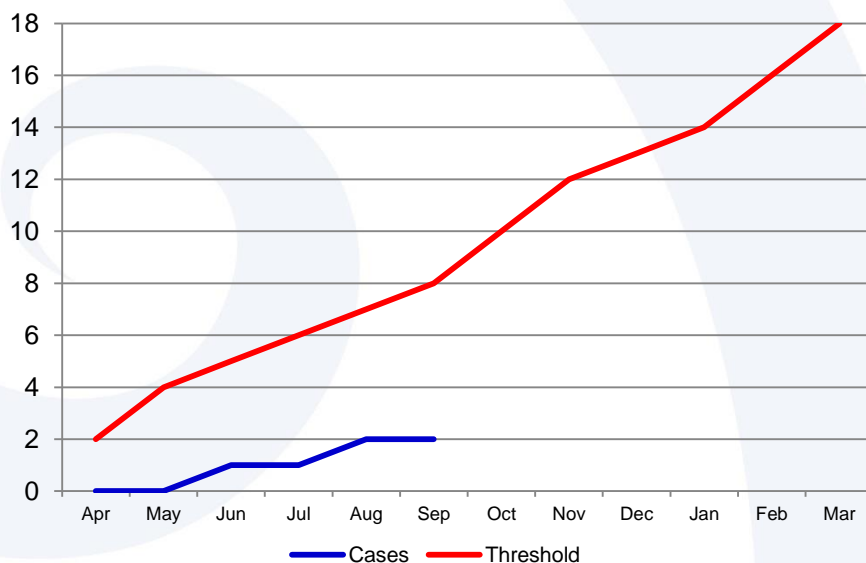
The Tissue Viability Nursing (TVN) Team has devised a "Validation Tool" in order to record all upgradeable, grade 3 and grade 4 pressure ulcers. This provides assurance to the PaCE directorate including the Named Nurse for Safeguarding Adults that there is a collaborative approach to reviewing such incidents. This tool can also be utilised to cross reference Root Cause Analyses (RCAs) and SIRIs and inform the TVN service whether the pressure ulcer was avoidable or unavoidable. The Pressure Ulcer Improvement Group have developed a patient information leaflet which is due to be given to patients as a preventative measure for the development of pressure ulcers. Further informal discussions has highlighted other proactive steps which could reduce the likelihood of pressure ulcer acquisition. These will be raised at the next Pressure Ulcer Improvement Group.

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sept-16	2016/17 YTD
C diff Cases	0	2	0	1	1	0	0	0	1	1	2	2	6
Avoidable cases in GCS care	0	0	0	0	0	0	0	0	0	0	0	0	0
Unavoidable cases in GCS care	0	2	0	1	1	0	0	0	1	1	2	2	4
Norovirus Outbreaks	0	0	0	1	0	1	2	0	1	0	0	0	3

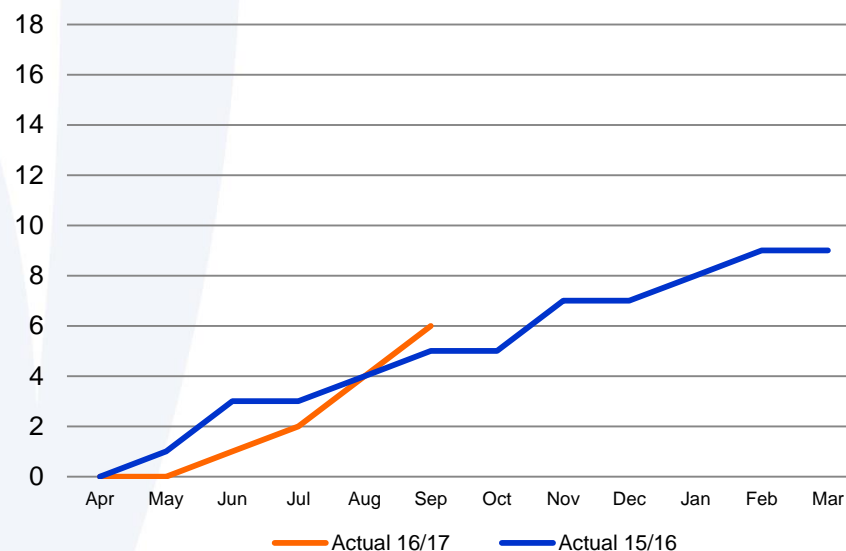
C. difficile: Two Post 48 hour C. difficile cases have been reported in September 2016 at Vale hospital and Winchcombe unit. Both cases have been deemed as unavoidable due to the predisposing factors of prolonged hospital admissions, repeated or long courses of antibiotic therapy and underlying illness. Issues were identified post the C. difficile TOXIN positive results regarding equipment decontamination and the time between sample taking and treatment prescribing and the progress on actions required will be monitored.

No Outbreaks to report for September 2016

Incidence of C. diff 16/17 (compared to threshold)



Incidence of C. diff (comparing 15/16 actuals to 16/17 actuals)

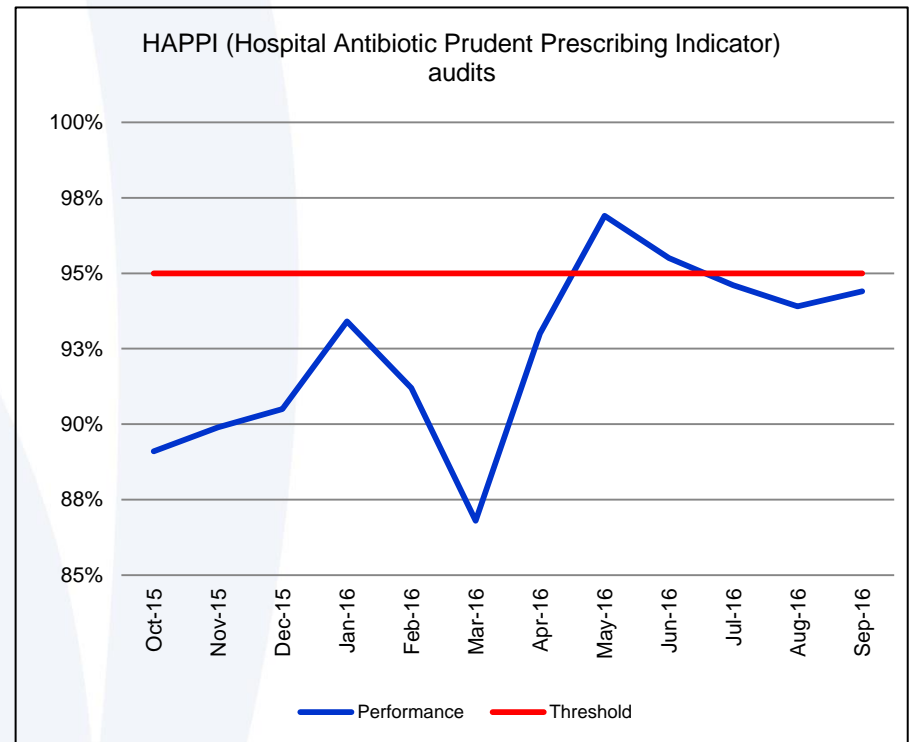


September 2016 observational hand hygiene audits including 'Bare below the Elbows' evidenced an average of 94% compliance.

Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2016-17	38	41	21	33	32	31							196
2015-16	16	33	38	29	40	29	36	54	34	31	35	34	409

Note: Medication incidents reported above include patient and staff incidents whereas those on page 16 refer to patient only incidents. Therefore the figures reported on this slide are higher than those on page 16.

Medication incidents by sub-category (2016/17 YTD)	Number
Medication administered in error/incorrectly	63
Omitted or delayed administration	43
Controlled drugs issue	25
Medication missing	17
Medication prescribed incorrectly/in error	16
Medication storage Issue	14
Medication supply problem	7
Discharge/transfer medication related issue	4
Illegible or unclear information	3
Medication not stopped/reviewed/followed up	3
IV therapy issue	1
Total	196



Hospital Antibiotic Prudent Prescribing Audits

The audits continue to be above target due to Community Hospital Matrons reinforcing best practice to prescribers

Safe staffing – September 2016

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	101.3%	100.0%	98.3%	100.0%	99.7%
	Windrush Ward	80.0%	99.5%	101.7%	105.0%	99.4%
	Thames Ward	100.0%	95.3%	100.0%	100.0%	100.0%
Dilke	The Ward	81.7%	92.5%	101.7%	100.0%	99.0%
Lydney and District	The Ward	86.7%	101.0%	100.0%	101.7%	99.7%
North Cotswolds	NCH Ward	91.7%	96.7%	100.0%	98.3%	93.5%
Stroud General	Cashes Green Ward	90.0%	101.0%	98.3%	108.3%	95.0%
	Jubilee Ward	100.0%	94.8%	100.0%	100.0%	99.4%
Tewkesbury Community	Abbey View Ward	94.4%	102.4%	100.0%	100.0%	99.3%
Vale Community	Peak View	78.9%	96.2%	100.0%	100.0%	99.5%
TOTAL		88.9%	98.0%	100.0%	101.4%	98.3%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	14.4%	4.5%
	Windrush Ward	10.9%	13.2%
	Thames Ward	23.6%	6.7%
Dilke	The Ward	10.0%	4.8%
Lydney and District	The Ward	4.1%	10.8%
North Cotswolds	NCH Ward	13.6%	8.4%
Stroud General	Cashes Green Ward	14.3%	18.1%
	Jubilee Ward	15.0%	14.4%
Tewkesbury Community	Abbey View Ward	1.0%	1.0%
Vale Community	Peak View	12.3%	11.9%
TOTAL		11.1%	9.4%

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

Windrush: Due to staff vacancies and long term sickness

Vale: Due to a combination of staff vacancies, annual leave and maternity leave, the ward was unable to achieve minimum staffing requirements.

Revised staffing levels are planned to commence in the community hospitals by October 2016. Future Safe Staffing and Quality reports will change to reflect these changes and in light of recently published national guidance "Care Hours Per Patient Day" (May 2016) and the National Quality Board guidance 'Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time' (July 2016).

Safe staffing – August 2016

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA	
Cirencester	Coln Ward	103.2%	93.5%	103.2%	103.2%	99.7%
	Windrush Ward	81.7%	99.1%	100.0%	125.8%	99.2%
	Thames Ward	101.6%	94.6%	100.0%	100.0%	99.6%
Dilke	The Ward	78.2%	93.5%	100.0%	101.7%	99.4%
Lydney and District	The Ward	80.1%	111.5%	100.0%	100.0%	97.3%
North Cotswolds	NCH Ward	91.9%	97.2%	100.0%	100.0%	95.6%
Stroud General	Cashes Green Ward	81.2%	98.2%	100.0%	104.8%	99.3%
	Jubilee Ward	98.4%	94.5%	100.0%	100.0%	100.0%
Tewkesbury Community	Abbey View Ward	97.3%	99.1%	100.0%	100.0%	100.0%
Vale Community	Peak View	82.3%	97.7%	98.4%	100.0%	99.4%
TOTAL		87.7%	98.0%	100.2%	103.7%	98.9%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	15.1%	3.9%
	Windrush Ward	17.2%	14.2%
	Thames Ward	24.4%	2.3%
Dilke	The Ward	7.5%	5.1%
Lydney and District	The Ward	6.8%	9.5%
North Cotswolds	NCH Ward	13.4%	7.5%
Stroud General	Cashes Green Ward	13.4%	15.5%
	Jubilee Ward	16.9%	12.6%
Tewkesbury Community	Abbey View Ward	1.2%	0.2%
Vale Community	Peak View	15.0%	9.0%
TOTAL		12.2%	8.2%

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

Dilke – 3 Nursing and HCA staff had to cover Lydney to maintain safe staffing levels

Windrush - Due to bariatric patient, ward needed an extra HCA for duration of patient stay.

Revised staffing levels are planned to commence in the community hospitals by October 2016. Future Safe Staffing and Quality reports will change to reflect these changes and in light of recently published national guidance "Care Hours Per Patient Day" (May 2016) and the National Quality Board guidance 'Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time' (July 2016).

Quality Snapshot - Community Hospital Inpatient Care September 2016

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	% of respondents 'extremely likely' or 'likely' to recommend service	Complaints	Number of cases of C.Diff	Safety thermometer harm free care	Number of patients who fell					Number of patients with acquired pressure ulcers	Safer staffing fill rate (aggregated)		Shortfall of 8 Hours or 25% of RN hours on the shift	Previous Month Sickness (FTE at start of month)		Appraisal %		Movement against Previous Month
								No Harm	Minor	Moderate	Major	Death		RNC	HCA		RNC	HCA	RNC	HCA	
SGH	Cashes Green	5.0%	1	100.0%	0	0	95.2%	12	2	0	0	0	0	92.1%	102.6%	4	7.7% (11.0)	7.6% (16.1)	57.1%	79.2%	↔
SGH	Jubilee	0.0%	0	0.0%	0	0	80.0%	2	0	0	0	0	0	100.0%	95.9%	0	0.0% (8.1)	5.1% (15.3)	63.2%	57.1%	↑
NCH	North Cotswold	47.8%	11	100.0%	0	0	94.7%	4	7	0	0	0	0	93.8%	97.0%	17	0.5% (12.1)	8.1% (15.1)	70.0%	54.2%	↑
VLH	Peak View	15.8%	3	100.0%	0	1	85.0%	8	6	1	0	0	1	84.2%	97.0%	12	4.6% (12.9)	5.9% (13.8)	82.6%	72.0%	↓
DLK	Dilke	12.2%	5	100.0%	0	0	84.0%	9	3	0	0	0	1	85.7%	94.0%	0	0.4% (15.5)	10.9% (14.4)	50.0%	72.7%	↑
TWK	Abbey View	35.0%	7	100.0%	0	0	89.5%	5	0	0	0	0	2	95.8%	101.9%	5	2.7% (16.1)	0.8% (16.4)	68.4%	52.4%	↓
LYD	Lydney	45.8%	11	100.0%	0	0	100.0%	8	2	0	0	0	0	90.0%	101.0%	9	4.0% (11.8)	10.1% (17.7)	75.0%	75.9%	↑
CIR	Coln	70.0%	14	100.0%	0	0	90.0%	8	1	0	0	0	1	100.5%	100.0%	3	1.6% (13.4)	2.8% (13.0)	63.2%	56.7%	↑
CIR	Windrush	63.6%	14	100.0%	0	0	81.0%	4	0	1	0	0	0	85.4%	100.7%	2	0.6% (11.7)	12.3% (14.5)	23.5%	44.4%	↔
CIR	Thames	77.8%	7	100.0%	0	0	87.5%	2	0	0	0	0	0	100.0%	96.5%	2	19.0% (6.5)	13.3% (6.2)	66.7%	37.5%	↓

Quality Snapshot - Community Teams September 2016

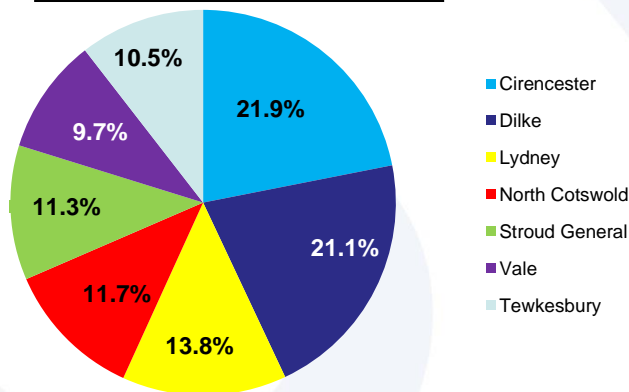
Locality	Safety thermometer harm free care	Number of patients with acquired pressure ulcers				Previous Month Sickness (FTE at start of month)	Appraisal %	Complaints	Movement against Previous Month
		Grade 1	Grade 2	Grade 3	Grade 4				
Cheltenham	96.4%	0	5	2	1	5.1% (77.1)	74.3%	0	↓
Cotswold	92.4%	0	0	0	0	8.3% (74.1)	80.9%	0	↔
Forest	95.5%	1	4	0	0	1.5% (58.9)	93.1%	0	↑
Gloucester	96.3%	3	7	0	1	7.9% (84.8)	75.5%	0	↑
Stroud	93.9%	0	3	0	0	5.0% (91.5)	68.2%	0	↓
Tewkesbury	94.8%	2	6	1	0	1.6% (49.7)	86.7%	0	↓

Mortality Reviews: Community Hospitals

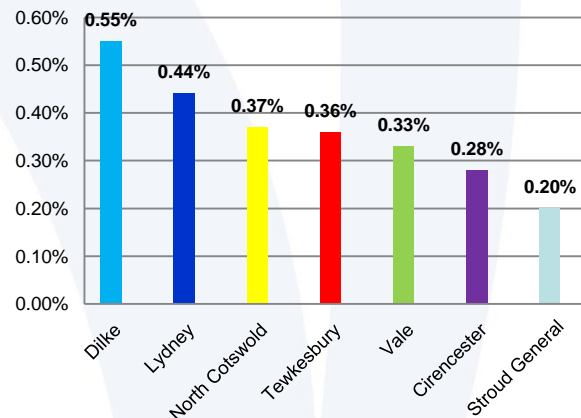
Number of Discharges from Community Hospital where discharge reason is as a result of death

Hospital Site	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Rolling 12 month total
Cirencester	4	2	5	6	4	6	7	5	7	3	2	3	54
Dilke	3	1	3	5	5	4	7	5	4	4	7	4	52
Lydney	2	2	3	6	2	3	1	3	2	3	4	3	34
North Cotswold	2	2	0	4	2	1	2	2	3	6	4	1	29
Stroud General	0	1	2	6	2	1	3	3	5	2	1	2	28
Tewkesbury	1	3	2	3	2	1	4	0	2	4	2	2	26
Vale	3	0	1	2	1	2	4	2	2	4	2	1	24
Total	15	11	16	32	18	18	28	20	25	26	22	16	247

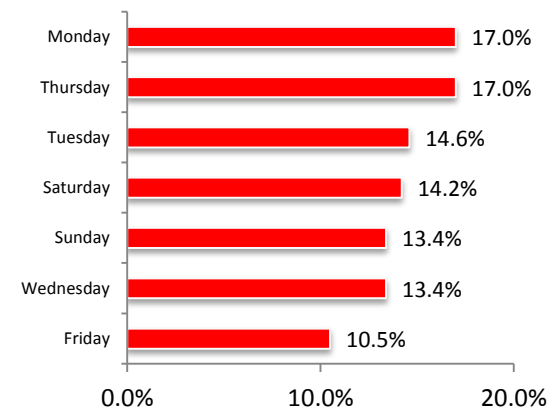
Number of deaths per Community Hospital (%) – Rolling 12 month Total



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



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



- MIDAS is currently used to capture the record of care after death in the community hospital setting. A work programme is in place to enhance the system and further develop the use of MIDAS within the Trust.
- The Trust will also take into account any feedback that may emerge from the CQC Death Review work that took place in August 2016.

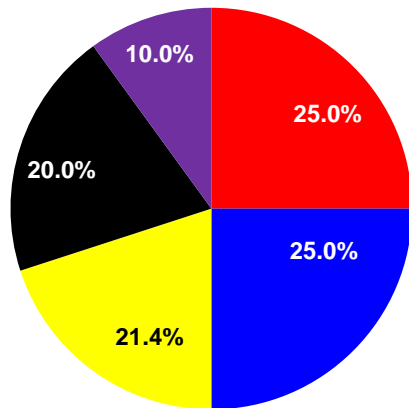
Child Mortality Reviews:

Number of deaths where the deceased is a child

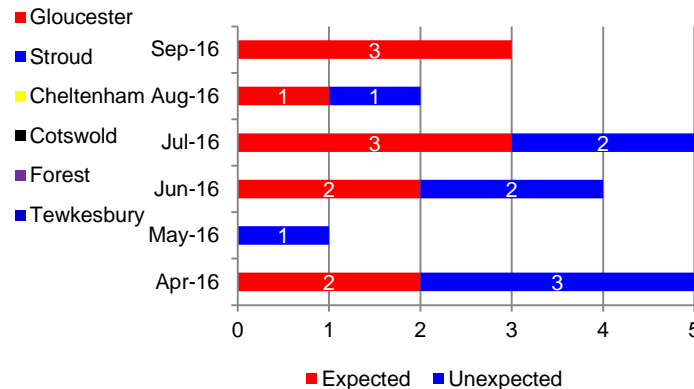
Locality	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Gloucester	3	0	0	2	0	0							5
Stroud	0	2	1	0	0	2							5
Cheltenham	0	0	1	2	1	0							4
Cotswold	1	0	1	1	1	0							4
Forest	1	0	0	0	0	1							2
Tewkesbury	0	0	0	0	0	0							0
Total	5	2	3	5	2	3							20

***The YTD figure include 5 premature babies*

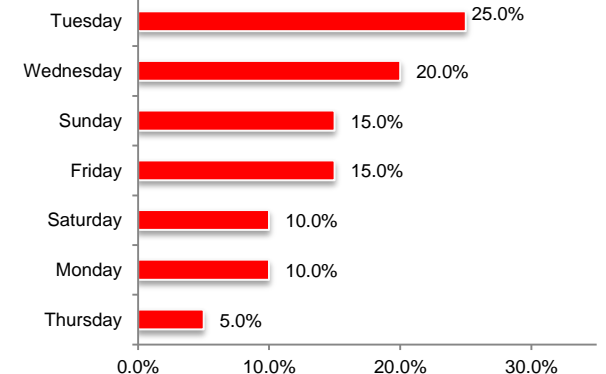
Number of deaths per locality (%) – YTD



Expected or Unexpected death– YTD



Number of Deaths (%) per Weekday – YTD



'Working Together to Safeguard Children 2006, 2010 and 2013' specified that a mandatory multi-agency response and review process for all deaths in childhood (from birth to 18 years) had to be implemented. The purpose of the process was to ensure all professionals responded to childhood deaths and reviewed each death in a uniform manner to identify lessons to be learnt and potentially prevent similar tragedies. The two key elements to this process are a "rapid response" and "child death overview".

