NHS
Gloucestershire
Care Services
NHS Trust

GCS Trust Board Wednesday 20th September 1.30pm-4.00pm

Edward Jenner Court, Brockworth, GL3 4AW

AGENDA

General Business			Presenter	Purpose
13.30	1/0917	**Apologies for Absence and Confirmation the Meeting is Quorate (**4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair)	Chair	To note
	2/0917	**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
13.35	3/0917	**Minutes of the previous Board Meeting –** held on 20th July 2017	Chair	For Approval
	4/0917	**Matters Arising Action Log** - matters arising not covered by other items on the agenda	Chair	To note
13.40	5/0917	**Questions from the Public**		To note
Leadership and Strategy				
14.00	6/0917	**Chair's Report**	Chair	To note and approve
14.10	7/0917	**Chief Executive Report**	Chief Executive	To note and approve
14.20	8/0917	**Community Hospital Services in the Forest of Dean – Public Consultation**	Chief Executive	To note
14.30	9/0917	**One Gloucestershire - Sustainability and Transformation Partnership Update**	Chief Executive	To note
Quality and Operational Performance				
14.40	10/0917	**Quality and Performance Committee Report**	Committee Chair	To note
	11/0917	**Quality and Performance Report – Month 4**	Chief Operating Officer & Director of Nursing	To note
Finance				
15.00	12/0917	**Finance Committee Report**	Committee Chair	To note
	13/0917	**Finance Report – Month 4**	Director of Finance	To note
Assurance				
15.20	14/0917	**Audit & Assurance Committee Report**	Committee Chair	To note and approve

15.30	**15/0917**	**Charitable Funds Committee Update**	Director of HR	To approve
15.40	**16/0917**	**Board Assurance Framework**	Chief Executive	To note
For Information				
15.50	**17/0917**	**Forward Planner Review**	Trust Secretary	To note
Other Items				
	18/0917	**Any Other Business**		
	19/0917	**Date of Next Meeting – 30th November 2017**		

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

Appendix 1

Standing Declarations of Interest

Ingrid Barker	Board Members and Trustee NHS Providers Governor Hartpury College Husband Vice Chancellor Nottingham Trent University
Sandra Betney	Director Summerhill Supplies Ltd (wholly owned NHS Subsidiary) 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	

AGENDA ITEM 2

Welcome and apologies

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board Minutes

Date: 20th July 2017

Meeting on 20th July 2017 at 12.30hrs
at The Main Place, Coleford, Gloucestershire

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
Dr. San Sumathipala	Deputy Medical Director
Public/Press	
	A number of councillors and members of the public attended the meeting

Ref	Minute
01/0717	**Apologies and Quoracy** The Chair welcomed colleagues and members of the public. It was noted that there were apologies from the Medical Director and that his Deputy was attending in his place. The Chair confirmed that the meeting was quorate.
02/0717	**Declarations of Interest** Declarations of interest previously declared were noted.

Understanding You

03/0717	**Service User Story – Multi Disciplinary Team – Integrated Community Team (ICT) and Discharge** The Director of Nursing introduced a short film demonstrating the work of the ICT team in supporting an individual with complex rehabilitation needs.. The short film highlighted the importance of effective communication and planning between local and specialist providers, which can often be out of area. It also demonstrated that recovery following life changing incidents was often focused on setting realistic small step goals. Sue Mead, Non-Executive Director observed the resource intensive nature of the support provided and the need to develop a performance framework that reflected this. Members of the Board also recognised the need to ensure that there is operational flexibility to balance individual ICT case-loads. The Chief Executive Officer reflected on the importance of raising awareness of what colleagues are doing every day to support complex needs in peoples own homes. The Chair also commended the work of the teams involved and reflected that the Service User Story ensured the Board was focussed through its on-going discussions in the meeting on the Trust's core purpose.
04/0717	**Minutes of the Meeting Held on 18th May 2017** Subject to some minor clarifications the Minutes were **APPROVED** as a true record.
05/0717	**Matters Arising (Action Log)** The Board **NOTED** the items on track or completed. It was noted that item 10/116 was still under discussion with the Gloucestershire Clinical Commissioning Group.
06/0717	**Questions from the Public** No written questions had been received. The Chair invited questions from the members of the public present. Councillor Di Martin, Cinderford East, asked for clarification on the timetable for the consultation exercise for the Forest of Dean Community Hospital provision. In response, the Chief Executive Officer confirmed that it was anticipated that a public consultation would be launched in the Autumn. She advised that the Case for Change which was being considered by Board at the meeting set out the context for the development of proposals which would be subject to consultation. The Chief Executive also confirmed that the County Council's Health and Care Overview and Scrutiny Committee (HCOSC) would have a key role in providing assurance that the necessary arrangements were in place to ensure effective consultation prior to the consultation beginning. Albert Weager, Forest of Dean Health Forum, commented positively on the service user story. He advised he had read the Case for Change and considered that the consultation document should provide a clear blueprint to bring the Forest of Dean services up to the standard of the rest of the County. Brian James, Lydney League of Friends, echoed the comments of Mr. Weager.

	Bren McInerney updated on the recent successful visit of the Chief Nurse for England to Gloucestershire and agreed to circulate details of her blog covering the visit to the Board.
07/0717	**Chair's Report** The Chair highlighted key aspects from her report: Of note, the Chair: i) Highlighted the review of Non-Executive Director Portfolios ii) Updated on the Insight Programme which was focussed on improving diversity of Board membership across the South West and advised that the Trust would be participating in the Programme from September with a local candidate iii) Updated on changes to the Cabinet at the County Council and Chair of HCOSC iv) Advised that the new Independent Chair of the Sustainability and Transformation Partnership, Chris Creswick, would take up his post at the end of August. v) Updated on the Minor Injury and Illness Units (MIIUs) performance, noting that the Gloucestershire Health and Care Overview Scrutiny Committee (HCOSC) had also been briefed. vi) Confirmed that Gloucestershire Hospitals NHS Foundation Trust (GHFT) recent Care Quality Commission) CQC inspection outcome had been published with an overall finding of "requires improvement". vii) Informed the Board that following the publication of the GHFT Finance and Governance Review report, she had asked Nick Relph, as a new Board member, to lead a review to gain assurance on GCS's position in relation to the issues raised by the GHFT report. Graham Russell, Non-Executive Director, commented on the benefit of achieving links between Health and Housing Associations to support joint working. The Chair of the Board confirmed this had been a subject of a recent Health & Wellbeing Board away-day and the Chief Executive Officer confirmed that this would be incorporated within the mapping currently being undertaken on joint working with the voluntary sector. 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.
08/0717	**Chief Executive's Report** The Chief Executive outlined the key aspects of her report which: i) Confirmed the publication of the 2016/17 Annual Report and the 2016/17 Quality Account which had been approved through the Audit & Assurance Committee and Quality and Performance Committee respectively. ii) Confirmed the Trust's continued commitment to progressing and championing the Place Based Model to support new ways of working across organisational boundaries to meet the needs of the local population. iii) Provided key updates and guidance from Regulators. iv) Updated the Board on key areas of work to support key areas of operational delivery including estates development.

	v) Provided an opportunity to celebrate some of the key achievements of the Trust and our colleagues since the last Board report. Following the tragedy at Grenfell Tower the Chief Executive Officer confirmed the work the Trust had undertaken to review Trust properties. It was noted that the NHSE Regional Team had completed a review of the Trust revalidation processes for medical and dental staff. The draft report had identified a number of areas of good practice as well as offering a number of recommendations for improvement. These would be reviewed by the Quality and Performance Committee. The Board also noted the work proposed to complete a self-assessment against the recently published Well Led framework. The Chief Executive Officer drew the Board's attention to the performance and operational actions being taken to support local Minor Injury and Illness Units across Gloucestershire, which were seeing a significant increase in activity. There had been some specific issues impacting on resilience in the Stroud MIIU which had impacted on the Vale MIIU. The Board was assured that additional support was being provided to colleagues in Stroud, with active recruitment ongoing. The Chief Operating Officer advised that agency staff had been block-booked to provide consistency until new staff started. Sue Mead, Non-Executive Director, confirmed that this was being monitored by the Quality & Performance Committee. The Chief Executive Officer thanked colleagues for the ongoing work relating to Tewkesbury Hospital remedial work and confirmed this was on schedule. It was also noted that the MSK service had recently been highly commended at the Health Service Journal (HSJ) awards. The Chief Operating Officer confirmed that the Trust was continuing to review the radiology provision as GHFT was having difficulty recruiting clinicians to support this service. It was confirmed that the Quality & Performance Committee would continue to keep this under review. The Board **NOTED** the Chief Executive's Report.
09/0717	**One Gloucestershire** The Board received the report providing an update on ongoing work being progressed through the One Gloucestershire Sustainability and Transformation Partnership. The report confirmed that considerable progress had been made across the four main programmes of work with agreement to establish a 5th core programme in relation to mental health. It was noted that Mary Hutton had started her role as STP Lead and was working two days a week, and that Mark Walkinshaw would be covering her role as Accountable Officer at the CCG. The Board were advised that there had been a helpful Stage I assurance meeting with NHSE on 6th July and that the Clinical Senate meeting had been held on 18th and 19th July. Board members commented that the progress being made was encouraging. The Board **NOTED** the report.

10/0717	**Forest of Dean - Case for Change** The Board received the report introducing the Case for Change which had been prepared to inform proposals for change. It was noted that the Case for Change had been completed and agreed by One Gloucestershire STP partners. It set the context for the development of proposals with the expectation that the proposals in relation to community hospital services will require formal public consultation. The One Gloucestershire Sustainability and Transformation partners had agreed that the Case for Change was compelling and that progressing clear options to be subject to consultation should be taken forward. In recommending the Case for Change for approval, the Chief Executive took the opportunity to reflect with pride on the health services provided in the Forest and, specifically the role that the two community hospitals had played over many decades. The need to develop new infrastructure which would meet the needs of the future was, however being recognised in the context of the unique geography and needs of the local population. She highlighted the challenge of providing services of the quality the Trust aspired to across two sites and the need to respond to inequalities within the Forest of Dean. It was noted that the Forest of Dean Reference Group, which comprised members of the public within the Forest had been involved in the work to date. As a member of the Reference Group, Richard Cryer confirmed that he welcomed the document and that it reflected the views of the local people and recognised the need to respond to an ageing population. The Chair reflected that the Trust's strapline "Understanding You" was core to the organisation and she was glad that local people had been involved in the process, and would continue to be part of the process. The Director of Nursing commented positively on the work of colleagues in ensuring that the current Forest of Dean hospitals were CQC compliant, however noted that this was becoming increasingly challenging. The Director of Finance confirmed that in responding to the Case for Change, the Trust had already made some provisions within the capital plan. Sue Mead, Non-Executive Director, commented that there was a real opportunity for a whole system approach. Graham Russell, Non-Executive Director, recognised the complexity of the issues and the importance of meeting the needs of some of the most deprived areas in Gloucestershire. The Chief Executive Officer commented positively on the opportunity to transform ways of working built on the place based model. The Board: (i) **RECEIVED** the Forest of Dean Case for Change (ii) **CONFIRMED** the intent of the Board to respond to the Case for Change with a Strategic Outline Case setting out the options with particular reference to the provision of community based services in the Forest. A number of members of the public left the meeting at this point.

09/0717	**Quality and Performance Committee Report** The Board received the report providing assurance that the Quality and Performance Committee continued to oversee the Trust's quality, performance, clinical expertise and achievements in line with its delegated authority. The report confirmed the following activities: • The decision of the Committee to approve, on behalf of the Board, the 2016-17 Trust Quality Account for publication; • Assurance in relation to a number of operational areas that have been considered by the Committee, including the reporting and reduction in delayed transfers of care, medical cover in our community hospitals and revalidation. • Assurance that areas identified as presenting an increased risk for the Trust are being managed, including the resilience of our MIIU services due to staffing pressures in a number of areas, work with GCC partners in response to the recent OFSTED inspection and oversight of temporary changes in services to support remedial estates work. Sue Mead, Non-Executive Director and Chair of the Committee, confirmed that much of the discussion of the Committee had been covered earlier at the meeting, however she took the opportunity to draw the Board's attention to the work ongoing to reduce falls and pressure ulcers and the plan to embed SMART principles in quality improvement plans to support monitoring by the Committee. The Trust Board: (i) **NOTED** the Quality and Performance Committee report (ii) **NOTED** that the Committee had approved on behalf of the Trust Board the 2016-17 Quality Account for publication on the NHS Choices website on 30th June 2017. (iii) **RECEIVED t**he approved minutes of the Quality and Performance Committee held on 25th April 2017
10/0717	**Quality and Performance Report – May 2017 data** The Board considered the overview of the Trust's performance as at May 2017. The report highlighted some notable improvements in a number of areas including: • Reduced delayed transfers of care • Improving in childhood measurement and HPV immunisation ahead of trajectory • 99.6% of patients seen and discharged from MIIUs within 4 hours despite recent operational pressures experienced within some of the units Members were pleased with these improvements. The report also confirmed that more work was being undertaken to ensure the necessary actions are in place relating to the increase in onward referral rates from MIIUs recorded in May and reporting and management of safety thermometer harm free care. The Director of HR commented on work being undertaken to ensure that data for Personal Development Reviews (PDRs) was owned by areas. This was welcomed by the Board. Nick Relph, Non-Executive Director, queried why there had been an increase in health and

	safety incidents. The Director of Finance confirmed that this was being monitored by the Trust's Security Specialist and advised that the numbers related to multiple incidents from one patient which was being reviewed. The Board was also advised that a moving and handling review had identified a training need in relation to laptops and that procurement was now sourcing lighter laptops. Additionally the process to raise a health and safety concern had again been highlighted to colleagues. The Board also considered a report providing an overview of system performance in relation to urgent care. Jan Marriott, Non-Executive Director, commented that the Trust continued to have high bed occupancy levels and the Chief Operating Officer advised that the improved discharged transfers of care levels should improve patient flow. The importance of the Board understanding the flow of patients within the health and care system was highlighted. Challenges around reablement provision were discussed. The Board **NOTED** the report. 15:50 – Ingrid Barker and a number of members of the public left the meeting. Sue Mead, Vice-Chair commenced chairing of the meeting at 16:00 hrs.
11/0717	**Finance Committee Report** Graham Russell, Non-Executive Director and Chair of the Finance Committee, introduced the report. He confirmed that month 1 figures were on track and updated on the work to take forward the Business Development Strategy. It was confirmed the next stage of its development would be at the Board Development day in August. The Board **NOTED** the update from the Committee and **RECEIVED** the minutes from the April Finance Committee.
12/0717	**Finance Report – Month 2 Data** The Director of Finance introduced the report which confirmed key financial targets, requirements for 2017/18 and performance at month 2. It also confirmed the priority that was being given to ensure the delivery of current Cost Improvement Plans (CIP). It was noted that at Month 2 the Trust was in line with the plan and was currently ahead in relation to cash held. The Director of Finance advised that the new financial system had led to some delayed payments, however actions were progressing to improve this position. It was noted that work was ongoing on delivering the Cost Improvement savings required. She advised that for the next year CIPs were being incorporated within the budget setting process. This approach was welcomed by the Board. The Director of Finance updated the balance sheet relating to assets, following a query from Richard Cryer, Non-Executive Director. The Board discussed the challenges within the CIP schemes and the work ongoing to ensure that milestones for CQUIN and QUIP were clear and could be effectively monitored to provide the Board with certainty. Members welcomed the approach being taken to reduce the level of risk over the year. The Board **NOTED** the report.

