NHS
Gloucestershire
Care Services
NHS Trust

GCS Trust Board Thursday 30th November 13.00 – 16.00

The Pavilion, Hatherley Lane, Cheltenham GL51 6PN

AGENDA

General Business			Presenter	Purpose
13.00 (guide time)	**1/1117**	**Apologies for Absence and Confirmation the Meeting is Quorate (**4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair)	Chair	To note
13.05	**2/1117**	**Declarations of Interest** To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations are attached as appendix 1.	Chair	To note
	3/1117	**Service User Story – Pressure Ulcers**	Director of Nursing	To note
13.35	**4/1117**	**Minutes of the previous Board Meeting –** held on 20th September 2017	Chair	For Approval
13.40	**5/1117**	**Matters Arising Action Log** - matters arising not covered by other items on the agenda	Chair	To note
13.45	**6/1117**	**Questions from the Public**		To note
Leadership and Strategy				
14.00	**7/1117**	**Board Assurance Framework**	Chief Executive	To note
14.15	**8/1117**	**Chair's Report**	Chair	To note and approve
14.30	**9/1117**	**Chief Executive and Executive Team Report**	Chief Executive	To note
14.45	**10/1117**	**One Gloucestershire - Sustainability and Transformation Plan Update**	Chief Executive	To note
Quality and Operational Performance				
15.00	**11/1117**	**Quality and Performance Committee Report**	Committee Chair	To note
	12/1117	**Quality and Performance Report – Month 6**	Chief Operating Officer & Director of Nursing	To note
15.25	**13/1117**	**Workforce and Organisational Development Committee Update**	Committee Chair	To note and approve

Finance				
15.25	**14/1117**	**Finance Committee Report**	Committee Chair	To note
	15/1117	**Finance Report – Month 6**	Director of Finance	To note
Assurance For Information				
15.45	**16/1117**	**Forward Planner Review**	Trust Secretary	To note
Other Items				
15.55	**17/1117**	**Any Other Business**		
		Date of Next Meeting – 25th January 2018		

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

Appendix 1

Standing Declarations of Interest

Ingrid Barker	Board Members and Trustee NHS Providers Governor Hartpury College Husband Vice Chancellor Nottingham Trent University Joint Chair Designate 2g
Sandra Betney	Director Summerhill Supplies Ltd (wholly owned NHS Subsidiary) resigned 12/05/17 Director FTN Trading Ltd (wholly owned trading arm NHS Providers) Co-opted member NHS Providers Finance and General Purposes Committee
Richard Cryer	Trustee Action for Children, Action for Children Pension Fund,
Nicola Strother Smith	Mentor Health & Justice Commissioner NHSE SW
Jan Marriott	Director Jan Marriott Associates Independent Co-Chair Gloucestershire Learning Partnership Board Independent Chair Gloucestershire Mental Health Wellbeing Partnership Board Acting Independent Chair Gloucestershire Physical Disability and Sensory Impairment Board Vice Chair Community Hospitals Association Research Interviewer National Centre for Social Research
Mike Roberts	GP Partner Rosebank Surgery Gloucester Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDoc)
Tina Ricketts	Board Member NHS Leadership Academy SW Trustee Gloucestershire UTC Chair SW NHS Graduate Management Trainee Steering Group
Candace Plouffe	Trustee Active Gloucestershire
Graham Russell	Chair Second Steps Bristol Chair Governors Cirencester Deer Park Academy Wife works at Longfield Hospice
Nick Relph	None

AGENDA ITEM 1

Welcome and apologies

Confirmation that the meeting is quorate

AGENDA ITEM 2

Declaration of Interests

AGENDA ITEM 3

Service User Story

Pressure Ulcers

NHS Gloucestershire Care Services NHS Trust

Trust Board Minutes

Date: 20th September 2017

Meeting on 20th September 2017 at 13.30hrs
Boardroom, Edward Jenner Court

Board Members	
Ingrid Barker	Chair (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Mead	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member) until 2pm
Katie Norton	Chief Executive (Voting Member)
Sandra Betney	Director of Finance/Deputy Chief Executive (Voting Member)
Nick Relph	Non-Executive Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer (Voting Member)
Tina Ricketts	Director of Human Resources
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Public/Press	
Bren McInerney	Community representative
Dan Corfield	Gloucestershire Hospitals Foundation Trust
Pak Wong	Insight NED Development member

Ref	Minute
01/0917	**Apologies and Quoracy** The Chair welcomed colleagues and members of the public. Apologies from the Medical Director were noted. The Chair confirmed the meeting was quorate.
02/0917	**Declarations of Interest** Declarations of interest previously declared were noted.
03/0917	**Minutes of the Meeting Held on 20th July 2017** Subject to some minor clarifications the Minutes were **APPROVED** as a true record.
04/0917	**Matters Arising (Action Log)** The Board **NOTED** the items on track or completed. It was noted that item 10/116 was still

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Chief Executive	under discussion with the Gloucestershire Clinical Commissioning Group. The Director of Finance advised that the non-resolution of this issue would impact on the Trust's planned Cost Improvement Plan saving. It was agreed that options should be provided to a future meeting of the Board once there was clarity.
05/0917	**Questions from the Public** No written questions had been received. Bren McInerney advised of a forthcoming national visit on 7th November 2017 to which Trust representatives would be invited. He confirmed he would send the details to the Chair.
06/0917	**Chair's Report** The Chair formally noted the announcement of the Strategic Intent to take forward joint working with 2gether NHS Foundation Trust. She advised that the first steps for this would be through the appointment of a Joint Chair and Joint Chief Executive Officer with an interim business case planned to be developed by March 2018, with an intention to bring the two organisations together to create a new physical and mental health trust. She advised that during that morning there had been positive meetings with stakeholders, colleagues and partners to update them on the position, and that these meetings would continue over the next few days. The Chair highlighted key aspects from her report, noting that the Trust remained focused on 'business as usual'. Of note she: 1. Highlighted recent positive meetings with local MPs. 2. Confirmed the consultation process relating to the Forest of Dean Community Hospitals has commenced. 3. Updated on work with Gloucester City Homes in Matson and Podsmead, with Graham Russell, Non-Executive Director, representing the Trust. 4. Briefed on key items from the Health & Wellbeing Board, including self-harm and the Better Care Fund (with full details of investment circulated to Board Members post meeting). 5. Welcomed the appointment of Chris Creswick as Independent Chair of the STP. 6. Updated on changes to the NED portfolios: Jan Marriott – Mortality Review and Nick Relph – EPRR (Emergency Preparedness Resilience and Response). The Board: (i) **NOTED** the Chair's Report. (ii) **NOTED** the report on the activities of the Chair and the Non-Executive Directors and **(iii) NOTED and APPROVED** the updated Non-Executive Director Portfolios.
07/0917	**Chief Executive's Report** The Chief Executive Officer outlined the key aspects of her report. 1. The Trust's Annual General Meeting was being held on 27th September and would reflect the Trust's strong performance and plans for the future. 2. Staff Family and Friends test results –quarter 1 2017-18 showed that the scores for recommending the Trust as a place to work had risen by 6% and as a place to receive treatment by 3%, the Trust's highest levels since the survey was launched in 2014.

Chief Operating Officer	3. Katie's Open Door had been added to the mechanisms by which staff could raise concerns, feedback had been positive. 4. Slavery and Human Trafficking Policy Statement – the Trust had reconfirmed its commitment to ensure that no modern slavery or human trafficking takes place in any part of our business or supply chain. 5. Working with Regulators – there had been positive discussions with NHSI on the Trust's strong performance to date and plans to support urgent care and patient flow. An update on the quarterly meetings with CQC (Care Quality Commission) relating to the new methodology was provided. It was noted that the provider information request letter from CQC was now being progressed by the Trust. 6. NHS review of Trusts processes for medical appraisals and revalidation. The Trust Statement of Compliance was provided for approval. 7. MIIUs – the outcome of the work to increase resilience was demonstrated in the improved position for July and August. 8. Adult Occupational Therapy Review – work to realign the occupational therapy services to meet the reduced financial envelope was noted. It was confirmed there would be a clear plan in place for November 2017. Sue Mead, Non-Executive Director, stressed the need for assurance on continuing accessibility of this service given its importance in contributing to enabling people to remain active in their own homes. The Chief Operating Officer advised she would bring a detailed paper to the Quality and Performance Committee now that the Commissioners had finalised the review. 9. Tewkesbury Hospital remedial works – it was confirmed that this was on time. Sue Mead, Non-Executive Director, welcomed the Anti-slavery and Human Trafficking Statement. Nick Relph, Non-Executive Director, commented positively on the generally improved position of MIIU performance stressing the need to continue to keep it under review. Richard Cryer, Non-Executive Director, commended the teams involved at Tewkesbury who had minimised disruption to the service users during the remedial work. The Board **NOTED** the Chief Executive's Report.
08/0917	**Community Hospital Services in the Forest of Dean – Public Consultation** The Board received an update on the Public Consultation on proposals to invest in a new community hospital in the Forest of Dean. It was noted this was a joint consultation between GCS and the Gloucestershire Clinical Commissioning Group which would last for 12 weeks. It was confirmed that a comprehensive programme of events and opportunities for people to get involved was in place. The consultation sets out a clear preferred option to invest in a new community hospital in the Forest of Dean to provide a fitting legacy to the two existing community hospitals. It asks whether there is support for this option and if so the criteria to be used to determine the best location for the new community hospital and the process to apply the criteria. Board Members welcomed the position and the engagement processes set out. The Board **NOTED** the launch of the public consultation on proposals for community hospital services in the Forest of Dean.

9/0917 Chief Operating Officer	**One Gloucestershire – Sustainability and Transformation Partnership Update** The Board considered an update on the ongoing work being progressed through the One Gloucestershire Sustainability and Transformation Partnership. It confirmed that following Stage 1 assurance meeting with NHS England and the Regional Clinical Senate, work is now progressing to support the One Place Business Case. It was noted that the intention was to take the proposal to the NHS England Investment Committee in December 2017. An update on key areas of improvement being progressed through the STP work streams was also provided. Board members considered the update and raised a number of queries. Jan Marriott, Non-Executive Director, queried how the One Gloucestershire Improvement Academy would work alongside Listening Into Action and was advised that this was one of the tools that would be reflected. Sue Mead, Non-Executive Director, commented on the need for clarity in relation to services and the timeline for the urgent treatment centres and the Chief Operating Officer confirmed work was ongoing to clarify the implications for MIIU and the Single Point of Clinical Access. It was agreed the Board would be updated in November when further information was available. Nicola Strother Smith, Non-Executive Director, welcomed the update on the National Diabetes Prevention Programme and GCS's involvement. The Chief Operating Officer advised that it was a preventative programme and that additional podiatrists were being appointed to the foot protection team. The Chief Operating Officer commented that the STP work on reducing clinical variation would be timely for internal Trust work and that the Trust was considering how to take forward the pilot. The Chair advised that she had met with the new Independent Chair of the STP as part of his induction process. There would be a meeting of the Gloucestershire Strategic Forum (GSF) the following week which would evaluate progress to date. The Board **NOTED** the report.
10/0917	**Quality and Performance Committee Report** The Board received the report providing assurance that the Quality and Performance Committee continues to oversee the Trust's quality, performance, clinical expertise and achievements in line with its delegated authority. The report confirmed the following activities: • Assurance in relation to a number of operational developments and issues that have been considered by the Committee including preparations for a resilient "winter plan" and that this includes developing Gloucestershire's Mutual Aid Agreement; improvements with regards to reducing the number of MIIU closures or diverts; mitigating actions being put in place to reduce risk in terms of patients accessing the Trust's MSKCAT services. • The approval, on behalf of the Board, of the 2016 -17 Public Health Nursing Annual Report, which will be submitted to Commissioners. • Assurance that quality priority activities and improvement trajectories relating to pressure ulcers and falls are being progressed. • Assurance that the Trust is making good progress against the national learning from deaths recommendations published early 2017. • Assurance with regard to the processes in place to discharge the Trust Responsible Officer responsibilities such as having robust medical revalidation processes in place.

Chief Operating Officer **Executive**	Sue Mead, Non-Executive Director, and Chair of the Committee, updated on the discussion relating to bed occupancy, recognising that the contract target was 90%, whereas average occupancy was at least 95%. The Chief Operating Officer advised that she would model a range of levels and provide an update to the Quality and Performance Committee. It was noted that there had been debate on the optimal timing for the Quality Equality Impact Assessments that this was being further discussed by the Executive. The importance of the assessments being undertaken at the most appropriate time was stressed. It was confirmed that the Quality and Performance Committee would continue to keep a watching brief on this matter. Nick Relph, Non-Executive Director, advised that it would be helpful to have an integrated performance report to avoid issues to be considered in silos within the committees. The Chief Executive Officer confirmed this would be an important development which reflected feedback from the Gloucestershire Hospitals NHS Foundation Trust Governance Review. The Board: 1. **NOTED** the Quality and Performance report; 2. **RECEIVED** the approved Minutes of the Quality and Performance Committee held on 27th June 2017.
11/0917 **Chief Operating Officer**	**Quality and Performance Report – July 2017 data** The Board considered the overview of the Trust's performance as at July 2017. The report highlighted a number of sustained and notable improvements in performance including: • An improvement in the Family and Friends Test response rate (6.4% in July compared to 4.2% in June) • A reduction in inpatient average length of stay (22.1 days in July compared to 26.2 in June) • Achievement of single point of clinical access call handling target • Sustained newborn hearing coverage of 100% • Based on "new harms" only safety thermometer harm free care performance of 97.4% in July The Board was pleased to note these improvements in performance. The report also confirmed that work was ongoing to target improvement in delayed transfers of care, the onward referral rate from MIIUs, and MSKAT service performance which continues to breach local referral to treat targets. It was recognised that the personal development reviews target continued to be red and that this would be discussed in detail at the next Workforce & OD Committee. It was agreed that it would be helpful in future for the report to highlight individuals on active assignment. The Chief Operating Officer updated on discussions with the Gloucestershire Clinical Commissioning Group to ensure clarity on the guidance relating to transfers of care to ensure consistency. She advised that the Trust was working with system partners to progress this. The Chair queried what was driving the reduction in performance. It was agreed that the Executive would consider this in more detail and ensure the usefulness of the target. It was agreed that the Board would receive a detailed report on this. Graham Russell, Non-Executive Director, commented on the continuing under-

	performance in relation to occupational therapy and questioned what needed to be done to ensure improvement. It was noted that there were physiotherapist vacancies and the Chief Operating Officer also advised that the Head of ICTs was preparing an action plan to improve performance and reduce the waiting list. It was recognised that there had been a change in design for MSKAT pathway across the system. Jan Marriott, Non-Executive Director, commented on the safety thermometer position at North Cotswolds, it was confirmed the harms related mainly to fall and that the Quality and Performance Committee would consider the Falls Quality improvement action plan at its next meeting. The Board **NOTED** the report.
12/0917	**Finance Committee Report** Graham Russell, Non-Executive Director and Chair of the Finance Committee, introduced the report. He advised that there had been a number of changes to the Finance Report to provide greater clarity which the Committee considered helpful. It was confirmed that further changes were to be put in place. He advised that the Committee had reviewed performance to date on the cost improvement plan and reviewed the capital expenditure position. The Board **NOTED** the update from the Committee and **RECEIVED** the minutes from the June Finance Committee.
13/0917 **Director of Finance**	**Finance Report – July Data** The Director of Finance introduced the report which provided an overview of the Trust's financial position at month 4. This confirmed that the year to date performance was broadly in line with plan. The report now incorporated the Single Oversight Framework to monitor performance: the Trust had a plan score of 1 (the best possible score). The Director of Finance commented that further developments for the report would be to incorporate a three-year timeline to support greater oversight. She confirmed that the Trust was on track to achieve its control total and that the milestones for CQUIN quarter 1 had been achieved and that the milestones for QUIP had been achieved with one carried forward to the next quarter. The processes in place to deliver Cost Improvement Plans were outlined. The Chair welcomed the new style report which enabled easier tracking. It was confirmed that the cash flow statement would be added as a standard item to the report and that the position on agency spend would be confirmed at the next meeting. Directors queried whether the report included costs relating to the Strategic Intent and were advised that this was not currently included. The Director of Finance advised she was reviewing potential costs relating for this year and for 18/19. She highlighted potential for an increased PDC (public dividend capital) following the recommendation of the Naylor report, noting that NHSI/NHSE had yet to provide guidance on this. The Board **NOTED** the report.
14/0917	**Audit & Assurance Committee Report** Richard Cryer, Chair of the Committee, updated on the September meeting which had

	considered the Internal Audit Annual Report 16/17, External Audit Progress Report, Counter Fraud update, emergency prepared resilience update and amendments to the Scheme of Delegation. The Board **NOTED** the update and **RECEIVED** the agreed Minutes of 9th May and 26th May 2017.
15/0917	**Charitable Funds Committee Update** Ingrid Barker updated on the August meeting of the Charitable Funds Committee which had considered the Charitable Funds Position Statement. It had also approved the Draft Financial Statements for 16/17 subject to audit and continued to monitor funds held and the processes for applications for funds. The Board considered the draft Position Statement and AGREED that the Committee further review the level of administrative costs. The Board: 1. **NOTED** the update from the Charitable Funds Committee 2. **RECEIVED** the minutes from the Charitable Funds Committee held on 19th April 2017 3. **AGREED** to further review the Charitable Funds Position Statement once the Charitable Funds Committee had revised it.
16/0917	**Board Assurance Framework update** The Board received the Board Assurance Framework which had been considered by the Executive. It was agreed in future it should be considered at the start of the meeting to inform discussion. Members considered risk 14, the highest rated risk. The Director of Finance confirmed the process ongoing to mitigate the risk. The Committee **RECEIVED** the Board Assurance Framework and **NOTED** the actions being taken to mitigate the risks. 4pm – Chief Executive Officer and Chair of the Board left the meeting to attend a staff briefing. Sue Mead, Vice-Chair, took the Chair for the remainder of the meeting.
17/0917 Chief Executive Officer / Director of Nursing	**Forward Planner Review** It was confirmed that CQC would be incorporated within the Quality and Performance reporting and the Chief Executive's report. The Board **NOTED** the forward agenda planner.
18/0917	**Any Other Business** 1. CQC – it was confirmed that a pre-inspection information request from CQC was

	currently being progressed and would be submitted at the start of October as required. 2. Employers Wellbeing Charter – it was confirmed this had been achieved There being no further business the Chair closed the meeting at 16.10.
19/0917	**Date of Next Meeting in Public** It was agreed that the next meeting of the Board be held on 30th November 2017.

Chair's Signature:

Date:

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log – 30 November 2017

Key to RAG rating:

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

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
10/1116	Chief Operating Officer's Report	**Minor Injury and Illness Units (MIIUs) -** Gloucestershire Clinical Commissioning Group (GCCG) to confirm position ref, funding of additional costs for revised hours.	Chief Executive	Original December 2016 Revised November 2017	Options paper to be provided to Board following outcome of discussion with GCCG.	
16/1116	Finance Report - Month 6	**Hatherley Road -** Business case to be progressed for consideration by the Board.	Director of Finance / Chief Operating Officer	Original Jan 2017 Revised date Jan 2018	Gloucester City Hub options considered at Finance Committee August 2017. Revised timetable agreed to ensure integrated approach with Estates Strategy and Capital Plan. Next update to Finance Committee November 2017	

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
10/0317	Quality and Performance Committee Report	**Mortality Review Guidance –** Gap analysis and plan to be presented to Quality and Performance Committee with update to the Board.	Medical Director	September 2017 (re-scheduled Nov 2017)	Discussed Quality & Performance Committee. October 2017.	
07/0917	Chief Executive's report	**Adult Occupational Therapy Review –** update to be provided to Quality and Performance Committee.	Chief Operating Officer	December 2017	Report to Quality and Performance Committee	
10/0917	Quality and Performance Committee Report	**Bed Occupancy Levels –** modelling to be provided to the Quality and Performance Committee	Chief Operating Officer	October 2017	Report to Quality and Performance Committee	
10/0917	Quality and Performance Committee Report	**Integrated Performance Report –** development being investigated	Executive	March 2018	Executive reviewing	
11/0917	Quality and Performance Report	**Delayed Transfers of Care –** update to be provided to the Board	Chief Operating Officer	November 2017	Report to Board	

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Trust Board

Date of Meeting: **30th November 2017**

Report Title: **Board Assurance Framework**

Agenda reference Number	07/1117
Accountable Executive Director (AED)	Katie Norton – Chief Executive
Presenter (if not AED)	
Author(s)	Katie Norton – Chief Executive Gillian Steels – Trust Secretary
Board action required	To Receive and Review
Previously considered by	Executive Team
Appendices	Board Assurance Framework

Executive Summary

The Board Assurance Framework (BAF) provides an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.

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

Of particular note, in undertaking a review of the BAF the Executive would wish to highlight the progress made to move towards our target risk in relation to:

SR3: The risk that we do not effectively celebrate our successes internally, locally and nationally resulting in a lack of knowledge of the range and quality of our services.

SR9: The risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users.

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SR10: The risk that we do not invest time to actively list, learn, reflect, engage and respond to colleagues resulting in a culture which does not promote openness.

SR13: The risk that we fail to maintain and develop an infrastructure fit for the future resulting in fragmented service delivery models and escalating cost.

SR15: The risk that we do not maintain robust internal controls and governance systems.

While recognising the strong progress in these areas the Executive have highlighted the following as areas where the risk has increased and where the Board may wish to focus attention.

SR5: The risk that we fail to recruit and retain colleagues with the right knowledge, skills, exper4ience and values required to deliver sustainable services and support transformation.

SR11: the risk that we do not support colleagues health and wellbeing in an environment of constant change and demand.

SR12: The risk that we under invest in leadership and management development.

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

Recommendations:
The Board is asked:

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

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

Board Assurance Framework:

November 2017

Contents

1.1 Strategic Risks - Summary of strategic risks

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

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

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

1.2 Detail of strategic risks

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

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach info med by the needs of GCS as a partner	• 360 feedback from partners and stakeholders
• Readiness for CQC with aim for good or outstanding overall rating.	• Visability of our leaders and staff in local events and programmes
• Development of Joint Strategic Intent with 2gether NHS Trust	
• We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee	

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

The joint work with 2gether has enabled clear focus on the value of integrated community based physical and mental health services, and the strength of GCS in moving this forward with the support of colleagues, stakeholders and partners. In raising the profile and understanding of the breadth and depth of services we provide, the need to maintain focus on delivering business as usual will be critical, particularly in light of expected CQC inspection in Q4.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Communications and External engagement strategy	Workforce and OD Committee	Board Oversight
Regular reports to Health and Care Oversight and Scrutiny Committee (HOSC)	Regular Chair and Chief Executive reports	Board Oversight
Chair and Chief Executive Membership of Gloucestershire Strategic Forum (GSF)	Regular Chair and Chief Executive reports	Board Oversight
Member of Emergency Planning Preparation and Resilience Forum	Regular Chief Executive reports	Board Oversight

Chair membership of Health and Well Being Board	Regular Chair Reports		Board Oversight
Active member of NHS Providers and Community First Network			
Your Care Your Opinion			
Quality Account	Review of Quality Account		Board oversight

Gaps in Controls and Assurance (additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Annual organisational 360 (assurance)	**Stakeholder Questionnaire to be commissioned** **Nov 2017 Update –** relationship building work being progressed - HOSC Annual Meeting. - Your Care Your Opinion Event Oct 2017 **–** co design of information requirements by service users - AGM helped build understanding of breadth of GCS Offer	Chief Executive	**March 2018**
2	Clarity on GSF Decision Making (controls)	Review of GSF and STP Governance **Nov 2017 Update –** New STP Independent Chair updating processes Greater clarity on which decision STP led and which provider led, for example Forest Consultation Process on-going with significant involvement GCS	Chief Executive	March 2018
3	Develop Relationship new HOSC members (assurance)	Induction new HOSC Chair and members **Nov 2017 Update** – induction session completed Oct 2017. Relationship development processes to be defined	Executive	September 2017 – **Stage 1 Complete Stage 2 – March 2018**

Links to Primary Regulatory Framework
CQC, NHSI, Well Led Framework, Single Oversight Framework

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

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

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

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

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

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Development of clearly documented service vision for our community services.	Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer. Plans for core and specialist inpatient rehab to be prepared by end December **Update Nov 2017 –**Workshop held with Service Leads	CEO/COO	March 2018

		Joint Strategic Intent with 2gether		
2	Clear business plan which aligns service and financial delivery and supports the vision	To develop a business plan for the organisation which reflects the vision **Update Nov 2017 –** Business Planning Process in development. Progressed at Execs 9/11/17	DoF	February 2018
3	Development of benefits realisation methodology across the STP	Work with partners to agree common framework for benefits realisation has been progressed in context of place based work, further work now across wider STP.	DoF	March 2018
4	**New Measure Nov 2017 -** Place based model processes embedded – One Place One Budget	Structures and staffing to be put in place to support Place based model.	CEO	March 2018
5.	**New Measure Nov 2017 –** Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Necessary processes and structures to be put in place.	CEO/Chair	Jan 2018
Links to Primary Regulatory Framework Single Oversight Framework Well Led Framework				

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

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

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

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

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

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Monitoring and targets for media presence (positive, negative etc)	Review of current process to develop improvement plan. **Update Nov 2017** Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2017 Complete
2	Clear targets to improve response rates for the friends and family test	Review of current processes for completion of Friends & Family Test and development of plan to increase **Update Nov 2017** – Friends and Family Processes for Service Users brought in house. Target trajectories and plans in place and discussed at Q&P Committee. Friends and Family Test for staff being promoted to improve completion rate. Head of Organisational Development and Improvement reviewing the methodology and reporting to Workforce & OD Committee in December	DoN DoHR	Dec 2017
3	**New Measure Nov 2017** – Mechanism to improve Service User Feedback systematically shared through organisatiion	**Nov 2017 Update -** Your Care Your Opinion event Oct 2017 highlighted service user preference for "testimonials". Consideration for inclusion in Dashboard	Exec	Dec 2017
Links to Primary Regulatory Framework				

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***		
Risk SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers (Service Transformation Focus).		
Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	20/04/17
Previous Risk Score	3 x 4 = 12	**Date of Review**	November 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	January 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31/03/18

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Mechanism for initial impact on projects developed	• FFT Response Rate
• Negative assurance, eg complaints etc, being fed into the business planning process	• FFT % recommend service – likely , extremely likely
• Examplars of co-design	• Number compliments, complaints, concerns
• Policy on Policy updated to include co-design and patient centred care focus.	

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

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

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

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

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

		of responses reported, information now to be progressed into service action plans.		
		Increase use of “You said We did” feedback processes **Nov 2017 Update –** process being established – potential inclusion in Hospital Dashboard being considered	COO	March 2018
7	**New Measure Nov 2017** - Business Planning Process Breadth to be extended.	Updated Business Planning Process being developed.	DOF	Dec 2017
Links to Primary Regulatory Framework **CQC** **Constitution Right and Pledges**				

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

Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	**Date Identified**	20/04/17
Previous Risk Score	3 x 3 = 9	**Date of Review**	November 2017
Current Risk Score	3 x 3 = 9	**Date Next Review**	January 2018
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	March 2018

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Revised Policy on Policies to reference co-design and person centred care	• FFT Response Rate
• Core Values reinforced to incorporate valuing contribution service user.	• FFT % recommend service – likely , extremely likely
• Patient stories and evidence of impact.	• Number compliments, complaints, concerns
• Delivery 17/18 CQUIN on Increased use of Personal Care Plans.	

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

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

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

and assurances should we seek)				
		Action	**Owner**	**Deadline**
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in	Update Policy on policies to make sure patient involvement in own care is appropriately reflected	Trust Secretary	Oct 2017
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective	Dir HR	Oct 2017
3		Session on CORE values at CORE Leadership Group – identify top three barriers to being service user focused and feed these into Executive Objectives. **Nov 2017 Update –** theme for business planning – Individual Patient Care	DOF	December 2017
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. **Nov 2017 Update –** trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Mar 2018
		Nov 2017 Update - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding.	COO	March 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge				

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

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

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

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

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

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

Links to the Primary Regulatory Framework:
CQC

Strategic Objective	*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*
Risk SR9	There is a risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.

Type	Quality	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Risk Score	4 x 4 = 16	**Date of Review**	November 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	January 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March

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

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

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

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

	Gaps in Controls and Assurance (what additional controls and assurances should we seek)	**Mitigating Actions (what more should we do)**	**Owner**	**Deadline**
		Action		
1	Lack of formal and relevant frameworks for joint working with key partners	Develop formal frameworks for joint working with 2G and GCCC	CEO	March 2018
2	System quality indicators	Develop Business Plan incorporating Estates	COO	Oct 2017
3	**New Measure Nov 2017 -** Relationship building with provider partners to resolve issues swiftly.	Trakcare escalation processes in place**.** Monitoring on going. Proposals for Joint action groups being progressed, for example re SIRIs and Mortality. Reablement support for Domiciliary Care.	COO DoN COO	Nov 2017 March 2018 Nov 2017

	New Measure Nov 2017 – Market resilience awareness	Request for GCC to complete and share an assessment of domiciliary care resilience to enable proactive planning.	COO	Nov 2017

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*		
Risk SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	3 x 4 = 12	**Date Identified**	April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	November 2017
Current Risk Score	2 x 4 = 8	**Date Next Review**	January 2018
Tolerable (Target) Score	1 x 4 = 4	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Manager toolkit in place – to launch Jan 2018 across STP	• Staff engagement levels (from annual staff survey)
• Improvement in staff friends and family test (colleagues recommending the Trust as a place to work	• Staff friends and family test results
• Increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised – increased.	• Staff Survey Question on feeling supported to raise concerns.

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

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

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

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

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

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

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

While a significant amount of work has been progress to support colleague health and wellbeing, we are seeing an increase in sickness absence rates in a number of areas with increasing pressure on colleagues to meet competing demands. This suggests that this risk is increasing and further focus is needed.

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

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

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

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

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

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

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

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

	Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	awareness and personal impact.		
3	Managers induction	Managers toolkit and induction in development **Nov 2017 Update** – toolkit on schedule for delivery by Dec 2017. Induction target March 2018	Head of OD	March 2018
4	Implementing ILM Leadership and Management Apprenticeships	ILM apprenticeship programmes to be developed **Nov 2017 Update –** on track for implementation STP wide Jan 2018	Head of OD	Jan 2018

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Finance Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 16	**Date Identified**	20/4/17
Previous Risk Score	4x 4 = 16	**Date of Review**	November 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	January 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Dec 2017

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Estates Strategy	1. Capital Servicing capacity
2. Financial Strategy	2. Income and Expenditure Margin
3. Refreshed IT Strategy	3.Reference Cost Index

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

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

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

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

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR14	There is a risk that we do not lead on, and invest in, transformation to secure long term sustainability of services; resulting in inability to sustain quality and compromising year on year cost improvement.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	20/4/17
Previous Risk Score	4 x 5 = 20	**Date of Review**	November 2017
Current Risk Score	4 x 5 = 20	**Date Next Review**	January 2018
Tolerable (Target) Score	3 x 5 =15	**Date to Achieve Target**	March 2018

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
• Updated Financial Strategy	• Forecast Trend for Return on Capital
• Business Development Strategy	• Service User Outcome data –(Mortality, Readmission, MSKat, reablement)

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

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

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

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

1	Updated Financial Strategy linking to STP	Review Financial Strategy and update	DOF	March 2018
2	Business Development Strategy	Review Business Development Strategy **Nov 2017 Update –** Board Development Focus and Appetite confirmed and in use to review business opportunities. Full development of Strategy deferred.	DOF	Sept 2017 Stage 1 complete Nov 2018
3	**New Control - Nov 2017** CIP Plan 2018/19	CIP Plan 2018/19 in Place **Nov 2017 Update –** CIP Planning process and elements defined. Workshop arranged for Nov 2017	DOF	Dec 2017
4	**Nov 2017 Update** Work Force Plan 2018/19	Work Force Plan 2018/19 to be reviewed by Workforce and OD Committee and Board	DHR	Dec 2017
		Benchmark against Carter Metrics (once issued) **Nov 2017 Update** – not yet issued	DOF	Mar 2018

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

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1st April 2017
Previous Risk Score	4 x 4 = 12	**Date of Review**	November 2017
Current Risk Score	3 x 3 = 9	**Date Next Review**	January 2018
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2018

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

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

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

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Clinical and corporate governance arrangements enable controls to be effectively managed	The sub-Board Committee structure, and in particular, the Audit and Assurance Committee, the Quality and Performance Committee, the Finance Committee, and the Workforce and OD Committee, provide assurance on all corresponding controls to the Trust Board	Board
Committee / reporting structures enable controls to be monitored and reviewed	Internal Audit of Governance December 2016, Reported to the Audit and Assurance Committee February 2017, classified Corporate Governance – Governance Framework as low risk and advised;	Independent
The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas	"Our review of corporate polices and documentation, including committee structure, terms of reference,minutes,board papers and other ad-hoc document sidentified that, overall, the Trust has appropriate structures in place to support good governance.". – Internal Audit	Independent
The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is	IA and EA feedback	Independent

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

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

		New Action - Increased Teamworking processes to avoid silo working **Update Nov – 2017** developed through CIP and Budget setting processes.	Executive	March 2018
		New Action - Self-Review against GHFT Recommendations **Update Nov 2017 –** Review undertaken. Minor changes in process of being implemented	DoF	January 2018
	New Control – Nov 2017 – Preparation for Use of Resources	Use of Resources implications considered at Execs Sept 2017. To be considered by Board. Financial Report revised to include metrics from Use of Resources.	DoF	Jan 2018
		Timely Actioning of EA and IA – follow up process embedded	DoF	Jan 2018
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	Jan 2018
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Definitions

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

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

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

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

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

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

Impact Score x Likelihood Score = Risk Rating:

Trust Board	
Date of Meeting:	**30th November 2017**
Report Title:	**Chair's Report**

Agenda reference Number	08/1117
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker- Chair
Author(s)	Ingrid Barker- Chair
Board action required	Note
Previously considered by	Not Applicable
Appendices	

Executive Summary

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

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

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

Chair's Report

1. Introduction and Purpose

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

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

2. Working with our Partners

Since my last report to Board, aside from the usual meetings and committees, most of my time has been spent with partners and stakeholders, updating on progress at the Trust and in particular the development of the **Trust's Strategic Intent with the ²gether NHS Foundation Trust.** This followed careful consideration by both organisations of our strategic priorities leading to a joint conclusion that there is significant strategic alignment, to the extent that a "blended offer" through a single organisation would best support our shared ambition. Feedback from stakeholders has been overwhelmingly positive, recognising that the developments are focused on meeting the needs of the service users through integrated mental and physical health services.

The Trusts have therefore agreed a strategic intent for progressing with pace and purpose the opportunity to bring ²gether NHS Foundation Trust (²g) and Gloucestershire Care Services NHS Trust (GCS) together.

We have jointly set out the proposed principles and process which will support the coming together of our two successful organisations and are determined that this process must ensure we maintain our focus on in year performance and delivery and ensure appropriate and effective governance and leadership.

As part of this process I was delighted to be appointed as Joint Chair Designate following an interview process on 3rd October. I will formally take on the role on 1st January 2018 and already progressing processes to support joint working to take forward the development of the Strategic Outline Case and the Full Business Case in line with the planned timetable. A joint decision has also been taken to begin a national recruitment process for the Joint Chief Executive role and this is now progressing with interviews planned for the New Year.

Supporting this work, I have undertaken a number of familiarisation and induction meetings with colleagues at ²gether including:

Meeting with Chair ²gether
Induction Meeting with ²gether Non-Executive Directors
Council of Governors Meetings ²gether

Induction Meetings with 2gether Directors

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

- NHS Providers Board in November.
- Gloucestershire Strategic Forum meetings in September, October and November.
- Gloucestershire Clinical Commissioning Group Annual General Meeting on 28th September
- Health and Social Care Overview and Scrutiny Committee meeting on 14th November
- Meeting with the County's Health Chairs and two key GCC Cabinet Leads. This meeting is now to include the new independent Sustainability and Transformation Partnership Chair.

The **GCS Trust AGM** took place successfully on the 27th September 2017. We were delighted to be the guests of the University of Gloucestershire recognising our partnership work with them in developing the skilled workforce the health economy needs. The venue very successfully exhibited the facilities which the university has recently developed for its Nursing Programme, demonstrating its investment in this key area. The event showcased the work of the Trust and the talented and caring colleagues who work every day to meet the needs of our service users through supportive and innovative practice. We were pleased to be supported by a wide range of partners reflecting the Trust's commitment to joined-up working with the service user at its heart.

3. Working with the Communities and People We Serve

I attended the **Bishop of Gloucester's breakfast meeting** which was held at Emmaus in Gloucester where we had some time to reflect on factors which lead to someone becoming homeless within our county**.** The Bishop's events are always an excellent opportunity for networking and meeting new partners.

We were pleased to welcome **Mark Harper MP** to the Forest of Dean Integrated Community Team – a very informative visit which updated Mark on the way the Trust is working to provide integrated care to service users and help to support them as locally as possible.

We were also very pleased to welcome **Victoria Atkins MP, Minister for Crime, Safeguarding and Vulnerability** who was accompanied by **Richard Graham MP** on a visit to the George Whitfield Centre based in Great Western Road, Gloucester where they were introduced to a number of people including the Manager of the Homeless Healthcare Team, Gayle Clay and a number of homeless co-ordinators and clinicians.

The CEO and I will meet with **League of Friends Chairs** on 29th November, which we do on a regular basis to share information and to hear of updates from the perspective of these important partners.

The annual informal meeting with members of the **Health and Care Overview and Scrutiny Committee (HCOSC)** was held on 10th October at Lydney Hospital where we were able to provide an introduction to the Trust for the new members of the Committee along with an update on current activities. This was, as usual, a helpful session which demonstrated the focus on ensuring we meet the health needs for the people of Gloucestershire. A regular meeting of the HCOSC also took place on 14th November.

The next meeting of the **Gloucestershire Health and Wellbeing Board** will be held on 28th November, where I will be represented by Sue Mead (Vice-Chair). A verbal update will be given on key issues discussed.

Forest of Dean Consultation Events – Richard Cryer (Non-Executive Director) and I have attended a number of these events. A wide range of opportunities and mechanisms have been put in place to encourage feedback and I have been very pleased at the level of engagement by the local community in this important process. These events continue until early December.

4. Engaging with our Trust Colleagues

Following the announcement of the Strategic Intent with 2gether NHS Foundation Trust I have attended a number of briefings with teams across the county with colleagues. I was supported in this by the Chief Executive, Executive and the Non-Executive Directors.

The Chief Executive and I have continued to meet with colleagues for conversations about key issues and updates. Most recently they have taken place in Cirencester, Edward Jenner Court, Lydney Hospital and Tewkesbury Hospital with further dates being planned around the different localities. These meetings are continuing to be well attended with feedback that the face to face contact is appreciated by colleagues.

5. Board Development

Pak Wong's placement with the Trust as part of the Insight programme is ongoing. Pak has attended Board meetings and the Quality and Performance Committee and is finding it a useful development process.

A number of Board Directors, including the Chief Executive, Deputy Chief Executive, Nick Relph (Non-Executive Director) and I attended the NHS Providers Conference which provided very helpful insight into innovation and developments in the health sector.

In view of my increased workload in undertaking the new joint Chair role, Nicola Strother Smith has kindly agreed to resume as chair of the Charitable Funds Committee.

6. NED activity

Since my last Board report the NEDs and I have held our usual monthly meetings at Cirencester Hospital and also at Edward Jenner Court. As ever, it was very helpful to hear directly from colleagues at Cirencester Hospital about their work.

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

- Attendance at Trust Board, Committees and a Board Strategic Session
- Quarterly Meetings (Richard Cryer, Jan Marriott)
- Volunteer Strategy Group (Nicola Strother Smith and Jan Marriott)
- Interview Panel Member for Head of Planning and Business Development (Graham Russell)
- CQC Assurance Meeting (Sue Mead, Richard Cryer, Nicola Strother Smith and Nick Relph)
- Joint Chair Assessment Centre (Sue Mead, Graham Russell)
- End of Life Working Group (Nicola Strother Smith)
- Learning Disability Expert Reference Group (Sue Mead)
- Meeting with Diabetes Specialists (Nicola Strother Smith)
- NHSP NED Induction (Nick Relph)
- Meetings with Director of Nursing (Sue Mead)
- End of Life Workshops (Jan Marriott and Nicola Strother Smith)
- Special Olympics (Richard Cryer)
- Mortality Review Group (Jan Marriott)
- Meeting with SystmOne Team (Jan Marriott)
- Your Care Your Opinion (Jan Marriott)
- Internal Audit Interviews (Richard Cryer)
- Joint CEO Assessment Centre (Sue Mead, Nicola Strother Smith and Nick Relph)
- Meeting with Lead Commissioner for Public Health (Sue Mead)
- Interview Panel Member for Sexual Health Consultant (Jan Marriott)
- Gloucestershire Health & Wellbeing Board (Sue Mead)

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

- Forest of Dean ICT Quality Visit (Richard Cryer)
- Quality Visit with Health & Safety Team (Nick Relph)
- Quality Visit with Diabetes Team (Nicola Strother Smith

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

7. Conclusion and Recommendations

The Board is asked to:

1. **NOTE** the Report.

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **30th November 2017**

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

Agenda reference Number	09/1117
Accountable Executive Director (AED)	Katie Norton, Chief Executive
Presenter (if not AED)	
Author(s)	Katie Norton, Chief Executive
Board action required	For Information
Previously considered by	N/A
Appendices	1. Executive Team Mid-Year Review 2. Emergency, Preparedness, Resilience and Response Plan (EPRR) 3. Winter Planning Media Briefing 4. EPRR Assurance letter (substantial assurance)

Executive Summary

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

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

Of note:

- A comprehensive mid year review has been completed by the Team which has enabled clear priorities to be set and work agreed to ensure we position the Trust to meet the challenges ahead, with a strengthened business planning process in place;
- The consultation on our preferred option for community hospital services in the Forest of Dean has been progressing with high levels of local engagement. The consultation will end on 10th December;

- We are continuing to maintain regular and strong relationships with our regulators;
- There has been considerable work undertaken to support the Gloucestershire urgent care system, with clear plans in place to support winter resilience;
- The Trust is leading work to improve access to screening and immunisation, focusing on under-represented communities;
- The Trust is continuing to take a lead role in supporting new models for place based working, with particular focus on supporting multi-agency Multi Disciplinary Team working;
- The Trust is continuing to work closely with partners to support the work within Gloucestershire County Council to respond to the Children's Safeguarding OFSTED recommendations, recognising that safeguarding is everyone's business
- There have been some notable individual, team and organisational successes.

Recommendations:

The Board is asked to **NOTE** this report and to:

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

Chief Executive and Executive Team Report

1 Introduction and Purpose

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

2 Executive Summary

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

Of note:

- A comprehensive mid year review has been completed by the Team which has enabled clear priorities to be set and work agreed to ensure we position the Trust to meet the challenges ahead, with a strengthened business planning process in place;
- The consultation on our preferred option for community hospital services in the Forest of Dean has been progressing with high levels of local engagement. The consultation will end on 10th December;
- We are continuing to maintain regular and strong relationships with our regulators;
- There has been considerable work undertaken to support the system urgent care system, with clear plans in place to support winter resilience;
- The Trust is leading work to improve access to screening and immunisation, focusing on under-represented communities;
- The Trust is continuing to take a lead role in supporting new models for place based working, with particular focus on supporting multi-agency Multi Disciplinary Team working;
- The Trust is continuing to work closely with partners to support the work within Gloucestershire County Council to respond to the Children's Safeguarding OFSTED recommendations, recognising that safeguarding is everyone's business
- There have been some notable individual, team and organisational successes.

3 Strategy and Leadership

3.1 Joint strategic intent between GCS and 2gether NHS Foundation Trust

Following the decision on 20th September 2017 to explore the opportunity to develop a new physical and mental health offer in Gloucestershire, the two Trusts have been working to progress next steps.

A programme framework has been developed which will focus on three inter-related streams of work – developing the business case for the *transaction* in line with regulatory requirements, ensuring a seamless *transition* to support our strategic intent and *transformation* of our service offer to realise the benefits for service users, carers and colleagues.

3.2 Executive Team Mid Year Review

The Executive Team have completed a mid-year review of progress against our objectives.

The review provided an opportunity reflect on progress that has been made in a number of areas and the priorities for the remainder of the year to position the Trust in the best way for 2018/19. A summary of the key themes and issues arising from the review is summarised in Appendix 1.

3.3 Business Planning 2018/19

The Business Planning process for 18/19 and beyond has started. The process will be fully integrated with budget setting and workforce planning.

The Executive Directors have agreed high level goals to support the strategic objectives agreed by the Trust Board. These are:

- Quality
- Sustainability,
- Co design
- Experience.

To assist the development of SMART team and individual objectives these have been augmented by themes, two for each goal:

Further work is now progressing at pace to align the Trust operational priorities to ensure that the business plan adequately reflects all organisational drivers, national policy direction, STP priorities and quality goals. The process will see draft objectives developed by teams and services during December with refinement and further development in January and February. The overall internal business plan and NHSI planning submission will be presented to the Board for sign off in March.

Consideration is also now being given to the monitoring framework to enable progress against the business plan to be established using a balanced scorecard approach.

3.4 Forest of Dean Community Hospital Consultation

The Forest of Dean Community Hospital Consultation will end on 10th December 2017. The consultation sets out our preferred option to build a new community hospital in the Forest of Dean by 2021/22. With the STP partners, we believe this option will ensure high quality care in the future, meet the needs of local residents and improve opportunities for new ways of work for colleagues.

Should the preferred option be agreed following public consultation we have committed to working with local people to design the facility and ensure it was both a worthy successor to the current hospitals and in keeping with the unique environment of the Forest of Dean.

We are also taking the opportunity through this consultation to ask for views on:

- A set of criteria which can be used to help decide where a new hospital would be located; and
- How a recommendation on preferred location should be made

Through the consultation there have, and continue to be, a series of consultation meetings, events and drop in sessions which have been generally well attended. Updated "Frequently Asked Questions" have been provided on the dedicated website. www.fodhealth.nhs.net

It is expected that a full report on the consultation will be prepared for consideration by the Gloucestershire Health Overview and Scrutiny Committee in January, prior to a recommendation on next steps being considered by the Trust Board and Gloucestershire Clinical Commissioning Group.

I would like to take this opportunity to thank colleagues who have been supporting the consultation and engagement, particularly Cheryl Haswell, Community Hospital Matron and her Team and the Community Partnerships Team. As previously, I would also wish to highlight the significant commitment demonstrated by colleagues working in the Forest of Dean for their support as we progress this important consultation. In particular to recognise our colleagues working in the two community hospitals, and in the community, to the two Leagues of Friends who work tirelessly to support local services and to members of the community who have been helping through the consultation.

3.5 Freedom to Speak Up

I would like to highlight the progress to date both nationally and within the Trust regarding the Freedom to Speak Up agenda. This month the National Guardian Office published its first Annual Report and I am pleased that our own Freedom to Speak Up Guardian, Sonia Pearcey has shared her reflections as Chair of the South West network.

The report highlights the first survey of Freedom to Speak Up Guardians and it is of note that the approach adopted within the Trust reflects the themes emerging, specifically that:

- There should be dedicated time to enable Guardians to properly meet the needs of colleagues
- All colleagues, particularly the most vulnerable, should have effective routes to enable them to speak up
- Boards should hear regularly from their Guardian

The Board will be aware that Freedom to Speak Up is now incorporated into the Care Quality Commission well-led inspection framework and our Guardian is ensuring that this is linked to our quality outcomes and all learning is shared.

4 Working with our Regulators

4.1 NHS Improvement

Our regular oversight meeting with NHS Improvement is scheduled for 23rd November. Feedback from the meeting will be provided to the Board.

4.1.1 *Trust Banks*

The Chief Executive of NHS Improvement has written to all Chief Executives of NHS Trusts in respect of the development of Trust Banks, with particular reference to collaborative staff banks across STP footprints.

This has been considered by the One Gloucestershire STP HR and OD programme, with work progressing to provide a collaborative framework.

4.1.2 *Overseas Charging Rules*

From 30 October new rules have been implemented relating to charging overseas visitors for NHS care, the main changes update rules on residency and categories of care which should be subject to charging. There are certain exceptions from charges, which for GCS includes care provided in minor injury and illness units. Free NHS care is available to all those who are ordinarily resident in the UK; this generally means those who are lawfully living in the UK with the intention of remaining here. Free treatment must also be provided if it is an emergency or immediately necessary.

Briefings are being provided across the Trust to raise awareness of the changes.

4.2 Care Quality Commission

4.2.1 *Annual Inspection*

NHS Trusts are made aware of any imminent Care Quality Commission (CQC) inspection when they formally notify them via the Routine Provider Information Request (RPIR) route. This information is a mixture of qualitative and quantitative data about all Trust services. Most core service inspections will normally be unannounced and within six months of issuing a RPIR this allows the CQC team to observe routine activity across the Trust. Since the last Board meeting the Trust has responded to the Care Quality Commission (CQC) request for the RPIR which was subject to review and challenge by colleagues across the Trust culminating in us submitting a self- assessment and the provider information on 4th October to the CQC.

The Trust also welcomed our CQC relationship managers to observe the Quality & Performance Committee meeting which took place on 31st October to observe routine Trust assurance activities “in action”.

We have now been notified that our Well-Led Inspection will take place on 7th-8th February 2017.

4.2.2 *NHS England Review by the Bath, Gloucestershire, Swindon and Wiltshire Quality Surveillance Group*

Quality Surveillance Groups, established by the NHS National Quality Board (NQB) in April 2013 continue to have a responsibility to review all NHS commissioned service provision on a regular basis. These reviews are led by commissioner in our case the GCCG lead and contributions are made by other key stakeholders, for example Healthwatch, Health Education England (HEE), NHS Improvement (NHSI).

A review of quality data relating to the Trust was undertaken by the surveillance Group on 20 September 2017. There were no issues of concern raised at the meeting and the following key points were discussed by the group:

- A recognition that the reduction of pressure ulcers, particularly in patient homes remains a key priority for the Trust;
- A recognition of the focus being given to mandatory training with specific reference to safeguarding;
- The national and local challenges associated with district nurse recruitment;
- Recognition of the strong, open relationship with CQC with good engagement in place.

The outcome of the review is that it was agreed that the Trust would remain on routine surveillance.

4.2.3 *Equally Outstanding: Equality and Human Rights Good Practice Resource*

The CQC has published a good practice resource which recognises the growing evidence that equality and human rights for people using services and colleagues needs to play a central role in improving the quality of care. The CQC report that some of the best providers are doing this successfully and offers guidance and examples of good practice.

The resource is being reviewed by colleagues to ensure that we integrate equality and diversity into everything that we do – making inclusion integral to our way of working, focusing on:

- Proactive engagement with service users to support inclusion and equality improvement to reduce inequality in health care
- Seeking the commitment of colleagues to ensure we create an environment characterised by dignity and respect

- Recognising the role of leadership in creating a service that is fair and accessible to all.

4.2.4 *CQC State of healthcare and adult social care in England 2016/17*

This year's CQC report notes "that the quality of care has been maintained despite some very real challenges. Most of us are receiving good, safe care and many services that were previously rated inadequate, have recognised our inspection findings, made the necessary changes and improved.

The fact that quality has been maintained in the toughest climate most can remember is a testament to the hard work and dedication of staff and leaders. *However, as the system continues to struggle with increasingly complex demand, access and cost, future quality is precarious*."

The following themes are highlighted in the report:

- Health and social care services are at full stretch
- Care providers are under pressure and staff resilience is not inexhaustible
- The quality of care across England is mostly good
- Quality has improved overall, although there is too much variation and there has been some deterioration
- To put people first there must be more local collaboration and joined up care.

The Executive is considering the report to identify learning for our services.

5 Operational Service Overview

5.1 Service Development Update

5.1.1 *School Aged Immunisation Service*

The enhanced service is well underway, with the first academic quarter focussed on delivery of the childhood influenza programme. As shared with the Finance Committee, the service has delivered 6,300 vaccines in the first month, and is confident it will achieve the contracted target for 17/18.

5.1.2 *Improving Access to Screening and Immunisations: Pilot Programme*

Immunisation is one of the most successful and cost effective public health interventions and a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the populations' health through both individual and herd immunity.

Alongside immunisations, national screening programmes are available with an aim to reduce mortality from the specific disease/health condition being screened for. It is, however, well documented that for some populations, accessing these services are challenging, and therefore uptake is poor.

To reduce health inequalities, and improve access, the Trust has been asked by NHS England to undertake a pilot programme with an aim to increase uptake of national screening and immunisation programmes in the County.