Gloucestershire Care services provides the nursing element of the child death review process; with the Specialist Nurses for Safeguarding Children delivering this service and a Lead Nurse Child Death Review to coordinate this work.

Reablement Service Key Indicators

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

Target description	2015/16 Outturn	Target 2016/17	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
% Contact Time	40.3%	TBC	41.4%	42.9%	45.8%	42.9%	43.3%	41.6%	41.5%	42.1%	42.4%	40.7%	42.0%	39.4%	41.4%
Number of Community Reablement Starts	3,636		291	336	283	304	260*	259*	284	308	286	279	271	253	1681
Number of Current Cases open longer than 6 weeks	57	0	45	47	62	77	65	79	74	69	57	54	67	73	66
% of cases progressed within 6 weeks (from those closing this month)	82.8%	100%	84.4%	83.1%	87.0%	76.4%	83.0%	80.2%	79.2%	82.8%	84.5%	79.4%	83.2%	83.1%	82.0%
Average Length of Reablement Service (weeks)	3.2	6.0	2.9	3.0	2.7	3.6	3.4	3.7	3.5	3.3	3.2	3.6	3.1	3.2	3.3
Sickness rate in Reablement Workforce	6.5%	3%	6.8%	6.8%	6.0%	7.7%	10.7%	6.9%	4.3%	5.2%	4.4%	5.0%	3.7%	3.9%	4.4%

* Note: reduction in community reablement starts as a result of the impact of the reablement service spending significant time in the Emergency Departments helping with patient flows.

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

Measure	Definition	Actions
Face to Face Contact Time	This targets relates to the amount of time the Reablement workers spend giving direct intervention with a service user	<ul style="list-style-type: none"> The high level of vacant posts continues to put stress on other performance metrics. Face to face contact time has slipped slightly from the previous months 39.9% to 39.4%. The Cotswold data at 26.5% skews the overall county performance due to vacant posts, without this the county average would in fact be 40.8%.
Sickness absence	This target relates to sickness absence of all staff within the reablement service	<ul style="list-style-type: none"> The overall figure now stands at 0.847 average days lost per FTE continuing an improving trend from a spike of 1.056 in July.
Over 6 week length of stay	This target relates to the number of people receiving a reablement service who have been in the service for longer than 6 weeks	<ul style="list-style-type: none"> Data continues to be produced and shared with ICTs and lead Commissioner weekly. Currently figure of those still in reablement is 73 at the snapshot time. The new Domiciliary Care contracts continue to impact on the service.

Integrated Community Teams Key Indicators

Integrated Community Teams key indicators

Target description	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
% Service User referrals resolved at point of referral	68.0%	63.9%	64.5%	68.4%	64.6%	71.9%	38.4%	35.5%	39.8%	36.9%	36.5%	36.1%	37.2%
Number of Service User referrals resolved at point of referral	1,907	1,639	1,721	2,060	2,055	2,510	1,695	1,482	1,787	1,607	1,600	1655	9,826
Service User Referrals from ICT to Specialist Services	23	68	49	37	36	27	49	27	41	39	53	34	243

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

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

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

Total	2015-16 outturn	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Adult safeguarding concerns raised by GCS	160	10	8	6	5	6	5	4	9	8	9	7	27	64
Total county adult safeguarding concerns	3,279	308	271	217	279	221	147	182	140	155	170	167	175	989
GCS adult section 42 enquiries	51	2	3	2	1	2	5	1	2	3	4	5	9	24
Total county section 42 enquiries	1,007	82	64	51	69	60	148	62	53	63	92	97	70	437
Number of new Children's Serious Case Reviews	1	0	0	1	0	0	0	0	0	0	0	1	0	1
Number of new Safeguarding Adult Reviews	2	0	0	1	0	0	0	1	0	1	2	1	0	5
Number of children subject to a Child Protection Plan	580	595			580			566 (Apr - Jun 2016)			546 (Jul-Sep 2016)			1,112

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

Client group		Type of concern	
Other vulnerable	36	Neglect	17
Physical Disability	12	Physical injury	20
Learning Disabilities	10	Financial	8
Dementia	5	Psychological	9
		Sexual	4
		Organisational	3

See page 36 for further details

Adult Safeguarding Concerns

As previously reported the number of adult safeguarding concerns (which had appeared as declining) from GCS and countywide will continue to be monitored to determine whether there are any other trends or causes to be explored. The current numbers appear to be commensurate with the support professionals are now receiving from the safeguarding helpline to ensure referrals are appropriate.

A new adult safeguarding review commenced in August 2016 involving a complex case of self neglect. This is still underway.

Children Safeguarding Concerns

No reported concerns in September. In early August 2016 there were two reported significant safeguarding incidents. One is a Serious Case Review (SCR) and has also been declared as a SIRC by GCS. The findings of the GCS SIRC investigation will feed in to the overall findings of the SCR.

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 - 17

Date	NED	Service, Location	Key findings	Actions required	Director response
6 th April 2016	Richard Cryer	Specialist Heart Failure Nurse, Lydney	Feedback positive. Two patients suggested that the service scored 10/10 in terms of their experiences: they were always provided with good, caring, thoughtful and knowledgeable treatment. Patients particularly valued seeing the same person each time. There were no suggestions from the patients for any changes or improvements.	The Trust is in the process of submitting a business case to the GCCG to employ a further specialist nurse to operate within GHFT which clearly be beneficial to a number of patients.	Progressing with the GCCG
20 th April 2016	Jan Marriott	SPCA, Edward Jenner Court, Gloucester	The service appears to work very well and effectively with other teams and clinicians both within and outside the Trust. Team members appear to be very committed to the value the service provides to patients and clinicians. SystemOne has proved helpful to the service. Communications within the team and with other teams and organisations appear positive. The fundamental ethos of community hospitals is that they provide local services for local people. SPCA appeared to respect this ethos and believed that it is both morally and clinically right. System pressures impact on the way SPCA works however, they have strong processes in place.	The service is clinically led, patient centred and excellent and as a result may be more expensive than some alternative services. Consider whether more of the functions could be delivered by non-clinical staff as many of the calls are relatively straightforward. The telephony system does separate out calls from different caller groups and it is clear that the calls from GPs need to be taken by a clinician in order to have the clinical conversation if necessary.	Feedback from GP colleagues is favourable because the service is clinically led. The team has considered "hot transfers" to the admin team but it is not feasible. This could be reviewed again. The GCCG also considering with GCS having a GP in SPCA – the impact of this will be evaluated jointly.

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 - 17

Date	NED	Service, Location	Key findings	Actions required	Director response
22 nd April 2016	Rob Graves	Community Nursing Team, Cirencester	Overall it was an interesting and informative visit that reinforced the colleague commitment and professionalism of our staff. I would like to thank colleagues for their time and welcoming approach to my visit.	Areas that might merit follow up: How are patients made aware of the complaints procedure? Making sure there is appropriate awareness of Social Prescribing	The Trust has recently re-launched its complaints process including leaflets and posters. Operational managers will clearly know this has "reached" community Services. It is acknowledged social prescribing has been proven more successful where there has been a local area coordinator in place (Stroud and Dursley).
11 th May 2016	Ingrid Barker	Podiatry Services, Rikenel, Gloucester	Both clinicians had a friendly and professional manner and gave good information to their patients about their condition and treatment options. It was interesting to see SystmOne being utilised so confidently.	The building is not ideal, being a 1960s block without its own parking, near the centre of Gloucester city centre. Although there are a small number of GCS leaflets in the waiting area they were difficult to find. The feedback and complaints leaflets had to be found for me by one of the podiatrists and there was no box in which to post feedback. The waiting area was generally quite messy and not very comfortable. Two of the hand gel holders were full but the one outside two of the clinic rooms which were in use was empty.	It is the intention that the Podiatry Service will re-locate to a new Gloucester site with other services. Action will be taken to address this Action will be taken to address this Action will be taken to address this

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 - 17

Date	NED	Service, Location	Key findings	Actions required	Director response
16 th May 2016	Sue Mead	Lower Limb Service, Cirencester	<p>The service is delivered in the ambulatory care part of the hospital. The environment is light, spacious and easily accessible, even though situated upstairs. The wheelchair users found it easy to navigate the route to the service.</p> <p>The service was being delivered in a pleasant environment with welcoming, friendly and professional staff.</p> <p>Good listening by the nurses to patient reports of progress and responsiveness to patients' questions.</p> <p>Treatment was applied with gentleness and sensitivity, checking with patients constantly as to how it was for them. As many patients are regular attenders it was clear relationships had built up, resulting in evident trust and confidence.</p>	<p>Hospital transport was said to be the biggest problem, and although it worked well for the patients attending that morning, there have been delays and failures to arrive or pick up at the appointed times. This has been reported back.</p> <p>FFT is very positive but there has been no effort as yet to get feedback from GPs. Suggest consideration is given to getting specific feedback from GPs and to patient leaflets having a little more prominence.</p> <p>Overall a great addition to our range of services.</p>	<p>Contractual/ relationships management between the GCCG, GCC, GHFT and Arriva are being re-instated</p> <p>Will progress as part of service evaluation plans</p>
26 th May 2016	Nicola Strother Smith	Fairford Hospital	<p>Fairford Hospital is calm and quiet, with small numbers of patients attending. Many services are the activity of other providers; where the comments/ complaints relate to these providers, feedback is given to the relevant Trust.</p> <p>X-ray services are provided by Great Western Hospital NHS Trust and equipment is maintained by them; radiation protection supervision arrangements were unclear.</p> <p>There is no CQC Requiring Improvement notification report for GCS on site.</p>	<p>In discussion with physiotherapists, they identified that they had problems with funding for elastic stretch bands for patients.</p> <p>The old wards are set around a courtyard garden with a grassed area behind. This is in urgent need of maintenance as the grass was very high and the flower beds unattended.</p> <p>Staff were wearing old style name badges which needed to be reviewed.</p> <p>Need to understand more about how GCS and the local GP surgery work together in terms of activity and estate.</p>	<p>Need to clarify further the current situation.</p> <p>Gardening contracts are in place and overseen by the Head of Estates</p>

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 - 17

Date	NED	Service, Location	Key findings	Actions required	Director response
28 th June 2016	Ingrid Barker	Children's Speech and Language Therapy, Independent Living Centre, Cheltenham	<p>Observed group speech therapy session with four pre-school children and their mothers who are working with therapists on exercises to improve their speech ahead of attending school in September. The session was fun for the children and it was very evident that the therapists, had a good rapport with the families, with clear communication and a caring and attentive attitude. One of the mothers in the waiting area spoke very highly of the service, saying that it had been easy to access with clear information about the nature of the course and good communications throughout.</p> <p>It was pleasing to see that the waiting area at the ILC has improved with better signage and more appropriate arrangement of chairs, toys and notice board information.</p>	There is still a need to address the lack of a receptionist and volunteers might be found to undertake this.	<p>Refurbishment work being considered re: improved patient friendly environment</p> <p>The volunteer co-ordinator is reviewing this again</p>
13 th July 2016	Jan Marriott	Lydney Hospital	<p>The Ward felt well managed and led with a caring attitude to staff as well as patients and families.</p> <p>The ward nurses and therapists all demonstrated high standards of care, assessment, treatment, rehabilitation skills.</p> <p>Care was person centred and caring at all times.</p> <p>There appears to be a robust approach to discharge planning.</p> <p>The staff are still learning to get the best out of SystmOne. They had piloted an integrated paper care plan which had been very effective. Unfortunately, the current configuration of SystmOne is less effective in this respect as the inpatient therapists currently have to use the ICT Community Services application rather than the Community Hospitals.</p>	<p>The current separation of an inpatient's care plan into two places on SystmOne is not ideal.</p> <p>Very difficult for agency staff unfamiliar with SystmOne to operate effectively and safely and it would be impossible/unsafe for such a nurse to be in charge of a shift.</p> <p>Ongoing efforts to recruit more permanent and bank qualified nursing staff is essential.</p>	

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 – 17

Date	NED	Service, Location	Key findings	Actions required	Director response
13 th July 2016	Jan Marriott	Lydney Hospital (Continued)	<p>Met the Outpatients team and the Sister has lots of ideas to improve services – she would particularly like to develop a day room for the ward patients in either the current physiotherapy room which is not well utilised or the leg ulcer room if it is not fully utilised.</p> <p>The ward currently has a lot of vacant qualified nursing posts The staff are endeavouring to work to cover the shifts as much as possible.</p>	<p>Day room for inpatients would be helpful as they currently have nowhere to go apart from sit at their bedsides.</p> <p>Concerned to see a lot of expensive endoscopy decontamination equipment being unused and possibly going out of date. Are there plans for this to be used elsewhere?</p> <p>There is a lot of unused space upstairs – would it be possible to rent out space even if just as office space? What is happening to Grove House which I believe is sitting empty?</p> <p>Would it be possible to create and provide easy read menus for people with cognitive impairments?</p> <p>The laundry is poor and often has to be returned unused.</p> <p>The plastic aprons are so thin they often tear and thus one ends up using more than you would if they were better quality.</p>	

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 - 17

Date	NED	Service, Location	Key findings	Actions required	Director response
19 th September 2016	Sue Mead	Immunisation Team	<p>Professional, well organized and friendly service.</p> <p>Good systems and governance processes covering issues such as parental and child consent, relevant medical history [e.g. allergies], current state of health and immunisation records.</p> <p>Good hand hygiene was observed and there were effective processes in place to ensure the safe delivery of the vaccine.</p> <p>A child friendly FFT sheet was provided.</p> <p>Not all schools are welcoming to the Team, including some academies. Progress has been made with some of the religious schools.</p> <p>Uptake is just short of the target of 90%, and this has been made more challenging to achieve by some shifts in scheduling.</p> <p>SystemOne was seen as problematic and described as slow and cumbersome, DNAs for example can't be inputted and need a separate system.</p> <p>Information regarding out of county children [often in independent schools] and home tutored children can be difficult to access.</p>	No specific actions identified	

Non-Executive Directors (NED) Quality Visit Report (2016/17)

Non-Executive Directors Quality Visit Schedule 2016 - 17

Date	NED	Service, Location	Key findings	Actions required	Director response
19 th September 2016	Sue Mead	Immunisation Team (Continued)	<p>There are between 300-500 children whose names are on SystmOne but whose contact details, including school, are not listed and who therefore cannot be traced.</p> <p>Vaccine deliveries come weekly in bulk direct to EJC from Public Health [they used to come via GHT more frequently]. This service has proved somewhat unreliable and presents challenges re storage at the right temperature. Each day one of the team brings sufficient vaccine to site in suitable temperature controlled bags.</p>	No specific actions identified	

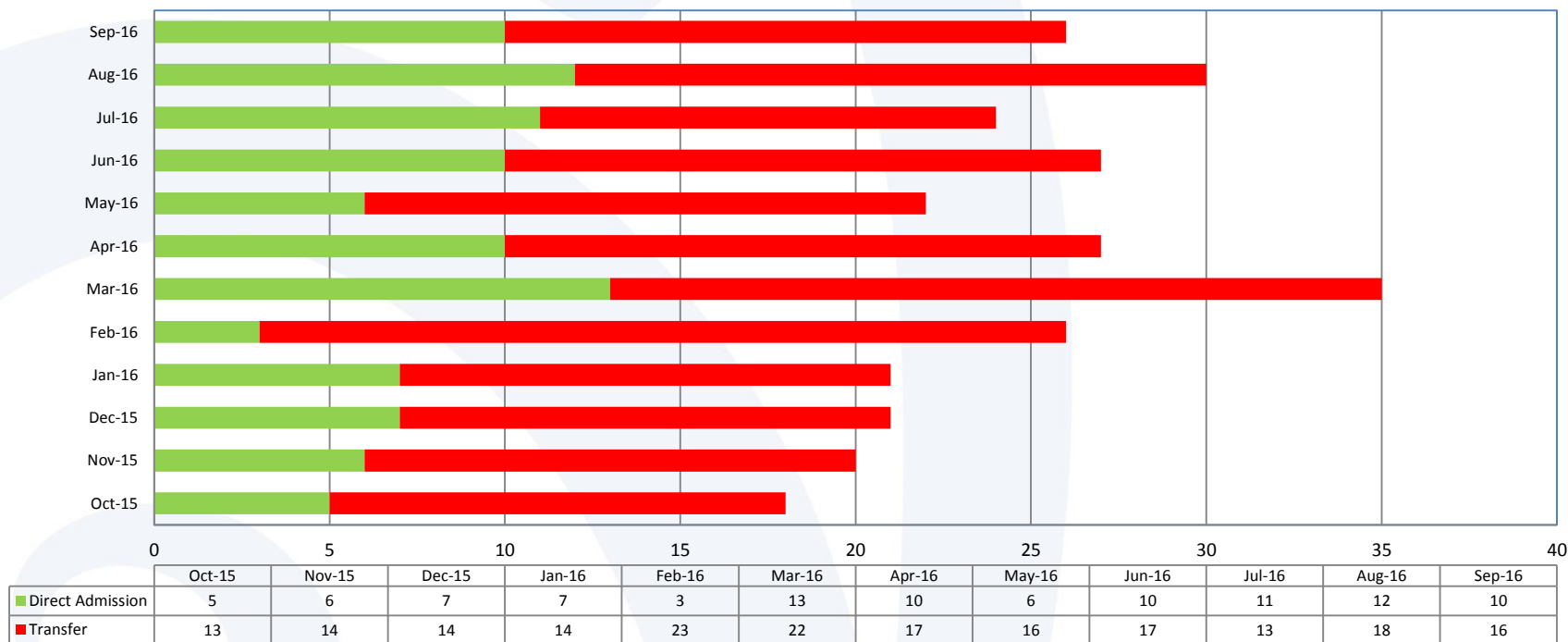
Strategic Objective 2:
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

Quality Strategy metrics - strategic objective 2

	2015/16 Outturn	Target	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Percentage of service users recommending the Trust as a place of care	95.2%	More than 90%	94.7%	94.6%	94.8%	95.2%	95.3%	95.3%	95.3%	94.3%	95.9%	95.7%	94.4%	94.2%	95.0%
Measured increase in the number of service users who feel appropriately involved in their care and treatment	95.0%	Equal or more than 95%	94.6%	94.0%	94.7%	94.2%	97.5%	97.0%	93.9%	94.3%	94.5%	94.8%	94.3%	93.9%	94.3%
Increasing the number of service users who feel treated with dignity and respect	98.3%	Equal or more than 98%	97.9%	98.5%	98.5%	98.3%	99.1%	97.0%	98.0%	97.9%	98.1%	98.1%	98.2%	98.0%	98.1%
Increased response rates of service users completing the Friends and Family Test	5.4%	More than 4.6%	5.7%	5.5%	5.0%	4.3%	4.2%	4.6%	4.2%	4.0%	4.2%	4.8%	5.1%	4.3%	4.4%
Increase in the number of public focus / discussion groups per quarter	23	Two topics per quarter	13 (includes Healthwatch event, work with the VCS, Forest engagements etc.)			5			8 (Apr-Jun 2016)			TBC			8 (Apr-Jun 2016)

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

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



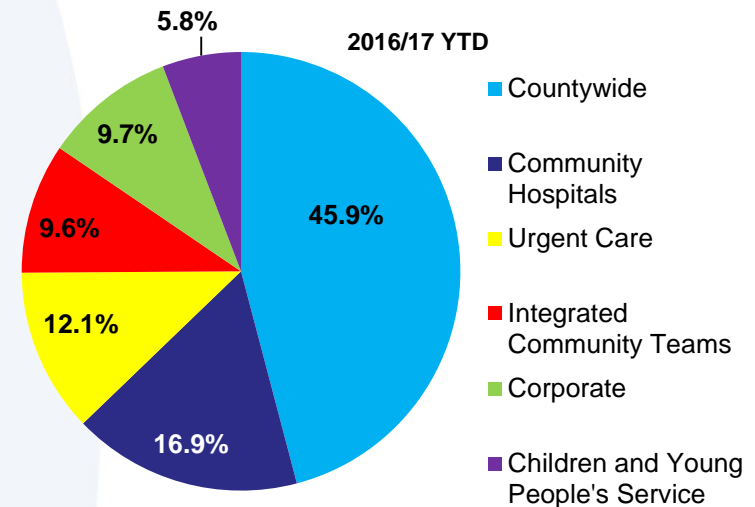
A patient transfer audit is yet to be fully completed, as the Investigating Officer is still awaiting information from partner organisations, in particular, Arriva transport regarding details of times transport has been booked.

It should also be highlighted that the Trust's Head of Capacity has also been identified as the Trust's 'transport' lead. and will progress activities with Commissioners and any risks associated with patient care.