13/0717	**Workforce and Organisational Development (OD) Committee update** The Board received the report providing assurance on the Workforce and Organisational Development Committee work in discharging its responsibility for oversight of the Trust's workforce and OD strategy on behalf of the Board. The Board noted that the workforce metrics as at 31st May 2017, specifically that : • Continued improvement was being made with regard to statutory and mandatory training compliance; however this remains a significant challenge. • Due to an increase in influenza and other respiratory viruses the Trust experienced a spike in sickness absence during the period December 2016 to April 2017. • Personal Development Review (PDR) compliance remains static at 76%. • The Trust's turnover rate has increased which is impacting on capacity. Nicola Strother Smith, Chair of the Committee, confirmed that 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. It was noted that exit interviews had highlighted that a significant proportion of new colleagues had left within two years of service and had indicated that local induction had an important role to play in reducing this, which was now being progressed. The Board debated the workforce target levels and the need to impact on the Friends and Family Test. The Chief Executive Officer advised that it had been discussed at JNCF and at CORE and the need for the strengthening of responsibility across the organisation for meeting the targets was recognised. The importance of achieving PDR and mandatory training level compliance at a higher percentage was confirmed as a priority and the need for managers to be held to account was stressed. Following debate it was agreed that the proposed targets within the paper should be approved recognising that a new approach needed to be in place to support this. The Board: **(i)** **CONFIRMED** the proposed workforce targets for 2017/18 **(ii)** **CONFIRMED** the proposed workforce and OD priorities for 2017/18 **(iii)** **NOTED** the ongoing work to support colleagues to raise concerns **(iv)** **NOTED** the approval of 14 HR Policies, and policies under review. **(v)** **RECEIVED** the minutes of the Workforce and OD Committee held on 16th February 2017
14/0717	**Charitable Funds Committee Update** The Board received the report and noted recent discussions by the Brokenborough Sub-Committee of the Charitable Funds Committee confirming the support for a proposal to update the Brokenborough Charitable Objects. The Board as Corporate Trustee **APPROVED** formal application to the Charity Commission for a Cy-pres scheme to amend the Charitable Objects of the Brokenborough Charity as set out in the report with if possible the addition of the words "or successor organisations" and confirmed that it was aware of no controversy relating to the scheme.

15/0717	**Board Assurance Framework update** The Board received the Board Assurance Framework which had been developed in line with Executive and Board discussions at a number of sessions. It was noted that further work on developing metrics for the overall framework was ongoing and that corporate risks were being updated to the agreed new format and will then be incorporated. It was noted that the Executive Risk Steering Group had been reviewed to include a wider executive leadership team to increase oversight and timely management of risks within the Trust. Board Members recognised the work that had been carried out to achieve this iteration and confirmed that issues raised previously had been incorporated. It was agreed that the Committees should further review the risks which were assigned to them as part of the assurance process. Richard Cryer, Non-Executive Director, suggested that the colouring be looked at to consider RAG rating within the document itself. It was noted that work on the well-led framework which was currently ongoing would be sense checked against the Board Assurance Framework. The Board **RECEIVED** the Board Assurance Framework and **NOTED** the actions being taken to mitigate risks.
16/0717	**Agenda Forward Planner** The Board **NOTED** the forward agenda planner.
17/0717	**Any Other Business** None There being no further business the Chair closed the meeting at 16.45.
18/0717	**Date of Next Meeting in Public** It was agreed that the next meeting of the Board be held on 20th September 2017.

Chair's Signature:

Date:

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log - 20 September 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 March 2017	Further information provided to GCCG Response awaited.	
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 September 2017	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 to reflect system review timing)	Status Report scheduled for August Quality & Performance Committee. System review of Mortality to be undertaken.	
11/0317	Quality and Performance Report	**Bed Occupancy** – review to be undertaken to assess impact of continued high levels of occupancy and impact on quality and outcomes.	Director of Nursing/Chief Operating Officer	September 2017	Report to Quality and Performance Committee August 2017	

Gloucestershire Care Services NHS Trust

AGENDA ITEM 5

Questions from the Public

Trust Board	
Date of Meeting:	**20th September 2017**
Report Title:	**Chair's Report**

Agenda reference Number	06/0917
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker- Chair
Author(s)	Ingrid Barker- Chair
Board action required	Note and Approve
Previously considered by	Not Applicable
Appendices	

Executive Summary

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

Recommendations:

The Board is asked to:

1. **NOTE** the Report and **APPROVE** the revisions to the NED portfolios.

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. Board Development

We are pleased to welcome Pak Wong to the Trust for his placement with us as part of the Insight programme. Pak will be attached to the Trust through the programme from 1 September – 28 February 2018. Pak will attend Board meetings, Committee meetings and have meetings with the Chair, Committee Chairs, Trust Secretary and Executive and also shadow Quality Visits. He is keen to gain more insight and experience into the role of a Non- Executive Director in the NHS, particularly as two of his children are doctors in the NHS.

There are two additions to the recently revised NED portfolios. Jan Marriott is to become the NED lead on the Mortality Review Group and Nick Relph is to become the NED lead for Emergency Preparedness Resilience and Response (EPPR).

3. 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 meeting new post holders. Some of these have been:

Meetings with the County's MPs - over the last several summers the Chief Executive and I have visited our local MPs during their recess from Parliament to give a general update and briefing on issues relating to the Trust and its services. Over recent weeks, Katie Norton and I have met with Richard Graham MP (Gloucester), Geoffrey Clifton Brown MP (Cotswolds), Alex Chalk MP (Cheltenham), Mark Harper MP (Forest of Dean) and Laurence Robertson MP (Tewkesbury). All have been supportive and positive meetings and Richard Graham and Mark Harper have been able to visit some of our services (community hospitals, Rapid Response, ICTs), with Alex Chalk is planning to do so soon.

Meeting with **Cllr Carole Alloway Martin** and **Christine Graves**, both new in their roles as Chair of the County Council's Health and Care Overview and Scrutiny

Committee (HCOSC) and Healthwatch respectively, to hear of their approach to their roles and to brief them on progress in the Trust. I am confident that we will be able to work well together.

Meeting with **Chris Brierley, Deputy Police and Crime Commissioner**. We overlap in a number of fora, such as the Gloucestershire Health and Wellbeing Board, so this was an opportunity to consider how we can further work together. I was apprised of two forthcoming initiatives the PCC's office is planning in relation to vulnerable children and young people and mental health, with an invitation for the Trust to contribute to both.

Meeting with **Ashley Green (CEO**) and **Anita Pope (Director of Housing and Communities)** from **Gloucester City Homes.** They are leading an exciting multi-agency project to improve the wellbeing of two of the most deprived communities in the County, Matson and Podsmead. The Trust is now involved in this initiative as part of our Place Based work.

The new **Independent Chair of the STP, Chris Creswick**, started in his role in early August and I have met with him for an early discussion of progress to date and next steps.

4. Working with the Communities and People We Serve

I attended the **Bishop of Gloucester's summer garden party.** This is always a wonderful event for networking and meeting new partners, on this occasion including The Nelson Trust and Gloucester Rape and Sexual Assault Centre.

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

The **Health and Care Overview and Scrutiny Committee (HCOSC)** meeting was held on 12th September. The agenda included the launch of the public consultation on the community hospitals in the Forest of Dean, as well as information on the public consultation being undertaken by the Gloucestershire County Council on proposals for remodelling public health nursing services. These issues are covered in the Chief Executive's report.

The next meeting of the **Gloucestershire Health and Wellbeing Board** will be held on 19th September and I will give a verbal update on key issues discussed.

I was very pleased to undertake a morning of visits with one of our district nurses in Coleford. Her caring and skill were evident and my quality visit report has been shared with Board colleagues.

5. Engaging with our Trust Colleagues

I was delighted to attend a lovely tea party arranged by Richard Hobbs, our volunteer co-ordinator, to thank one of our very long serving volunteers, who has now retired. **Brenda Saunders** has supported mother and baby clinics in Gloucester for over 50 years. It was a real pleasure to meet Brenda and her husband Norman and to thank her most warmly for this outstanding and greatly valued commitment. Some of the babies she first helped to weigh are now grandmothers accompanying their own offspring to the clinic!

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 Stroud Hospital and The Vale Hospital, with further dates 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.

6. NED activity

Since my last Board report the NEDs and I held our usual monthly meeting, on this occasion at the base for the South Cotswold ICT in Lewis Lane, Cirencester. As ever, it was very helpful to hear directly from colleagues in the team 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
- Non-Executive Directors meeting held on 25th July at the offices of the Cotswold ICT in Cirencester
- Quarterly meeting with Chair (Jan Marriott and Richard Cryer)
- Meetings with Director of HR and Director of Nursing (Sue Mead)
- Meetings with Chief Executive, Chief Operating Officer, Director of HR and Head of Communications and Marketing (Nicola Strother Smith)
- Annual Appraisal with Trust Chair (Graham Russell)
- Meeting with Director of Finance (Graham Russell)
- Retirement event for Head of Specialist Nursing (Jan Marriott)
- Meeting with Deputy Medical Director (Jan Marriott)
- Introductory meetings with Non-Executive Directors (Nick Relph)
- Meeting with Head of Performance (Nick Relph)

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

- Forest South District Nursing Team – accompanying a community nurse on home visits (Ingrid Barker)
- Stroud Hospital, exploring the work being progressed on the ward to support people living with dementia issues (Jan Marriott)

- Forest North District Nursing Team – accompanying nurses on home visits (Richard Cryer)
- Observing a “Meet the Executive” meeting at Dean House, Cinderford (Richard Cryer)

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 and **APPROVE** the revisions to the NED portfolios.

NHS
Gloucestershire
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Trust Board

Date of Meeting: **20th September 2017**

Report Title: **Chief Executive's Report**

Agenda reference Number	07/0917
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	Appendix 1: Statement of Compliance Appendix 2: Slavery and Human Trafficking Statement Appendix 3: Public Health Nursing consultation document

Executive Summary

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

The report outlines a work that has been progressing to support the strategic and operational leadership of the Trust.

We continue to enjoy positive and supportive relationships with our key regulators and partners.

Recommendations:

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

1. **Endorse** the Slavery and Human Trafficking Policy

2. **Approve** the statement of compliance confirming that the Trust is compliant with its Responsible Officer regulations prior to it being formally submitted to NHS England October 2017.

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's 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.

We continue to enjoy positive and supportive relationships with our key regulators and partners.

3 Strategy and Leadership

3.1 Annual General Meeting and Exhibition

We are looking forward to hosting our Annual General Meeting and Exhibition on Wednesday 27th September at Gloucestershire University, Oxstalls Campus.

We hope that it will provide an opportunity to reflect on the strong performance of the Trust in 2016/17 and to look forward with confidence to the year ahead.

3.2 Forest of Dean Community Hospital Consultation

This is subject to a separate paper on the Board agenda, however I want to take this opportunity to recognise the joint work that has been progressing in partnership with Gloucestershire Clinical Commissioning Group to support the preparation for consultation. 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 us develop proposals.

The consultation will run for 12 weeks, ending on 10th December 2017.

www.fodhealth.nhs.net

3.3 Organisational Development

The Executive Team have been considering the organisational development priorities that we want to progress to support our strategic objectives.

We have reflected that we want to do more to:

- develop a greater sense of connection between our corporate support services and front line teams
- develop an organisational culture in which individuals take responsibility for, and feel able to improve, their own, and their teams performance,
- supporting colleagues to try new ways of working including positive risk taking
- to support teams to feel confident in managing change

An update will be provided to the next Workforce and Organisational Development Committee on how these priorities will be taken forward.

3.4 Staff Friends and Family Test Results

The results of the staff friends and family test (FFT) Quarter 1, 2017/18 shows that the Trust scores for recommending the Trust as a place to receive treatment have risen by 3% and for recommending the Trust as a place to work have risen by 6%, both of which are the highest since the survey was launched in April 2014.

Overall the positive themes for reasons to '**recommend the trust as a place to receive treatment'** were mainly around the broad areas of patient care, excellent service and hardworking, professional staff. From the few negative comments we received the concerns were around staffing levels particularly in relation to nursing.

Overall the positive themes for reasons to **'recommend the trust as a place to work'** focused on good team work, supportive working environment and good opportunities. The feedback also highlighted constant change and the need to do more with less continue to impact on colleagues, with the need for good local leadership and support.

3.5 Katie's Open Door

The Trust has been at the forefront of the "Freedom to Speak Up" agenda, and we have well established policies and procedures to support colleagues raising concerns. "Katie's open door" was launched on the 15th August 2017 and is in addition to the Trust's Raising Concerns at Work Policy.

The idea came from learning in other NHS Trusts and the many meetings the Chief Executive has had with colleagues. The scheme is intended to be a more informal way for colleagues to feedback directly to the Chief Executive when something is not going quite right or to raise an issue or an idea. Any feedback will remain completely confidential if requested and will be reviewed by the Chief Executive each week. Feedback will also be discussed with the Executive Team, if appropriate, to agree follow up actions. Colleagues will receive a personal response from the Chief Executive within 14 days. "Katie's open door" builds on our commitment to employee engagement, our CORE values, as well as our focus on quality and safety.

3.6 Slavery and Human Trafficking Policy Statement

The Trust has reconfirmed its commitment to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply change. We have prepared a clear policy statement to confirm this commitment (Appendix 1)

4 Working with our Regulators

4.1 NHS Improvement

A meeting with NHS Improvement was held on 16th August 2017. The meeting provided an opportunity to review performance and discuss priorities for the coming year.

It was a very positive discussion, with the strong performance in the year to date recognised. NHS Improvement was particularly interested to understand the actions we are taking to support system improvement in relation to urgent care and were assured of the focus being given to our Minor Injury and Illness services and to supporting patient flow. NHS Improvement was also interested to understand the impact that the implementation of Trackcare was having on GCS services and Teams. (Trackcare is the Gloucestershire Hospitals NHS Foundation Trust patient information system introduced in December 2016.)

4.2 Care Quality Commission

The first of the new Provider Engagement meetings with colleagues from the Care Quality Meeting was held on 12th September. This meeting represented the initiation of the new methodology the Care Quality Commission (CQC) are using to regulate NHS Trusts.

It was confirmed that Gary Latham would continue as our CQC Trust Liaison lead and that there would be quarterly meetings scheduled that would use local and national data to frame the agenda. It is expected that the meetings will focus on staff engagement, patient engagement, organisational changes as well as trends in incidents, Serious Incidents Requiring Investigation (SIRIs), complaints and other areas of governance forming a key part of the intelligence gathering process CQC will take into account when they plan and conduct service inspections.

The meeting reflected the very significant work that is progressing to support ongoing quality improvements across the Trust.