The focus will be on people who are known to find accessing such services challenging:

- Those from BME backgrounds
- Those living with or cared for by someone with a physical, learning disability or mental health issue
- Children in Care
- Asylum seekers
- Those who are homeless
- Military families
- Those who experience social or economic deprivation

A focus will be on improving uptake for

- Childhood and Adolescence immunisations
- Cervical and Bowel Screening
- Diabetic eye screening

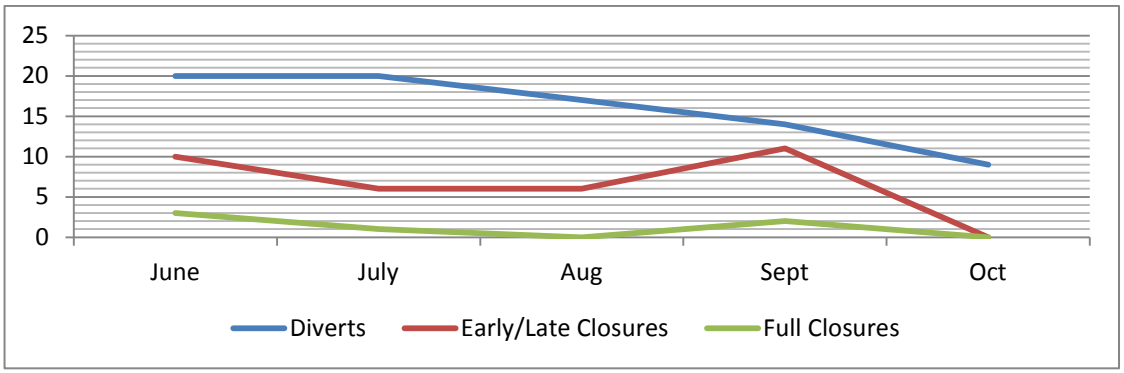
Work will be done with GP practices who have the lowest uptake of these screening and immunisation programmes and largest practice population of patients with health inequalities.

5.1.3 *Minor Injury and Illness Units*

Following the challenges over early summer with workforce, the Trust Minor Injury and Illness units continue to show an improving position as noted in Table 1 below.

There were only 2 full closures at the Vale MIIU in September due to staffing issues, and 11 early or late closures which were spread across 4 units (Stroud, Vale, Cirencester and Tewkesbury). There were no closures in October (either full or partial) and only 9 diverts enacted to manage surges in activity outstripping capacity.

Table 1: Minor Injury and Illness Units Operational Closures/Diverts June-Oct 2017



5.1.4 *Non-Emergency Patient Transport*

The Trust received a formal request from the Care Quality Commission (CQC) South (west) to comment on Arriva Transport Solutions South West , the non-emergency patient transport provider for Gloucestershire. They will be included in the CQC inspection programme for Quarter 3 in 2017/18.

The Trust relies on Arriva to provide transport from inpatient units for patients being discharged home or to other bedded units in the community as well as provision of transport for outpatient appointments and community clinic services. An example of this is transport for the Complex leg wound service for those eligible patients.

In the last 18 months, Arriva has provided 11,543 journeys for patients accessing our services, of which 4.12% journeys having incidents noted with performance, most notably the length of time patients wait to be picked up from outpatient clinics or failure to get patients to clinic appointments on time.

To support improved performance in patient transport and patient flow, the Trust works with both Arriva as well as the South West Ambulance NHS Trust. Any incidents or issues are recorded via Datix, and a monthly meeting is held with both providers to learn from and address transport delays. Arriva has been an active participant in these meetings.

Work has been undertaken to ensure colleagues understand the eligibility criteria for non-emergency transport services, how to use the recently introduced on-line booking service and agreement on escalation process for transport delays. This has assisted with improving communication and joint working with Arriva, with an improved experience for patients.

5.1.5 *Complex Case Management Pilot*

Work continues on the establishment of a complex case management service within Gloucester city and Cheltenham Integrated Community Teams.

The service will focus on the early identification of patients who are at risk of deteriorating health, wellbeing and/or frailty, working with them and the multi-disciplinary team (including primary and social care) to develop and deliver personalised care plans that support people to maintain their health and wellbeing and prevent or delay crises.

To support this service development the Trust has been undertaking recruitment of a Community matron, complex case managers and administrative roles to support the new service, which commissioners have requested will be a Monday – Friday service.

This pilot is being funded from the additional resources received by Gloucestershire County council to support the provision of early identification and care in the community to subsequently ease pressures experienced by the NHS.

5.1.6 *Musculoskeletal Services*

The Quality and Performance Committee received a detailed report and analysis related to the challenges in providing timely access to Musculoskeletal (MSK) therapy Service provision.

MSK Physiotherapy showed an improving position in the 8 week referral to treat target in August with a disappointing dip in performance in September, which has continued to be below target in October (85.5%)

Performance attainment has been seen to fluctuate on a 3-4 month cycle, with no obvious correlation to the level of demand. The Service Lead for MSK Physiotherapy is therefore reviewing this pattern to determine causes and responses.

The new integrated MSK pathway was implemented on the 1st September and as a result there is a residual list of Gloucester locality patients that the service is clearing, with this expected to be completed by January. As a result while the waiting times for the musculoskeletal clinical assessment and treatment service (MSKCAT) saw some improvement in October with 40.5% of patients seen within 8 weeks of referral, this is significantly below the target we aim to achieve. The service is rightly focussing on patients who have been waiting the longest for a routine appointment and the improvement plan the use of additional hours or use agency across the Core MSK services and MSKCAT to ensure adequate resources to both meet the demand and clear the backlog.

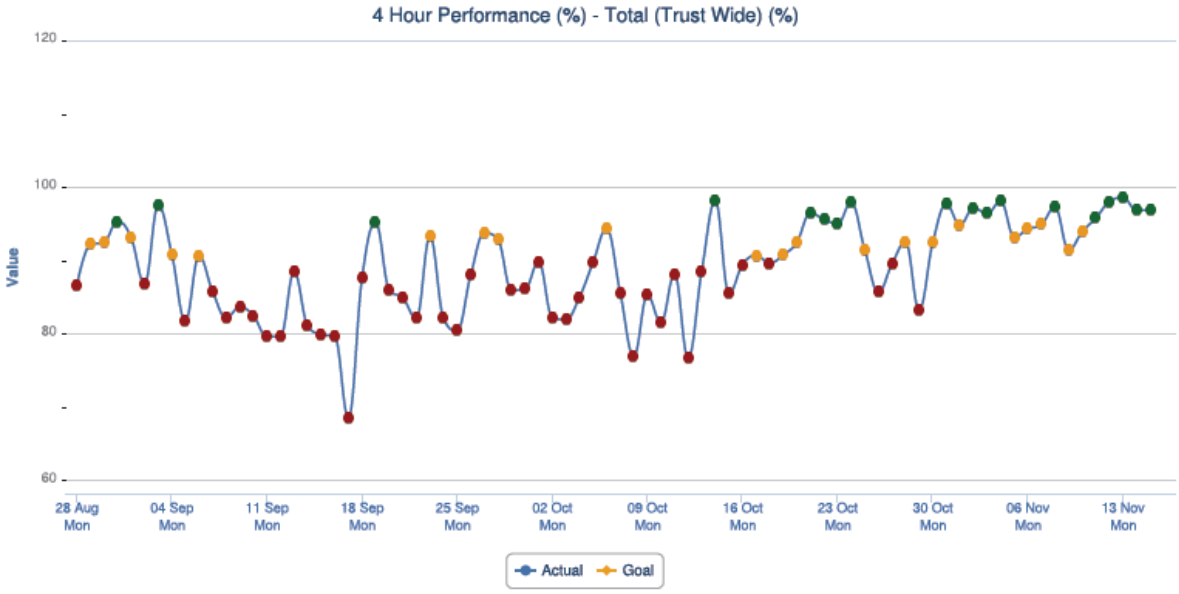
The service has determined a trajectory for both the 8 week and 4 week referral to treat target, based on current workforce available and current monthly referral rates, and has discussed this with Commissioners. Weekly performance and completion of the remedial plan actions are being monitored closely. The

learning from this STP pathway implementation will be shared with partners to inform future implementation planning.

5.2 System flow and Resilience

5.2.1 *Accident and Emergency Performance and Work to Support Patient Flow*

The 4 hour Accident and Emergency performance target achieved three weeks performance against the 95% target from the end of October which is a significant achievement resulting from considerable work within GHFT and system support.



Work continues to support patient flow in the system, and of note is the participation of GCS Trust colleagues in “Breaking the Cycle” sessions at Gloucestershire Hospitals Foundation NHS Trust (GHT). The purpose of these 3-5 day sessions is to identify ways to improve patient flow and reduce delayed transfers of care.

The Head of Capacity also attends weekly Senior Partnership Meeting which include GHT, Adult social care, Commissioning colleagues with a review of patients who have complex needs or challenging circumstances impacting on their patient journey. This has had a positive effect on the DTOC rates in the acute trust and is also an opportunity to highlight support required for patients in Community Hospitals who may also be experiencing delayed transfers of care.

As noted later in the Quality and Performance Committee report work has been undertaken with both Health and Social care commissioners on an agreed set of discharge pathways with clear timeframes to support flow from the Community Hospitals. It is these pathways that the Community DTOC position will now be

consistently applying and recording delays. Escalation of patients experiencing DTOC will occur at the weekly Senior Partnership Meetings, with the overall aim to improve patient flow in the system.

5.2.2 *Winter Planning*

As noted in my last report, the system wide Gloucestershire's Urgent and Emergency Care Resilience Plan 2017-18 has been finalised and is found in Appendix 2.

Confirmation has been provided to NHS England and NHS Improvement of the Trust's engagement with the establishment of the Gloucestershire cross-system winter operations team. The Trust surge and escalation plan has been provided as requested.

The winter operations team (detailed below) is comprised of Senior leaders who will ensure that rapid decisions can be made to meet operational pressures based on a shared set of data and agreed triggers for escalation.

Requirement	Proposed name/s
Hospital Doctor	Mark Pietroni
Hospital Nurse	Steve Hams
Hospital Operation Manager	Caroline Landon
Senior CCG Manager	Mark Walkingshaw / Scott Parker
LA Social Care Director	Margaret Willcox
Community provider Senior Operational Lead	Candace Plouffe / Sian Thomas

A winter planning media briefing was held on the 10th November with all system partners contributing. Appendix 3 provides an overview of the plans in place to ensure Gloucestershire is prepared to cope with increasing demands typically experienced over the winter period.

5.2.3 *Place Based Working*

There continues to be significant work being led through our Integrated Care Teams and with the support of our skilled service development team to support new place based models of care around GP clusters. Of particular note:

- We have been working to support a number of practice clusters in the development of emerging roles in primary care to support improved access – For GCS this has included the development of new Advanced Physiotherapy Practitioner Roles and frailty nurses.

- We have been supporting the development of primary care led multi agency MDT meetings. The six month 'test and learn' approach is now nearing completion in Berkeley Vale and GCS are leading the hosting of a 'sharing and learning workshop' with all contributors to the MDT meetings in the New Year. This will inform next steps and roll out. The team are also working with

two of the Gloucester City Clusters where multi-agency MDTs are also now established building on a series of frailty stakeholder events. MDT working is also progressing in the Forest of Dean and North and South Cotswolds.

- Community dementia projects have been progressing to test a new way of working with primary care. While initially focusing on the role of the Community Dementia Nurse the learning has demonstrated the need to broaden the approach across the wider community based teams and particularly the Integrated Care Team.

The feedback emerging from the work to date is that it is promoting new relationships and more collaborative conversations to support improvement and change.

The Service Development Managers have also been undertaking a series of roadshows across the Trust to showcase the work that is progressing through the place based working approaches and how they can get involved. These have been well received and will continue.

5.2.4 *Confirmation of 2017/18 Self-assessment of the Trust's for Emergency Preparedness, Resilience and Response arrangements*

As reported in September 2017, the Trust completed the annual Emergency Preparedness, Resilience and Response (EPRR) Assurance self-assessment and the confirm and challenge session with the Gloucestershire Clinical Commissioning group (GCCG) has occurred.

The Executive Team is pleased to report that the GCCG have assessed the Trust as ***Substantially Assured*** against the NHS core standards for Emergency Preparedness, Resilience and Response arrangements (Appendix 4).

The refreshed EPRR Action plan has a focus on training and testing as identified as a need in the self-assessment. Ongoing progress of the plan will be monitored by Audit and Assurance board subcommittee.

5.3 Estate Development and Updates

5.3.1 *Community Hospital Refurbishment and Maintenance Works:*

We are pleased to report that all works that were underway at Tewkesbury and North Cotswolds hospitals were completed on time and both hospitals are fully open. On behalf of the Executive Team I would like to pay great tribute to all colleagues who were impacted by the works, and to the estates and facilities teams for their contribution.

5.3.2 *Gloucester City community services health Hub*

Work is continuing to establish and evaluate estate options to support the delivery of community services in Gloucester city with the expectation that this will be completed by the end of the calendar year. This work is being progressed in the context of the wider STP estates planning and will include a broader range of options that the Board has previously considered and reflect the ongoing work with system partners, including Primary care and 2gther Trust.

In the interim, Operational services are finalising their future estates requirements as part of business planning. This will facilitate development of locality estates plan alongside a refreshed Estates strategy which will be finalised by January 2018.

6 Partnership Working

6.1 Children's Services – OFSTED Update

Gloucestershire County Council (GCC) children's services participated in their first OFSTED monitoring visit since their report was published June 2017. Key findings from this visit which took place mid-September included:

- Evidence of progress in areas such as improving the quality and timeliness of information gathering and decision making within the multi-agency safeguarding hub (MASH) and GCCs triage team.
- Evidence of more effective assessment and planning arrangements for those children in need of protection and support
- Evidence of some improvement in staff supervision and challenge arrangements.
- Evidence of improved auditing of social work practice.

The OFSTED monitoring team also identified areas where improvements continue to be needed and these broadly centre around leadership and

management, partnership working and implementing basic practice standards to reduce social work practice variation.

GCS Trust colleagues recognise that Safeguarding is everyone's business and we continue to work closely as an accountable partner across Gloucestershire, supporting the implementation of refreshed procedures, progressing our own quality improvements and increasing training. An ongoing focus of our work as a system partner is to support the culture change within GCC that was highlighted by OFSTED as being needed to ensure that the outcomes for the children of Gloucestershire are improved.

The next OFSTED monitoring visit is due to take place January 2018.

6.2 Matson and Podsmead Regeneration

In March 2017, Gloucester City Homes secured £1.25M through the Governments Estates regeneration bid to create a master plan for the regeneration of the Matson and Podsmead estates in Gloucester.

Gloucester City Homes, along with local agencies, Gloucester City Council and a range of partners including GCS have met on 3 occasions to develop proposals to regenerate the two estates with the aim of developing a longer term offer of new homes, supporting thriving communities and improving quality of life for residents. The key objectives will be to support:

- stronger and cohesive communities
- safer communities
- a thriving economy
- a sustainable environment
- improved health and well being

The master planners are engaging with the local communities at the moment and then use their feedback and the outcomes from meetings/workshops to develop broad plans early in the New Year.

We are working to understand what our current offer in these areas and opportunities for the future. Graham Russell, Non Executive Director and Sally King from the Service Development Team are leading our input in this important opportunity.

6.3 Working with Primary Care

We have been pleased to have the opportunity to be working with a number of practices in Gloucestershire to support them in developing their core teams to

strengthen resilience. This has included progressing work to be the employer of practice based staff, including a frailty nurse for the North Cotswold Cluster and Advanced Physiotherapy Practitioners for two GP clusters.

7 Celebrating Success

7.1 Apprenticeships

I am pleased to report that on the 11th December the Trust will feature in a national live broadcast which will provide schools in England with information on apprenticeships directly from employers. This campaign which has been organised by the National Apprenticeship Service will bring an interactive experience for students and teachers as they will be able to speak directly to the Trust and our apprentices live via the internet and hear about the latest opportunities, the skills employers are looking for, the recruitment process and how students can best prepare themselves for working life after school or college. The Trust has been chosen to take part in this broadcast due to the progress it has made with the number of apprenticeship appointments.

7.2 Individual Recognition

We are delighted that Nancy Farr – Clinical Development Manager was awarded the Queen Nursing Institute Award at a Ceremony in London.

Congratulations also to Andy Fishlock, a staff nurse at Cirencester Hospital who was deservedly shortlisted in the Rising Star category at the prestigious Nursing Times Awards on 2 November in London.

To be shortlisted was a fantastic achievement, and gave Andrew the opportunity to share his creativity and innovation, and demonstrate his compassion and commitment to the nursing profession.

Our congratulations also to Di Gould, Clinical Director of the Trust's Community Dental Services who has been elected by her peers to be president of the British Dental Association's Community Dental Services Group. Di started her new role at the Group's Annual Presidential and Scientific Meeting, which took place at Cheltenham Racecourse in October. As part of her role, Di will visit community dental services across the country.

7.3 Service Recognition

The Gloucestershire Sexual Assault Referral Centre (SARC) has been awarded the Police Commander's Commendation for Excellence by Gloucestershire Police.

This is in recognition of the team's continued support and assistance to victims of sexual offences and for the crucial part they play in safeguarding victims and assisting the Police in bringing perpetrators to justice.
Magdalena Gulcz-Hayward, SARC Manager, was also awarded for her assistance and support of a vulnerable victim of a serious sexual offence.

7.4 Trust Recognition

The Trust has been awarded the *Workplace Wellbeing Charter*, National Award for England for its commitment to workplace health and wellbeing.

To gain the Charter the Trust went through a robust assessment in national standards endorsed by Public Health. Our performance was measured against key elements of occupational health including absence management, health and safety, physical activity and mental health.

The process has highlighted good areas of practice and demonstrated that we are committed to colleague wellbeing. It has also provided us with suggestions where improvements can be made to the health and wellbeing of our workforce, including improving awareness and information on mental health, alcohol, and healthy eating.

In gaining the Charter, it has provided us with information that will support the development of strategies and plans to further improve wellbeing practices throughout the Trust.

8 *Conclusion and Recommendations*

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

NHS
Gloucestershire
Care Services
NHS Trust

Mid Year Review

October 2017

Understanding You

Looking forward with confidence

NHS
Gloucestershire
Care Services
NHS Trust

*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*

*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***

*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*

*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*

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

Understanding You

Delivering with confidence

NHS
Gloucestershire Care Services
NHS Trust

Children and Young People's Services

- Public health nursing service redesign
- Delivering the new immunisation and vaccination service

Place Based / Integrated services

- Remodelling our integrated teams
- Supporting the development of primary care / cluster MDTs
- Supporting primary care access and resilience

Urgent Care Services

- Supporting resilience in our MIIUs
- Maintaining "patient flow" through our community hospitals and throughout our services
- Enhancing our urgent care services e.g. SPCA

County wide services

- New MSK service
- Diabetes readiness
- Sexual Health service redesign

Understanding You

Improving with confidence

Gloucestershire Care Services NHS Trust

Quality

- Falls and pressure ulcers
- Continuous learning

Well-led

- Valuing our colleagues
- Appraisals, mandatory training and talent management
- Partnership working

Performance

- External inspection readiness
- Maintaining our track record of high performance
- Delivering our strategies

Innovation

- Research and development
- New technology – e.g. near patient testing
- Clinical pathways

Understanding You

Progress on Priorities for 2017 – 2018 (1)

Key Objective	Where are we?	Where should we be by March?
Supporting the development of the wider STP	GCS fully engaged in STP and leading a number of workstreams.	Fully aligned to STP delivery plan, including support for finalisation of the One Place Business Case
Operational delivery of services in line with local & national targets, QIPP, CQUIN and CIP	Generally good operational performance in majority of services, and clear plans to improve those not on track	Full delivery of QIPP, CQUIN and CIP with continued operational ownership. Clear plans for 17/18 delivery embedded in Operational service business plans
Progressing preferred option for Forest of Dean Community Hospitals	Consultation underway with clear preferred option.	Final decision and work progressed on business case to reflect clear and agreed capital plan.
Progress Strategic Intent between 2gether NHS Trust and GCS	Progressing Strategic Intent and business case	Strategic Outline Case developed. Clear operational plan for 2018/19 which protects BAU.
Evidence progress on quality priorities	Improvement trajectories set.	Full delivery of quality improvements. Quality improvements for 2018-19 identified Visible quality dashboards
Ensure effective Board Assurance Framework and risk management	Revised BAF and risk management arrangements.	BAF used to inform Board discussions and priorities.
Leading the development of Place Based Working	Operational realignment of ICTs and county wide services reviewing operating models. Two locality pilot Boards with proposals to extend across the County	Locality Boards established across Gloucestershire with clear governance framework.

Progress on Priorities for 2017 – 2018 (2)

Key Objective	Where are we?	Where should we be by March?
To have clear estates plan and strategy, including plans for Gloucester City.	Refreshed estates plan/strategy on track for end November. Options for Gloucester City well developed and will be part of estates plan/strategy which is aligned to capital plan.	Refreshed Estates Strategy aligned to Operational service delivery plans as well as wider system plans and capital plan.
To embed co-pro-oduction and community engagement within service development and delivery	Realigned engagement team priorities and work to both operational and STP work.	Evidence that embedding co-production and community engagement in operational service delivery is happening.
To ensure Trust has clear policy and arrangements to learn from deaths	Policy developed for approval in October. Established process in place. Discussions with system partners as part of STP.	Full process in place in line with Policy
To ensure appraisal and revalidation processes are robust	Additional administration support identified to implement recommendations from review. All medical/dental staff appraisals completed.	Continued compliance.
Ensuring effective oversight of medical staff in Community Hospitals	Arrangements in place across all CH sites.	Regular 1/4ly meetings for Trust doctors in place with regular supervision arrangements strengthened.
Ensure effective safeguarding governance and operational arrangements.	Quality improvement plans in place and integral to the Gloucestershire Safeguarding Children's Board (GSCB) improvement plan.	Revised GSCB governance structure in place. Demonstrable improvements and confidence across partner organisations.
GCS is performing well in relation to recruitment and retention	Plans in place to support nurse recruitment and additional support offer for newly qualified staff.	Reduction in turnover of key staff groups and reduction in qualified nursing vacancies.
Improve performance on key workforce metrics	Targeted work to support appraisal and sickness absence and training. Agency spend in line with plan	Evidence of sustained improvement to meet Trust targets

Progress on Priorities for 2017 – 2018 (3)

Key Objective	Where are we?	Where should we be by March?
Workforce planning is embedded into the annual business planning cycle	Workforce planning guidance issued and workshops held	3 year strategic workforce plan
To evidence actions taken to improve staff engagement across the organisation	Significant programme of engagement in place including weekly CORE, CORE Network, katie'sopendoor, Chair Chief Executive Briefings, NED programme, Exec Time for Team.	• Refreshed intranet • Evidence of improved engagement via Staff Survey
To improve the Trusts rating as a flexible employer.	Timewise baseline assessment completed and action plan in place	Accreditation achieved
Implement a business planning process to ensure that strategic objectives link to bottom up business planning goals supported by budgets.	Capacity in place and integrated timetable agreed with clear CIP methodology.	A clear Integrated plan for 18/19 CIP plans ahead of year
Develop a Business Development Strategy and associated policies	Progression of clear process arrangements to support business development and planning.	Improved capacity Work on business retention complete
Review financial and governance processes in the finance directorate	Processes reviewed including: Capital expenditure; Balance sheet recs, month end, reporting; Internal audit. Self assessment against GHFT review	New methodology for budget setting ensuring increased ownership of budgets by budget holders in line with clear financial strategy/ plan

Recognising Emerging Priorities for 18-19

FINAL: 26/09/17

VERSION 1.1

NHS Gloucestershire Clinical Commissioning Group

Gloucestershire Urgent and Emergency Care Resilience Plan 2017/18

Prepared by Gloucestershire Clinical Commissioning Group (GCCG)
in partnership with:

2gether NHS Foundation Trust (2gNHSFT)
Arriva Transport Solutions Ltd (ATSL)
Care UK (NHS 111 and OOH provider)
Gloucestershire Care Services NHS Trust (GCS)
Gloucestershire County Council (GCC)
Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)
Healthwatch Gloucestershire
Primary Care and membership practices
South Western Ambulance Service NHS Foundation Trust (SWASFT)

Contents

1. Executive Summary

1.1. Developing the resilience plan

Gloucestershire's Urgent and Emergency Care Resilience Plan 2017/18 has been developed in collaboration with key stakeholders across the county. The key purpose of the plan is to ensure resilient health and social care services.

This plan has been developed by Gloucestershire CCG, Social Care, NHS Acute, Primary, Community and Mental Health Care Providers and Private Sector Providers, all of whom have contributed to improved performance and resilience. The plan incorporates:

- Gloucestershire's 4 hour Improvement Plan.
- Gloucestershire's Sustainability and Transformation Plan (STP) Solutions.
- Gloucestershire's Escalation Plan.
- Urgent and Emergency Care Delivery Plan Priorities.
- National priorities for acute hospitals 2017. Good practice guide: Focus on improving patient flow.
- Performance improvement initiatives.

Individual provider organisational winter plans have been incorporated within this plan. Each of the key providers and service functions have submitted a return to GCCG outlining key areas of focus including demand and capacity plans, continuity plans, flu preparedness and adverse weather protocols - see section 8.

1.2. Learning from 2016/17

To support and inform the approach for 2017/18, a series of actions have been identified as a result of the learning from previous winter periods, this includes learning from a workshop held in January which reviewed the system over the holiday period and established future learning for the system, and lessons from the Nuffield Trust winter report.

The Gloucestershire system has a shared view that the 2016/17 plan had both strengths and weaknesses. Collectively there is a commitment not to simply reproduce the 2016/17 plan, but instead draw on the previous strongest elements and introduce new and innovative approaches.

The key learning points for Gloucestershire are summarised below and have been incorporated within this plan:

- Review of actions taken during periods of escalation and improved processes to provide assurance that actions enacted are having a positive impact upon the system.
- The need to ensure appropriate support is provided by the system during individual organisations escalation.
- The need for a relentless focus upon patient flow including minimising delays in discharge for medically stable patients in acute and community settings.

- A need to increase the level at which the whole system holds each other to account using constructive challenge.
- Rigorously reviewing agreed actions to ensure implementation.
- Improved demand and capacity modelling including all key health and social care providers, ensuring "beds" are not the predominant measure of capacity.
- The importance of producing clear and concise public information to help ensure successful communication.
- The collaborative 'Breaking the cycle' events had a positive impact and enhanced the cross-organisational working and led to mutual problem solving.
- A system wide review is planned prior to winter to review how the system functions during high escalation days and during low escalation days and identified learning from this will be actioned.

1.3. Whole System Planning & Workshop Events

An initial winter planning and escalation workshop took place in early August and involved operational level representatives from across the system. The workshop reviewed the escalation plan and discussed OPEL actions and the system response, quarterly reviews of this will continue going forward.

The winter planning and events timetable for GCCG and system partners is shown below:

Timetable for 2017/18 system wide Winter Resilience Plan and Escalation Plan & Framework + Internal organisational escalation plans, winter plans and demand & capacity modelling	
Date	**Action**
1st August 2017	Winter and Escalation workshop – review of last winter and discussion around escalation and system support for this winter
25th August 2017	Submissions to be received from providers and CCG: • provider internal escalation plans, winter plans and demand & capacity modelling. • contributions to system wide Winter Resilience Plan 2017/18 and whole system Escalation Plan & Framework 2017/18
21-29th August 2017	CCG to review and translate all returns including detail contained within organisational demand & capacity modelling (including bed modelling) to inform the wider system wide Winter Resilience Plan 2017/18.
29th August 2017	Submission to NHS England of initial draft of system wide Winter Resilience Plan 2017/18 and the new NHSE Winter Plan assurance Framework. (Note: this deadline was initially 8th September)
29th August 2017	System wide Winter Resilience Plan 2017/18 to be circulated to A&E Delivery Board members for review and comment prior to submission to NHS England on 8th September.
6th September 2017	A&E Delivery Board member feedback to be received into the CCG in order that further NHSE submission can take place.
15th September 2017	Winter and escalation workshop for whole system – Review of a high escalation day and a low escalation day.
18th September 2017	A&E Delivery Board to receive overview of Winter Resilience Plan.
September & October 2017	Providers and CCG to submit draft Winter Resilience Plan 2017/18 to relevant organisational Boards for sign off.
16th October 2017	Final documents to be presented to A&E Delivery Board with plans published on necessary websites post meeting.
Early November 2017	Implementation workshop , including escalation plan – all organisations represented.
Mid November 2017	Commence planning for Christmas & New Year 2017/18

2. Key Impacts for winter

This plan will clearly describe the significant amount of work that is underway in preparing for winter 2017/18. It is acknowledged that many schemes and drivers for system preparedness will be described within the document but there is a need to highlight the key aspects that will make a difference this winter. The table below defines those schemes across health, care and wider public sector partners that the system believes will have the greatest impact this winter and will ensure that we are able to offer a high quality, robust and resilient system.

These schemes have been factored into our capacity and demand modelling (see section 9) due to the assumed positive impact they will have on our bed based capacity needs.

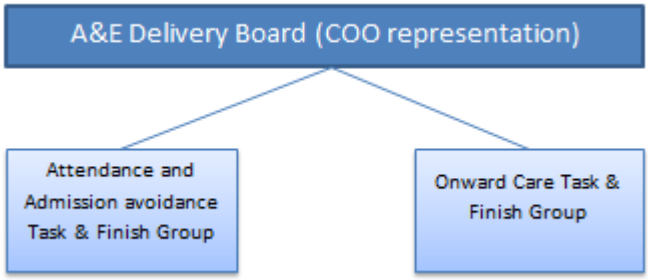
Key Investment Scheme	Lead Organisation	Delivery Timescale	Prooposed Impact
Development of a Surgical Assessment Unit at Gloucestershire Royal Hospital (GRH) (see section 11.7.2)	GHNHSFT	23rd October 2017	Length of Stay (LoS)
Creation of a winter pressure ward for patients that are medically fit for discharge (see section 6)	GHNHSFT	18th September 2017	LoS
Introduction of Virtual Ward model across Gloucester and Cheltenham localities (see section 6)	GCS	To be confirmed – estimated November 2017	Emergency Admissions (EAdm)
Additional D2A nursing home beds to support winter demand (see section 15.5)	GCC	In place	LoS
Primary Care Streaming within ED	GCCG & GHNHSFT	In place	ED Attendance (EDAtt) and breach reduction
To mobilise the increase in domiciliary care market capacity across Gloucestershire.	GCC	To be confirmed – estimated October 2017	LoS
Increasing Trusted Assessor, Care Navigator and additional social worker capacity.	GCC	To be confirmed – estimated October 2017	LoS
Gloucestershire Fire Service Falls Pick Up service.	GCC	To be confirmed – estimated October 2017	EDAtt and EAdm
Full implementation of the Mental Health Acute Response Service.	2gNHSFT	December 2017	EAdm

The introduction of a community based pull model identifying patients both from within the ED as well as inpatient wards that could be actively managed within the community.	GCS	To be confirmed – estimated November 2017.	LoS and EAdm
Key Initiatives	**Lead Organisation**	**Delivery Timescale**	**Impact**
GP admissions direct to Acute Medical Unit (AMU) at GRH	GHNHSFT	End October 2017	EDAtt
Service adjustment with Trauma & Orthopaedics focussed at GRH and elective at CGH	GHNHSFT	To be confirmed – estimated October 2017	Bed re-alignment
Implementation of recommendations of rota review within ED, eg. Nursing/medical.	GHNHSFT	In progress	ED Breaches
Extension of opening hours of AEC at GRH.	GHNHSFT	October 2017	ED Breaches and EAdm
Roll out of the revised approach to red/green and SAFER initiative within the acute trust.	GHNHSFT & system partners	In progress	LoS
Roll out of ARP and rota review within the ambulance service.	SWASFT	In progress	EDAtt
Additional winter pressures initiative to review current care home visiting arrangements within primary care.	Primary Care	In progress	EAdm
Relaunch of the Emergency Zone Professional Standards within the acute trust.	GHNHSFT & system partners	In progress	LoS
Weekly cross organisational MDT meeting.	GHNHSFT & system partners	In progress	LoS

3. Governance: How the resilience plan will be monitored and implemented

Governance systems for leading, monitoring and delivering the required system transformation have been reviewed as part of this process. The revised governance approach is illustrated in figure 1 below.

Figure 1. Governance system for resilience in Gloucestershire



The purpose of the various groups is to promote quality in terms of patient experience and safety as well as overseeing delivery and performance.

3.1. Gloucestershire A&E Delivery Board

Purpose

The purpose of the Gloucestershire A&E Delivery Board (A&EDB) is to:

- Lead A&E recovery with a focus on system wide ownership
- Hold all parts of the system to account for delivery.
- Monitor delivery of and ensure consistent performance against agreed performance standards.
- Enable our system to make appropriate arrangements for delivering high quality resilient services.
- Develop information systems and processes that allow the A&EDB to monitor system delivery and make evidence-based decisions.

Role and Remit

The A&EDB is the forum where all partners across the Gloucestershire health and social care community come together to plan for and monitor system resilience. The Group plans for the capacity required to ensure resilient services and hold each other to account for delivery.

Responsibilities

The A&EDB rigorously and continually reviews the drivers of system pressures, so that solutions to these pressures are developed within a system wide approach. Whilst decisions on some aspects of funding need to be made by the relevant statutory body or through shared governance arrangements, the A&EDB has a key role in building consensus across members and stakeholders.

Members of the A&EDB seek to hold each other to account for delivery, with member organisations sharing intelligence and pooling resources where possible, to improve system delivery against agreed key performance indicators. These arrangements do

not supersede accountabilities between organisations and with their respective regulators. To maximise the opportunity for constructive challenge over winter 2017/18, the A&EDB has introduced two Task & Finish Groups (as detailed in 3.1.1) as a forum for operational leads to understand and challenge the detail of current performance against schemes identified on the A&EDB 4 hour Improvement Plan. For further information around the Improvement Plan, see section 4.

3.1.1. Gloucestershire Onward Care Task & Finish Group and Admission and Attendance Avoidance Task & Finish Group

Purpose

The two Task & Finish Groups support the delivery of the A&E 4 hour Improvement Plan, providing assurance to the A&EDB. The groups co-ordinate the actions being taken and maintain an overview of performance improvement and provide ongoing vigilance and oversight of delivery.

Objectives and Responsibilities

- Assure the A&EDB that the High Impact Actions are being driven in accordance with the A&E 4 hour Improvement Plan.
- Ensure that milestones are achieved and deliver required overall outcomes.
- Provide solution focussed challenge and support where delivery of actions is compromised.
- Ensure that organisational actions are presented and reported upon, providing the Task & Finish Group with the required assurance or escalation where necessary.
- Review actions and make proposals where actions no longer evidence impact or deliverability is questioned.
- Monitor risks associated with the delivery of schemes and work to ensure the system take proactive actions to mitigate.
- Propose new actions and make recommendations to the A&EDB on additional/replacement schemes.
- Keep abreast of best practice processes and exemplar models of care and review potential for Gloucestershire.
- Ensure the delivery of relevant Urgent Care STP solutions.

3.2. Gloucestershire Urgent and Emergency Care Strategy Group

Purpose

The Urgent and Emergency Care Strategy Group is comprised of Directors/CEOs (Managerial and Clinical representation) from all health and social care providers. It provides strategic oversight for the delivery of robust and high quality Urgent and Emergency Care services within Gloucestershire and develops plans for those that have been defined nationally via the Urgent and Emergency Care review *"Transforming urgent and emergency care services in England".*

This Group also has oversight for delivery of the 5 year strategy and One Place business case within Gloucestershire.

3.3. Operational Pressures Escalation Level (OPEL) and response

In Gloucestershire, daily whole system pressure and the system's response to it, is measured by data input by system partners as well as GCCG against key measures in the OPEL Escalation kitbag within a system wide capacity, demand and escalation dashboard. These measures have been sensitively weighted to respond to individual organisational pressures and collectively form the daily OPEL Escalation Report. It is this report generated by the dashboard at 10:00am daily which declares and notifies all system partners of the daily OPEL escalation level.

The Gloucestershire system recognises that ahead of winter a consistent approach to internal escalation is required. This is something that GCCG is leading with the aim of providing a clear base from which the escalation process described below can be used to instigate appropriate system response.

Each organisation responds to the declared OPEL level by carrying out their escalation actions contained within the Gloucestershire Escalation Plan (see ***Appendix 2***).

In addition, if OPEL level 3 (red) or above is declared, a whole system teleconference call is held between key health and social care organisations, chaired by GCCG. The focus of the call is to review and address the key pressure points highlighted by the OPEL Escalation Report and to review the previous day's performance based on data uploaded into the dashboard kitbags. It gives an opportunity for system partners to work collaboratively to support one another and to de-escalate the system as quickly as possible.

3.4. Bank Holiday Planning and Provider Assurance

In advance of bank holidays and any extended holidays identified as 'high risk' to the urgent care system, eg. Christmas/New Year and Easter, a prior planning process is implemented with all system partners and GCCG Primary Care team.

Individual organisational assurance returns are completed by each organisation using the assurance templates embedded in ***Appendix 1***: the reduced template is used for the shorter bank holidays, eg. Early and end May; the full template for longer periods, eg. Christmas/New Year and Easter. The organisational returns are red, amber or green (RAG) rated against a range of prescriptive criteria specific to each organisation. Where the criteria does not reach a green RAG, the provider is asked to give narrative outlining the level of risk and the mitigating actions to be enacted.

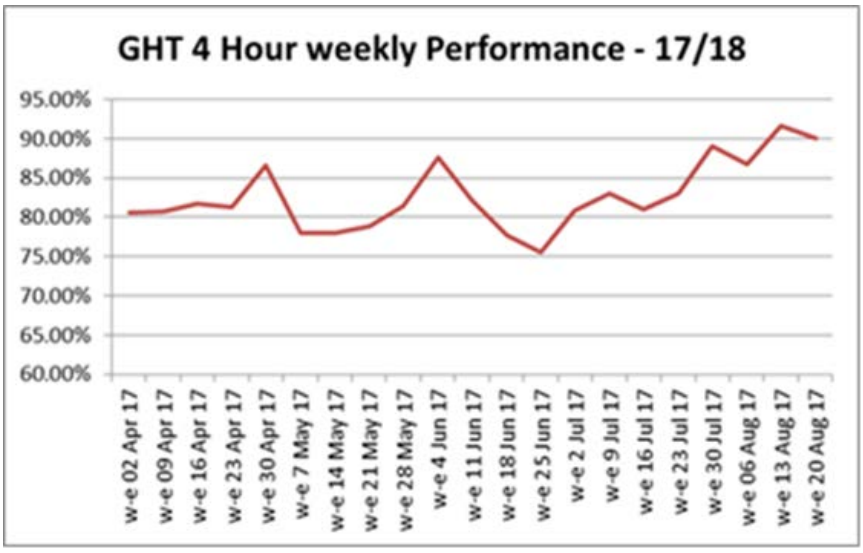
GCCG is responsible for "overlaying" all of the submitted information in order to ascertain an overall picture for the bank holiday periods and take a system response to any identified "risk points".

For the extended bank holiday periods, the assurance template feeds into the return submitted by GCCG to NHS England. Assurance is determined through the organisational returns which include both the bank holiday position and the days shortly thereafter. This offers support to the system to ensure anticipated 'spikes' in activity are managed effectively.

4. Summary of A&E Delivery Board 4 hour Improvement Plan

The Gloucestershire Urgent and Emergency Care System have developed an Improvement Plan in response to a need to secure performance, including a reduction in emergency admissions and delivery of the 4 hour Emergency Department Standard. The Plan is based upon six High Impact Action areas of focus involving GCCG and system partners. The six areas are made up of a cross-section of projects and strategic schemes with varying timescales to aid improvement, ensure the system meets the 4 hour performance target trajectory (as agreed by the A&EBD), and subsequently return the system to reaching 95%.

In July 2017, in preparation for winter, A&EDB agreed a focussed effort to raise ED 4 hour performance by 10% by September 2017. As demonstrated in the graph below, whilst the implementation is still ongoing, there has been a notable improvement in performance:



Key interventions and transformation programmes are only partially implemented so full impact is not expected until mid-October 2017.

The 4 hour Improvement Plan is not limited to the actions that are being taken across system partners but consolidates the significant actions and efforts that are being taken to ensure that the people of Gloucestershire are provided with high performing services. The six areas can be seen on the 'Plan on a Page' in ***Appendix 3.***

Monitoring and delivery of the 4 hour Improvement Plan is overseen by two Task & Finish Groups which report directly to A&EDB: the Attendance and Admission Avoidance T&F Group and the Onward Care T&F Group (see section 3).

5. Agreed resilience focus for 2017/18

Resilience funding allocations of £5.5 million have been agreed and assigned to Gloucestershire system partners. The funding has been assigned to a number of services and schemes which have been proven to support delivery of services and manage peak demands across the winter. The four priority areas that have been identified in previous years have continued through into 2017/18. These are:

1. Staffing and Rotas
2. Acute capacity and patient flow
3. Weekend Discharges
4. System enablers and attendance avoidance

5.1. Staffing and rotas

Additional investment continues to be provided to ED which supports the ongoing recruitment of additional Consultants and Emergency Nurse Practitioners. To further enhance the financial investment GHNHSFT are working closely with ECIST to ensure that clinical staffing rotas match demand across 24/7 as well as reviewing scope and autonomy within current roles. Work is also underway and scheduled to be in operation by winter 2017/18 to ensure that Specialist assessment for patients within the ED is available in a timely manner and that all referrals are responded to within 30 minutes of request.

5.2. Acute capacity and patient flow

Bed modelling has been undertaken which shows that, without a significant reduction in length of stay and improved flow (leading to a reduction in bed occupancy), a bed deficit will continue at GHNHSFT (see section 9). Work has also been undertaken to model the capacity required at times of peak demand and winter pressures to ensure an effective capacity solution is in place. Funding has been allocated to support patient flow but also acknowledges additional actions that need to be taken in support of the funding to improve effective discharge from hospital.

The schemes that have been funded and will be explained further in this plan are:

- Discharge to Assess.
- Admission Avoidance Team within the ED.
- Onward Care Team, supporting effective hospital discharge.
- Hospital to Home (H2H) service.
- Complex Case Liaison Nurse.

5.3. Weekend Discharges

It was identified that there is a need to focus on increasing discharges from hospital beds at the weekend and therefore improve performance during the weekend and

into the beginning of the following week. Key initiatives implemented to address this include funding allocated to schemes to support weekend discharges within the Acute Trust including extending opening hours in the Discharge Waiting Area (DWA).

5.4. System enablers and attendance avoidance

A range of services have been developed in order to provide enhanced service support, acknowledging the offer that can be secured from wider system partners. Ensuring that patients only utilise services across Urgent and Emergency Care when absolutely necessary is essential and the opportunities afforded by pharmacies across Gloucestershire has been realised. The ongoing funding of the following services has been secured for 2017/18:

- Pharmacy Minor Ailments scheme.
- Pharmacy Urgent repeat medicines.

Additional to the above a number of schemes have been funded to appropriately redirect patient away from the Emergency Department. These include:

- Investment to support Primary Care streaming in ED.
- Additional infrastructure to support the ongoing development of the Directory of Service (DoS).
- Maternity triage in the ambulance service clinical hub.

6. Improved Better Care Fund (iBCF)

Ensuring there is enough capacity to meet the pressure of winter is regarded as a key priority across the Gloucestershire system. Our ability to effectively free up beds and maintain effective patient flow is critical. In the 2017 Spring Budget, funding was announced to Local Authorities to support the reduction of pressures on the NHS including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported. In response to this funding, Gloucestershire have identified a number of schemes to address this requirement. These are shown below:

Initiative 1 – increasing Domiciliary Care, Reablement and Market Management
Objectives / Expected Outcomes
• Reduction in LoS in acute setting and Community Hospitals. Reduction in Delayed Transfers of Care (DTOC). • Reduction in number of days to source packages of care. • Better outcomes for people through enabling quicker access to care including CHC Fast Track and End of Life. This work links to year 1 of Proud to Care.
Identified schemes

- A number of initiatives will be delivered to include increasing market capacity, resilience and responsiveness from domiciliary care and reablement providers.
- Changing the purchasing model including arrangements for CHC Fast Track and End of Life Care will be imperative to ensure robust and effective resilience throughout the winter period.
- It is acknowledged that there is a need to support providers within enhanced training on how to support patients with more complex needs.
- Work is already in progress to ensure that processes are clearly defined and utilisation of resources maximised to reduce duplication and streamline pathways.
- Woven through this work will be enhancing quality of provision through improved working with the voluntary sector and monitoring processes.

Initiative 2 – to support the reduction of Delayed Transfers of Care and improve hospital flow

Objectives / Expected Outcomes

- Reduction in LoS in acute settings and Community Hospitals.
- Reduction in DTOCs.
- Reduction in number of days to source packages of care.
- Reduction in readmissions.

Identified schemes

Reducing DTOCs and supporting discharge through a multi-disciplinary approach as required under the High Impact Change Model. This project contains a number of initiatives to include:

- Trusted Assessors (for more information, see section 15.4).
- Clinical advice provided by GDOC to support Rapid Response clinicians with shared decision making.
- Enhancing the Psychiatric Liaison service.
- Extending role of Care Navigators (for more information, see section 15.3).
- Additional Social Worker capacity.
- Improved management of frail and vulnerable individuals (see section 12.8).
- H2H service.
- Enhanced brokerage.

Additional investment has been highlighted to increase community based capacity within a local care home (Chapel House) that will support patients who are deemed medically fit for discharge.

Further investment has also been highlighted in order to establish a Surgical Assessment Unit (SAU) at Gloucestershire Royal Hospital to allow direct access and avoid unnecessary ED attendances.

Initiative 3 – to develop a Virtual Ward model and Frailty pathway across the Gloucestershire system

Objectives / Expected Outcomes

- Reduced acute admissions.
- Reduced care home placements.
- Reduced acute LoS.
- Reduced DTOCs. (This is not expected to have a full impact in winter 2017/18 due to implementation timescales).

Identified schemes
• Implementation of a Virtual Ward model in Cheltenham and Gloucester localities and Frailty pathway across the whole system to support individuals in the community with the most complex medical and social needs to reduce the likelihood of admission to the acute trust. • The Virtual Ward model will interface with the Primary Care clusters to ensure a multidisciplinary team approach is delivered. • The Virtual Ward model will improve patient outcomes and experience by operating a risk stratification approach to proactively identify people at risk of hospital admission. • All GP practices across Gloucestershire are using the Electronic Frailty Index to risk stratify their patients and deliver a range of interventions to improve the patient pathway. • A development session has been held with system partners to scope the model to ensure that the proposed Virtual Ward model aligns with both existing acute and community facing services in the county and any new models being proposed such as extension of the OPAL service. • A project team will be responsible for overseeing the development of the model and a clear plan will focus on implementation to support winter 2017/18. • A countywide CPG for Frailty will commence at the end of September 2017 and will ensure that a consistent approach is adopted to manage individuals living with frailty. • The Virtual Ward will be clinician led and will include a dedicated core team based around Primary Care clusters. • As part of the Frailty scheme the OPAL service will be enhanced including extending the opening hours and increasing the consultant led support.
Initiative 4 – carers strategy
Objectives / Expected Outcomes
• Improve offer to carers to support them in caring for their loved one and impact on system pressures such as reducing acute admissions and DTOCs.
Identified schemes
Improving quality of life for carers is a local Better Care Fund metric. At present within Gloucestershire, we are undertaking a review of all our commissioned services for carers and the processes and/or barriers in place. This investment to carers is viewed as essential given the key role informal carers have and the impact that has on other parts of the system.

7. Urgent and Emergency Care STP Solutions

As a health and care community we have worked together since 2016/17 and throughout 2017/18, driven by Gloucestershire Strategic Forum and Resources Steering Group to model the financial gap GCCG has identified (£226m) and develop solutions that can reduce it. These solutions have been identified across the key priority areas (Clinical Programme Approach, One Place One Budget One System, Reducing Clinical Variation and Enabling Active Communities) utilising Right Care packs and GCCG benchmarking to identify opportunities across pathways and in comparison to other comparable CCGs. This solutions analysis has formed the basis for discussions with priority boards and clinical programme groups to help align opportunities and support deliverability. Fundamentally the solutions development

has ensured STP alignment to key provider contract agreements to embed delivery across the system.

It should be noted that all of the Urgent and Emergency Care STP Solutions will provide a positive benefit to patient experience and help support key requirements to reduce acute hospital admissions.

7.1. Ambulatory Emergency Care (AEC)

For further information, please refer to section 12.6.

7.2. Older Person Advice & Liaison (OPAL)

For further information, please refer to section 12.8.

7.3. Hot Advice

Currently within Gloucestershire advice can be accessed by local GPs from consultants within the acute trust setting. This service is brokered through the Single Point of Clinical Access (SPCA) and provides excellent opportunities for GPs to explore within clinical acute experts potential opportunities to avoid acute hospital admission. Work across Gloucestershire is underway to enhance the current offer to GPs and other healthcare professionals in order that no clinical decision is made in isolation.

7.4. Primary Care Emergency Department Streaming

Last winter it was recognised that there were a number of patients presenting to ED who would be better supported in a primary care setting. This is also reflected in NHSE guidance *"Primary care streaming: Roll out to September 2017"*.

In response to last year's learning, a pilot service at GRH commenced in July 2017 for General Practitioner Primary Care Streaming. This service is available between 10am-10pm 7 days a week in ED and consists of a streaming nurse and a GP. They primarily stream walk-in patients however patients from other referral sources can also be streamed where appropriate. The service provides expert care for patients presenting to ED with Primary Care presentations or minor illnesses and, where appropriate and criteria led, minor injuries. The pilot will continue over the winter period.

The Primary Care Streaming model is evidencing positive impacts within ED ensuring that appropriate activity is diverted into the service without requiring the intervention of ED staff.

Within Cheltenham General Hospital, there is an opportunity to stream from triage into services such as the co-located out of hours service and in-hours Primary Care.

7.5. NHS111 Clinical Advice

Within NHS111, clinicians are available to provide clinical advice to patients who would benefit from this level of intervention. Within NHS111, there is an operative clinical validation line which allows for "green" 999 and ED dispositions to receive

timely clinical intervention in order to ensure that the proposed pathway results in the most effective outcome. It is intended that this intervention line will continue throughout the winter to reduce inappropriate attendance into the acute trust and help reduce inappropriate demand on the emergency services.

7.6. Maternity Triage

The Maternity Advice line provides women with access to evidenced based advice for non-routine issues staffed by a dedicated team of midwives based in the SWASFT hub in Almonsbury. The midwives in the Hub can refer women to Triage, Day Assessment or Delivery Suite via the telephone or on line booking system. Low risk women can be referred to GPs or to community midwifery drop in sessions and birth units as appropriate.

The service impacts on the urgent care system by:

- Standing down up to 10 ambulances a month.
- Support and guidance for crews on scene to ensure the most appropriate treatment / pathway, including non-conveyances into hospital.
- More appropriate utilisation/response i.e. the right resource at the right priority.
- Increased knowledge and skills of ambulance staff in the clinical hub.
- Positive evaluation by women using the service.

7.7. Pull Model

GCS have received additional investment to operate an enhanced discharge nursing model (the “Pull” model) at both Gloucester and Cheltenham acute hospitals. The Gloucester pilot will focus on sourcing patients from ED, ACU, Frailty Unit and General Old Age Medicine Ward at GRH with case finding undertaken by the Integrated Admission Team. It will manage up to 15 patients on the caseload at any one time. Recruitment and induction is underway. The Cheltenham pilot will source General Older Age Medicine (GOAM) patients from wards within the hospital and also support CGH staff to understand community capabilities, helping to fill the gap in staff awareness. This model started in mid-August.

This model will support medically fit patients who are known to GCS to return to their normal place of residence as soon as reasonably possible.

7.8. Discharge to Assess (D2A)

7.8.1. Discharge to Assess (D2A) – Pathway 1

Gloucestershire D2A Pathway 1 home based care consists of both the H2H service and reablement whereby once the plan is for someone to return home they are supported for 48-72 hours during which time an initial assessment in their home is carried out and appropriate pathways, support and signposting are determined to meet their needs. People can access this support (if needed) for up to 6 weeks during which time self-funders are supported to arrange any

ongoing care and social services will carry out assessment and support planning for longer term needs.

7.8.2. Discharge to Assess (D2A) – Pathway 2

For further information, please refer to section 15.5.

7.9. Care Navigators

Additional Care Navigators are currently being recruited, from the iBCF funding in order to provide extended support and signposting within the acute trust and community hospitals. For further information on their function, see section 15.3. The role of the Care Navigators will ensure self-funders are able to return home more quickly releasing bed capacity into the system.

7.10. Onward Care Team (OCT)

The OCT are composed of a multidisciplinary team based within the acute trust who are responsible for supporting and enabling effective and timely discharges of patients from hospital, who may have more complex needs. It is acknowledged that in order for this service to deliver against the key challenges during winter 2017/18; the OCT workforce is fully resilient and robust. Ongoing recruitment is currently underway with the intention that the service will be fully complemented by December 2017.

Re-invigoration of the OCT Hubs across both sites will also occur from October 2017 in preparation for the winter period.

Strong leadership within the Capacity & Patient Flow Team will also ensure that the renewed escalation process and actions are adhered to consistently with delivery of objectives during the winter period.

7.11. Cardiology

7.11.1. Chest Pain

The reduction in urgent admissions for low risk chest pain relies on effective use of catheter lab capacity and access for elective angiograms, maintaining effective waiting times for the diagnosis of coronary artery disease (currently maintained at 6 weeks). There is also a reliance on achieving and maintaining effective waiting times for Rapid Access Chest Pain Clinic (RACPC) (currently maintained at 2 weeks). This work will also support better management of the inpatient flow and length of stay for chest pain admissions across both sites. The RACPC nurse will be seeing patients in ED and risk assessing for safe discharge. The impact will be a reduction in inappropriate admissions and a reduction in LoS for those patients who do need to be admitted.

A highly sensitive troponin testing pilot took place in October 2016 with positive results. The ACS nurses are in post and the full roll out for the highly sensitive

Troponin testing with AEC is due to start in September 2017, the delay has been waiting for the quality control assay to be available.