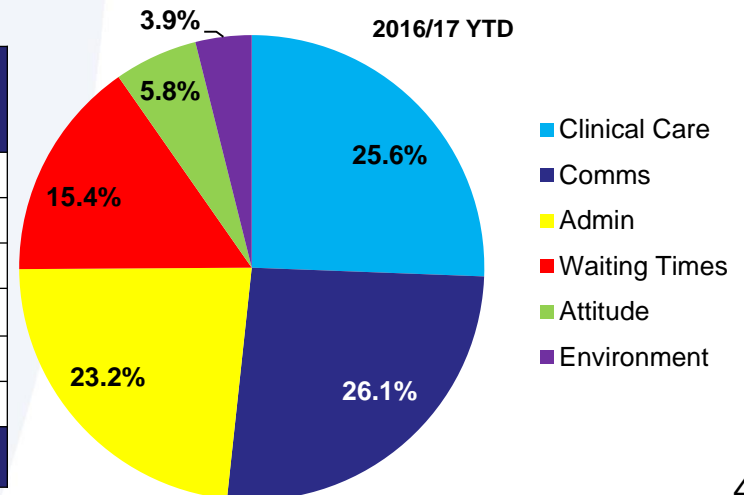
When people use NHS services, their safety should be prioritised and they should be free from mistakes, mistreatment and abuse

Below are details of reported concerns:

Concerns	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Countywide	10	12	11	17	6	15	15	17	16	25	14	8	95
Community Hospitals	7	5	6	2	9	2	9	3	11	4	3	5	35
Urgent Care	1	5	3	4	2	2	0	2	5	5	5	8	25
ICTs	7	1	1	0	3	5	1	3	2	6	3	5	20
Corporate	4	5	2	0	4	2	2	2	0	0	10	6	20
CYP Services	1	0	1	1	2	5	2	1	2	3	2	2	12
Total	30	28	24	24	26	31	29	28	36	43	37	34	207

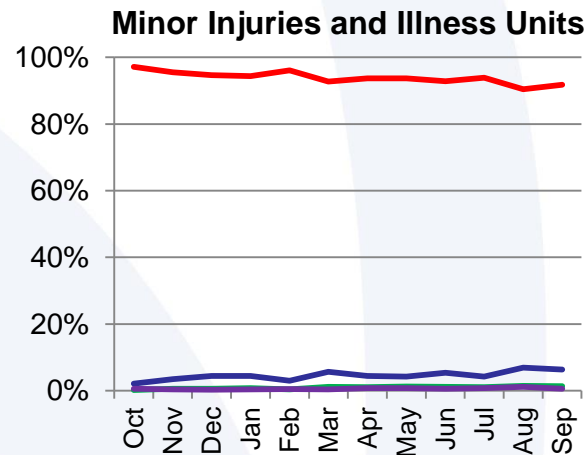
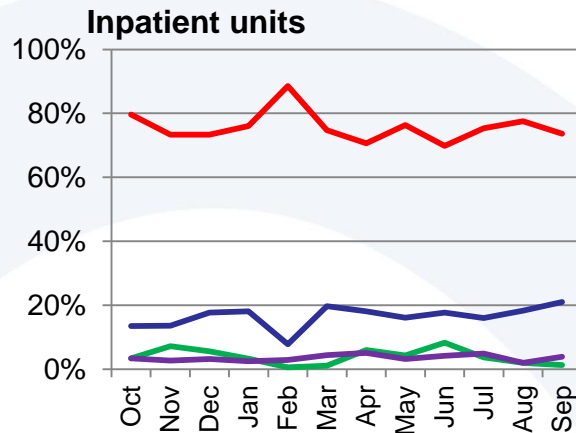


Concerns	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Clinical Care	6	4	7	7	6	6	10	7	8	15	5	8	53
Communications	11	9	5	10	8	11	6	9	17	7	6	9	54
Admin	4	10	4	5	7	7	9	9	0	6	15	9	48
Waiting Times	5	3	5	1	1	4	3	2	5	8	9	5	32
Attitude	3	1	2	0	1	1	1	0	3	3	2	3	12
Environment	1	1	1	1	3	2	0	1	3	4	0	0	8
Total	30	28	24	24	26	31	29	28	36	43	37	34	207

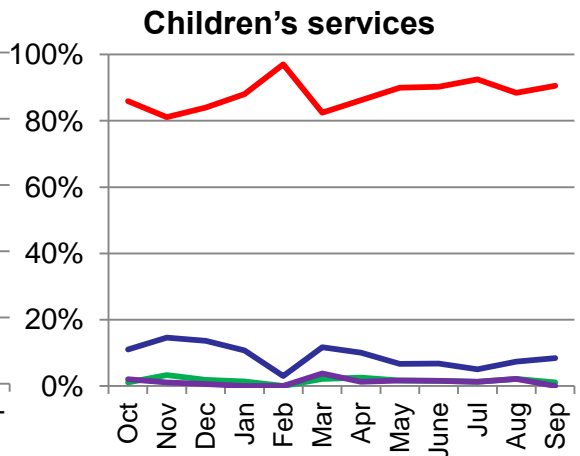
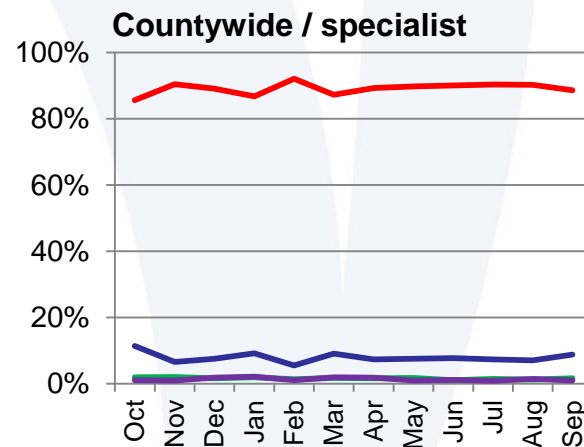
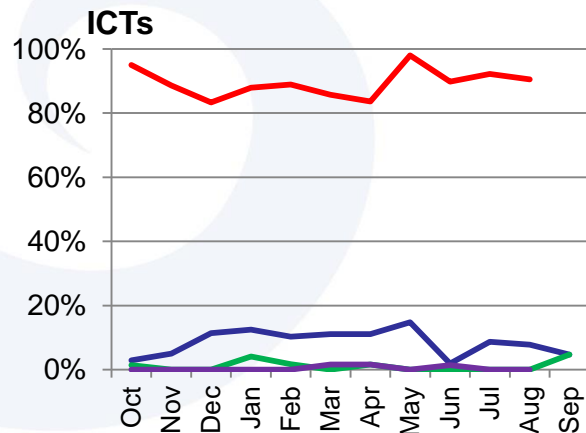


People are informed and supported to be as involved as they wish to be in decisions about their care

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



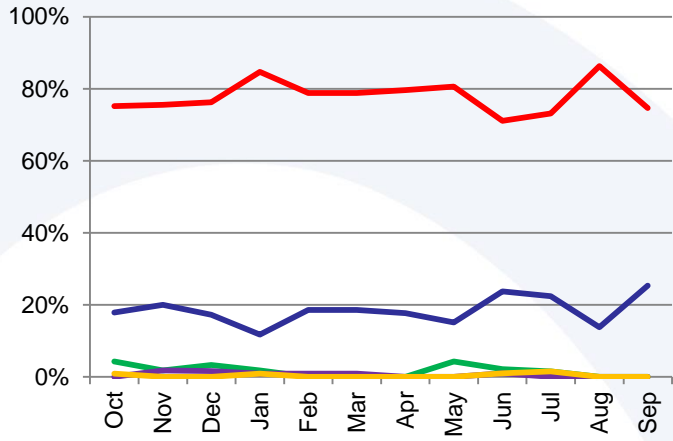
Please note that data for a number of services is based on a small sample so may not be wholly representative



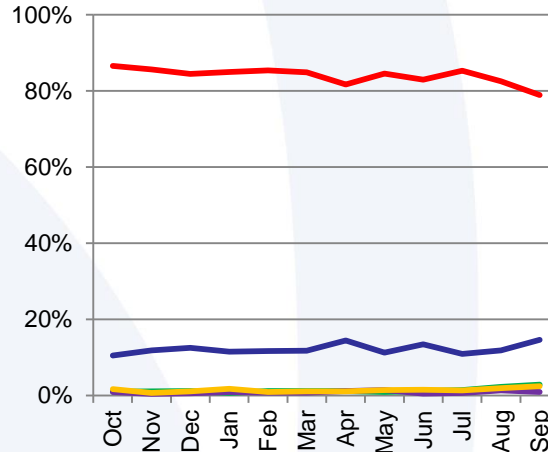
People report positive experiences of the NHS (1)

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

Inpatient units



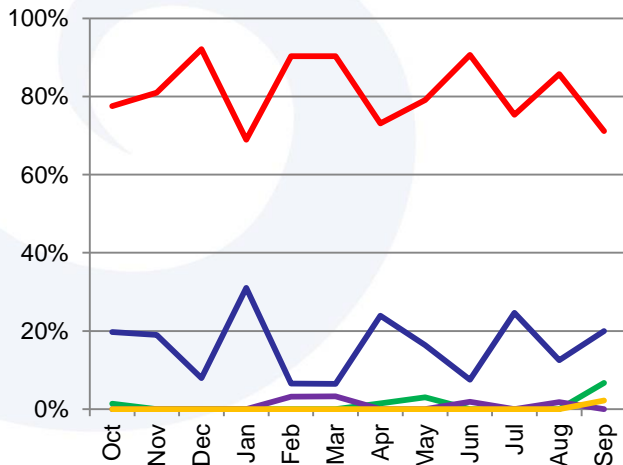
Minor Injuries and Illness Units



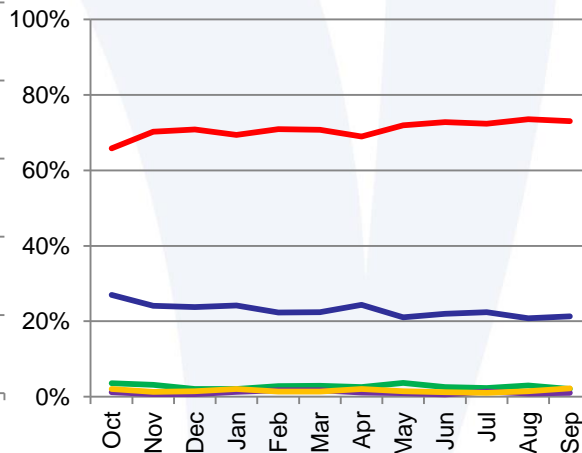
Extremely likely
Likely
Neither
Unlikely
Extremely unlikely

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

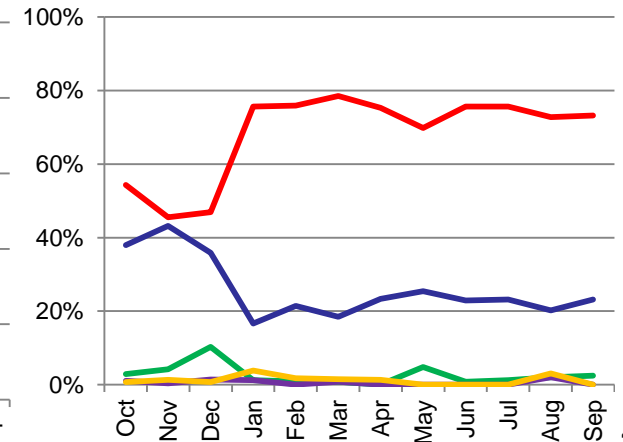
ICTs



Countywide / specialist



Children's services



People report positive experiences of the NHS (2)

We received 9 NHS Choices comments in September which were shared with the relevant teams (NB one additional comment was also posted but this pertained to the MIU Review so is not included here):

Service	Themes	Positive	Negative
Cirencester MIU	<p>NHS Choices: "Great hospital unit - I attended minor injuries at the weekend with heart concern. I received immediate treatment whilst feeling safe and cared about. Lovely staff. I was transferred to Gloucester Royal for further cardiac treatment."</p> <p>Email thanking the MIU's at Cirencester for their care.</p> <p>NHS Comment complimenting the staff at Cirencester MIU.</p>	3	0
Stroud MIU	<p>NHS Choices: "Out patient appointment - Being a resident of Stroud, it makes sense to choose Stroud General Hospital, I have had many procedures, major and minor, there, I have just returned home today from an investigative procedure and the care was excellent the staff friendly, reassuring, professional, taking care of me before and after my procedure. My family, my children and grandchildren have all received care from the hospital, I also work at a local school and have had many a visit with students needing care, hockey injuries etc. The hospital really is like a cottage hospital but with expertise in all fields. Long may we have the opportunity to use it."</p> <p>Post on NHS Choices complimenting the physio team.</p> <p>NHS Choices: "Compassionate and caring - I attended minor injuries unit on Thursday for a sensitive issue and I was anxious about attending and worried I would be wasting staff's time. I was treated with kindness, care and compassion and I want to thank the two nurses who treated me very much - it meant such a lot."</p> <p>Comment on NHS Choices complimenting the care at Stroud MIU.</p> <p>Comment on NHS Choices: "Poor experience. On arrival at the hospital with my 3 year old daughter who had called and was unable to weight bear one on leg, and had also suffered a bump to the head, the receptionist was polite and helpful, we were triaged quickly and told that her head injury would take priority, from there not went down hill. Nearly 3 hours later with no communication from the nursing team we were still waiting with an upset and agitated child, we took the decision to take her home and observe her overnight. The nurse in charge was rude and unhelpful. I do not intend to use this service again"</p>	4	1
Lydney Hospital	<p>NHS Choices: "We would like to thank Lydney Ward very much for the, dignity, care, compassion, respect and support, shown both to our late mum (especially during her final days of life.) and us as a family, we spent 3 and a half days and 3 nights on the ward with mum in a private room until she sadly passed away. The staff were amazing, even when there were numerous members of the family either in mums room or the relatives room nothing was ever too much trouble. Thank you all very much."</p>	1	0

Freedom of Information Requests

In September, the Trust received 21 Freedom of Information (FOI) requests re:

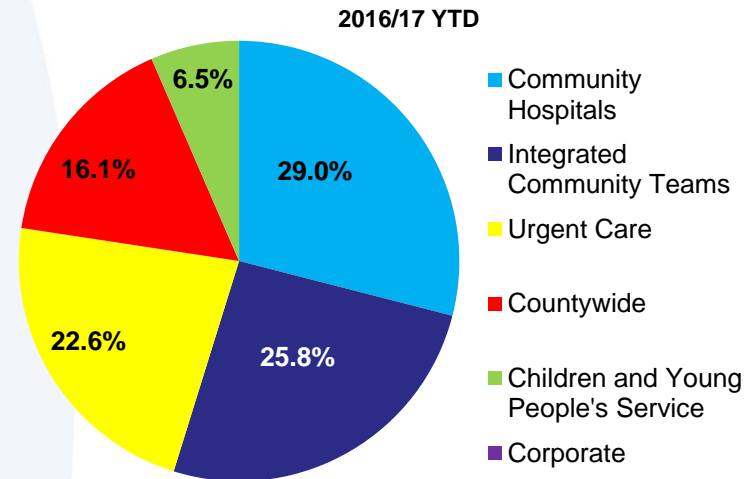
- various organisational structure charts (x5)
- numbers of Trust staff (district nurses, social workers (x2)
- agency nursing spend (x2)
- payroll processing
- number of people treated for various medical conditions
- medical equipment
- gifts and hospitalities register
- car parking at Cirencester Hospital
- data protection breaches
- direct engagement models
- formal complaints
- public health funeral services
- monies spent treating immigrants and asylum seekers
- utilisation of rostering software
- Mental Health Services

Of all FOI requests due to be answered in September, the following was achieved:

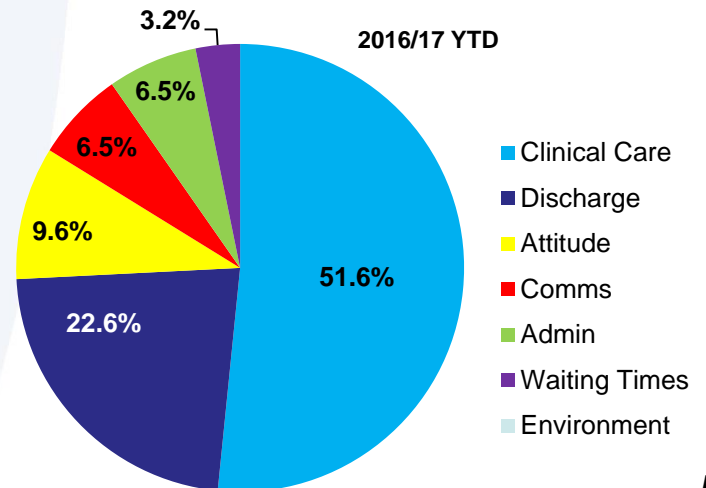
	Number due in month	Number replied in month	Total % in month	Year-to-date %
Target time within agreed timescale (20 working days)	12	12	100%	100%

People's complaints about services are handled respectfully and efficiently

Complaints	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Community Hospitals	5	3	2	5	3	0	2	2	2	2	1	0	9
ICTs	3	1	1	2	2	2	2	1	1	3	1	0	8
Urgent Care	0	0	1	1	2	0	3	2	1	0	0	1	7
Countywide	1	0	2	1	1	4	0	1	0	2	1	1	5
CYP Services	3	0	0	0	0	1	1	0	0	1	0	0	2
Corporate	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	4	6	9	8	7	8	6	4	8	3	2	31



Complaints	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Clinical Care	6	1	3	6	5	3	5	2	1	4	2	2	16
Discharge	1	1	1	2	1	0	1	2	2	2	0	0	7
Attitude	0	0	1	1	1	1	1	1	1	0	0	0	3
Communications	3	0	0	0	0	3	0	1	0	1	0	0	2
Admin	0	2	0	0	0	0	1	0	0	0	1	0	2
Waiting Times	1	0	1	0	1	0	0	0	0	1	0	0	1
Environment	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	4	6	9	8	7	8	6	4	8	3	2	31



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

2016/17

Response Time	Q1	Q2	Q3	Q4
Target time within agreed timescale (25 working days)	92.3%	89.3%		

The drop in Q2 was due to delays with investigations and delays with final reply letters being signed off.

There have been no complaints referred to the Parliamentary Health Service Ombudsman (PMSO) during August and September 2016

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	3.0 average per month, October 2015 – September 2016
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	5.4 average per month, Latest 6 months (March 2016 – August 2016)

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

Quality Strategy metrics - strategic objective 3

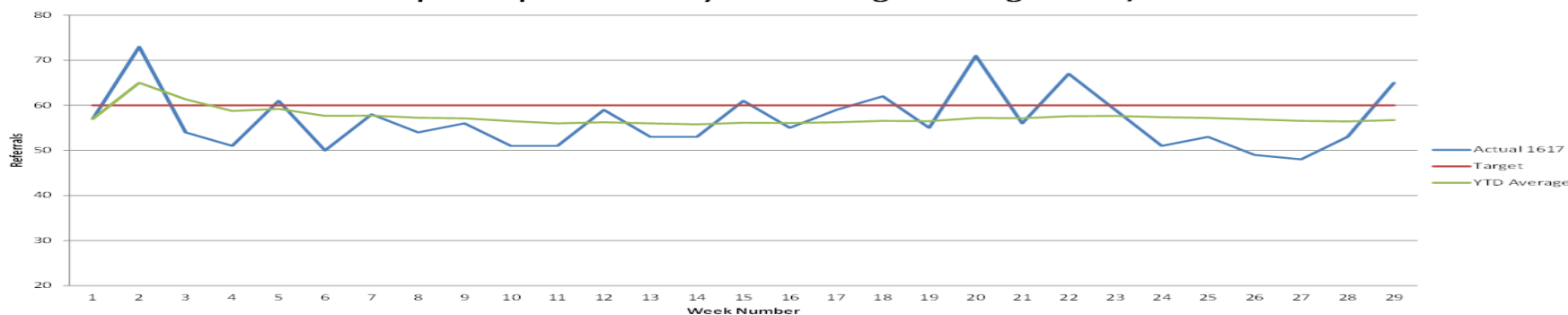
	2015/16 Outturn	Target	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
% CQUIN milestones achieved against agreed plan	96% - TBC	n/a	100% - TBC			83.3% - TBC			TBC			TBC			TBC
% QIPP milestones achieved against agreed plan	81.6%	n/a	80.0%			70.6%			TBC			TBC			TBC
Number of referrals accepted by Rapid Response service	3,120	Target	265	257	263	263	246	263	257	266	257	266	266	257	1,569
	2,642	Actual	244	214	223	213	224	276	257	232	236	264	275	234	1,498
Number of avoided admissions as a result of ICT intervention	97.0%	80%+	98.0%	98.0%	98.2%	95.8%	93.7%	97.9%	96.5%	89.7%	90.6%	96.0%	91.1%	93.7%	92.9%
Number of service users discharged by the IDT from the acute Trust Emergency Department	114 average per month	280 per month	119	121	108	118	104	125	89	126	115	112	124	103	112
Number of service users discharged by the IDT from the acute Trust ACU (same day)	34 average per month	56 per month	30	20	39	27	25	26	33	25	31	33	39	22	31

Rapid Response - Key Indicators

Indicator	15/16 Outturn	Target	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Number of referrals accepted (plan)	3,120	Target	265	257	263	263	246	263	257	266	257	266	266	257	1,569
Number of referrals accepted	2,639	Actual	244	214	223	213	224	276	257	232	236	264	275	234	1,498
% of patients with assessment initiated within 1 hour	88.7%	95%	96.9%	96.1%	98.5%	95.1%	57.9%	45.5%	62.9%	52.0%	69.7%	54.3%	64.9%	62.1%	61.0%
% of patients referred from SPCA who have an agreed patient led care plan in place	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of patients where SPCA reports that rapid response intervention avoids acute hospital admission	97.0%		98.0%	98.0%	98.2%	95.8%	93.7%	97.9%	96.5%	89.7%	90.6%	96.0%	91.1%	93.7%	92.9%
Number of referrals where SPCA reports that rapid response intervention avoids acute hospital admission	2,319		236	206	219	204	119*	140*	138	122	115	144	113	143	775

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

Rapid Response Weekly Referrals against Target 2016/17



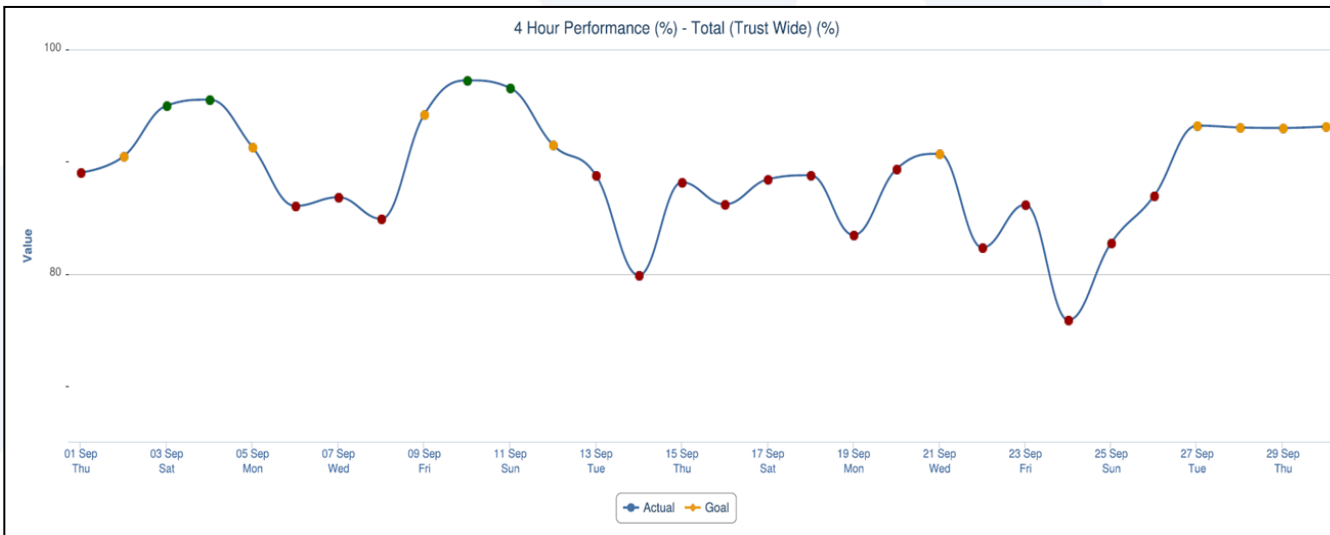
Rapid response referrals:

Continued development of the APT will ensure Rapid Response (RR) are used more appropriately and Nursing Home developments are continuing.