4.3 NHS England's review of the Trusts processes for medical appraisals and revalidation.

As noted in the report from the Quality and Performance Committee there has been significant work undertaken to ensure that the Trust is discharging its responsibilities for medical appraisal and revalidation. The Committee noted that the Trust employs 10 medical colleagues and that the NHSE review provided assurance that the Trust had robust policies and procedures in place that are compliant with the General Medical Council (GMC) regulations. The outcome of the NHSE visit was positive with some areas of improvement recommended for consideration.

Following the Committee, the Medical Director has completed the Trust Statement of Compliance for Board approval (Appendix 2).

5 Operational Service Overview

5.1 Service Developments and Priorities

5.1.1 *School Aged Immunisation Service*

The Trust has been working to ensure the successful deployment of the new enhanced school age immunisation service, which now includes the childhood influenza programme. The influenza programme is on target to begin on the 5th October. Recruitment is completed, with colleagues receiving training on the refreshed clinical standards which have been developed to support the new offer.

A comprehensive communication programme is in place which is initially focusing on parents and carers as well as in schools which will be the main location for the delivery of the service. A wider public campaign has also been developed to promote the health benefits of immunisation.

As part of the new service we have developed a new web-based application that will allow the recording of consent for vaccination online as well as support better performance management to ensure good coverage of the immunisation programme is delivered in Gloucestershire.

5.1.2 *Minor Injury and Illness Unit*

As the Board will be aware, our Minor Injury and Illness Units have been under pressure over the last few months. This has been due to increased demand, activity surges and workforce challenges. We have been continuing to work to minimise the impact on our ability to deliver consistent and timely services for patients,

With the actions undertaken to increase resilience in the Units, there has been an improved position in July and August, particularly across Stroud and the Vale as noted below.

MIIU	June	July	Aug
Stroud			
Diverts	8	6	5
Early/Late Closures	3	2	1
Full Closures	0	0	0
Vale			
Diverts	1	0	0
Early/Late Closures	3	0	1
Full Closures	2	1	0
Cirencester			
Diverts	4	5	8
Early/Late Closures	2	2	4
Full Closures	0	0	0
Tewkesbury			
Diverts	4	6	2
Early/Late Closures	1	2	0
Full Closures	1	0	0
North Cotswolds			
Diverts	0	2	0
Early/Late Closures	0	0	0
Full Closures	0	0	0
Dilke			
Diverts	1	n/a*	2
Early/Late Closures	0	n/a*	0
Full Closures	0	n/a*	0
Lydney			
Diverts	2	1	0
Early/Late Closures	1	0	0
Full Closures	0	0	0

Diverts: closed on DOS, open to walk ins form the public
Partial Closures: unit opened late or closed early
Full Closure: unit closed all shift

*Dilke MIIU closed for refurbishment 1st July - 14th August

5.1.3 *Adult Occupational Therapy Review*

Following a Commissioner led review of Gloucester Care Services NHS Trust Adult Occupational Therapy (OT) services a new service model for OT in the Integrated Community teams is being developed to be delivered within a significantly reduced financial envelope.

To support the new model, we are now working to realign the occupational therapy services in the community hospitals to be managed in a consistent model under the Community hospital matron. The hand therapy service will also move to be managed under the Musculo-skeletal Service (MSK), creating an integrated MSK therapy service.

For the Integrated Community Team (ICT) offer, a high level agreement has been reached on how occupational therapy will be provided within the ICT localities. This includes an increased focus on rehabilitation to enable people to remain as independent as possible.

As the commissioners have confirmed that they will be seeking to reduce the current level of funding over in a phased way over two years (2018-2020) Operational services are aiming to have a clear plan developed by the end of November 2017.

As part of the transformation of this service the Professional Head of Occupational Therapy will continue to provide valuable input to ensure the new occupational therapy offer reflects best clinical practice and supports the national and local changes in health and social care provision.

5.1.4 *Public Health Nursing Consultation*

Gloucestershire County Council is running a consultation on proposals to remodel public health nursing services in Gloucestershire (including health visiting and school nursing). This is a result of significant work undertaken between the Council and the Trust to respond to the need to manage significant reductions in funding over the next three years. It proposes to bring together health visiting and school nursing into a single service for all children aged 0-19 and their families.

The link to the consultation is: www.gloucestershire.gov.uk/phn and a copy of the document is attached at Appendix 3.

The council is asking parents-to-be, parents, guardians and young people in particular about what the proposals mean for them, covering five key topic:

- Two year old development check – plans to help more parents access the check
- Baby hubs: plans on how to help parents meet other parents and learn from professionals and each other

- School nursing hubs – plans on how to bring school nursing to more parents, children and young people in the county
- One to one support – ideas on how to design a consistent approach to common issues
- Hearing screening – work to help hearing problems to be identified earlier

The survey is open until Sunday 19 November and has been advertised widely on the Council website and social media. Paper copies of the survey are available at libraries, GP surgeries and children's centres. A young people's version is also available and can be found on the following link: www.gloucestershire.gov.uk/phnyouth

5.1.5 *System flow and Resilience*

Delayed Transfers of Care

The Trust Board will be aware of the focus that is being given both within the Trust operational teams and across the wider system to reduce delays in the transfer of care (DToCs).

As a system we are collectively working to support improvement in the nationally reported DToC performance which would require us to achieve below 3.5% DToCs in our acute care settings.

There are strengthened oversight arrangements to support this work, which we recognise needs a whole system approach to ensure individuals are able to receive the right care at the right time across all care settings.

Winter Planning

A draft 2017/18 Trust Surge and Escalation plan has been developed. The aim of the plan is to provide a framework for GCS colleagues to use to manage, and respond to, surges in demand that can be experienced anytime of the year, with particular issues recognised over the winter period.

The draft plan has been shared with the Trust Audit and Assurance Committee, as well as the Gloucestershire Clinical Commissioning Group. It will now be used to inform the system wide Gloucestershire's Urgent and Emergency Care Resilience Plan 2017-18 to be developed by the Gloucestershire A&E Delivery Board.

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

NHS England published the process for 2017-18 Emergency Preparedness, Resilience and Response (EPRR) Assurance on the 10th of July 2017. This included the requirement for the Trust to complete a self-assessment against the NHS core standards for Emergency Preparedness, Resilience and Response arrangements

The outcome of the self-assessment has been reviewed by the Audit and Assurance Committee which was assured that against 31 of the core standards which are applicable to the organisation, GCS is

- is fully compliant with 28 of these core standards; and
- will become fully compliant with 3 of these core standards (related to the areas of training and testing) by April 2018.

Following formal feedback from the confirm and challenge meeting held on the 6th September, the final self-assessment, agreed 18/19 action plan and confirmation of the "Substantively Assured" rating will be agreed and shared at the Trust Board.

5.2 Estate Development and Updates

5.2.1 *Tewkesbury Hospital Refurbishment:*

The Tewkesbury hospital works have continued to progress well, the inpatient services and theatre will be moved back into the hospital at the second week of October as scheduled.

5.2.2 *North Cotswold Hospital Maintenance Works*

Planned maintenance works started on the 15th September and will occur over the next 4 weeks, to repair and upgrade the drains and pipe work. The works have been scheduled in a way to minimise impact on patient care services.

Outpatient and Minor Injury and Illness unit will continue to operate, although it has required moving a small number of clinics and some short term temporary changes.

6 Partnership Working

6.1 Gloucestershire Hospitals NHS Foundation Trust – Joint appointments for care of the elderly consultants

We have been working closely with colleagues in Gloucestershire Hospitals NHS Foundation Trust to review the current arrangements to provide consultant support to our community hospitals and community services with a particular focus on supporting people living with frailty. As a result of this work, we have agreed to explore new ways of working based on a new consultant job plan which would provide a greater locality focus aligned to the "place – based" working. We have now been successful in appointing the first consultant to such a post and we are looking to create further opportunities to build and learn from the approach.

6.2 Joint working between Gloucestershire Care Services and MacMillan

On the 6th September we had the opportunity to meet with our colleagues from MacMillan to celebrate the partnership working that has support the development of the Next Steps Programme.

We were delighted to launch a new video which has been developed with participants who have shared their stories on how the service has helped them in their next steps. YouTube - http://tinyurl.com/y8zenpf8

6.3 Nursing Associates and our work with the University of Gloucestershire

On 1st September, the Director of Nursing had the opportunity to meet some of our trainee Nursing Associates who started their educational programme with the University of Gloucestershire in April 2017.

Our trainees have shared that 6 months into their programme they feel valued by the Trust and remain excited about what they have learnt in terms of patient care and team working.

7 *Conclusion and Recommendations*

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

1. **Endorse** the Slavery and Human Trafficking Policy

2. **Approve** the statement of compliance confirming that the Trust is compliant with its Responsible Officer regulations prior to it being formally submitted to NHS England October 2017.

Gloucestershire Care Services NHS Trust

Modern Slavery Act 2015

Slavery and Human Trafficking Policy Statement

INTRODUCTION

At Gloucestershire Care Services NHS Trust we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain. This statement sets out actions taken by this Trust to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls

ORGANISATION'S STRUCTURE

Gloucestershire Care Services NHS Trust provides community-based health and care services across Gloucestershire, caring for a population of around 635,000 people. We serve the entirety of Gloucestershire, made up of the large urban communities of Gloucester and Cheltenham, sitting within a largely rural community from the Forest of Dean to the Cotswolds. We have an income of over £100 million.

Our Trust has over 2,700 dedicated staff . Our main role is to support people's health needs in the most appropriate place in the community.

Our focus is on prevention and keeping people out of crisis so that they can receive the care and support they need at, or as close to home as possible.

OUR SUPPLY CHAINS

The Trust supply chain is predominantly service orientated with the majority of its supplier base within the United Kingdom (UK) with our extended supply chain linking into the wider European Economic Area (EAA). NHS Supply Chain is the Trusts largest goods provider and incorporates the principles of the Modern Slavery Act within its code of conduct and ensures these products comply.

OUR POLICIES ON SLAVERY AND HUMAN TRAFFICKING

We are fully aware of the responsibilities we have towards our service users, colleagues and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking. Staff are expected to report concerns about slavery and human trafficking and management are expected to act upon them in accordance with our policies and procedures, such as the Adult Safeguarding Multi-Agency Policy and Procedures.

DUE DILIGENCE PROCESSES FOR SLAVERY AND HUMAN TRAFFICKING

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Are working towards the Department of Health (DoH) NHS Procurement & Commercial Standards, which requires a Corporate Social Responsibility (CSR) policy defining the procurement approach to sustainability, modern slavery and all other appropriate ethical standards and approaches.

- Undertake appropriate pre-employment checks on directly employed staff and access temporary staff only through the NHS Improvement approved frameworks ensuring suppliers comply with the same pre-employment checks.

- Uphold best practice and professional codes of conduct relating to procurement and supply.

- Contractual clauses are utilised to ensure that supplier supply chains are monitored and that there is zero tolerance of modern slavery within their supply chain.

- Where any such issues arise within the extended supply chain, the supplier shall act to remove these items from entering the Trust's extended supply chain and implement ethical sourcing programs and supply chain audits to prevent any repetition.

TRAINING

The Trust is planning to offer awareness sessions for staff regarding the recognition of modern day slavery and trafficking.

OUR EFFECTIVENESS IN COMBATING SLAVERY AND HUMAN TRAFFICKING

Further work is needed to identify how we measure how effective we have been in ensuring that slavery and human trafficking is not taking place in any part of our business or in our supply chain.

The Board of Director of Gloucestershire Care Services will review and update this statement on an annual basis.

This statement is also made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 2017.

SIGNATURE: 

CHIEF EXECUTIVE **Katie Norton**

Department of Health

NHS England

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Version 4, April 2014

THE NHS CONSTITUTION
the NHS belongs to us all

NHS England INFORMATION READER BOX

Directorate		
Medical	Operations	Patients and Information
Nursing	Policy	Commissioning Development
Finance	Human Resources	

Publications Gateway Reference:	**01142**
Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, **Annex E - Statement of Compliance**
Author	NHS England, Medical Revalidation Programme
Publication Date	4 April 2014
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees
Description	The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers (ROCR approval applied for).
Timings / Deadline	**From April 2014**
Contact Details for further information	england.revalidation-pmo@nhs.net http:// www.england.nhs.net/revalidation/

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet

Statement of Compliance

Designated Body Statement of Compliance

The board of Gloucestershire Care Services NHS Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

   Comments: Yes.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

   Comments: Yes

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

   Comments: Yes

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

   Comments: Yes

5. All licensed medical practitioners[1] either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

   Comments: Yes

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners[1], which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

   Comments: Yes

7. There is a process established for responding to concerns about any licensed medical practitioners[1] fitness to practise;

   Comments: Yes

[1] Doctors with a prescribed connection to the designated body on the date of reporting.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

   Comments: Yes

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners[2] have qualifications and experience appropriate to the work performed; and

   Comments: Yes

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

    Comments: yes

Signed on behalf of the designated body

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

[chief executive or chairman a board member (or executive if no board exists)]

Date: _ _ _ _ _ _ _ _ _ _

[2] Doctors with a prescribed connection to the designated body on the date of reporting.