7.11.2. Syncope

The principles of phase 1 of a syncope project have been agreed, this will reduce non elective admissions for syncope through providing arrhythmia nurse support at the front door of ED and creating a fast track speciality clinic for syncope to include monitoring using an external and implantable monitor. This will also support the improvement of catheter lab capacity and by exploring implanting Implantable Loop Recorder outside side of the lab (within treatment room facility).

7.11.3. Stroke/AF

The 'Don't Wait to Anticoagulate' project focused upon supporting patients to manage Atrial Fibrillation (AF) and is related to the stroke prevention program, 51 out of 81 practices across the county are involved with project, which has improved AF detection and optimal anticoagulation therapy through the introduction of NOAC (as per NICE guidance) and the impact on the incidence of stroke is being quantified. It is anticipated that this work will lead to a reduction in the severity of stroke in this patient group, reduced LoS and improved hospital flow.

7.12. Respiratory CPG

The Respiratory CPG identified 3 areas of priority that impact upon urgent care (COPD, Bronchiectasis and Asthma) via benchmarking and local activity information. The CPG prioritised the following projects and workstreams:

7.12.1. COPD Integration

This project sees the integration of specialist respiratory secondary care and community care services in order to reduce duplication and reduce non-elective admissions.

The COPD Integration project is not set to be fully implemented till April 2018 however providers are beginning to explore aligned working from October 2017. This will result in improved communication within cross provider specialist care and begin to reduce duplication of appointments between the hospital's RADS team and the Gloucester Respiratory Team.

7.12.2. COPD Prevention

This project is reviewing all of the primary and secondary prevention interventions and initiatives to improve referral to smoking cessation and improve take up and completion of Pulmonary Rehab. The project will also look to improve the quality of annual reviews and trial an innovative use of Patient Activation Measures within the review to create and embed self-management plans.

The impact of last year's Winter Review Scheme is currently being evaluated. If there has been a positive impact on patient experience and need for acute intervention, it will be repeated for winter 2017/18.

7.12.3. Bronchiectasis

This project will ensure equity of access and treatment throughout the county. The project will also reduce planned admissions for IV therapy by delivering more planned IV therapy courses in the community.

Opportunity has been identified that these patients who would be admitted for planned IV therapy could have care delivered elsewhere in an alternative care setting and this is being explored through a system wide approach.

7.13. Falls Prevention

The falls strategy is developed and is in operation across the county. It is focusing on the development and delivery of our integrated falls prevention model. Falls prevention is included as part of the Primary Care Offer for 2017-18. This links to work around frailty and early identification of those at risk of a fall. The aim is to reduce medications that can possibly cause falls or impact on bone health and encourage and improve access to falls prevention interventions. This will also explore the role of Primary Care in reducing the number of fractured neck of femurs occurring as a result of a fall. The Falls Service team of five staff continue to promote falls prevention and support geriatricians with clinics for more complex cases. Linked to this work is a project in the acute trust to improve outcomes for patients with a fractured neck of femur. Early data suggests considerable improvements have been made which is anticipated to reduce winter admissions following a fall.

The falls project is also working with the fire service and SWASFT to ensure that non-injurious falls are attended to quickly by a fire-service led falls “pick up” service. It is planned that this service will be in place for winter and will help release capacity within the ambulance service but also provide a more holistic approach to falls management. In addition the safe and well checks carried out as a winter only service by the fire service staff are now available throughout the year.

8. Service wide winter plans (including organisational escalation plans)

In Gloucestershire, intensive activity profiling and demand modelling is being completed to inform critical decision making and planning assumptions, which will be coupled with softer intelligence from providers and from the wider Health & Care System. All providers have been requested to provide GCCG with organisational winter and escalation plans that have been formally ratified by their Boards. The content of provider plans will be utilised to inform the “Gloucestershire Urgent and Emergency Care Resilience Plan”. This is scheduled but unfortunately is not in time for the revised NHSE submission deadline of this plan.

9. Demand and Capacity Modelling

9.1. Capacity and demand planning

The intent of this plan is to provide safe, high quality and effective services to patients and members of the public accessing services during winter 2017/18.

Ensuring the correct services are in place and the public understand what services they should attend remains crucial, and therefore a collaborative understanding and joined up approach to planning is imperative.

During winter the Urgent and Emergency Care system experiences seasonal surges in demand for services, this in turn can impact on the rest of the health & care community with pressure felt across all services. System flow was a consideration within the 2016/17 plan and a 'lesson learnt' from this analysis was that organisations may need time to recover following a surge which may impact on the delivery of services across a number of days. This 'testing' will be incorporated into the demand and capacity planning approach for 2017/18.

The approach taken by GCCG to demand and capacity planning is to allow individual organisations to undertake comprehensive and detailed modelling of key services and critical points within their services with a key focus at a more granular level over known surge periods (post-Christmas, early 2018). From this GCCG will then map the flow across the health and social care community to ensure that the required capacity is available throughout the pathway.

This work will also provide further insight for individual organisations to ensure they are aware of the impact on their services from surges identified earlier in the pathway.

In order to mitigate the potentially negative impact of increased demand, the health community have completed an in-depth review of demand and have developed plans to meet that demand with the appropriate capacity

Detailed demand and capacity modelling is being developed and the impact of flow across the organisation is being worked through.

9.2. Bed Modelling

Robust bed modelling has been undertaken in conjunction with GCCG, GCS and GHNHSFT. On completion, both the assumptions and modelling will be reviewed and approved by A&EDB.

The approach to bed modelling is similar to the approach the system has taken in previous years which is to review the overall bed capacity ensuring that any 'ring fenced' beds (e.g. paediatrics, critical care, maternity) are modelled separately. Demand has been tested based on a 3-year analysis of trend data as well as a correlation to existing flow to ensure historic trends are in line with current trends.

The main demand drivers of the bed model are occupancy, demand and length of stay; all of these assumptions are agreed at an individual organisational level.

One of the key stages of the modelling is to ensure that an 'as is' model is available to show the impact on the bed base if winter surges were to continue with no changes to the system (i.e. before the impact of the resilience schemes or STP solutions impact). Secondly, any known changes to pathways will be factored through to ensure the impact is fully understood with the final stage the incorporation of scheme impact.

Current schemes have been modelled to absorb a potential bed pressure of 46 beds across the winter period. Based on the scenarios received by both the Gloucestershire acute and community providers, this will ensure pressures can be mitigated. Further modelling is being undertaken and will be incorporated during the next phase of the model.

Gloucestershire Hospitals NHS Foundation Trust

- Bed occupancy within the acute trust would be based upon 95% for emergency admissions and 90% for elective.
- An acute hospital bed stock of 799.
- Length of stay based upon 2015/16 average.
- Impact from potential norovirus outbreaks based upon 2015/16.
- The main months of pressure will be following the Christmas period in December 2017 into March 2018.
- The modelling has assumed that the level of DTOC will be stabilised at 2.8%.
- Currently the level of flu and norovirus is as per levels seen in previous years, further advice has been sought from NHSE on the potential increase in flu.

Based on the above assumptions GHNHSFT have reported bed pressures of approximately 76 across the winter period.

Gloucestershire Care Services (GCS)

- Bed occupancy within GCS 95.0%.
- Bed base 196 beds.
- Demand 0%.
- Average length of stay 24.1.

A second scenario has been reviewed by GCS which shows the above solutions but with the average length of stay of 26.1.

Based on the assumptions above, GCS are expecting to see a bed pressure of approximately 12 beds across parts of the winter. Mitigating actions include reducing the existing average length of stay from approximately 26.1-26.7 to 24.1 days.

Mitigating Actions:

The following shows a summary of the main initiatives which will mitigate the current bed pressure identified within this plan; 12 beds at GCS and 76 beds at GHNHSFT.

	Summary of Main Initiatives:
1	Additional acute bed capacity – provided by the reconfiguration of wards at GRH (complete)
2	Surgical Assessment Unit (SAU) – GRH (Oct 17)
3	Integrated Frailty Model – with enhanced OPAL 08:00-20:00 GRH (Oct 17)
4	Additional Bed Capacity – in the community for Medically Fit For Discharge (MFFD) (Oct 17)
5	T&O configuration – transfer of majority of elective surgery to CGH and trauma to GRH. 2nd phase will also release current space for additional trolley area for AEC, HOT clinics and 4 additional side rooms.
6	GP admissions direct to assessment unit – GRH (Oct 17)
7	AEC extended hours – GRH (Oct 17)
8	GP streaming at the front door of ED – Enhanced cover (Oct 17)
9	Ring fenced beds – 1 x Urology & 1 x Vascular for direct admissions from ED (GRH)
10	T&O trauma to GRH & electives CGH
11	CGH bed changes
12	Extended therapies/pharmacy opening hours
13	***Additional beds:***
	4 to 6 beds (Rapid Response - Chapel House 'flex')

	4 Windsor Street
14	Pull Model (GCS)
15	Troponin T
16	GCS Average Community Hospital Length of Stay Reduction

The initiatives create a bed benefit to the system of 91 beds.

10. Gloucestershire Escalation Plan

The GCCG Escalation Plan sets out the procedures across Gloucestershire to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. The purpose is to ensure that all partners across Gloucestershire use a consistent and effective mechanism to access additional short term capacity in the right part of the system when demand peaks. This plan is currently consistent with the NHS England Operational Pressures Escalation Levels Framework (OPEL) version 1.0. The latest version of the Escalation Plan incorporating the OPEL levels is embedded in ***Appendix 2***. This plan was produced in conjunction with national guidance and system partners. It is regularly reviewed with testing and workshops with all system partners throughout the winter period.

11. Urgent & Emergency Care Delivery – 7 Priorities

The *"Next Steps on the NHS Five Year Forward View*" (5YFV) was published on the 31st March 2017. The plan explained how the 5YFV goals would be implemented over the next two years.

In April 2017 NHS England published *"The Urgent and Emergency Care Delivery Plan"* which articulated the 7 Urgent and Emergency Care Priorities which are intended to deliver transformation across the Urgent and Emergency Care system.

Work has taken place across Gloucestershire to embed the 7 pillars "offer", acknowledging areas of priority based upon local need and reflecting the need to standardise where appropriate and not implement multiple different forms of the same intervention.

The below tables define the National "offer" and plans and provides evidence on progress across Gloucestershire, alongside areas for further development.

11.1. NHS 111 Online		
The offer		
Development of online triage services to better enable and support patients offering an increasingly personalised experience to patients with tailored advice and call backs from healthcare professional with services closely connected to NHS 111 calls.		
The plan	**Gloucestershire system current position**	**What's new for winter 2017/18 and the year ahead**
Pilot of the NHS 111 Online service in 4 areas from February 2017 with evaluation by July 2017. Roll out to 5 or 6 111 areas per month by December 2017. Introduction of intelligent personalised triage by March 2019.	Gloucestershire are presently awaiting the roll out plans for the NHS111 on line system, which will include evaluation of the most appropriate system that will meet the needs within Gloucestershire. The roll out will be supported by the Gloucestershire Urgent and Emergency Care IT Group.	Gloucestershire awaits guidance from National Team for roll out of NHS111 on line but anticipated that following successful local roll out that people will be provided with enhanced self-care opportunities with reduced reliance on Urgent and Emergency Care services.
11.2. NHS 111 Calls		
The offer		
Increase the percentage of patient calls to NHS111 transferred to a clinician and better support the number of those patients who are dealt with as "self-care". A dedicated Care Home Line allowing access for care home healthcare professionals to get urgent out of hours advice from a GP.		
The plan	**Gloucestershire system current position**	**What's new for winter 2017/18 and the year ahead**

30% of calls transferred to a clinician by March 2017, rising to 50%+ by March 2018. Care Home Line operational by March 2017 with roll out from April 2017.	Within Gloucestershire currently 50% of calls that are directed through NHS111 are conveyed to a suitable clinician for telephone advice and support. NHS111 are also offering a 999 (Green) validation line which is ensuring that a clinician validates the need for an emergency ambulance. Currently within Gloucestershire a Nursing Home enhanced service is in place supported by local GP practices which provides proactive support to Care Homes and ensures that wherever possible admission to hospital is avoided. During the Out of Hours period Care Homes can contact the Out of Hours Health Care Professional (HCP) line directly to get support and advice without needing to access NHS111. NHS111 have undertaken detailed modelling for both demand and capacity requirements across the winter period supported by an organisational winter plan. Issues to address staffing deficits have been identified including: • Shift incentives • Loyalty incentives • Active utilisation of the wider network. • Working with external agencies, eg. Recruitment.	Within Gloucestershire work is underway to develop a Clinical Advice and Assessment Service (CAAS) which will be further developed during the winter of 2017/18 but will not be in place during the winter. However, within Gloucestershire we will continue to work to explore opportunities to further increase clinical interventions within our 111/Out of Hours service.

11.3. GP Access

The offer

To continue the provision of urgent care services by general practice and by March 2019 to enable the public access to pre-bookable evening and weekend appointments.

The plan	Gloucestershire system current position	What's new for winter 2017/18 and the year ahead

Coverage of enhanced access to reach 50% of England by March 2018 and 100% by March 2019. Investment of at least £138m in 2017/18 and at least £258m in 2018/19. Allocation of at least £6 per head of population to all CCGs recurrently from 2019/20 for ongoing service provision.	Work is being progressed and monitored via the Gloucestershire Primary Care Commissioning Committee which is overseeing Transformational changes within Primary Care, including testing of new digital approaches and a cluster approach to service delivery.	See Primary Care section 14.

11.4. Urgent Treatment Centres

The offer

Urgent Treatment Centres across the country which are open at least 12 hours a day, staffed by doctors and nurses, able to do blood tests and most will have x-ray facilities, will allow patients to book an appointment via NHS 111 or their own GP or walk in and will be able to give prescriptions when needed.

The plan	Gloucestershire system current position	What's new for winter 2017/18 and the year ahead
Circa 150 UTC facilities in place by March 2018 and plan for the remainder by March 2018. All UTCs in place by December 2019.	Gloucestershire presently have 8 Minor Injury and Illness Units (MIIUs) that provide care to patients that present with a variety of minor injuries and illnesses. Across Gloucestershire there are also a number of Out of Hours Primary Care Centres that provide face to face care to patients that require urgent Primary Care during OOHs.	Gloucestershire are currently reviewing the National guidance and specification for UTCs and have developed a business case as part of the wider "One Place" Business Case. It is anticipated that consultation will occur during the winter of 2017/18. For winter 2017/18, the component partos of the emerging Urgent Treatment Centre model will continue to deliver services and explore opportunities to improve through integration.

11.5. Ambulances

The offer

A more clinically focused response for patients with quicker recognition of life threatening conditions, improved telephone advice, treatment on scene or conveyance to hospital and an end to long waits for an ambulance and handover delays at hospital.

The plan	Gloucestershire system current position	What's new for winter 2017/18 and the year ahead

Roll out of Ambulance Response Programme (ARP) by Autumn 2017. Implementation of enhanced Hear & Treat and See & Treat by March 2018. STPs to offer integrated model of urgent care with clear referral pathways offering alternatives to A&E by March 2018. Continued development of ambulance workforce to December 2018.	SWASFT was part of the earlier piloting of the ARP so have been active partners in the evaluation of this programme. Following National approval to roll out, SWASFT are undertaking the necessary steps in order to further embed the programme across the contract area. SWASFT have an excellent track record of supporting effective "hear and treat" and "see and treat" and continue to identify opportunities to extend effective management outside the hospital setting via the Right Care 2 programme. SWASFT have access to the wide range of services that are available across Gloucestershire via a number of support services. The SPCA will provide advice and guidance on alternatives to hospital attendance alongside technical support via the electronic DoS that allow paramedics to interrogate the DoS to identify services that may be able to support patients.	As part of the "One Place" business case a Clinical Assessment and Advice Service (CAAS) is being proposed that will provide enhanced support and advice to clinicians ensuring that "no clinical decision is taken in isolation". The CAAS will not be realised during the winter of 2017/18 but work to establish will be progressed.

11.6. Hospitals

The offer

Highly skilled Emergency Department workforce with patients streamed by highly trained clinicians to the most appropriate service. Rapid, intensive support to those patients at highest risk of admission as well as use of a wide range of ambulatory care services and a reduction in variation between hospitals.

The plan	Gloucestershire system current position	What's new for winter 2017/18 and the year ahead
Comprehensive front-door clinical streaming models by September 2017. Establish Frailty Assessment processes and Frailty Units. Provide 7-day ambulatory care. Implementation of core best practice on medical wards to facilitate discharge.	A comprehensive GP streaming model is in place within GRH with opportunities to stream from triage within CGH to Out of Hours or to in hours Primary Care or alternative services such as AEC. AEC is available across both CGH and GRH with plans to extend opening hours at GRH from October 2017. Significant amount of work is underway to embed safe and timely discharge processes across the Acute and Community Trusts with significant emphasis on embedding the SAFER care bundle and the "Red/Green"	The plan is to further enhance the existing frailty offer across Gloucestershire with additional Older Peoples Assessment and Liaison (OPAL) services operating from 08.00-20.00hrs at GRH An increase in pharmacy dispensary hours in the Acute Trust is planned alongside increasing the Out of Hours pharmacist onsite support which will allow for more timely "To Take Out" (TTO) dispensing and aim to reduce hospital LoS. As a result of learning from red/green roll out in the Ipswich

	approach to daily care and Board rounds. The whole system is planning to engage in "Breaking the cycle" events in October 17 and January 2018 across both acute hospital sites and supported by health and social care operational staff. These events in the past have evidenced significant benefits including shared understanding across the system, working collaboratively as well as proactively managing effective and timely discharges. This winter, the events will focus on demonstrating what can be achieved through collaborative working with emphasis on discharge. Frailty (see section 12.8)	model and from the previous Breaking the Cycle events at GRH and CGH, daily acute hospital site and ward team Navigation meetings are held and these are planned to continue throughout winter 2017/18 and beyond. These meetings bring a focused approach to patient flow and discharge planning. In addition the acute Trust will be holding an internal MADE event for two days in October 2017 that will ensure SAFER compliance. These events will be supported by ECIP (final dates to be confirmed).

11.7. Hospital to Home (H2H)

The offer

To ensure patients only stay in hospital for as long as they need to. Earlier discharge planning and joint working and liaison across different sectors ensuring coordinated and timely transfer of care from hospital to the most appropriate setting. Where necessary, providing patients with comprehensive packages of health and social care.

The plan	Gloucestershire system current position	What's new for winter 2017/18 and the year ahead
Implementation of 8 High Impact Changes for discharge and "Quick Guides". Work through 2017/19 Proactive and Safe Discharge CQUIN (Commissioning for Quality & Innovation). Introduction of CCG Quality Premium for 2017-19 to reduce CHC full assessments occurring within acute settings to <15%	Within Gloucestershire a full review and benchmark exercise against the 8 High Impact Actions has been undertaken evidencing positive work against the required standards. The Proactive and safe discharge CQUIN has been embedded within Acute and Community contracts with agreed baselines and trajectories established. Currently 0% CHC assessments are undertaken within the acute trust with assurance on robust placement without prejudice being in place.	Many winter schemes have been identified to support enhancing our delivery against the 8 HIAs including: Enhancement of the Trusted Assessor role, increase in DomicilaryCare capacity and increased provision of our D2A bed based capacity which will positively impact upon Delayed Transfers of Care this winter

12. NHS Improvement: Focus on improving patient flow

NHS England/NHS Improvement have provided guidance which outlines good practice in 10 areas that will improve patient flow which were originally recommended

in Bruce Keogh's publication *"Safer Faster Better: Transforming urgent and emergency care services in England"*. Each of the 10 areas has core principles as outlined below. The Gloucestershire A&EDB is committed to ensuring that the Gloucestershire system works to deliver against the core principles in order to secure a reduction in DTOC and LoS this winter.

12.1. Ambulance handovers

Outcome

Patients arriving by ambulance enjoy a seamless handover to an ED without delay, supported by the transfer of patient information from the ambulance service to the hospital.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
EDs should accept handover of patients within 15 minutes of an ambulance arriving. Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is unacceptable.	Handover meetings occurring between the acute trust and ambulance service to discuss performance and how to improve. 15 minute standard still regularly exceeded.	More efficient and consistent system to be implemented with ED staff available for handover.
On arrival or at the time of initial assessment, patients on trolleys should be assessed for their suitability to be transferred to wait in a chair. 'Fit to sit' assessments help release ambulances to respond to the next call.	At present an initial assessment is undertaken as to whether patients are able to sit in a chair or they require a trolley and action taken accordingly within the unit.	The process in place achieves the core principles – no additional actions required.
The clinical assessment of patients arriving by ambulance should start within 30 minutes of their arrival at an ED.	A dedicated reception and clinical triage for ambulance arrivals has been established, aiming to undertake initial assessment within 15 minutes of arrival.	Performance is closely monitored and ambulance handover times demonstrate delivery.
Clinically stable patients referred to an ED by a GP should go directly to an assessment service to be assessed by the clinical team within 30 minutes of arrival.	A new medical GP pilot has been commenced in August 2017 whereby GP patients are identified and then reviewed on the AMU.	Performance will continue to be closely monitored and adapted as required to achieve this 24/7. This reduces demand on ED and supports reduction in ED breaches.
Escalation plans must be triggered when objective measures indicate the system is under significant pressure. Plans may include: • **Co-horting**, where patients are placed in an area of the ED not usually used for assessment or waiting, should be used as a temporary measure with a clear plan for de-escalation. Co-horting is safest when applied after assessment to ensure	Co-horting and full capacity management protocols in place and reflected within GHNHSFT internal escalation policy.	No additional action required – continue to monitor and ensure policy is implemented alongside newly developed internal escalation plan.

departments are fully aware of the patients and their risks. Areas used for co-horting must have appropriate equipment and facilities to maintain patients' privacy and dignity at all times. Escalation plans should include how the extra nurse staffing required for any cohort area will be met. • **A full capacity protocol (FCP)**, as recommended by the Royal College of Emergency Medicine (RCEM), 6 should be used to balance the risk to patients when EDs are crowded and there is no available space in which to assess patients. Patients requiring inpatient care are moved out of the ED or assessment units to an inpatient ward area. This is achieved by, for example, a ward caring for one extra patient until a bed becomes available elsewhere for that person following discharge of another patient. The FCP should be de-escalated as soon as practically possible. Repeated use of the FCP should prompt a thorough review to ensure that all escalation steps are effective. Protocols should include appropriate safeguards, based on patient acuity and condition – for example, frail older patients and those with a national early warning score (NEWS) of >3 should be excluded. • Deploying **ambulance managers** (sometimes termed 'HALOs') or additional acute resources to help manage the hospital–ambulance interface and release ambulances quicker to respond to the next emergency. This is essential to reduce the risk faced by unassessed patients waiting 'at scene' for an ambulance.	Bronze Officer regularly deployed to ED to assist with handover delays and 'turn crews around'.	Consideration to a dedicated HALO role that operates within the ED at the busiest times to maintain focus on reducing handover delays.

12.2. Primary Care Streaming

Outcome

Patients attending EDs with conditions more suited to assessment and treatment in Primary Care are streamed to a co-located Primary Care service.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
Hospitals should set clear criteria to support patient streaming to Primary Care services.	There is an exclusion criteria and the Job Descriptions and Service Specification are currently under review and include exclusion/inclusion criteria.	Job Descriptions and Service Specification to be finalised. Process for escalating to be developed.
Redirecting patients to other sites requires specific safeguards to ensure it is both appropriate and safe, and that the off-site service has accepted the patient.	Using existing practice for ED triage. Process in place uses the current clinical governance.	Further information on DoS for what is available in the community to be utilised more.
Clinical streaming should always be performed by a trained ED clinician (usually a nurse).	Streaming nurse (Band 6 and above) on reception streams all patients – available 7 days a week 10am-10pm	Continue to work with the streaming nurse to identify additional opportunities to utilise Primary Care in ED.
Streaming should be performed as soon as possible and always within 15 minutes of the patient's arrival. For this to be achieved, capacity must be planned to meet variation in demand on an hour-by-hour and day-by-day basis, not based on average demand.	Nurse on reception streams patients on arrival into ED. Streaming nurse available for whole time PC Streaming is on offer.	Demand will be continually reviewed with further work to ensure resilient rotas maintained.
Demand and capacity should be analysed to determine the staffing profile, model and opening hours of the Primary Care service (in local circumstances where Primary Care attendances are very low, a Primary Care stream may be inappropriate or be integrated into the 'minors' stream).	Current PC Streaming offer provides funding for a GP for the high demand hours of the week. Pilot underway which will provide data for further analysis for demand and capacity.	Progressing plans to work closely with Primary Care provider to ensure robust and resilient GP shift fill.
Clinical liaison between the ED and the Primary Care service must be regular and effective. Joint governance is a fundamental requirement. Monthly governance meetings should consider the operational effectiveness of the streaming process and Primary Care service together with all risk reports and incidents.	PC Streaming sits within the ED and the service comes under GHNHSFT, including shared governance.	Datix reporting for incidents process and lessons learnt sharing to be arranged from September. Governance meetings to be set up between leads from GP group, GCCG and GHNHSFT. Terms of Reference to be developed.
A clear process must exist for patients requiring ED assessment to be transferred back promptly to the ED from the Primary Care service. These cases should be	Patients requiring ED assessment are handed back to the ED team immediately by the PC streamer (ANP or GP).	PC Streaming is still in the pilot stages, cases can be discussed at the ED governance meeting however specific governance meetings are to be set up (as above)

discussed at monthly governance meetings and protocols modified where appropriate.		
The four-hour A&E standard applies to all patients streamed to a co-located Primary Care service.	Standard applies with evidence of excellent four-hour performance for streamed patients.	No gaps noted. Support from ANP and ED triage team available if any 4 hour breaches look likely.

12.3. Emergency Departments (ED)

Outcome

All patients receive timely assessment and clinically appropriate, high quality care in the ED.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
All patients attending an ED should be streamed at the front door by a trained ED clinician (usually a nurse) to the most appropriate area and clinician.	Streaming is in place at GRH 12 hours a day 7 days a week. Streaming also takes place within CGH where patients having been triaged can be directed to in hours Primary Care or the Out of Hours service which is adjacent to the Emergency Department.	Current challenges in securing the GP workforce to support the model but plans to work closely with colleagues across the GP community to secure ownership and shift fill in place with likelihood of improved GP staffing from Oct 17.
Streaming involves taking a brief history and performing basic observations if appropriate. This information may also be used to support triage prioritisation within streams if required.	Clear policies and protocols in within defined streaming pathways, ensuring all patients are referred to the most appropriate service or clinician to meet their needs.	No additional action required – continue to monitor.
Streaming should include calculation of an early warning score (for example, the national early warning score (NEWS) for adults or paediatric equivalent for appropriate patients). Early warning scores should form part of the assessment of acuity but streaming decisions should not be based on them alone.	NEWS is incorporated within the wider assessment of patients who attend ED with particular focus on those patients requiring higher intensity input and support.	No additional action required – continue to monitor.
The ED should prioritise the assessment and treatment of the sickest patients including: • those presenting with time-critical and potentially life-threatening conditions • frail older people at risk of admission • Vulnerable patients including children, people with learning disabilities and those at risk of self-harm.	Within the ED the Manchester Triage system is in operation which ensures the sickest patients are assessed and treated as a priority. Streaming will also ensure that those patients believed to have life threatening conditions are transferred immediately to the appropriate resuscitation environment.	No additional action required – continue to monitor.
The ED further streams patients to: • resuscitation • majors	The ED have defined pathways that ensure that patient following the appropriate level of assessment can be safely transferred and handed over to alternative services or successfully	Work is underway to ensure that wherever possible patients are referred either directly to the AEC (via SPCA) or "pulled" from the EDs. It is acknowledged that additional

• low acuity/less serious injuries ('minors') • co-located Primary Care • fast track pathways (eg fractured neck of femur, acute abdomen) • Other services in the hospital including ambulatory emergency care (AEC), assessment services and rapid access outpatient services. • Normal place of residence, following risk assessment and with appropriate follow-up care and liaison and information sharing with primary and community care services.	supported in returning to their normal place of residence with support in place if required.	patients could benefit from being referred via this pathway so focussed work will take place to ensure full and appropriate utilisation of this service.
ED staffing should be planned so that capacity meets hourly, daily and seasonal variations in demand, rather than average demand, including that from specific patient groups such as children, frail older people and people with mental healthcare needs. There should be routine analysis of demand at a detailed level to support workforce planning.	Robust review has been undertaken of staffing rotas, including Medical, Nursing and administrative staff to ensure that the correct level, expertise and number of staff are on duty to match known and predictable demand. This work is being supported by ECIP.	Ongoing refinement and review of rotas to ensure that any demand fluctuations are identified and staffing levels optimised and adjusted to meet changing demand profiles. It is anticipated this will be completed by end Sept 2017 and any changes required implemented subsequently.
A senior doctor of ST4 grade (or equivalent) or higher should be present 24/7. Best practice is to deploy consultants to manage each of the functions of the ED, including overall command and control; resuscitation; rapid assessment and treatment (RAT); and the clinical decision unit (CDU).	• An ST4 grade or above is present at GRH. • Challenges fulfilling ST4 requirement for CGH. • Consultants deployed for all required functions with exception of Rapid Assessment & Treatment (RAT). • No current CDU model.	Additional recruitment strategies are being considered alongside the D&C work to increase the number of ST4+ staff. Implementation of RATing under review for winter.
The deployment of advanced clinical practitioners in Emergency Departments is strongly encouraged (they may come from a range of professional backgrounds including nurses and allied health professionals – for example, paramedics and physiotherapists), together with pharmacists and clinicians from other specialties where appropriate.	Both EDs employ Emergency Nurse Practitioners (ENPs) within the Departments to ensure that wherever possible the patient needs are met autonomously by the Nursing team. A Trust strategy group is reviewing wider roll out of enhanced roles including ECPs, Physician's Assistants etc.	Work is presently underway to review the role of the ENPs, ensuring that skills and expertise are fully utilised.
ED layout should be reviewed regularly to ensure that it supports flow.	Undertaken within the last 6 months with ECIP support.	Longer term planning underway to future proof the Urgent and Emergency care environment within the Acute Trust

GP referred patients should go direct to the relevant assessment service, and not the ED, unless they are clinically unstable.	Pathways are in place as well as under review and development to allow patients that have been assessed by their own GP to progress direct to an AMU. This work is currently within its infancy and will continue to develop and progress throughout winter 2017/18.	Space has been identified for medical patients to be diverted directly to the AEC/AMU at GRH, however hours that this operates in need to be enhanced. The model at CGH is under review but unlikely to impact for winter 2017/18.
Internal professional standards or local agreements should be made with specialty departments across the wider hospital to provide rapid assessment, treatment and decision-making in the ED when requested.	Internal professional standards in place within the acute trust. Work underway to relaunch the top 10 Emergency Zone Professional Standards that will support delivery of flow throughout the winter months.	Work required to monitor against delivery of the standards alongside working with the wider health and social care community to develop critical inter-organisational standards. Event planned to take this work forward with the aim of embedding in preparation for winter.
Acutely unwell people with frailty should be identified at the front door and appropriately assessed by clinicians competent to identify the most appropriate care pathway for these patients. The use of well-evidenced frailty assessment tools is encouraged (for example, the Rockwood Clinical Frailty Scale).	Those patients accessing EDs that are identified as “frail” are assessed using the Rockwood Frailty Scale. ED access the services of the OPAL team who will undertake a Multidisciplinary Assessment and ensure the necessary support, care and treatment is offered and wherever clinical appropriate and safe to do so will send the patient back to their normal place of residence.	Opportunities to review and enhance the Gloucestershire OPAL service are being explored ensuring they align with existing schemes that support, wherever possible, a Community & Primary Care focussed intervention.
Patients should only be admitted if their needs cannot be met by AEC or other pathways (for example, Primary Care).	Admission to hospital needs to be the last resort and wherever possible patients need to be supported within alternative settings. including their own place of residence. When patients attend ED they are assessed by a senior clinician to ensure that alternatives to admission are fully explored. Where necessary patients are referred to the Integrated Assessment Team (IAT) who undertake a full MDT assessment to support patients in returning home.	Continued work to ensure pathway compliance with alternatives to admission.
Close liaison with, and the direct support of, emergency medicine by in-taking specialties is essential. Site-specific rules should be agreed that set timescales, expectations and processes for how EDs can access specialist services, particularly during periods of escalation.	Interprofessional standards in place with the aim to improve specialty responsiveness to ED referrals to within 30 minutes.	Monitor adherence against this critical standard within the expected impact of improving ED breaches.
12.4. Mental health		
Outcome		

Patients presenting to EDs or on inpatient wards with mental health and related physical conditions receive compassionate care from all staff. Skilled assessments and interventions by an all-age liaison mental health team (including alcohol specialists) are available seven days a week to maximise safety, optimise patient experience, and reduce avoidable admissions and procedures and inpatient length of stay.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
People presenting with a mental health crisis need to be assessed in an environment that is quiet, safe and supportive. While waiting for assessment and treatment, to reduce their distress and during the assessment itself, patients should have access to a bespoke mental health assessment room.	Currently patients have access to an assessment space at Gloucester Royal Hospital (GRH) which meets required standards.	A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018
People thought to have a mental health condition should be triaged by compassionate staff trained in line with the National Confidential Enquiries into Patient Outcome and Death (NCEPOD) 2017 recommendations, as adverse attitudes increase the risk of repeat self-harm and suicide. Particular attention should be given to providing a compassionate response to those groups who report poorer experiences of ED and are at much higher risk of suicide, including those diagnosed with personality disorders and those who self-harm. Care should be provided in line with NICE guidance CG16 for the short-term management and prevention of recurrence of self-harm.	2gNHSFT deliver training for Emergency Department staff on MH, Self-Harm, compassionate care.	A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018
The initial priority is to assess any significant physical health needs, including delirium; overdose; self-harm injuries or self-injuries incurred by people with dementia or alcohol-related conditions; cardiovascular disease, diabetes, chronic obstructive pulmonary disease, liver and other conditions common in people with psychoses. ED staff should refer to the liaison mental health team as soon as they believe its involvement is necessary. As these teams include the necessary expertise in caring for people with co-morbid mental and	Once medically fit, assessed patients can be seen, if urgent assessment is required, within 1 hour.	Monitor adherence to the standards and identify additional actions that can be taken if standard not consistently delivered.

physical health problems and they work in parallel with medical teams, they should be proactively involved in the person's treatment and be ready to provide mental health input within 60 minutes or less of the person being able to be seen. If undue delays in the pathway are to be avoided, this should be more than a request to be notified when the person is declared 'medically cleared'.		
A multidisciplinary liaison mental health team that includes a consultant liaison psychiatrist should be available 24/7.	Current service model includes Consultant Psychiatrist but not available 24/7. 2gNHSFT operate an on call rota for psychiatry which provides medical cover outside core hours.	Explore opportunities to integrate medical cover within the liaison service. A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018.
The liaison team identifies those at risk of suicide or self-harm or who may have mental health co-morbidities, including people with long-term physical conditions and the large population of older people in acute hospitals among whom a high prevalence of undetected dementia, delirium and depression is likely.	This work is undertaken by the dedicated Older Persons Liaison service.	Weekend/OOH support not currently available. A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018.
People who are intoxicated and experiencing mental health problems: • Should be assessed and given appropriate support. All hospitals should have access to a drug and alcohol liaison service, which is either part of a liaison mental health team or provided through another model, such as an alcohol care team • should be kept safe physically and assessed clinically as having sufficient mental capacity to receive mental healthcare • should be assessed for transient suicidality or	Drug and Alcohol liaison service available which includes In-reach from community provider. Protocols in place for managing intoxication including management of suicide risk.	A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018.

psychosis, in which cases the liaison mental health team should provide interventions		
ED and liaison staff must understand and comply with the Mental Health Act and the Mental Health Act Code of Practice to reduce delays. Protocols are needed for access to rapid Mental Health Act assessments by s12 doctors and social care teams if required and liaison teams should include psychiatrists approved under s12 of the Act. This includes protocols with police services for escort of patients detained under s136 of the Act or for those not detained to EDs.	2gNHSFT Liaison staffs have access to training on MHA and MHA Code of Practice. Section 12 Drs are available via the liaison team. Access to s12 Drs is via on call rota or s12 Dr list. Section 136 protocol agreed by all statutory partners.	Enhancing s12/medic availability within Liaison Team. A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018.
An appropriate area should be provided for patients to wait in while transport for admission to a psychiatric service or other follow-up action is arranged.	This is currently not available.	A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018.
Acute hospital staff should have access to an up-to-date NHS111 DoS and Primary Care social prescribing directory, to enable faster onward referral to appropriate community services.	The DoS is currently accessed by Healthcare Professionals (HCP) via MiDoS. Presently staff in ED do not have access.	Introduce MiDoS into ED for winter 2017/18 and incorporate social prescribing services onto the DoS (where they are not already present).
By the time of discharge, those having experienced a crisis should have been appropriately assessed, an urgent and emergency mental health (UEMH) care plan or follow-up care accepted and scheduled, or advice/signposting provided.	This is in place and is routine practice.	None.
For people with mental health needs and dementia on acute hospital inpatient wards, early involvement of liaison teams including embedded social care and housing expertise will improve discharge planning and co-ordination, resulting in shorter lengths of stay and reduced general hospital readmissions for adults and particularly older adults.	Older Persons Liaison Service is in place but it's not an MDT.	Lack of social work/housing expertise. A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018.

People who are known to mental health services and also frequent attenders should have a co-produced care plan in place, including an advance decision crisis plan of the actions to take to manage a crisis, as well as arrangements to support the patient to share that plan safely with ambulance, ED and other staff.	High intensity case worker is in place. Current list of patients is 30 – 22 with plans and remaining 8 are in development.	Pilot additional support for High intensity worker to expand remit into s136 and D&A. A working group has been established to review current service provision against requirement to deliver a Core 24 compliant service. The purpose of this group is to seek to narrow the gap between the existing service model and core 24 standard with a view to submitting an application for transformation funding in early 2018.

12.5. Clinical decision units

Outcome

Patients who can be discharged following a short period of observation, investigation or treatment are managed in an appropriate short stay area outside the ED.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
All hospitals should have a facility that enables same-day emergency care in a non-inpatient setting. Clinical decision units (CDUs) and ambulatory emergency care (AEC) services are both effective models. Hospitals may decide to have both depending on the model of emergency care, but this is not essential.	Currently within Gloucestershire both hospitals have in place AECs. Work is presently underway to extend access to these services, alongside identifying opportunities to increase the number of patients successfully referred and treated within these services.	As part of the wider strategic planning for Urgent and Emergency Care, consideration is being paid to the opportunity to create a Clinical Decision Unit. It is unlikely this will be realised for the winter of 2017/18.
CDUs should be supervised and led by a consultant and staffed by multidisciplinary teams including clerical staff and allied health professionals.	As above.	This will be considered as part of the wider strategic planning process.
Open 24 hours a day or to match the known demand profile.	As above.	This will be considered as part of the wider strategic planning process.
Co-located with or close to the ED, with access 24/7 to key diagnostic services, such as pathology and radiology.	As above.	This will be considered as part of the wider strategic planning process.
Governance should include medical, nursing and allied health disciplines.	As above.	This will be considered as part of the wider strategic planning process.
Decisions should be made as soon as a patient's results become available and should not be contingent on a ward round process.	As above.	This will be considered as part of the wider strategic planning process.
CDUs must not be used for patients waiting for admission as	As above.	This will be considered as part of the wider strategic planning process.

part of 'escalation' when the hospital is under pressure.		
CDU criteria should be balanced and co-ordinated with those of AEC and acute frailty services to avoid unnecessary duplication.	As above.	This will be considered as part of the wider strategic planning process.

12.6. Ambulatory emergency care

Outcome

Patients being considered for emergency admission are rapidly assessed and, where appropriate, streamed to AEC, where they are diagnosed and treated on the same day, without overnight admission where possible. Hospitals introducing AEC should aim to convert a third of their adult acute medical admissions to ambulatory care episodes.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
All patients other than those who are clinically unstable should be considered for AEC as the preferred option.	A push / pull model is in place ensuring that any patient who accesses services through ED are appropriately signposted to the AECs. The SPCA also acts as a referral point into AEC following GP review.	In response to increasing service access, to ensure that all appropriate patients continue to be directed into this service.
AEC should be available at least 14 hours a day, seven days a week to receive patients directly from the ED and Primary Care.	Currently 8am – 6pm; Mon – Fri 5 days per week.	Reviewing staffing model to operate 7/7 and 8am – 10pm at GRH only from end October 2017.
Where possible, the AEC facility should be close to the ED. AEC should be available for patients with medical, surgical or gynaecological problems.	AEC is located on the floor above ED with easy access via lift / stairs.	Surgical / Gynae pathways not fully embedded in the current model. Further work required to incorporate these pathways.
Selection of patients for AEC should be maximised by: • AEC clinicians undertaking regular board rounds with ED staff to identify patients • displaying a list of common AEC conditions in the ED to help identify appropriate patients for AEC • giving the AEC team access to the ED board to spot patients • Allowing automatic referral from ED for appropriate patients.	➔ In place daily. ➔ ED & AEC have good communication regarding identification of AEC patients. ➔ AEC review the ED via the patient administration system to pull patients. Throughout the day the AEC staff go onto the shop floor to pull patients in liaison with the ED team. ➔ Referrals from ED to AEC team normally by a telephone handover.	Nil additional required.
There should be immediate access to a senior doctor who is responsible for agreeing the case management plan for each patient.	Resources available and in place.	Nil additional required.
The timeframes for initial assessment and medical review in AEC should be similar to those in the main ED.	Compliant to standard.	Nil additional required.

Patients should have access to diagnostics within the same timeframe as other emergency patients.	Timely access to diagnostics in place similar to ED.	Introducing Internal Professional Standards within diagnostics to ensure 1 hour turnaround within ED, AMU and AEC (target date end October 2017).
The AEC facility should have a combination of consulting rooms, treatment trolleys and chairs for patient assessment. Patients should be kept ambulant as the default.	Currently available in AEC.	Nil additional required.
AEC must not be used for patients waiting for admission as part of 'escalation' when the hospital is under pressure.	AEC is not regarded by the Trust as a suitable environment in which patients wait due to the impact this has on the Trust's ability to manage patient flow and prevent unnecessary emergency admissions.	To roll out 2017/18 escalation policy across the Trust to ensure all staff are aware of actions to take at times of extremis.

12.7. Acute assessment

12.7.1. Acute Medical Units (AMU)

Outcome

Patients with acute medical conditions are assessed and their treatment begun by a multi-professional acute medical team. Patients are referred from the ED or Primary Care. Following initial assessment and treatment, patients are either discharged from the AMU, or transferred to a specialty ward appropriate for their condition, usually within 72 hours of arrival.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
AMUs must be consultant-led, with a core team of acute physicians supported by specialty physicians. They must be available 24/7.	The current Acute Care Unit (ACU) receives patients via ED (work underway for direct admits) and has a multidisciplinary team including consultants and access to specialties.	Ongoing development of the AMU model across the acute trust allowing patients that have seen their GP to be referred directly to these units.
AMUs should aim to receive clinically stable GP referred patients directly, not via the ED.	Pathways in place that require patients conveyed by ambulance who may deteriorate en-route and require immediate resuscitation to go direct to ED. Stable patients are currently registered in ED and referred directly to medical team in ACU.	Working on arrangements / pathway for patients to go directly to AMU ahead of the winter.
AMUs should have a dedicated multidisciplinary team that includes nurses (with appropriate nurse-to-patient ratios), allied health professionals (for example, physiotherapists and occupational therapists) pharmacists and discharge co-ordinators as appropriate.	The above unit is staffed by an appropriately trained multidisciplinary team that reflects both the acuity of the patients and demand within the unit.	Ongoing review of skill mix.

AMUs should have ready access to in-reach services to support patient care and early discharge, including inpatient specialist doctors, specialist nurses, social workers and allied health professionals, for example, speech and language therapists and dieticians.	Support services in places though dietitian input is available if required but not dedicated to the unit.	Ongoing review of skill mix.
AMUs should include dedicated assessment wards and ring-fenced short stay beds. Service design should conform to the recommendations of the Royal College of Physicians 2007 Acute Care Taskforce.	Currently assessments are undertaken at the "patient's bedside". Ward 4a at GRH is the "short stay" ward but currently not ring fenced.	Longer term with the current AMU floor re-configuration a dedicated area for assessment will be ring fenced (not within the 2017/18 winter period).
AMUs should have direct access to the hospital executive team to foster collaborative working, especially during periods of peak demand.	Access to Exec team is robust and tested. General escalation is via the Clinical Site Management (CSM).	Nil further required.
Communication and handover rotas should be used to promote continuity of care. There should be regular 'board rounds' and core acute assessment service multidisciplinary team 'huddles'.	Daily navigation meetings, twice daily board rounds and ward based huddles in place. Weekly multi agency/organisation face to face escalation meeting to take a system wide response to stranded patients.	Ongoing monitoring of the impact of these actions with adjustments according to feedback and findings.
Patient discharge processes, including establishing an expected discharge time and date, should start as soon as the patient arrives on AMU as part of the initial assessment process.	On admission documentation and when registering patients onto the patient administration system.	Clinical criteria for discharging patients to be documented to facilitate Nurse led discharges which will support LoS reduction and weekend discharges.
As a quality marker of acute medical assessment services, specific pathways should have standardised processes (for example, a sepsis pathway, and an acute kidney injury pathway).	Trust pathways in place.	Ongoing monitoring.
There must be close working between clinicians and managers to optimise flow through the AMU, for example avoiding delays in discharges and transfers to wards. To efficiently admit patients from ED to AMU, the AMU should run at between 85% to 90% bed occupancy.	In place for expediting patients and escalation of any unnecessary delays to support flow.	Ongoing monitoring.

12.7.2. Acute surgical and speciality assessment

Outcome

Patients are rapidly assessed and their treatment begun by acute assessment services following referral from the ED or Primary Care, and either discharged or admitted to a ward that is appropriate for their condition.
Models may vary but all assessment services adhere to similar principles. AMUs may be co-located with surgical and non-medical specialities in combined assessment units or 'emergency floors'.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
Acute assessment services are consultant led and available in accordance with demand patterns, ideally 24/7 where patient volumes justify it.	Dedicated Surgical Assessment unit not available currently @ GRH.	Emergency General Surgical Unit to be commissioned from 23rd October, 2017 with additional surgical team investment for core hours.
As a minimum, a specialty trainee (ST3 or above) or a trust doctor with equivalent ability, is available to see/treat acutely unwell patients at all times within 30 minutes and is able to escalate concerns to a consultant.	Dedicated Surgical Assessment unit not available currently @ GRH.	Emergency General Surgical Unit to work on internal professional standards delivery SOPs based on best practice standards.
An initial patient assessment should start within 15 minutes of arrival.	Dedicated Surgical Assessment unit not available currently @ GRH.	Dedicated assessment beds and triage function to support this standard.
Acute assessment services should aim to receive clinically stable GP referred patients directly, not via the ED.	Dedicated Surgical Assessment unit not available currently @ GRH.	Emergency General Surgical Unit (EGSU) to be commissioned from 23rd October, 2017 to take GP referred patients and selected surgical pathways from ED on GRH site as part of a phased implementation plan.
Acute assessment services should have a dedicated multidisciplinary team that includes qualified nurses (with appropriate nurse-to-patient ratios), allied health professionals (for example, physiotherapists and occupational therapists), pharmacists and discharge co-ordinators as appropriate.	Dedicated Surgical Assessment unit not available currently @ GRH.	EGSU MDT team rostered to support the service from 23rd October, 2017 as part of a phased implementation plan.
Acute assessment services should have ready access to diagnostics and in-reach services to support patient care and early discharge.	Dedicated Surgical Assessment unit not available currently @ GRH.	EGSU diagnostics specification planned and Diagnostics & Specialities Division scoping delivery plan.
Patient discharge processes, including establishing an expected discharge time and date, should start as soon as the patient arrives on an acute assessment ward.	Dedicated Surgical Assessment unit not available currently @ GRH.	EGSU model includes discharge for next day surgery or ambulatory pathway management with hot clinics or supported discharge back to home.

12.8. Frailty

Outcome

Frail patients are identified as soon as they present to the ED or directly to assessment services, and receive specialist, high quality, and person-centred care on the non-elective pathway. They are discharged without delay when their acute care is complete, with the right level of support to continue their recovery and rehabilitation in their own home.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
Frailty should be identified and measured at the front door using an evidence-based assessment tool (for example, the Rockwood Clinical Frailty Scale).	Rockwood Scale utilised by the Paramedics and included in their referral process. Clinical parameters have been agreed with ED and are used to identify frailty patients and refer to OPAL or IAT.	Identify opportunities to incorporate frailty scoring in the ED triage process.
There should be a multidisciplinary team that is competent to deliver holistic assessment and management of older people (through comprehensive geriatric assessment).	The OPAL team delivers this 8am to 5pm, Monday to Friday, and some evenings up to 8pm.	Limited service outside core hours so opportunities to review current service and maximise impact.
The frailty pathway should be embedded in processes in the ED, AEC, CDUs, and AMUs and on specialty wards.	Frailty pathway available within the acute trust but opportunities to extend.	Further work on defining pathways will be undertaken via the newly established Frailty CPG.
Patients with frailty should be actively involved in their care and the provider able to demonstrate shared decision-making/patient-centred care. Patients should be routinely asked what is most important to them and their responses clearly documented.	The OPAL service routinely speaks to carers/families as well as the patients to achieve a full understanding of the situation and context. This is recorded on the Comprehensive Geriatric Assessment (CGA) sheet. Patient preferences are clearly documented, and very important to the decision-making.	Undertake external audit of compliance.
Hospitals should be aware of what happens to patients with frailty that leave their service. This is a central part of providing care to these patients.	The OPAL service works closely with the Rapid Response service and meet with them daily. Patients discharged from wards to Residential homes by the OPAL service are supported by robust dialogue with the patient, carers and homes as well as accompanying discharge summaries.	Embed best practice within OPAL wards.

12.9. Specialties

Outcome

Patients on hospital inpatient wards receive person-centred, compassionate and skilled care. They are admitted promptly to, and remain on, the right ward to meet their needs. They, and where appropriate their families, are involved in decisions about their consultant-led care and achieve outcomes that are personally relevant to them without exposure to avoidable delays or harm. They are discharged without delay when their acute care is complete, with the right level of support to continue their recovery and rehabilitation.