GP cluster group meetings attended by RR to support communications. Building a single IV referral pathway into GCS underway may have a positive affect on referrals
District Nurse (DN) referral workshop completed to ensure DN teams across the county know how to access RR and when to consider step up.

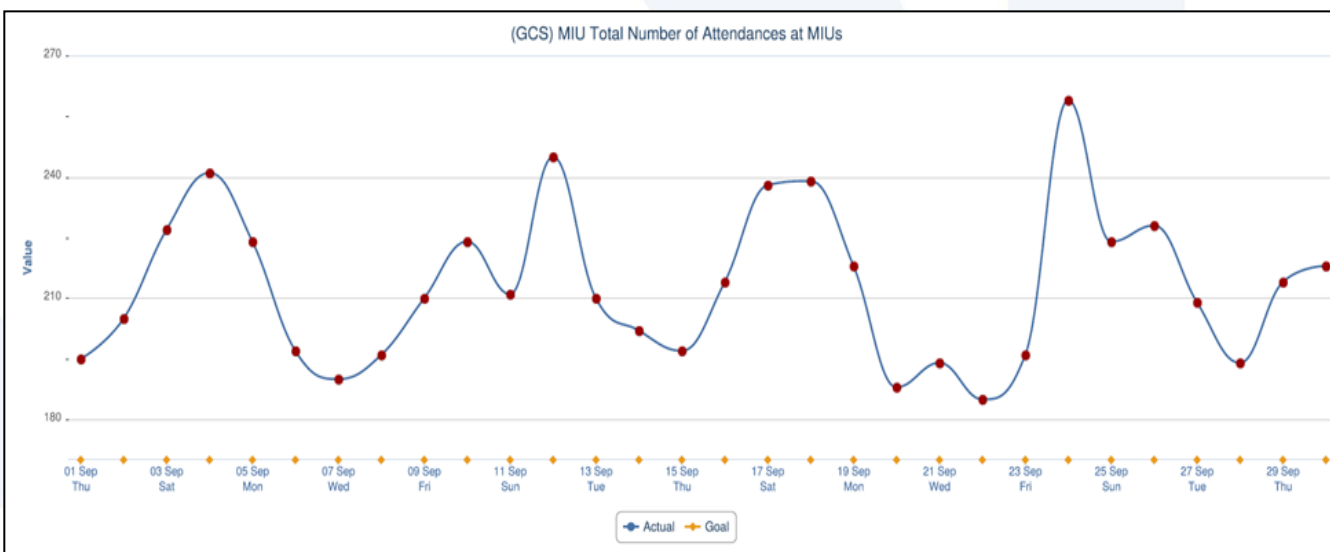
Working group set up to look at how capacity management is described and followed in SPCA if Red Lead is not on site. Revised South Western Ambulance Service NHS Foundation Trust (SWAST) referral process in place to enable a swifter triage process into RR via SPCA

Alamac - Gloucestershire Health Community reporting



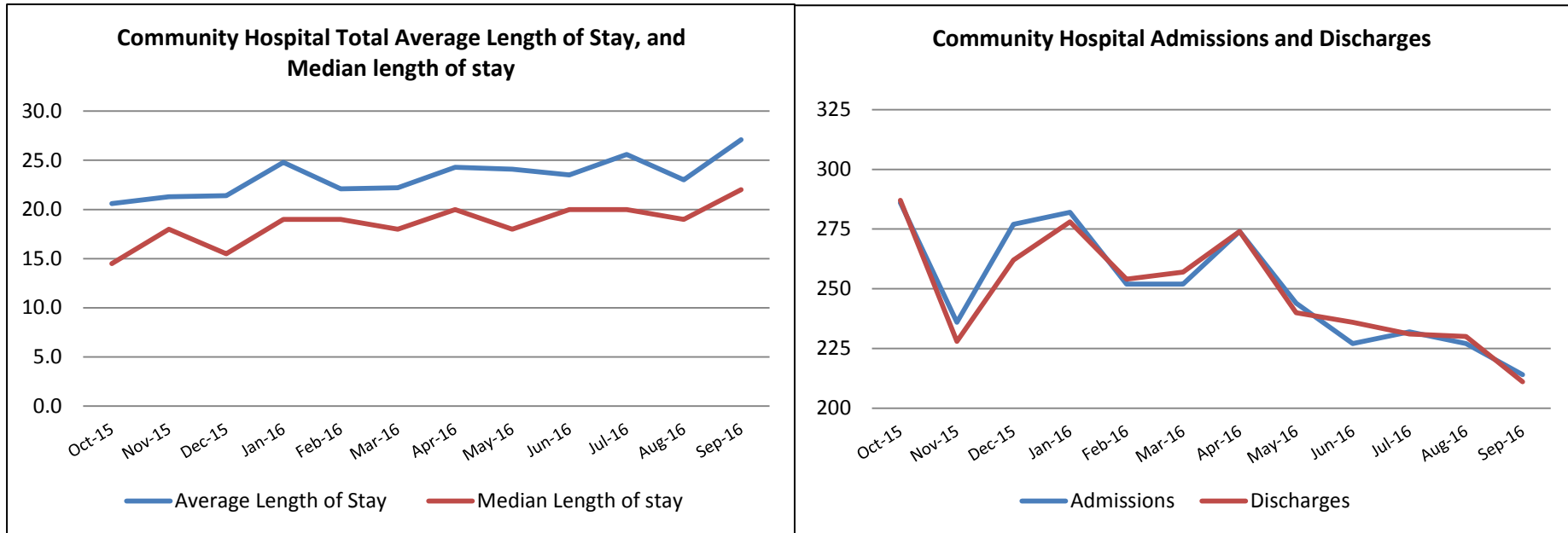
The Alamac System helps the Trust to deliver safer patient care and to improve its performance with regards to patient flow. It has now been adopted by a number of other NHS providers including GHFT and SWASTFT. The charts provide a number of the headline measures reviewed.

Countywide Emergency Department and Minor Illness and Injury unit performance compared to 4 hour target – performance was achieved four times during September



GCS Minor Illness and Injury unit attendances during September 2016. This shows fluctuation in number of attendances, all above goal set.

Community Hospitals - Average Length of Stay



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	12 Month Total
Average Length of Stay	20.6	21.3	21.4	24.8	22.1	22.2	24.3	24.1	23.5	25.6	23.0	27.1	23.3
Median Length of Stay	14.5	18.0	15.5	19.0	19.0	18.0	20.0	18.0	20.0	20.0	19.0	22.0	18.6
Admissions	286	236	277	282	252	252	274	244	227	232	227	214	3,003
Discharges	287	228	262	278	254	257	274	240	236	231	230	211	2,988

Bed occupancy remained high and direct admissions remain low (less than 30%). These factors affect the length of stay, evidence shows direct admissions have a shorter length of stay. Currently the pressure across the whole system in Gloucestershire remains high which drives the requirement to use all community hospital beds to support transfers from GHFT as soon as they become available.

The average length of stay (AvLoS) across all community hospitals was at it's highest all year in September. It is anticipated that the introduction of ring fenced beds for direct admissions will contribute to a reduction in average length of stay – this is currently being piloted and initial indications are that the AvLoS for the ring fenced beds for direct admissions was 16.4 days, compared to an AvLoS of 26 days for transfers from GHFT

A Multi-Agency Discharge Event (MADE) is being held in all community hospitals in November to identify any blockages preventing timely discharge of inpatients and to escalate these if they cannot be resolved. There will be a feedback exercise following this event to capture any learning and any themes requiring further action. The weekly conference calls continue and delayed discharges from community hospitals are currently mostly attributable to waiting for packages of care to become available.

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

Quality Strategy metrics - strategic objective 4

	2015/16 Outturn	Target	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	2016/17 YTD
Staff recommending the Trust as a place to work	47%	More than 60%	n/a			37%			50%			49%			50%
Percentage of annual staff *PDRs	77.3%	More than 95%	77.6%	78.6%	78.7%	77.7%	79.4%	76.3%	74.7%	70.7%	66.2%	70.3%	74.8%	76.2%	72.2%
Completion of all mandatory training	81.1%	100%	80.4%	82.2%	82.1%	80.8%	81.7%	81.8%	68.5%	72.9%	74.1%	75.7%	77.4%	78.4%	74.5%

*Performance Development Reviews (previously Appraisals)

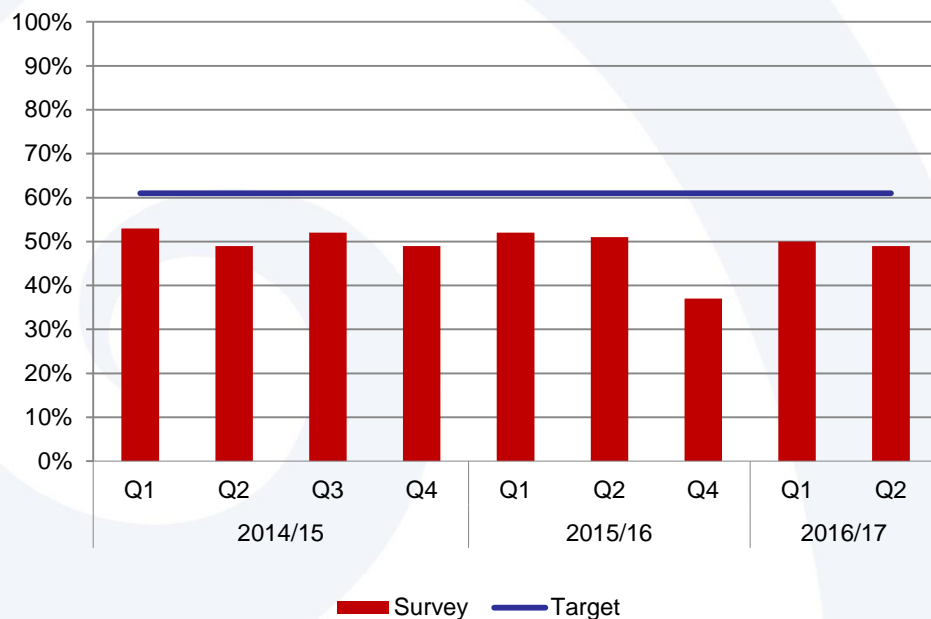
- Note: mandatory training performance reported on this summary is based on the 5 requirements as reported in 2015/16 to enable direct comparison.
- Reports have been developed to extend this to include Safeguarding, Moving and Handling, Infection Control, Resuscitation and PREVENT compliance. Performance against these measures is included on page 60 of this report.

Staff Friends and Family Test

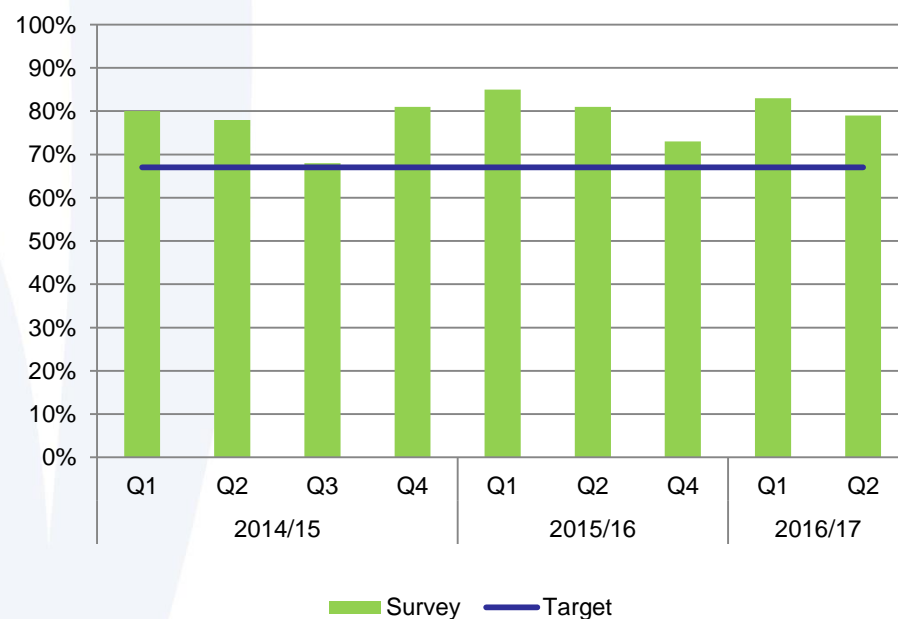
	2014-15				2015-16				2016-17	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Percentage of staff who would recommend the Trust as a place of work	53%	49%	52%	49%	52%	51%		*37%	50%	49%
Percentage of staff who would recommend the Trust as a place to receive treatment	80%	78%	68%	81%	85%	81%		*73%	83%	79%

**Note: only collected by staff based at Edward Jenner Court, Gloucester. Workshops are in place to explore and understand the reason for the low scores.*

Place of work



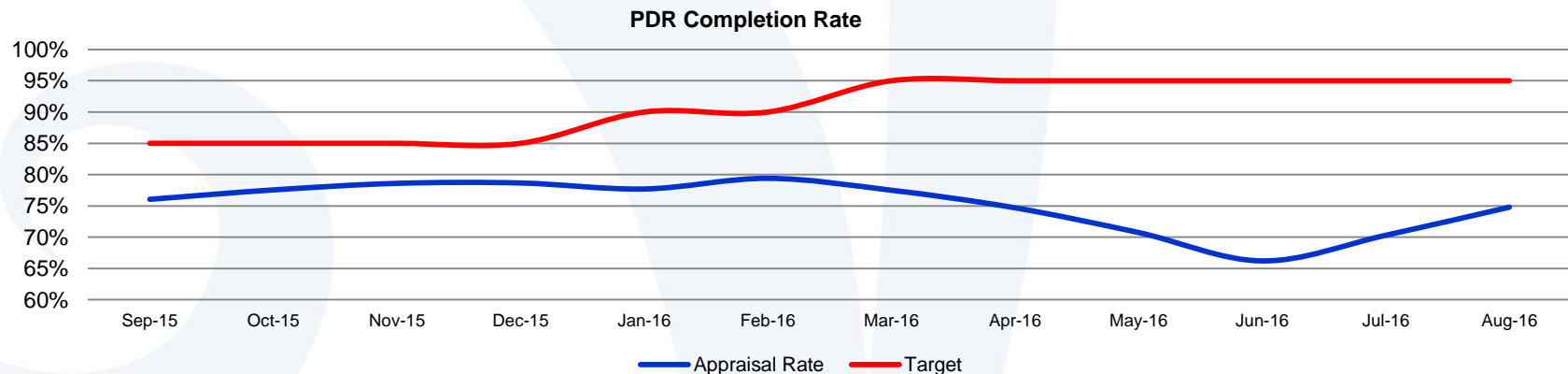
Place of treatment



Sickness absence /Personal Development Reviews (previously appraisals)

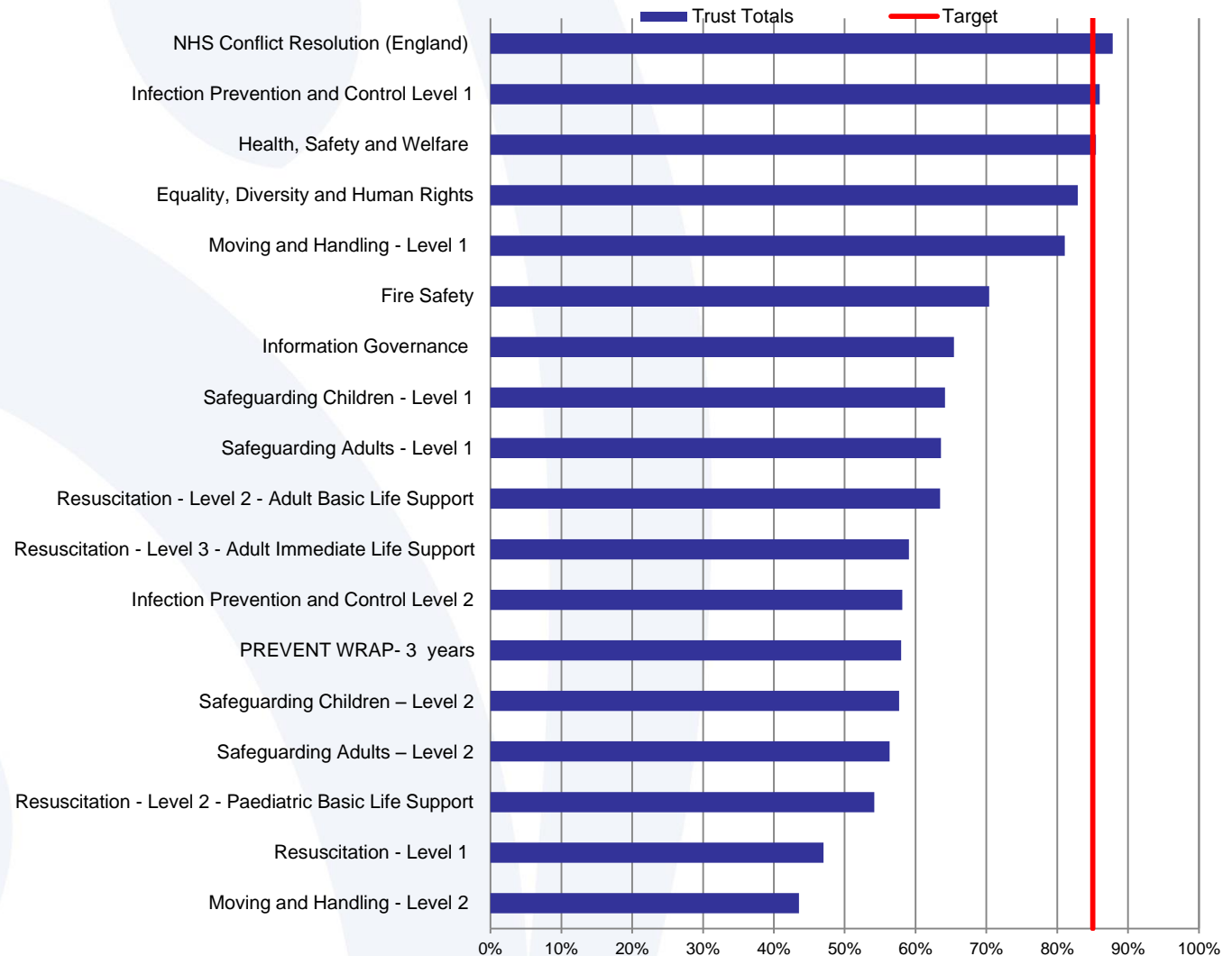
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Target
Sickness absence average % rolling rate - 12 months	4.85	4.85	4.74	4.71	4.68	4.67	4.69	4.62	4.53	4.52	4.39	4.30	4.00
Sickness absence % rate (1 month only)	5.09	4.21	3.91	4.73	4.56	4.37	4.53	3.85	3.76	4.25	4.05	4.41	4.00

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	85%	85%	85%	90%	90%	95%	95%	95%	95%	95%	95%	95%
PDR Rate	77.6%	78.6%	78.7%	77.7%	79.4%	77.5%	74.7%	70.7%	66.2%	70.3%	74.8%	76.2%



Personal Development Reviews (PDR) completion rates showed an increase in September but remain well below target. Option exists for managers to reschedule PDRs between April to September if this will assist with planning and completion. The onus remains on managers to ensure PDRs are scheduled, completed and reported. If there is not significant improvement, operational managers will be asked to explain to the Workforce and OD Committee why they cannot achieve the required compliance.

September 2016 performance



This matrix shows performance for the full range of mandatory training requirements based of the cohort of staff that are required to complete each element.

- Managers have been provided with details of training and target to ensure staff receive these elements of training by October 2016. Training team are working with managers to facilitate training sessions locally (1 day / 2 day). Work Against the action plan remains in place and the Trust is continuing to show an improving picture. Regular reports are presented to the Trust HR and OD Committee to monitor progress.

Health and safety - RIDDORs 2016-17

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

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

	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	2015-16 Total
Service user / visitor	-	-	-	-	-	-	0	1
Colleague	-	2	-	6	-	-	8	15
Bank / agency	-	-	-	-	-	-	0	0
Total	0	2	0	6	0	0	8	16

RIDDOR details

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

Clinical Alert System (CAS) No overdue CAS alerts have been identified this year.