Appendix 1

Annual Report Template

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	**Number**
Maternity leave during the majority of the ‘appraisal due window’	0
Sickness absence during the majority of the ‘appraisal due window’	0
Prolonged leave during the majority of the ‘appraisal due window’	0
Suspension during the majority of the ‘appraisal due window’	0
New starter within 3 month of appraisal due date	0
New starter more than 3 months from appraisal due date	0
Postponed due to incomplete portfolio/insufficient supporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	0
Lack of engagement of doctor	0
Other doctor factors	0
(describe)	
Appraiser factors	**Number**
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	0
Lack of time of appraiser	0
Other appraiser factors (describe)	0
(describe)	
Organisational factors	**Number**
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

Quality assurance audit of appraisal inputs and outputs

Total number of appraisals completed		Number 10
	4	4
Appraisal inputs	4	4
Scope of work: Has a full scope of practice been described?	4	4
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	4	4
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	4	4
Patient feedback exercise: Has a patient feedback exercise been completed?	Yes/No	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	4	0 (all previously done within 5 years)
Review of complaints: Have all complaints been included?	4	4
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	4	4
Is there sufficient supporting information from all the doctor's roles and places of work?	4	4
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included?	4	4
Appraisal Outputs		
Appraisal Summary	4	4
Appraiser Statements	4	4
Personal Development Plan (PDP)	4	4

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2016 to 31 March 2017	
Recommendations completed on time (within the GMC recommendation window)	Nil required
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	0
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	N/A
New starter/new prescribed connection established within 2 weeks of revalidation due date	N/A
New starter/new prescribed connection established more than 2 weeks from revalidation due date	N/A
Unaware the doctor had a prescribed connection	N/A
Unaware of the doctor's revalidation due date	N/A
Administrative error	N/A
Responsible officer error	N/A
Inadequate resources or support for the responsible officer role	N/A
Other	N/A
Describe other	
TOTAL [sum of (late) + (missed)]	N/A

Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level[3]	Medium level[2]	Low level[2]	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern		1		1
Capability concerns (as the primary category) in the last 12 months				0
Conduct concerns (as the primary category) in the last 12 months		1		1
Health concerns (as the primary category) in the last 12 months				0
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2017 who have undergone formal remediation between 1 April 2016 and 31 March 2017 *Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice* *A doctor should be included here if they were undergoing remediation at any point during the year*				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				0
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-				0

[3] http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

term employment contracts, etc.) All Designated Bodies	
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.) All Designated Bodies	0
TOTALS	0
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	0
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	0
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	0
GMC Actions: Number of doctors who:	0
Were referred by the designated body to the GMC between 1 April and 31 March	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	1
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April and 31 March for advice or for assessment	1
Number of NCAS assessments performed	1

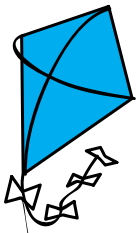
Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)	
Permanent employed doctors	3
Temporary employed doctors	1
Locums brought in to the designated body through a locum agency	5
Locums brought in to the designated body through 'Staff Bank' arrangements	0
Doctors on Performers Lists	4
Other Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc	0
TOTAL	13

For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)

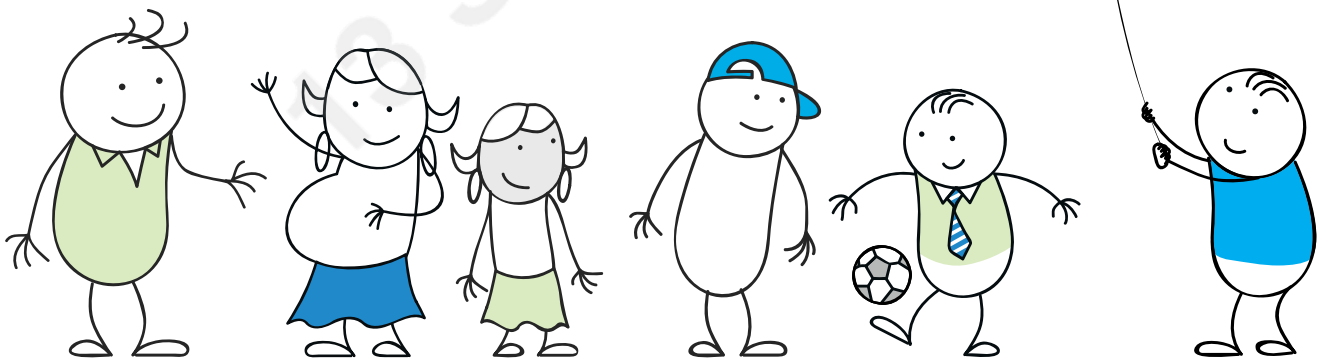
	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	Disclosure and Barring Service (DBS)	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns
Permanent employed doctors	3	3	0	0	0	3	3	Not recorded	Not recorded	3	0	2	3	3	Not recorded	0
Temporary employed doctors	1	1	0	0	0	1	0	Not recorded	Not recorded	1	0	0	1	1	Not recorded	0

- ***Further information awaited regarding Locum Doctors***



Bringing together Health Visiting & School Nursing services

Have your say



Gloucestershire
COUNTY COUNCIL

Background

Gloucestershire County Council Public Health pays for Gloucestershire Care Services NHS Trust to deliver a Public Health Nursing service.

This service is made up of skilled and qualified health professionals who provide help and support for all children aged 0-19 years and their families. You may know the Public Health Nursing workforce as Health Visitors, School Nurses and Community Nursery Nurses. Together they will continue to help all children in Gloucestershire have the best start in life and grow up safe, happy, healthy and achieving well. We have reviewed the services and identified opportunities to provide support for local children and families in a more joined up way.

What we are consulting on?

We are planning some changes to the way Public Health Nursing is offered to improve the support we provide, to make it easier to access and to improve families' health and experience of the service.

We need to understand how these changes may affect you and want your help to shape the changes to Public Health Nursing, so please read the information provided and complete the survey. The service is currently available at any time that you need it in a child's journey from 0-19 (during pregnancy until a child turns 19) years and that will remain the case.

"Our Health Visitor was brilliant. She always turned up on time, was not anxious to be somewhere else, open to hearing our side of things and not at all judgmental. As a Dad, some professionals would always ask to speak to my wife. It felt nice to be listened to."

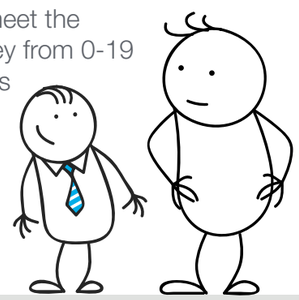
Why are we making changes to Public Health nursing?

Public Health Nursing is currently run as two separate services: health visiting and school nursing. Gloucestershire County Council is bringing together the two services into a single service for all children aged 0-19 years.

We are doing this so that families will have one single point of contact for the whole Public Health Nursing service, and they will be supported by the right professional at the right time to meet their specific need.

This change was approved by the council's cabinet in December 2016. The new service will enable us to meet the changing needs of children on their journey from 0-19 years with a focus on the important stages in their growth and development.

Public Health Nursing will continue their role in safeguarding and child protection, and supporting the health needs of Children in Care.

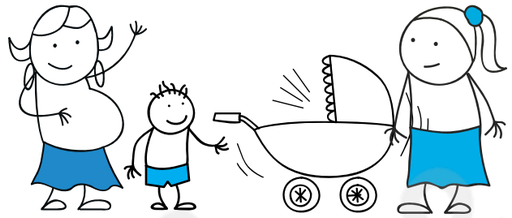


"When I was visited at home by a nursery nurse, who was connected to the Health Visiting service when my daughter was a few weeks old, I mentioned that I was feeling a bit anxious. We talked in a bit more detail. I didn't feel judged and I was given a number to contact if I needed any additional support."

How does Public Health Nursing help?

Public Health Nursing is a term for all Health Visiting, Community Nursery Nursing and School Nursing staff that work directly with families and children in a range of different ways. They also refer or help families access other services or support they might need.

Health Visiting



The Health Visiting workforce support pregnant women and fathers and families with preschool children by providing expert advice and guidance on parenting and health and wellbeing. They also provide all families with health and development reviews throughout the preschool years.

Health Visiting helps with

- Breastfeeding
- Sleep
- Mother and baby mental health including postnatal depression
- Weaning
- Behaviour
- Pre-school choices and funding

...and any other specific issues you need help with

How you currently receive support and advice

Baby Clinics and Home Visits
One to one to discuss issues affecting children such as sleep, infant feeding, weaning and active play

School Nursing

The School Nursing workforces have the knowledge and skills to support families with school aged children and young people up to 19 years. They monitor children and young people's health and provide support and guidance to children and young people, helping them to be in the best health in order to benefit from their education and reach their full potential.

School Nursing helps with

- Bedwetting
- Healthy weight
- Mental health and emotional wellbeing
- Internet safety
- Healthy relationships
- Sexual health and contraception

...and any other specific issues you need help with

How you currently receive support and advice

School Nurse One to One
One to one to discuss issues affecting young school children

School Nursing Drop-ins
Regular secondary school drop-ins and one to one appointments for students or parents to discuss any concerns they may have.

How Public Health Nursing can help all families and their children on their journey from 0 to 19 years

All items **in bold** have to be offered to every child to give them the best start in life.

0-3 Years (babies and toddlers)

The evidence shows that the first few years of a child's life are crucial if they are to go on and lead happy and healthy lives.

Antenatal contact after 28 weeks pregnant

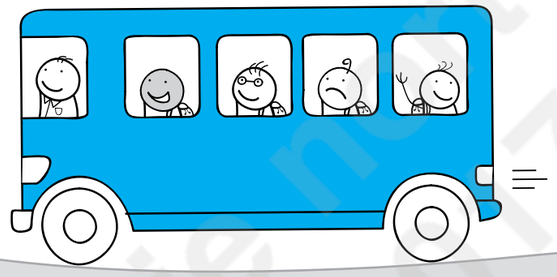
New birth visit

6-8 week visit

12 month health and development review

2-2.5 year health and development review

Vision and hearing checks when starting school



Reception: Height and weight checks

Working with Primary School staff and children promoting health such as healthy eating

4-11 years (young children)

This is the age it is important to support young people to be ready to start school and be in the best health to get the most from their learning.

3 year school readiness contact

Year 6 height and weight checks

and support in getting ready for senior school

12-19 years (Adolescents and teenagers)

At this age, supporting the transition to secondary school and helping with key issues, such as mental health, is essential for the wellbeing of young people.

Working with school staff to promote good health and wellbeing

Listening and offering advice on issues affecting young people, whether that is skin problems, relationships and sex, stress at home or school and mental health

What next?

As well as changing how we organise Public Health Nursing we are planning changes to the way support is offered to improve families' health and their experiences using the service and to make it easier for them to access.

Please help us to understand how these changes may affect you by completing our survey to help us shape the new service.

We welcome views from children & young people and a young persons version of this survey is available at www.gloucestershire.gov.uk/phnkids

Bringing together Health Visiting & School Nursing Services

Questionnaire

Question 1:

Are you responding as:

☐ Parent ☐ Carer ☐ Professional ☐ Organisation ☐ Other

please state _____

If you are a parent, what ages are your children? Tick as many as apply

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19

Question 2:

Have you used the Public Health Nursing service in the last 12 months?

☐ Yes ☐ No

Principles

When making any changes, two key principles will guide the decisions we make. Please take some time to consider these principles and give us your feedback.

Principle 1:

Public Health Nursing will be available to every family living in Gloucestershire at any time that you need it in a childs journey from 0-19 years. This will allow us to identify any support needed early on. The service can also focus on ensuring those who most need help can access specialist support.

How much do you agree with principle 1?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Please explain your answer:

Will this principle have an impact on you?

☐ Positive impact ☐ Negative impact ☐ No impact

Principle 2: Improving services based on the best evidence

We will make sure any changes are based on the best evidence of what works to improve the support available to families. If new evidence suggests there are better ways to deliver elements of the service this will inform any changes. This might also mean adapting to new technologies and online options, to offer more choice in how families and children access the advice and support they need.

How much do you agree with principle 2?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Please explain your answer:

Will this principle have an impact on you?

☐ Positive impact ☐ Negative impact ☐ No impact

Back to the questions

Question 3: Health and development review for 2 – 2 ½ year old children

All families are offered a health and development review when their child is 2 years old, but at the moment only about half of families take this up. We think it's very important to improve take up of this review. It is a vital opportunity to make sure children are growing and developing well and to offer additional help where needed.

To encourage more families to take up the two year review, we would like to be more flexible in how we offer it. If a family has had no previous difficulties, they could choose to receive a questionnaire by email or post to complete with their 2 year old in their own time, and discuss any concerns with a member of the team by phone rather than attending a clinic appointment. This would be an option and all families could still request a clinic appointment to complete the check if they prefer.

How much do you agree that we should offer the option for the 2 year review to be delivered by telephone?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Thinking of your own experience, what might stop families taking up the offer of a two year check? Tick the 3 that are most important to you.

☐ "I don't feel it's important"
☐ "The timings of appointments aren't convenient"
☐ "The location of the appointment isn't convenient"
☐ "It is too difficult to arrange"
☐ "I don't feel my child needs the check"
☐ "I don't understand the reasons for the check"
☐ "I am at work and my child is at nursery"
☐ "The parental questionnaire is too complicated"
☐ Other/Comments

Question 4: Baby Hubs

At the moment, Health Visitors and Nursery Nurses offer one to one clinic sessions where babies can be weighed and families receive individual advice.

We want to change the clinics to “baby hubs”. These will be group sessions run by Public Health Nursing with designated time during the session to discuss specific topics raised by parents. This means support is offered to groups of parents facing the same issue on relevant topics such as weaning, sleeping or behaviour. Families would then have the chance to share their experiences, build friendships and support each other if they wished, while accessing professional advice. These group sessions could be called Baby Hubs.

How much do you agree with the introduction of ‘Baby Hubs’ to replace baby clinics?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Would this change have an impact on you?

☐ Positive impact ☐ Negative impact ☐ No impact

What topics do you think it would be useful for the Public Health Nursing service to cover in Baby Hub sessions? Tick the 4 that are most important to you

- ☐ Infant feeding and weaning
- ☐ Sleep
- ☐ Behaviour
- ☐ Active Play
- ☐ Potty training
- ☐ Dental health
- ☐ Fire safety and accident prevention
- ☐ Positive touch including baby massage
- ☐ Baby safety
- ☐ Mother and baby mental health and bonding
- ☐ Postnatal depression
- ☐ What’s on in my area?
- ☐ Sessions focused on father’s needs or issues
- ☐ Other (free text box)

Which of the following would be most important in your decision to attend a Baby Hub? Tick those that apply

- ☐ In the morning
- ☐ In the afternoon
- ☐ On a weekday
- ☐ At the weekend
- ☐ During the school holidays
- ☐ During term-time
- ☐ Available parking
- ☐ Public Transport
- ☐ Local to me
- ☐ Near to work
- ☐ Near to school
- ☐ Baby change facilities
- ☐ Café
- ☐ Other – **please explain**

Do you like the name Baby Hub?

☐ Yes ☐ No

please explain why

Please suggest any other ideas for the name of these group sessions:

Question 5: School Nursing Hubs

All children of school-age and their families can access support from a school nurse on a range of issues, including physical and mental health, emotional health, relationships and sexual health. One-to-one 'drop-in' sessions are available to allow children and young people to access advice. Currently, all requests for additional help are received by our school nursing team and put on a waiting list for support as one school nurse covers a number of schools.

We want to reduce these waiting times and make sure that children and families can receive the support they need as soon as possible.

To do this, we would like to create "School Nursing Hubs". These will provide group sessions for families and young people on the issues most important to them. Held by trained specialists at a range of locations across Gloucestershire, and bringing together families facing similar issues to share their experiences, build friendships and support each other if they wished, while accessing professional advice.

If someone needs confidential or specific support that can't be provided in a group session, they will still be able to access a one to one appointment with the school nursing team.

Do you agree that we should introduce 'School Nursing Hubs' to deliver group sessions?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Would this change have an impact on you and/or your child?

☐ Positive impact ☐ Negative impact ☐ No impact

Which of the following would be most important in your decision to attend a School Nursing Hub session? Please tick one option for timing and one for location

a ☐ In school hours ☐ out of school hours

b ☐ In school premises ☐ out of school premises

c ☐ Parent only sessions ☐ Child only sessions ☐ Mixed parent/child sessions

Are there any other factors that would be important in your decision to attend a School Nursing Hub session? Please explain

Question 6: One to One Support

The Public Health Nursing service offers one to one care and support for a wide range of topics and subjects for all children aged 0-19 years and their families. We want to make sure that this support is more consistent by developing "bundles of care". These will be structured programmes of one to one support, information and advice delivered by trained professionals working with children or families for a set number of sessions. At the end of a bundle, we will review progress and needs with the family and child to understand if there are still issues they need help with and arrange that support.

The table below shows the sorts of topics that could be covered in a "bundle of care"

Ages 0-3 years	Ages 4-11 years	Ages 12-19 years
Being Active Every Day	Emotional Health and Wellbeing	Emotional Health and Wellbeing
Resolving sleep issues	Have the skills needed to be ready for school	Transition to adulthood
Behaviour Management	Continence	Obesity and physical activity (including positive body image)
Healthy Lifestyle	Transition to secondary school	Social Media Awareness
Maternal Mental Health	Bullying - Social Media Awareness	Self-harm

Do you agree with the proposal to provide more structured one to one support "Bundle of care"?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Would this change have an impact on you and/or your child?