Core principles	Current position against principles	What's new for winter 2017/18 and the year ahead
Specialties should use simple rules to standardise ward processes and minimise variation between individual clinicians and between clinical teams. This may include implementing the SAFER patient flow bundle and Red2Green days and routinely using ward round checklists.	SAFER principles embedding across wards with core metrics in place on discharges before 12, Transport booked day before, use of DWA and TTO's written day before. 6 exemplar wards are undertaking PDSA cycles of daily navigation meetings with Oct, social care ward navigators and senior manager.	Roll out of Daily Navigation meetings to all wards 1st October 2017. This includes a weekly senior review meeting with partner organisations and a weekly coding meeting. To jointly understand delays and jointly hold to account for delays internal and external.
Daily senior medical review should be normal practice seven days a week. A senior doctor should assess the progress of every patient, in every bed, every day on a board or ward round. Delays and obstacles to treatment or discharge should be discussed and addressed. A second, afternoon board round or huddle is considered best practice to progress care plans, particularly in the first 48 hours after a patient's admission.	Board rounds take place on every ward between 09:00 and 09:30. Senior clinical representation on most wards. This is being reviewed as part of the SAFER work stream alongside Board Round guides. Pm Huddles take place on most wards at 14:00 to check challenge and escalate delays. PM Huddles take place on most wards at 14:00 to check challenge and escalate delays.	PM huddles will form part of the daily navigation process. Trolley dashes to raise awareness around Board Round and SORT process will take place throughout October.
Ward rounds should always include an appropriately senior nurse and other members of the multidisciplinary team.	MDT present on all board rounds.	Nil further required.
Actions should be undertaken in real time whenever possible (requesting tests, writing discharge prescriptions, etc) not at the end of ward rounds.	This is a work stream underway to support consultants and junior Dr's in process at board & ward rounds to reduce delays. Currently PDSA cycle of change with pharmacist and junior Drs to demonstrate impact of TTOs day before or at board round if discharge identified. Daily ward SAFER toolkits underdevelopment to support information on progress.	Ongoing rollout and monitoring with desired impact to reduce LoS.
All patients should have a consultant-approved care plan containing clinical criteria (both physiological and functional) for discharge and an expected date of discharge, set within 14 hours of admission.	Criteria led discharge not fully embedded within the acute trust but opportunities that this will afford fully acknowledged with commitment to further rollout.	Criteria led discharge needs reviewing and supporting on some wards to facilitate early discharge alongside increasing weekend discharges.
Morning discharges should be maximised to reduce ED crowding, to allow new patients to be admitted early enough to be	Internal professional standards set with metrics to monitor performance. 33% Discharge lounge. 33%	SORT relaunches October to assist in prioritisation of patients on Board and Ward rounds to facilitate early discharge.

fully assessed and for their treatment plan to be established and started. Of a day's discharges, 35% should leave wards by midday. Activities associated with discharge should be prioritised by specialty teams.	discharges before 12. 80% Transport booked day before. 40% TTO's written the day before.	Daily ward SAFER toolkits underdevelopment to support information on progress.
From the time of admission, all patients should know: • What is going to happen to them today? • What is going to happen to them tomorrow? • How well do they need to be before they can leave hospital? • When can they expect to leave hospital?	.Acute trust rolling out SORT and SAFER methodologies that will ensure all patients clearly understand the answers to the four posed questions.	This requires culture change and forms part of the acute trust SAFER work stream. This will be one of the areas covered in the Trolley dashes supported by the acute trust education team.
Hospitals should ensure that patients are admitted to the right ward to meet their needs and are only transferred to another ward for sound clinical reasons. This is particularly important for frail patients.	Right patient right bed first time is supported through flow of patients between AEC, ED and medical assessment wards. This is embedded.	Ongoing monitoring.
Requests for diagnostic tests and specialty review should routinely be completed on the same day and always within 24 hours.	Internal professional standards for the Emergency zone (imaging, pathology & pharmacy 1 hour) and forwards (4 - 24 hours) have been set.	Relaunch of emergency zone professional standards to raise profile. Specialty reviews into ED within 30 minutes needs attention. We are currently trying to identify a way of measuring this metric
All patients with a length of stay over six days ('stranded patients') should be reviewed by the multidisciplinary team to determine the reason for any delays and to ensure that an appropriate discharge plan has been developed.	Undertaking PDSA cycles of daily navigation meetings with Oct, social care ward navigators and senior manager. Daily MDT board rounds.	SORT relaunches October to assist in prioritisation of patients on Board and Ward rounds to facilitate early discharge. Roll out of Daily Navigation meetings to all wards 1st October 2017. This includes a weekly senior review meeting with partner organisations and a weekly coding meeting. To jointly understand delays and jointly hold to account for delays internal and external.
12.10. Admission, transfer, discharge		
Outcome		
Patients are discharged as soon as they no longer benefit from acute hospital care. In most cases, discharge is to a person's usual place of residence.		
Core principles	**Current position against principles**	**What's new for winter 2017/18 and the year ahead**
Therapy and social work teams should work at the front of the acute care pathway, routinely	IAT front door service in place with comprises of a MDT focussed on preventing unecesary hospital	Introduction of the "Virtual Ward" model across Cheltenham & Gloucester localities.

collecting information on how patients have been managing at home before becoming acutely unwell.	admissions.	
On admission, the expectation should be that people will be discharged to their usual place of residence, with additional support if required, and assessment of their longer term needs undertaken there rather than in hospital.	Both community and acute trusts are fully signed up to the Discharge CQUIN 8a. Implementation plan and partnership team working on top ten operational standards and professional standards to support home is best. This includes MDT support at navigation meetings.	Embed best practice principles across the acute trust having implemented successfully within exemplar wards.
A clear clinical care plan must be set for all patients within 14 hours of admission, which includes an expected date and time of discharge that are linked to functional and physiological criteria for discharge.	EDD is part of the SAFER programme.	Ongoing monitoring of both the setting of the EDD alongside accuracy of dates.
There should be a strong focus on 'simple' discharges. The SAFER patient flow bundle and 'Red2Green days' tools should be used routinely to ensure the most appropriate care for patients on all hospital wards.	Fully integrated into the SAFER work stream with 6 exemplar wards and full roll out in October.	Full roll out from October 2017 onwards.
Board rounds should take place on all hospital wards each morning. The multidisciplinary team should review the clinical plan (including the discharge elements) on the board rounds and any decisions communicated to the patient.	Board rounds take place on every ward between 09:00 and 09:30. Senior clinical representation on most wards. This is being reviewed as part of the SAFER work stream alongside Board Round guides. PM Huddles take place on most wards at 14:00 to check challenge and escalate delays.	This work stream is also integrated with the trolley dashes.
Duplication of assessment should be minimised using trusted assessors, building on the functional information collected on admission.	Trusted Assessor work stream under discussion with GCCG.	See Trusted Assessor section 15.4.
There should be a single point of access for health and social care to support D2A. Integrated discharge teams should be linked to an integrated intermediate tier of local services.	Within Gloucestershire, the SPCA as well as a brokerage team supports D2A.	The management and support of D2A has recently moved to the GCC brokerage team. Robust implementation plans will be in place to secure smooth transition.

13. Planned Care

Gloucestershire has a range of elective care providers who offer choice of location and provide competition in the market. The main acute provider is GHNHSFT but there are also a number of other independent providers offering a range of elective and diagnostic services across the county. Focus on Referral To Treatment (RTT) is given to all providers of elective and diagnostic services and all contracts are subject to regular monitoring and, where necessary, performance management to ensure consistency of access and quality.

Planned Care Performance

GCCG had previously met the targets for RTT, Diagnostics and Cancer on a consistent basis. However, performance of all of these targets has deteriorated significantly through 2016/17 and on into 2017/18. A significant factor in this deterioration is due to the introduction of a new hospital patient administration system at GHNHSFT which has resulted in the Trust being unable to provide National reporting of RTT from November 2016. Operational issues have resulted in lost capacity and an increase in the backlog of patients waiting for treatment. A series of substantial recovery plans are in place to improve the position but will take a number of months to complete and will continue through the winter period. These plans assume that elective care capacity is largely unaffected through winter and so the robustness of the resilience plan is critical to the continued recovery of these national standards.

Actions being taken to improve cancer performance include:

- GHNHSFT have transformation investments totalling £60K to support cancer recovery including admin support in colorectal to ensure most effective use of capacity.
- Funding application submitted for additional MRI capacity in Urology to support prostate pathway (ideally 6 months until new MRI scanner is commissioned, c. £160k) and additional EBUS scope to increase diagnostic capacity for lung cancer pathway (c. £70k). Permanent additional MRI capacity comes online in January 2018.
- A new elective care programme is being implemented between GHNHSFT and the GCCG which is focussed on demand management and freeing up outpatient capacity. A key to this will be increased collaboration between primary and secondary care to minimise inappropriate referrals through the 2ww system.
- Endoscopy recovery plan has been developed and initiated from August 2017.
- GHNHSFT are attending NHS Elective Master Class on Cancer Improvements as part of programme for poor performing Trusts.
- Capacity and demand work continues with GCCG and CSU support.
- GCCG Head of Planned Care has taken the lead for performance and is attending GHNHSFT's Cancer Performance Management Board. He is also having weekly calls with NHSE about the cancer recovery plans and latest actions.
- GCCG are exploring alternative providers of elective care in order to release capacity within GHNHSFT to deal with growth in 2ww referrals.

Actions being taken to improve RTT and Diagnostics performance include:

- Fortnightly meetings chaired by GCCG with NHS England, NHS Improvement and GHNHSFT representation to support/challenge the recovery of data quality and accurate RTT reporting within the acute trust patient administration system.

- External consultants (Cymbio) have worked with GHNHSFT to help provide a detailed action plan to resolve the issues created by the implementation of the patient administration system. This plan is now being implemented by GHNHSFT with support from NHS England, NHS Improvement and GCCG.
- GHNHSFT are using a tracking tool developed by Imperial Healthcare Trust which will strengthen the data quality work and tracking arrangements.
- GHNHSFT have had significant investment and recruitment of additional validation and booking staff to help support the recovery plan and deal with the backlog of patients awaiting appointments.
- Discussion are on-going with GHNHSFT to look at moving patients from their lists to other providers. Work has commenced in Orthopaedics, Urology and General Surgery. Opportunities being explored to outsource to alternative providers to mitigate against peak in backlog once data issues resolved.
- Communication has been provided to GPs to raise awareness of current pressures and performance at GHNHSFT – waiting times of other providers have been shared to try and divert work away from GHNHSFT.
- Referral pathways being reviewed with CPG leads.
- GHNHSFT have created a new RTT Recovery Steering Group which will have GCCG representation and feed into the Trust's Planned Care Programme Board (PCPB).
- GCCG are supporting the capacity and demand modelling work which is being taken forward through the Performance Finance Information Group.
- Imperial monitoring tool to be reviewed at both the RTT Recovery Steering Group and the PCPB as well as at the informal Director of Ops meeting.
- Diagnostic action plans for endoscopy and audiology are in place and being implemented.

Planned care performance is overseen by the Performance Finance and Information Group (PFIG) held between GCCG and GHNHSFT while induvial actions and work streams are delivered through the PCPB held in both organisations. There is a bi-weekly review of the Patient administration system and RTT recovery plan and weekly review of cancer performance to provide senior focus on these key issues and unblock system obstacles.

Capacity and Demand

Capacity and demand modelling with GHNHSFT has started using the Intensive Support Team modelling tool. This work is supported by GCCG and will continue over the coming months to inform the contract process for 2018/19.

- Phase 1 (Dec-16) – Elective Orthopaedics, Gynaecology, Urology and Dermatology.
- Phase 2 – General Surgery (by sub-specialty), Oral Surgery, Ophthalmology, Neurology.
- Phase 3 – All remaining specialties.

Phase 1 has been completed and although data used to complete the demand elements is historic the models need further work to ensure the capacity elements are true for each specialty. Ideally this should be done in conjunction with the General Manager and any jobs plans that are available.

Once the capacity is a true reflection of what is available the modelling, together with the PTLs and waiting lists should help support the delivery of RTT going forward.

Elective Demand Management

There is an extensive programme of work aimed at reducing elective demand into acute providers. This work is based on evidence from national benchmarking information supported by local clinical review of demand. Identified schemes will develop alternative referral pathways and the provision of enhanced advice and guidance to patients, GPs and other healthcare professionals. The G-CARE website includes referral forms, patient information leaflets and service information and will continue to be the main platform for this information.

Developing new care pathways are a fundamental part of the Planned Care Programme. We will work with our providers to:

- Refine and develop new pathways through the Clinical Programme Approach which is now well established in several specialties.
- Manage pathway reviews formally to ensure that they remain up to date and relevant.
- Ensure clinicians from both primary and secondary have dedicated time put aside to devote to pathway development work.

Elective Capacity and Flow

A key element of GHNHSFT's overall bed capacity plan involves changes within the surgical division aimed at maintaining elective flow and mitigating the impact of medical bed pressures. These include:

- Establish an SAU on the surgical ward at GRH to accept GP expected surgical patients.
- Implement the first phase of GIRFT ("Getting It Right First Time") for T&O to reduce length of stay and improve outcomes for patients.
- Other LoS reduction schemes for surgical patients to enable bed transfers to medicine in a planned way.
- Surgical specialities will maximise the use of the Day Surgical Unit and newly created 23hr stay beds to provide some protected surgical capacity.

In addition to the above schemes, elective work will be reviewed daily in line with the trust escalation protocols (first case goes) to ensure priority is given to long waiters (>52 wks) and cancer patients.

14. Primary Care

GCCGs implementation of its Primary Care Strategy, published in September 2016, along with delivery of the General Practice Forward View (GPFV), is bringing significant change to Primary Care in Gloucestershire. The initiatives being delivered are releasing time for GPs to care for patients, improving access for patients to appointments, addressing workforce and workload challenges and improving the sustainability and resilience of general practice.

The schemes being progressed across the county, relevant to this winter, can be summarised against the following themes:

1. Practice Transformation.
2. Practice Resilience.
3. Care Navigation and Clinical Correspondence.
4. Improved Access.
5. Time for Care Programme.
6. Workforce.
7. Estates.
8. Integration.
9. Additional winter pressures initiatives.

14.1. Practice Transformation

Practices in Gloucestershire were invited to from cluster groupings to develop transformative bids that would improve Primary Care sustainability and resilience. The GPFV asked that CCGs made £1.50/head available non-recurrently in 2017/18 and 2018/19 for this transformation; GCCG made £1.89 available recurrently.

This had led to the emergence of 16 natural groupings of practices, predominantly based on geography:

Locality	Cluster collaborations
Cheltenham (three clusters, c.50,000 patients each)	**St Pauls** - Corinthian, Portland, Royal Well, St.Catherine's, St.George's **Central** - Berkeley Place, Crescent Bakery, Overton Park, Royal Crescent, Springbank, Underwood, Yorkleigh **Peripheral** - Leckhampton, Sixways, Seven Posts, Stoke Rd, Winchcombe
Forest of Dean (c.60,000)	All eleven practices in one cluster: Blakeney, Brunston, Coleford, Dockham, Drybrook, Forest Health Care, Lydney, Mitcheldean, Newnham, Severnbank, Yorkley
Gloucester City (five clusters, c.18,000-41,000)	• Rosebank, Hadwen and Quedgeley • Bartongate, Gloucester City Health Centre, Partners in Health, Kingsholm • Brockworth, Hucclecote, Gloucester Health Access Centre • Cheltenham Road, Churchdown, College Yard, Longlevens • Barnwood, London, Heathville, Saintbridge
North Cotswolds (c.29,000)	All five practices in one cluster: Chipping Campden, Cotswold Medical, Mann Cottage, Stow, White House
South Cotswolds (c.58,000)	All eight practices in one cluster: Avenue, Hilary, Lechlade, Park, Phoenix, Rendcomb, Romney, St Peters
Stroud and Berkeley Vale (four clusters, c.18,000-39,000)	**Cluster 1:** Acorn, Cam & Uley, Chipping, Culverhay, Marybrook, Walnut Tree **Cluster 2:** Beeches Green, Locking Hill, Rowcroft, Stroud Valleys **Cluster 3:** Frampton, High Street, Regent Street, Stonehouse **Cluster 4:** Frithwood, Michinhampton, Painswick, Prices Mill
Tewkesbury, Newent and Staunton (c.43,000)	All four practices in one cluster: Church Street, Mythe, Newent, Staunton & Corse

In 15 of the clusters, their practice transformation scheme is now live, with new roles in practice such as clinical pharmacists, frailty nurses, urgent visiting services delivered by paramedics etc, thereby adding additional capacity within those clusters and more proactively supporting patients in their local community. This will reduce the need for acute intervention and release GP capacity.

14.2. Vulnerable Practice and Practice Resilience Programmes

GCCG are working with all 16 clusters, along with individually identified GP practices who are particularly vulnerable, to improve their collective resilience. Schemes being supported by GCCG include standardising back-office processes and protocols between cluster practices, joint working initiatives such as improving their access or having some shared workforce roles, and exploring 'at-scale' initiatives, such as mergers, federations or closer networks.

14.3. Care Navigation and Clinical Correspondence

All of the GP clusters have chosen their providers and are either implementing, or about to commence, their training for either (or both) care navigation and clinical correspondence. The aim is to reduce practice and GP workload and ensure patients are seen more quickly by the right professional for their need.

14.4. Improved Access

As a successful former GP Access Fund site, through which we delivered 'Choice+' appointments in Primary Care, GCCG has received £5.75/head of patient in 2017/18 to deliver improved access. For 2017/18, GCCG has extended the contract with GDOC to continue to deliver Choice+, but will be testing pilot sites across the county from October 2017 to deliver this differently and more innovatively to NHS England's latest requirements.

There is planned seasonable adjustment which will ensure more appointments (up to 10%) are delivered in the November, December, January, February period to meet winter pressures. There will also be greater integration with OOHs and NHS111 so the Choice+ appointments can be used more effectively to support the wider health system and reduce attendance to ED.

14.5. Time for Care Programme

With NHS England's national Sustainability and Improvement Team, the LMC and RCGP GP Ambassador, we have planned an 18 month quality improvement programme. Relevant for this winter:

- Individuals: Two cohorts (July and October 2017) of a two-day, General Practice Improvement Leaders programme which is open to all general practice staff who lead change in their practice.
- Practice: We have successfully secured 33 places on NHSE's Productive General Practice (PGP) Programme, a fantastic success for Gloucestershire. The programme will run from September – December 2017, delivered by Qualitas.

14.6. Workforce

As one of the key components of our Primary Care Strategy, GCCG is supporting its member practices in the recruitment, retention and return of the GP workforce, Practice Nurse Education and Training, and supporting new skill mixes. Priority schemes have been identified and are aligned to the GP workforce 10 point plans and General Practice Forward View.

To date, GCCG has successfully secured the services of 8 newly qualified GPs who are filling long standing vacancies in the Forest of Dean and Gloucester City localities. This will positively support the urgent and emergency care system throughout winter 2017/18, improving access and waiting times. This will reduce the likelihood of patients needing to access ED for minor ailments, particularly GRH.

A Community Education Provider Network (CEPN or Training Hub) has been setup in Gloucestershire and we are working closely with various local stakeholders as well as the West of England Academic Health Science Network to develop the CEPN to support education and training requirements in Gloucestershire.

A key focus of the CEPN for 2017/18 will be to evaluate existing programmes, and to facilitate the development of training and development for new roles developing in Primary Care settings which include:

- Advanced Practice Nurses.
- Physiotherapists.
- Clinical Pharmacists.
- Practice Nurse Mentoring.
- Frailty Specialists.
- Home Visiting Paramedics.
- Physician Associates.

The CEPN has recruited an Education Lead clinician who will support projects from October 2017, and the network has connected with the STP OD and Workforce Strategy Group with a planning workshop to take place in September 2017 to ensure alignment of activities.

14.7. Estates

Considerable progress is being made across all three strands of the GCCG Primary Care estates programme:

- Committed / legacy schemes.
- Primary Care Infrastructure Plans / new proposals (including ETTF).
- Improvement Grants (including ETTF).

This significant estates programme is providing much more appropriate premises for Primary Care to be operating from, meaning they can also offer more services for patients locally. A comprehensive update against the entire Estates programme was presented to the Primary Care Commissioning Committee in July and can be found at Agenda Item 6 by clicking the link below:

https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2017/07/PCCC-Final-Papers-V3-27th-July-2017-1.pdf

14.8. Integration

GCCG has funded 7 GP clinical leaders, one for each locality to champion integrated ways of working and to act as conduits between practices and the New Models of Care Board (NMOC). The NMOC Board includes a system-wide place-based model involving some of the above clusters of practices working with partners across our health and care system in Gloucestershire. They seek new ways of supporting people as close to their home as possible and in so doing avoiding unnecessary pressure on ED when this is not the optimum location for treatment.

Within the Stroud & Berkeley Vale and Gloucester City localities, they have commenced integrated working with providers within a 'place-based' approach. This has involved developing needs assessments at individual cluster level, along with an overarching locality board that the clusters are accountable to.

Projects include work with 2gNHSFT to establish dementia nurses in practices, MDT meetings across providers and Mental Health nurse specialists working in inner-city Gloucester practices alongside Primary Care.

GCCG will be using the learning from this work, and elsewhere, to develop our locality and cluster infrastructure to more integrated working structures across the system before the end of December 2017.

14.9. Additional winter pressures initiatives

GCCG is asking all practices and clusters whether they would, in addition to all of the above, are able to offer additional capacity during this winter. This can be

coordinated with the Improved Access work where there are pilot sites. Responses are due back to GCCG by 29 September 2017 and will be collated and responded to by mid-October so practices and clusters can commence by 1 December 2017.

Work is also being progressed with a number of cluster practices to look at ways in which we can positively impact on patient arrival patterns within the urgent care system, predominantly ED. At present, later arrivals into ED is impacting negatively across the system so the proposal is to review current home visiting arrangements in order that these occur where necessary earlier in the day, maximising admission avoidance opportunities or earlier arrival into the acute trust for more enhanced assessment. The expected impact will be reduced batching at peak evening times, reducing ED 4 hour target breaches and improving patient flow.

There will be GP resource with SPCA to support admission avoidance and better quality emergency admissions. All GP admissions will need to be via the SPCA giving the opportunity for advice and guidance as well as clinical challenge. The aim is to ensure that patients who are better suited to treatment in a community setting are not conveyed.

14.10. Choice Plus and Improved Access

Current position

Five clusters are piloting Improved Access schemes from October 2017 onwards, i.e. delivering access to Primary Care appointments until 8pm at night during weekdays, with further provision on Saturdays and Sundays, totalling a minimum of 30 – 45 minutes per week of additional appointments per thousand patients. The pilot clusters are:

- St Paul's in Cheltenham
- Stonehouse, Frampton cluster with Nailsworth
- Aspen and Saintbridge
- Forest of Dean
- Tewkesbury, Newent and Staunton

These clusters cover a population of approximately 200,000 patients. Nearly all of the preferred bidders wish to pursue expansion of the Primary Care workforce for example by including professionals such as Mental Health Practitioners, Physiotherapists and Paramedics offering appointments and home visits. This is an ambition nationally and locally that is now being realised by the work we're doing in Gloucestershire. There will be a true STP approach to this and work together in a joined-up way, so as to give the maximum opportunities to staff locally, while wrapping care around patients in Primary Care and the community in a way that does not de-stabilise providers at the same time.

In the meantime, we are working with GDoc to continue the existing Choice+ project to ensure patient access to these extended appointments continues until November for the five preferred bidder's populations, and then from October to March 2018 for the remaining clusters.

System Actions

GCCG will continue to work closely with GDOC (the service provider of Choice+) to ensure that appointments offered are in the most appropriate location to ensure appointments offered are fully utilised.

In addition, Gloucester Health Access Centre (Eastgate House) in Gloucester City Centre is contracted to offer walk-in and booked on-the-day appointments 8am – 8pm, 7 days a week, 365 days a year.

14.11. Care Home Enhanced Service

Within Gloucestershire, a locally enhanced service is in place with Primary Care practices that support care homes across the county. This service is intended to proactively support patients within care homes providing regular review. This ensures that, wherever possible, care is well planned, undertaken in conjunction with the patient and family and, wherever possible, admission to hospital is avoided unless clinically indicated. This offer has evidenced positive impacts on both emergency admissions as well as quality of interventions within care homes.

14.12. Out of Hours

The Gloucestershire out of hours service provides advice, assessment and support to patients across Gloucestershire who have urgent Primary Care needs during the out of hours period (6:30pm – 8am Monday to Friday and at weekends and Bank Holidays). Care UK, the out of hours provider, have undertaken detailed demand and capacity modelling (see section 9) for the winter months and have undertaken active recruitment of clinicians including GPs and Advanced Nurse Practitioners. Additional support and capacity can also be accessed via the wider Care UK network at times of peak demand or capacity constraints.

15. Social Care

Social care provision will be a critical element of securing effective flow through the Gloucestershire system this winter. Within the content of this plan, significant evidence exists of schemes and initiatives that will support improved resilience through the winter months. It is, however, acknowledged that a risk exists around demand outstripping available capacity within reablement, hospital to home and independent sector home care providers. Signicifant work is underway to map and anticipate future demand requirements with a significant amount of additional investment as part of the iBCF funding being focused on remedying this resource gap as well as work being undertaken to review current domiciliary care capacity alongside new Care Navigator roles.

15.1. Reablement

Reablement is offered and available across all localities and at any one time provides care for between 250 to 450 service users. The range in the number of users is

dependent upon the level of complexity and need of the individuals in service. This emphasises the difficulty in demand planning due to the variance in the service user numbers. The reablement actions include:

- Continuing to accept 100% of acute referrals for winter 2017/18.
- Continuing to work on community hospital referrals.
- Continued focus to increase productivity, reduce down time / sickness and progress cases.
- Domiciliary care framework introduced in Spring/Summer 2016 now allows health and social care to purchase reablement from the independent sector to complement existing in-house reablement services.
- Under the reablement offer, up to 6 weeks of free community hot meals can be provided via Adult Social Care.
- H2H service provided by two urban domiciliary care providers which support timely acceptance of referral and discharge. Initial assessment over 48-72 hours to determine ongoing pathways which include no further service or diversion to voluntary sector, straightforward personal care and/or opportunities for reablement. Within this service, a Trusted Assessor approach has been adopted.

15.2. Domiciliary Care

The Joint Brokerage Team operating within Gloucestershire currently commissions work from 78 different Domiciliary Care providers and cares for approximately 1600 people, (though all providers also deliver care to self-funders). In addition to this there are a further 30 providers commissioned for delivering support services. There are also a number of providers operating in Gloucestershire who are not currently commissioned who are also providing care for 'self-funders' which fall outside of the remit of adult social care. The domiciliary care actions include:

- Mapping the current market and identifying gaps in delivery in order to seek new providers for areas identified as risk areas.
- Urban Prime providers, in place since October 2016, have first option for packages of care in Gloucester and Cheltenham, working with Urban providers to implement the contract aims of controlling and delivering all provision across their contracted areas.
- The Rural framework in operation since April 2016 is undergoing review and formalisation of the use of rural providers as additional capacity & contingency in urban areas is currently out for consultation to be in place by late autumn 2017.
- An out of hospital service (H2H), though part of the urban prime contracts, has been procured separately, (whilst the prime providers become established), in order to aid discharges from the acute trust and community hospitals for new care requests.
- An enhanced brokerage function is in operation to work with providers to provide collaborative solutions which maximise capacity and manage expectations.

The actions that have been outlined as part of the winter preparation for both domiciliary care and reablement are as follows:

- Continue to monitor demand and capacity based upon understanding of predicted demand versus available and predicted capacity.
- Seek to increase availability of respite care "offers" in lieu of packages of care.
- Seek to increase the availability of reablement capacity through managing the discharge pathways and increasing use of alternative provision for reablement.
- Continue to increase capacity with Domiciliary Care by bringing on line additional providers into the market, in line with demand modelling forecasts.
- Work with providers on recruitment and retention of care staff through a dedicated workforce development recruitment and retention officer working as part of the Proud to Care Gloucestershire roll out.
- Utilize RAG rating matrix and escalation plans to apply a consistent co-ordinated approach on actions to be taken at varying levels of escalation.
- Working with domiciliary care providers and reablement to understand how services could be scaled back safely and proportionately in periods of system wide escalation.

15.3. Care Navigators

This role has been developed to support deliver a seamless discharge service to those people who require support in arranging care in a hospital setting, but would not be eligible for social care funding. The objective of this role is to support the deflection in increasing levels of inappropriate referrals, or referrals that require Social Work input without resulting in funding of care packages. The post is also intended to support patients resolve simple housing issues e.g. refer into other support services, support benefit claims and having access to the Commissioning and Brokerage for Older People Team. This follows a model promoted in Leicester, the 'Lighthouse' pilot.

In response to the positive benefits realised by this role, additional investment has been identified for the winter months to extend current numbers of Care Navigators as well as incorporate into the community hospital services.

15.4. Trusted Assessor

The new trusted assessor role based in the existing Care Home Support Team is due to start on 9th September 2017 and will run for a year. The post holder will work closely with the acute, community hospitals and local care homes to provide support and resolve concerns when discharge from hospital to care home does not go smoothly. The aim is to improve the quality and timeliness of discharge to care homes. During the winter of 2017/18, ongoing evaluation of this scheme will be undertaken.

15.5. Discharge to Assess (D2A) – Pathway 2

D2A Pathway 2 supports patient discharge from the acute hospital setting and ensures that full MDT assessments are undertaken within an environment condusive

to optimising outcomes for the patient. Across Gloucestershire a number of beds based within local Nursing Homes have been identified to provide this care and support. The number of beds flex across the seasonal months with additional capacity being made available during the winter months to support patient flow. The beds that will be available throughout the winter months have been included within the bed modelling that has taken place and has accurately predicted future need based upon review of identified delays from the 2016/17 review.

15.6. Gloucestershire Fire & Rescue Service (GFRS)

GCCG and GFRS are working to enable isolated, vulnerable or elderly people return to their own home with the help of the Telecare Responder Service provided by GFRS and are “first responder” in the case of an emergency for >400 people in the county.

In addition, GFRS are undertaking Safe & Well visits as part of discharge planning and social care assessments and GCCG are exploring the possibility of GFRS supporting the Telecare service with simple fire equipment installations (ie. smoke alarms), de-installations and battery changes.

15.7. Voluntary Sector Out of Hospital Services

In Gloucestershire, a collaborative contract is in place between Age UK Gloucestershire and the British Red Cross to support older people who are discharged following a stay in hospital or a visit to A&E. The Out of Hospital service works with people (aged 65 or over and younger by exception) for up to 4 weeks to reassure and help identify what is needed in the short term to get them ‘back on their feet’ and build longer term confidence following discharge from hospital. Support can include:

- A ‘Safe & Well’ Home Safety Check.
- Support to access benefits advice and guidance, e.g. attendance allowance.
- Information, advice and sign-posting to other services relevant to people’s needs.
- Practical tasks such as initial and essential food shopping.
- Volunteer visitors who can help rebuild confidence and support with tasks such as posting letters, shopping, accompanying to appointments etc.

In addition, the British Red Cross supports safe and timely discharge from hospital for anyone aged 18 and over and who have little or no immediate support at home including:

- Safe transportation from hospital to home by car.
- Resettlement for up to 2 hours once home to ensure immediate physical and emotional needs are met.
- A limited Night Sitting service (from 10.30pm to 7.30am).

16. Mental Health

16.1. 24/7 Liaison mental health (LMH) services in A&E

The Mental Health Liaison Team Service has three component parts:

Emergency Department Liaison

- Since September 2015, the ED Liaison element has been available on a 24/7 basis. The service provides Emergency Department liaison on a 24/7 basis including CYPS by December 2017.

Older People Liaison

- The MH Older Peoples element of the MH Liaison Team essentially provides a service for adults with organic disorders: The MHLS team will provide advice and support and assessment to ward teams for an assessment of patients with complex dementia or where delirium has been identified or is suspected. The MHLS will following assessment, ensure that patients with a diagnosis of dementia are signposted to the dementia care pathway.

Alcohol Liaison

- This service will work with hazardous, harmful and dependent drinkers of all ages, attending ED and admitted as inpatients to GRH and CGH. The service will provide interventions in the hospitals to; reduce ED attendances and hospital re-admissions as a direct result of Alcohol misuse, reduce drinking behaviour for ED attenders and hospital inpatients, best manage the needs of dependent drinkers in hospital, including and provide education to hospital staff dealing with this client group.

16.2. Crisis Care Concordat (CCC)

Crisis Resolution and Home Treatment Teams have been remodelled and the new service is called the “Mental Health Acute Response Service (MHARS)” and will have increased capacity and resources to address gaps in the urgent care pathway. The service will operate a broader eligibility criteria, faster response times for initial contact, triage and full assessment. The service will be comprised of two elements:

1. Urgent Response Team (URT).
2. Rapid Assessment and Home Treatment (RAHT).

Full implementation of the MHARS service has been hampered by recruitment issues related to lack of qualified nurses. Phased implementation of the service has been agreed. The service will be operational from December 2017. Co-location with Police at Waterwells has taken place and 2gNHSFT staffs are working to agreed protocols with the Police which are aimed at reducing s136 MHA detentions. The service is currently piloting a limited street triage project. By December 2017, the service will be working with 12+ (triage assessment/short term crisis management pending handover to CYPS).

It is envisaged that full roll out of the MHARS service will have far reaching impact including admission avoidance and reductions in ED attendances.

17. Transport

Within Gloucestershire, ATSL is the main provider of non-emergency patient transport. ATSL are responsible for the safe, timely and comfortable transport of patients between their place of residence and the healthcare facility, between healthcare facilities and from the healthcare facility to their place of residence.

The main services that patients are transported to and from are:

- Outpatient appointments at any treatment centre.
- Day case and inpatient admissions and day care.
- Discharges from hospitals/treatment centres.
- Discharges from EDs/MIIUs.
- End of life patients.
- Renal dialysis patients.
- Hospital transfers.

Delivery of Patient Transport remains a challenge and it is noted that the effectiveness of the Patient Transport Service is only partly under ATSL's control and ATSL needs to work together with acute and community providers to help deliver a cost-effective, high quality and timely service to all patients. There are some ongoing areas for improvement in order for performance to increase. These include work to move more on day bookings to pre-booked and addressing an increasing number of aborted journeys. In order to support and address the transport needs there currently is:

- A dedicated discharge coordinator employed at GRH, this is a vital role in building relationships across the acute trust and ATSL, encouraging collaborative working and coordinated booking of patient transport.
- A GCCG funded Dedicated Discharge Vehicle for the sole use of GHNHSFT which is over and above the overarching contract with ATSL. This vehicle provided by ATSL supports the discharges from GHNHSFT between Monday to Friday. GHNHSFT allocate the patients which go on this vehicle themselves. In addition to the Dedicated Discharge Vehicle, GCCG is proposing to reinvest rebates from the ATSL contract where activity has been below baseline during Quarter 1 and Quarter 2 of this year. This additional vehicle would prioritise discharges to Nursing Homes and Discharge to Assess beds to improve system flow. Additional ad hoc arrangements, using other private providers, will be made during periods of high escalation.
- A Gloucestershire locality manager for ATSL who works closely with GHNHSFT and with GCS, and an escalation process is in place.
- A monthly transport working group between ATSL and providers.

In addition GCCG has been working closely with GCC on the Department of Transport's Total Transport Project and are currently exploring opportunities to utilise their resources which are underused at certain times of day e.g. SEN Transport. We are also trying to maximise the use of Community Transport and Volunteer Car Schemes for those patients found not to be eligible for NHS funded transport.

At times of unpredicted high demand or system pressure, ATSL are able to pull resources from other neighbouring CCG areas, if available, as well as third party support.

In order to minimise the impacts of adverse weather challenges, ATSL have a clear plan in place which complements their business continuity arrangements. The plan outlines their approach to ensuring the continued provision of services during periods of adverse weather and provides guidance to ATSL staff on actions to be taken. Contractual arrangements and ATSL performance are discussed and closely monitored at joint GCCG/ATSL contract boards. The ATSL winter plan will be reviewed and discussed at the next contract board at the end of September. GCCG acknowledges that the degree to which resources can be pulled from other CCG areas is limited in that pressure will be evident across all CCGs but ATSL do have the option of sub-contracting to 3rd party providers when additional capacity is required. Acute and Community Hospitals and the CCGs have a responsibility to ensure that the default is that patients make their own way to and from hospital and that patient transport resources are reserved for those patients that really need it due to medical need.

The effectiveness of the service delivered by ATSL is only partly under ATSL's direct control. There are a number of key external actions and influences which impact on the effective delivery of a high quality and timely service to all patients. This remains a challenging environment in which to deliver change and improve booking behaviours but ATSL and GCCG are working with acute trust colleagues to reinforce the need to plan ahead for the patient transport element of discharge planning in particular, in order to improve patient experience, maximise patient transport resource efficiency, and enable ATSL to better help support hospital flow.

18. Communications

18.1. Introduction

This plan sets out public communication arrangements for GCCG and its health and social care partners during the autumn and winter period 2017/18.

It includes details for planned campaign activity to promote preventative action and appropriate use of services and also sets out escalation arrangements for periods of increased pressure in the system.

It incorporates local detail within a common framework that spans the whole of Gloucestershire, including GCCG, NHS England, local trusts, Public Health England and the County Council. This joined-up approach recognises the advantages of:

- Sharing resources and reducing duplication of effort.
- Aligning messages.
- Aligning timings.
- Complementing national/regional communication and campaign plans.

- Handling inter-organisational issues, especially at time of escalation.

It also takes account of the national integrated winter Campaign and describes how this will be supported locally.

18.2. Co-ordinated and consistent communications

As well as ensuring local winter messages are consistent and co-ordinated, GCCG working with the partners described above, will take account of national messaging and timings, make the most of the campaign resources available and use local partner networks and communication channels to maximise impact.

GCCG, working with community partners, will also co-ordinate the local Advice ASAP campaign – a targeted campaign that encourages appropriate use of services and provides care advice by condition.

Scope

The organisations involved in shaping the local framework are:

- NHS Gloucestershire Clinical Commissioning Group.
- Gloucestershire County Council.
- Gloucestershire Hospitals NHS Foundation Trust.
- Gloucestershire Care Services NHS Trust.
- 2gether NHS Foundation Trust.
- South Western Ambulance Service NHS Foundation Trust.
- NHS England – Area Team.

Within this framework, the following issues are covered:

i. Flu vaccination, which begins in the early autumn, but will continue throughout the winter period.
ii. Combatting norovirus.
iii. Keeping people well and encouraging best use of services.
iv. Roles and responsibilities at times of increased pressure.

The plan has also been drawn up in recognition of the move towards supporting greater resilience across the whole healthcare system, regardless of the time of year.

As part of this process, communications leads will be identified to attend each of the local A&EDBs, in order to:

- Understand the local position and outlook.
- Provide advice.
- Share intelligence and facilitate communications planning across organisations.

18.3. Resources

The plan relies heavily on use of national promotional materials, existing local campaign materials e.g. ASAP, local web and App tools already in place, direct marketing, targeted social media advertising, local media sponsorship arrangements and local funding for the ASAP App/campaign. The Information Bus can also be used to promote messages e.g. “Safe and Well”.

The aim will be to secure economies of scale by using common materials and maximising partner organisation communication channels, routes and audiences.

i. Flu vaccination

Background

The Gloucestershire Health Community approach will fit with Public Health England’s Flu Immunisation Communications Strategy and the national winter campaign.

This year’s flu marketing campaign will be part of the wider “Stay Well This Winter” campaign, which will run from 9 October to 17 December 2017 in two stages.

Phase 1 – Flu vaccination will run from **9 October to 29 October 2017** aiming to:

1. Support reported flu vaccination uptake amongst key target groups (pregnant women, children, and those with long term health conditions).
2. Improve awareness of the nasal spray among parents of 2–3 year olds.
3. Continue to promote reasons to get the flu vaccine to pregnant women.

Phase 2 – Winter (First Signs) will run from **6 November to 17 December 2017**, looking to:

1. Maintain high levels of awareness of the winter campaign among at-risk groups (C2DE adults aged 65+, people with long term conditions and carers).
2. Prompt up to one million people, who are at risk of hospital admission, to visit pharmacies for advice and/or treatment for seasonal illnesses.
3. Promote trust in the NHS and believe that the NHS is looking out for people.

The main public target audiences for the flu communication campaign i.e. those who are eligible for the flu vaccination, are:

- all children aged two to eight (but not nine years or older) on 31 August 2017 (with a live attenuated influenza vaccine (LAIV), administered as a nasal spray).
- all primary school-aged children in former primary school pilot areas (with LAIV).
- those aged six months to under 65 years in clinical risk groups.
- pregnant women.
- those aged 65 years and over.
- those in long-stay residential care homes.
- carers.

A marketing toolkit (part of the national winter campaign) will be available for all partners from mid-September.

For health and social care staff, the NHS Employers' Flu Fighter campaign will be the primary means of increasing update of flu vaccination across all NHS organisations. A national CQUIN to increase the uptake of flu vaccination amongst Health Care Professionals will be implemented in the Trusts.

The GCCG external plan, developed in partnership with GCC and Public Health England will focus on hard hitting preventative messages with the key feature being a high profile and targeted social media video campaign, supported also by traditional media, design and distribution of promotional material and internal communication.

The social media video campaign will focus on three broad audiences: pregnant women and parents of young children, people with long term conditions and people aged 65 and over and carers.

The Director of Public Health (DPH) and GCCG GPs will be media spokespeople for the flu immunisation campaign at a local level.

Local approach

Communications work on flu vaccination will focus on:

Activity	Roles	Notes	Timing
Internal Communication – to support flu immunisation take up amongst front line staff/clinics	GCC and Trusts.	Trust magazines, Team Briefs, What's New This Week (GP practice bulletin), intranets, screen savers, posters and team meetings.	From October 2017
Media Promotion	GCCG to issue Primary Care release/GCC to issue local launch release/photo opportunity. GCCG to work with GCC on sponsored Gloucestershire media health pages. GCCG to produce PowerPoint slides for GP surgery waiting room TV screens. GCCG to work with GCC on radio advertising with Heart FM, other independent stations and BBC Radio Gloucestershire.	Align with national messaging and marketing campaign. GCC releases to coincide with PHE national launch in Oct 17. GCC activities with Fire and Rescue, councillors etc.	From 9 October 2017

Social Media	GCCG to use "RT Friday" (including campaign cards) to spread preventative messages. RT GCC activities with councillors fire and rescue etc. Facebook messages.	Partner agencies to support.	From 9 October 2017
Web resources	GCCG/GCC home page carousel link to resources/key messages. Partner agencies to offer a home page link. ASAP App and website (latest news) to carry flu messages.		From 9 October 2017
Campaign videos	GCCG to promote commissioned short films and use to support a targeted social media/on-line campaign.		From 9 October 2017
Promotional material – including detail on the distribution and audiences	GCCG to liaise with GCC and PHE to tailor/confirm availability of promotional materials e.g. posters/leaflets and discuss distribution outlets e.g. Information Bus, Care Homes. GCCG to liaise with GCC over syndicated articles for community partner newsletters/sites. GCCG to liaise with GHT and GCS over chronic LTC Groups and pregnant women.	GCCG/GCC to co-ordinate distribution – GP surgeries, pharmacies, hospitals (acute and community), schools and care homes. Bus to be reserved and materials agreed for the Information Bus.	From 9 October 2017

ii. Norovirus

Background

Each year, norovirus is responsible for ward closures and delayed admissions for hospital patients. As with many easily-spread infections, norovirus tends to be at its worse over the autumn and winter period, when pressures on the system are already high. It is therefore essential to minimise the impact.

However, it is also important to make the public aware that norovirus is essentially a community-wide problem that is brought into hospitals, care homes and other settings where people are most vulnerable. It is therefore something that can be tackled at source.

There is real scope for campaign work to help prevent, or reduce the spread of, outbreaks. GCCG is working closely with GHNHSFT, GCS and other community partners to launch this year's Combat Norovirus campaign.

This campaign, which includes high visibility billboards on health sites, promotional materials in public places, social media and media promotion, will get underway in early October.

Local approach

Communication work on norovirus will focus on:

Activity	Roles	Notes	Timing
Internal Communication – to support infection control practices	GCC and Trusts.	Trust magazines, Team Briefs, What's new this Week (GP practice bulletin), posters, team meetings, intranets, screen savers	From early October 2017
Media Promotion	Joint media activity with GHNHSFT and GCS.	Media release and photo call	From early October 2017
Social media	GCCG to use their 'RT Friday.'	Tweet links directly to a branded e-key messages card, Support from community partners	From early October 2017
Web resources	GCCG and Trust website home page (carousel).	Link to resources/key messages. Partner agencies to offer a home page link	From early October 2017
Promotional materials	GHT to organise billboard signs, posters & leaflets at DGHs. GCS to organise posters & leaflets at Community Hospitals. GCCG to organise posters & leaflets at GP surgeries and pharmacies. GCCG to liaise with GHT/GCS over syndicated article for community partner newsletters/sites. GHT Comms to look at the option of including NV promotional material in appointment letters. PowerPoint presentation slides on GP surgery waiting room TV screens. Information Bus presence at acute and	Distribution also via Information Bus and to Community Connectors.	From early October 2017 From early October 2017 From early October 2017 From early October 2017

	community sites.	Promoting Combat Norovirus to patients and visitors.	From mid-October 2017

iii. Keeping people well and encouraging best use of services

Background

An essential part of winter planning is the avoidance of hospital attendances and admissions and encouraging people to use the right health service for their ailment. This includes encouraging people to:

- Keep warm and well.
- Seek the right treatment early if they do become unwell.
- Use their local health services appropriately through access to the right sources of information (both in-hours and out of hours).

The local NHS has developed a twin track approach to communicating messages about a) prevention, self-care and taking early action when unwell (target groups) and b) appropriate use of services.

1) Supporting the national Winter campaign – across all media – encouraging early action and preventing serious illness from 6 November 2017.
2) Marketing and promotion of the local Advice ASAP campaign (care advice and service signposting). This includes promoting the overall ASAP 'ill or injured – not sure where to turn?' campaign message (App, Search the website, Ask NHS 111 and Pharmacy).

Local approach

Communications will focus on:

Track 1 – Supporting the national campaign			
Campaign: National NHS Winter Campaign – 'Stay well this Winter' - It's objective is to ensure that people who are most at risk of preventable emergency admission to hospital care are aware of, and wherever possible, are motivated to take those actions that may avoid admission this winter. Aims to reduce pressure on the NHS Urgent and Emergency Care system (from 6 November to 17 December 2017).			
Key theme: Encouraging people to take early preventative action. All activities below (apart from the first row) cover the preventative themes of 'Keep warm and well', flu immunisation and taking early action when feeling unwell.			
Activity	**Roles**	**Notes**	**Timing**
Internal Communication – promoting use/availability of materials and supporting campaign messages.	All health and social care organisations.	Trust magazines, Team Briefs, What's New This Week (GP practice bulletin), GP promotional cards, and campaign materials.	Late October 2017 TBC

Encouraging flu immunisation take up		Use of national materials (see flu section for specific actions).	From early October 2017
Media Promotion – media release/photo opportunity in healthcare setting	GCCG to co-ordinate and manage.	Also use of the GCCG sponsored media health pages.	Late October 2017 TBC
Social media	GCCG to promote media messages.	Tweet/share links directly to branded e-key messages cards – including RT Friday.	Late October 2017
Web resources	GCCG and care partner on-line resources/key messages.	Partner agencies to offer a home page link.	Late October 2017
Promotional materials	GCCG to organise.	Posters and leaflets at GP surgeries, pharmacies and hospitals and sent to Community Connectors. Articles/artwork for community partner newsletters/sites. Successful distribution via Information Bus	w/c 13 November 2017
Additional proactive actions during periods of particularly poor weather	GCCG/GCC to co-ordinate.	Proactive media (including ads and editorial). Social media channels (joint/co-ordinated approach in place with partners).	As required

Track 2 – The ASAP campaign

The campaign, which provides guidance to the public on the right self-care and service options has already generated over 15,000 App downloads and over 15,000 website visits.

The initiative targets adults and parents of young children with advice on what to do if they are ill or injured and are unsure where to turn.

The promotional material encourages residents to check out the App (ASAP Glos NHS), Search the website (www.asapglos.nhs.uk), Ask NHS 111 or visit their Pharmacy.

The ASAP website and App allows users to 'Search by Service' or 'Search by Condition' – providing a step by step guide through symptoms, self-care and signposting to the appropriate NHS service/s. It actively encourages use of pharmacies, NHS 111 and Community Minor Injury and Illness Units where appropriate.

Campaign: local Advice ASAP campaign

Key theme: Provides self-care advice and signposts to appropriate services (from October 2015).

Activity	Roles	Notes	Timing
Internal Communication – promoting use/availability of materials and supporting campaign messages	All health and social care organisations.	Trust magazines, Team Briefs, What's new this Week (GP practice bulletin), GP promotional cards, and campaign materials.	From October 2017
Media package (1) - Working with Gloucestershire Media group to develop an integrated 2 month (seasonal) media package	GCCG to co-ordinate.	To include newspaper, social media platforms, website take over (campaign web banners) – link to App download. Highlighting specific conditions.	From mid November 2017
Media package (2) - Working with other media organisations in Gloucestershire to develop an integrated 2 month (seasonal) media plan	GCCG to co-ordinate.	To include newspaper, social media platforms, website take over (campaign web banners) – link to App download. Highlighting specific conditions.	From mid November 2017
Facebook advertising	GCCG.	Targeting young parents and adult population (18-40). 3 month period. Single biggest contributor to App downloads to date. Including highlighting specific conditions.	From mid November 2017 (3 month duration)
Household winter mailer	GCCG to co-ordinate.	All households in Gloucestershire postcodes.	w/c 28 November 2017
Further hardcopy collateral distribution– posters, flyers, leaflets, key message cards	GCCG to co-ordinate.	Supporting the ASAP campaign call to action including App downloads. NHS and community outlets.	Early November 2017
Bus advertising	GCCG to co-ordinate.	To coincide with the key seasonal campaign period and to link with other activities above. Bus needs to be reserved.	December 2017 – January 2018
Information Bus	GCCG to co-ordinate.	Continuing roadshow presence e.g. Rugby Club, shopping centres, schools, other neighbourhood venues.	Winter 2017/18
Local radio advertising	GCCG to co-ordinate.	2 periods of 2 weeks. Heart FM.	Mid November 2017 & January 2018

Specific activity linked to Holiday periods e.g. Christmas/New Year period e.g. access to services, repeat prescriptions etc.	GCCG to co-ordinate.	Proactive media (including ads and editorial). Social media channels (joint/co-ordinated approach in place with partners).	December 2017/January 2018

19. Mortuary

GCC has a Managing Excess Deaths Contingency Plan that has been adopted by Multi Agency partners throughout the county and GCCG has worked extensively with GCC's Mortuary Manager and the Coroner's office with regard to this.

The accommodation within the existing County Mortuary (62) was at no time under pressure during the difficult times last winter. The Excess Deaths Plan is to increase the capacity of the County Mortuary to 100 through the use of refrigerated units called "Nutwells" each of which holds 20 bodies.

There is additional capacity within both GRH and CGH Mortuaries that are no longer licensed for post mortems under the Human Tissue Act but still perform a refrigerated holding capacity for storage.

There are good working relationships across Gloucestershire between GCC's Mortuary, the acute mortuaries and the various undertakers which help facilitate prompt services and will continue to ease pressure into winter 2017/18.

20. Infection, Prevention and Control

20.1. Infection Control

There is an increased risk of infection control during periods of escalation typically during winter when the levels of community acquired infections (predominantly norovirus) are higher. In 2016/17 a total of 150 bed days were lost affecting 86 patients due to norovirus at GHNHSFT. In GCS 186 bed days were lost over the year due to viral gastroenteritis outbreaks with a total of 67 patients.

At GHNHSFT outbreaks of diarrhoea and vomiting are managed using the Southwest Norovirus Toolkit (V2) and this tool kit provides guidance on the escalation procedure for the management and communication of norovirus outbreaks within the Trust. The annual deep cleaning programme and when necessary an enhanced programme of cleaning provides assurances that the environment cannot act as a reservoir for the contagion. The Combat Norovirus Campaign is refreshed each year aims key messages at visitors, patients and staff including symptoms, promoting hand washing, restricting visiting and restrictions for returning to work.

From October 2016 to May 2017, Infection Control Nurses at the GHNHSFT will provide an additional service to review outbreaks of diarrhoea and vomiting at weekends and bank holidays between 08:30am-12:15pm by telephone from home.

Currently proposals are being prepared for the GHNHSFT Infection Control & Prevention Meeting which will be held in September 2017 during which further measures will be discussed to improve winter resilience in relation to infection prevention and control.

At GCS in the event of an outbreak Infection Prevention and Control team undertake best practice and close the ward/unit where the outbreak has been identified. This results in less patients becoming affected by the circulating infectious organism. Within the Community Hospitals, there are robust infection control policies in place with strict monitoring of adherence to policy in order to ensure that bed closures are minimised as a result of infectious outbreaks. Cleaning schedules are in place throughout the community hospitals with regular cleanliness reviews to ensure standards are maximised and consistent.

20.2. Seasonal Influenza

NHS England working with Public Health England has a well-defined delivery and action plan for the 2017-2018 seasonal flu programme, integrated into a multi-organisation communications and marketing plan.

Within Gloucestershire, weekly infection prevention and control alerts are received into the GCCG from Public Health regarding intelligence from across the country. This information is used for both planning purposes and dissemination in order to maximise preparedness and awareness.

20.3. Staff

NHS England has identified flu Preparedness as a priority for planning across all healthcare providers. For 2016/17 the percentage of staff who received flu vaccinations was: 77.2% for 2gNHSFT, 57.8% for GHNHSFT and 56.2% for GCS.

Stocks of Tamiflu are available across the county with a rolling programme of vaccination campaigns across all health and social care providers. Improving the uptake of flu vaccinations for front line staff is a CQUIN target for all Gloucestershire NHS providers. Uptake of flu vaccination will be regularly reviewed internally by the hospital trusts.

GHNHSFT and GCS have a comprehensive seasonal influenza plan. A key part of this is staff vaccination and an internal communications strategy will be launched ahead of vaccination roll-out. It is expected that a proactive roll-out of the trust vaccination programme commences in late September 2017, as soon as the vaccine is available. GHNHSFT Occupational Health will use flu champions, targeting and vaccinating front-line staff in high risk areas and offering evening sessions for maximum uptake. GCS will use peer vaccinators targeting and vaccinating front-line staff in high risk areas for maximum uptake.

ATSL offer all their employees a free flu vaccination voucher which is redeemable at Boots the Chemist. Staff sign up for their free vaccination via their line manager and the appropriate vouchers are purchased and distributed.

20.4. Gloucestershire Citizens

Organisations are taking a pro-active approach this winter to maximise the vaccination uptake by Gloucestershire citizens, by making it more widely available. GCCG is working together with NHS England on a plan to achieve a greater uptake in all groups, including working with GP practices, care homes and community pharmacies.

Below is evidence of previous uptake of seasonal flu vaccinations from 2014/15 – 2016/17.

Patient Group	2014/15	2015/16	2016/17
Patient > 65 years	74%	72.7%	71.9%
Patients < 65 years with long term condition	49.5%	45.1%	50.57%
Pregnant woman	42.6%	43.9%	46.3%

21. Adverse Weather

Appendix 1 of the National Cold weather plan identifies the impact of cold weather on the Health Economy. All members of the Local Health Resilience Partnership (LHRP) are required to refer to the National plan within their business continuity planning process which has been assured by GCCG against NHS England Core standards.

Severe weather warnings issued by the Met Office are received by those organisations through widespread warnings and briefings. These warnings contain actions that must be taken as per Appendix 3 of the National Severe Weather Plan.

Upon receipt of a warning of severe weather, if appropriate, a Multi-Agency teleconference will be called amongst the members of the Gloucestershire Multi Agency Local Resilience Forum. This group includes a member of staff for NHS England who will disseminate information across the Health Community via the format listed in Chapter 4 of the Health Community Response Plan.

22. Business Continuity Plans

All key stakeholders have resilience embedded within their Business Continuity Plans (BCP) with all organisations subject to the EPRR & BC core standards assurance process by NHS England during Q2 of 2017. All stakeholder plans were found to be fit for purpose.

All Key stakeholder plans are aligned with good practice and appropriate guidance of ISO 22301.

The key elements of Business Continuity (listed below) have been tested by all organisations to ensure that their plan:

- Identifies and manages current and future threats to their organisation.
- Takes a proactive approach to minimising the impact of incidents.
- Provides a framework for building organisational resilience.
- Keeps critical functions up and running during times of crises.
- Minimises downtime during incidents and improves recovery time.
- Demonstrates resilience to stakeholders and suppliers.
- Protects reputation and brand.