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							46
Buildings issues	7	7	8	10	5	4							41
Assault	3	13	6	8	4	2							36
Moving Handling	3	3	3	1	7	4							21
Slips/Trips/Falls	5	1	4	1	6	2							19
Needlestick	1	1	2	2	1	6							13
Stepping/Striking	5	-	2	2	-	-							9
Animals	-	1	1	1	-	1							4
TOTAL	30	35	27	31	38	28							189

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

*Detailed Finance report will be provided separately.

Trust Board

Date: 22nd November 2016

Agenda Item:	15
Agenda Ref:	15/1116
Author:	Glyn Howells, Finance Director
Presented By:	Rob Graves, Non-Executive Director
Sponsor:	Rob Graves, Non-Executive Director

Subject: Finance Committee Report

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

Executive Summary:

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

- The Month 5 Finance Report - Full year forecast is currently in line with plan at £713k (pre S&T funding).
- The performance and plans on CIP for 2016/17 - Delivering CIP including managing non-recurrent savings where in year savings is later than planned
- The performance to date on QIPP and CQUIN – discussions with GCCG relating to evidence requirements on going
- The performance to date of the Agency Usage Group – within planned trajectory
- CYPS including Budget – future report requested post GCC Cabinet

Recommendations:

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

Considerations:

Quality implications:
N/A

Human Resources implications:
N/A

Equalities implications:
N/A

Financial implications:

Full year forecast is currently in line with plan at £713k (pre S&T funding)

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

Strategic Risk 12 Failure to deliver the Trust's financial plan, including CIP, CQUIN and QIPP programmes

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

No

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

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

FINANCE COMMITTEE OCTOBER 2016 REPORT

This report provides an executive summary of the key issues and subsequent actions arising from the Finance Committee meeting held on 12 October 2016. The minutes of the 22nd August 2016 meeting were approved and can be seen in Appendix 1. No items were brought to the Committee for approval and it is the following issues that the Committee Chair and Director of Finance would like to draw to the Trust Board's attention:

FINANCE REPORT

The Deputy Director of Finance presented the report and highlighted the following key areas:

- The Trust has a planned surplus for 16/17 of £1.793M
- Conditions of the Sustainability and Transformation funding include a cap on agency spend of £2.379M which will be monitored throughout the year. Year to date (YTD) spend at the end of month 5 is £864k which is £231k less than plan.
- YTD financial performance to August 16 (month 5) was on plan with a net surplus before Sustainability and Transformation (S&T) funding of £133k. Full year forecast is currently in line with plan at £713k (pre S&T funding).

Risks highlighted include:

- Continuing to manage agency spend within the cap of £2,379k to ensure the S&T funding will be available
- Getting service level agreements in place with Gloucestershire Hospital Foundation Trust (GHFT) – until agreements are in place there remains a difference in opinion on the value of services of circa. £1m – it was confirmed encouraging meetings had taken place with the new Finance Team at GHNHSFT
- Getting the ICT management structure revised following Gloucestershire County Council (GCC) removal of funding for joint positions (in agreement with the GCCG which may provide some additional funding).
- Delivering CIP including managing non-recurrent savings where in year savings are later than planned).
- Delivering Quality Improvement Programme Plan (QIPP) and Clinical and Quality Innovation Programme (CQUIN) milestones in line with plan and current forecast. Latest figures show under delivery in Q1 of approx. £200k across CIP and CQUIN milestones.
- Earning the £900k of risk share QIPP that depends on system level admission avoidance schemes.
- Managing the cost pressure arising from the outcome of the MIU engagement.

CIP REPORT

The Committee reviewed the performance against CIP for 2016/17 as at 30th September 2016

- the year to date (YTD) financial position of the Trust's CIP 2016/17 as at 30 September
- continued LiA engagement with all staff in the cost improvement programme (CIP)

CQUIN REPORT

The Committee **noted**:

- delivery of the estimated Quarter 1 CQUIN achievement
- the forecast CQUIN Quarter 2 achievement

QIPP REPORT

It was confirmed the Trust is currently working closely with the GCCG to reduce potential penalties by providing further evidence.

BUDGET HOLDER REVIEW – Children and Young Peoples Services (CYPS)

The Head of CYPS delivered a presentation defining the service, budgets and funding.

Members were asked to note that the Child Health Information Service tender had recently been awarded to South Central and West Commissioning Support Unit (SCW CSU). This will mean that colleagues will be TUPE'd across to this new provider.

The service faces in year challenges in meeting their CIP target, and challenges in the future relating to the reduced Public Health Nursing (PHN) funds available to the local authority resulting from the comprehensive spending review.

It was **agreed** that the Trust Board would receive a report at its January 2017 meeting, when it will be known how the GCC Cabinet intends to make further savings and what impact this will have on CYPS.

DRAFT ANNUAL PLAN

Members were made aware of changes to the planning and contracting round in the NHS which previously had started in late December running (and runs through) to the end of the financial year 17/18 NHS Improvement and NHS England, have pulled this forward by three months and increased the period covered to two years. Members agreed there was a need for the Committee to hold an extraordinary meeting after the NHSI meets on 24th October. An additional Finance Committee was held on 10th November 2016.

AGENCY USAGE

The Committee **noted**:

- delivery of the Agency usage plan as at September 2016
- the associated risks in delivery the Agency target set for 2016/17

STP UPDATE

The first Sustainability and Transformation Plan (STP) for Gloucestershire was submitted in June 2016. It was reviewed by NHSI and NHSE in July and the feedback letter shared at confidential (part 2) Board in September. Members **noted** the update and **recognised** that there would be a need for further STP savings.

Report prepared by: Glyn Howells – Finance Director

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

Appendix 1: Approved minutes of Finance Committee meeting: 22nd August 2016

Gloucestershire Care Services NHS Trust Public Board – 22ND November 2016

AGENDA ITEM 15.1: FINANCE COMMITTEE UPDATE REPORT

Page 2

Gloucestershire Care Services NHS Trust Minutes of the Finance Committee Meeting held on the 22nd August 2016 in the Boardroom, Edward Jenner Court, between 13:30– 17:00 hrs	
<u>Committee Members present:</u> Rob Graves – Non-Executive Director (Chair) Glyn Howells – Director of Finance Candace Plouffe – Chief Operating Officer Susan Field – Director of Nursing (from 2pm) Richard Cryer – Non-Executive Director	
<u>In attendance:</u> Stuart Bird – Deputy Director of Finance Johanna Bogle – Head of Operational Finance Gillian Steels – Trust Secretary Louise Moss – Deputy Trust Secretary Steven Wainwright – Commercial Business Manager Laura Roberts – Head of Financial Accounts Bernie Wood – Head of IT (item 17) Only Margy Fowler – Head of ICTS (item 11 Only) Sally Clark – Senior Personal Assistant to Chief Operating Officer	
Item	Minute
16/FC158	Agenda Welcome and Apologies The Chair called the meeting to order and welcomed those present and in attendance. Apologies were received from Sue Mead, Non-Executive Director, and Graham Russell, Non-Executive Director.
16/FC159	Confirmation that the meeting is quorate The meeting was confirmed as quorate by the Deputy Trust Secretary.
16/FC160	Declarations of Interests Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.

16/FC161	<p>Minutes of the Finance Committee held on the 15th June 2016</p> <p>The Minutes of the Committee meeting held on 15th June 2016 were received, agreed as an accurate record and approved for signing by the Chair.</p>
16/FC162	<p>Matters Arising (Action Log)</p> <p>All matters arising were noted as being;</p> <ul style="list-style-type: none"> - On track for delivery within timeframe - On agenda for discussion at this meeting
16/FC168	<p>The Chair then agreed to discuss agenda item 11 (16/FC168) – Integrated Community Teams (ICTs) Budget review - to accommodate the Head of ICTs other commitments.</p> <p>Budget Holder review – ICTs</p> <p>The Head of ICTs delivered a presentation defining the service, budgets and funding. (Additional supporting financial information provided after the meeting).</p> <p>The ICTs are made up of;</p> <ul style="list-style-type: none"> • 21 x Core ICTs • 6 x Referral Centres • Reablement services • Rapid Response services • Day Centres • Countywide Services <p>A percentage of the operational management income is received from GCC which has currently not yet been confirmed.</p> <p>The Head of ICTs confirmed the challenges and opportunities currently facing the service and members discussed how the Committee could assist in these areas to ensure the service continues to operate effectively.</p> <p>Robert Graves asked how we ensure the end service costs are met. The Director of Finance confirmed that changes in service specification and costs for Health procured services are negotiated through the annual contracting rounds.</p> <p>Richard Cryer asked if all ICT centres are based in Gloucestershire County Council (GCC) premises. The Head of ICTs confirmed this is the current situation for the majority of ICTs.</p> <p>The Chair thanked the Head of ICTs along with colleagues from the Finance team for the extremely comprehensive review presented and highlighted that the Committee had found this both useful and enlightening to further understand the variety and detail of services.</p> <p>It was agreed an update on the outcome of the current service redesign and on the challenges faced with the current funding shortfalls be provided to the October meeting.</p>

Deputy Trust
Secretary

<p>16/FC163</p> <p>Director of Finance</p>	<p>Finance Report – Month 3</p> <p>The Deputy Director of Finance presented the report and highlighted the following key areas:</p> <ul style="list-style-type: none"> - The Trust has a planned surplus for 16/17 of £1.793m. - Conditions of Sustainability & Transformation funding include a cap on agency spend of £2.379m which will be monitored throughout the year. YTD spend at end of M3 is £584k which is £12k below the planned trajectory. - Planned CIP for 2016/17 is £4m to be delivered through 3 executive led workstreams using Listening Into Action (LiA) principles and is progressing well with circa 50% delivered so far. - Cash balance at 30/6/16 was £1,217k better than plan at £7,538k largely due to slower spend on capital projects than was planned. - Mediation decision on year end balances between GCS and GHNHSFT (received 24/5/16) has now been implemented. Recharges and SLAs for 16/17 are now under discussion after initial exchanges of information in early July 2016 <p><u>Risks highlighted include:</u></p> <ul style="list-style-type: none"> - Getting the ICT management structure revised following GCC removal of funding for joint positions (in agreement with the CCG) - Delivering CIP including managing non-recurrent savings where recurrent savings are delivered later than planned) - Managing the cost pressure arising from the outcome of the MIIU engagement - Delivering QIPP and CQUIN milestones in line with plan and current forecast. Latest figures show under delivery in Q1 of approx. £200k across CIP and CQUIN milestones. <p>The Deputy Director of Finance informed the Committee that the Sustainability and Transformation Fund monies will be received quarterly and not annual as originally advised.</p> <p>Given the importance of ensuring an effective recharge agreement with GHNHSFT going forward, the Director of Finance confirmed that the contract Board meetings between GCS and GHNHSFT need to be reintroduced and agreed to take this forward.</p> <p>Members referred to recent conversations regarding the trial of GPs in single point clinical access (SPCA) service and enquired how this would be funded. The Director of Finance confirmed that these discussions are still taking place with executive colleagues and the CCG and would be provided once available.</p> <p>Following detailed discussions the Committee:</p> <ul style="list-style-type: none"> - noted the report and actions being taken to manage the risks. - noted the financial position of the Trust.
<p>16/FC164</p>	<p>CIP Report</p> <p>The Chief Operating Officer presented the report and drew the Committee's attention to the following areas;</p>

	<ul style="list-style-type: none"> - the year to date (YTD) financial position of the Trust's CIP 2016/17 as at 31 July - progress with the LiA engagement process to improve the effectiveness of the CIP programme <p><u>Progress</u></p> <p>There are four operational LiA groups led by Heads of Service: ICTs, Community Hospitals, Countywide and Children's Services and all these groups have identified a number of initiatives within their services to develop within the 20 week period in order to produce efficiencies. Each group has been given a financial target and these are monitored monthly. As individual ideas and initiatives become fully worked up then more precise financial savings are attributed to them.</p> <p>In addition there are three work streams: Operational Productive Services, Estates and Procurement Work Stream and Support Services Work Stream</p> <p>The financial position for the CIP is monitored monthly and actual savings achieved are compared to the phased savings targets provided to the Trust Development Authority (now NHS Improvement) earlier this year. The Trust has £4m of savings to be achieved in year.</p> <p>The Chief Operating Officer confirmed there is work to do and recommended at the Committee meeting in October a "Deep Dive" into the CIPs for each area in turn should be focussed on.</p> <p>The Committee agreed this approach and would support effective monitoring and scrutiny:</p> <ul style="list-style-type: none"> - Countywide Report October - CYPS report – December <p>Following discussions the Committee noted the following:</p> <ul style="list-style-type: none"> • delivery of the plan as at 31 July • the LiA process to ensure improved engagement with all staff in the cost improvement programme. • the terms of reference for the work streams.
16/FC165	<p>Focussed Report – Pay non front line (retrospective review)</p> <p>The Chief Operating Officer presented the report and provided the Committee with an updated position from the Cost Improvement Programme (CIP) Savings 15/16 for non-frontline roles.</p> <p>Within the 2015/16 CIP a focus had been to reduce overall spend for non-frontline services thus protecting the "frontline" and avoiding reduction in clinical posts. The financial target for this programme was £1,080k</p> <p>To support this programme, non-frontline vacant posts were only</p>

	<p>recruited to on a fixed term basis, and a Mutually Agreed Resignation Scheme (MARS) was offered to colleagues, which facilitated movement within the organisation to reshape services whilst minimising placing colleagues at risk.</p> <p>All areas in the organisation were asked to review their administration, support service and management roles to deliver these savings.</p> <p>This CIP delivered £1,157k savings recurrently against a target of £1,080k.</p> <p>Members discussed the effect this process had on the workforce in terms of morale and sickness absence and enquired how the risks are assessed and monitored. In response the Chief Operating Officer confirmed that a QEIA has been completed to identify the consequences and risks which are currently being rigorously assessed through the Workforce and Organisational Development Committee. The Director of Nursing agreed to review the QEIAs and provide an update to the Workforce and OD Committee.</p> <p>The Committee noted</p> <ul style="list-style-type: none"> - the subsequent change to workforce as a result of these savings. - The ongoing associated operational risks as a result of this change.
16/FC166	<p>CQUIN Report 2016/17</p> <p>The Director of Nursing presented the report highlighting the following:</p> <p>The CQUIN schedule for this financial year is worth £1.9m the value of this encompasses the following clinical/quality improvement work-stream:</p> <ul style="list-style-type: none"> • Transition (Children to Adult services) • Positive Risk Taking • Frailty (Community based) • End of Life • Antimicrobial Resistance and Stewardship (National): Antibiotic prescriptions and consumption • NHS Staff health and wellbeing (National): staff initiatives, healthy food & staff vaccination rates <p>The Committee were asked to note the difficulty with the Positive Risk Training CQUIN as this is proving to be challenging to evidence.</p> <p>The CQUIN tracker will be circulated to all members following the meeting.</p> <p>The Committee noted the report and estimated Quarter 1 CQUIN achievement.</p>
16/FC167	<p>QIPP Report 2016/17</p> <p>The Chief Operating Officer presented the report highlighting that following discussions and initial feedback from GCCG, the following Quarter 1 Milestone delivery schemes at risk are;</p> <ul style="list-style-type: none"> - ICTs

	<ul style="list-style-type: none"> - Community IV Milestones <p>It was confirmed the Trust is currently working closely with the GCCG to reduce the potential penalties incurred by providing further evidence.</p> <p>The Committee noted;</p> <ul style="list-style-type: none"> - the delivery of the estimated Q1 QIPP achievement - the forecasted QIPP Q2 achievement
16/FC169	<p>Capital Schemes</p> <p>The Director of Finance presented the report and drew the Committee's attention to the following areas:</p> <ul style="list-style-type: none"> - As at month 3 the full year forecast spend is £5m which is in line with plan submitted to and approved by NHSI - For the 3 months to June the Trust had spent £595k compared to a year to a plan figure of £920k - The focus of the Trust will be to ensure that all capital plans have a robust business case with clear clinical or financial benefit. Capital schemes are monitored closely to minimise the risk that actual spend will be higher than the amount set out in the approved business case. <p>The need to ensure capital funding could be rolled forward and would not be lost was highlighted.</p> <p>The Committee discussed and noted the current position of the Trust with respect to capital approvals and spend.</p>
16/FC170	<p>Business Development Tracker</p> <p>The Deputy Director of Finance presented the report drawing the Committee's attention to the following:</p> <ul style="list-style-type: none"> (i) We have worked in partnership with Solutions 4 Health on a tender for Healthy Lifestyle services commissioned by Gloucestershire County Council. Solutions 4 Health submitted a bid on 25 July with GCS as a sub-contracted provider. GCS proposed share of total £1.7m annual contract value is £0.75m. A decision is expected by 16 September 2016. (ii) The Child Health Information Service put out to tender by NHS England; the South West and Central Commissioning Support Unit decided not to partner with GCS in the submission of their tender. <p>There remains a possibility that the CSU will (if they are successful in their bid) approach GCS to discuss sub-contracting out the Gloucestershire service and/or seeking an arrangement for GCS to provide specialist clinical expertise to</p>

	<p>CSU. NHS England will make their award decision in September.</p> <p>The Director of Nursing added that a business case has been submitted to the GCCG for the Complex Leg Wound Service and asked if other income generated through service developments would need to come through the Committee eg Stroke rehabilitation, continence service. The Director of Finance confirmed this should be route for such cases.</p> <p>The Committee noted the update.</p>
16/FC171	<p>Corporate Risk Register</p> <p>The Director of Finance presented the Corporate Risk Register. The high risk items and the mitigating actions were discussed by the Committee.</p> <p>The Chair queried the new risk SD38-CWS, HIV Commissioning Discrepancy and asked how the Trust can resolve this situation. The Director of Finance agreed to continue to liaise with NHS England re HIV funding to ensure national consistency and manage the debtor risk.</p> <p>The Committee noted the risks and took assurance from the mitigating actions.</p>
16/FC172	<p>Agency Spend and Reporting</p> <p>The Chief Operating Officer presented the report and highlighted the following areas:</p> <ul style="list-style-type: none"> - The monthly Agency Usage Group continues to monitor the Agency Spend across the organisation. - The June spend for Nursing was £45k above plan, and for Medical staff spend was £46k above plan. - Following the outcome of the MIU engagement programme underway, it is anticipated that the level of agency usage in MIU's will reduce. <p>The Director of Finance commented that Finance and Operations continue to work together effectively to monitor progress and spend.</p> <p>The Committee:</p> <ul style="list-style-type: none"> - Noted delivery of the Agency usage plan as at 30 June - Noted the progress in understanding overall Agency usage across all staffing groups within the organisation - Noted the associated risks in delivering the Agency target set for 2016/17.
16/FC173	See confidential section
16/F C174	<p>SystemOne – post implementation review</p> <p>The Head of IT presented a report detailing the benefits of SytmOne to date following on from PWC Internal Audit findings.</p>

<p>Director of Finance / Deputy Trust Secretary</p>	<p>Richard Cryer commented that the figures shown demonstrated effective implementation and a cost savings and asked if the Trust could become a Centre of Excellence. The Head of IT confirmed that a report is currently being completed focusing on the benefits to patients and how SystmOne has increased productivity which the Trust could then share.</p> <p>The Director of Finance commented that we have benefitted from improved consistency across the Trust and this has underpinned our ability to meet the demands placed on the Trust's services due to demographic changes.</p> <p>The Chair thanked the Head of IT for the presentation and congratulated the team on the success to date. A further update to the Committee was requested in 9 months' time to include lessons learnt.</p>
<p>16/FC175</p>	<p>Reference Costs Governance</p> <p>The Commercial Manager presented the report</p> <p>Members were pleased that the trust was performing well against the reference costs – on average 4% below. Following discussions the Committee considered the report findings and approved their proposed use to inform further investigation of potential cost improvement opportunities approach being followed.</p>
<p>16/FC176</p>	<p>Sustainability and Transformation Plan (STP) update</p> <p>The Director of Finance provided the Committee with an update on the current position.</p> <p>Detailed guidance had been provided setting out what was required to be submitted by 16th September 2016 to NHS England. The Director of Finance confirmed that this was a challenging deadline which the STP Delivery Group were working towards.</p>
<p>16/FC177</p> <p>Deputy Trust Secretary</p>	<p>Forward Agenda Planner</p> <p>The Forward Planner was discussed and approved with the following changes as listed below:</p> <ul style="list-style-type: none"> - Reference Costs to be added to February 2017 - SystmOne further update and lessons learnt to be added June 2017/August 2017 - Budget Holder Review plan CYPS October 2016 and Countywide Services in January 2017 - Contracting and Planning for CIP deep dive in October 2017 - CAPEX minutes to be added and removed from Audit and Assurance Committee. <p>Subject to the above additions, the Forward Agenda Planner was approved.</p>
<p>16/FC1)78</p>	<p>Minutes from Steering Groups</p> <ul style="list-style-type: none"> - CIP Steering Group

<p>Deputy Trust Secretary (complete)</p>	<p>- Quality Steering Group (CQUIN and QIPP)</p> <p>The Minutes / action notes from the CIP Steering Groups were received and noted.</p> <p>The Minutes from the Quality Steering Group to be circulated immediately following the Committee meeting.</p>
<p>16/FC179</p>	<p>Any Other Business or any matter for another Committee.</p> <p>No other business was reported for discussion.</p> <p>Date and Time of Next Meeting; It was agreed that the next meeting of the Finance Committee be held on the: 12th October 2016, 13:30 hrs – 17.00 hrs Boardroom, Edward Jenner Court, Brockworth, GL3 4AW</p>
<p>The Chair closed the meeting at 17.10 hrs.</p>	

Trust Board

Date: 10th November 2016

Agenda Item:	16
Agenda Ref:	16/1116
Author:	Stuart Bird , Deputy Director of Finance
Presented By:	Stuart Bird , Deputy Director of Finance
Sponsor:	Glyn Howells, Director of Finance

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

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

Executive Summary:

Full year plan is for the trust to deliver a surplus before sustainability and transformation funding of £713k, S&T funding is currently advised as £1,080k so this would give a full year surplus of £1,793k.