☐ Positive impact ☐ Negative impact ☐ No impact

Do you like the name "bundles of care"?

☐ Yes ☐ No

Please explain why

Please suggest any other ideas for the name of these group sessions

Question 7: Hearing Screening

All children in Gloucestershire are tested as new-born babies for hearing problems and the Public Health Nursing service continues to check the hearing of babies and toddlers.

Currently, all children in Gloucestershire also have their hearing tested in Reception class once they enter school, aged 4 or 5. We know from the available evidence that this test only picks up a very small number of children with hearing problems. In Gloucestershire, over 6,000 children have their hearing tested each year in reception class and this picks up around 5 or less children each year with a permanent hearing problem. Similar levels of detection are seen in other places in the UK.

Rather than testing in Reception, research suggests we can detect hearing problems earlier, by making sure that parents and professionals can access help and support as soon as they have a concern about a child's hearing. This means that, rather than waiting for a test to be done in school, children could receive the help they need quicker.

Because of this, we are proposing to stop routine hearing testing for all children in reception year. We will instead focus on making sure that all parents, teachers and professionals have the information and support they need to get help before they would have been tested in school if they do have a concern. All children would still be tested for hearing difficulties at birth and continue to be monitored through contacts with public health nurses throughout the early years.

Do you agree that we should stop testing children for hearing problems in reception class (ages 4-5 years) and focus on making sure parents and professionals can access support when they have a concern?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Would this change have an impact on you?

☐ Positive impact ☐ Negative impact ☐ No impact

Do you think there is anything else we need to consider in making this change?

Question 8:

From the information provided do you understand why Gloucestershire County Council is making changes to improve the Public Health Nursing service.

☐ Yes ☐ Partly ☐ Not at all

Question 9: Do you think there is anything else we need to consider in making these proposed changes to Gloucestershire Public Health Nursing Service?

Equality monitoring

The council is committed to ensuring that our services are delivered fairly. We are asking you to answer the following questions about yourself so that we can make sure that this is happening. The information that you provide will be kept confidential and only used for the purpose we have outlined.

You do not have to answer these questions, and it will make no difference at all to the way the council treats you if you prefer not to answer these questions.

Gender

Are you? *(please select one answer)* ☐ Male ☐ Female ☐ Prefer not to say

Age

What is your age? *(please select one answer)*

☐ Prefer not to say ☐ 65+ ☐ 60-64 ☐ 55-59 ☐ 50-54
☐ 45-49 ☐ 40-44 ☐ 35-39 ☐ 30-34 ☐ 25-29 ☐ 16-24

Ethnicity

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong.

Please indicate your ethnic origin by ticking the appropriate box. *(please select one answer)*

White

☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish
☐ Gypsy or Irish Traveller ☐ Any other White background

Mixed/multiple ethnic groups

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian
☐ Any other mixed background

...continued over

Asian/Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background

Black/ African/ Caribbean/ Black British

☐ African ☐ Caribbean ☐ Any other Black/African/Caribbean background

Other ethnic group

☐ Arab ☐ Any other ethnic group ☐ Prefer not to say

Other ethnicity - please state .....

Disability

Do you consider yourself to be disabled? *(please select one answer)*

☐ Yes ☐ No ☐ Prefer not to say

Marriage and civil partnership

Are you married or in a civil partnership *(please select one answer)*

☐ Yes ☐ No ☐ Prefer not to say

Religion and / or belief

What is your religion or belief? *(please select one answer)*

☐ No religion ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish
☐ Muslim ☐ Sikh ☐ Any other religion ☐ Prefer not to say

Other Religion and / or belief - Please state .....

Pregnancy and maternity

Are you currently pregnant or have you been pregnant in the last year? *(please select one answer)*

☐ Yes ☐ No ☐ Prefer not to say

Please return this questionnaire to:
Julie Craig, Outcomes manager (Public Health)
Gloucestershire County Council, Shire Hall, Westgate Street, Gloucester GL1 2TG

Finally we would like to thank you for completing the survey and we will be looking at all responses. We will produce a report in December to summarise the consultation and the changes it has helped us decide to make or not to Public Health Nursing.

The report will be available online on Gloucestershire County Council's web site www.gloucestershire.gov.uk/consultations

GCC_1961 8.17

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **20th July 2017**

Report Title: **Public Consultation on Community Hospitals in the Forest of Dean**

Agenda reference Number	08/0917
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	Trust Board/Executive Team
Appendices	Appendix 1: Public consultation document Appendix 2: Schedule of consultation events

Executive Summary

The public consultation on our proposals to invest in a new community hospital in the Forest of Dean was launched at the Health and Care Overview and Scrutiny Committee meeting on 12th September.

This is a joint consultation between Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group.

The public consultation will last for 12 weeks during which time we will be listening to the views of local people and colleagues working in the Forest of Dean. A comprehensive programme of events, and opportunities for people to get involved has been put in place.

The consultation sets out a clear, preferred option, to invest in a new community hospital in the Forest of Dean which would provide a fitting legacy to the two existing community hospitals which have served the community over many decades. It asks whether there is support for this option, and if so the criteria we should use to determine the best location for a new community hospital, and the process to apply the criteria.

Conclusion and Recommendations

The Board is asked to:

Note the launch of the public consultation on proposals for community hospital services in the Forest of Dean.

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	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Public Consultation on Community Hospitals in the Forest of Dean

1 Introduction and Purpose

This paper confirms the launch of the public consultation on our proposals for community hospitals in the Forest of Dean. It confirms the timeline for the consultation and next steps.

2 Context and Background

The review of health and care services for the Forest of Dean began in 2015. A key part of the process has included consideration of the future provision of community hospital services in the Forest of Dean.

As recognised within the consultation document (Appendix 1), we know that we owe a debt of gratitude to people of vision and generosity who have helped develop healthcare facilities and services in the Forest of Dean over many generations. Mindful of changes in healthcare and the needs of our population the consultation recognises the need to invest in new health care facilities in the Forest of Dean to support modern, efficient, high quality care. Facilities that will ensure we meet the needs of local residents, whilst providing enhanced working conditions for our staff.

3 Public Consultation

The public consultation was launched with the support of the Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) on 12th September. It will be a 12 week consultation, with a series of planned events (Appendix 2) and range of channels to enable local people and health and care colleagues to be involved.

A dedicated website has been established to support the consultation www.fodhealth.nhs.net and promotional materials prepared to encourage people to take the opportunity to help us plan for the future.

The consultation is confirming the options that have been considered and sets out clearly why we have concluded that our preferred option is to invest in a new community hospital for the Forest of Dean.

The consultation is also asking people to give their views on the criteria they think we should use to consider where a new hospital should be located in the Forest of Dean, if the preferred option is supported. It is also asking how a recommendation on a preferred location should be made.

The consultation closes on 12th December. We will be working to complete the consultation report by the end of December to enable a report to be considered by the HCOSC in January to enable a clear recommendation to be considered by the Trust Board and Gloucestershire CCG Governing Body by the end of January.

If the preferred option is supported, the aim will be to have a clear recommendation on the preferred location by April 2018.

Conclusion and Recommendations

The Board is asked to:

1) **Note** the launch of the public consultation on proposals for community hospital services in the Forest of Dean.

NHS
Gloucestershire
Clinical Commissioning Group

NHS
Gloucestershire
Clinical Commissioning Group

Health and Wellbeing for the future:

COMMUNITY HOSPITALS IN THE FOREST OF DEAN

PUBLIC CONSULTATION BOOKLET

WWW.FODHEALTH.NHS.UK


Your feedback is greatly valued and will ensure that we make decisions that reflect the needs of the local community.

FOREWORD

INGRID BARKER
Chair
Gloucestershire
Care Services NHS Trust

KATIE NORTON
Chief Executive
Gloucestershire Care
Services NHS Trust

DR ANDREW SEYMOUR
Clinical Chair
NHS Gloucestershire Clinical
Commissioning Group

MARY HUTTON
Accountable Officer
NHS Gloucestershire Clinical
Commissioning Group

We owe a debt of gratitude to people of vision and generosity who have helped develop healthcare facilities and services in the Forest of Dean over many generations.

Now, mindful of changes in healthcare and the needs of our population, we need to create a provision for the future.

This must reflect the significant advances in medicine, clinical skills and technology which have resulted in more services than ever before being provided in people's own homes, in GP surgeries and in the community.

There is also a clear consensus from health professionals working in the Forest of Dean that, as part of a strong network of services and support, community hospital services remain vital in meeting local needs.

We therefore want to invest in new health care facilities in the Forest of Dean to support modern, efficient, high quality care. Facilities that will ensure we meet the needs of local residents, whilst providing enhanced working conditions for our staff.

Following extensive engagement throughout the lifetime of the Forest Health and Care Review, we now want to consult with you on our proposal to replace the Dilke and Lydney hospitals with a new community hospital in the Forest of Dean.

We encourage local people, health and care professionals and our community partners to consider the information included in this booklet and to share their views as part of this consultation.

Your feedback is greatly valued and will ensure that we make decisions that reflect the needs of the local community.

SECTION ONE

WHAT ARE WE ASKING YOU TO CONSIDER?

We are asking local people and health and care professionals to consider the options we have developed for the future of community hospital facilities in the Forest of Dean.

In assessing the options, we identified a preferred option to replace the two existing community hospitals, Dilke Memorial Hospital and Lydney and District Hospital with a newly built hospital in the Forest of Dean.

By working with local people to design the facility, we would want it to be a worthy successor to the current hospitals and in keeping with the unique environment of the Forest of Dean.

We believe that the new hospital should be sited in, or near, to one of the main centres of population in the Forest of Dean, namely Cinderford, Coleford or Lydney.

This booklet sets out the reasons why we believe that 'no change', or effectively replicating what we already have now, will not deliver the care or service benefits that we believe our patients and staff deserve.

Working together, we hope to secure the best possible hospital that our resources can provide.

We would like the views of local people and health and care professionals on our preferred option of a new community hospital. We would also like your views on:

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

SUMMARY

CHALLENGES

In developing and delivering high quality services for the future, we face the following challenges:

- The two existing community hospitals are reaching the stage where it is becoming increasingly difficult to provide modern, efficient, effective, high-quality care;
- The ability to maintain some essential services across two community hospital sites is becoming increasingly difficult with healthcare professionals working across different sites and the challenge of recruiting and retaining enough staff with the right skills;
- There are significant issues relating to cost of maintenance of the existing hospitals and restricted space for services;
- The current physical environment within the hospitals makes it increasingly difficult to ensure privacy and dignity for all patients and manage infection control;
- Too many people from the Forest of Dean are having to travel outside the local area to receive care that should be provided more locally, such as endoscopy;
- The current healthcare system can be fragmented and disjointed from both a patient and professional perspective;
- Healthcare needs within the Forest of Dean are not always being met effectively.

BENEFITS

We want to achieve the following benefits for patients, health and care staff and the Forest of Dean community:

- A new community hospital facility for local people, fit for modern healthcare;
- Significantly improved facilities and space for patients and staff;
- More consistent, reliable and sustainable community hospital services, e.g. staffing levels, opening hours;
- A wide range of community hospital services, including beds, accommodation to support outpatient services and urgent care services;
- Services and teams working more closely together;
- Better working conditions for staff and greater opportunities for training and development so we can recruit and retain the best health and care professionals in the Forest of Dean.

BACKGROUND

In 2015, NHS Gloucestershire Clinical Commissioning Group (GCCG) which plans and 'buys' (commissions) health services and Gloucestershire Care Services NHS Trust (GCS) which provides community services launched a review into the future of health and care services within the Forest of Dean.

THE PURPOSE OF THE REVIEW WAS TO:

> develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meets their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals.

To support this work, we established a Forest of Dean Locality Reference Group. This group is made up of public representatives and community partners with a wide range of interests in healthcare in the Forest of Dean.

The feedback received, throughout the lifetime of the Forest Health and Care Review, has informed our options for the future. The review was also supported by the Forest of Dean Primary Care Group, which is made up of representatives from the local GP surgeries.

Although this consultation is about community hospitals, it is part of an overall plan for the Forest of Dean, which will see significant new investment in new facilities for general practice (GPs and their teams) and other community based services in the Forest of Dean.

Plans have already been progressed to improve GP premises in Cinderford and Coleford. Depending on the outcome of this consultation, other GP facilities in the Forest of Dean may also need to be prioritised for improvement.

SECTION FOUR

THE FOREST OF DEAN - FACTS AND FIGURES

Area covered

203.2
SQ. MILES
Area covered (district)

Growth in Population

Population (district)
2016:

85,385

Increase since
2005:

3,903
(4.8%)

88,074:

the current estimated population by
2025

Residents with a long term health condition

Percentage of residents in 2015 who reported having a long term health problem or disability

19.6%
(16,603)

Age of population

Total number of older people aged 65 and over in 2016:

20,209

Current estimated rise:

4,443

Total number by 2025:

24,652

The 3 leading causes of death in the Forest of Dean:

THE TOP **3** **Cancer, Cardiovascular disease (CVD) and respiratory disease.**

WHAT YOU SAID WAS IMPORTANT TO YOU

Between September 2015 and May 2016, we sought the views of local people and healthcare providers about what was important to them about health and care and this is what you told us:

COMMUNITY HOSPITALS

There was general consensus that current facilities need either replacing or significant refurbishment in order to bring them up to "modern-day standards." The possibility of a new, single hospital was suggested by many people, including healthcare professionals who identified increased opportunities for more joined up working.

ACCESS TO SERVICES

People wanted care provided "close to home" whenever possible. Transport was seen as a significant barrier to accessing services, and those reliant on public transport told us that they often spend an entire day attending a short appointment at one of the two large hospitals - Gloucestershire Royal Hospital or Cheltenham General Hospital. Access to diagnostic services (equipment or services that help to identify what is causing an illness or injury) was particularly highlighted as an area for improvement.

URGENT CARE

We heard that the 'out-of-hours' periods can be particularly challenging for people living across the Forest of Dean and there was a wish to see better working between GP out-of-hours services, pharmacy services, Minor Injury and Illness services and community teams (including end of life care).

OUTPATIENT SERVICES

There was widespread support for more outpatient appointments to be provided locally in the Forest of Dean.

COMMUNITY NURSING

People wanted to see further development of joined up Health and Social Care Community Teams and the Rapid Response Service (urgent care response within the community and in people's own homes) to avoid long hospital stays.

PARTNERSHIP WORKING

We heard a lot about the need for more "joined up" care between primary care (services provided by GPs and practice teams), community based teams, community hospital services and the voluntary sector.

In terms of community hospital care and the feedback received, we have concluded that there is a continued need, and wish, for:

During the engagement period, some people asked us to consider additional local maternity services, specifically a maternity/birthing unit in the Forest of Dean. This has, however, been discounted on the basis that a clinically safe and sustainable service could not be provided. We will continue to promote home births where appropriate.