Irrespective of the disruption, BCP need to cater for the loss or unavailability of the following:

- People.
- Premises and utilities.
- Technology.
- Information.
- Supplies.
- Transport.
- Stakeholders.

23. Conclusion

Gloucestershire health and social care community are committed to providing high quality and responsive services during winter 2017/18. Significant work is underway to ensure resilience is embedded across the system and provide assurance that services can effectively respond to fluctuating demands that are created by seasonal variation.

Ensuring that services have undertaken detailed demand and capacity modelling for individual services is regarded as critical, alongside robust bed modelling which has been based upon accurate assumptions.

New “offers” have been identified which provides enhanced services alongside assurance to the Gloucestershire system that we are “winter fit” and ready to meet the challenges that are known and anticipated throughout the winter period.

It has been acknowledged by all health and social care providers that “working together” and ensuring where possible that services are integrated and seamless for patient care delivery is pivotal. This will provide assurance to the staff and Gloucestershire citizens that “The system becomes more than just the sum of its part”.

24. Appendices

Appendix 1 - Bank Holiday Planning and Provider Assurance

Bank Holiday assurances FULL

Bank Holiday assurances REDUCED

Appendix 2 - GCCG Escalation Plan 2017/18

GCCG Escalation Plan 17-18 DRAFT v 1.2.p

Appendix 3 - Gloucestershire A&EDB High Impact Actions - Plan on a Page

PoP GCCG HIA Aug17

Gloucestershire NHS
Health Community

Winter Planning Media Briefing

Dr Andy Seymour, Clinical Chair
NHS Gloucestershire Clinical Commissioning Group

Welcome

Gloucestershire NHS
Health Community

Format:

- Our overall approach to Winter preparedness
- Presentations from leaders on plans and developments across local services
- How the public can get the right advice/care for them and help the NHS
- Questions and Answers and interview opportunities

Preparing together

Gloucestershire NHS
Health Community

- Like all other parts of the health service, we are anticipating a challenging winter with increased demand for some services
- We have worked together to produce a strong plan for this Winter that is owned by all partners (GP care, community care, hospital based services, mental health and social care)
- The Plan is well resourced and a number of big winter schemes are already in place
- When things get challenging every part of the system understands the additional actions they need to take to ensure patients are able to access services when they need them

Preparing together

Gloucestershire NHS
Health Community

Some of the things we are doing together:

- Making more same day GP appointments available
- Increasing support in the community e.g. community teams/rapid response service
- Primary care professionals e.g. GPs 'streaming' (directing) patients to the most appropriate services to meet their needs when they arrive at A&E
- Where possible, seeing, assessing, treating and supporting older people to return home from hospital on the same day
- Making sure things are in place for patients to leave hospital safely:
- Increasing the number of nursing home beds
- Increasing access to reablement and domiciliary (home) care staff
- Helping patients and families who need nursing home care

How the public can play their part:

- Preparing for the Winter
- Making the right healthcare choices if they are ill or injured
- Only attending A&E when it’s a life threatening condition or serious injury

Gloucestershire NHS
Health Community

Pharmacy, General Practice & NHS 111

Dr Jeremy Welch, CCG GP lead for Urgent Care

Community Pharmacy

Gloucestershire NHS
Health Community

- Pharmacy First
  - pharmacists are qualified health care professionals
  - confidential, no appointment needed
  - if you don't pay for prescriptions, any medicines supplied under scheme will be free (participating pharmacies only)
- Urgent Repeat Medicines Scheme
  - can request a supply of medication from regular community pharmacy when GP surgery closed
  - avoids need to use urgent care services to obtain repeat medicines
- Flu jabs
  - many pharmacies are now offering flu jab under NHS (to those eligible)

Improving access to General Practice

Gloucestershire NHS
Health Community

- £500k extra funding this winter
  - GP, nurse or advanced paramedic practitioner appointments
  - Including appointments for patients with specific long-term conditions (e.g. COPD)
- More appointments with GPs and other health care professionals available outside of normal GP opening hours
  - 6.30-8pm Mon-Fri & Saturday AM
  - Mix of urgent and routine appointments
  - 1,500 extra appointments each week
  - Patients can attend appointment at their own GP surgery or another health centre

Improving access to General Practice

Gloucestershire NHS
Health Community

- £1.2m for GP Practice transformation
  - Most practices used funding to develop workforce
  - clinical pharmacists, specialist nurses or paramedics, physios, mental health workers
- Care Navigation training
  - GP surgery reception/admin staff training to assist patients to access appropriate clinical professional or service
  - Releases GP time to see more patients

NHS 111

- 14,500 calls to NHS 111 per month (Glos & Swindon)
- Around 1,000 additional hours of clinical advisor shifts per week for winter (Glos & Swindon)
- Around 50% of callers to NHS 111 will speak to a clinician after speaking with a health advisor (in line with NHSE indicators)
- Number of calls that end in a transfer to 999 or visit to ED is around 10% (lower than national average)

Gloucestershire NHS
Health Community

Community services and support

Katie Norton
Chief Executive
Gloucestershire Care Services NHS Trust

Gloucestershire NHS
Health Community

Gloucestershire Care Services NHS Trust Overview Supporting Winter Pressures

- Our focus is on:
  - Helping people of all ages maximise their independence and reduce the need for hospital admission
  - Providing care in people's homes, or as close to home as possible

- We:
  - Work with local GPs to support people who require care in their homes to support their recovery e.g. *Integrated Care Teams*
  - Provide local access for people with a minor injury or illness as an alternative to A&E *e.g. our Minor Injury and Illness Units*
  - Provide care and treatment to people who have complex needs as an alternative to hospital admission *e.g. Rapid Response Team*
  - Provide multi-disciplinary care for people who require rehabilitation or care that does not require an acute hospital setting *e.g. Community Hospital inpatient beds*
  - Provide universal services to support people maintain their health and wellbeing *e.g. children's flu*

Gloucestershire NHS
Health Community

Integrated Community Teams (ICTs)

- ICTs work alongside GPs to provide care for people in their homes or communities
- The service receives around 5,500 referrals each month
- We have more than 2,200 people aged over 90 on our current caseload.

In readiness for Winter:

- From September 2017, our community Intro-Venous Therapy Service has moved to a seven day service which will enable more people to be supported in the community
- We are working with local GP practices to identify and support people at higher risk of admission.

Gloucestershire NHS
Health Community

Minor Injuries and Illness Units (MIIUs)

- The seven MIIUs provide care and treatment for sprains, cuts and wounds, skin problems, minor eye injuries and minor fractures, as well as for illnesses such as chest infections, sore throats, minor infections etc.
- Since April 2017, we have seen approximately 40,000 patients
- 99.9% of patients are seen and treated within 4 hours
- MIIUs are led by Emergency Care Practitioners (nurses and paramedics) .

In readiness for Winter:

- Two new MIIU Matrons strengthening resilience and leadership.

Gloucestershire NHS
Health Community

Rapid Response

- Care for any adult with an acute medical need, that can be successfully treated at home as an alterative to admission, e.g. sepsis
- Countywide service, 24 hours a day, 7 days a week
- Offers a 1 to 4 hour response time
- Average length of stay in the service is 2 to 3 days.

In readiness for Winter:

- Additional investment has allowed us to increase capacity to see over 70 new patients each week
- Continued roll out of near patient testing.

Gloucestershire NHS
Health Community

Community Hospital Inpatient Services

- Seven community hospitals providing expert care for people who do not require care in an acute hospital, and for whom care at home is not appropriate
- We care for over 2,500 patients each year.

In readiness for Winter:

- Strengthened working with acute hospital colleagues to help improve transfer of patients in a timely way
- Agreement on standards with partners to support good discharge planning to minimise delays for patients.

And much, much more…

- Immunisation team:
  - Flu immunisation sessions in 300 primary schools across Gloucestershire from Reception through to Year 4
- Homeless Healthcare Team:
  - Supporting new overnight accommodation for people sleeping rough in Gloucester by expanding use of the George Whitfield Centre

Gloucestershire NHS
Health Community

Acute patient care & services

Prof Mark Pietroni
Specialty Director for Unscheduled Care
Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire NHS
Health Community

Gloucestershire Hospitals NHS FT: Winter Plan

Our focus is on:

- Ensuring patients who need specialist care (planned or unplanned) receive a high quality service that's safe, responsive and timely
- Working with our health and care colleagues to ensure patients receive the right care, in the right place, at the right time

In readiness for winter we have:

- Developed an Emergency General Surgery Unit within our Emergency Department (ED) meaning that patients will receive a specialist opinion sooner resulting in more rapid diagnosis and treatment
- Invested in additional clinicians to ensure that all patients aged 85 and over and patients aged 75+ with dementia, falls or other signs of frailty receive specialist wrap around care
- Centralised specialist care across Cheltenham General and Gloucestershire Royal Hospitals to improve patient care and to ensure that more patients receive routine operations such as hip and knee replacements
- Improved flow through our hospitals so that patients are discharged in a more timely and appropriate way when safe to do so

Gloucestershire NHS
Health Community

Emergency General Surgery Unit: Surgical Assessment Unit

In readiness for winter we have:

- Invested £269,000 (CCG funding) on our Surgical Assessment Unit (SAU) & Ambulatory Emergency Care (AEC)
- Additional Advanced Nurse Practitioner & Junior Doctor working with Doctors, Nurses and Therapists supported by surgical on-call team (Consultant and Registrar)
- 12 beds established at GRH (reconfiguration of existing beds)
- Patients with abdominal pain, abscesses & gallstones

Key benefit

- Enables patients to bypass ED and receive a specialist opinion sooner resulting in more rapid diagnosis and treatment

Gloucestershire NHS
Health Community

Acute Medical Unit: Ambulatory Emergency Care

In readiness for winter we have:

- Invested £269,000 (CCG) on AEC
- Additional Band 5 Nurses and Health Care Assistants working with Doctors, Nurses and Therapists supported by medical on-call team (Consultant and Registrar)
- Four beds and supporting side rooms established at GRH
- Patients with chest pain, breathlessness, headache, cellulitis, deep vein thrombosis assessed and referred from GPs or ED. Patient will be: A) Safely discharged B) Safely discharged with follow up appointment C) Admitted

Key benefit

- Enables patients to bypass A&E and receive a specialist opinion sooner resulting in more rapid diagnosis and treatment

Gloucestershire NHS
Health Community

Older Person's Assessment & Liaison Team (OPAL)

In readiness for winter we have:

- Invested £450,000 (Better Care Funding)
- Additional three Consultants (Care of the Elderly Consultants), 2 Therapists, 1 Pharmacist, 2 specialist nurses and 1 co-ordinator working closely with partners across the system with the ambition of working towards a 7 day a week service between 8am – 8pm
- 4 specialist beds ring fenced for frail patients
- All patients over 85 and patients aged 75+ with dementia , falls or with other frailty markers

Key benefit

- Enhanced service enabling frail patients to receive wrap around care and support resulting in safe and timely discharge from hospital

Gloucestershire NHS
Health Community

Trauma & Orthopaedic

In readiness for winter we have:

- Rearranged and centralised specialist care across Cheltenham General and Gloucestershire Royal Hospitals
- Patients requiring elective or planned surgery such as a hip and knee replacement will receive specialist care at Cheltenham

Key benefit

- Patients requiring routine orthopaedic operations such as hip and knee replacements will be treated at Cheltenham during the winter months and far fewer will be subject to last-minute cancellations of care as they were in previous winters

Gloucestershire NHS
Health Community

Improve patient flow

In readiness for winter we have:

- Introduced a number of initiatives (internally) such as SAFER to help ensure that board rounds are more effective and patients can be discharged in a timely way when it's safe to do so
- Worked closely with our partners to help enable timely patient discharge when it's safe to do so
- Worked tirelessly on enhancing infection control procedures to reduce the likelihood of beds being lost to new patient admissions due to outbreaks of norovirus

Key benefit

- Patients prefer being cared for at home or in the community and the evidence shows this is better for their recovery

Gloucestershire NHS
Health Community

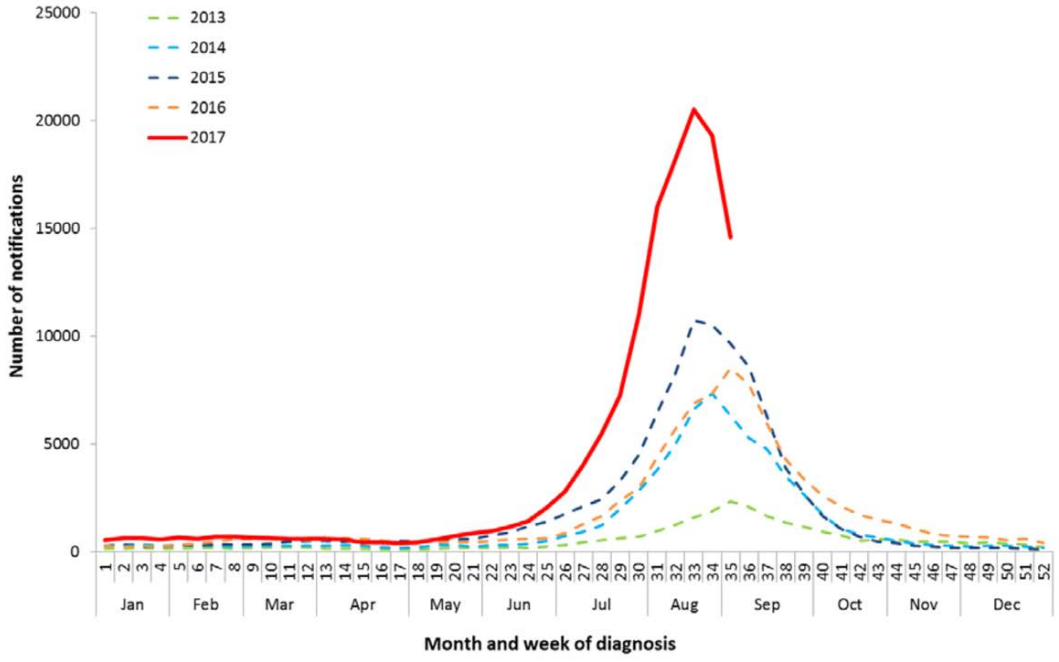
Prevention & how the public can help

Dr Jeremy Welch, CCG GP lead for Urgent Care
Sarah Scott, Director of Public Health, Gloucestershire County Council

Prevention

- Likely to be a tough flu season
- UK emulates trends from Australia and New Zealand

Figure 4. Notifications of laboratory confirmed influenza, Australia, 1 January 2013 to 1 September 2017, by month and week of diagnosis.



Source: NNDS

Prevention

Gloucestershire NHS
Health Community

- Flu immunisation – take up offer of flu vac if eligible
  - 65+
  - Long-term conditions (e.g. Asthma, Heart Disease)
  - Pregnant women
  - Children aged 2-8 (nasal spray)

Watch our Flu Free videos

- Norovirus (aka winter vomiting bug)
  - Don’t visit healthcare facilities until 2 days symptom free
  - Don’t need to see GP unless symptoms last more than a few days
  - Treat with self-care, drink plenty of fluids
  - Call NHS 111 if you need advice

COMBAT norovirus

Share our key messages

Stay Well This Winter

Gloucestershire NHS
Health Community

- People aged 65+ or with long-term conditions:
  - Common winter illnesses could become more serious
  - At first sign of illness, seek pharmacist advice
- Minor common ailments e.g. colds, coughs & earaches can't be treated by antibiotics
- Keep a well stocked medicine cabinet (e.g. paracetamol)
- Heat your home to at least 18 degrees
- Check in on vulnerable family members/neighbours

Access to advice & services

Gloucestershire NHS
Health Community

- Use the ASAP app or website
  - ‘search by service’ or ‘search by condition’
  - find info about symptoms, self care & signposting to appropriate NHS services
  - find opening hours & location info
- Ask NHS 111 for advice
  - open 24 hours a day, 7 days a week
- Pop in to the pharmacy
  - confidential advice, without an appointment
  - pharmacists are experts on medicines
  - can signpost to other NHS services if needed

Gloucestershire NHS
Health Community

Mental health and wellbeing this Winter

Self care advice and supporting the vulnerable

Neil Savage, Director of OD, 2gether NHS Foundation Trust

Dr Jon Haynes, Clinical Director and Associate Medical Director, 2gether

- We are working as health and social care colleagues to provide more streamlined and responsive services for people with mental health and learning disability needs.

Key developments include:

- Mental Health Acute Response Service (MHARS) to improve response for people with mental health needs at times of crisis
- Investment in Mental Health Liaison Services to provide better support to Gloucestershire Hospitals Trust at night
- A new Perinatal Mental Health Service for pregnant or new mothers with MH conditions
- Piloting options to support GPs in helping people with MH needs at the GP practice level
- Closer working with social care colleagues to ensure we can support people (Adults and Older people) admitted to our beds to be discharged as early as possible
- Our Wellbeing House, opened with a voluntary sector partner, enabling us to offer respite for people who need support for a short time to help them remain well

Gloucestershire NHS
Health Community

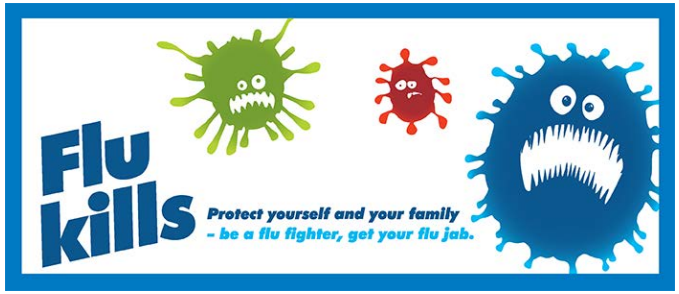
- We are working as health and social care colleagues across Gloucestershire to provide more streamlined and responsive services for people with mental health and learning disability needs.

- Winter can be particularly difficult for vulnerable people, including those with serious mental health conditions, dementia and learning disabilities.

- We all need to look out for the vulnerable and do what we can to reduce loneliness and isolation.

NHS

Carers should have a flu jab to protect loved ones.



- Carers (and staff) should take care of themselves, by getting their flu jab and ensuring the people they care for receive their flu jab too.
- Anyone who takes regular medication (including for mental health conditions) should ensure they get repeat prescriptions in good time, in case of bad weather.
- Anyone experiencing mental health issues, or supporting someone with mental health concerns, should contact their GP to be referred to the most appropriate place for support.

Gloucestershire NHS
Health Community

- Depression, anxiety and stress can worsen in the winter, and are very common, but help is available through our Let's Talk service (www.talk2gether.nhs.uk or 0800 073 2200).

- It's important to try and get outdoors in natural daylight, despite the cold. Eating healthily, exercising and staying warm are just as important for mental wellbeing as they are for physical health.

The Five Steps to Emotional Wellbeing

NHS
Gloucestershire
Clinical Commissioning Group

Sanger House
5220 Valiant Court
Gloucester Business Park
Brockworth
Gloucester
GL3 4FE

Tel: 0300 421 1645
Email: andy.ewens1@nhs.net

EPRR Assurance 2017

Dear Candace,

Can I thank you for the submission of you Emergency Preparedness, Resilience and Response (EPRR) annual assurance return and subsequent attendance at a “Confirm and Challenge” meeting..

During the meeting, Gloucestershire Care Services NHS Trust identified that you were “Substantially” assured. On review of the evidence submitted, Gloucestershire Clinical Commissioning Group have assessed the Trust as:-

Substantial

You will recall that the CCG are uncomfortable with the “Deep Dive” into governance and the inaccurate questions regarding annual reports. This has been raised with NHS England and the questions have been withdrawn.

As discussed when we met, the CCG are indebted to you for the support provided to during the absence of our own EPRR & BC Officer. Julia stepped up to the plate and did an admirable job in support of us. It was perhaps evidence of Mutual Aid and is a fine example of organisations coming together in time of need. Please thank Julia from me.

Can I ask that you now report to your Board of Directors to allow them to have sight and knowledge of the assurance procedure, Having done that, you are required to send Andy Ewens, the CCG EPRR and BC officer evidence of board minutes to complete the process for 2017.

Should you require further information, please contact our EPRR and BC officer Andy Ewens as below.

andy.ewens1@nhs.net
0300 421 1647

Marion Andrews-Evans

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **30th November 2017**

Report Title: **One Gloucestershire STP**

Agenda reference Number	10/1117
Accountable Executive Director (AED)	Katie Norton, Chief Executive
Presenter (if not AED)	
Author(s)	Katie Norton, Chief Executive
Board action required	To note for information
Previously considered by	STP Delivery Board/Executive Team
Appendices	

Executive Summary

The report provides an update to the Board on the ongoing work being progressed through the One Gloucestershire Sustainability and Transformation Partnership (STP).

A key focus is now being given to developing the One Place Business Case which will set out our collective plans for sustainable and transformed emergency and urgent care services in Gloucestershire, and the development of centres of excellence.

The report also highlights key areas of improvement work that is progressing through the STP workstreams, notably work to:

- redesign care pathways
- enable more active communities
- strengthen placed based working to ensure responsive community based care
- reduce unwarranted clinical variation.

Recommendation

The Board is asked to:

- **NOTE** this report

Understanding you

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

One Gloucestershire STP

1 Introduction and Purpose

The purpose of this paper is to update the Board on the ongoing work being progressed through the One Gloucestershire Sustainability and Transformation Partnership (STP).

2 Context

Gloucestershire's STP is working to:

- Invest in keeping people healthier for longer by enabling communities to support each other, and support self-care and prevention
- Reduce variation in prescribing and services, cut waste, and fund interventions that can deliver the greatest health benefit for our population
- Review the patients' care journey, to ensure that care is delivered efficiently and effectively, and when appropriate, closer to home
- Join up care around communities, creating 16 GP practice clusters delivering integrated care with community services to support physical and mental health needs
- Have a clear integrated approach to urgent care provision, so that people will know when and where to access urgent care, when they need it
- Introduce urgent care centres and streamline assessment services when we are clear this will improve quality and safety, and reduce waiting times for our population
- Have a 'one county' approach to IT, Estates, and other system enablers
- Introduce countywide leadership, training, education and learning opportunities to support the shift to new roles and responsibilities for staff

3 'One Place Business Case'

Work is continuing to support the Sustainability and Transformation Partnership (STP) 'One Place Business Case' with its focus on proposals relating to:

- the establishment of a new Clinical Assessment & Advice Service (for patients and Health Care Professionals);
- a new network of Urgent Treatment Centres (combination of urban and rural centres);
- changes to acute urgent and emergency care pathways and assessment services;
- centres of excellence for urgent and planned care.

We are continuing to work to develop our proposals, ensuring appropriate

engagement as part of this. The slides at Appendix 1 provide an overview of the scope of the work included in the One Place Business case presented to the Gloucestershire Health Overview and Scrutiny Committee at their meeting held in public on 14th November 2017.

4 Clinical Programme Approach

The Clinical Programme Approach is working to ensure a collaborative approach to systematically redesign the way care is delivered in our system. Some highlights from clinical programmes in which GCS are involved are detailed below:

The *Respiratory Clinical Programme Group* (CPG) is leading work to improve care for people Chronic Obstructive Pulmonary Disease (COPD), Bronchiectasis and Sleep Apnoea. Self-Management plans have been designed to help people with COPD have more confidence in how to best manage their conditions. A pilot in Gloucester during September is now being evaluated to inform roll out across the County.

The *Dementia CPG* has been supporting the Dementia Inpatient Partnership to work collaboratively on improving discharge for patients with dementia: 2gether NHS Foundation Trust has adopted Gloucestershire Hospitals NHS Foundation Trust & Gloucestershire Care Services NHS Trust "Board Round and Red to Green" processes.

The *Circulatory CPG* has been overseeing work to look at the stroke care pathway, which includes proposals to strengthen both acute stroke care and specialist rehabilitation. Detailed plans for implementation will now be progressed to support the development of an implementation plan following a positive meeting with the South West Clinical Senate.

5 Enabling Active Communities

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector. The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system. The following highlights are noted as part of the Enabling Active Communities programme:

Sport England visited Gloucestershire in September for an assessment day to evaluate the local bid "Gloucestershire Moves." The project is seeking a

share of £130m to support a cross-sector and whole system approach to raising population levels of physical activity. The outcome of this is expected by mid- November 2017.

National Diabetes Prevention Programme (NDPP) continues and following roll out for Gloucester locality Cheltenham locality is now being mobilised. To date, there have been 368 referrals onto the NDPP with an overall uptake rate of 18.5% currently in Gloucester City, with some practices achieving a 32% uptake rate. Roll out to the Forest of Dean is planned for November 2017, followed by Tewkesbury in December 2017.

The Community Connector service, which commenced on 1st October 2017, has been renamed 'Community Wellbeing Service' and the community based staff will be known as 'Community Wellbeing Agents'. Detailed reporting requirements for the service have been aligned to the emerging NHS England national dashboard, and built into provider contracts. A system-wide communications plan is currently being implemented following the change of name.

An interim report from Bristol University West of England has been produced indicating a short term improvement in many of the health and illness attitudes targeted by the Facts4Life intervention in schools. The Enabling Active Communities Board was pleased with this outcome and has extended the contract for a further year.

The Social Prescribing evaluation phase of the procurement process is currently underway.

6 One Place, One Budget, One System

6.1 New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care. The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed.

New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

The following highlights from the programme are noted below:

Stroud & Berkeley Vale locality is progressing a number of projects across each of the clusters, with particular focus on Multidisciplinary Team Meetings to review and develop care plans for complex patients, testing and evaluating a new way for working between primary care teams and community dementia specialists and new models to improve repeat prescribing. Much of this work is focusing on building new ways of working between practice teams, the GCS Integrated Care Teams and other community service providers with strengthened relationships and the development of shared performance measures.

The ***South Cotswold Frailty Service pathway*** continues to be adapted, aiming to take a case management approach to care for the moderately and severely frail patients in the locality, with a view to improving patient's health and wellbeing, managing their conditions better and keeping them at home wherever possible. Key priority workstreams consist of upskilling of matrons, development of care plans, updating pathways with the integrated care teams and secondary care and completing remaining case reviews for analysis

Gloucester City Locality is progressing a number of projects across each of the GP clusters. This is including testing and evaluating the impact of frailty and specialist MDTs, testing and evaluating a new way of working between primary care teams and mental health specialists and supporting people living with frailty. As with the Stroud & Berkley Vale locality, much of this work is focusing on building new ways of working between practice teams, the GCS Integrated Care Teams and other community service providers.

7 Reducing Clinical Variation

The Reducing Clinical Variation programme is continuing to work to tackle areas of unexplained clinical variation. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and a Medicines Optimisation approach and undertaking a diagnostics review.

In 2017/16 a key area of work has focused on developing a new medicines optimisation approach for patients living with pain in Gloucestershire. The Living Well with Pain Programme has now successfully distributed the Joint

Countywide Pain Formulary across Primary Care to include GP's, Locums and Pharmacists with the aim of harmonising prescribing practices across the healthcare community. Effective distribution to all clinical staff within secondary care is underway and the formulary is available via G-Care and the Joint Formulary website. The programme's Complex Pain Outreach Pilot continues to provide bespoke support to complex patients with a joined up approach from primary and secondary care clinicians involved in the patients ongoing care and provides the development of a joint personalised plan.

8 Enabling Programmes

The ***Workforce & Organisational Development (OD) Programme*** has three main work streams (Culture, Capacity and Capability) as well as a Social Partnership Forum to allow engagement with staff-side representatives from the STP partner bodies. The Programme has successfully secured £652k Health Education England funding for workforce transformation against the bids which were submitted earlier in the summer. A new Project Manager has been appointed to focus on the programme two days per week funded by Health Education England.

The ***Primary Care Strategy workstream*** continues to progress delivery of the GP Forward View plan and Primary Care Strategy. From October, Tewkesbury, Newent & Staunton and the Forest of Dean have been delivering additional evening and weekend access to primary care in their respective clusters. Following closely are two further pilots, the Aspen & Saintbridge cluster and the St Pauls cluster in Cheltenham, by end of October/early November. GCS are working with the Aspen & Saintbridge cluster and St Pauls Cluster to support their extended workforce plans.

9 Recommendation and Conclusion

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

One Gloucestershire
Transforming Care, Transforming Communities

Gloucestershire's Sustainability and Transformation Partnership

Transforming Urgent and Emergency Care

County's Health and Care Overview and Scrutiny Committee

14 November

Mary Hutton, STP Lead

#glosSTP

Challenges in Summary

- Growing population with more complex needs, in all age groups
- Increasing demand for services and rising public expectations
- Recruiting and keeping enough staff with the right skills and expertise
- Encouraging greater personal responsibility – greater control of our own health, and that of our family
- Rising cost of drugs and new medical technology
- Pressure on finances.

The scale of our challenge:

Registered population (2015)

632,500

+42,000

Projected rise

Projected population (2030)

674,500

2653 km²

Area covered by the STP

Current no. of people over 65 with a long term condition

47,500

77,000

Projected rise by 2030

20%

The increase in the 75–84 age group by 2021

£226m*

Gap over the next 4 years (from 2017/18) **unless** we change the way we deliver services and support

What we want to achieve

For our patients and the public we want to ensure:

- A simpler way to access advice, services and support
- Prompt assessment and decision making about their care, 7 days a week
- A network of strong, joined up services to ‘manage and co-ordinate’ their care
- Only the sickest patients need emergency department care
- Excellent, safe care and reduced waiting times.

National context – the National Urgent and Emergency Care Delivery Plan

NHS 111 online:

- Improved on-line services – allowing patients to enter symptoms and receive tailored advice or call back from a healthcare professional

NHS 111 calls:

- Increase the % of calls transferred to a clinician
- Service better able to support patients to ‘self care’
- Ability to book people into urgent face to face appointments when needed.

Closely associated with developing proposals

National context – the National Urgent and Emergency Care Delivery Plan

GP Access

- Enhanced access to GP care – 100% of England by March 2019
- By March 2019 – public will have access to pre-bookable evening and weekend appointments
- Transformation in General Practice – practices working together ‘at scale’ to deliver additional capacity and better manage demand.

Closely associated with developments already underway – local 5 year Primary Care Strategy

National context – the National Urgent and Emergency Care Delivery Plan

Urgent Treatment Centres (UTCs)

- Urgent Treatment Centres across the country – open 7 days a week – all centres in place by Dec 2019
- Staffed by doctors and nurses
- Providing or have agreed access to diagnostics e.g. blood tests and X-ray
- Patients able to book an appointment via NHS 111, their own GP or walk in.

Closely associated with local proposals under development

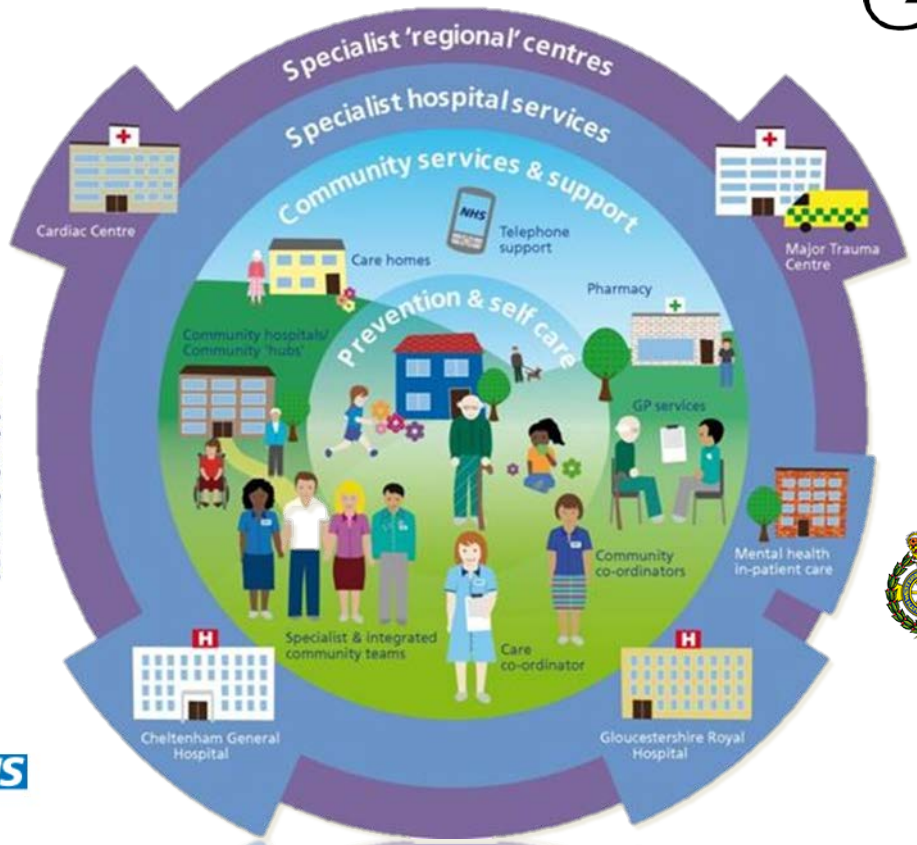
National context

Hospitals – highly specialist emergency care

- Patients ‘streamed’ (seen) by a highly trained clinician to the most appropriate place
- Highly skilled workforce to deliver life saving care for the most sick patients and unwarranted variation in care reduced
- Rapid, intensive support to patients at highest risk of admission
- Use of a wide range of ambulatory care services - 7 days a week (see, assess, treat & return home the same day)
- Establish frailty assessment processes and Frailty Units
- ‘Getting it Right First Time’ (GIRFT) programme for planned care with the right specialist medical staff and equipment and ability to deliver Constitution targets

Closely associated with local proposals under development

History of Partnership Working:



STROUD DISTRICT COUNCIL
www.stroud.gov.uk

Gloucester City Council

2gether NHS Foundation Trust

NHS Gloucestershire Clinical Commissioning Group

Gloucestershire COUNTY COUNCIL

MEETS GVCSA Gloucestershire VCS Alliance
QUALITY CRITERIA FOR SOCIAL PRESCRIBING
in partnership with Gloucestershire Clinical Commissioning Group

Tewkesbury Borough Council

Forest of Dean DISTRICT COUNCIL

South Western Ambulance Service NHS
NHS Foundation Trust

Gloucestershire Hospitals NHS
NHS Foundation Trust

CHELTENHAM BOROUGH COUNCIL

COTSWOLD DISTRICT COUNCIL

Gloucestershire Care Services NHS
NHS Trust

STP Engagement and Communications

Outcome of 12 week engagement: November 2016 – February 2017

Engagement Activity

Total*: **1299 face to face contacts**
(JUYC 1340)

Total recorded events: **53** (JUYC 48)

- Public drop ins:
  - o Information Bus **19**
  - o Leisure/Sport Centres **8**
- Staff engagement events
- Targeted engagement e.g. Chatterbox – young people
- Completed surveys: **638** (JUYC:345)

What People Have Already Told Us

We sought local people's views in 2016/17 and these are the headlines from what you told us:

72% of respondents generally agreed:

A greater amount of the budget should be spent on supporting people to take more control of their own health

88% of respondents generally agreed:

There should be a greater focus on prevention and self-care

95% of respondents generally agreed:

We should develop joined up community health and care services

69% of respondents generally agreed:

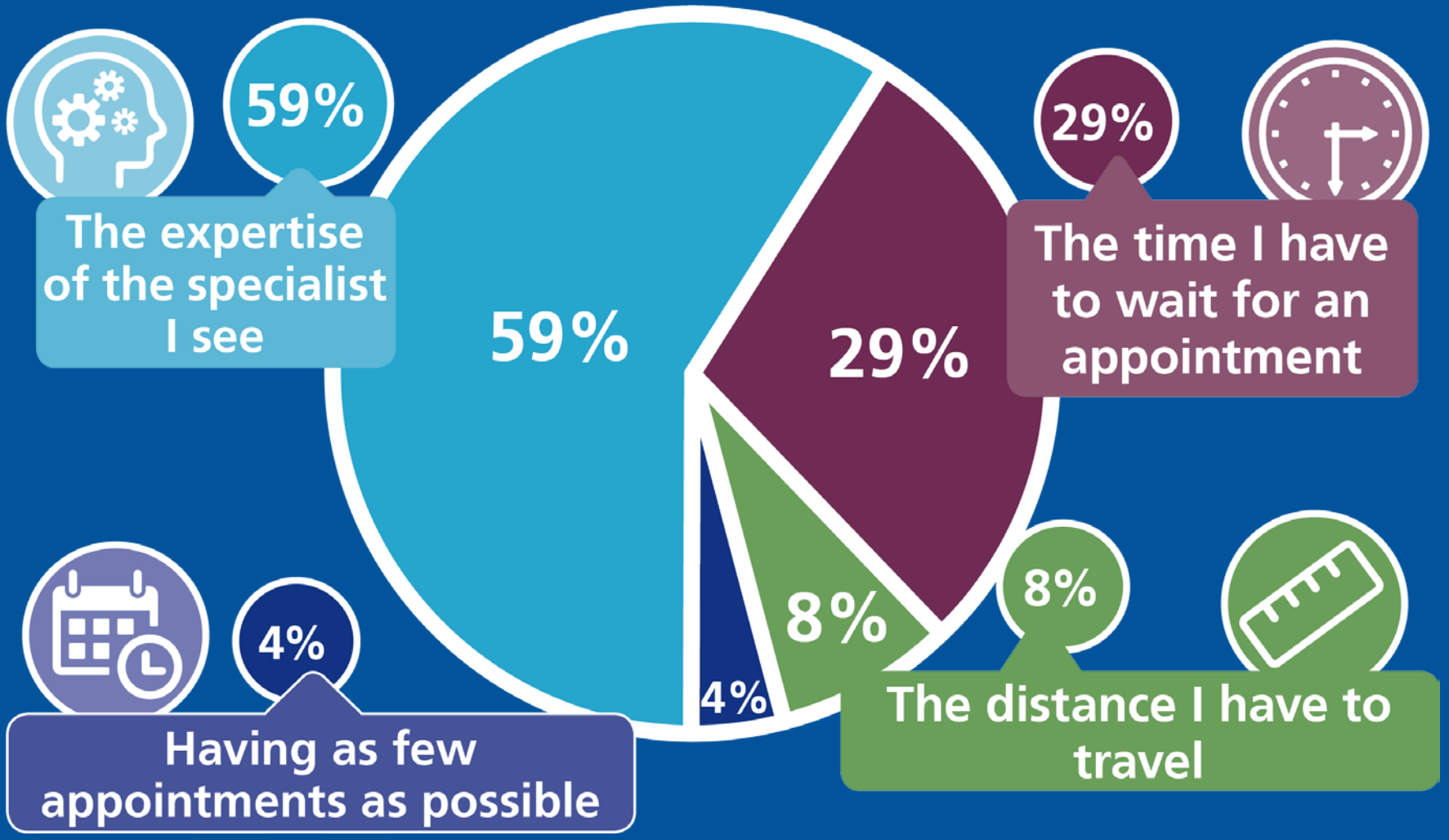
We should bring some specialist hospital services together in one place

70% of respondents generally agreed:

We should focus on caring for people with the greatest health and care needs

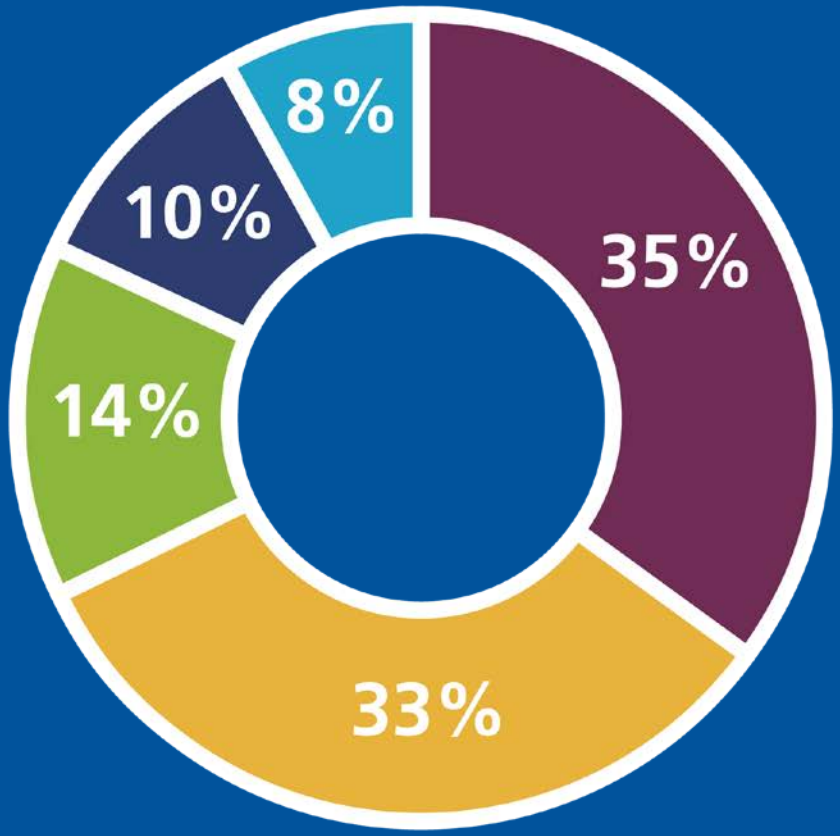
If you need to see a specialist, the most important thing to you would be:

One Gloucestershire
Transforming Care, Transforming Communities



If you need urgent or emergency care services, the most important thing to you would be:

One Gloucestershire
Transforming Care, Transforming Communities



Distance to travel

The distance I have to travel (8%)

Joined up services

Services that are joined up and can access information about my health and care needs (10%)

Centres/services staffed by specialists

Centres/services staffed by specialists in dealing with my illness or injury (14%)

7 day access to services

Ability to access services 7 days a week (33%)

Prompt assessment and decision making

Prompt assessment and decision making about my treatment and onward care (35%)

The feedback from engagement is being used to develop our consultation proposals. You can read the full outcome of engagement report at www.gloucestershirestp.net

Patient and Public Engagement

- Build on patient, community, stakeholder and staff feedback received through STP conversations to date (STP Outcome of Engagement Report)
- Plans to ensure sustained patient, public and staff/clinical engagement and insight in development of proposals
- Establishment of a network of patient representatives - insight to support development of future proposals
- Commitment to comprehensive public consultation.

What are we doing now?

- Developing proposals to ensure we can provide high quality, safe and joined up urgent and emergency care services that can meet local needs in to the future
- A logical approach to developing a network of services and support to make best use of the staff and resources we have and to ensure people get the right care, in the right place, provided by the right person.

Principles - Urgent and emergency care

- We believe that wherever possible, care should be provided in the person's own home, in the GP surgery or in the community
- Where people have more serious illness or injuries, they should receive treatment in centres with the right facilities to maximise chances of recovery.

Urgent and emergency care

When fully developed, our proposals should ensure:

- The public can access information on self-care and the right service options quickly and easily
- We have a comprehensive network of joined up services in place to ‘manage and co-ordinate’ a person’s care from the moment they first seek help
- We have the right number of staff available in the right place with the right skills to provide timely, safe and high quality services
- Patients have access to the best possible facilities and equipment that they need
- Only the sickest patients need to go to the Emergency Department
- Staff are attracted to work in Gloucestershire and have access to the best possible training, development and professional supervision
- We make best possible use of the money and resources we have.

How could we achieve this?

- Introduce a new local Clinical Advice and Assessment Service (CAAS) staffed by nurses and doctors to provide self-care information and advice on the right services
- Provide more care and support in people's homes and the community reducing the need for hospital care – groups of GP practices working closely together supported by local health and social care teams
- Develop a network of urgent treatment centres – providing joined up care, reliable opening hours, consistent and safe staffing levels and the best possible facilities and equipment
- Develop services at our two large hospitals to support excellent care and ensure safety, reduced waiting times and the right staffing levels.

Better access to self-care advice and easier access to services

- Further development of NHS 111 online and NHS 111 (calls) with strong links to the local CAAS
- Introduction of the CAAS - providing information on self-care and local services
- Easier public access to the ‘right service’ by calling the GP surgery, NHS 111 or accessing an Urgent Treatment Centre.

Clinical Advice and Assessment Service (CAAS)

- New service would ensure a joined up urgent and emergency care system
- Ensure right advice, support and treatment in the right place at the right time
- When the patient first makes contact with the NHS:
  - CAAS could be accessed by health professionals or patients:
  - Provides information on self-care, the right kind of services and their availability in the county
  - Offers a more direct route to many of these services, including booking of appointments e.g. in UTCs
  - Local clinicians in the CAAS able to access patient's records/IT system.

GPs and community teams

- GP practices have already come together as 16 clusters - closer partnerships offering a wider range of local services (to populations of around 30,000-50,000)
- By March 2018 – patients will have better access to evening and weekend GP appointments
- Other care professionals now working more closely with GP practices e.g. clinical pharmacists, paramedics and mental health staff

GPs and community teams

- Health and social care community teams (ICTs), including rapid response service organised around the 16 GP clusters
- ‘Virtual wards’ in the community – leading to fewer stays in hospital
- Closer working with VCS – wider services and support in local communities.

Urgent Treatment Centres

We are looking at:

- A network of Centres – located across the county
- Community based facilities – booked and ‘walk in’ urgent appointments
- Would bring together a range of injury and illness services, out of hours GP services, diagnostics and assessment.

What we think Urgent Treatment Centres could offer:

- Right number of staff available with the right skills to provide timely, safe, high quality care
- Centres always open as planned
- Access to the best possible facilities and equipment – e.g. faster access to diagnostics
- On arrival at hospital, care is well managed and co-ordinated according to the patient's needs.

Specific proposals under development

Specialist emergency care services

- Emergency Department (ED) and acute assessment services both provide assessment and treatment for patients who are more unwell
- Currently, the majority of patients are ‘channelled’ through ED when they arrive at hospital
- Acute assessment services can be ‘fragmented.’

Specialist emergency care services – our thinking

- Considering how to bring together a range of services into the Acute Assessment Unit (AAU) setting to work alongside ED services e.g.
  - Ambulatory care – diagnosis, observation, consultation and treatment for conditions that do not need an overnight stay
  - Frailty Unit – has shown in other Trusts to reduce the length, or avoid the need, for a hospital stay
- Patients referred to AAU by their GP, UTC or CAAS seen by a senior doctor in the unit or on the ward.

What we want to achieve - specialist emergency care services

- Majority of patients receiving the care they need from GPs, community teams or in a UTC
- Poorly patients who need them benefiting from a comprehensive range of AAU services
- Only the sickest patients needing ED care – reducing waiting times
- Robust staffing levels 24/7
- Speed up assessment and decision making about people's treatment

Specific proposals under development

Centres of Excellence – GRH and CGH

- Principle of developing Centres of Excellence – received strong support as part of the STP public conversations
- Developing our vision - working with clinicians to develop specific proposals for certain services
- Major role for both CGH and GRH into the future.

Centres of Excellence – GRH and CGH

- Continued development of Centres of Excellence
- Gradual bringing together of certain services to make them stronger and better able to meet patient needs
- Location of specialist services decided by a range of factors e.g. links to related services and access to equipment and specialist medical staff
- Outpatient, day case and follow up appointments continue with more access to ‘One stop shops’ and open access appointments.

We believe a Centres of Excellence approach would:

- Support joint working between different care professionals on each site for the benefit of patients
- Ensure safe staffing levels and support plans to provide consultant led care - 24 hours a day, 365 days a year
- Improve availability of beds, reduce the number of cancelled operations and improve waiting times
- Create flagship centres for education, training and learning and attract and keep the best staff
- Help to secure the future of many existing services within the county.

Next Steps

- Continued engagement with clinicians, patients, staff and community partners
- Continued development of proposals for consultation
- Subject to the NHS England assurance process and discussions with the health and care overview and scrutiny committee – start of public consultation.

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Trust Board

Date of Meeting: 30th November 2017

Report Title: Quality and Performance Committee Report

Agenda reference Number	11/11117
Accountable Executive Director (AED)	Susan Field, Director of Nursing
Presenter (if not AED)	Sue Mead, Non-Executive Director
Author(s)	Susan Field, Director of Nursing
Board action required	To receive and approve
Previously considered by	N/A
Appendices	Appendix 1 – Approved minutes of the Quality and Performance Committee 29th August 2017

Executive Summary

This report provides assurance to the Trust Board that the Quality and Performance Committee is discharging its responsibility for oversight of quality and performance on behalf of the Board.

It confirms decisions made by the Committee in line with the Trust's scheme of delegation and highlights a number of key issues discussed at the Committee for Board attention.

Of particular note the Report:

- Sets out a recommendation that the Board consider resetting the Trust bed occupancy target from 90% to 92% with revised tolerances to reflect most recent guidance and consideration of quality and system performance.

- Provides assurance that the Trust's Quality Priorities and associated improvement trajectories relating to End of Life (EoL) and Dementia Care are being progressed.

- Confirms that the Trust continues with its Care Quality Commission (CQC) inspection readiness plans following its submission of the Routine Provider Information Request (RPIR).

- Recommends the publication of the Trust Annual 2017 Mortality Report and Controlled Drugs Report respectively.

Recommendations:

The Trust Board is asked to:

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

2. **Endorse the recommendation** for publication of the Annual Mortality Report and Controlled Drugs Report.

3. **Approve** the recommendation to reset the Trust bed occupancy target

4. **Receive** the approved minutes of the Quality and Performance Committee held on 29th August 2017.

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

Quality and Performance Committee Update

1 Introduction and Purpose

This report confirms:

- Decisions made by the Committee in line with the Trust's scheme of delegation
- Key issues, achievements and risks being overseen by the Committee to ensure that the Trust continues to deliver high quality care and good performance across its services.

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

The following decisions were made by the Committee on 31st October 2017, in line with its scheme of delegation.

2.1 Bed Occupancy

Bed occupancy rates across our Community Hospitals have remained well above the 90% contracted standard with Gloucestershire Clinical Commissioning Group (GCCG) and the national best practice standard of 85%.

Over recent months the Committee has considered in depth whether there is any evidence to suggest that current occupancy levels have had an impact on quality care. The outcome of this work indicates that the levels of occupancy have not had an impact on key quality metrics such as the safety thermometer, colleague sickness levels and Friends and Family Test. Particular consideration has been given to the rates of occupancy and incidence of pressure ulcers and falls and although there has been a slight increase in the number of pressure ulcers reported no direct correlation has been established.

In addition the Committee considered the national Urgent and Emergency Care programme published, in October 2017 which includes a national directive on improved bed occupancy recommending a morning (7am) bed occupancy rate of 92% should be a reasonable aspiration in acute Trusts.

The Committee reviewed this revised standard against the Trust's contribution to the wider system working and also the work progressing to reduce length of stay through eliminating delayed transfers of care (DToC).

In light of the above the Committee took the decision to recommend to the Board that the Trust's bed target occupancy standard be reset to 92% with a tolerance of up to 95% for future reporting. Subject to the Board's support this recommendation will need to formalise as part of the Trust's contractual obligations with the GCCG.

2.2 Controlled Drugs Annual Report (2017)

The publication of this report remains an annual Trust obligation under the Medicine Act 1968, Misuse of Drugs Act 1971 and Controlled Drugs Regulations 2013. The Committee took **assurance** that the Trust's Accountable Officer for Controlled Drugs has robust governance arrangements in place for the Management of Controlled drugs across the Trust and that these groups of drugs are handled effectively, safety and securely. The Committee **recommended** that the annual report be published.

2.3 Annual Mortality Report (2017)

The Committee reviewed the report in detail and **recommended** that this report be published. It was **noted** that:

- 228 deaths had occurred across the Community Hospitals and that of the total number of deaths 19 had been referred to HM Coroner.
- That the average age at the time of death was 83 years.
- That 11 deaths were unexpected
- That two thirds of patients who had died had transferred from an acute hospital environment.
- That the mortality data showed no increase in deaths occurring during out of hour's periods.

3 Issues escalated to Board

Key Issues considered at the Committee included:

3.1 Timely Access to Services -

The Committee considered in detail performance of the small number of Operational Services which were not performing against the local eight week Referral To Treat (RTT) target, namely:

- Musculoskeletal (MSKCAT) Clinical Assessment and Treatment – 35.7%
- MSK Physiotherapy – 88.5%
- ICT Physiotherapy – 79.2%

The Committee was particularly focused on the MSKCAT performance, noting issues associated with the implementation of the new pathway as part of a wider STP implementation. The Committee was **partially assured** that remedial action plans were in place to address this issue and agreed that a further update would be considered at the Committee's December meeting.

3.2 Care Quality Commission (CQC) Readiness

Further to the Trust submitting its Routine Provider Information Request (RIPR) on 4th October 2017, Trust colleagues have reviewed their inspection readiness plans in light of the recent self-assessment outcomes against the CQC Key Lines of Enquiry (KLoE). CQC readiness actions progressed have included:

1. Redefining governance arrangements that include the executive team, Trust Board and the Quality and Performance Committee to ensure that colleagues continue to be engaged, that communications are maintained and that any emerging risks or CQC related issues are being effectively managed.
2. Working with operational colleagues to implement the Datix CQC self-assessment tool.
3. Updating the CQC Statement of Purpose

The Committee was **assured** that activities were on track against plan and **noted** that the Trust had received no further information about the timing of the CQC inspection.

3.3 Personal Development Reviews (PDRs) –

The Committee, alongside the Trust Workforce and OD Committee was assured that the actions taken by the Executive Team, including weekly reporting, were showing signs of impacting positively on performance in order to achieve a 90% compliance rate.