At month 6 ytd surplus and full year forecast are both in line with plan.

Agency spend (full year cap £2.379m) is £930k at the end of month 6 (£368k less than plan)

Noted risks at month 6 are :

- QIPP risk share of £900k which is dependent on system wide admission avoidance
- Agreeing GHT recharges in line with plan
- Offsetting any in year shortfall on CIP delivery with equivalent non-recurrent savings

Cash is £1,030k higher than plan at the end of M6 at £7,488k primarily due to slippage on capital schemes. Full year forecast is in line with plan at £6.2m as capital spend is expected to be high in Q3 and 4.

Recommendations:

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

Considerations:

Quality implications:

None

Human Resources implications:

None

Equalities implications:

None

Financial implications:

The trust needs to deliver on its financial commitments and work to the agreed control total.

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

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

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

None

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

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

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

Date: 14 November 2016

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

Not previously discussed

Explanation of acronyms used:

None used.

Contributors to this paper include:

Stuart Bird, Deputy DoF

Month 6 2016/17 Finance Report

V 2

Contents

	Page
Overview	3
Income and Expenditure position	4
Capital Expenditure	5
Risks	6

Overview

- The total planned surplus for 16/17 is £1,793k. This will be delivered through a £713k adjusted operating surplus from ongoing operations and £1,080k of non-recurrent sustainability and transformation (S&T) funding.
- Conditions of the S&T funding include operating within a “capped” level of agency spend of £2,379k. Usage of agency staff is monitored closely as a measure of recruitment effectiveness, staffing quality and ability to satisfy the S&T funding criteria (YTD spend at the end of M6 is £930k which is £368k lower than planned trajectory).
- YTD financial performance to September 16 (month 6) was on plan with a net surplus before S&T funding of £71k. Full year forecast is currently in line with plan at £713k (pre S&T funding).
- Planned CIP for 16/17 is £4m to be delivered through 3 exec led workstreams using LIA principles which is reported on in detail in the CEO separate report but stands at month 6 at £2.085m. In year CIP delivery is progressing well but full delivery is a key enabler of the planned surplus.
- QIPP (£3.9m) and CQUIN (£1.9m) are covered through separate reporting processes. The current income forecast is that these will both be delivered in full. Milestones have been agreed and operational teams and now working on delivery.
- Cash balance at 30/9/16 was £1,030k better than plan at £7,488k. Forecast balance at 31/3/17 is in line with plan at £6.2m
- Capital plan for the year totals £5m with main projects on Hatherley Road and IT infrastructure. Latest forecast is that the full amount will be spent in year, however; there is now significant risk that these project will not be delivered in full in this financial year and we should flag to NHSI the potential underspend which will be worked up in Month 7.

Income and Expenditure

At month 6 the trust is in line with plan with a YTD surplus before S&T funding of £71k and a full year forecast surplus in line with plan at £713k.

If S&T funding is included the full year surplus becomes £1,793k which is in line with plan which is in turn £13k higher than the NHSI control total.

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

Overspends on non pay are in discrete areas where significant inflationary cost pressures are being experienced. Main areas of overspend are estates (£1,062k FY Forecast overspend), drugs (£269k forecast overspend) and clinical services & supplies (£199k forecast overspend). All areas of non pay spend are under review to establish if targeted savings can be made.

Full year agency spend in 15/16 was £3,717k, the ceiling for spend in 16/17 is set at £2,379k and year to date spend to M6 was £930k which is £368k lower than planned trajectory.

Significant risks are still as identified in the initial plan and as set out on page 6.

Summary I&E Account £000	Current Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
Revenue	55,233	55,240	7	111,657	111,738	81
Gross Employee Benefits	(40,863)	(39,107)	1,756	(81,878)	(79,762)	2,116
Other Operating Costs	(12,074)	(13,825)	(1,751)	(24,419)	(26,564)	(2,145)
PDC Dividend	(1,182)	(1,142)	40	(2,364)	(2,364)	0
Depreciation	(1,103)	(1,145)	(42)	(2,387)	(2,439)	(52)
Donated assets adjustment	54	50	(4)	104	104	0
Adjusted Surplus/(Deficit) pre S&T	65	71	6	713	713	0
Sustainability & Transformation Income	540	540	0	1,080	1,080	0
Adjusted Surplus/(Deficit) inc S&T	605	611	6	1,793	1,793	0

Balance Sheet

- Summary balance sheet at 30/9/16 shows impact of lower than planned capital spend ytd and non settlement of GHFT debtors and creditors.
- Debtors at 30/9 includes £8,480 for GHFT (£3,115 current year and £5,365 prior year) and creditors includes £8,360 (£2,566 current year and £5,245 prior year) if these balances were settled regularly as assumed in plan the variances would be significantly reduced

Summary Balance Sheet		2015/16	End of Quarter 2			31/03/2017
All Figures £000	Category	Accounts	Plan	Actual	Variance	Plan
Non Current Assets	Property, Plant and Equipment	75,761	78,573	76,049	(2,524)	79,565
	Intangible Assets	1,256	744	1,576	832	988
	TOTAL Non Current Assets	77,017	79,317	77,625	(1,692)	80,553
Current Assets	Stock	225	500	228	(272)	500
	Trade and Other Receivables	12,833	8,271	15,585	7,314	8,271
	Cash and Cash Equivalents	6,112	6,458	7,488	1,030	6,293
	TOTAL Current Assets	19,170	15,229	23,301	8,072	15,064
Current Liabilities	Trade and Other Payables	(17,460)	(13,310)	(21,355)	(8,045)	(13,240)
	NET CURRENT ASSETS	1,687	1,919	1,946	27	1,824
Non Current Liabilities	Provisions	(23)	(16)	(23)	(7)	(16)
	TOTAL ASSETS EMPLOYED	78,704	81,220	79,548	(1,672)	82,361
Taxpayers Equity	Public Dividend Capital	79,982	79,982	79,982	0	79,982
	Retained Earnings Reserve	(1,334)	(483)	(2,695)	(2,212)	658
	Revaluation Reserve	2,454	1,886	2,485	599	1,886
	Other Reserves	(2,398)	(165)	(224)	(59)	(165)
	TOTAL TAXPAYERS EQUITY	78,704	81,220	79,548	(1,672)	82,361

Capital Expenditure

(A) Identified at Plan:	Type	2016/17 Plan	By Quarter			
		£000s	Q1	Q2	Q3	Q4
Hatherley Road	Other	2,000	0	990	1,010	0
IT replacement	IT	500	120	120	120	140
IT WAN / LAN	IT	500	300	200	0	0
Building compliance	New Build	1,000	250	250	250	250
Building reconfiguration	Other	500	125	125	125	125
System1	IT	500	125	125	125	125
		5,000	920	1,810	1,630	640

- Trust full year capital plan is for a spend of £5m
- Year to date spend in 16/17 is £861k compared to a plan of £2,730k. There have been delays in pulling the Hatherley Road business case together and also in finalising the IT network rollout with CITS and the selected supplier. These will both be understood more during month 7 and large amounts of this spend are likely to move across from 2016/17 to 2017/18. once this is understood the Trust will need to advise NHSI of the reduced level of capital likely to be needed in 2016/17.
- Capital plan for 16/17 includes approx. £1.5m of spend on redevelopment of the Hatherley Road site (still subject to business case which is now being prepared for Board approval and possibly NHSI depending on the size of the spend)

Risks

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

- Continuing to manage agency spend within the cap of £2,379k to ensure the S&T funding will be available
- Getting service level agreements in place with GHFT – until agreements are in place there remains a difference in opinion on the value of services of circa. £500k.
- Getting the ICT management structure revised following GCC removal of funding for joint positions (in agreement with the CCG which may provide some additional funding as this is closely aligned to the work around wrapping ICTs around GP clusters)
- Delivering CIP including managing non-recurrent savings where in year savings are later than planned)
- Delivering QIPP and CQUIN milestones in line with plan and current forecast.
- Earning the £900k of risk share QIPP that depends on system level admission avoidance schemes.
- Managing the cost pressure arising from the outcome of the MIIU engagement

Trust Board

Date: 22nd November 2016

Agenda Item:	17
Agenda Ref:	17/1116
Author:	Gillian Steels, Trust Secretary
Presented By:	Nicola Strother Smith
Sponsors:	Nicola Strother Smith

Subject:	Charitable Funds Committee Update Report
-----------------	--

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

Executive Summary:

The Charitable Funds Committee met on the 19th October 2016 and the following is an update on the key points;

1. Decisions Made

1.1 Charitable Funds Strategy – approved (attached for noting) Appendix 1

It is the first time a formal strategy has been put in place for Charitable Funds. Its focus is fundraising and partnership working. Its purpose is to generate charitable funds to provide support for desirable developments that are either unaffordable to the Trust or outside the core funding responsibilities of the NHS. It was recognised that fundraising activities engage with staff, patient and the public – and can therefore be a valuable means of raising the organisation's profile and reputation.

1.2 Charitable Funds' Officer – post approved

Post advertised for a fixed contract of 6 months with potential for extension to 12 months. Target objective is to cover the post's salary within 6 months.

1.3 Charitable Funds Accounts – approved

Authorised to open a new bank account, signatories to be the Director of Finance, Deputy Director of Finance and Director of HR.

Authorised to outsource the account keeping of the Charitable Funds, subject to the same authorisation controls for transactions.

1.4 Bids Agreed

Community Art in our venues – (frames only artworks created by students)

For Children with Life Limiting Conditions – specialised equipment

1.5 Brokenborough Sub-Committee Terms of Reference – approved

Rob Graves added to the membership

Trust deed – to be updated to reflect current NHS bodies and impact on beneficiaries of changed ways of delivering health care.

2. Recommendations to Board

To approve the updated Committee Terms of Reference (attached).

Main changes relate to removal of behavioural information which is duplicated in agreed standards and updating of membership.

3. Items Noted

Annual Accounts to be completed and brought to January 2017 meeting.

Recommendations:

The Board is asked to:

- i) Note minutes of meeting of 13th July 2016
- ii) Approve the revised Terms of Reference
- iii) Note the update of the Committee of 19th October 2016
- iv) Note the Charitable Funds Strategy - Approved

Considerations:

Quality implications:

The focus on increasing Charitable giving is to support for desirable developments that are either unaffordable to the Trust or outside the core funding responsibilities of the NHS.

Human Resources implications:

Charitable Funds Officer to be appointed on a trial basis

Equalities implications:

None identified

Financial implications:

Cost of the Charitable Funds Officer are targeted to be costs neutral in the long term

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

No

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

No

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

P or C

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

P

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

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

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

P

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

P

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

P or C

Caring

P

Open

P

Responsible

P

Effective

P

Reviewed by (Sponsors):

Nicola Strother Smith

Date:

10/11/16



**GLOUCESTERSHIRE CARE SERVICES NHS TRUST
CHARITABLE FUNDS STRATEGY 2016 - 18**

VERSION 1.0

Version	Date	Author	Issued to
1.0	October 2016	Tina Ricketts, Director of HR	Charitable Funds Committee
2.0			
3.0			

1. INTRODUCTION

This document sets out the Trust's charitable funds strategy for the period 1st October 2016 to 31st March 2018. It provides a framework within which charitable fundraising linked to the Trust's objectives should be conducted.

The Gloucestershire Care Services NHS Trust Charity (no 1096480) has been set up to provide benefit to Gloucestershire service users and Trust colleagues.

Charitable funds can provide valuable support for desirable developments that are either unaffordable to the Trust or outside the core funding responsibilities of the NHS.

By their nature, fundraising activities engage with staff, patient and the public – they can therefore be a valuable means of raising the organisation's profile and reputation. This strategy must therefore align closely to the communications strategy of the Trust.

This strategy is not designed to interfere with the operation of independent charitable organisations whose accountability is to their donors and to the Charity Commission. Rather, it is intended to raise the profile of the charity within the organisation so that new opportunities are identified, properly considered and effectively promoted, jointly with charitable partners.

2. STRATEGIC AIMS

The over-arching aims of the strategy are:

CHARITABLE FUNDS STRATEGY (AIMS)	Aligned to the Trust's Core Values
To maximise charitable support to the Trust's activities and development plans	CARING
To raise the profile of the charity within the organisation so that new opportunities are identified, properly considered and effectively promoted through partnership working	OPEN
To establish a corporate view of fundraising priorities, aligned to the Trust's strategic objectives	RESPONSIBLE
To co-ordinate fundraising activities into business planning and performance management processes of the Trust	EFFECTIVE

3. **FUNDING STRUCTURE**

The funding structure of the Trust's charity has been changed to support the achievement of these aims as follows:

FUNDING STRUCTURE (to support the aims of the strategy) The following schemes are available in each of the 7 locality areas: Cheltenham; Forest of Dean; Gloucester; North Cotswold; South Cotswold; Stroud; Tewkesbury; Countywide	Aligned to the Trust's Core Values
1. Helping Hands - Support for all in times of need (could include food, clothing, equipment, IT to aid support, alarm devices)	CARING
2. Awards4All - General fund to capture anything not accounted for within the other funds and can also be used as a holding fund for specified (Restricted Fund) items by the donator	OPEN
3. Environment - Support for improvements to internal and external spaces or sustainability projects to improve service user and colleague well being	RESPONSIBLE
4. Jenner - To support research, development and innovation in clinical services for the benefit of service users and colleagues (including technological advancements in the pursuit of improvements for patient care)	EFFECTIVE

4. **EXTERNAL AND INTERNAL ANALYSIS**

4.1 **FUNDRAISING ENVIRONMENT**

NHS-associated fundraising has traditionally been driven by a handful of leading charities, for example Great Ormond Street. In the current economic climate both personal and corporate giving has reduced across all charitable sectors nationally.

The Trust's main local competition for charitable donations comes from:

- NHS providers, including Gloucestershire Hospitals NHS Foundation Trust, South West Ambulance Trust and 2gether NHS Foundation Trust
- Educational and research institutions, including the University of Gloucestershire and University of the West of England
- Local voluntary organisations and the regional outposts of national charitable organisations

Professional fundraisers typically categorise their activities into five areas:

- Community and events fundraising
- Legacy marketing
- Major giving by individuals
- Corporate partnerships

- Charitable trust grant-making

Traditionally, community fundraising projects and legacy giving have been the major sources of charitable income to the Trust.

The UK Giving report showed that, among individual donors, the cause which was supported by the greatest number of people nationally was medical research, followed next by children/young people and then hospital/hospice charities.

It also showed that the three groups most likely to donate to charity were women; people aged 45-64 years, and managers/professionals. Wealthier people were most likely to donate and to donate the most money.

These are clearly general findings reflecting the national picture. In the absence of detailed local research, the Trust currently lacks an understanding of the charity's relative position in the market-place.

4.2 EXISTING FUNDRAISING ARRANGEMENTS IN THE TRUST

The Trust benefits from the long-standing commitment of linked charities, whose primary purpose is to assist the development of its community hospitals and services.

Existing charitable support is normally for developments which lie outside the core funding responsibilities of the NHS. It usually takes the form of capital contributions, as donors are not inclined to make open-ended revenue commitments.

Table 1 lists those charities registered with The Charity Commission for England and Wales whose purpose is directly associated with the Trust and its services.

Cirencester Hospital League of Friends
The Stroud Hospitals League of Friends
Tewkesbury Hospital League of Friends
The League of Friends Of Moreton District (North Cotswolds) Hospital
The League of Friends of The Dike Hospital
The League of Friends of Fairford Hospital
The Friends of Lydney Hospital
Vale Hospital League of Friends

In addition to the charities above whose principal purpose is to support the services and patients of the Trust, benefit is received from a wider range of charities operating on a national or regional basis, such as the Women's Royal Voluntary Service.

4.3 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Given the aims of the strategy and notwithstanding the limited market analysis available, it is possible to identify a range of strengths, weaknesses, opportunities and threats relevant to fundraising in the Trust. These are summarised in the table below.

This analysis is informed by discussions with key charitable partners and observation of existing processes within the Trust. Fundamental assumptions in the strengths, weaknesses, opportunities and threats analysis are that, while community fundraising remains a valuable means of engaging with local stakeholders, excessive reliance on it runs the risk of diminishing returns over time and that there is untapped potential in the areas of charitable trust grant-making, corporate partnerships and major giving by wealthy individual donors. Overall, the analysis indicates that there is opportunity to increase the Trust's charitable income, if the weaknesses in current arrangements are addressed.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Range of specialist services • Children and Young People services • Established education and training partnerships • Countywide coverage of services • Successful partnerships with a range of local charities (as listed in table 1 above) 	<ul style="list-style-type: none"> • Limited corporate influence on charitable partners • Inadequate alignment of fundraising initiatives with business planning process • Limited corporate vision for contribution of fundraising to strategic objectives • Fragmentation of fundraising activities • Lack of fundraising expertise and market awareness in the Trust • Lack of market research capacity in the Trust • Limited unrestricted funds available for the Trust • Reliance on legacy donations • Lack of Trust-wide arts programme • Lack of archivist function to protect Trust heritage • Poor track-record in charitable contribution to Trust service developments
Opportunities	Threats
<ul style="list-style-type: none"> • Scope to increase major giving, corporate and charitable trust income • Potential reputation benefits through aligning fundraising and marketing activities • Potential to work with research and education partners to raise funds 	<ul style="list-style-type: none"> • Crowded charitable fundraising marketplace • Decline in charitable giving in line with national and regional economy • Reduction in investment returns and restrictions on spend • Competition from local NHS providers • Competition from academic institutions • Potential competing initiatives between different charitable partners

5. **AMBITIONS**

Taking into account the analysis of strengths, weaknesses, opportunities and threats above, a number of priorities have been identified:

Ambitions	Actions for the period 1 st October 2016 to 31 st March 2018
Vision	<ol style="list-style-type: none"> 1. To develop a Trust vision for fundraising which can be shared with colleagues, that identifies the potential benefits to Trust service improvement, colleague development, service user and staff environment, research activities and estate development
Partnerships	<ol style="list-style-type: none"> 2. To establish a charitable stakeholder group to assist corporate communications with key partners who align to the Trust's future and ethos 3. To develop a Trust partnership framework with key charitable partners 4. To assist with the recruitment of trustees for charitable partners 5. To further develop our corporate giving programme based on facilitating colleagues to donate to causes outside of the Trust
Planning	<ol style="list-style-type: none"> 6. To develop a plan for Trust communications regarding charitable funds 7. To undertake relevant market research within available resources 8. To ensure that fundraising opportunities are formally examined in the initial planning phase of service and research development projects 9. To involve charitable partners early in the development of Trust plans 10. To introduce a planning framework for fundraising activities and use of charitable funds, aligned to the business planning process of the Trust 11. To co-ordinate fundraising plans across the Trust
Fundraising	<ol style="list-style-type: none"> 12. To develop and share guidance with colleagues across the Trust about the management of charitable funds, consistent with the guidance of charitable partners 13. To continue to support the community fundraising activities of partner charities 14. To prepare guidance for colleagues about communications with service users and others about donor opportunities

6. PARTNERSHIP GOVERNANCE

It is proposed that charitable partners are considered for designation by the Trust Charitable Funds Committee.

The partnership framework will be established to meet the following objectives:

- To performance monitor the effectiveness of key partnerships
- To ensure partnership accountability
- To ensure any major risks to partnership effectiveness, accountability or value for money are identified and, where necessary, entered onto the risk register

The evaluation process ensures partnership arrangements are appropriate, systems and processes are in place and the effectiveness and (where applicable) value for money of the partnership are regularly assessed. Partnership accountability is also enhanced and information is linked to the Trust's performance management and risk framework.

7. RESOURCES

The Charitable Funds Committee have approved the recruitment of a Charitable Funds Co-ordinator for a six months fixed term period to take forward the priority actions identified in this strategy. This role will sit within the Communications Team which will take a lead role in the fundraising strategy, to ensure consistency with the Trust's corporate identity and key messages.

8. EQUALITIES IMPACT ASSESSMENT

A screening assessment has been undertaken in line with the Trust's Quality and Equality Impact Assessment procedure. This demonstrates no adverse impact on individual target groups and a generalised benefit over and above core NHS provision to all groups.

9. CONCLUSION

This strategy is not designed to interfere with the operation of independent charitable organisations whose accountability is to their donors and to the Charity Commission. Rather, it is intended to raise the profile of the Trust's charity within the organisation so that new opportunities are identified, properly considered and effectively promoted, jointly with charitable partners.

The success of the strategy will be measured through the improvement in funding for the charity and improved partnership working with charitable partners.