*Community hospital beds – provided in a way that would support the highest standards of privacy and dignity and infection control. No decision has been made on the exact number of beds, but it would need to meet the needs of Forest of Dean residents and ensure a viable service i.e. evidence suggests at least 24 beds. Currently, on average, only 21 beds are being used by Forest of Dean residents in the two community hospitals at any one time.

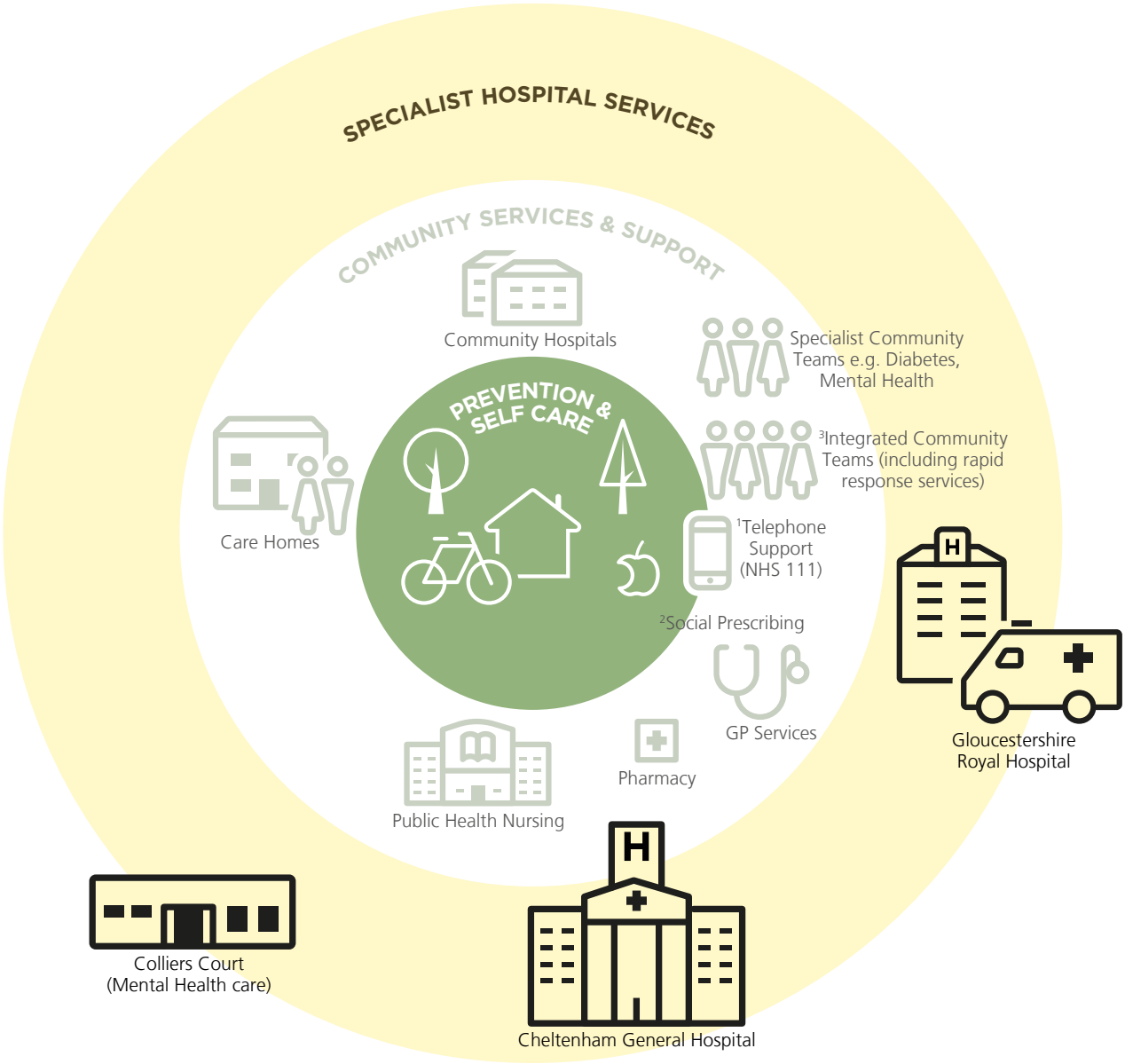
HOW ARE SERVICES CURRENTLY ORGANISED?

Gloucestershire Care Services NHS Trust runs community hospitals in Gloucestershire, including two in the Forest of Dean, and also provides a range of community based services.

The two community hospitals in the Forest of Dean provide a range of services including:

- Outpatient services
- Some diagnostic services
- Minor Injury and Illness services and;
- Inpatient beds – (care for people who are poorly and need medical care, rehabilitation care and end of life care, but do not need care at a large 'acute' hospital).

THESE COMMUNITY HOSPITAL SERVICES FORM PART OF A NETWORK OF LOCAL SERVICES AND SUPPORT SHOWN ▶



Key information:

[1]NHS 111 – health and service advice to the public and access to the Out of Hours (OOH) service.

The OOH service – GPs and nurses provide telephone advice, care at a community hospital (primary care centre) and home visiting outside of GP surgery opening hours.

[2]Social Prescribing – GPs refer patients who do not necessarily require medical care to sources of community support. Involves close working with local councils and voluntary and community organisations.

[3]Integrated Community Teams (ICTs) – GPs, community nurses, therapists, social workers, reablement workers and other key support staff. Provide joined up care in people's own homes and the community.

WHY THINGS NEED TO CHANGE

Whilst proud of the healthcare services currently provided in the Forest of Dean, to continue to develop and deliver high quality community hospital services for the future, **we do not believe we can continue as we are** because:

- The two community hospitals are reaching the stage where it is becoming increasingly difficult to support the provision of modern, efficient, effective, high-quality care;
- The ability to maintain some essential services across two community hospital sites is becoming increasingly difficult with healthcare professionals working across different sites and the challenge of recruiting and retaining enough staff with the right skills;
- There are significant issues relating to cost of maintenance of the existing hospitals and restricted space for services;
- The current physical environment within the hospitals makes it increasingly difficult to ensure privacy and dignity for all patients and manage infection control;
- Too many people from the Forest of Dean are having to travel outside the local area to receive care that should be provided more locally, such as endoscopy;
- The current healthcare system can be fragmented and disjointed from both a patient and professional perspective;
- Healthcare needs within the Forest of Dean are not always being met effectively.

WHAT WE WANT TO ACHIEVE

In developing options for the future of community hospital provision in the Forest of Dean we established clear objectives and criteria that were informed by your feedback.

WE HAVE AGREED 2021/2022 AS THE LATEST DATE TO MEET OUR OBJECTIVES.

OBJECTIVE	WHAT DO WE MEAN?
Support the delivery of new models of care	Accommodation that will support joined up (integrated) primary (e.g. services provided by GPs and their teams) and community based services in the Forest of Dean.
Improve local access to services	Increased access to high quality primary and community based services in the Forest of Dean.
Ensure appropriate service capacity	The necessary capacity (services, staff and premises) to meet the current and future needs of people living in the Forest of Dean.
Provide a high quality physical environment	Community hospital services in the Forest of Dean provided in places which are fully compliant with statutory standards e.g. building regulations, environmental and health and safety standards and in keeping with the unique environment of the Forest of Dean.

THE FEEDBACK AND DISCUSSIONS THROUGH THE FOREST OF DEAN REFERENCE GROUP AND PROJECT GROUP INFORMED ADDITIONAL CRITERIA BELOW:

CRITERIA	WHAT DO WE MEAN?
Flexibility and adaptability	Facilities that can be easily adapted to meet the changing needs of the local population and changes in the way health care services can be provided.
Support new ways of working	Facilities which reflect best practice and provide high quality, safe and sustainable services that encourage partnership working between staff, organisations and services.
Achievability	Can be completed no later than 2021/2022.
Affordability	Affordable and sustainable within the money available.
Acceptability	Will be acceptable to the public and partners now and into the future.

THE OPTIONS WE HAVE CONSIDERED

Through reviewing the findings from previous engagement and extensive discussions with the Locality Reference Group and the Forest of Dean Primary Care Group (see Page 6), we identified four broad options for consideration. We used the agreed objectives and criteria to appraise them.

KEY

- ✗ Does not meet objectives/criteria
- – Partly meets objectives/criteria
- ✓ Fully meets objectives/criteria

OBJECTIVES

1. **Support the delivery of new models of care**
2. **Improve local access to services**
3. **Ensure appropriate service capacity**
4. **Provide a high quality physical Environment**

CRITERIA

5. **Flexibility and adaptability**
6. **Support new ways of working**
7. **Achievability**
8. **Affordability**
9. **Acceptability**

OPTIONS	ACTIONS	1	2	3	4	5	6	7	8	9	PROPOSED RESPONSE OVERALL	SUMMARY
1. Do the minimum - maintaining compliance	On-going maintenance of the two existing community hospitals.	✗	–	–	✗	–	✗	–	–	–	**Reject**	Our Options Appraisal concluded that maintaining the current two community hospitals serving the population of the Forest of Dean is not a viable option in the medium to longer term. There are fundamental issues of building capacity (space, design and layout), cost of maintenance and the inability to sustain essential services across both sites. Given the relatively small geographic area and population size, providing services from two sites would not support high quality, effective and safe services in the future and is not considered affordable.
2. Re-develop / re-provide two community hospitals	Provision of two 'new' community hospitals, either upon the current land or elsewhere in the Forest of Dean.	✓	✓	–	✓	–	✓	✗	✗	–	**Reject**	As above, our Options Appraisal concluded that maintaining services across two community hospitals is not sustainable e.g. always having enough staff available with the right skills, making best use of staff time, maintaining reliable opening hours for essential services, making best use of the money available. There is not enough money (capital) available to redevelop or rebuild two community hospitals to a standard which would meet all statutory requirements.
3. A single Community Hospital in the Forest of Dean	Develop a new community hospital in the Forest of Dean as a replacement for the two community hospitals (either on one of the existing sites, or elsewhere in the Forest of Dean).	✓	–	✓	✓	✓	✓	✓	–	–	**Accept and take forward**	Our Options Appraisal concluded that this option could deliver a new purpose built facility of a size and capacity to provide high quality, safe and sustainable care. It could be delivered within available resources and would provide the clinical space needed to support the development of services. It would support partnership working, including opportunities for bringing staff together. The Options Appraisal recognised the impact on (geographical) access.
4. Close both of the two existing community hospitals and offer home and community-based services as alternatives	Create community-based teams with skills to care for people at home and in the community, including at times of crisis (complementing the Rapid Response teams). Where a hospital stay is unavoidable, refer people to other hospitals across Gloucestershire or beyond.	✗	–	✗	✗	–	–	–	✓	✗	**Reject**	Our Options Appraisal concluded that this option does not reflect the ongoing need for urgent care services and a facility that can provide a range of more specialist services in the community, recognising the geography of the Forest of Dean.

The outcome of the appraisal (assessment) was reviewed by the Board of Gloucestershire Care Services NHS Trust which resulted in a clear preferred option. The table above provides a summary of the outcome of the options appraisal.

CONCLUSION:

On the basis of the assessment the preferred way forward, which we are recommending through this public consultation, is **OPTION 3 - to develop a single community hospital in the Forest of Dean.**

LOCATION OF A NEW COMMUNITY HOSPITAL

Following this consultation, should a decision be made to develop a new community hospital for the Forest of Dean (either on one of the current sites or a new site); it will be important to consider carefully a number of factors before making a decision on a preferred location.

We are taking this opportunity to share some of the criteria we think would be important in making such a decision. In addition to the list below, we would welcome your thoughts on whether there are any other things we should take into account:

- It should be in, or near, to one of the three main population centres in the Forest of Dean – Cinderford, Coleford or Lydney. As a guide it should be no further than 30 minutes by car, for the majority of Forest of Dean residents.
- There is an available site that:
  - + is able to accommodate a building/buildings (and parking provision) which meet current and future service requirements
  - + is accessible by car or public transport
  - + is available and affordable to enable completion of works by 2021/2022
  - + will be able to secure appropriate planning permission.
- It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.
- It should have the support of local health and care professionals.
- It is a site that offers a design and development which provides best value for money for the public purse.

Wherever the location is, we would be committed to any new development being designed with the input of local communities to reflect the unique heritage and character of the Forest of Dean, with environmental sustainability at the core of the design.

MAKING A RECOMMENDATION

We would also like your views on which kind of forum you think should be used to make a recommendation on the preferred location, if the preferred option of building a new community hospital is agreed.

While a final decision would be made by the Board of Gloucestershire Care Services NHS Trust (as it would be making available the funding for the proposed new hospital should this be agreed) and the Governing Body of NHS Gloucestershire Clinical Commissioning Group, there would be a commitment to an open and transparent approach to determining a preferred location.

Your views are sought on the best way to enable a recommendation on any site location to be developed. We think there are a number of options:

- To establish a Clinical Advisory Panel, involving a representative group of local clinicians (e.g. doctors and nurses) to consider the evidence and make a recommendation. A clinical advisory panel would be independently facilitated (chaired). It would be presented with, and can call for, evidence to enable it to make as informed a recommendation as possible.
- To establish a Citizen's Advisory Panel to consider the evidence and make a recommendation. A citizen's advisory panel or 'jury' works on the principles of our legal jury system; it would be independently facilitated (chaired) and would be made up of representatives from the community with no personal interest in the issue being discussed. It would be presented with, and can call for, evidence to enable it to make as informed a recommendation as possible.
- To ask the Gloucestershire Care Services NHS Trust Board and the NHS Gloucestershire Clinical Commissioning Group Governing Body to consider the evidence and use an agreed criteria to make a decision.
- A combination of the options above.

WHAT WILL HAPPEN NEXT

The following dates are for the initial consultation and development of the Outcome of Consultation Report:

10 DECEMBER 2017

- End of the 12 week public consultation.

DECEMBER 2017

- Outcome of Consultation Report produced setting out key themes and details from the feedback received.

JANUARY 2018

- Outcome of Consultation Report published (public) and considered by the County's Health and Care Overview and Scrutiny Committee.

JANUARY 2018

- The Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group consider the Outcome of Consultation Report and decide whether or not to agree to the preferred option of a new community hospital for the Forest of Dean.

The following dates are subject to the outcome of consultation:

FEBRUARY 2018

- Subject to any decision on the preferred option of a new community hospital for the Forest of Dean, a recommendation on the preferred location of a new community hospital is developed.

FEBRUARY / MARCH 2018

- Subject to the above, a decision is taken by the Board of Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group's Governing Body on the location of a new community hospital.

JULY 2018

- Subject to the above, completion of a full business case.

SHARE YOUR VIEWS / FIND OUT MORE

- Complete the FREEPOST survey in this booklet and return it to us by: 10 December 2017
- Complete the survey on-line at: www.fodhealth.nhs.uk/survey
- Visit us at one of our public drop in sessions or at the Information Bus. See event list at: www.fodhealth.nhs.uk/events
- Get involved via social media - take part in a Twitter Q/A session (check the website for details)

You can find more information on our website: www.fodhealth.nhs.uk

If you have any further questions please contact the Consultation team by email or via the freepost address.