3.4 NICE Guidance Compliance

The Committee was **assured** that the actions being progressed by both Operational and Professional and Clinical Effectiveness (PaCE) colleagues would demonstrate significant improvements by December 2017. At the time of writing this report the status of compliance is:

	Awaiting assessment by guidance lead	Fully implemented	Partially implemented – minimal concern	Partially implemented – moderate concern	Not implemented	Total
October	84	12	19	4	0	119
November	54	25	32	7	0	118

3.5 Family and Friends Test (FFT)

The Committee was **partially assured** that response rates are improving since bringing the service back "in-house". The Committee requested that further improvement trajectories be agreed with those services that have a consistently low response rate of below 5%; that there is a clearer action plan with regards to reducing the variability of response rates within the services i.e. MIIU's and that for the coming months there is a further exploration about how other patient/family feedback mechanisms can be triangulated with FFT. A further assurance report will be discussed at the Committee's December meeting.

3.6 Quality Improvement Activities

The Committee **noted** work being progressed to:

- Define the dementia care quality improvement trajectories

- Define the End of Life (EoL) Care quality improvement trajectories

The Committee raised the issue of whether the standards set had been ambitious enough and recommended some amendments be made so that further clarity around definitions was provided.

3.7 Integrated Diabetes Service

The Committee **noted** that progress was being made with regards to the Trust moving towards a more integrated service; that there had been progress with the development of a Gloucestershire foot care service. However, it was recognised that for BME communities' further work was required and that this should be led from a System wide STP perspective. The Committee also **noted** that there were a high number of insulin related incidents which had been reported by the diabetes services and requested that a "deep dive" analysis be undertaken in readiness for its December meeting.

3.8 Impact of GHFT Trakcare IT System

The Committee noted the issues which had been escalated to GHFT and discussed the impact that Trakcare was having on Trust colleagues both in terms of additional pressures and the potential impact on patient care. It was recognised that this over-arching risk remained with Gloucestershire Hospitals Foundation Trust (GHFT) and that colleagues were taking mitigating actions to support GHFT to improve the position. The Committee remained concerned that the introduction of Trakcare December 2016 had had a significant impact on the wider Gloucestershire Community patients, primary care and other providers and at the lack of visible progress in a number of areas.

4 Recommendations

The Trust Board is asked to:

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

2. **Endorse the recommendation** for publication of the Annual Mortality Report and Controlled Drugs Report.

3. **Approve** the recommendation to reset the Trust bed occupancy target

4. **Receive** the approved minutes of the Quality and Performance Committee held on 29th August 2017.

Quality and Performance Committee

Date: 29th August 2017

Meeting on 29th August 2017, 13.30pm, Boardroom, Edward Jenner Court, Brockworth, GL3 4AW

Committee Members	
Sue Mead	Chair
Susan Field	Director of Nursing
Candace Plouffe	Chief Operating Officer
Dr Mike Roberts	Medical Director
Nicola Strother Smith	Non-Executive Director
Jan Marriott	Non-Executive Director
Graham Russell	Non-Executive Director
In attendance	
Gillian Steels	Trust Secretary
Katie Norton	Chief Executive
Dr San Sumathipala	Deputy Medical Director
Ian Main	Head of Clinical Governance
Matthew O'Reilly	Head of Performance and Information
Katie Parker	Community and Partnership Events Manager (for agenda item 17)
Dawn Allen	Head of Community Nursing (for agenda item 12)
Julie Goodenough	Head of Community Hospitals (for agenda item 13)

Ref	Minute
01/0817	**Welcome, Apologies for Absence and Confirmation the Meeting is Quorate** The Chair, Sue Mead, welcomed colleagues, noting that apologies were received from the Director of Finance, Director of HR, Deputy Director of Nursing, Hannah Williams, GCCG Quality Lead, and acknowledging that the Medical Director would be arriving late. The Chair confirmed that the meeting was quorate.
02/0817	**Declarations of Interest** In accordance with the Trust's Standing Orders, members were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.
03/0817	**Minutes of the Previous Meeting** The minutes of the 27th June 2017 were **Received.** Subject to the amendment below to item 5 the minutes were **Approved** as an accurate record

	Agenda item 5 - the impact on recruitment of Nurse Practitioners due to other providers paying higher rates of pay would be to GCS recruitment and not GCC.
04/0817	**Matters Arising Action Log** The Board **NOTED** the items on track or completed and was updated on open actions The action log was reviewed by the Committee and completed items closed
05/0817	**Operational Services Report** The Chief Operating Officer (COO) presented the Operational Services Exception Report and highlighted key areas of note. **Winter planning** was now underway and a first draft regarding system wide planning would be sent to NHS Improvement imminently, a detailed plan would go to the next Trust Board meeting once feedback had been received. The COO formally requested any feedback on the draft mutual aid policy. It was noted that Gloucestershire County Council (GCC) was not involved in the first phase of this work although it was acknowledged that this would be tested using a table top exercise approach. The policy would mean that the Trust would be in a better place to challenge if needed. A "deep dive analysis" had been undertaken on **bed occupancy** levels since 2013-14. It was noted whilst undertaking the analysis that falls had reduced in this time. Bed occupancy remains high although reducing due to improved patient flow and that the high throughput levels had not significantly affected quality of care. The Chief Executive (CE) believed it would also be good to see what impact high levels of sickness had on colleagues alongside high occupancy levels. The Director of Nursing advised the group that unannounced visits were also being completed with the Professional and Clinical Effectiveness team (PACE) as another assurance mechanism to patient and colleague safety. It was noted that there remains some **delays in transfer of care** but assurance was given that this was being worked on and that June's figures had improved. Work was being undertaken on the transfer of care. The Director of Nursing (DoN) asked if there was a way of incorporating patient experience into the figures, this was something that needed to be looked into. The COO advised that improvements had been made due to recent changes that had taken place at Gloucestershire Hospitals Foundation Trust (GHFT) and that SPCA and the Matrons understood the importance of maintaining patient flow. In the month of June there were a number of Operational services who did not achieve their **8 week Referral to Treat (RTT)** target and an action plan was being developed. The Chair asked if the 8 week target that the Trust had signed up to needed to be reviewed. The COO advised that this would be difficult as this had been agreed with the Commissioners and any changes would have a cost impact on the Trust. There had been an improvement in the number of diverts or full closures for Minor Injury and Illness Units (MIIU) particularly for Stroud and Vale where there had been a number of risks. Nicola Strother Smith asked what impact the latest figures had on national compliance. The COO advised that the national compliance figure for being seen remained 3 hours, although this acknowledged that there were times that this was not achieved, some of which was due to the high number of patients waiting to be seen near

05.1/0817	to closing time. The Chair summed up the key areas of discussion, which were quality metrics within any Winter plans to be reviewed; committee members welcomed the Public Health Nursing report and commended the team for all the work they had progressed; delays in transfer of care, the mutual aid policy was noted and that the earlier GCC were involved in this framework the better and that formal assurances was needed with high bed occupancy levels to include infection control rates and sickness levels. The Committee noted the positive news of the MIIUs. It was agreed that the COO and DoN would work on a standardised format for future service annual reports. The Operational Services Report was **Approved** **Action: The COO and DoN would work on a standardised format for service annual reports.**
06/0817 **06.1/0817** **06.2/0817**	**Professional and Clinical Effectiveness Report (PaCE)** The Director of Nursing (DoN) presented the PaCE report and highlighted the following areas. **Infection control figures** remain within national threshold for this year of 18. A Listening into Action (LiA) approach was being taken with regards to the development of quality dashboards. The outcomes of these dashboards would be placed with all services for both colleagues and the public to see. These dashboards would be started in inpatient services and then other services would follow. It was agreed that the DoN would bring a mock-up of the dashboard to the Committees October meeting. Quality Improvement Plans had been put into place following the recent OFSTED inspections. Nicola Strother Smith asked if there was an indication as to whether the number of Friend and Family Test responses had improved. The Head of Clinical Governance (HoCG) advised that the results for July and August appeared to be improving. The Chief Executive (CE) suggested that an improvement target be set for each service as to what numbers the Trust would like to achieve and the HoCG agreed to explore further. The Committee **Approved** the Professional and Clinical Effectiveness Report **Action: DoN to bring mock-up of Dashboards to October meeting.** **Action: The Head of Clinical Governance (HoCG) to explore further an improvement target being set for each service.**
07/0817	**Clinical Reference Group Report** The Director of Nursing presented the Clinical Reference Group report. The group had been progressing with the deteriorating patient work, particularly around NEWS and acknowledged that further work was still required. The medical appraisals policy had been approved by CRG.

	The Clinical Reference Group had reviewed the Quality Equality Impact Assessment (QEIA) for the Integrated Community Teams (ICTs), and the changes required to meet CIP savings, the group had noted the **negative** outcome of this in terms of impact on patient safety and clinical care. The Chair raised concern about the timings of the QEIAs coming to the Clinical Reference Group and asked if these needed to be reviewed. The Chief Operating Officer (COO) advised that colleagues assessed against a matrix to understand whether a QEIA was required and then completed on the basis of this. The COO acknowledged that it was particularly difficult for the Community Hospitals and Minor Injury and Illness Units (MIIUs) to find savings. It was acknowledged that this didn't mean that savings couldn't be made, but that challenges remained with 2017-18 and that further discussion by the Executive team would take place. The Chief Executive (CE) noted that these figures highlighted what work needed to be done on budgets and CIP targets, it was acknowledged that actions may be taken by the Trust that may impact on quality of care but that a decision was needed as to what was deemed an acceptable level of reducing quality. The Chair requested that the timings of the QEIAs was looked at so they were received in a more timely manner. The Committee **Approved** the Clinical Reference Group paper
08/0817 **08.1/0817**	**Quality and Performance Report (June data)** The Director of Nursing (DoN) presented the Quality and Performance report and highlighted key areas to note. Friends and Family Test (FFT) was seeing an improvement in responses, the 18 week Referral to Treat (RTT) target was now included in the performance report, the early support discharge team (Stroke) were now 100% compliant and there was an improved figure in Delay in Transfer Of Care (DTOC) figures. The DoN also noted that the safety thermometer figure for August was at 95.2%, which was a positive change. It was noted that despite the pressures the Trusts Minor Injury and Illness Units (MIIUs) were performing well. The Chief Executive (CE) asked if the Trust had local safety thermometer targets, it was confirmed that there were no local targets only national. The CE suggested that the Trust might set its own targets. It was agreed that the Chief Operating Officer (COO) and the Director of Nursing (DoN) should take this forward. It was discussed that a zero tolerance was needed on completing Personal Development Reviews (PDRs), but it was acknowledged that some managers had a high number of direct reports and this made achieving this challenging in some service areas. The Committee **Approved** the Quality and Performance Report **Action: The Chief Operating Officer (COO) and the Director of Nursing (DoN) would look at setting the Trusts own local safety thermometer targets.**
09/0817	**Learning Assurance Framework** The Head of Clinical Governance (HoCG) presented the Learning Assurance Framework and updated the group on the open SIRIs. The Committee was informed that previous

09.1/0817	SIRIs were being reviewed to ensure that the learning from these was being embedded. The Chair asked the HoCG for a more detailed paper to come to the October Committee meeting so they could review two or three SIRI examples. The Committee **Noted** the Learning Assurance Framework **Action: A more detailed paper to come to the October Committee meeting so they could review two or three SIRI examples**
10/0817	**Coroner's Report** The Committee were advised that the new procedures had been put in place and tested and that this had been successful. Any future coroner's cases would come to this Committee. The Committee **Noted** the Coroner's Report
11/0817	**Corporate Risk Register** The Trust Secretary (TS) presented the newly revised Risk Register, which was an example of how the risk registers would look going forward. Each Committee would now only review and discuss the risks associated with their Committees. The Chair asked that operational risks were also seen at the Committee. The risk shown was associated with a lack of research and development work and the Director of Nursing advised that this work was progressing and the Trust was about to embark on its first national research study with Gloucestershire Hospitals Foundation Trust (GHFT). The Committee **Approved** the Corporate Risk Register
12/0817	**Pressure Ulcers Quality Improvement Plan – Progress report** Pressure Ulcers remain an improvement priority for the Trust, it was noted that there was a Trust Pressure Ulcer group in place and that significant work was being undertaken. The Head of Community Nursing (HoCN) updated the Committee on the activities of the Pressure Ulcer group and the progress made. The group had developed a two year improvement programme and it was noted that pressure ulcer data was now more reliable and were taken from the Trusts safe reporting system, Datix. It was noted that 33% of pressure ulcers were deemed to be avoidable. It was also highlighted that the work needed to encompass all services and not just nursing, which was the current focus. Graham Russell noted the two years for the full plan to be implemented and asked if there were any "quick wins". The HoCN said there were, community hospitals were getting access to cameras so that pictures could be sent to the tissue viability nurses, which would save time; that they were currently trialling pressure ulcer scanners in the Forest of Dean, which could identify potential risks earlier. It was noted that education and development would be part of the longer term aims. The Trust was also piloting a scheme with a care home in Stroud so that learning can be disseminated outside of the Trust. The HoCN advised that they had asked the Gloucestershire Clinical Commissioning Group (GCCG) to lead a public health

	focused scheme “React to Red” in this work and they were currently pursuing this. The Committee **Noted** the report and **Approved** the trajectories, an update report to come to the Committee in December 2017**.**
13/0817	**Falls Update Report – Action Plan update** The Head of Community Hospitals (HoCH) presented the falls update to the Committee. Work had taken place to develop smarter objectives and to set a local benchmarking standard for 2017-18 using national benchmarking guidance. The Chief Executive (CE) raised concerns that the training was being completed at the busiest time of the year. The HoCH advised that the aim was to have all training complete by Spring 2018. Graham Russell asked if there was a known reason that Gloucestershire Care Services (GCS) was an outlier compared to other benchmarking. The HoCN felt that not all the reporting undertaken by other services provided a true reflection, for example one ward was now closed and there score reported zero falls figure and another had only just started to report their falls data. The Committee **Noted** and **Approved** the report, an update would come to the December 2017 Committee meeting.
14/0817	**Learning from Deaths** The Trust were currently reviewing a random selection of expected deaths to assess whether there were any themes or learning that could derived from them, 10% of expected deaths would be looked at and the Deputy Medical Director (DMD) asked if the Committee supported this proposal? The DMD also advised that a Mortality review group would be established and asked for Non-Executive Director representative at this group. It was noted that Gloucestershire system-wide approach to learning from deaths remains embryonic, which has added to some localised frustration. Despite this Trust colleagues remain committed to the programme. The Committee **agreed** that 10% was an acceptable figure at present, but should be reviewed by the Clinical Reference Group in 6 months’ time. It was agreed that Jan Marriott, Non-Executive Director, would be the NED representative on this group. The Committee **Discussed** and **Approved** this report.
15/0817	**Higher Level Responsible Officer Quality Review – update** The Medical Director (MD) asked the Committee to review the recommendations and responses to go to NHS England. The Chief Operating Officer (COO) highlighted recommendation 7 “*Develop more integrated system of line management of doctors job planning and appraisal*” and requested that recording of medical appraisals be included on ESR as the doctors needed to be more integrated with the Trust. The MD asked for a Non-Executive Director to lead on this work with the MD, it was agreed that this would go to a Board Development session for discussion as it was recognised that the Non-Executive Directors portfolios were reaching their capacity. The Committee **Noted** the Update and **Approved** the recommendations to go to NHS

	England. **Action: The Board to discuss at Board Development meeting which Non-Executive Director could lead on this work with the MD.**
16/0817 **16.1/0817**	**Microbiology and Anti-Microbial Support to the Trust** The Director of Nursing (DoN) presented an update on the microbiology and anti-microbial support that the Trust currently received. Contingency arrangements were now in place and a system wide approach was being undertaken. The DoN asked the Committee to note section 2.3 on whether to go out to tender or expressions of interest, though it was felt that this risk had reduced. It was noted that this was fundamentally a financial issue and because of this it was agreed that a further option paper on this should go to the Executive meeting. The Committee **Noted** the Microbiology and Anti-Microbial report. **Action: An option paper Microbiology and Anti-Microbial Support go to the Executive meeting.**
17/0817	**Equalities and Diversity Plan and Engagement Strategy Implementation Plan** The Community Partnerships and Events Manager (CPaEM) provided an update to the Committee following the paper presented in May 2017. The paper focused on equality priorities which the CPaEM would be responsible for overseeing, it was noted that this work would also overlap with other directorates. Graham Russell asked what success would look like? The CPaEM acknowledged that this was difficult to know but they would be working with communities and stepping up relationships with other external stakeholders. The Chief Executive (CE) advised that a key part of this would be to make Equality and Diversity at the heart of the organisation only then could the Trust advance to co-production with other organisations. It was agreed that an update would come back to the Committee in October 2017. The Committee **Noted** the update of the Equality and Diversity Plan and Engagement Strategy Implementation Plan.
18/0817	**Forward Planner Review** The Committee **Reviewed** and **Approved** the forward planner and the Chair requested that February and April 2018 were added.
19/0817	**Minutes** The Infection Control Minutes, Operational Governance Minutes and Safeguarding Operational and Governance Minutes were enclosed for information. The Committee **Noted** these minutes
20/0817	**Any Other Business**

	The Director of Nursing updated the group on the recent Clinical Quality Review Group meeting that had taken place with the Gloucestershire Clinical Commissioning Group (GCCG). Quality priorities were on track, delivery of qtr. 1 CQUIN milestones had been achieved; the quality of SIRI reports remained high and that it had been agreed that a joint clinical workforce risk assessment would be completed and; that this specifically related to community nursing and other smaller community services. The Chair agreed the areas to be included in the Quality and Performance Group Trust Board paper, these were: • Minor Injury and Illness Unit – update • Quality dashboard initiative • QEIA – ICT and CIPS scheme • Update on Falls, Pressure Ulcers and Learning from Deaths review. There being no further business the Chair closed the meeting at 16.30 hrs.
21/0817	**Date of Next Meeting** It was agreed that the next meeting of the Board be held on Tuesday 31st October 2017

Chair's Signature:

Date:

NHS
Gloucestershire
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Trust Board

Date of Meeting: 30th November 2017

Report Title: Quality and Performance Report

Agenda reference Number	12/1117
Accountable Executive Director (AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Presenter (if not AED)	
Author(s)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Board action required	To receive
Previously considered by	Executive Team week commencing 20th November
Appendices	Appendix 1 - Quality and Performance Report (September 2017 data)

Executive Summary

This report provides an overview of the Trust's performance as of September 2017.

The report confirms a number of performance achievements and quality improvements, as well as providing assurance on work that is progressing to address areas requiring improvement.

Recommendations:

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

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

Quality and Performance Report

1 Introduction and Purpose

This Quality and Performance report relates to the Trust's September 2017 quality and performance data. The Quality and Performance Committee reviewed August 2017 data at its October meeting.

2 Background

The Trust Board has a key role in ensuring oversight of the quality and performance of services provided by the Trust. The Quality and Performance Committee reviewed August data at its October meeting and at this meeting operational exception reporting and risks were also reviewed and actioned accordingly.

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

- Caring
- Safe
- Effective
- Responsive
- Well led

We are continually looking at opportunities to develop and improve the report and refinements have included clarifying whether targets are national or local and removing indicators which have not been clearly defined and therefore do not enable an objective judgement on performance and quality to be made. Work is now progressing to identify a category of nationally mandated reporting measures with no target, as well as national targets, We are also proposing in include Quality, Innovation, Productivity and Prevention (QIPP) targets as they are agreed to ensure effective Board oversight.

We have also identified a number of specific services where we will be seeking to review the local performance targets with commissioners to ensure that they provide a meaningful measure of quality and performance. For example the report suggests that the Trust Specialist Parkinson's' nursing service has significantly missed the target 95% of patients seen within eight weeks, however as a very small service supporting a very small number of patients we believe that it would be more meaningful to review this on a quarterly basis.

3 Key Areas to Note

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

- An improving picture with colleagues personal development reviews (PDRs).
- Newborn Hearing Screening coverage was 100% and these were completed within 5 weeks.
- Mandatory training continues to improve in terms of compliance levels – **81.9%**
- **99.3%** of patients were seen and discharged which our MIIUs within 4 hours
- **879** patients were surveyed for the national safety thermometer census of which, **825** (93.9%) was harmfree, and for "new harms" only **97.5%** was achieved.

While the report confirms that the Trust continues to reflect strong performance across most services there are a number of areas which are receiving targeted action to drive improvement. Of note:

- The reported Delayed Transfer of Care (DToC) and average length of stay for patients in our community hospitals continue to fluctuate. Much of the variation can be explained, however further work is needed to ensure consistent reporting and management of policies.
- The MSKCAT service has continued to breach local Referral to Treat (RTT) target of 8 weeks for non-urgent referrals (35.7%), with additional capacity now being put in place to support improvement.

4 Conclusion and Recommendation

Whilst overall the report confirms good performance against our key metrics the report recognises that there are a number of service and performance issues that are being addressed with targeted action plans.

The Trust Board is asked to **RECEIVE** this report.

Gloucestershire Care Services NHS
NHS Trust

Quality and Performance Report

Trust Board
30th November 2017

Data for September 2017

Understanding you

Contents

Executive Summary

Are Our Services Caring?

- Friends and Family Test- the percentage of respondents indicating 'Extremely likely' or 'Likely' to recommend services was 94.7% in September.

Are Our Services Safe?

- The nationally reported Safety Thermometer 'Harm Free Care' score in September was **93.9%** (Target 95%.), however the number of patients being transferred to the care of the Trust with "old" harms continues to make achieving this target challenging. Based on new harms only, the Trust's Safety Thermometer 'Harm Free Care' performance in September was 97.5**%.** Internal target is 100%.
- Reducing pressure ulcers, which is the cause of the highest number of new harms, remains a quality priority for 2017/18. We are aware that with a continued focus on prevention we are expecting to see an increase in the number of reported Grade 1 pressure ulcers which will reflect improved clinical practice.

Are our Services Effective?

- The 95th percentile average length of stay was 26.0 days and the median was 25.0 days in September. For current inpatients not yet discharged, the average length of stay is 22.4 days (position at 01 October 2017).
- Reducing the number of 'Delayed Transfer of Care' (DTOC) patients remains a priority for the Trust and work is progressed with partners to agree local application of definitions and targets for DToC for non-consultant led bed services, including our Community hospitals.
- We are seeing some progress in relation to completion and reporting of Personal Development Reviews which continue to be a focus for the Trust.

Are Our Services Responsive?

- 99.3**%** of patients were seen and discharged from Minor Injuries and Illness Units (MIIU) within 4 hours in September (target 95%).
- The 'Abandoned call rate' in the Single Point of Clinical Access (SPCA) in September was 4.6% (within the target of 5%).
- 92.0% of urgent referrals to the MSKCAT service were seen within two weeks of referral. 100% of patients needing to be referred to secondary care were done within two days of decision to refer.
- MSKCAT service continues to find the local referral to treatment target of **8 weeks** challenging.
- The Stroke ESD service achieved 100% of new patients assessed within two days of notification, and 100% of all patients were discharged within six weeks.
- Newborn Hearing screening coverage was 100% and 100% of screens were completed within five weeks.

Are Our Services Well Led?

- We are seeing a improvement in mandatory training compliance was **81.9%** in September.
- Staff Friends and Family Test survey results for Quarter 2 indicate that 88.0% of staff responding would recommend the Trust as a place to receive treatment. 53.0% of staff indicated that they would be 'Extremely Likely' or 'Likely' to recommend the Trust as a place of work.

Quality and Performance Dashboard – September 2017

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

		Target Type	Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
1	Friends and Family Test Response Rate	N		3.4%	3.8%	4.2%	6.4%	4.6%	4.5%							4.5%	Y
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N		94.5%	95.4%	94.8%	93.2%	95.6%	94.7%							94.7%	Y
3	Number of Compliments	N		33	102	84	81	49	70							419	
4	Number of Complaints	N		3	4	4	3	2	5							21	Y
5	Number of Concerns	N		21	36	23	45	40	28							193	

CQC DOMAIN - ARE SERVICES SAFE?

		Target Type	Performance Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
6	Number of Never Events	N	0	0	0	0	0	0	0							0	
7	Number of Serious Incidents Requiring Investigation (SIRI)	N		0	2	0	5	3	1							11	Y
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N		0	0	0	0	0	0							0	
9	Total number of incidents reported	L		308	303	352	347	318	295							1,923	Y
10	% incidents resulting in low or no harm	L		94.8%	97.7%	96.0%	94.2%	94.0%	97.3%							95.7%	
11	% incidents resulting in moderate harm, severe harm or death	L		5.2%	2.3%	4.0%	5.8%	6.0%	2.7%							4.3%	
12	% falls incidents resulting in moderate, severe harm or death	L		1.6%	0.0%	6.4%	0.0%	1.5%	0.0%							1.6%	
13	% medication errors resulting in moderate, severe harm or death	L		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							0.0%	
14	Number of post 48 hour Clostridium Difficile Infections	N	*8	3	0	1	0	2	0							6	Y
15	Number of MRSA bacteraemias	N	0	0	0	0	0	0	0							0	Y
16	Number of MSSA Infections	N	0	0	0	0	0	0	0							0	
17	Number of E.coli Bloodstream Infections	N	0	0	0	0	0	0	0							0	
18	Safer Staffing Fill Rate - Community Hospitals	N		97.4%	95.6%	98.5%	103.0%	104.6%	102.0%							100.2%	Y
19	VTE Risk Assessment - % of inpatients with assessment completed	N	95%	97.7%	95.2%	95.8%	95.9%	96.8%	95.4%							96.1%	
20	Safety Thermometer - % Harm Free	N	95%	93.3%	93.2%	94.6%	94.6%	95.7%	93.9%							94.2%	Y
21	Safety Thermometer - % Harm Free (New Harms only)	L		97.8%	98.1%	98.8%	97.4%	98.2%	97.5%							98.0%	Y
22	Total number of Acquired pressure ulcers	L		54	51	52	45	44	55							301	Y
23	Total number of grades 1 & 2 Acquired pressure ulcers	L		50	50	46	40	39	49							274	Y
24	Number of grade 3 Acquired pressure ulcers	L		4	0	5	4	5	6							24	Y
25	Number of grade 4 Acquired pressure ulcers	L		0	1	1	1	0	0							3	Y

N	National Indicator
L	Local Indicator

*Cumulative YTD target

**Number of post 48 hour Clostridium Difficile Infections - National indicator with Local target

Quality and Performance Dashboard – September 2017

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE?

		Target Type	Performance Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
Community Hospitals																	
26	Emergency re-admission within 30 days of discharge following a non-elective admission	N		5.0%	1.4%	1.4%	3.4%	4.7%	1.7%							2.9%	Y
27	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	N	0	0	0	0	0	0	0							0	
28	Inpatients - Average Length of Stay	L		26.5	31.3	26.2	22.1	27.6	30.2							27.3	
29	Bed Occupancy - Community Hospitals	L	90%	98.3%	98.7%	96.5%	93.3%	95.1%	96.4%							96.4%	Y
30	% of direct admissions to community hospitals	L		28.3%	27.0%	24.9%	26.8%	24.9%	25.8%							26.3%	
31	Delayed Transfers of Care (average number of patients each month) **	L		17	15	8	23	17	20							17	Y
32	Bed days lost due to delayed discharge as percentage of total beddays **	L		8.9%	8.4%	4.2%	12.3%	8.7%	10.5%							8.9%	Y
33	Average of 4 discharges per day (weekends) - Inpatients	L	**4	3.0	2.9	3.9	3.7	2.4	2.8							3.1	Y
34	Average of 11 discharges per day (weekdays) - Inpatients	L	**11	7.3	8.0	9.5	7.2	7.0	6.5							7.6	Y
35	Cancelled Operations - No urgent operation should be cancelled for a second time	L	0	0	0	0	0	0	0							0	
36	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	N	0	0	0	0	0	0	0							0	
37	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	N	>99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
38	SUS Data Quality Index	N	TBC	98.8%	99.4%	99.3%	99.3%	99.3%	*							99.3%	
39	IAT Number of avoided admissions	L	TBC	Data not received from GHT following Trakcare implementation												**	
Other																	
40	Rapid Response - Number of referrals	L	*TBC	273	303	291	312	289	303							1,771	
41	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	L	TBC	1,537	1,740	2,871	2,517	3,091	2,550							2,384	
42	% of Staff with completed Personal Development Reviews (Appraisal)	L	95%	75.6%	75.8%	76.1%	75.2%	74.9%	73.1%							75.1%	Y
43	Sickness absence average % rolling rate - 12 months	L	<4%	4.5%	4.5%	4.5%	4.6%	4.6%	4.7%							4.6%	Y

*Target for Rapid response number of referrals will be 70 per week from 01 September 2017
**Concerns with reporting accuracy being addressed.

NHS Gloucestershire Care Services NHS Trust

Quality and Performance Dashboard – September 2017

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Target Type	Performance Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
Minor Injuries and Illnesses Unit (MIIU)																	
44	MIIU % seen and discharged within 4 Hours	N	95%	99.6%	99.5%	99.1%	99.5%	99.1%	99.3%							99.4%	
45	MIIU Number of breaches of 4 hour target	N		28	33	62	33	56	42							254	
46	Trolley waits in the MIIU must not be longer than 12 hours	N	<12hrs	0	0	0	0	0	0							0	
47	Total time spent in MIIU less than 4 hours (95th percentile)	N	<4hrs	02:39	02:50	02:59	02:41	02:55	02:54							02:49	
48	MIIU Time to initial assessment for patients arriving by ambulance (95th percentile)	N	<15 m	00:17	00:16	00:25	00:39	00:19	00:21							00:22	Y
49	MIIU Time to initial assessment for patients arriving by ambulance (95th percentile) - Numerical values	N	Number of breaches	3	2	4	2	4	3							19	
			Number of ambulance arrivals	20	19	22	20	24	23							128	
50	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 30 minutes.	N	0	0	0	0	0	0	0							0	
51	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 60 minutes.	N	0	0	0	0	0	0	0							0	
52	MIIU - Time to treatment in department (median)	N	<60 m	00:18	00:21	00:28	00:26	00:26	00:29							00:26	
53	MIIU - Unplanned re-attendance rate within 7 days	N	<5%	2.9%	3.0%	3.0%	3.4%	3.3%	3.7%							3.2%	
54	MIIU - % of patients who left department without being seen	N	<5%	1.7%	2.2%	3.0%	2.3%	2.2%	2.2%							2.3%	
Referral to Treatment																	
55	Speech and Language Therapy - % treated within 8 Weeks	L	95%	100.0%	98.6%	85.7%	94.9%	79.5%	96.7%							91.8%	Y
56	Podiatry - % treated within 8 Weeks	L	95%	78.6%	94.0%	98.8%	96.3%	97.3%	94.4%							93.2%	Y
57	MSKCAT Service - % treated within 8 Weeks	L	95%	73.2%	69.5%	63.7%	63.5%	66.6%	35.7%							61.7%	Y
58	Adult Physiotherapy - % treated within 8 Weeks (see breakdown into MSK and ICT Physio below)	L	95%	91.0%	85.2%	91.8%	93.0%	93.0%	86.6%							90.1%	Y
59	*- MSK Physiotherapy*	L	95%	91.6%	85.6%	92.8%	95.5%	96.7%	88.5%							91.7%	Y
60	*- ICT Physiotherapy*	L	95%	87.4%	86.0%	85.6%	80.7%	80.5%	79.2%							83.2%	Y
61	Occupational Therapy Services - % treated within 8 Weeks	L	95%	90.3%	89.5%	87.6%	78.4%	84.5%	87.1%							86.2%	Y
62	Parkinson's Nursing - % treated within 8 Weeks	L	95%	100.0%	100.0%	100.0%	100.0%	No new pts	33.3%							81.8%	
63	Diabetes Nursing - % treated within 8 Weeks	L	95%	100.0%	93.5%	96.2%	98.0%	97.1%	97.7%							97.0%	
64	Bone Health Service - % treated within 8 Weeks	L	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
65	Contraception Service and Sexual Health- % treated within 8 Weeks	L	95%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%							100.0%	
66	HIV Service - % treated within 8 Weeks	L	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
67	Psychosexual Service - % treated within 8 Weeks	L	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
68	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L	80%	70.9%	80.4%	84.0%	84.2%	88.2%	86.5%							82.4%	
69	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L	95%	97.1%	94.6%	98.8%	97.5%	100.0%	97.1%							97.5%	
70	Paediatric Physiotherapy - % treated within 8 Weeks	L	95%	98.3%	98.6%	99.7%	100.0%	99.4%	98.8%							99.1%	
71	Paediatric Occupational Therapy - % treated within 8 Weeks	L	95%	99.0%	95.7%	97.6%	95.6%	98.0%	97.1%							97.1%	

Quality and Performance Dashboard – September 2017

		Target Type	Performance Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
CQC DOMAIN - ARE SERVICES RESPONSIVE?																	
Other																	
72	MSKCAT Service - % of referrals referred on to secondary care	L	<30%	16.6%	14.2%	11.2%	12.8%	12.6%	15.4%							13.6%	
73	MSKCAT Service - Patients referred to secondary care within 2 days of decision to refer onwards	L	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
74	MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L	95%	96.3%	100.0%	97.8%	94.6%	97.3%	92.0%							96.4%	
75	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
76	Stroke ESD - Proportion of patients discharged within 6 weeks	L	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
77	Social Care ICT - % of Referrals resolved at Referral Centres and closed	L		48.4%	44.9%	43.1%	44.6%	44.4%	44.2%							44.9%	
78	Reablement - Current Cases Open Longer than 6 weeks	L		67	77	65	53	58	60							60	
79	% community reablement completing after 6 weeks	L		17.3%	16.5%	20.5%	19.6%	15.5%	16.0%							17.6%	
80	Reablement - % progressed within 6 weeks from closing this month	L	100%	82.7%	83.5%	79.5%	80.4%	84.5%	84.0%							82.4%	
81	Reablement - % contact time	L	60%	39.7%	37.8%	39.3%	39.2%	38.4%	36.3%							38.5%	
82	Newborn Hearing Screening Coverage	N	97%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
83	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	N	97%	99.6%	99.6%	100.0%	99.6%	99.4%	100.0%							99.7%	
84	Single Point of Clinical Access (SPCA) Calls Offered (received)	L		2,933	3,412	3,427	3,252	3,301	3,039							19,364	
85	SPCA % of calls abandoned	L	<5%	3.0%	2.8%	3.4%	2.3%	2.4%	4.6%							3.1%	
86	SPCA % of calls resolved with agreed pathway within 20 mins	L	95%	94.0%	95.4%	95.0%	95.1%	95.9%	93.7%							94.9%	Y
87	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L	95%	90.3%	91.8%	88.5%	92.5%	90.7%	85.1%							89.8%	Y

		Target Type	Performance Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
CQC DOMAIN - ARE SERVICES WELL LED?																	
88	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N	61%			56.0%			53.0%							54.5%	Y
89	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N	67%			88.0%			88.0%							88.0%	Y
90	Mandatory Training	L	**92%	79.2%	79.3%	80.6%	81.3%	82.0%	81.9%							80.7%	Y

N	National Indicator
L	Local Indicator

EXCEPTION REPORT | ARE SERVICES CARING?

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

	Target Type	Risk Register ref.	Risk Register rating	Performance Indicator	Jul	Aug	Sep
Friends and Family Test Response Rate	N	-	-	-	6.4%	4.6%	4.5%
% of respondents indicating 'extremely likely' or 'likely' to recommend service	N	-	-	-	93.2%	95.6%	94.7%
Number of Compliments	N	-	-	-	81	49	70
Number of Complaints	N	-	-	-	3	2	5
Number of Concerns	N	-	-	-	45	40	28

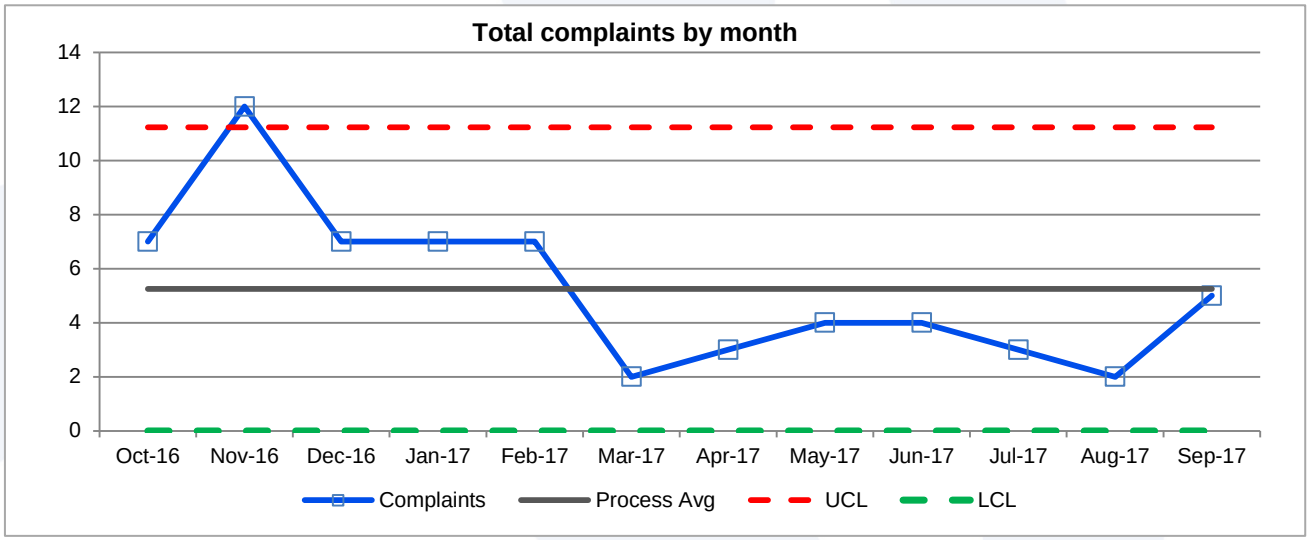
Additional information related to performance	What actions have been taken to improve performance?
Friends and Family Test Friends and Family Test response rate in September was 4.5%. The percentage of respondents indicating 'Extremely likely' or 'Likely' to recommend services was 94.7%. A detailed Friends & Family Test (FFT) report was discussed at the October 2017 Quality and Performance Committee. Work is underway to reduce variation in response rates and to set improvement trajectories for those services consistently below 5% response rate.	• All services will be provided with summary reports for September-October 2017 in early November. • Work is continuing to finalise the monthly reporting schedule via BIRT and to ensure agreed algorithms for all services are correct. • The main focus going forward is working with services to agree a trajectory to achieve the response rate targets for services where these are not being met by end October 2017. • An alert system is now in place, so that if negative responses are received or the respondents wish to discuss a concern, these are sent directly to the Service Experience team inbox (yourexperience@glos-care.nhs.uk) and dealt with continuously.
Complaints, Compliments and Concerns: • 70 compliments were recorded in September, 5 complaints and 28 concerns. • Number of complaints was 5 in September compared to 2 in August.	• There are no particular reasons for the increase in complaints.

N	National Indicator
L	Local Indicator

EXCEPTION REPORT | ARE SERVICES CARING?

Gloucestershire Care Services NHS Trust

Complaints per month:



Complaints	2016/17 Outturn	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18 YTD
Urgent Care	13	2	1	2	0	0	1							6
ICTs	14	0	2	0	0	1	3							6
Countywide	17	0	0	1	2	1	1							5
Comm. Hosp	19	0	1	1	1	0	0							3
CYP services	10	1	0	0	0	0	0							1
Total	73	3	4	4	3	2	5							21

There were 5 complaints received in September 2017:

- 3 related to ICT
- 1 related to Countywide services
- 1 related to Urgent care

3 complaints have been referred to the Parliamentary Health Service Ombudsman (PHSO) between April to August relating to:

- Community Hospital discharge planning (April) - decision by PHSO **not** to investigate further.
- Sexual Health Service – decision by PHSO **not** to uphold (May).
- Clinical care - District Nursing (Forest of Dean). Awaiting decision by PHSO following an investigation.

Complaint response times:

Response Time (2017/18)	Q1	Q2	Q3	Q4
Target time within agreed timescale (25 working days)	100%	100%		

Benchmarking:
The Trust is reporting 1.7 Complaints per 1,000 WTE (Apr-17 to Sep -17) compared to the average of 4.6 based on the Trusts within the NHS Benchmarking Network monthly indicator report.

Lessons learnt from complaints feed into the Trust's Learning and Assurance framework so that there is clear evidencing process that promotes changing practice across Quality, Performance and Operational teams.

EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES SAFE?

	Target Type	Risk Register ref.	Risk Register rating	Performance Indicator	July	Aug	Sep
Number of Never Events	N	-	-	-	0	0	0
Number of Serious Incidents Requiring Investigation (SIRI)	N	-	-	-	5	3	1
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N	-	-	-	0	0	0
Total number of incidents reported	L	-	-	-	347	318	295
% incidents resulting in low or no harm	L	-	-	-	94.2%	94.0%	97.3%
% incidents resulting in moderate harm, severe harm or death	L	-	-	-	5.8%	6.0%	2.7%
% falls incidents resulting in moderate, severe harm or death	L	SD50	9	-	1.4%	1.5%	0.0%
% medication errors resulting in moderate, severe harm or death	L	-	-	-	0.0%	0.0%	0.0%
***Number of post 48 hour Clostridium Difficile Infections	N L	NQ18/**557	12	*8	0	2	0
Number of E.Coli Bloodstream Infections	N	-	-	0	0	0	0
Safer Staffing Fill Rate - Community Hospitals	N	HR3/*692	12	-	103.0%	104.6%	102.0%
Safety Thermometer - % Harm Free	N	SD50	9	95%	94.6%	95.7%	93.9%
Safety Thermometer - % Harm Free (New Harms only)	L	SD50	9		97.4%	98.2%	97.5%
Total number of Acquired pressure ulcers	L	-	-	-	45	44	55
Total number of grades 1 & 2 Acquired pressure ulcers	L	-	-	-	40	39	49
Number of grade 3 Acquired pressure ulcers	L	NQ19/*562	16	-	4	5	6
Number of grade 4 Acquired pressure ulcers	L	NQ19/*562	16	-	1	0	0

N	National Indicator
L	Local Indicator

*Cumulative YTD target

**Risk reference in new Datix Risk Register

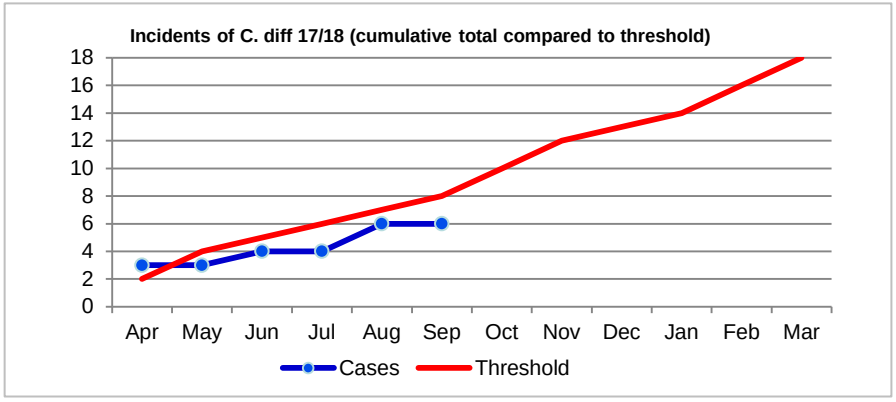
***Number of post 48 hour Clostridium Difficile Infections - National indicator with Local target

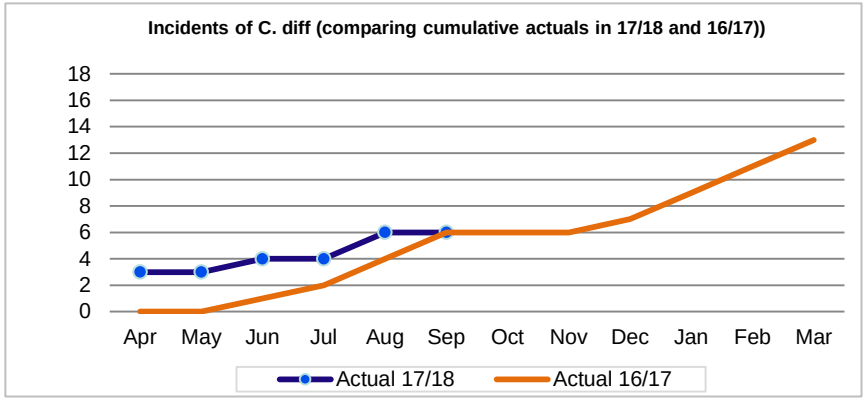
EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Number of post 48 hour *Clostridium Difficile* Infections: There were no C. difficile cases reported during September.	Risks: Reference – NQ18/**557 Rating – 9
Outbreaks There have been no viral gastroenteritis outbreaks to report during September 2017.	• n/a
Hand Hygiene Audit The observational hand hygiene audit, including 'bare below the elbows' score for September 2017 evidenced an average of 91% compliance. One area reported a failure of a member of staff to comply with the 'bare below the elbows' initiative and there were three areas that failed to provide an audit report.	• n/a

	2017/18 Outturn	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sept-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18 YTD
C. difficile Cases	13	3	0	1	0	2	0							6
Avoidable cases in GCS care	0	0	0	1	0	0	0							1
Unavoidable cases in GCS care	13	3	0	0	0	2	0							5
Norovirus Outbreaks	4	0	1	1	0	0	0							2





EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

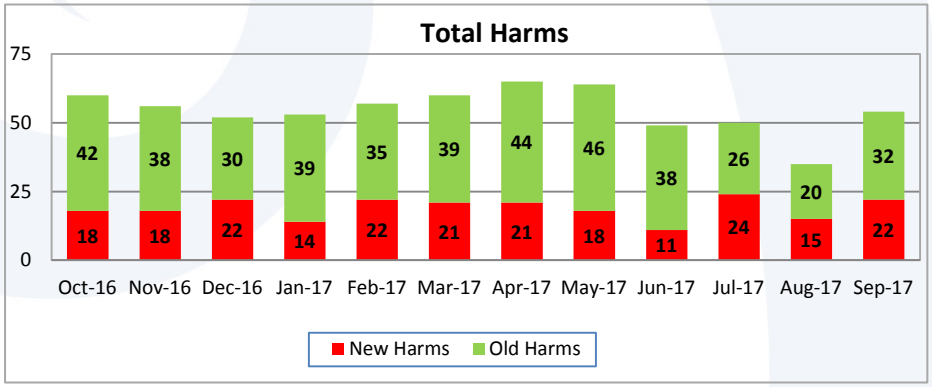
Additional information related to performance	What actions have been taken to improve performance?

Safety Thermometer:

- 879 patient episodes of care were surveyed for the September Safety Thermometer census, out of which 825 patients' care was harm free. The Trust's Harm Free Care score was therefore 93.9% in September, below the target of 95%.
- Based on new harms only, Harm Free Care in September was 97.5% compared to 98.2% in August.
- The Community hospital inpatient harm free care performance was 88.8% in September compared to 90.0% in August. Based on new harms only, the inpatient performance was 94.7% in September.
- Community Nursing harm free care performance was 95.0% in September compared to 97.3% in August. Based on new harms only, Community Nursing harm free care was 98.1% in September
- 54 harms were reported, of which 22 were new harms.
- Harm Free scores vary across community hospital sites on a month by month basis. In August, only Tewkesbury hospital reported Harm-Free care above the 95% threshold (see page 13).

Benchmarking:

- The Trust reported 2.5% new harms in September which is below the national average of 2.1% new harms (NHS Digital, September 2017).



- The Trust Pressure Ulcer Quality Improvement action plan has been refreshed and there is work in progress to agree a quality improvement trajectory during 2017-18.

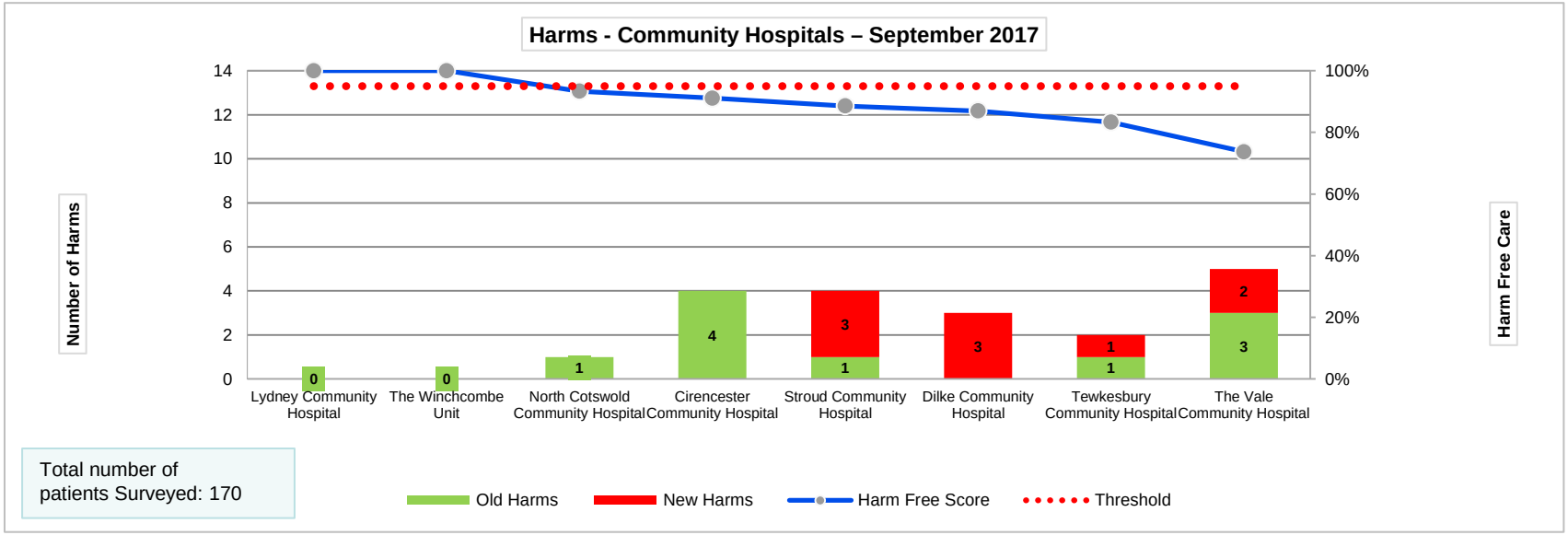
Risks:
Reference – SD50
Rating – 9

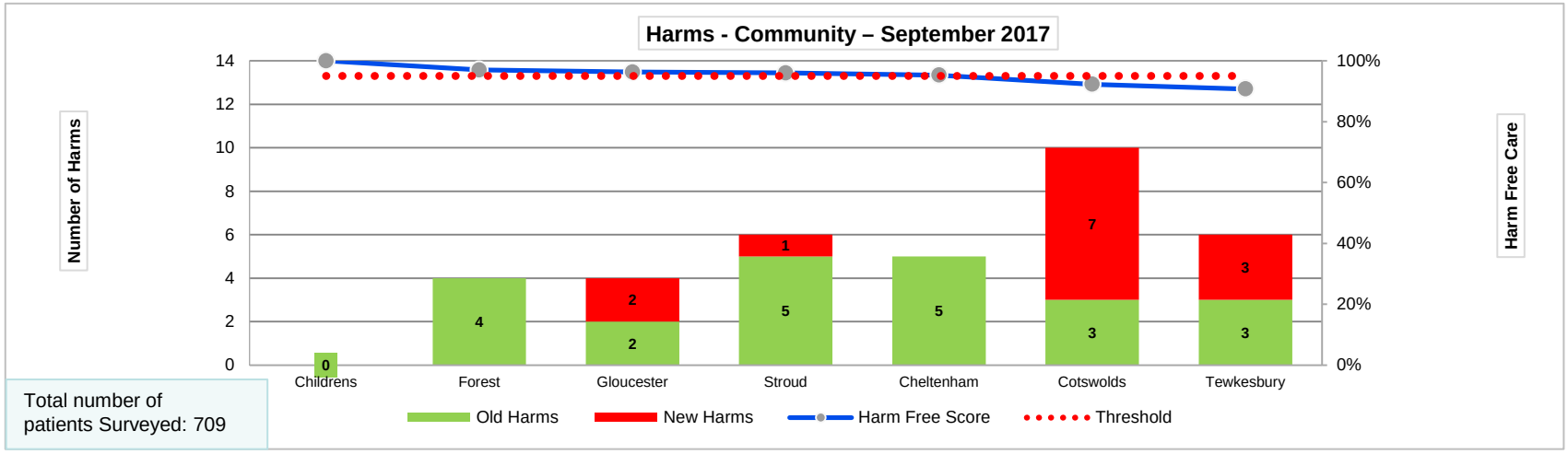
Risks
Reference – NQ19
Rating – 16

EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

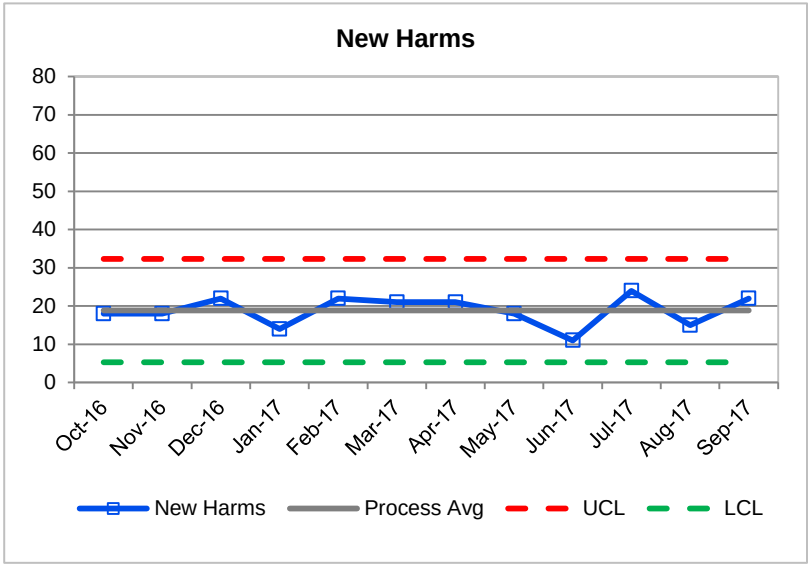
Safety Thermometer – Breakdown

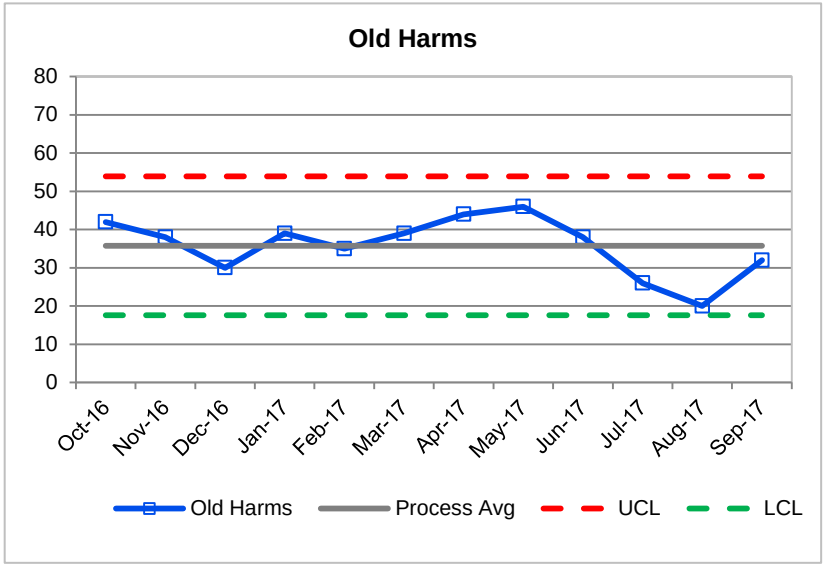


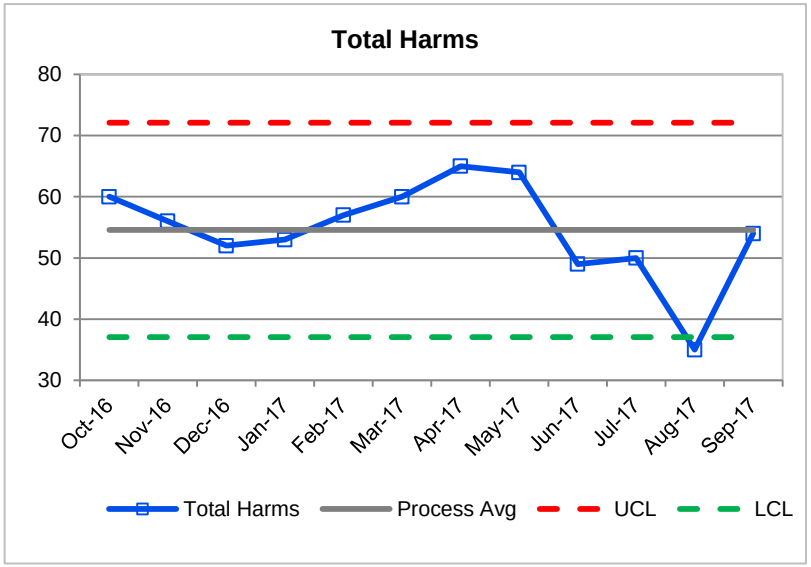


Number of harms vary across community hospital sites on a month by month basis and no discernible pattern is observed. In August, only Tewkesbury hospital reported Harm-Free care above the 95% threshold.