CHARITABLE FUNDS STRATEGY (AIMS)

Aligned to the Trust's Core Values

1. To maximise charitable support to the Trust's activities and development plans

CARING

2. To raise the profile of the charity within the organisation so that new opportunities are identified, properly considered and effectively promoted, through partnership working

OPEN

3. To establish a corporate view of fundraising priorities, aligned to the Trust's strategic objectives

RESPONSIBLE

4. To co-ordinate fundraising activities into business planning and performance management processes of the Trust

EFFECTIVE

FUNDING STRUCTURE (to support the aims of the strategy)
The following schemes are available in each of the 7 locality areas: Cheltenham; Forest of Dean; Gloucester; North Cotswold; South Cotswold; Stroud; Tewkesbury; Countywide

Aligned to the Trust's Core Values

1. Helping Hands - Support for all in times of need (could include food, clothing, equipment, IT to aid support, alarm devices)

CARING

2. Awards4All - General fund to capture anything not accounted for within the other funds and can also be used as a holding fund for specified (Restricted Fund) items by the donator

OPEN

3. Environment - Support for improvements to internal and external spaces or sustainability projects to improve service user and colleague health and well being

RESPONSIBLE

4. Jenner - To support research, development and innovation in clinical services for the benefit of service users and colleagues (including technological advancements in the pursuit of improvements for patient care)

EFFECTIVE

Ambitions	Actions for the period 1 st October 2016 to 31 st March 2018
Vision	<ul style="list-style-type: none"> • To develop a Trust vision for fundraising which can be shared with colleagues, that identifies the potential benefits to Trust service improvement, colleague development, service user and staff environment, research activities and estate development
Partnerships	<ul style="list-style-type: none"> • To establish a charitable stakeholder group to assist corporate communications with key partners who align to the Trust's future and ethos • To develop a Trust partnership framework with key charitable partners • To assist with the recruitment of trustees for charitable partners • To further develop our corporate giving programme based on facilitating colleagues to donate to causes outside of the Trust
Planning	<ul style="list-style-type: none"> • To develop a plan for Trust communications regarding charitable funds • To undertake relevant market research within available resources • To ensure that fundraising opportunities are formally examined in the initial planning phase of service and research development projects • To involve charitable partners early in the development of Trust plans • To introduce a planning framework for fundraising activities and use of charitable funds, aligned to the business planning process of the Trust • To co-ordinate fundraising plans across the Trust
Fundraising	<ul style="list-style-type: none"> • To develop and share guidance with colleagues across the Trust about the management of charitable funds, consistent with the guidance of charitable partners • To continue to support the community fundraising activities of partner charities • To prepare guidance for colleagues about communications with service users and others about donor opportunities

Minutes of the Charitable Funds Committee Boardroom, Edward Jenner Court Wednesday 13th July 2016 – 10.00 a.m. – 12.00 p.m.	
Committee Members present: Nicola Strother Smith – Non-Executive Director (Chair) Rob Graves – Non-Executive Director (RG) Glyn Howells – Director of Finance (DoF) Tina Ricketts – Director of HR (DoHR)	
In attendance: Mark Parsons – Head of Estates (HoE) Mark Lambert – Head of Communications and Marketing (HoC) Christine Thomas – Senior Personal Assistant - minute taker (CT)	

Item	Minute	Action
CF – 082	1. Welcome and Apologies	
	The Chair welcomed everyone to the meeting. Apologies were received from Susan Field, Director of Nursing (DoN) and Louise Moss, Assistant Board Secretary (ABS).	
CF - 083	2. Confirmation that the meeting is quorate	
	The meeting was confirmed as quorate by the Chair.	
CF - 084	3. Declarations of Interests	
	Members were asked to declare any updates from their original declaration of interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.	
CF - 085	4. Minutes of the meeting held on 20th April 2016	
	The minutes of the meeting held on 20 th April 2016 were Received and Approved as an accurate record.	
CFC 05/16	5. Matters Arising and Action Log The action log was reviewed and it was noted that many of the actions covered the same topic, it was agreed that the Director of HR would review the action log outside of the meeting and combine those actions that sit under the same headings. The following matters were Discussed and Noted :	Director of HR

	<p>CFC 39/15 – Trust Deed Report - The Director of Finance gave assurance that this action log item would be completed by the next meeting.</p> <p>CFC 07/16 – Current Funds, Donations Report and Legacy Gifts – The Head of Communications had met with the Charitable Funds Manager of Gloucestershire Hospitals Foundation Trust, though this had been useful it was felt that it would be more useful to visit another Community Hospital Trust such as North Devon Health Care. The Head of Communications and Head of Estates would set-up a meeting before the next Committee meeting and provide a further update to the Committee then.</p> <p>CFC 07/16 - Current Funds, Donations Report and Legacy Gifts – Closed</p> <p>CFC 08/16 – Milsom Centre Arts – The Head of Estates had emailed Gloucestershire College, Head of Arts and had received a reply today, he would progress this with the Head of Arts for the next meeting. The Head of Communications advised the group that he also had a University of Gloucestershire contact that may be useful. Update would be brought to the next meeting.</p> <p>CFC – 08/16 – Dementia Friendly Clocks – The Head of Estates updated the Committee that Cirencester League of Friends had no funds for these; he was retrying with Tewkesbury League of Friends and Stroud had agreed to purchase some - Closed</p> <p>CFC 08/16 – Healthy Marketplace, Cirencester – Closed</p> <p>CFC 09/16 – Update on land of Brokenborough - Closed</p> <p>CFC 10/16 – Communications Plan – a new completion date of September was agreed</p> <p>CFC 11/16 – Risk Register – on agenda - Closed</p> <p>CFC 18/16 – John's Campaign - It was agreed that the Director of Finance would monitor the cost associated with this and bring back to the Committee if needed - Closed</p> <p>CFC 26/16 – Restricted Fund – the donor of the funds was now known to the Trust and would be contacted to find out how they wished the remaining funds to be dealt with - Closed</p> <p>CFC 27/16 – Communications Plan – the Donors leaflet had been started and it was agreed for this action to be made blue so that a follow-up could come to the next Committee meeting.</p>	<p>Director of Finance</p> <p>Head of Communications/ Head of Estates</p> <p>Head of Estates</p> <p>Head of Communications and Marketing</p>

	<p>CFC 29/16 – Charitable Funds Bid Fund Restructure – Closed</p> <p>CFC 32/16 – Annual Committee Statement – Charitable Funds Champions and Charitable Fund “stories” to be combined with the Communications Plan</p> <p>CFC 32/16 – Annual Committee Statement x 5 - Closed</p> <p>CFC 33/16 – Annual Committee Evaluation - Closed</p> <p>The Chair asked that the status on closed items is changed to green and removed from the current document.</p>	<p>Head of Communications and Marketing</p> <p>Director of HR</p>
CF - 087	<p>6. Terms of Reference (and membership)</p> <p>It was proposed that the Director of HR take over the Lead Executive role for Charitable Funds Committee from the Director of Finance following a meeting of the Director of HR, Director of Finance and Director of Nursing. This change was agreed by the Committee and it was agreed that the Director of HR would amend the Terms of Reference to reflect this change.</p> <p>Rob Graves suggested that the minutes of the Brokenborough sub-committee should be received by the Committee. This was agreed and the Director of HR agreed to reflect this on the Terms of Reference.</p> <p>The Committee discussed the Terms of Reference and approved the change to the Lead Executive.</p>	<p>Director of HR</p> <p>Director of HR</p>
CF-088	<p>7. Strategy Development</p> <p>The Committee discussed and noted the report, and the following comments were made:</p>	
	<p>This agenda item was linked to agenda item 12. It had been agreed at a previous Trust Board meeting that the Trust should not be pro-active in raising funds; it was now felt that this should be reviewed. The Committee agreed that this should be reviewed in six months' time once the Charitable Funds Co-ordinator was in place.</p>	
	<p>The Director of HR felt that it was important to produce a plan on a page for the next 12 months, which would show the Trusts proposals for next steps and the areas of funding to focus on. It was agreed that the Director of HR would work with the Finance Director and Head of Estates to put this paper together. It was agreed that an additional meeting would be arranged for September to move this forward.</p>	<p>Director of HR</p>

CF - 089	<p>8. Current Funds, Donations Report and Legacy Gifts</p> <p>The Committee noted the report, and the following comments were made:</p>	
	<p>The Director of Finance presented the report to the Committee advising that a new Head of Financial Accounts would produce this report going forward. The funds had been split by Unrestricted and Restricted. This meant the capital currently available was only £70k, the Trust was waiting for two legacies, worth £80k, to come through, but the Trust had been unable to get hold of the solicitors to find out when this money would be received.</p> <p>Due to the reduced funds available, it was agreed that any approval for Charitable Funds would be restricted to £2k; anything above this to be approved by the Committee. The Director of Finance to continue to chase the two outstanding legacies.</p>	Director of Finance
CF - 090	<p>9. League of Friends / Giving to Glos Activity / Bids requiring Committee approval</p>	
	<p>It had been found not all the VAT had been zeroed for League of Friend orders; this was now being rectified.</p>	
	<p>There had been 14 applications from League of Friends and 13 for Giving Gloucestershire and a list of the approved applications was presented to the group.</p>	
	<p>There was one application form for artwork at Milson Street, but this was now no longer needed following the discussion in agenda item 5.</p> <p>There were no bids to approve so the Committee noted the report.</p>	
CF - 091	<p>10. Land of Brokenborough</p>	
	<p>The Head of Estates was waiting for the costs to put an advertisement into the Estate Gazette for a land developer to develop a proposal for the land, it was hoped that this would be advertised in the next month.</p> <p>The Head of Estates had recently visited the property and had found out that there would be some costs incurred for a tree surgeon to make safe some trees on the property. It was also recently discovered that there had been seepage on the land from electrical cables, which had damaged the land. SSE the electricity company responsible for the cables had agreed that they would repair the cables and return the land to its former state.</p>	

	It was expected that the advertisement for the land developer would cost more than £2k, as this was more than the agreed value for approval for any charitable funds applications it was requested whether this could be approved. The Committee approved this spend.	
	<p>The Director of Finance raised concern that he did not believe there to be public liability cover for this land as this was not covered under the same public liability insurance as for the rest of the Trust. It was agreed that the Head of Estates should look into this as a matter of urgency and arrange cover, this risk to also be added to the risk register if this was found to be correct.</p> <p>The Committee noted the Brokenborough update</p>	Head of Estates
CF - 092	11. Risk Register	
	<p>The Head of Estates presented the Risk Register. There had been one new risk added to the register since the last meeting. This risk was around the alignment of fund pots to geographical areas.</p> <p>The Committee noted the additional risk register item.</p>	
CF - 093	12. Revised Fund Structure	
	<p>The Director of HR presented the revised Fund Structure, which was also linked in with agenda item 7. The paper had been taken to the CORE colleague's network event, where colleagues had agreed that items numbered 4 and 5 should be combined and which was being proposed to the Committee today. The agreed slide would also be presented to stakeholders for their views.</p> <p>The Committee felt that a new strapline was needed as Giving to Gloucestershire did not explain who and what the Charity was. It was agreed that the Director of HR and Head of Communications would work on strapline options and bring back to the next Committee meeting. This would be included in the strategy document as referenced under agenda item 7.</p> <p>The Head of Communications advised that there would be a cost to making changes to the intranet and any literature printed with the new strapline. It was agreed that these costs would be funded from the charity monies. It was hoped that they could give the agreed new strapline to the University of Gloucestershire as a live brief for developing the artwork.</p> <p>The Chair asked that the environment section on the fund structure includes both internal and external projects.</p>	Director of HR/ Head of Communications and Marketing

	The Committee discussed and noted the Revised Fund Structure.	
CF - 094	13. Update on recruitment of Charitable Funds Co-ordinator	
	<p>The Head of Communications presented a draft job description and job advert for discussion by the Committee. The role was part time and because of this it was felt that it was important to narrow down what the main focus of the role would be. It was agreed that the main part of the role should be fund raising with administration being a smaller part of the role.</p> <p>The Committee felt that the job advert and description did not fully show what the Trust was seeking; the role would require someone focused on fund raising who was creative and dynamic. It was agreed that the role would be reviewed by the Committee after the first year.</p> <p>The Head of Communications to redraft and send to the Committee for comments.</p> <p>The Committee discussed and noted the job description and job advert.</p>	Head of Communications
CFC 13/16	14. Forward Planner	
	<p>The following changes/additions were requested and agreed:</p> <ul style="list-style-type: none"> • Brokenborough sub-committee minutes to come to Committee as a standing item • Strategy Development review to come back to January meeting including proposal on new strapline and donors leaflet <p>The Committee discussed and approved the Forward Planner and the changes made.</p>	
CF - 097	15. Any Other Business	
	The Chair had been informed that new governance guidance would be coming out due to the collapse of Kids Company. It was agreed that the Chair would forward these to the Director of Finance who would pick them up with the Trust Secretary.	Chair
	There were no further AOB items.	
	The Chair thanked everyone for attending the meeting and the meeting was closed at 11.50am.	

Trust Board

Date: 22nd November 2016

Agenda Item:	18
Agenda Ref:	18/1116
Author:	Gillian Steels, Trust Secretary
Presented By:	Richard Cryer
Sponsors:	Richard Cryer

Subject:	Audit Update
-----------------	--------------

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

Executive Summary:

The Audit Panel met on the 13th September 2016 and the following is an update on the key points;

1. Decisions Made

1.1 Appointment of Internal Auditor – approved

Members of the Audit panel convened to discuss the above appointment. Following discussions and further negotiations members approved in principle the appointment of PWC for a further one year, recognising that this is a joint appointment with 2gether and GHNHSFT which is being progressed by Gloucestershire Shared Service for NHS. The new contract would therefore expire in March 2018.

1.2 Appointment of External Auditors –approved

Members discussed the above appointment and approved the extension to the appointment of KPMG for a further two years. The contract will now expire after finalising the account for the period ending March 2018

The Audit Panel work was then concluded and the Audit Committee convened and:

2. Business Continuity Strategy

The Business Continuity Strategy was discussed at the Audit and Assurance Committee on 13th September 2016, following slight amendments, it was confirmed the strategy was approved and it is provided for endorsement. The strategy had been the subject of a minor refresh, aligning the Trust's strategic objectives to the strategic objectives of the Business Continuity Plan and updating job titles and dates.

Recommendations:

The Board is asked to:

- i) Note and endorse appointment of internal and external auditors for the Trust for the period 16/17 and 17/18

Considerations:

Quality implications:

Human Resources implications:

None identified

Equalities implications:

None identified

Financial implications:

Cost of the Charitable Funds Officer are targeted to be costs neutral in the long term	
<i>Does this paper link to any risks in the corporate risk register:</i> No	
<i>Does this paper link to any complaints, concerns or legal claims</i> No	
Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?	P or C
Achieve the best possible outcomes for our service users through high quality care	P
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	
Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire	
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	P
Manage public resources wisely to ensure local services remain sustainable and accessible	P
Which Trust value(s) does this paper Progress (P) or Challenge (C)?	P or C
Caring	P
Open	P
Responsible	P
Effective	P

Reviewed by (Sponsors):	Richard Cryer
--------------------------------	---------------

Date:	10/11/16
--------------	----------

BUSINESS CONTINUITY STRATEGY

2015-19

- Updated November 2016

To ensure that critical health and social care services are still able to deliver the highest possible quality to service users, carers and families across Gloucestershire even when faced with disruption or disaster

BUSINESS CONTINUITY STRATEGY 2015-19

Version control	
Document reference:	TB16
Version:	2.0
Ratified by:	Trust Board
Date ratified:	Scheduled for November 2016
Originator/author:	Julia Doyle, Emergency Preparedness, Resilience and Response (EPRR) & Capacity Officer
Owner:	Julia Doyle, EPRR & Capacity Officer
Executive lead:	Candace Plouffe, Chief Operating Officer
Date issued:	May 2016
Review date:	May 2017

BUSINESS CONTINUITY STRATEGY 2015-19

Contents

0.	Executive Summary	4
1.	Introduction	5
2.	Definitions	6
3.	Ambition and Objectives	7
4.	National Context	9
5.	Local Context	10
6.	Quality Goals	11
7.	Priorities and Actions	12
8.	Quality Measures	16
9.	Accountabilities and Assurances	17
10.	Enabling and Supporting Strategies	18
11.	References	19

Appendices

Appendix 1: Consultation	20
--------------------------	----

Please note that this Business Continuity Strategy supports both health and social care colleagues managed by Gloucestershire Care Services NHS Trust

BUSINESS CONTINUITY STRATEGY 2015-19

0. Executive Summary

This Business Continuity Strategy represents the clear commitment of Gloucestershire Care Services NHS Trust ("the Trust") to be able to continue to provide the very highest possible levels of care and service provision during any interruption to clinical or non-clinical procedures, services or the infrastructure of facilities.

As such, this Business Continuity Strategy seeks to ensure that:

- sound business continuity management processes and practices are in place, in order to ensure optimum resilience and maintain high quality service provision: this necessitates observance of the best practice standards set out in ISO 22301, and the development of business continuity plans from individual service level to the overarching Corporate Business Continuity Management Plan;
- robust escalation procedures are maintained so that there is a defined process to identify, escalate, and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical; this includes the development of processes to ensure that all identified risks that may impact upon business continuity practices and plans, are notified immediately to the relevant authority, in order that corresponding remedial actions may be taken;
- training is delivered Trust-wide so that business continuity management is clearly understood and embedded across the organisation: this includes ensuring that training effectively raises the profile and understanding of business impact identification, assessment and management, and clearly demonstrates to all colleagues across the Trust, how their routine and consistent application of risk management processes will serve as a key enabler to ensuring continuous improvement in the quality of the Trust's delivered care;
- there is a culture of continued learning following any threats, hazards or disruptive events, and that all learning is used to strengthen and enhance future operations;
- the Trust will ensure interoperability of plans and will undertake multi-agency training, testing and exercising with partners and stakeholders: this includes active participation in the Local Resilience Forum.

This Strategy therefore outlines the Trust's aspirations and direction of travel in respect of business continuity over the next 5 years. The accompanying implementation plan will detail the practical actions that will be taken in the period 2014-19 to fulfil these aspirations.

BUSINESS CONTINUITY STRATEGY 2015-19

1. Introduction

“All NHS organisations are required to maintain a good standard of preparedness to respond safely and effectively to a full spectrum of threats, hazards and disruptive events. These range from pandemic flu, mass casualty, potential terrorist incidents, severe weather, chemical, biological, radiological and nuclear incidents, fuel and supplies disruption to public health incidents” (NHS Operating Framework 2012/13).

This Business Continuity Strategy confirms the clear commitment of Gloucestershire Care Services NHS Trust (“the Trust”) to ensure that the highest possible levels of care and service provision will be maintained during any interruption to clinical or non-clinical procedures, services or the infrastructure of facilities.

This strategy therefore recognises that Business Continuity Management (“BCM”) is an essential component of Emergency Preparedness Resilience and Response (“EPRR”) arrangements, as it ensures that there is capability to provide and maintain an effective response to any major incident. As such, Business Continuity Management serves to both support and contribute to effective risk management and sound corporate governance practices across the Trust.

This strategy additionally provides a framework for managing incidents such as fire, flood, bomb or terrorist attack, power loss, communication failure or any other emergency that may impact upon the daily operations of the Trust. It describes the implementation and maintenance of a business continuity management system within the Trust, including the roles and responsibilities of those officers who are personally responsible for implementing a coordinated response to any given situation.

In developing this Business Continuity Strategy, the Trust acknowledges:

- the potential operational and financial losses associated with any major service disruption and the importance of maintaining viable recovery strategies (NB it is noted that the Trust currently maintains appropriate insurance to minimise financial losses given a disaster situation - this includes insurance cover through the NHS Litigation Authority which relates to the provision of service user care);
- the need for the Trust and Gloucestershire County Council to work together as integrated partners to ensure continued delivery of health and social care services across the county.

BUSINESS CONTINUITY STRATEGY 2015-19

2. Definitions

2.1 Business Continuity is a set of agreed processes to ensure the continuation of critical functions in the event of a major disruption.

2.2 Business Continuity Management is a management process that:

- identifies and manages current and future threats to an organisation;
- takes a proactive approach to minimising the impact of incidents;
- provides a framework for building organisational resilience;
- maintains critical functions during times of crises;
- demonstrates resilience to stakeholders, suppliers and for tender requests;
- protects organisational reputation and brand.

Business Continuity Management must therefore be embedded into the way in which the Trust plans and manages its activities.

Moreover, a disruption to the Trust's internal services provision could escalate, resulting in the organisation requiring the support of other emergency responders, and the Trust's Business Continuity Management process will extend to incorporate that contingency where appropriate.

2.3 The Business Continuity Management lifecycle is a series of activities which collectively cover all aspects and phases of the business continuity management programme (illustrated below). It is noted that this lifecycle is a five-year process which mirrors and underpins the lifecycle of this Business Continuity Strategy:



Business Continuity Management Toolkit – HM Government

BUSINESS CONTINUITY STRATEGY 2015-19

3. Ambition and Objectives

- 3.1 The ambition of this Business Continuity Strategy is *“To ensure that critical health and social care services are still able to deliver the highest possible quality to service users, carers and families across Gloucestershire even when faced with disruption or disaster”*.

This aligns to the Trust’s overarching vision which is *“To be the service people rely on to understand them and organise their care around their lives”*, given that both ambitions seek to place the service user at the centre of Trust thinking.