ABOUT YOU

These questions are optional, but to help us ensure we reach a good cross-section of the local population, we would be grateful if you could complete the following:

1 What is your gender?

Male ☐ Female ☐ Prefer not to say ☐

2 What is your age group? (please circle)

Under 18 | 18-25 | 26-35 | 36-45

46-55 | 56-65 | 66-75 | over 75

Prefer not to say

3 Are you:

Health or care professional ☐ Community partner or member of the public ☐

4 What is the first part of your postcode? e.g. GL17, GL20

5 Overall how would you rate your health during the past 4 weeks?

Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor ☐ Prefer not to say ☐

6 Do you consider yourself to have any disability? (Tick all that apply)

- ☐ No
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Physical disability
- ☐ Mental health problem
- ☐ Learning difficulties
- ☐ Long term condition
- ☐ Prefer not to say

7 Which of the following health and care services have you, or your family, used in the last 12 months?

- ☐ GP Practice
- ☐ Community Nursing
- ☐ Community Hospital Minor Injury and Illness Unit
- ☐ Outpatient appointment at a Community Hospital
- ☐ Outpatient appointment at a large 'acute' hospital e.g. Gloucestershire Royal Hospital
- ☐ Stayed in a Community Hospital
- ☐ Stayed in a large 'acute' hospital e.g. Gloucestershire Royal Hospital
- ☐ Out of Hours GP services
- ☐ Other services (please specify)
- ☐ I have not used any services in the last 12 months

8 To which of these ethnic groups would you say you belong? (please tick one)

- ☐ White British
- ☐ Other White background (please specify)
- ☐ Mixed background
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Chinese or other ethnic group
- ☐ Prefer not to say

TELL US YOUR VIEWS:

Please send us your views by: 10 December 2017. Alternatively, you can complete this survey on-line at www.fodhealth.nhs.uk Space on the printed survey below is limited; further comments can be submitted via the website or in writing using our freepost address.

1 Do you agree with our preferred option to invest in a new community hospital in the Forest of Dean, which would replace Dilke Memorial Hospital and Lydney and District Hospital?

Yes ☐ No ☐ Don't Know ☐

If you do not support our preferred option, please tell us:

- Why you are unable to support this option
- What other option(s) we should consider

(options must be able to achieve the objectives and criteria set out in section 8 of this booklet)

2 Do you think that any of the options explained in the consultation booklet (section 9) have a greater impact on either you, your family, or other Forest of Dean residents? If yes, please tell us why.

Yes ☐ No ☐ Don't Know ☐

3 If the option of a single new community hospital is approved, to what extent do you agree with the proposed criteria for assessing the location for a community hospital in the Forest of Dean (set out in section 10)?

Completely ☐ Partly ☐ Not at all ☐

If you do not "completely" agree, please tell us:

- Why you do not agree
- What other criteria we should consider

4 If the option of single new community hospital in the Forest of Dean is agreed, how do you think a recommendation should be made on the location?

- A recommendation to the Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body from local clinicians, through a Clinical Advisory Panel
- A recommendation to the Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body from a representative group of local people, through a Citizen's Advisory Panel
- Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body consider the evidence and use an agreed set of criteria
- A combination of the options above
- I don't have an opinion on this

5 How have you participated in this consultation?

- Attended a presentation
- Attended a drop-in session
- Visited the Information Bus
- Read the information in the consultation booklet and completed the survey

6 Please use the box below for any other comments.

Thank you for taking the time to share your views.

At the end of the consultation period, all feedback received will be collated, analysed and presented in the Outcome of Consultation Report. This report will be available at www.fodhealth.nhs.uk.

YOU CAN RETURN YOUR FORM TO US BY SENDING IT TO THE FOLLOWING FREEPOST ADDRESS BY 10 DECEMBER 2017

Freepost RRYY-KSGT-AGBR

Forest of Dean Consultation

5220 Valiant Court

Gloucester Business Park

Brockworth

GL3 4FE

To discuss receiving this information in large print or Braille please ring **0800 0151 548.**

To discuss receiving this information in other formats please contact:

এই তথ্য অন্য ফর্মাটে পেতে আলোচনার জন্য দয়া করে যোগাযোগ করুন

如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

આ માહીતી બીજા ફોરમેટસમાં મળાવાની ચર્ચા કરવામાટે કૃપાકરી સંપર્ક કરો

Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим

Ak si želáte získat túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRYY-KSGT-AGBR,
Forest of Dean Consultation,
5220 Valiant Court, Gloucester Business Park, Brockworth GL3 4FE

SHARE YOUR VIEWS – EVENTS

We hope you will join us during the Community Hospitals in the Forest of Dean consultation and share your views. We have arranged different styles of events at a range of locations across the Forest of Dean. The type of event is indicated on the timetable below:

Key

Presentation and Q/A

Information Bus

'Drop in' event

- Pick up information and talk to a member of the Consultation Team at a community location, or visit the Information Bus.
- Presentation, followed by the opportunity for questions and discussion.
- Alternatively, if you are holding an event or meeting and would like us to attend, please contact the Consultation Team at glccg.consultation@nhs.net

Additional dates may be added during the Consultation period. Please check our website www.fodhealth.nhs.uk, social media and the local press for details.

SEPTEMBER/OCTOBER

DATE	TIME	VENUE
Wednesday 27 September	10am – 3pm	Co-op, Cinderford – Information Bus
Sunday 1 October	10am – 4.30pm	Forest Food Festival, Speech House – Information Bus
Monday 2 October	10am – 3pm	Newerne St Car Park, Lydney – Information Bus
Tuesday 3 October	10am – 3pm	Coleford Clock Tower – Information Bus
Wednesday 4 October	10am – 12 noon (Presentation at 10am)	Belle Vue Centre, Belle Vue Rd, Cinderford
Thursday 5 October	Drop in any time between 6pm – 8pm	Memorial Hall, Bury Bar Lane, Newent
Monday 9 October	10am – 3pm	Market Square, Newent – Information Bus
Tuesday 10 October	2pm – 4pm (Presentation at 2pm)	Main Place, Railway Drive, Coleford
Wednesday 11 October	Drop in any time between 10am – 12 noon	Taurus Craft Tearoom, Lydney
Saturday 14 October	10am – 3pm	Newerne St Car Park, Lydney – Information Bus
Monday 16 October	10am – 12 noon (Presentation at 10am)	St Briavels Pavillion, Coleford Road, St Briavels
Wednesday 18 October	10am – 3pm	Co-Op, Cinderford – Information Bus
Thursday 19 October	Drop in any time between 6pm - 8pm	Main Place, Railway Drive, Coleford
Thursday 26 October	5pm – 7pm (Presentation at 5pm)	Mitcheldean Community Centre, Mitcheldean
Monday 30 October	Drop in any time between 10am – 12 noon	Postage Stamp Café, New Road, Parkend

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Additional dates may be added during the Consultation period. Please check our website www.fodhealth.nhs.uk, social media and the local press for details.

NOVEMBER/DECEMBER

DATE	TIME	VENUE
Thursday 2 November	10am – 3pm	Co-op, Newent – Information Bus
Friday 3 November	Drop in any time between 10am – 12 noon	Bethel Tea Room, Broad Street, Littledean
Tuesday 7 November	2pm – 4pm (Presentation at 2pm)	Community Centre, Naas Lane, Lydney
Thursday 9 November	Drop in any time between 2pm – 4pm	Toast, Coleford Road, Tutshill
Thursday 9 November	Drop in any time between 6pm – 8pm	Lydney Town Hall, Lydney
Friday 10 November	2pm – 4pm (Presentation at 2pm)	Memorial Hall, Bury Bar Lane, Newent
Saturday 11 November	10am – 3pm	Coleford Clock Tower – Information Bus
Wednesday 15 November	Drop in any time between 10am – 12 noon	The Buttery Tearoom, Culver Street, Newent
Monday 20 November	Drop in any time between 2pm – 4pm	The George Café, High Street, Newnham-on-Severn
Wednesday 22 November	10am – 3pm	Newerne St Car Park, Lydney – Information Bus
Thursday 23 November	Drop in any time between 2pm – 4pm	Cinderford Rugby Club, Dockham Road, Cinderford
Saturday 25 November	10am – 3pm	The Triangle, Cinderford – Information Bus
Tuesday 28 November	Drop in any time between 10am – 12 noon	Harts Barn Tearoom, Monmouth Road, Longhope
Wednesday 29 November	Drop in any time between 10am – 12 noon	Sixteen Community Café, Bank Street, Coleford
Friday 1 December	10am – 3pm	Clock Tower, Coleford – Information Bus
Saturday 2 December	10am – 12 noon (Presentation at 10am)	Belle Vue Centre, Belle Vue Rd, Cinderford
Tuesday 5 December	10am – 3pm	3 Shires Garden Centre, Ledbury Road, Newent – Information Bus

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **20th September 2017**

Report Title: **One Gloucestershire STP**

Agenda reference Number	09/0917
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).

It confirms that following the Stage 1 assurance meeting with NHS England, and the regional clinical senate, work is now progressing to support the "One Place Business Case". The intent is to take proposals to the NHS England Investment Committee in December 2017.

The report also highlights key areas of improvement work that is progressing through the STP workstreams.

Recommendation

The Board is asked to:

- **NOTE** this report

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 fully expect these proposals will require full public consultation and, as part of our planning work, we have now gone through both the Stage 1 Assurance Meeting with NHS England and the Clinical Review Panel with South West Clinical Senate. Both of these sessions recognised the strength of the clinical service models emerging and the significant progress we have made as an STP system in working together.

We are continuing to work to develop our proposals, ensuring appropriate engagement as part of this, noting that further NHSE Assurance Stages remain before public consultation can commence locally.

4 One Place: New Models of Care

4.1 Placed Based Working

Gloucestershire Care Services is continuing to work with the two pilot boards in Stroud Berkley Vale and Gloucester City to support place based working. There are a number of new approaches being progressed with the aim of working across traditional boundaries to improve outcomes. This is including the development of multi-disciplinary team (MDT) working to support the management of people with complex health and care needs, piloting new roles within a primary care team including support for people with mental health needs and people living with frailty.

Each pilot board is now working to develop a clear performance dashboard to enable evaluation of new ways of working to support the wider system priorities.

4.2 Improving Access Pilots

Gloucestershire Clinical Commissioning Group (GCCG) is working with a number of local groups of practices to pilot new ways of working to improve access to primary care appointments outside of normal surgery opening times (up to 8pm during weekdays, with further provision on Saturdays and Sundays). Five pilots sites are being progressed with the aim of establishing the new models by March 2018. These are:

- Gloucester's Aspen and Saintbridge cluster
- Forest of Dean locality
- Stroud & Berkeley Vale's Stonehouse and Frampton cluster (with Prices
- Mill surgery from Stroud rural cluster for this pilot)
- Cheltenham's St Pauls cluster
- Tewksbury, Newent and Staunton locality

We will be working closely with the GCCG and local practices to support this work.

5 Enabling Active Communities

There is considerable work progressing through this workstream, with two examples highlighted below.

5.1 National Diabetes Prevention Programme (NDPP)

During June 2017, NHS England announced that Gloucestershire would be one of 13 new areas to deliver the new NHS prevention programme to patients identified at risk of developing Type 2 diabetes. *Healthier You: NHS Diabetes Prevention Programme* is part of a wider package of measures to support

people with diabetes, or individuals on the cusp of getting diabetes, to stay fit, well and prevent further deterioration.

Local people living in Gloucestershire can now be referred on to the 8 week programme. They will have access to tailored, personalised help to reduce their risk of getting diabetes. This may include education on healthy eating and lifestyle choices as well as support to lose weight.

5.2 Active Gloucestershire's Daily Mile

10,000 pupils from 55 primary schools in the county ran, walked, hopped, skipped, jumped or jogged thousands of miles during the summer term as part of Active Gloucestershire's Daily Mile initiative.

The initiative, which is a Sustainability and Transformation Partnership project supported by partners, is all about improving children's health and wellbeing through regular activity and spending time and having fun in the fresh air every day.

Feedback from the schools which participated has been overwhelmingly positive, backing up the evidence which shows that a short exercise break from the classroom can bring many benefits to both pupils and teachers, helping children to be healthier, more productive and alert.

Schools have reported improved confidence and better focus in lessons whilst feedback from parents has also been consistently positive. With childhood obesity rates rising, encouraging physical activity at an early age is important. Research has shown that children who are overweight in primary school are less likely to revert to a healthy weight in later life.

6 Clinical Programme Approach

The clinical programme workstream is driving significant service change and transformation across a number of pathways, including respiratory services, dementia, cardiology services and muskulo skeletal services.

6.1 Muskulo-skeletal (MSK)

The MSK Clinical Programme Group has recently been highly commended for the design of the new MSK service at the Health Service Journal (HSJ) Value Awards.

This commendation recognises the hard work and collaborative approach that has resulted in the design of an integrated MSK service, which ensures patients access the right treatment, in the right place and at the right time.

The whole team have now moved into implementation of this new service; starting with detailed mapping of pathways for self-referral into core physiotherapy and podiatry services and also planning how clinicians in primary care will efficiently access the MSK Advanced Practitioner Service (APS).

Clinicians across the pathway are also working with the GCCG team to add detail to the high level plans; such as deciding what information patients will need, how the referral processes will work in practice.

7 Reducing Clinical Variation

The current work is focusing on medicines optimisation, diagnostics optimisation and improving our approach to pain management.

8 One Gloucestershire Improvement Academy

STP Partners have collaborated to establish the One Gloucestershire Improvement Academy. One of the first actions has been to launch the recognised QSIR Programme (Quality, Service Improvement and Redesign), developed by NHS Improvement and delivered locally by accredited teaching associates.

The development programme introduces a range of well-tested quality improvement and change management methodologies. We are encouraging project teams to attend the workshops together so that they can apply the tools immediately.

The QSIR Practitioner programme was launched in January 2017, and so far 64 colleagues from STP partner organisations have completed the course. Participant feedback has been very positive and our cross-system teams report that it has enabled them to produce well-designed solutions and accelerate the progress of delivery. A number of one-day QSIR Fundamentals workshops have been arranged to bring an awareness of improvement approaches to a wider audience of key stakeholders.

9 Estates

STP Partners have agreed to draw the various strategic estates reviews, development programmes and projects within the health estate in Gloucestershire together to inform and align the estates strand for the STP.

The intent will be for local NHS providers to share development plans at an early stage and manage service delivery in a way that is aligned to both Gloucestershire County Council and STP objectives.

10 Recommendation and Conclusion

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

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 20th September 2017

Report Title: Quality and Performance Committee Report

Agenda reference Number	10/0917
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 27th June 2017

Executive Summary

This report is intended to provide assurances to the Trust Board that the Quality and Performance Committee continues to discharge its responsibility for overseeing the Trust's quality, performance, clinical activities and achievements on behalf of the Board.

It confirms the decisions made by the Committee in line with the Trust's scheme of delegation and key issues discussed by the Committee.

Of particular note the report confirms:

- 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.

Recommendations:

The Trust Board is asked to:

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

2 **Receive** the approved minutes of the Quality and Performance Committee held on 27th June 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 provides assurance to the Trust Board that the Quality and Performance Committee continues to discharge its responsibility for overseeing the Trust's quality, performance, clinical activities and achievements on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's scheme of delegation
- Key issues 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 29th August, in line with its scheme of delegation.