Safety Thermometer – Trend Analysis of Harms







Safety Thermometer Harms

The charts show:

New harms have been above the data average six times in the past 12 months (during Dec-16, Feb-17, Mar-17, Apr-17, July-17 and Sep-17).

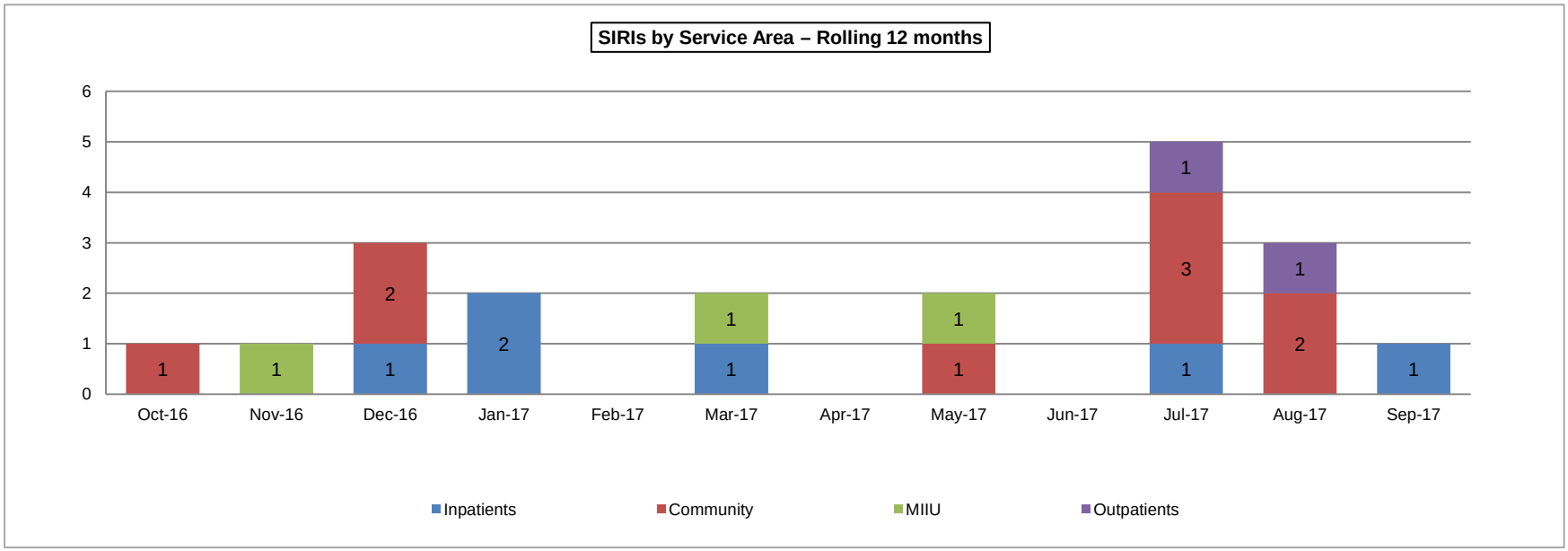
Old harms have been above the data average seven times in the past 12 Months (during Oct-16, Nov-16, Jan-17, Mar-17, Apr-17, May-17 and Jun-17).

Total Harms have been above the data average six times in the past 12 months (during Oct-16, Nov-16, Feb-17, Mar-17, Apr-17 and May-17).

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Serious Incidents Requiring Investigation (SIRIs) There was one SIRI reported in September. • A female inpatient at Stroud community hospital developed a Venous Thromboembolism ((VTE) whilst under the care of the Trust. This was avoidable as a VTE assessment was not completed in a timely manner. **Benchmarking** • The Trust is reporting an average of 2 SIRIs per month (Apr-17 to Sep-17) which is the same as the average of the Trusts within the NHS Benchmarking Network monthly indicator report.	• All colleagues to be updated via e–learning regarding Venous Thromboembolisms (VTE). • Colleagues to task doctors immediately on patient's admission to ward regarding VTE assessment. • For clinical audit information to be acted upon promptly and discussed at Multi – Disciplinary Team (MDT) meetings. • Consideration for patient's being transferred to a non – weight bearing (NWB) bed to be prescribed an anti –coagulant prior to discharge.



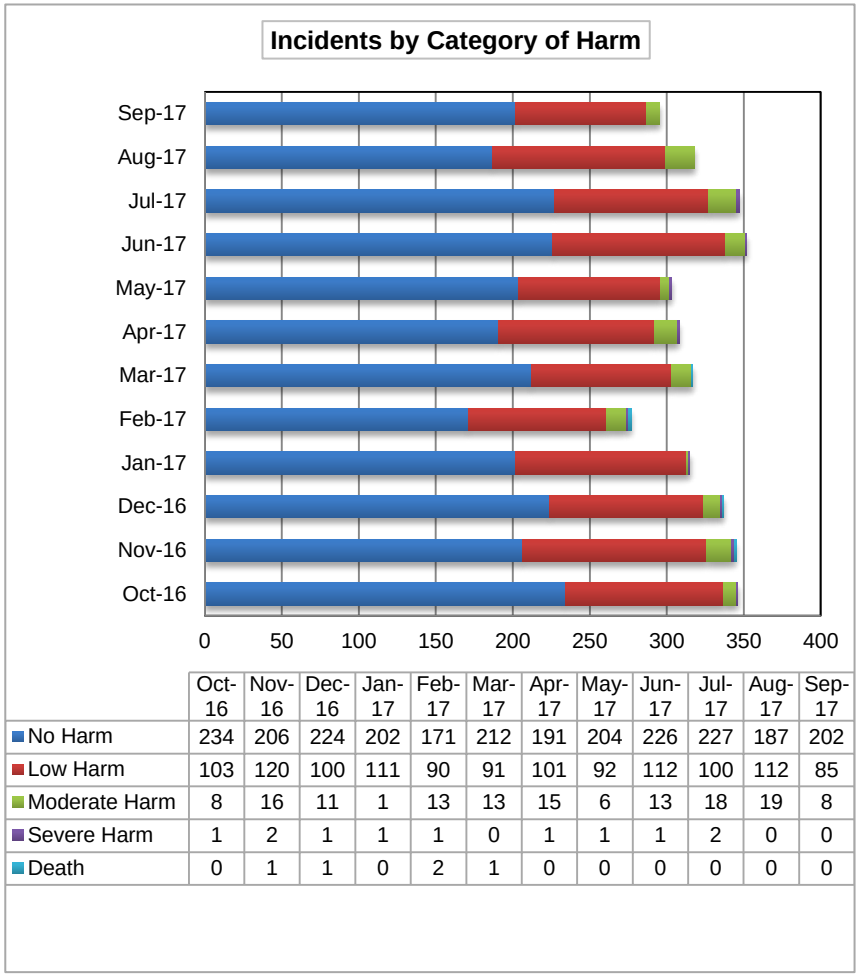
EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

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

Incident Reporting

295 incidents were reported in September.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
No Harm	234	206	224	202	171	212	191	204	226	227	187	202
Low Harm	103	120	100	111	90	91	101	92	112	100	112	85
Moderate Harm	8	16	11	1	13	13	15	6	13	18	19	8
Severe Harm	1	2	1	1	1	0	1	1	1	2	0	0
Death	0	1	1	0	2	1	0	0	0	0	0	0

- Colleagues continue to be encouraged to report incidents to ensure appropriate learning. The incident reporting levels continue to be monitored (chart below).
- The PaCE Team continue to screen and scrutinise incidents on a daily basis via the generic Datix inbox. This ensures that incidents are coded correctly in terms of severity rating.
- Quality and Safety Leads continue to deliver sessions at Clinical Induction to raise awareness of the importance of incident reporting. They have increased visibility in clinical areas providing assurance that colleagues are reporting incidents.

EXCEPTION REPORT | ARE SERVICES SAFE?

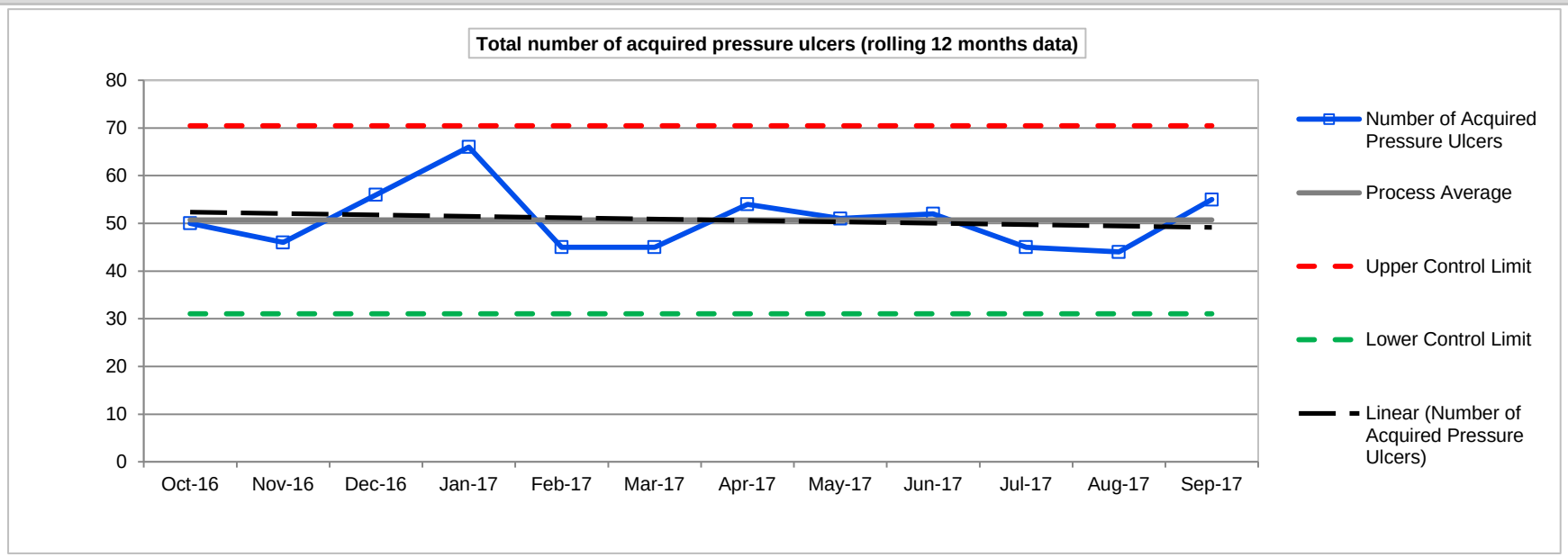
Gloucestershire Care Services NHS Trust

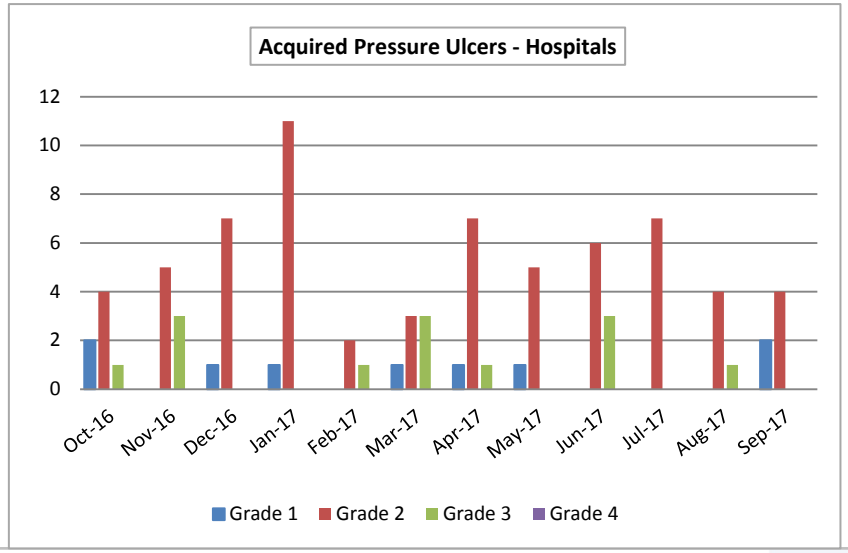
Additional information related to performance	What actions have been taken to improve performance?
Duty of Candour (DoC) • There were 12 incidents where Duty of Candour applied from 1 April 2017 to 30 September 2017. • Patients and relatives have received both verbal and written apologies as per DoC guidance.	• n/a
Pressure Ulcers (PUs) • Total number of acquired pressure ulcers was 55 in September. • There were 6 Acquired pressure ulcers reported in community hospitals in September. • Community acquired pressure ulcers was 49 in September. **Benchmarking** • The Trust is reporting 1.2 grade 2,3,4 avoidable pressure ulcers in community hospitals setting per 1,000 occupied bed days (Apr-17 to Sep-17) compared to the average of 0.3 based on the Trusts within the NHS Benchmarking Network monthly indicator report. • Please see charts on page 18.	• There are plans for a countywide public and professional promotion of pressure ulcer prevention as part of national pressure ulcer day in November 2017. • Awareness has increased and this has contributed to increased ulcers reported • The revised incident reporting form is now live and provides greater scope for detailing anatomical positioning and moisture lesion presentations. • The work between the Care Home Support Team and Stroud ICT with a specific care home has commenced and baseline assessments of all residents is underway. • Pressure ulcer awareness education is being delivered across ICT bases and Community Hospitals, promoting the 'everyone's business campaign'. • Formal pressure ulcer management training is now set for the year ahead. This will run monthly and all colleagues managing and assessing pressure ulcers and wounds are encouraged to attend. • Resource packs continue, wound measuring guides and disposable mirrors are now readily available in community hospitals and ICTs. • A public facing information leaflet has now been published and an easy read version will also be created. • Performance data is now emerging showing rate of pressure ulcers per 1000 patients in community hospitals and ICTs and provides a useful benchmark and trajectory progress support tool. **Risks** Reference – NQ19 Rating – 16

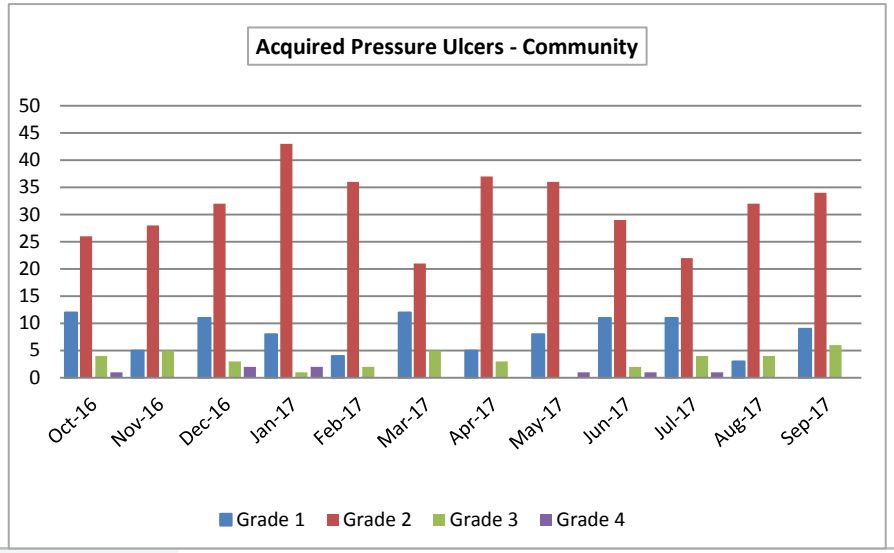
EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

Analysis of Acquired Pressure Ulcers – September 2017







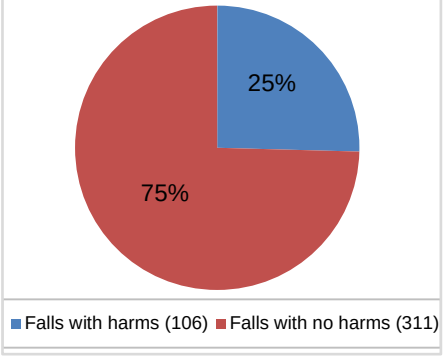
EXCEPTION REPORT | ARE SERVICES SAFE?

Falls in an inpatient setting

NHS Gloucestershire Care Services NHS Trust

Hospital	Total Falls				Falls with harm			
	2017/18 (Cumulative Year to Date)		2016/17 Total		2017/18 (Cumulative Year to Date)		2016/17 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
Dilke	71	15.1	100	13.9	26	5.5	27	3.7
North Cotswolds	59	15.0	225	12.1	14	3.6	55	3.0
Cirencester	125	14.3	89	12.2	27	3.1	19	2.6
Tewkesbury	32	12.2	142	18.4	4	1.5	43	5.6
Lydney	38	11.1	75	10.3	9	2.6	20	2.7
The Vale	35	10.3	116	12.1	9	2.6	36	3.7
Stroud General	57	8.4	142	10.6	17	2.5	33	2.5
TOTAL	**417**	**12.4**	**889**	**12.5**	**106**	**3.2**	**233**	**3.3**
FORECAST	**834**				**212**			

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



Risks
Reference – SD50
Rating – 9

Monthly figures	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Rolling 12 months total
Falls in Community Hospitals (inpatients only)	78	77	73	64	67	73	64	65	78	71	67	72	849

Additional information related to performance

Falls in an inpatient setting

- 75% of all falls reported year to date are **without harm.**

Benchmarking

- The Trust is reporting a rate of 12.4 falls per 1,000 occupied bed days (Apr-17 to Sep-17) while the NHS Benchmarking network is reporting an average of 7.7 falls per 1,000 beddays, based on the Trusts within the NHS Benchmarking Network monthly indicator report.

- Internal benchmarks have now been set in recognition that the NHS benchmark changes every month and to allow for more accurate reporting of variances across the different community hospitals. The internal benchmarks are 8 falls per 1000 bed days and 3.5 falls with harm per 1000 bed days

What actions have been taken to improve performance?

- The improvement plan is reviewed by the community hospitals falls prevention group on a monthly basis and reported to the quality steering group. All Quarter 2 tasks on the improvement trajectory have either been achieved or have a plan to bring them on track by Quarter 3.

EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

Safe Staffing – September 2017

Hospital	Ward	Day		Night		Bed Occupancy
		Average fill rate RN	Average fill rate HCA	Average fill rate RN	Average fill rate HCA	
Cirencester	Coln Ward	96.2%	100.0%	98.3%	96.7%	96.2%
	Windrush Ward	100.0%	98.3%	100.0%	100.0%	100.0%
Dilke	Dilke ward	91.8%	97.9%	100.0%	100.0%	91.8%
Lydney and District	Lydney ward	129.2%	108.1%	100.0%	100.0%	129.2%
North Cotswolds	NCH Ward	120.8%	103.3%	100.0%	100.0%	120.8%
Stroud General	Cashes Green Ward	108.3%	101.4%	105.0%	101.7%	108.3%
	Jubilee Ward	100.8%	98.3%	98.3%	98.3%	100.8%
Tewkesbury	Wharton ward	105.9%	100.8%	100.0%	99.3%	105.9%
Vale Community	Peak View	125.0%	99.0%	100.0%	98.3%	125.0%
TOTAL		108.6%	104.6%	99.6%	100.6%	95.1%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	7.0%	16.0%
	Windrush Ward	8.8%	15.1%
Dilke	The Ward	15.0%	8.2%
Lydney and District	The Ward	3.2%	3.6%
North Cotswolds	NCH Ward	8.5%	5.2%
Stroud General	Cashes Green Ward	19.9%	22.3%
	Jubilee Ward	20.0%	14.9%
Tewkesbury Community	Wharton ward	0.3%	0.5%
Vale Community	Peak View	15.5%	5.5%
TOTAL		10.9%	10.3%

Minimum staffing levels

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

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

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

(Over 120% = Red and Below 80% = Red)

Staffing fill rate reflective of clinical need.

Exception reporting pending review of shift patterns in the GCS database.

Risks
Reference – HR3
Rating – 12

EXCEPTION REPORT | ARE SERVICES SAFE?

Safeguarding

NHS Gloucestershire Care Services NHS Trust

Total	2016/17 Outturn	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	2017/18 YTD
*Adult safeguarding concerns raised by GCS	217	20	15	12	11	16	7	5	13	11	13	20	16	**78**
*Total county adult safeguarding concerns	1,853	177	163	150	153	142	163	134	149	153	164	140	155	**895**
*GCS adult section 42 enquiries	108	10	5	7	7	8	5	3	3	7	4	8	3	**28**
*Total county section 42 enquiries	995	94	94	86	84	75	106	78	58	79	74	70	66	**425**
Number of new Children's Serious Case Reviews	1	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Number of new Safeguarding Adult Reviews	5	0	0	0	0	0	0	1	0	0	1	0	0	**2**
*Number of children subject to a Child Protection Plan	**453**	**496** (Oct - Dec 2016)			**453** (Jan – Mar 2017)			**497** (Apr - Jun 2017)			**549** (Jul – Sep 2017)			

Data provided by Gloucestershire County Council (GCC). The latest data differs from that received previously following initiatives that the Safeguarding Team have implemented to improve data quality.

Adult Safeguarding Concerns
Gloucestershire County Council (GCC) has amended its data collection processes to ensure improved reliability. There is currently one Safeguarding Adult Review underway and the first of two learning events for this SAR will take place on 16th November 2017.

Children Safeguarding Concerns
There have been no further children's Serious Case Reviews (SCR) commissioned.

There are currently two Serious Case Reviews being undertaken, both not published yet due to ongoing criminal proceedings.

A thematic review in relation to four cases of non-accidental injuries in young children is likely to result in a multi-agency learning event planned by Gloucestershire Safeguarding Children's board (GSCB) in the coming weeks.

Trust colleagues continue to support GCC implementation of the recently published OFSTED inspection of Children's services, some of which will include the reporting of more qualitative indicators.

*Breakdown of adult safeguarding enquiries (2017/18)			
Client group		**Type of concern**	
Other vulnerable	85	Physical injury	48
Physical Disability	56	Neglect	42
Learning Disabilities	29	Financial	27
Dementia	10	Psychological	27
		Sexual	12
		Self Neglect	5
		Organisational	2

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE?

	Target Type	Risk Register ref.	Risk Register rating	Performance Indicator	Jul	Aug	Sep
Community Hospitals							
Emergency re-admission within 30 days of discharge following a non-elective admission	N	-	-	-	3.4%	4.7%	1.7%
Inpatients - Average Length of Stay	N	-	-	-	22.1	27.6	30.2
Bed Occupancy - Community Hospitals	L	-	-	90%	93.3%	95.1%	96.4%
% of direct admissions to community hospitals	L	-	-	-	26.8%	24.9%	25.8%
Delayed Transfers of Care (average number of patients each month)	L	-	-	-	23	17	20
Monthly DToC rate (% of DToC days)	L	-	-		12.3%	8.7%	10.5%
Average of 4 discharges per day (weekends) - Inpatients	L	-	-	4	3.7	2.4	2.8
Average of 11 discharges per day (weekdays) - Inpatients	L	-	-	11	7.2	7.0	6.5
*SUS Data Quality Index	N	-	-	-	99.3%	99.3%	*
IAT Number of avoided admissions	L	-	-	-	Data not received from GHT following Trakcare implementation		
Other							
Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	L	-	-	-	2,517	3,091	2,550
% of Staff with completed Personal Development Reviews (Appraisal)	L	643	12	95%	75.2%	74.9%	73.1%
Sickness absence average % rolling rate - 12 months	L	633	12	<4%	4.6%	4.6%	4.7%

N	National Indicator
L	Local Indicator

**TBC = To be confirmed

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

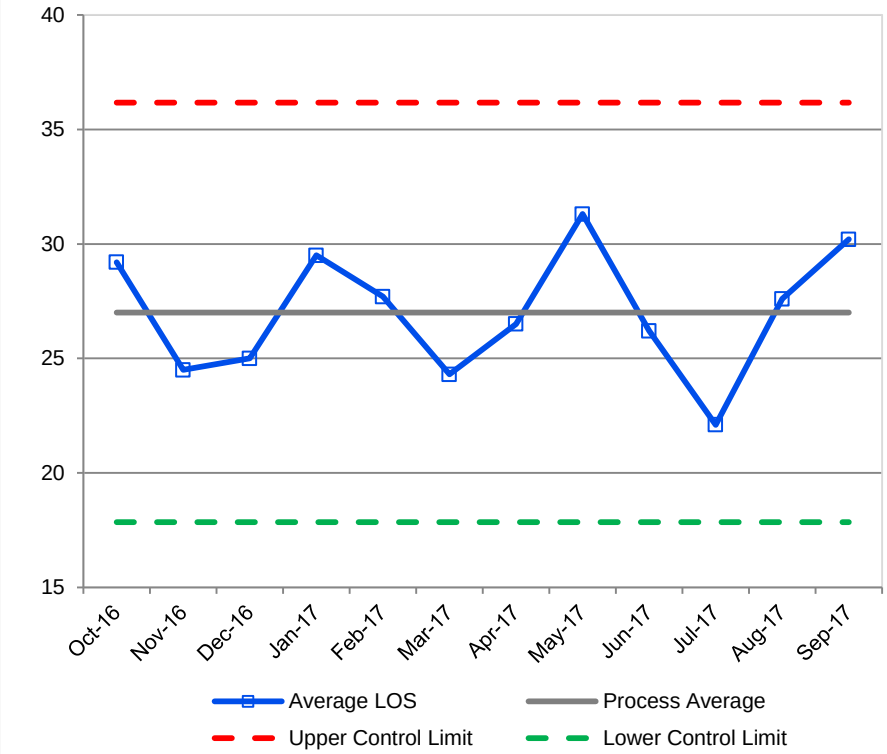
Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Bed Occupancy • Occupancy rate was 96.4% in September compared to 95.1% in July. **Benchmarking** • The NHS Benchmarking network average for 2015/16 was 91.36%.	• All patients are reviewed on each ward on a daily basis to ensure discharge plans are in place and are being progressed where possible.
Delayed Transfer of Care (DToC) • In September, on average, 20 patients each day were experiencing a delay in their transfer of care. • The number of bed days occupied by patients experiencing a delay was 590 (10.5%) of all bed days occupied across community hospitals. • Out of the 590 bed days occupied by patients experiencing a delay in September, indications are that the NHS was responsible for 351 of the delay days (59.5%) and Social care for 239 delay days (40.5%).	• The Trust has adopted a standardised reporting process with all hospitals recording on SystmOne. • The Trust is in discussion with Commissioners to agree an approach of applying current guidance, designed for acute use, to community setting. This includes consideration of a DTOC period where the whole period is reviewed rather than delays to particular stages in the pathway. This will support an improvement in accurate and consistent reporting of DToC.
Inpatient Average Length of Stay • Inpatient average length of stay in September was 30.2 days compared to 27.6 days in August. • 5 discharged patients stayed 75 days or more in a community hospital in September (compared to an average of 8 patients per month in this group in the past 12 months). • The median (mid-point) in September was 25.0 days compared to 23.0 days in August. **Benchmarking** • The NHS Benchmarking network average for 2015/16 was 27.6 days.	• All patients are reviewed on a daily basis to ensure discharge plans are in place and are being progressed. • There is a weekly conference call chaired by the Head of Community Hospitals where all patients who are clinically stable but not yet discharged (i.e. a delayed discharge) and all patients with a length of stay over 23 days are reviewed. Any particular issues affecting patient flow are escalated to the appropriate partner organisation.

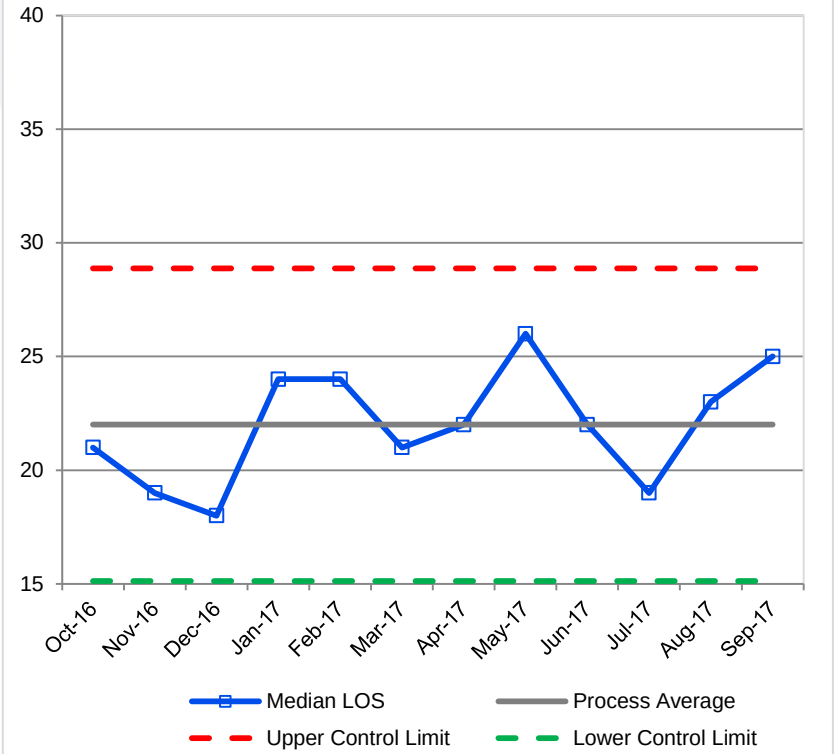
EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

Gloucestershire Care Services NHS Trust

Inpatient Average Length of stay (rolling 12 months)



Inpatient Median Length of stay (rolling 12 months)



Average LOS:
The chart shows the inpatient average length of stay for 12 months.

There have been no outliers in the data as the values are within the upper and lower limits of the distribution.

5 discharged patients stayed 75 days or more in a community hospital in September (compared to an average of 8 patients per month in this group in the past 12 months).

Rates of discharge on weekdays and weekends remains below target, however this reflects in part the change of patient flow with increased numbers of transfers from GHFT and higher levels of acuity.

Median LOS:
The chart shows the inpatient median length of stay for 12 months.

There have been no outliers in the data as the values are within the upper and lower limits of the distribution.

EXCEPTION REPORT | ARE SERVICES WELL LED?

Additional information related to performance	What actions have been taken to improve performance?
Staff with completed Personal Development Reviews (Appraisal) • Rate of reported completed PDR was 73.1% in September. Performance remains significantly behind target of 95%.	• The Trust is working with colleagues to proactively monitor both their own training and PDR compliance levels with the provision of self service Electronic Staff Record (ESR). • Self-service functionality launched in June to allow managers to submit details of completed appraisals via ESR. • This is a recognised priority for the executive team. A variety of initiatives are being explored to assist teams with improving PDR completion rates. This includes a weekly executive-led review of outstanding PDRs. • The rate at the end of October was 78.7%. **Risks** Reference – 643 Rating – 12
Sickness absence • The rolling 12 months performance was 4.7% in September, above target of 4.0%.	• Continued oversight and management of sickness absence in line with Trust policies. • This is a recognised priority for the executive team. A variety of initiatives are being explored to assist teams with reducing sickness absence rates. **Risks** Reference – 633 Rating – 12

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?	Target Type	Risk Register ref.	Risk Register rating	Performance Indicator	Jul	Aug	Sep
Referral to Treatment							
MIIU Time to initial assessment for patients arriving by ambulance (95th percentile)	N	-	-	< 15 minutes	00:39	00:19	00:21
MIIU Time to initial assessment for patients arriving by ambulance (95th percentile) - **Numerical values**	N	-	-	Number of breaches	2	4	3
				Number of ambulance arrivals	20	24	23
Speech and Language Therapy - % treated within 8 Weeks	L	-	-	95%	94.9%	79.5%	96.7%
Podiatry - % treated within 8 Weeks	L	-	-	95%	96.3%	97.3%	94.4%
MSKCAT Service - % treated within 8 Weeks	L	609	12	95%	63.5%	66.6%	35.7%
Adult Physiotherapy - % treated within 8 Weeks	L	-	-	95%	93.0%	93.0%	86.6%
- MSK Physiotherapy - % treated within 8 Weeks	L	-	-	95%	95.5%	96.7%	88.5%
- ICT Physiotherapy - % treated within 8 Weeks	L	-	-	95%	80.7%	80.5%	79.2%
Occupational Therapy Services - % treated within 8 Weeks	L	-	-	95%	78.4%	84.5%	87.1%
Diabetes Nursing - % treated within 8 Weeks	L	-	-	95%	98.0%	97.1%	97.7%
Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L	-	-	80%	84.2%	88.2%	86.5%
Paediatric Speech and Language Therapy - % treated within 8 Weeks	L	-	-	95%	97.5%	100.0%	97.1%
Paediatric Physiotherapy - % treated within 8 Weeks	L	-	-	95%	100.0%	99.4%	98.8%
Paediatric Occupational Therapy - % treated within 8 Weeks	L	-	-	95%	95.6%	98.0%	97.1%
Other							
MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L	-	-	95%	94.6%	97.3%	92.0%
SPCA % of calls abandoned	L	-	-	<5%	2.3%	2.4%	4.6%
SPCA % of calls resolved with agreed pathway within 20 minutes	L	-	-	95%	95.1%	95.9%	93.7%
SPCA % of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L	-	-	95%	92.5%	90.7%	85.1%

N	National Indicator
L	Local Indicator

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

Additional information related to performance

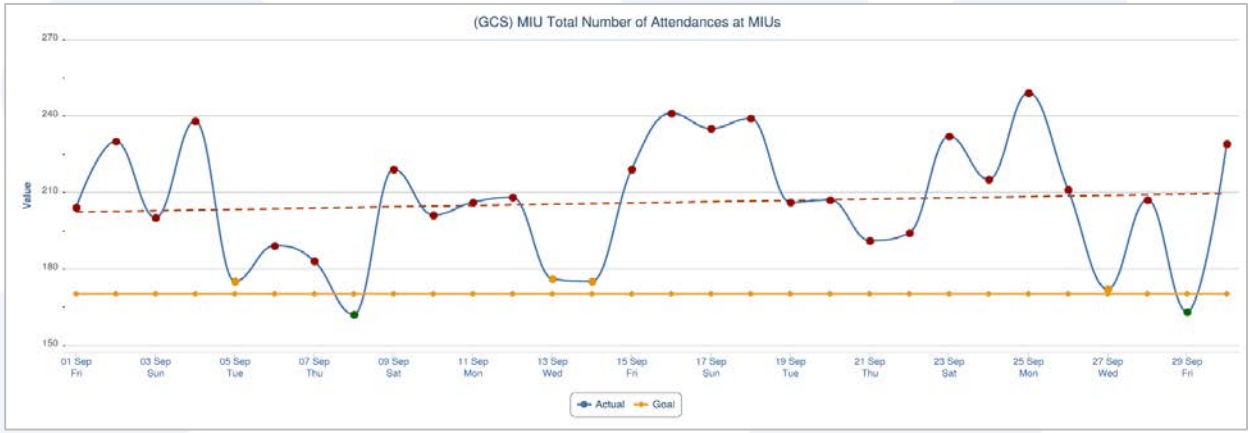
MIIU time to initial assessment for patients arriving by ambulance (95th percentile)

- 23 patients arrived by ambulance in September of which 3 breached the 15 minutes initial assessment target. This was due to high volume of attendances and capacity issues. All patients were clinically triaged to ensure appropriate prioritisation; in these cases there were other patients who were higher priority for treatment who had arrived by other means than ambulance.

MIIU	Number of ambulance arrivals	95th percentile time to initial assessment (minutes)
Cirencester Community Hospital	6	00:33
Stroud Community Hospital	5	00:20
The Vale Community Hospital	2	00:16
Dilke Community Hospital	4	00:14
North Cotswold Community Hospital	3	00:12
Lydney Community Hospital	3	00:05
Tewkesbury Community Hospital	No ambulance arrival	No ambulance arrival

What actions have been taken to improve performance?

- Patients are triaged and prioritised appropriately based on the urgency of all patients in the unit; some ambulance arrivals are lower priority than walk-ins and are treated according to patient conditions
- Band 7s and matrons have reviewed the recent activities to check whether any improvements could be implemented.
- This measure is based on a small number of arrivals and therefore can be adversely affected by a very small proportion of attendances.



GCS Minor Illness and Injury unit attendances indicate a slight upward trajectory throughout September.

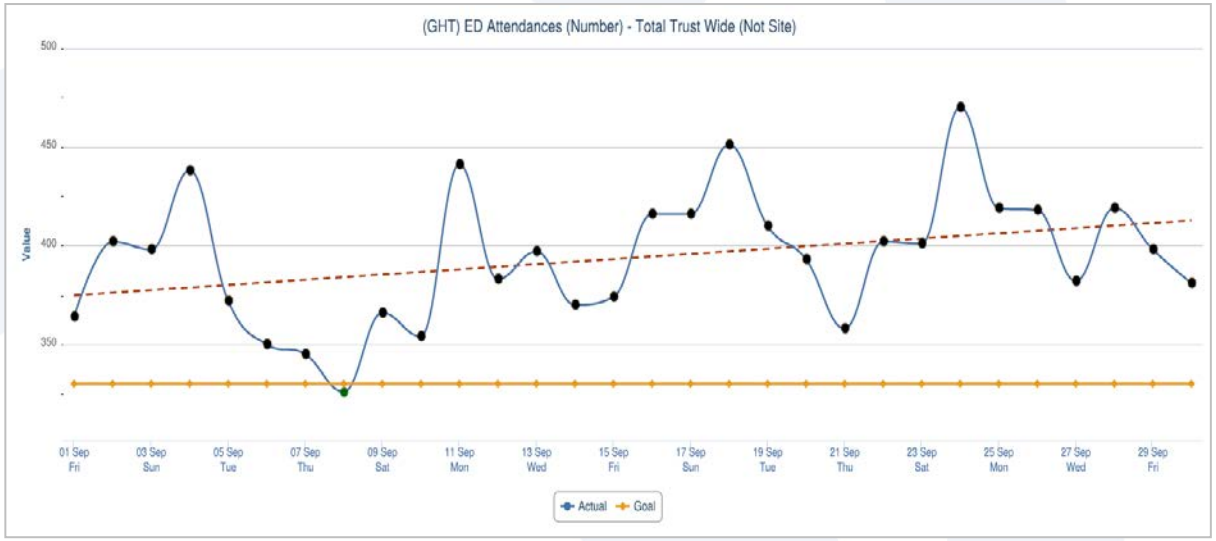
There were 2 days where expected attendances were below rate.

(Please see attendances to GHFT Emergency Department on next page).

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

System-wide performance - GHT Total number of Attendances and 4-hour Performance (%).



GHFT Emergency Department total number of attendances in September.

Attendances were above goal level (<=330) except on one day in early September.

The trend line suggests an upward trajectory throughout September.

GHFT Emergency Department performance compared to 4 hour target (%).

Performance target (95%) was achieved on two days in September.

Source: Alamac data

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Speech and Language Therapy services • Performance was 96.7% in September. 2 out of 61 patients were seen outside the 8 week threshold in September. The local target is 95%	• Three new Band 6 recruits will commence December 2017, two of these are internal candidates, therefore service will potentially have some capacity risks in the short term.
Adult Occupational Therapy Services (% treated within 8 weeks) • Performance was 87.1% in September. Target is 95%.	• The service has prioritised longest waiters which has resulted in a higher than usual proportion of patients who have breached the target. This approach will be continued in order to manage waiting lists so performance is likely to remain in breach of target for several months. • There is an action plan for each locality to address actions appropriate to the locality. Some localities have made significant progress with reducing long waiters so performance is expected to improve in forthcoming months. • Modelling is being undertaken to identify when the backlog will be resolved.
Adult Physiotherapy (% treated within 8 weeks) • Performance in September was 86.6% compared to 93.0% in August. 203 out of 1,531 patients were seen outside the 8 week threshold. **ICT Physiotherapy** • Performance was 79.2% in September compared to 80.5% in August. 61 out of 293 patients were seen outside the 8 weeks threshold in September. **MSK Physiotherapy** • Performance was 88.5% in September compared to 96.7% in August. 142 out of 1,238 patients were seen outside the 8 weeks threshold in September.	• A locum physiotherapist has been seeing the longer wait patients and a vacancy has been filled to improve capacity. • MSKCAT suffered a further decline this month as a result of one of the therapists being absent due to injury; the cancellation of those clinics resulted in some patients breaching who would have been seen within the 8 week timeframe.
MSKCAT Service (% treated within 8 weeks) • Performance was 35.7% in September compared to 66.6% in August. 263 out of 409 patients were seen outside the 8 week threshold in September. **MSKCAT Service (% treated within 2 weeks)** • This refers to urgent cases only. Performance was 92.0% in September compared to 97.3% in August. 2 out of 25 patients were seen outside the 2 weeks threshold	• Service has detailed action plan and trajectory both detailed in CEO report. • Service has been focussing on seeing long waiters which has had an adverse effect on RTT performance, which is calculated on the time elapsed from referral for patients seen that month.

Risks
Reference – 609
Rating – 12

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

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

September	8 week RTT target	% seen within 8 weeks	% seen above 8 weeks	18 week RTT target	% seen within 18 weeks	Number seen within 8 weeks	Number seen above 8 weeks	Number seen within 18 weeks	Number seen above 18 weeks	Median RTT in days
Bone Health Service	95%	100.0%	0.0%	92%	100.0%	159	0	159	0	0
HIV Service	95%	100.0%	0.0%	92%	100.0%	5	0	5	0	0
Psychosexual Service	95%	100.0%	0.0%	92%	100.0%	13	0	13	0	0
Contraception Service and Sexual Health	95%	100.0%	0.0%	92%	100.0%	1,071	0	1,071	0	0
Paediatric Physiotherapy	95%	98.8%	1.2%	92%	99.7%	322	4	325	1	3
Diabetes Nursing	95%	97.7%	2.3%	92%	100.0%	43	1	44	0	28
Paediatric Speech and Language Therapy	95%	97.1%	2.9%	92%	100.0%	95	2	97	0	14
Paediatric Occupational Therapy	95%	97.1%	2.9%	92%	100.0%	66	2	68	0	16
Speech and Language Therapy	95%	96.7%	3.3%	92%	100.0%	59	2	61	0	5
Podiatry	95%	94.4%	5.6%	92%	100.0%	629	37	666	0	39
ICT Occupational Therapy	95%	87.1%	12.9%	92%	95.7%	202	30	222	10	12
Adult Physiotherapy (MSKPHY + ICT PHY)	95%	86.6%	13.4%	92%	99.4%	1,474	466	1,773	167	25
- ICT Physiotherapy	95%	79.2%	20.8%	92%	97.6%	232	61	286	7	20
- MSK Physiotherapy	95%	88.5%	11.5%	92%	99.9%	1,096	142	1,237	1	28
MSKCAT Service	95%	35.7%	64.3%	92%	61.1%	146	263	250	159	91
Parkinson's Nursing	95%	33.3%	66.7%	92%	66.7%	1	2	2	1	92

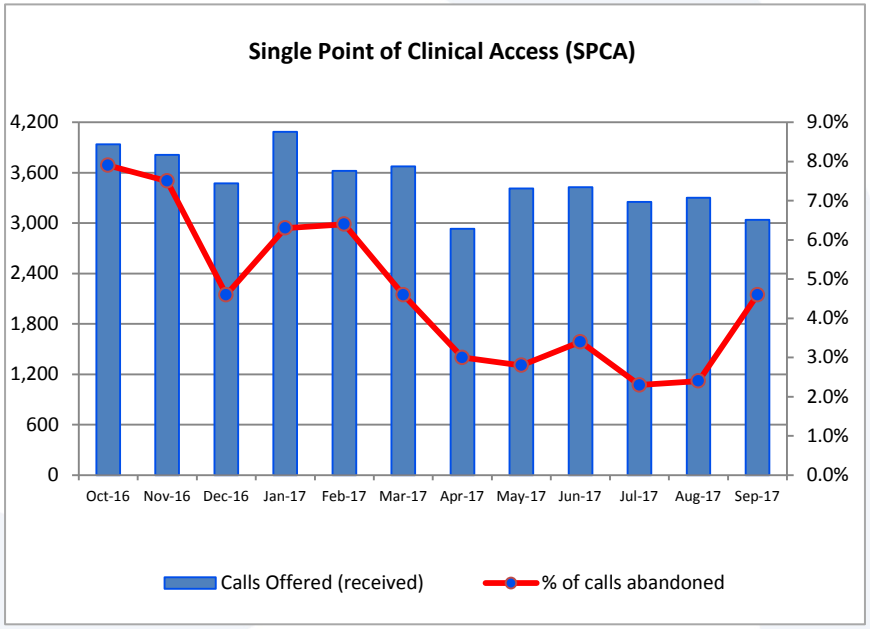
The comparison shows that MSKCAT and Parkinson's services are the outliers in terms of performance for both 8 weeks and 18 weeks.

The MSKCAT service is offering the current workforce additional hours as well as trying to bring in Agency staff to clear the backlog particularly for those patients waiting over 18 weeks. The Parkinson's Nursing performance has been adversely affected by staff absences.

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
SPCA % of calls resolved with agreed pathway within 20 minutes Performance was 93.7% in September. Target is 95%. **95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing.** In September, 85.1% of priority 1&2 calls were answered within 60 seconds. Target is 95%.	• Shift times are being reviewed against skill mix to ensure resources are allocated more effectively and performance is maintained above target. • Staff working environment has been remodelled to facilitate improved practices



EXCEPTION REPORT | ARE SERVICES WELL LED?

NHS Gloucestershire Care Services NHS Trust

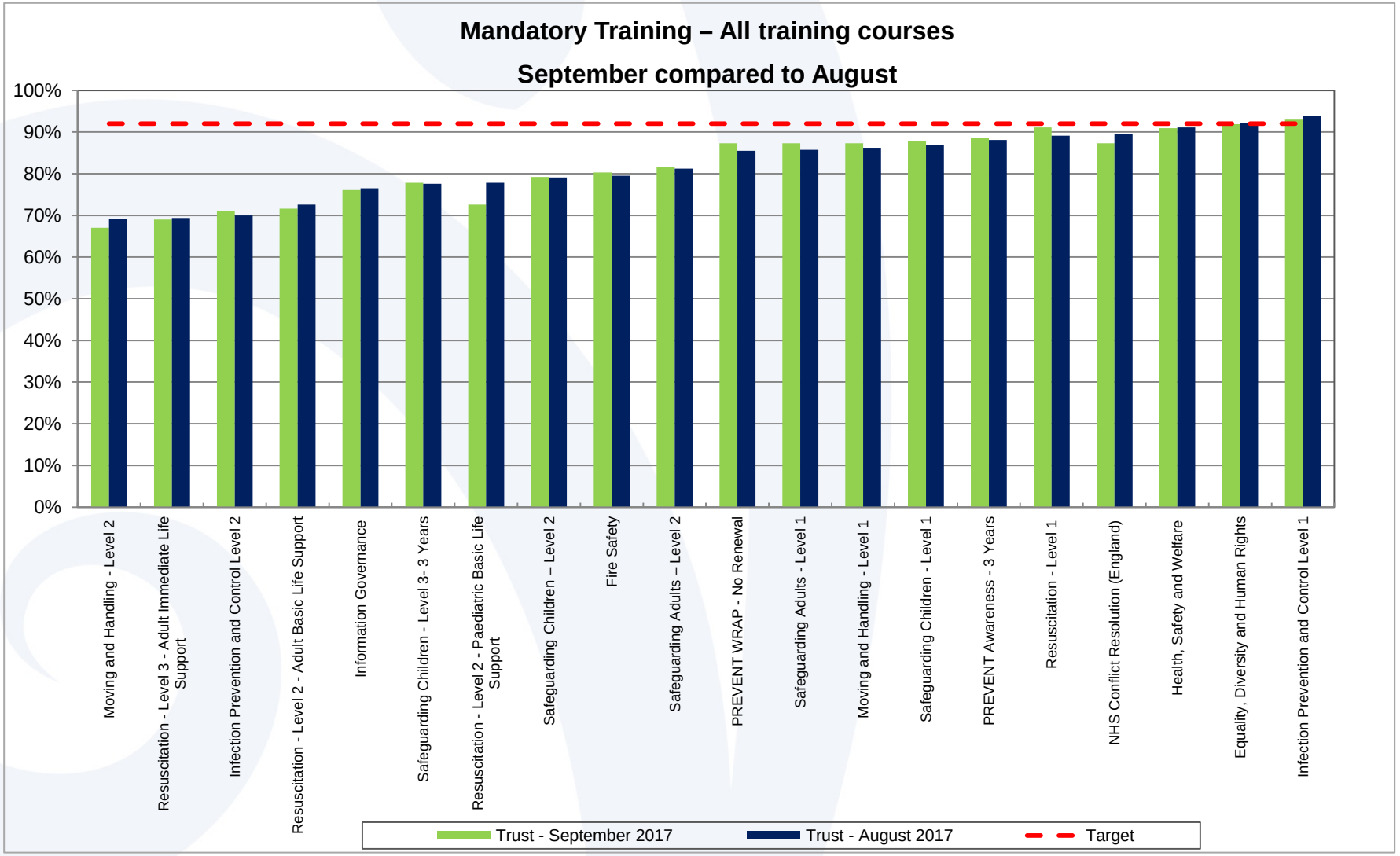
CQC DOMAIN - ARE SERVICES WELL LED?	Target Type	Risk Register ref.	Risk Register rating	Performance Indicator	Jul	Aug	Sep
Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N	622	12	61%			*53.0%
Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N	-	-	67%			*88.0%
Mandatory Training (based on all 20 measures)	N	-	-	92%	81.3%	82.0%	81.9%

*Quarterly performance

Additional information related to performance	What actions have been taken to improve performance?
Staff Friends and Family Test • Quarter 2 (2017-18) results indicated 53% of workforce would recommend the Trust as a place of work. This has dropped compared to Quarter 1 (2017-18) when it was 56%. Target is 61%. • Quarter 2 (2017-18) results indicated 88.0% of the workforce would recommend the Trust as a place to receive treatment. This is the same figure achieved in Quarter 1 (2017-18). Target is 67%.	• Presentations at CORE leadership meeting to encourage participation. **Risks** Reference – 622 Rating – 12

Mandatory Training
• Average performance was 81.9% in September, with 2 measures meeting the 92% target:
  • Equality, Diversity and Human Rights
  • Infection Prevention and Control Level 1
• 5 out of 20 measures have reduced in performance in August when compared to July. The average reduction was 3.8% across these 5 measures, with Resuscitation Level 2 training dropping by 8.2% in August compared to July.
  • Infection Prevention and Control Level 2
  • Resuscitation - Level 2 - Adult Basic Life Support
  • Resuscitation - Level 2 - Paediatric Basic Life Support
  • Safeguarding Adults - Level 1
  • Safeguarding Children - Level 1
	• There has been a detailed review of the performance and actions are being progressed (reported to Workforce and Organisational Development Committee).
	• Request has been made to provide training review dates by month for each service to support release of necessary capacity to allow colleagues to undertake training.