- 3.2 This five year Business Continuity Strategy seeks to ensure that by 2019, the following objectives will be achieved, linked to the Trust’s overarching strategic objectives:

Business Continuity Strategy Objectives	Trust Strategic Objectives
<ul style="list-style-type: none">Reducing the occurrence of service disruptions that could otherwise threaten or cause avoidable harm to service users, and thus impact upon the quality of care services across GloucestershireImproving service user safety by increasing the Trust’s ability to maintain clinical provision	Achieve the best possible outcomes for our service users through high quality care
<ul style="list-style-type: none">Ensuring that all relevant feedback from service users, carers and families, is captured and reflected within the Trust’s lessons learned / review process	Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work

BUSINESS CONTINUITY STRATEGY 2015-19

<ul style="list-style-type: none"> • Integrating business continuity management practices into joint organisational policies, planning and decision making, as well as day-to-day health and social care activity across Gloucestershire • Sharing best practice and learned outcomes across the local multi-agency and healthcare economy in order to reduce exposure to risk, irrespective of setting 	<p>Actively engage in partnerships with other health and social care providers in order to deliver seamless services</p>
<ul style="list-style-type: none"> • Providing leadership and commitment, supporting an environment of business impact awareness and personal and professional accountability for resilience • Ensuring that all appropriate reporting arrangements and individual responsibilities in respect of business continuity, are clearly identified and understood • Empowering all Trust colleagues with knowledge and skills to make effective contribution to service resilience • Undertaking a rolling programme of exercises to embed the culture of business continuity across the organisation 	<p>Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision</p>
<ul style="list-style-type: none"> • Supporting the achievement of the Trust's strategic objectives by ensuring that all risks to service resilience are proactively identified, mitigated or managed to an agreed level • Complying with all relevant legislation, regulations and standards in relation to business continuity management 	<p>Manage public resources wisely to ensure local services remain sustainable and accessible</p>

BUSINESS CONTINUITY STRATEGY 2015-19

4. National Context

This Business Continuity Strategy serves to support the Trust's continued compliance with the following legislation, guidance and competency standards:

- Civil Contingencies Act (2004)

Under the terms of this Act and the supporting Regulations Emergency Preparedness Chapter 6, providers of NHS funded care have a duty to *"make business continuity arrangements"*

- Health & Social Care Act (2012)

Section 46 of this Act refers to the role of the Board in respect of emergencies i.e. *"The Board ... must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency"*

- NHS standard contract

This requires assurance from all providers of NHS funded care that they have appropriate business continuity plans in place

- NHS England Business Continuity Management Framework (Service Resilience) 2013

This states that *"The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care"*

- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2013

This states that *"Each NHS organisation must submit a self-assessment to provide assurance on their ability to respond to a variety of disruptive events"*

- NHS England (Operating Framework) Everyone Counts Planning for Patients 2013/14

This states that *"Trusts must be resilient and maintain continuity of key services in the face of disruption from locally identified risks"*

- ISO 22301 Societal Security – Business Continuity Management Systems

This defines business continuity as the *"capability to continue delivery of services at acceptable predefined levels following disruptive incident."*

- National Occupational Standards for Civil Contingencies

These are statements of the standards of performance that individuals must achieve when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding required for managing incidents.

BUSINESS CONTINUITY STRATEGY 2015-19

5. Local Context

5.1 The Trust maintains a number of formal processes and systems by which it seeks to manage both strategic and operational risks relating to business continuity. These include:

- Trust policies and support documentation, including the Corporate Business Continuity Management Plan, service business continuity plans, Heatwave Plan, Inclement Weather Policies etc;
- registers that are maintained electronically in order to capture all business continuity risks against the work programme and which are related to the Local Resilience Forum's Community Risk Register;
- the Trust's internal committees which have specific responsibility for overseeing relevant aspects of business continuity, including the Emergency Preparedness and Resilience Group, the Audit and Assurance Committee, and the Trust Board;
- external committees such as the Gloucestershire County Council Business Continuity Management Steering Group, and the Local Health Resilience Partnership, which is a subgroup of Gloucestershire Local Resilience Group;
- peer group meetings are regularly undertaken to ensure joint development of documentation where appropriate, thus ensuring the interoperability of plans and multi-agency training and exercising.

5.2 The Trust has appointed a number of key individuals to oversee business continuity management. These include the Accountable Emergency Officer who is responsible for overseeing the implementation of this Strategy, and for ensuring that a corporate Business Continuity Management Plan is developed and maintained. It also includes the Emergency Preparedness, Resilience and Response Officer.

Additionally, one of the Trust's Non-Executive Directors has dedicated responsibility for supporting and promoting the business continuity agenda.

5.3 It is noted by this Business Continuity Strategy that NHS England represents the Gloucestershire health and social care economy at Local Resilience Forum multi-agency Gold and/or Silver Co-ordinating Groups.

As such, evaluation against NHS England's core standards for Emergency Preparedness, Resilience and Response will provide annual assurance of preparedness for all providers of NHS funded care.

6. Quality Goals

6.1 In order to ensure that this Business Continuity Strategy maintains momentum and focus upon achieving quality outcomes, the following goals have been identified:

- to observe sound business continuity management processes and practices, in order to ensure optimum resilience and maintain high quality service provision;
- to maintain robust escalation procedures so that there is a defined process to identify, escalate and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical;
- to deliver training Trust-wide so that business continuity management is clearly understood and embedded across the organisation;
- to ensure that there is a culture of continued learning following any threats, hazards or disruptive events;
- to ensure interoperability of plans and undertake multi-agency training, testing and exercising with partners and stakeholders.

BUSINESS CONTINUITY STRATEGY 2015-19

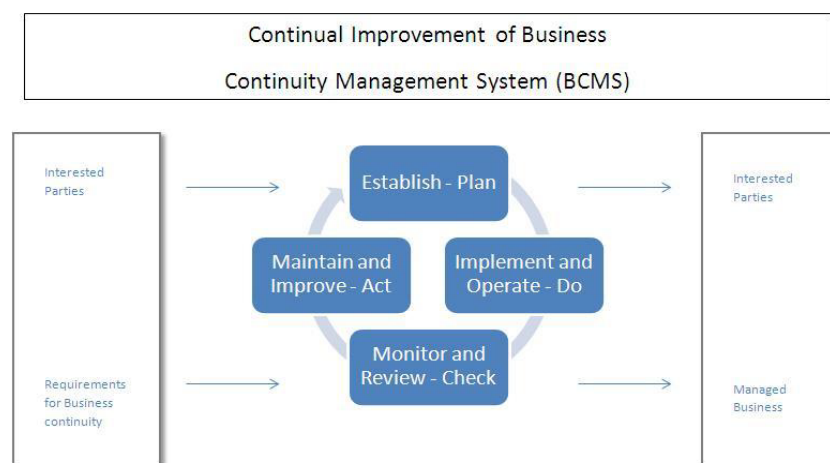
7. Priorities and Actions

The following priorities have been identified and mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the Audit and Assurance Committee.

7.1 To observe sound business continuity management processes and practices, in order to ensure optimum resilience and maintain high quality service provision

The Trust is committed to aligning its business continuity management with the best practice standard requirements set out in ISO22301 (Business Continuity Standards). To this end, the Trust will ensure the following:

- 7.1.1 The Accountable Emergency Officer will oversee the development of business continuity plans from individual service level to the overarching Corporate Business Continuity Management Plan. This will ensure that a wholly consistent and coordinated approach is observed.
- 7.1.2 The ISO22301 process will be applied to the development and implementation of all response plans for locally identified risks such as Flooding, Severe Weather etc. This process will be managed in line with the framework illustrated below:



- 7.1.3 All colleagues will contribute to the development of their service or departmental Business Continuity Management Plan, led by their team, service or departmental manager. Staff will also be responsible for ensuring that they are familiar with their local plan, and understand their role and responsibilities in implementing it.

BUSINESS CONTINUITY STRATEGY 2015-19

- 7.1.4 Where a service is contracted out, or is dependent on external providers or suppliers, it will be the responsibility of the manager of that service to ensure continuity arrangements are in place. Therefore, appropriate managers must ensure that providers, suppliers and contractors have robust Business Continuity Management Plans in place to provide and maintain contracted services. This assurance will be sought as part of the Trust's contractual arrangements with external providers.
- 7.1.5 The Trust will continue to develop Impact Assessments as standard against all business continuity plans and emergency response plans. These will consider the results of Trust actions in any disaster situation, upon services, staff and the wider environment. Additionally, and to complement these Impact Assessments, the Trust will ensure the development of Quality Impact Assessments and Equality Impact Assessments so as to provide more bespoke scrutiny of the impacts upon provided care, service users, carers and families.
- 7.2 To maintain robust escalation procedures so that there is a defined process to identify, escalate, and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical
- 7.2.1 As detailed in section 7.1 of the Trust's Risk Management Strategy, all colleagues have explicit responsibility for identifying operational risks relevant to their service, team and/or working environment. These risks may be apparent as a result of colleagues' observations, or they may require the triangulation of information from a range of sources including:
- impact assessments conducted in respect of issues or concerns that have been highlighted through routine working practice;
 - internal or external evaluations that include audits, peer reviews or public enquiries;
 - external guidance or alerts that are issued by the Government Cabinet Office, Public Health, NHS England, Civil Protection teams, Met Office, Local Resilience Forum;
 - annual self-assessment against NHS England Core Standards for Emergency Preparedness, Resilience and Response.
- 7.2.2 Thereafter, the Trust will ensure that it maintains formal processes in order to escalate all identified risks, and thus review, accept, mitigate or otherwise manage all potential or actual threats to the organisation's on-going operational activity. With specific reference to this Strategy, these processes will include specific requirement and responsibility for all identified risks that may impact upon business continuity practices and plans, to be escalated immediately to the relevant authority

BUSINESS CONTINUITY STRATEGY 2015-19

(namely the Accountable Emergency Officer and/or the Emergency Preparedness, Resilience and Response Officer as appropriate), in order that corresponding remedial actions may be taken.

7.3 To deliver training Trust-wide so that business continuity management is clearly understood and embedded across the organisation

The Trust's Organisational Development Strategy outlines its aspirations to nurture a supportive and learning culture that is based upon four fundamental values, namely being Caring, Open, Responsible and Effective. With particular reference to business continuity, this requires the following actions to be observed:

- 7.3.1 The Trust will ensure that its range of training programmes effectively raise the profile and understanding of business impact identification, assessment and management, and clearly demonstrate to all colleagues across the Trust, how their routine and consistent application of risk management processes will serve as a key enabler to ensuring continuous improvement in the quality of the Trust's delivered care.

This includes ensuring that staff receive training during their induction, as well as within refresher training when changing appointments and/or when business continuity procedures are altered.

- 7.3.2 The Trust will develop a Business Continuity training module which will form part of mandatory training and monitoring. Emergency Preparedness, Resilience and Response training will be delivered across the organisation in a range of settings and using a variety of methodologies, albeit with clear focus upon the delivery of training by a mix of external trainers and internal specialist trainers which will enable colleagues to access the information and support that they need, where and when is most convenient and appropriate to them.

This commitment to increase all colleagues' awareness of their personal responsibilities for business continuity will be enhanced by a proactive on-going programme of awareness across the Trust.

7.4 To ensure that there is a culture of continued learning following any threats, hazards or disruptive events

The Trust is committed to learning from its training exercises, testing and incident experiences including learning from how incidents occurred, how they were identified, mitigated or otherwise managed, and how learning was gathered and applied. This learning can then be used in order to strengthen and enhance future operations. To this end, the Trust will ensure the following:

- 7.4.1 At an appropriate juncture within each service's business continuity planning process, the Emergency Preparedness, Resilience and

BUSINESS CONTINUITY STRATEGY 2015-19

Response Officer and relevant service lead will formally assess the nature of any impact in order to ascertain whether it may be of significance or interest to colleagues outside the service in which it is being managed.

- 7.4.2 Where the learning is deemed to be pertinent or applicable across the organisation, the service lead will identify all learning that can be circulated to relevant teams so as to prevent or reduce the likelihood of a similar incident re-occurring.

By sharing such critical learning across teams, directorates, and relevant stakeholders, the Trust will seek to encourage closer working relationships within and across services, and will also strengthen its operational service delivery.

- 7.4.3 The Trust will maintain a communications plan for Emergency Preparedness, Resilience and Response, which will ensure that all changes to practice that result from post incident learning, are effectively communicated to the Trust's professional partners and other stakeholders in order to evidence the organisation's integrity and commitment to continuous quality improvement. This action is also in line with the Trust's commitment to be an excellent partner within the wider community.

- 7.4.4 The Accountable Emergency Officer will be responsible for producing a formal analysis report in respect of operational issues following any potential service disruption or business continuity issues via Post Incident Debrief Reports that will be issued within 3 months of the incident.

- 7.4.5 The Accountable Emergency Officer will also be responsible for developing an Annual EPRR Report, which will be agreed, reviewed and monitored by the Trust Board, and which will serve to provide robust assurance of compliance against NHS England Core Standards for Emergency Preparedness, Resilience and Response.

7.5 To ensure interoperability of plans and undertake multi-agency training, testing and exercising with partners and stakeholders

The Trust is committed to work with all multi-agency partners on business continuity by actively participating in the Local Resilience Forum. This will be undertaken by the following actions:

- 7.5.1 The Accountable Emergency Officer will ensure appropriate attendance at Local Resilience Forum and Local Health Resilience Partnership committees at both strategic and operational level.

BUSINESS CONTINUITY STRATEGY 2015-19

- 7.5.2 Trust colleagues will participate with multi-agency training to ensure a collaborative response to any business resilience or emergency incidents.
- 7.5.3 The Trust will continue to maintain arrangements with NHS England for Mutual Aid in respect of any significant service disruption that affects NHS services beyond the Gloucestershire boundaries.

8. Quality Measures

Each of the quality goals identified in section 6 will be supported by a series of performance measures as detailed below, to be report to, and monitored by, the Audit and Assurance Committee on a regular basis:

Quality Goal	Quality Measure
To observe sound business continuity management processes and practices, in order to ensure optimum resilience and maintain high quality service provision	<ul style="list-style-type: none">• Business impact assessments undertaken and reviewed (i) across each key service area as standard procedure, and (ii) given any new or changing service• Business Continuity Management responsibilities identified within all colleagues' job descriptions
To maintain robust escalation procedures so that there is a defined process to identify, escalate and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical	<ul style="list-style-type: none">• Documented plans and actions developed and reviewed by the appropriate Trust and/or local forum in respect of all known local risks to business continuity
To deliver training Trust-wide so that business continuity management is clearly understood and embedded across the organisation	<ul style="list-style-type: none">• 95% staff attendance at mandatory Business Continuity Training• 100% attendance for relevant colleagues at specialist training
To ensure that there is a culture of continued learning following any threats, hazards or disruptive events	<ul style="list-style-type: none">• Incident Debrief reports presented to appropriate committees as well as to the Audit and Assurance Committee• Evidence that recommendations/learning of incidents is incorporated into response plan and training• Annual review of 90% testing plans

BUSINESS CONTINUITY STRATEGY 2015-19

To ensure interoperability of plans and undertake multi-agency training, testing and exercising with partners and stakeholders	<ul style="list-style-type: none">• Plans, training, exercising and post incident reviews undertaken with Local Resilience Partners• Annual Peer Review conducted across providers of health and social care
--	---

9. Accountabilities and Assurances

9.1 Trust Board

The Board is responsible for the delivery of safe, effective health and social care, and for ensuring that all resources are used effectively. This includes responsibility for assuring that the organisation's resilience plans remain fit for purpose.

9.2 Chief Executive

The Chief Executive is the Trust's Accountable Officer, and as such, has overall responsibility for ensuring that the organisation delivers the highest quality services: this includes responsibility for ensuring that operational services are able to deliver the best possible service at all times, irrespective of disaster or disruption.

9.3 Audit and Assurance Committee

The Audit and Assurance Committee has responsibility to ensure an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities. This includes responsibility for ensuring that business continuity planning is robust, and that identification of corresponding risks is undertaken.

9.4 Emergency Preparedness and Resilience Group

The Emergency Preparedness and Resilience Group is responsible for overseeing the development of a prioritised corporate business continuity management plan and individual departmental or service business continuity plans. The Group will report directly to the Audit and Assurance Committee.

9.5 Accountable Emergency Officer

The Chief Operating Officer serves as the Trust's Accountable Emergency Officer. The Accountable Emergency Officer will ensure that the Trust, and any providers commissioned by the Trust, have robust business continuity planning arrangements, which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and in ISO 22301.

BUSINESS CONTINUITY STRATEGY 2015-19

The Accountable Emergency Officer will be supported in undertaking their duties by the Trust's appointed Emergency Preparedness, Resilience and Response Officer.

9.6 All Managers and Colleagues

All colleagues will be responsible for contributing to the development of their service or departmental Business Impact & Continuity Plan, and for identifying corresponding risks to operational resilience.

10. Enabling and Supporting Strategies

10.1 This Business Continuity Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;
- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;
- the Information Management & Technology Strategy, which seeks to ensure that information technology is used as an aid to empower Trust colleagues to provide service users with the best possible care, and to provide steer for a reliable, effective IT infrastructure that employs a diverse range of technologies to improve communications both within the Trust and across the whole of the local health and social care system;
- the Estates Strategy, which seeks to ensure that the all users of the Trust's facilities are provided with the best experience the Trust is able to deliver, offering safety, privacy and dignity while respecting the need to match commissioned services, quality and environmental sustainability with cost-effectiveness; including ensuring the optimum protection of all buildings, systems, property and other assets owned and/or operated by the Trust, and maintaining the physical and personal security of all Trust colleagues, service users, carers, families as well as the wider Gloucestershire public who attend any of the Trust's facilities.
- the Communications and Engagement Strategy, which seeks to ensure that the Trust's mission to provide high-quality health and social care across Gloucestershire is fully supported by an effective programme of communications and engagement activity with service users, carers, families and the wider Gloucestershire public, as well as with the organisation's own workforce and professional partners;

BUSINESS CONTINUITY STRATEGY 2015-19

10.2 This Business Continuity Strategy is directly supported by the Business Continuity Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2016-19 in order to fulfil the ambitions of this Strategy.

11. References

The following documents were consulted and should be read in conjunction with this strategy:

- Civil Contingencies Act 2004 – Cabinet Office
- Health & Social Care Act 2012
- NHS Resilience and Business Continuity Management Guidance, Department of Health, 2008)
- BS 25999 (Parts 1 & 2), British Standards Institute
- Business Continuity Management Toolkit – HM Government

BUSINESS CONTINUITY STRATEGY 2015-19

Appendix 1 - Consultation

The revisions to the Business Continuity Strategy following the PwC Audit Report have been presented to the following individuals, groups and Committees so as to ensure consistent senior support, prior to its escalation to the Trust Board in November 2016 for ratification.

Individual / Committee	Date of Meeting
Candace Plouffe, Director of Service Delivery	14 March 2016
Mandy Hampton, Head of Capacity	14 March 2016
Emergency Preparedness & Resilience Group	26 July 2016
Rod Brown, Head of Planning, Compliance and Partnerships	May 2016
Audit & Assurance Committee	September 2016
Trust Board	November 2016

TRUST PUBLIC BOARD

Month:	22 November 2016	24 January 2017	23/03/2017 (Thursday -note change of date)	18/05/2017 (Thursday -note change of date)	20/07/2017 (Thursday -note change of date)	21/09/17/ (Thursday -note change of date)
Venue:	The Main Place - COLEFORD	Oxstalls Tennis Courts GLOUCESTER	Cirencester Town FC Cirencester	TBC	TBC	TBC
Private Session:	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs	09:30 - 10:45 hrs
Service User Story:	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs	11:00 - 12:00 hrs
Public Trust Board	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs	12:30 - 16:00 hrs
Standing Items						
	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC	Service User Story - TBC
	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies
	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate	Confirmation that the meeting is quorate
	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests	Declaration of interests
	Minutes of the meeting held on the 20 September 2016	Minutes of the meeting held on the 22 November 2016	Minutes of the meeting held on the 24 January 2017	Minutes of the meeting held on the 23 March 2017	Minutes of the meeting held on the 18 May 2017	Minutes of the meeting held on the 20 July 2017
	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log	Matters arising Action Log & completed Action Log
	Forward agenda planner review (end of agenda)	Forward agenda planner review (end of agenda)	Forward agenda planner review (end of agenda)	Forward agenda planner review (end of agenda)	Forward agenda planner review (end of agenda)	Forward agenda planner review (end of agenda)
	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public	Questions from the public
	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report
	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report
	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report
Governance, Quality & Safety						
	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework	Board Assurance Framework
	Quality and Performance Committee update	Quality and Performance Committee update	Quality and Performance Committee update	Quality and Performance Committee update	Quality and Performance Committee update	Quality and Performance Committee update
	Workforce and Organisational Development Committee update	Workforce and Organisational Development Committee update	Workforce and Organisational Development Committee update	Workforce and Organisational Development Committee update	Workforce and Organisational Development Committee update	Workforce and Organisational Development Committee update
	Quality and Performance Report (Month 6 data)	Quality and Performance Report (month 8 data)	Quality and Performance Report (Month 10 data)	Quality and Performance Report (Month 12 data)	Quality and Performance Report (Month 02 data)	Quality and Performance Report (Month 04 data)
	Finance Committee update and Finance Plan - Draft	Finance Committee update	Finance Committee update	Finance Committee update	Finance Committee update	Finance Committee update
	Finance Report (Month 6 data)	Finance Report (Month 8 data)	Finance Report (month 10 data)	Finance Report (month 12 data)	Finance Report (month 02 data)	Finance Report (month 04 data)
	Audit Panel Update					
Strategy						
	STP Plan - expectation STP engagement guidelines & including engagement plans	Quality Strategy, Q&P Dec				
		Health, Safety and Security Strategy Approved at the Audit and Assurance Committee - Dec 2016				
	Charitable Funds Strategy Approved at the Charitable Funds Committee - Oct 2016	Estates Strategy Approved at the Audit and Assurance Committee Dec 16				
		Communication & External Engagement Strategy	Finance Strategy			
		Information Management and Technology Strategy - Approve Dec 16 A&A				
		Business Continuity Strategy Approved at the Audit and Assurance Committee - Sept 2016				
Corporate						
	MIIUs (incorporated within COO Report)			Review of Board and Committees' Effectiveness		
	STP (within CEO report)	Understanding You report				
	Forest of Dean Consultation, now within STP considerations					
	Learning into Action (within CEO report)		Learning into Action Update		Learning into Action Update	
Assurance and Information						
	Any other business	Audit and Assurance Committee update	Audit and Assurance Committee update	Audit and Assurance Committee update	Audit and Assurance Committee update	Audit and Assurance Committee update
	Date of the next meeting	Any other business	Any other business	Any other business	Any other business	Any other business
	Charitable Funds Committee update	Review of Board and sub-committee performance	Review of Board and sub-committee performance	Review of Board and sub-committee performance	Review of Board and sub-committee performance	Review of Board and sub-committee performance
	Review of Board and sub-committee performance	Date of the next meeting	Date of the next meeting	Date of the next meeting	Date of the next meeting	Date of the next meeting

AGENDA ITEM 20

ANY OTHER BUSINESS