EXCEPTION REPORT | ARE SERVICES WELL LED?



HEALTH AND SAFETY | RIDDORs 2017-18

	2016-17 Total	Aggression or violence towards staff	Manual handling	Occupational ill health confirmed or suspected	Slips, trips and falls	Falling object / struck against	Hot, poisonous or corrosive substances	2017-18 Total
Service user / visitor	**0**	-	-	-	-	-	-	**0**
Colleague	**11**	-	2	-	1	1	1	**5**
Bank / agency	**0**	-	-	-	-	-	-	**0**
Total	**11**	**-**	**2**	**-**	**1**	**1**	**1**	**5**

Definition

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

Trends

5 RIDDORs were reported between April – September. Of these 1 has been withdrawn because investigation showed no correlation between the injury and incident.

RIDDOR details

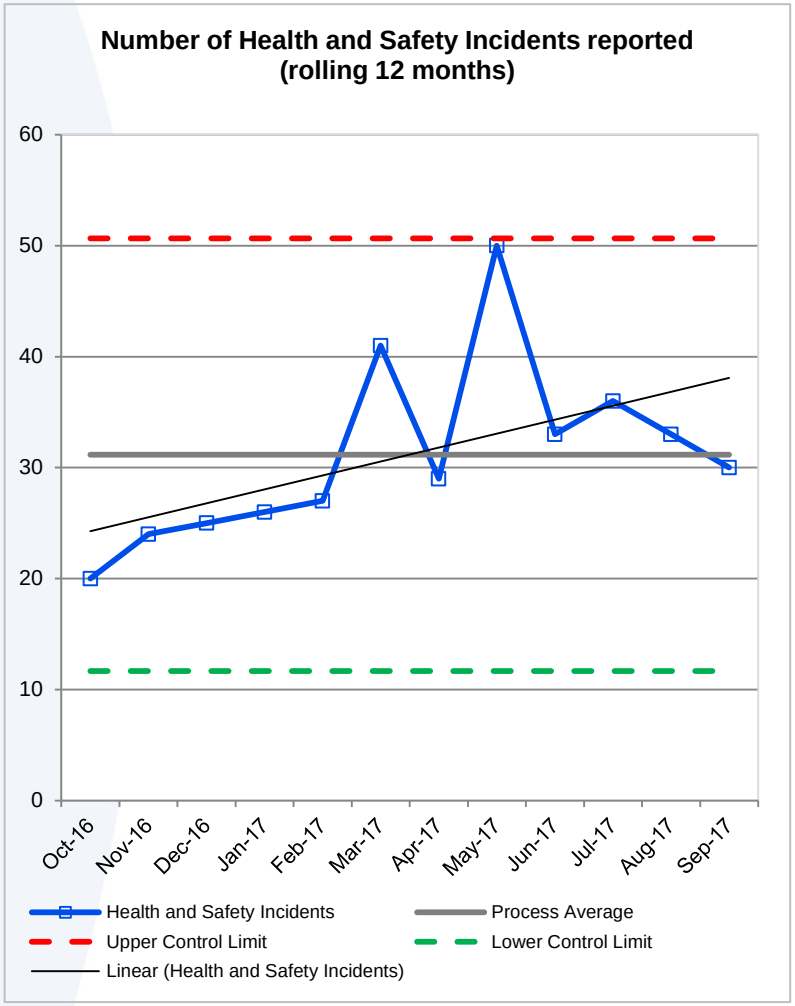
1. Hospital nurse banged knee on bed and suffered bruising. (withdrawn)
2. DN slipped backwards from patient doorstep
3. Hotel Services staff unloading oven spilt melted cheese on her forearm
4. Nurse helping patient to the toilet when patient declined to cooperate and bear weight.
5. Nurse cleaning toilet raiser felt pain in her arm when trying to unclip fixings.

Clinical Alert System (CAS) - No overdue CAS Alerts recorded so far in 2017/18.

HEALTH AND SAFETY | INCIDENTS

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

2017-18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Buildings issues	4	12	14	8	7	7							**52**
Verbal Abuse	5	11	8	11	7	9							**51**
Moving Handling	4	14	3	6	1	2							**30**
Assault	5	3	3	3	11	2							**27**
Slips/Trips/Falls	4	4	2	1	4	6							**21**
Needlestick	4	4	1	5	1	3							**18**
Stepping/Striking	3	2	2	2	2	0							**11**
Animals	0	0	0	0	0	1							**1**
TOTAL	**29**	**50**	**33**	**36**	**33**	**30**							**211**



- The number of health and safety incidents reported in September was 30. The increasing trend in 2017/18 can be largely attributed to a rise in reports of particular types of incidents including Building issues and Moving and Handling.

Trust Board

Date of Meeting: 30th November 2017

Report Title: Workforce & Organisational Development Committee Update

Agenda reference Number	13/1117
Accountable Executive Director (AED)	Director of HR
Presenter (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s)	Tina Ricketts. Director of HR
Board action required	Note the Report
Previously considered by	Workforce & Organisational Development Committee
Appendices	1. Volunteer Strategy 2. Minutes from Committee meeting held on 12th June 2017

Executive Summary

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

Workforce metrics are reviewed by the Committee to monitor the effectiveness of the Trust's Workforce & OD strategy. Performance as at 31st October 2017 confirms that:

- Continued improvement is being made with regard to statutory and mandatory training compliance which now stands at 82%
- A focus on Personal Development Review (PDR) compliance has seen performance improve
- There continue to be higher levels of turnover across a number of services which will require further detailed review. While Sickness absence has increased, there are no underlying trends and the Committee has asked for further work to understand whether this may be linked to improved reporting through the e-rostering system.
- Improvements have been made with regard to Trust's performance against the Workforce Race Equality Standards, with further actions plans to build upon this.

The Committee also considered progress against the workforce and OD priorities, and the volunteer strategy which is presented to the Board for ratification.
The Committee also received a report from the Trust Freedom to Speak Up Guardian, noting the actions that had been taken to respond to concerns raised by colleagues.

The Committee is overseeing actions to ensure that the issues and risks identified are being managed effectively and that good practice and innovation is recognised and progressed.

Recommendations:

The Board is asked to:

1. **Note** current performance against key workforce metrics

2. **Note** the progress made against workforce and OD priorities

3. **Ratify** the new Volunteer Strategy (see appendix 1)

4. **Note** the learning the Trust has gained from colleagues raising concerns through the Freedom to Speak Up Guardian

5. **Note** the approval of the new Drug and Alcohol Policy

6. **Note** the progress made against the Workforce Race Equality Standards and the further actions that are required to improve performance

7. **Receive** the minutes of the Workforce and OD Committee held on 12th June 2017

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

Workforce & Organisational Development (OD) Committee Update Report

1 Introduction and Purpose

The purpose of this report is to seek approval of the Trust's Volunteer Strategy and provide the Board with an overview of:

- Key workforce hotspots
- Progress against the Trust's workforce and organisational development priorities
- The learning the Trust has gained from concerns raised by colleagues through the Freedom to Speak Up Guardian
- HR policy development
- The actions that are being taken to improve the Trust's position against the Workforce Race Equality Standards

These were the key items considered by the Committee at its meeting in September 2017 in support of the Trust's strategic objectives.

2 Workforce Position

A number of workforce metrics are monitored to evaluate the effectiveness of the Trust's Workforce and OD Strategy. Performance over the last 5 years is detailed in the table below.

Table 1: Workforce performance as at 31st October 2017

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 31/03/17	As at 31/10/17	Target
PDR completion rate	67%	80.5%	71%	77.5%	76%	79%	95%
Staff FFT (recommend Trust as a place to work)	N/A	53%	50%	51%	55%	53%	65%
Mandatory Training	64%	75%	71%	82%	78%	82%	95%
Sickness absence (rolling 12 month)	4.5%	4.3%	4.9%	4.7%	4.5%	4.69%	4%
Turnover	12.2%	15.7%	14.7%	15%	14.6%	17%	<12%
Nurse vacancy rates	N/A	N/A	21%	13.5%	8%	12%	<6%

The Committee considered the increase in the turnover rate for qualified nursing staff since March 2017. While a proportion of the increase could be attributed to the freeze in recruitment within Public Health Nursing in response to service review processes, high band 6 vacancy rates within community nursing and band 5 vacancies within community hospitals was placing increasing pressure on clinical teams. In response to this the Committee noted that , a number of targeted recruitment campaigns were progressing including a careers fayre in Ireland.

3 Priorities for 2017/18

The Trust identified a number of priorities for year 2 of the Trust's workforce and OD strategy and these are summarised in the table below. The Committee reviewed the Trust's performance compared to other community trusts and applied a RAG rating to highlight the current position.

Table 2: RAG status of Workforce and OD priorities

Priority themes	Priority outcomes	RAG status
Valuing colleagues	1. To continue to improve staff engagement and communication and create an open culture where colleagues feel valued, motivated and supported to deliver best care	
	2. To be a supportive and flexible employer	
	3. To have clear team and individual priorities, linked to the Trust's strategic objectives	
Realising colleagues full potential	4. To ensure colleagues are appropriately trained, and have access to learning and development, including apprenticeships	
	5. To ensure effective leadership to drive service and cultural change, working collaboratively with partners organisations	
	6. To strengthen workforce planning capacity and capability	
Supporting colleagues	7. To support the workforce to understand and adapt to new ways of working and delivering services	
	8. To support the Health & Wellbeing of our workforce	
	9. To improve support to colleagues subject to abuse, victimisation, bullying and harassment by colleagues /service users	

Key:  better than peer group  same as peer group  worse than peer group

The review of progress against the priorities concluded that the Trust benchmarks well with regard to its current workforce practices having obtained both the Listening into Action and Investors in People accreditation. It did however highlight that further improvement is required in the following areas:

- CQC well led domain
- Sickness absence management

- Staff feeling valued
- Staff turnover and in particular qualified nurse recruitment & retention
- Education, training and development moving this beyond statutory and mandatory
- Trust's approach to flexible working

4 Volunteer strategy

The Trust's volunteer strategy (see appendix 1) is presented to the Board for ratification. The strategy has been developed through a working group which included non-executive directors, volunteer co-ordinators and volunteers. The group looked at strategies from other NHS Trusts, however found that most were very formally structured and covered issues already contained within the Trust's Volunteer Policy. It was agreed, therefore, that a less formal and plain English approach to the strategy would be more accessible and useful.

5 Concerns raised by colleagues to the Freedom to Speak up Guardian

The Committee received an overview of the work being supported by the Trust Freedom to Speak up Guardian (FTSUG). As a result of the issues being raised the Trust has benefited from the following learning:

Quality and Safety:

- Manual handling refresher training has been introduced on a more frequent basis for community hospital staff
- New arrangements have been put in place to support ward handover
- The visibility of senior leaders continues to improve through 'meet the exec' meetings and through the launch of 'Katie's open door'
- The exit interviews process has been reviewed and from September 2017 all exit interviews will be shared with the relevant line manager and FTSUG. A monthly themed report will be shared with all Heads of Service offering colleagues the option of the FTSUG to conduct an interview as an alternative option
- Managers have been supported with HR processes through workshops and training
- Clinicians have been encouraged to complete reflective logs as part of CPD and to support re-validation
- Further training sessions have been introduced for personal protective equipment
- The format of team meetings have been reviewed to identify who is responsible for the action and timescales in which actions should be completed.
- It has been agreed that the review of performance data should be included at every ward meeting

Bullying & Harassment/Behaviours:

- Development of the dignity advocate role
- The development of in house training to raise the profile of speaking up

- Improved access to leadership development
- Modelling of behaviours through team building, manager action learning sets and individual coaching
- Increased staff awareness of the CORE values and behaviours

6 HR Policy Development

The Board is asked to note that the Committee approved the Drug and Alcohol Policy and Guidance. This new policy and guidance provides a framework to line managers and colleagues relating to drug and alcohol misuse. The policy describes the Trust's approach to supporting colleagues who identify as having a drug or alcohol problem and also describes when these issues need to be dealt with under the Disciplinary Policy.

7 Workforce Race Equality Standards (WRES)

In 2016, the Trust issued the NHS Staff Survey to all colleagues within the Trust, which improved the quality of WRES data available. A full survey is also being undertaken in 2017.

The WRES data from 2016/17 shows a mixed picture for the Trust, with some signs of improvements:

- The Trust's workforce is made up of 4.5% of BME colleagues, which is comparable with the local population of Gloucestershire (4.6%).
- While proportionally BME colleagues are still 1.67 times more likely to enter the formal disciplinary process than white colleagues this is a significant reduction compared to 2015-16 (2.21 times more likely) and 2014-15 (1.8 times more likely).
- With regards to staff experiencing bullying from other colleagues, the experiences of BME colleagues are not only better than those of White colleagues, they have also decreased in actual terms (13% compared to 25% in 2015-16 and 31% in 2014-15). It is also noted that the experiences of White colleagues have improved since last year (21% compared to 22% in 2015-16 but 18% in 2014-15)

The WRES data does, however identify two areas which have not seen progress:

- Our data suggests that white candidates are 2.29 times as likely as BME candidates to be appointed from shortlisting compared to 2.20 in 2015-16 and 1.29 in 2014-15;
- The Trust still has no BME representation at Board level.

The Trust is, however, taking a number of actions to improve its performance in these areas, and these include:

- *The Insight programme*, run by Gatenby Sanderson. This programme offers BME candidates the opportunity to develop the skills to become NEDs in NHS Trusts, aiming to improve the representation of local communities at Board level across the South West, including Gloucestershire

- *Values Based Recruitment training*, the Community Partnerships team are working with the Head of Organisational Development to ensure that unconscious bias is part of this training programme, to encourage people to look beyond 'people who look like them' and increase the diversity of our workforce
- *A refresh of the Trust's Equality and Diversity induction training and refresher training*, putting a greater emphasis places on self-awareness of colleagues' own prejudices and stereotypes, and how they can act to prevent these turning into discrimination
- The advertising of senior management posts (Band 8a+) in targeted publications and websites to reach a wider pool of BME candidates.

The Committee also noted that there has been a focus in the last year on *cultural awareness* across the Trust to increase colleagues' awareness of how they can best support patients from different cultural backgrounds, including an app to support frontline staff. The Community Partnerships team is also reviewing the Trust's *Equality and Diversity Policy*, shifting the emphasis from legal obligations to promoting the benefits of working in an organisation which has equality and diversity at the heart of its actions and considerations. This includes the need for excellent Quality Equality Impact Assessments (QEIA), engagement and involvement with relevant communities, and the benefits of working in an organisation where diversity is valued, and the impact this has on innovation and morale. The Trust is therefore working towards launching a *new QEIA tool*, with a more user friendly interface that enables colleagues to consider the impact of their work on colleagues and service users from BME communities before any service changes are implemented.

8 Conclusion and recommendations

The Board is asked to:

- **Note** current performance against key workforce metrics
- **Note** the progress made against workforce and OD priorities
- **Ratify** the Volunteer Strategy (see appendix 1)
- **Note** the learning the Trust has gained from colleagues raising concerns through the Freedom to Speak up Guardian
- **Note** the approval of the Drug and Alcohol Policy
- **Note** the actions being taken to improve the Trust's position against the Workforce Race Equality Standards
- **Receive** the minutes of the Workforce and OD Committee held on 12th June 2017.

Gloucestershire Care Services NHS
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Volunteer Strategy 2017-2019

"Volunteer groups were an integral part of the care team within community hospitals. It was clear that they were having a positive impact on patients' wellbeing by supporting patients, providing activities and by representing patient perspectives at governance meetings."

CQC Inspectors identify the Trust's use of volunteers as an outstanding area of practice, 2015.

Understanding You

Introduction

This strategy describes the Trust's approach to ensure that volunteers are a valued and intrinsic part of our organisation and that we make best use of the skills, understanding and time that they offer us.

Our Vision

Volunteers and colleagues working together, with the benefit to our service users at the heart of every volunteer role.

Our Principles

All volunteering at the Trust should be guided by the following six principles:

1 Volunteers should enhance service provision and not replace paid roles.

2 Volunteer roles should subscribe to the Trust's Core values of being caring, open, responsible and effective.

3 Overall responsibility for all tasks or activities carried out by volunteers must be held by a member of staff.

4 Volunteer roles should be meaningful and valuable, and endeavour to take into account the skills, experience and interests of the individual volunteer.

5 Essential services must not rely upon volunteers in order to operate efficiently.

6 Volunteers should follow Trust guidelines on confidentiality and information sharing.

Making Our Vision a Reality

The Trust will express its vision and principles through four ambitions, described below:

Volunteering Aim 1

Enhanced service provision and an improved patient experience

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We will achieve this by:

Identifying service areas that will benefit from volunteers

Encouraging staff of all levels to consider how volunteers could help and be involved

Supporting volunteers to get the most out of their role through training, supervision and encouragement

Recruiting a diverse mix of volunteers with a range of experience and skills

Volunteering Aim 2

To ensure that our volunteers feel valued, acknowledging their contribution and praising and thanking where appropriate

We will achieve this by:

Including volunteers in meetings to ensure they feel part of the team

An Annual volunteer award

Christmas social events

Regular opportunities for training and development

Volunteering Aim 3

Maintain robust and efficient processes in recruitment, support and supervision of volunteers

We will achieve this by:

Adhering to internal processes for recruitment, role development, supervision and training of volunteers

Sharing examples of best practice across GCS sites

Continuing to innovate and improve processes

Volunteering Aim 4

To develop a culture that supports volunteering

We will achieve this by:

Ensuring staff are engaged with volunteering

Encouraging staff to work in partnership with volunteers

Acknowledging the contribution of volunteers

Including volunteers in team meetings and welcoming volunteer ideas and suggestions

"This hospital looked after my husband so well – I just want to give something back."

How volunteers improve the Trust

They bring a different perspective to our work, often one that reflects the views of the local community.

They support staff and extending the services they provide, enhancing the patient experience as a result.

They are able to communicate with patients, who sometimes find it easier to talk to volunteers rather than staff, thereby enabling the organisation to gain valuable feedback.

They provide a wealth of experience and knowledge.

The Benefits of Volunteering

Can provide new challenges and enable people to develop or learn new skills

Can offer an opportunity to be involved in something rewarding and worthwhile

Can improve physical and mental health and wellbeing

Can provide opportunities to meet like-minded people

Offers opportunities to give something back to the community

Can be a stepping stone into employment or training

"I want to work in social care and volunteering with the Homeless Healthcare Team will give me the experience I need to get a paid job."

Recruiting volunteers

Recruiting volunteers is competitive; many other organisations in Gloucestershire are keen to use volunteers and there is a wide selection of roles available.

GCS must offer a good range of meaningful and fulfilling volunteer roles in order to continue to attract new volunteers.

Individuals volunteer for different reasons; it is useful to understand their motivation to ensure that the volunteer's expectations are met.

Contact

For further information about voluntary services at Gloucestershire Care Services NHS Trust, please contact: Richard Hobbs, Volunteer Coordinator

Email: richard.hobbs@glos-care.nhs.uk

Tel: 0300 421 8363

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Minutes of the Workforce and Organisational Development Committee

Boardroom, Edward Jenner Court
12 June 2017

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:

Ingrid Barker	Chair, Gloucestershire Care Services (part meeting)
Lindsay Ashworth	Head of HR
Linda Gabaldoni	Head of Organisational Development
Sonia Pearcey	Ambassador for Cultural Change
Mark Lambert	Head of Communications
Andy Mills	Workforce Systems Manager
Gillian Steels	Trust Secretary
Maria Wallen	Head of Professional Practice and Education
Lisa Perrett	Admin support to Director of HR
Eleanor Hutchinson	HR Manager (joined 11.15 for agenda item 13)

Item	Minute
17/HR021	**1. Welcome and Apologies** The Chair thanked everyone for attending the meeting and noted apologies from Jan Marriott (JM) and Michael Richardson, Deputy Director of Nursing
17/HR022	**2. Confirmation of Quoracy** The Chair confirmed that the Committee was quorate.
17/HR023	**3. Declaration of interests** There were no conflicts of interest declared.
17/HR024	**4. Minutes of the meeting held on 16th February 2017** The minutes of the meeting held on 16th February 2017 were **received**

Item	Minute
	and **approved** as an accurate record subject to one minor amendment.
17/HR025	**5. <u>Matters Arising (Action Log)</u>** The Action Log was **approved subject to minor amendments.** See Action Log for updates.
17/HR026	**6. <u>Workforce and Organisational Development strategy refresh for 2017/18</u>** The Director of Human Resources stated that over the last 3 months all workforce metrics have been reviewed including feedback from the staff survey, friends and family test, pulse checks to see what the Workforce and OD issues are for the Trust. Director of Human Resources confirmed that the issues remained the same as last year, therefore the three priority areas identified in the Strategy would stand; • Valuing our Colleagues • Realising our Colleagues full potential • Supporting our Colleagues Richard Cryer, Non-Executive Director suggested the three priorities gave the impression of 'top-down' e.g. 'us and them.' The Committee agreed that 'our' should be taken out. The Director of Nursing commented that the one page document did not demonstrate a two way process and asked whether it should incorporate more about the Trust's Core Values and Behaviours. Richard Cryer, Non-Executive Director, reflecting an observation received about what it is like to work at Edward Jenner Court queried whether the Trust sufficiently gives people autonomy, and encourages people to act on their initiative. Nicola Strother Smith, Non-Executive Director asked if all the feedback from the exit interviews had been taken into account in the plan. The Director of Human Resources advised that much of the feedback was around the Local and Corporate Induction and not getting the basics right. The Director of Finance was working with a Listening into Action Scheme to review the Trust's Corporate Induction. Exit interviews will also be reviewed by this Group. Head of Human Resources informed the Committee that the Recruitment and Retention Group would also review the findings of the exit interviews. The Committee **APPROVED** the updated Workforce and Organisational Development Strategy (year 2 of a 3 year strategy), subject to it being revised to reflect the feedback above.

Item	Minute
17/HR027 Head of Communications	**7. <u>Communications & Engagement Strategy Progress Report</u>** The Head of Communications updated the Committee on the progress that was being made in implementing the Communications and Engagement Strategy. Summary of key priorities for 2017-18: • Intranet • Internet • Refreshed and improved staff engagement Gloucestershire STP The Head of Communications explained that the Trust is in contact with an external company who have come up with a niche product, which has already been rolled out to approximately 50 NHS Trusts across the country. The idea is that the external company use the Trust's internet and intranet platform to run banner adverts, organisations that are aligned to the Trusts values and behaviours. The banner adverts will be positioned on both platforms and go out to organisations that choose to advertise with us, they may then run a campaign for a year depending on the number of hits / traffic. Potentially in the first year the Trust could receive up to £15 - £20,000K. Richard Cryer, Non-Executive Director commented on communication within the Trust, that it needs to be two way and to improve its social media footprint. The Head of Communications confirmed that the Trust's social media reach has grown significantly over the last 12 months via Facebook, Twitter, LinkedIn and YouTube. Ingrid Barker (Chair of the Board) raised the importance of face to face communications and confirmed that after recent successful briefings the Chair and CEO will schedule regular briefings with colleagues. The Director of Nursing queried whether the focus should include face to face staff engagement. It was agreed that a fourth priority should be added around face to face staff engagement. The Committee **NOTED** the update and **APPROVED** the priorities, as updated at the Committee.
	8. <u>Volunteer Strategy</u> The Head of Human Resources updated the Committee on the progress of the Volunteer Strategy. It was noted that a working Group has met three times to develop the strategy.

Item	Minute
Head of Human Resources	The Group has been so well received that it will continue to meet after the strategy has been finalised to share good practice. A draft version of the Strategy will be submitted to the September meeting for the Committee to approve. The Head of Human Resources confirmed that two volunteers have been recruited to the Independent Living Centre. Richard Cryer, Non-Executive Director queried whether the Trust sees a role for the volunteer outside of the traditional inpatient services. The Head of Human Resources confirmed there were a number of areas outside of inpatients such as a number of volunteers working within the speech and language services. The Committee **NOTED** the report and that the Strategy would be considered in September.
17/HR029	**9. <u>Workforce, Education and Development Report</u>** The Head of Professional Practice and Education presented the Learning and Development priorities for 2017-18, highlighting he following key areas of achievement: Corporate and mandatory training have now been overhauled and systems and processes are now in place A considerable amount of work had been undertaken around the introduction of the Apprenticeship Levy and the Nursing Associate pilot scheme Ingrid Barker, Chair of the Board asked how the priorities would help the Trust progress towards better compliance. The Head of Professional Practice and Education stated that the Trust allocate colleagues time to complete e-learning and have access to computers within clinical practice areas but that access to this resource could be improved across the Trust. Richard Cryer, Non-Executive Director questioned whether the Apprenticeship Levy would be maximised for the Trust. The Head of Professional Practice and Education explained the Learning and Development team will work collaboratively with Service leads to identify new posts, and higher apprentices for existing staff. Head of Professional Practice and Education asked the Committee to note the Health Education England budget has been significantly capped, therefore the Trust has a very low allocation of CPD modules which support specialist and advanced practitioners and this is an area of risk for the Trust.

Item	Minute
	The Director of Human Resources commented that feedback from Investors in People suggest the Trust needed to improve evaluation of training and the learning and development team will be taking this forward. The 10 Learning and Development priority areas for 2017/2018 were noted as: 1. Mandatory training 2. Essential to Role training 3. Apprenticeship Levy 4. Placement Capacity 5. Prioritisation of Learning and Development Budget 6. To develop internal training programmes in line with the Trust's quality priorities 7. Supervision 8. Development of Programmes with the University of Gloucester (Nurse Degree, Assistant Practitioner for AHP's) 9. STP Capability Group 10. Research and Development The Committee **NOTED** the report and **APPROVED** the priorities for 2017/18.
17/HR032 Ambassador for Cultural Change	**10. Freedom to Speak Up report** The Ambassador for Cultural Change presented the Freedom to Speak Up report to the Committee. The Ambassador for Cultural Change confirmed that the National Case Review process was launched today and Freedom to Speak Up will become part of the new CQC inspection into Well Led. It was confirmed that formal concerns were submitted annually to the Audit and Assurance Committee and this Committee would review informal concerns raised. The Ambassador for Cultural Change had requested benchmarking data from the National office but this was delayed due to Purdah. However, compared to the Morecombe Bay's report which had been provided, the Trust measures quite favourably regarding the number of concerns raised. The Ambassador for Cultural Change advised that 3,000 concerns were raised nationally last year through Freedom to Speak Up and a third of those were patient safety related. The Director of Human Resources suggested regular meetings should take place with the NED lead to talk through cases to ensure independent oversight and review of themes. The Committee **NOTED** the report.

Item	Minute
17/HR033 Director of Human Resources	**11. Workforce risk register** The Director of Human Resources presented the Workforce Risk Register and confirmed the risks have been updated in line with the Trust's new approach. Furthermore, a column has been added to the register to identify whether the theme is a potential **risk** or a current **issue** or both. The Chief Operating Officer asked if the Trust was using the Risk Register to record issues rather than risks and should risks be separated out i.e. staff vacancies may impact on safety whereas community services does not necessarily impact on safety. The Director of Human Resources agreed that this risk should be reviewed and will be taken to the Risk Steering Group. The Committee **NOTED** the actions that are being taken to mitigate the workforce risks and issues.
17/HR034	**12. Workforce report** (inc. recruitment and retention) The Head of Human Resources presented the Workforce Report to the Committee. The Head of Human Resources asked the Committee to note the achievements from last year including the success in community nursing recruitment. The Director of Human Resources stated that the Trust has seen an increase in nursing vacancies over the last quarter which will be reviewed. The Director of Human Resources asked that going forward the Committee is updated around case work progress due to feedback from Investors of People with regards to the timeliness of formal investigations. Richard Cryer, Non-Executive Director asked what the underlying process was around case work investigations and whether the Trust has an appropriate way of escalating long term sickness into an investigative process. The Head of HR stated it was important to note the changes within the HR structure and that the Trust's HR Advisors very much work alongside managers to support the process and the ER tracking system has improved the recording of long term sickness. The Head of Human Resources explained that the Trust holds case conferences with Occupation Health and have adapted the policy to include mutually agreed termination. Nicola Strother Smith, Non-Executive Director asked does the Trust know how many people have never had a Personal Development Review (PDR). The Director of Human Resources explained that this level of

Item	Minute
Head of Human Resources	detail is reported monthly to managers and is also submitted to the formal executive meeting each month. The Director of Nursing raised the point around the nurse turnover and whether the Trust is aware of external factors i.e. other local organisations offering increased banding eg for Emergency Nurse Practitioners (ENPs). This will have a knock on effect on turnover and the Trust's ability to deliver some of the STP activities around urgent care centres. The Director of Nursing suggested this should appear on the Risk Register. The Trust completed a review of exit interviews and this has identified that 43% of leavers stayed with the Trust for less than 2 year of service with us. The Trust is therefore undertaking a comprehensive piece of work to review our induction and support nor new colleagues joining the organisation. The Head of Professional Practice asked whether the Trust captured the retention for newly qualified staff. The Head of Human Resources confirmed the data was available and would be included in future reports. The Committee **NOTED** the report.
17/HR/035	**13. Policy Development** Eleanor Hutchinson (EH), Human Resources Manager, provided the Committee with an overview of the Trust's position regarding HR policy development and review. The Committee **approved** the following policies subject minor amendments: • Rostering Policy • Email and Internet Acceptable Use Policy • Study Leave Policy • Induction Policy • Supervision Policy • Process for Recovering Personal Debts • Managing Allegations regarding children and adults with care or support needs policy The Committee **approved** minor amendments to the following policies: • Flexible Working Guidance • Flexible Working Options • Flexible Working Application Form • Secondment Policy • Maternity Policy • Social Media Policy

Item	Minute
	• Organisational Change Policy • Maintenance and Storage of Personal Files • Stress Management Policy
17/HR036	**14. Minutes from sub-committees** • **JNCF – 21 March 2017** • **Workforce, Education and Development Group – 4 May 2017** The above minutes were **NOTED** for information
17/HR036	**15. Forward agenda plan** The forward plan for 2017/18 was approved with the addition of the Volunteer Strategy for the September meeting.
17/HR020 Director of Human Resources	**16. Any other business** The Committee agreed to review the Workforce Systems achievements at the September Committee meeting. This would be added to the forward agenda plan.

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Trust Board

Date of Meeting: **30th November 2017**

Report Title: **Finance Committee Report**

Agenda reference Number	14/1117
Accountable Executive Director (AED)	Sandra Betney – Director of Finance
Presenter (if not AED)	Graham Russell Non-Executive Director
Author(s)	Sandra Betney
Board action required	Note
Previously considered by	Not Applicable
Appendices	1- Finance Committee Minutes 31st August 2017

Executive Summary

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

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's financial planning.
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

The minutes of the August Committee meeting were approved and are provided at Appendix 1.

Recommendations:
The Board are asked to **NOTE** the update from the Committee and **RECEIVE** the minutes from the August Finance Committee.

Related Trust Objectives	5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Finance Committee Report

1 Introduction and Purpose

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

2 Issues Considered by the Committee

The Finance Committee met on 13th November 2017. Key aspects considered included the Month 6 Finance Report; Budget Review – School Aged Immunisation Services, business planning for 2018/19 including estates and capital planning elements; Quality, Innovation, Productivity and Prevention (QIPP) performance and Commissioning for Quality and Innovation (CQUIN) achievement as well as progress again the Trust Cost Improvement Plan.

A number of commercially sensitive items were also progressed.

2.1 Finance Report Month 6

The Committee was assured that at Month 6 the Trust was broadly in line with plan.

The Committee welcomed further improvements to the format of the report, and agreed it would improve the Board's oversight and ability to drill down and challenge.

2.2 CIP/QIPP/CQUIN Progress

The Committee discussed in detail progress on the Cost Improvement Plan (CIP) and the processes currently underway to put in place the CIP Plan for 2018/19. It was confirmed that a useful workshop incorporating corporate and operational areas had taken place. The Committee was pleased with the reported position and stressed the importance of the CIP Plan for 2017/18 being achieved and the plan for 18/19 being defined as soon as possible.

It was confirmed that milestones for quarters 1 and 2 had been achieved for QIPP and CQUIN and that monitoring against quarter 3 was ongoing.

2.3 Annual Plan Process

The Committee was updated on the Business Planning process currently in development which was to be discussed by the Executive on 16th November. It was confirmed that the Board would be updated on this and consider the Estates Strategy key drivers at a future meeting.

2.4 Budget Review – School Aged Immunisation Services

The Committee received a very informative review on the School Aged Immunisation Services which clearly demonstrated the strength of the Trust's performance in this service.

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

Revisions were agreed to the Capital Plan.

4. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee and **RECEIVE** the minutes from the August Fnance Committee.

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Gloucestershire Care Services NHS Trust
Minutes of the Finance Committee Meeting
held on the 31st August 2017
in the Boardroom, Edward Jenner Court, between 15.30-17.30 hrs

Committee Members present:

Graham Russell	- Non-Executive Director (Chair)
Sandra Betney	- Director of Finance
Sue Mead	- Non-Executive Director
Candace Plouffe	- Chief Operating Officer
Ingrid Barker	- Trust Chair
Katie Norton	- Chief Executive (for items 1-6)

In attendance:

Stuart Bird	- Deputy Director of Finance
Gillian Steels	- Trust Secretary
Steven Wainwright	- Business Commercial Manager (for item 8)
Julie Goodenough	- Community Hospitals Matron (for item 10)
Sian Thomas	- Deputy Chief Operating Officer (for item 10)

	Minute
1/0817FC	**Welcome and apologies** Apologies were noted from Richard Cryer and Nick Relph Non-Executive Directors.
2/0817FC	**Confirmation that the meeting is quorate** The meeting was confirmed as quorate by the Trust Secretary.
3/0817FC	**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.
4/0817FC	**Minutes of the Finance Committee held on the 14th June 2017** The minutes of the meeting held on the 14th June 2017 were confirmed.
5/0817FC	**Matters Arising (Action Log)** The Committee reviewed the action log and agreed it reflected the current position.

	Minute
	It was noted that: • the Estates Strategy had been deferred to allow more development. • CIP was covered within the Finance Report • MSK System savings had been circulated • HIV Contract was now with NHSE
5/0817FC	CONFIDENTIAL SECTION
6/0817FC	CONFIDENTIAL SECTION
7/0817FC	CONFIDENTIAL SECTION
08/0817FC BCM	**Business Development Update** The Committee considered the Business Development Update. The Business Commercial Manager highlighted key issues and advised of current opportunities, including a potential Primary Care Tender for which the Trust would need a partnership with a GP Practice. He advised that this was currently being investigated. The Chair requested that future reports incorporated a conversion rate. The Director of Finance advised that she had introduced a standard tender assessment process for Executives to use to inform decision making. The Committee endorsed this structured approach. The Committee noted the Business Development Update.
9/0817FC	**Corporate Risk Register for Finance** The Committee considered the Finance Risks from the Board Assurance Framework as had been agreed at the July Board. The risks and mitigating actions were discussed by the Committee. The Director of Finance commented that the Estates Strategy current high score reflected the issues highlighted earlier in the meeting and the need to develop a long-term investment plan. The Committee confirmed their support for the measures outlined. The Corporate Risk Register – Board Assurance Framework items were noted and endorsed.
11/0817FC	**Forward Agenda Planner** The Forward Agenda Planner was discussed. It was agreed the following should be added: Capital Plan – November Patient Level Costing - January

	Minute
12/0817FC	**STP** **Specialist Stroke Rehabilitation** The information provided was noted. It was agreed the Urgent Care information be provided at the next meeting. It was agreed Specialist Stroke should also come to the next Quality and Performance Committee. It was noted that the next key event was the Clinical Senate. The CCG had decoupled this issue from the wider STP developments. The number of beds was being considered and the site needed to be agreed. Once this was known capital implications would be considered. The timeline was yet to be defined by the CCG. Graham Russell queried whether this financial year could be impacted and was advised that it might be depending on the timeline. The Update was noted.
13/0817FC	**Summary reports from**: Quality Steering Group CIP Steering Group Agency Usage Group Capital Expenditure Group IMT Steering Group The summary reports from the above steering groups were received and noted.
20/0617FC	**Any other business** None.
	Date of next meeting Monday 13th November 2017, The Boardroom, Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Gloucestershire, GL3 4AW

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Trust Board

Date of Meeting: **30th November 2017**

Report Title: **Finance Report**

Agenda reference Number	15/1117
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	
Author(s)	Stuart Bird, Deputy Director of Finance
Committee action required	To note
Previously considered by	n/a
Appendices	App 1 : Month 7 Finance Report

Executive Summary:

This report provides an overview of the Trust's financial position at month 7 (October 17)

Year to Date performance to end of October (Month 7) is summarised below:

- The Year to Date (YTD) adjusted surplus is £1.671m, £7k ahead of plan
- Cost Improvement Plan delivery YTD is in line with plan, however £1.6m of the £2.6m saved is non-recurrent. Work is ongoing to maximise recurrent savings and alleviate pressure on 18/19. Detailed plans now exist for £3.2m of the total.
- Year to Date capital spend is £0.7m compared to planned level of £2.3m. The full year capital plan is £4.8m and the latest forecast is now £4.3m with timing of key items now under review to ascertain if there is any spend that needs to be deferred to 2018/19.
- The cash at end of month 7 was £11.2m compared to plan of £7.0m.
- Agency actual spend to the end of Month 7 was £1.254m compared to a plan of £1.379m. Full year forecast is in line with the ceiling at £2.379m

It is noted that the Single Operating Framework scores are now included in the main body of the report. This shows that the Trust has a planned score of 1 throughout 17/18

and that this drops in 2018/19 when the liquidity score is impacted by planned capital investments in Gloucester Hub and the Forest of Dean Hospital.

Further developments to the Finance report included this month are :

- Increasing the forward look beyond the next financial year allowing a multi-year view of forecasts and risks
- Integrating the capital expenditure reporting to finance committee with the standard finance reports
- Detail on the budget setting process for 18/19

Planned further developments for future reports include:

- More analysis of income movements.
- Analysis on balance sheet components as balance sheet reviews are completed
- Splitting the block income to provide a proxy income split for service line reporting

Of particular note the board is asked to note the priority that is now being given to ensuring the delivery of recurrent cost improvement plans.

Recommendations:

The Committee is asked to **NOTE** the report.

Gloucestershire Care Services NHS
NHS Trust

2017/18 Month 7 Finance Report

V 1.2

Understanding you

Overview

- Planned surplus for 17/18 is £1.986m, per NHSI control total and latest forecast outturn
- Sustainability and Transformation funding (STF) included in plan is £1.020m
- Year to Date adjusted surplus to October (month 7) is £1.671m which is £0.007m above plan and includes £0.459m of STF.
- Agency spend cap is £2.379m; year to date spend is £1.254m, £0.125m below the plan of £1.379m (16/17 total full year spend was £1.676m).
- Year to date Cost Improvement Plan (CIP) delivery is ahead of plan by £0.011m at £2.620 (£1.052m recurrent, £1.568m non recurrent). Full year CIP is £4.6m; schemes to deliver £3.138m of annualised recurrent savings are being monitored.
- £2.17m of has been removed from recurrent cost budgets so far in the year. New recurrent schemes to deliver approx £0.4m are being targeted and developed. The remainder will be met non recurrently.
- Planned income from Quality, Innovation, Productivity and Prevention (QIPP) schemes is £3.9m incl. £0.9m risk share. Quarters 1 and 2 have now been confirmed as delivered in full. Current full year forecast assumes the same for quarters 3 and 4.
- Planned income from Commissioning for Quality and Innovation (CQUIN) schemes is £1.5m for agreed milestones. Current forecast assumes full delivery. As with comments above on QIPP the trust has agreed full delivery of CQUIN for Q1 and Q2
- Cash balance at end of Month 7 (October 2017) was £4.2m above plan at £11.2m.
- Capital spend Year to Date is £0.684m compared to plan of £2.275m. Full year forecast £0.5m below plan at £4.3m.

Income and Expenditure

Year to date performance is £7k better than control total at £1,671k.

Summary I&E below shows differences to plan on Year to Date Income , Pay and Non Pay Costs.

At service level there are overspends in community hospitals offset by underspends in Integrated Community Teams , Countywide and Children's services.

STATEMENT OF COMPREHENSIVE INCOME	Year to Date September 2017			Forecast Outturn 2017/18		
All figures £000	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Operating income from patient care activities	64,217	63,400	(817)	109,010	108,450	(560)
Other operating income exc STF	7	892	885	12	1,264	1,252
Employee expenses	(46,151)	(45,603)	548	(79,100)	(78,603)	497
Operating expenses excluding employee expenses	(15,510)	(16,164)	(654)	(26,619)	(27,896)	(1,277)
PDC dividends payable/refundable	(1,421)	(1,372)	49	(2,440)	(2,349)	91
Remove capital donations/grants I&E impact	63	59	(4)	104	101	(3)
Adjusted financial performance exc STF	**1,205**	**1,212**	**7**	**967**	**967**	**0**
Sustainability & transformation fund	459	459	0	1,020	1,020	0
Performance against control total	**1,664**	**1,671**	**7**	**1,987**	**1,987**	**0**

Balance Sheet

- Notable differences between Actual and plan at March 17
- Year asset “mark to market” revaluation uplift
- Provisions were made at 31/3/17 for dilapidations on Southgate moorings and repair costs at Tewkesbury Hospital.
- Differences arising during 17/18
- None, the reduced payments to creditors previously reported have now been resolved.
- Year to date capital is now significantly below plan and is reflected in lower than planned fixed asset value (even after adjusting for end of year revaluation) but higher cash.

STATEMENT OF FINANCIAL POSITION (all figures £000)		Mar-17	October 2017 Actual			Mar-18	Mar-19
		Audited PY	Plan	Actual	Variance	Forecast	Forecast
Non-current assets	Intangible assets	1,581	1,803	1,356	(447)	2,028	2,528
	Property, plant and equipment: other	80,371	79,667	79,575	(92)	81,810	86,610
	Total non-current assets	**81,952**	**81,470**	**80,931**	**(539)**	**83,838**	**89,138**
Current assets	Inventories	227	250	227	(23)	250	500
	NHS receivables	5,135	5,400	3,378	(2,022)	5,400	5,650
	Non-NHS receivables	1,793	2,271	1,938	(333)	2,271	1,771
	Cash and cash equivalents:	8,280	7,100	11,316	4,216	5,615	1,991
	Total current assets	**15,435**	**15,021**	**16,859**	**1,838**	**13,536**	**9,912**
Current liabilities	Trade and other payables: capital	(1,833)	(2,000)	(558)	1,442	(604)	(904)
	Trade and other payables: non-capital	(9,711)	(11,193)	(9,681)	1,512	(9,783)	(9,072)
	Provisions	(1,050)	0	(1,144)	(1,144)	(300)	(450)
	Total current liabilities	**(12,594)**	**(13,193)**	**(11,383)**	**1,810**	**(10,687)**	**(10,426)**
Non-current liabilities	Provisions	**(15)**	**(16)**	**(16)**	0	**(16)**	**(16)**
	Total net assets employed	**84,778**	**83,282**	**86,391**	**3,109**	**86,671**	**88,608**
Taxpayers Equity	Public dividend capital	79,982	79,982	79,982	0	79,982	79,982
	Revaluation reserve	6,319	1,886	6,318	4,432	6,319	6,319
	Other reserves	(2,398)	(165)	(2,398)	(2,233)	(2,398)	(2,398)
	Income and expenditure reserve	875	1,579	2,489	910	2,768	4,705
	Total taxpayers' and others' equity	**84,778**	**83,282**	**86,391**	**3,109**	**86,671**	**88,608**

Capital and Cash

Gloucestershire Care Services NHS Trust

Capital schemes	Year To Date			Full Year			2018/19
	Plan	Actual	Variance	Original Plan	Revised Plan	Latest Forecast	Plan
Gloucester hub	800	4	796	2,000	1,000	4	2,000
Forest of Dean	0	0	0	1,000	1,000	1,000	5,000
Building refurbishment	130	587	(457)	250	1,045	1,541	250
IT replenishment	300	0	300	750	785	785	750
IT Network replacement	500	6	494	500	500	500	0
Corporate systems	150	9	141	150	150	150	150
Medical Equipment	50	78	(28)	150	320	320	150
Total	**1,930**	**684**	**1,246**	**4,800**	**4,800**	**4,300**	**8,300**

- Trust full year capital plan is £4.8m and includes £1.5m relating to Gloucester hub that was carried forward from 16/17.
- Year to date spend to October 2017 (M7) is £684k compared to a plan figure of £2,275k
- 2018/19 plan figures for Gloucester Hub and Forest of Dean under review

- **Cash position at 31/10 is a positive balance of £11.2m**
- This is £3.0m higher than at the start of the financial year and is the result of STF collection, Improved cash receipts from commissioners and lower year to date capital spend relative to operational surplus.
- The delays to creditor payments as a result of the new system are no longer a factor.

Cash Flow Summary and Forecast

Statement of Cash Flow £000	ACTUAL YTD to October 2017		Full Year Forecast 2017/18		Next Year 2018/19	
Cash and cash equivalents at start of period		**8,280**		**8,280**		**5,670**
Cash flows from operating activities						
Operating surplus/(deficit)	**1,614**		**1,948**		**1,937**	
Add back: Depreciation on donated assets	**59**		**100**		**100**	
Adjusted Operating surplus/(deficit) per I&E	**1,673**		**2,048**		**2,037**	
Add back: Depreciation on owned assets	1,645		2,814		2,900	
(Increase)/decrease in STF receivable	327		786		0	
(Increase)/decrease in inventories	0		(23)		(250)	
(Increase)/decrease in other NHS receivables	1,430		(1,051)		500	
(Increase)/decrease in non NHS other receivables	(145)		(478)		(250)	
Increase/(decrease) in provisions	94		(749)		150	
Increase/(decrease) in trade and other payables	(30)		72		(711)	
Increase/(decrease) in capital payables	(1,275)		(1,229)		300	
Net cash generated from / (used in) operations		**3,719**		**2,190**		**4,676**
Cash flows from investing activities						
Purchase of property, plant and equipment	(683)		(4,800)		(8,300)	
Net cash generated used in investing activities		**(683)**		**(4,800)**		**(8,300)**
Cash and cash equivalents at end of period		**11,316**		**5,670**		**2,046**

Capital Tracker

Gloucestershire Care Services NHS
NHS Trust

- Trust full year capital plan is £4.8m and includes £1.5m relating to Gloucester hub that was carried forward from 16/17.
- Balance of year schemes include
  - COIN Network enhancements
  - laptop replacement for clinical staff
  - MIIU refurbishment at Stroud and Dilke Hospitals
  - Desktop PC refresh
  - IT licencing.
  - Roof recovering for Cirencester Canteen and Therapy Rooms
  - I-Stat blood analysers
  - Anaesthetic Machines at Stroud and Tewkesbury
- The capex committee meets on a regular basis and is now forecasting spend of £4.3m in year across a range of schemes.

Gloucestershire Care Services NHS Trust

Single Oversight Framework Rating

	Actual							Plan 2017/18						Plan
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	112	2018/19
Capital service cover metric	3.39	3.58	3.60	3.56	3.51	3.58	3.41	3.02	2.94	2.87	2.82	2.77	2.96	2.79
Capital service cover rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Liquidity metric	7.14	6.11	7.45	18.45	20.99	21.61	18.70	5.42	4.37	3.13	2.06	1.05	9.79	(12.00)
Liquidity rating	1	1	1	1	1	1	1	1	1	1	1	1	1	3
I&E margin metric	3.1%	3.2%	3.2%	3.1%	3.0%	2.9%	2.6%	2.3%	2.2%	2.0%	1.9%	1.8%	1.8%	1.9%
I&E margin rating	1	1	1	1	1	1	1	1	1	1	1	1	2	1
Distance from plan metric	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%						0.0%	0.0%
Distance from plan rating	1	1	1	1	1	1	1						1	1
Agency metric (% above/(below) plan	2%	-21%	-26%	-20%	-19%	-11%	-9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Agency rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SOF rating after overrides	1	1	1	1	1	1	1						1	1

SCORE BOUNDARIES			
1	2	3	4
2.5	1.75	1.25	<1.25
0	-7	-14	<-14
1%	0%	-1%	<=-1
0%	-1%	-2%	<=-2%
0%	25%	50%	>=50%

Trust overall rating is 1 throughout the year
All of the top 3 measures deteriorate over the year but are still in the target range at the end of the period
Overall rating is determined by giving a 20% weight to each score and calculating a combined score.
Plan for 2018/19 sees a reduced score for liquidity when cash is absorbed funding capital investments.

Overall Score will be one of the factors used to detrmine segmentation by NHSI

Segment	Description
1	Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance.
2	Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.
3	Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements.
4	Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures.

Risks and Opportunities

- Significant items being managed at this stage of the year are as below:

	Intial Risk/ (Opportunity)	Mitigated Risk	Month 7 Change
Delivering required recurrent CIP	2,000	1,000	500
Delivering required non recurrent CIP	250	0	-200
Delivery of non rec savings in year to offest CIP phasing	1,000	0	-200
Delivering Remaining QIPP milestones	1,500	100	0
Achieving QIPP risk share on rapid response service	775	387.5	137.5
QIPP risk share on MSK and New Community Model	125	0	0
Delivering CQUIN in line with plan	800	100	0
Managing agency spend within cap *	663	0	0
CQUIN risk pool income that could possibly be made avaialble	-400	-400	-400
	6,713	**1,187.5**	**-162.5**

2018/19 risks for CIP, QIPP, CQUIN and cost pressures will be quantified in the planning process.

- Risk on agency spend reflects the all or nothing payment basis for the remaining STF. If the trust operates within “ceiling” of £2,379k the STF is payable (subject to other conditions), if the limit is breached the income is lost.

Planning for 2018/19

- Budgeting and business planning for 2018/19 has now begun
- Initial view is that CIP requirement will be approx £5.5m
  - CIP delivery will be through a combination of directly allocated savings targets based on a percentage of each cost centres total cost budget and corporate transformational schemes
  - Planned split between tactical and transformational schemes is £2.3m and £3.2m respectively
  - A CIP planning meeting was held on Friday November 3rd to begin the process of identifying and developing the transformational schemes
- Outlie dates for budget process are as below

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trust target	31st					
Directorate targets		24th				
CIP adjustments				31st		
Exec approval of cost pressures			22nd			
Target resolution meetings completed				31st		
Draft budgets				31st		
Final budgets					28th	
Board approval of budgets						20th

TRUST PUBLIC BOARD - FORWARD PLANNER

Month	January	March	May	July	September	November
General Business						
Service User Story - TBC	x	x	x	x	x	x
Questions from the public	x	x	x	x	x	x
Leadership & Strategy						
Chair's Report	x	x	x	x	x	x
Executive Team Report	x	x	x	x	x	x
One Gloucestershire - Sustainability and Transformation Plan, including any consultation updates	x	x	x	x	x	x
Quality and Operational Performance						
Quality and Performance Committee update	x	x	x	x	x	x
Workforce and Organisational Development Committee update (as required)	x	x	x	x	x	x
Quality and Performance Report	x Month 8	x Month 10	x Month 12	x Month 2	x Month 4	x Month 6
Finance						
Finance Committee update	x	x	x	x	x	x
Finance Report	x Month 8	x Month 10	x Month 12	x Month 2	x Month 4	x Month 7
Assurance						
Board Assurance Framework	x	x	x	x	x	x
Charitable Funds Update (as required)	x		x		x	
Audit and Assurance Committee Update	x		x		x	
Review of Quality and Annual Accounts				x		
Governance Update		x				
Strategies						
	Health, Safety and Security Strategy 2017 (every 3 years, **due 2020**)	Risk Management Strategy 2017(every 3 years, **due 2020)**		Workforce and OD Strategy 2016 (every 3 years , **due 2019**)	Clinical Strategy 2016 (every 3 years, **due 2019**)	Business Continuity Strategy 2016 (every 3 years, **due 2019**)
	Information Management and Technology Strategy 2017 (every 3 years, **due 2020**)	Finance Strategy 2017 (every 3 years)				
	Estates Strategy **Due 2018** (every 3 years)	Business Development Strategy 2017 (every 3 years)				
	Communication & Engagement Strategy 2017 (every 3 years, **due 2020**)	Charitable Funds – position statement 2017 (every 2 years)				
Corporate						
Understanding You Report	x				Revised approach to November 2017 Board	Revised approach to November 2017 Board

Every routine meeting will include:
Welcome and Apologies
Quoracy confirmation
Declaration of Interests
Approval of minutes from last meeting
Action log –
Forward Planner
Any other Business
Date of next meeting
Opportunity to informally review the meeting

Quality Strategy 2017 - under review

AGENDA ITEM 17

Any Other Business

Gloucestershire Care Services NHS Trust

AGENDA ITEM 6

Questions from the Public