2.1 Public Health Nursing Annual Report -

The Committee received and approved the Public Health Nursing Annual Report which reflected the significant work and contribution of our health visitor and school nursing services. The report is both a retrospective and forward looking review of the safety, quality and service user aspects of service delivery and confirms compliance with Care Quality Commission (CQC) Standards.

2.2 Mutual Aid Agreement.

The Committee received the Mutual Aid Agreement and **supported** its implementation. The Mutual Aid Agreement has been developed across all NHS Commissioner and Provider organisations within the Gloucestershire Community. It provides a clear framework that will ensure that organisations are clear in their responsibilities to respond to major incidents as part of their statutory obligations under the 2004 Civil Contingencies Act. The Committee noted that Gloucestershire County Council (GCC) were currently not part of the agreement and requested that the Trust "test" its major incident planning mutual aid arrangements.

2.3 Community Hospital Bed Occupancy rates.

The Committee noted that the bed occupancy rates across the Trust remain consistently high (over 95%) and reflected on the additional assurance work undertaken in order to understand whether there was any impact on quality of care. The outcome of the review was that key quality metrics do not suggest any decrease in the standards of care provided with a possible exception of preventing and treating pressure ulcers. The Committee were partially **assured** and requested that a further quality review be undertaken to include colleague sickness rates; PDR uptake, alignment to CQC Key Lines of Enquiry (KLoE); PLACE results etc in readiness to review and potentially redefine bed occupancy target rate for the Trust to reflect wider system and patient flow rates in future. There was also discussion as to whether the Trust should consider a local target for occupancy rates to better reflect the model of care and priority to support system working.

2.4 NHS England's review of the Trust's processes for medical appraisals and revalidation.

The Committee received the review and the action plan developed to ensure that the Trust continues to discharge its responsibilities for medical appraisal and revalidation. The Committee noted that the Trust employs 10 medical colleagues and that the NHSE review provided assurance that the Trust had robust policies and procedures in place that are compliant with the General Medical Council (GMC) regulations. The outcome of the NHSE visit was positive with some areas of improvement recommended for consideration.

The Committee noted and recommended on behalf of the Trust Board that it was compliant with medical appraisals and revalidation procedures and that formal approval by the Trust Board be made about the Trust's Statement of Compliance (as covered in the Chief Executive's Report to the Board.)

3 Issues escalated to Board

Key Issues considered at the Committee included:

3.1 Minor Injury and Illness Units (MIIUs)

The Committee considered the updated performance information for the MIIUs and noted the actions being taken to support their resilience. The Committee was assured that there had been an overall improvement, particularly in Stroud reflected in improved performance. The Committee noted that there had been six total MIIU closures during June and July – a significant improvement overall and were assured that this improvement trend would continue during August.

3.2 Quality Equality Impact Assessments (QEIAs) –

The Committee noted the work of the Trust's Clinical Reference Group (CRG) in reviewing QEIAs and particularly those associated with Cost Improvement Programmes (CIPs).

3.3 Access to services

The Committee reviewed performance in a number of areas which were failing to meet the local eight week Referral To Treat (RTT) Standards. This particularly related to the MSKCAT service where performance had deteriorated due to a number of factors including long-term colleague sickness and the consequence of introducing the new integrated MSK pathway due to commence 1st September. The Committee were assured that the Operational Teams were working to improve the position with the secondment of experienced physiotherapists into the MSKCAT service in the short-term.

3.4 Quality Improvement Activities

The Committee noted work being progressed to:

- Define **Pressure Ulcer Quality Improvement trajectories** so that the Board and wider Trust colleagues will be able to measure and track progress

- Define **reduction rates with regards to falls**; identifying a local benchmark for each community hospital with the clear intention of reducing the variation in the rate of falls, and in particular falls resulting in harm, across community hospital sites.

- **Learn from deaths** – in response to national guidance for NHS Trusts being published the Committee noted that the Trust has responded to a number of recommendations acknowledging that the guidance is targeted at Acute Trusts. The Trust response is associated with those deaths that occur in its community hospitals only. The Committee **supported** the setting up of a Trust Mortality Review Group; supported that Jan Marriot be identified as this group's Non-Executive Director (NED) lead as per national guidance and that 10% of expected deaths will be subject to a clinical quality review.

4 Recommendations

The Trust Board is asked to:

1. **Note** the contents of the Quality and Performance Committee report.
2. **Note** that the Committee approved on behalf of the Trust Board the Mutual Aid agreement; publication of the Trust Public Health Nursing 2016-17 Annual Report; the outcome and subsequent recommendations made by NHS England following its review of the medical Responsible Officer role.
3. **Receive** the approved minutes of the Quality and Performance Committee held on 27th June 2017.

Appendix 1

NHS Gloucestershire Care Services NHS Trust

Quality and Performance Board Committee
Meeting on 27th June 2017 at 13.30pm
Boardroom, Edward Jenner Court

Committee members present:	
Sue Mead	Chair (Non-Executive Director)
Susan Field	Director of Nursing
Tina Ricketts	Director of HR
Candace Plouffe	Chief Operating Officer
Mike Roberts	Medical Director
Nicola Strother Smith	Non-Executive Director
Jan Marriott	Non-Executive Director
Graham Russell	Non-Executive Director
In attendance:	
Michael Richardson	Deputy Director of Nursing
Claire Feehily	Quality Lead, Gloucestershire Hospitals Foundation Trust
Ian Main	Head of Clinical Governance
Gillian Steels	Trust Secretary
Hannah Williams	Quality Manager, Gloucestershire Clinical Commissioning Group
Matthew O'Reilly	Head of Performance and Information
Des Gorman	Head of Programme and Change Management (for agenda item 15/16)
Katie Parker	Community and Partnership Events Manager (for agenda item 16)
Julie Goodenough	
Jane Evans	Head of Community Hospitals (for agenda item 11)
Alison Reddock	Clinical Pathways Lead for Dementia (for agenda item10) Head of Countywide Services (for agenda item 12)
Christine Thomas	Minute Taker

Item	Minute
1.	**Welcome, Apologies for Absence and Confirmation the Meeting is Quorate** The Chair, welcomed colleagues, noting apologies from the Director of Finance, and that the meeting was quorate. The Chair introduced Claire Feehily, the Quality Lead for Gloucestershire Hospitals NHS Foundation Trust who was observing the meeting.
2.	**Declarations of Interests** 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.

3.	**Minutes of the meeting held on 25th April 2017** The minutes of the 25th April 2017 were **Received.** Subject to the amendment below to item 9 the minutes were **Approved** as an accurate record. Quality and Performance Report, Friend and Family Test – the average percentage for colleagues from Community Trusts recommending their Trust as a place to work should be 60% and not 55%.
4.	**Matters arising (action log)** The Board **NOTED** the items on track or completed and was updated on actions The action log was reviewed by the Committee and completed items closed.
5. 5.1 **COO/MD** 5.2	**Corporate Risk Register - Quality and Performance Risk** The Trust Secretary presented the Trust's Corporate Risk Register (April 2017). The Risk Register covered risks rated 8 and above relating to safety and 12 and above for all other risks. The Chief Operating Officer (COO), following up discussions at the recent Board Strategy Day, updated on work to manage and reduce the risk relating to medical cover at the Community Hospitals, particularly the Vale. This included greater consistency of medical cover through G.Doc, additional support through the Trust's Rapid Response team which was providing additional resilience. The Medical Director (MD) and the Head of Community Hospitals (HoCH) had been in discussions with approximately 15 GPs who had confirmed a willingness to provide cover on an individual basis to Stroud and the Vale hospitals; this would be progressed using the model in place for dental. The need to ensure long term solutions were progressed was stressed by the Committee Chair. The MD also reported that the Trust was progressing with Gloucestershire Hospitals NHS Foundation Trust (GHFT) the appointment of two old age medical consultants who would spend significant time to support community hospitals and Integrated Community Teams (ICTs). The MD highlighted that another risk related to this was the current Out Of Hours (OOHs) cover where there continues to be a shortage of doctors. The COO confirmed this was being monitored and followed up, particularly in relation to potential impact on Emergency Departments (ED) and Minor Injury and Illness Units (MIIUs). It was noted that Care UK (the current OOHs provider) were offering a rate significantly higher than that paid by GCS rate to Advanced Nurse Practitioners which had the potential to impact on GCS recruitment and retention. The COO and MD confirmed they would follow up and assess this risk for the next meeting. The Committee also discussed the risk relating to access to microbiology support, which is not commissioned for GCS or the 2gether Trust. The Trust had negotiated a half day a month from a microbiologist at Gloucestershire Hospitals Foundation Trust (GHFT), the impact of the risk from this was considered. GHFT are not commissioned to provide a Countywide service and although the Gloucestershire Clinical Commissioning Group (GCCG) is aware of the risk it has been a challenging issue to progress (and fund). The Quality Manager (GCCG) advised the group that a further meeting was scheduled for 10th July 2017 where a system wide approach would be discussed. The Committee Chair

DoN	requested a more detailed report for the next meeting, to include the outcome of the meeting on the 10th July. It was confirmed that a risk relating to Pressure Ulcers had been added to the next iteration of the Risk Register, reflecting previous discussions, and that it was currently rated 16. The Committee **Approved** the Corporate Risk Register.
6.	**Operational Services Report** The Chief Operating Officer (COO) presented the Operational Services Exception Report and highlighted the business model around delayed transfers of care. Assurance was provided relating to the temporary partial closure at Tewkesbury hospital to enable remedial works. Plans had been put in place to alleviate the pressure including the use of two Vanguard units in the hospital grounds, from August, to enable theatre clinics to go ahead. It was confirmed the services on the ground floor, including Minor Injury and Illness Unit and outpatients would not be affected. The Chair stressed the need for the Committee to have visibility of Quality Equality Impact Assessments (QEIAs) and to gain assurance the process was operating well. The Director of Nursing (DoN) advised that there was an update on this process in the Clinical Reference Group report and that due to the quantity of QEIAs it was planned to have a short-term extraordinary sub-group to focus on these for the next 6 months. The Chief Operating Officer highlighted that the updated Musculoskeletal (MSK) pathway had gone to Finance sub-committee to review the proposed changes from a financial impact perspective. Jan Marriott, Non-Executive Director, asked if the changes would reduce the easy access to the physio service and was advised that this service could still be accessed directly, with Gloucestershire Hospitals Foundation Trust (GHFT) providing cover for Gloucester and Cheltenham. Nicola Strother Smith, Non-Executive Director expressed concern about the number of Minor Injury and Illness Unit (MIIU) closures reported. The COO acknowledged the concern, but also confirmed that the figures reflected partial closures. A deep dive was being undertaken to ascertain and understand the thematic reasons for closures. It was considered some of this could be due to a lack of understanding of capacity management (a Standard Operating Procedure (SOP) had been put into place to respond to this). It was noted that the highest number of closures had been at the Stroud and Vale's Minor Injury and Illness Units (MIIUs). The Chair identified the issue for escalation to the Board. Claire Feehily, GHFT, commented positively on the quality and focus of the report but queried how the Committee was assured as to what needed to be on the Exception Report. The Director of Nursing advised this was informed through the Risk Register, the COOs Operational Meetings and the Trust's Quality and Performance metrics as well as triangulating of information such as the Friends and Family Test (FFT), complaints and incidents.

	The Committee **Approved** the Operational Services Report
11.	**Falls Quality Improvement Work** The Head of Community Hospitals (HoCH) presented an update on the Falls Quality Improvement work that had been undertaken. The report was now looking at local and national data for benchmarking and comparing compliance against NICE guidance and national audits. The challenge of ensuring the comparability of national benchmark data was noted, but it was recognised trend information and benchmarking between the GCS Community Hospitals was also useful. Learning from the work undertaken so far had been developed into an action plan. It was acknowledged that SystmOne needed to be more user friendly for the reporting of falls. The Chair raised concern that there seemed a lack of measurable progress. The HoCHs updated that risk assessments were being completed on patients, with the risk assessment accessible for colleagues, the patient and their family/carers to ensure risks were mitigated. A leaflet was available to help patients and carers. The Chair asked that the action plan be updated to incorporate quality indicators and SMART so the Committee could monitor the outcomes from the work undertaken. It was requested that this was brought to the next committee meeting.
HoCH/ COO	The Committee **Noted** the Falls Quality Improvement work and the work needed to progress this with a set of defined quality improvement trajectories.
7.	**Professional and Clinical Effectiveness (PaCE) Directorate Report** The Deputy Director of Nursing (DDoN) presented the Professional and Clinical Effectiveness (PaCE) Directorate report and advised that future reports would focus on one of the respective 12 commitments of the clinical strategy. This month the focus was on **Research and Development** (Effective commitment – "*Embrace Innovation Creativity and Research)*.
7.1 **DoN**	The DDoN asked the Committee to note the OFSTED report that had been published on Children's Services provided by Gloucestershire County Council (GCC). Children in Care had received a good rating but the overall rating for services continued to be inadequate. The COO asked whether there were also concerns or lessons for Adults Safeguarding, the DoN who is a member of both the Adult and Children Safeguarding Boards believed that Adult Safeguarding was managed differently but confirmed she would raise this question for discussion at the next Safeguarding Adults Board meeting in September. The Chief Operating Officer (COO) confirmed that following the influenza outbreaks earlier in the year a Standard Operating Procedure (SOP) was being developed to guide colleagues on the procedures for closing a ward. The Infection Prevention and Control Team Lead (IPaCTL) was progressing this. Nicola Strother Smith, Non-Executive Director, queried the level of risk from the outstanding National Institute for Clinical Effectiveness (NICE) guidelines. The Head of Clinical Governance (HoCG) acknowledged that this was an ongoing

7.2 **HoCG/ DoN**	risk but that the use of the Datix module would make it easier for service leads to update. There was a risk from NICE guidance issued prior to the implementation of the new system that had not been transferred. The HoCG agreed to restructure the next report to include the timings of the previously issued guidance that are still open, and to include this within the next PaCE report. The Committee **Noted** the Professional and Clinical Effectiveness (PaCE) report
8.	**Clinical Reference Group Report** The Director of Nursing (DoN) presented the Clinical Reference Group report, which outlined the work of the group. Clinical policies were now being reviewed in the same way as NICE guidance by the Group to ensure they were kept up to date. The Committee **Noted** the report
9. 9.1 **COO**	**Quality and Performance Report** The Director of Nursing (DoN) introduced the Quality and Performance Report, which related to April data. There was an improvement in the Safety Thermometer Harm Free Care data. It was also confirmed that the MIIUs were meeting performance targets despite some recent reductions in service provision and patient diverts. Personal Development Reviews (PDRs) completion levels were still below target. The Committee reviewed the Quality and Performance report. The Committee noted an improvement in performance for Delays in Transfer of Care (DToC) the Committee remained concerned Safety Thermometer data indicated that the Trust was not treating inherited harms effectively. The Head of Performance and Information (HoPI) advised the Committee that a recent piece of work had demonstrated that more harms were now being reported compared to 2015/16, that the review process of harms had improved, as had the reporting on the Trust's Datix system. Graham Russell followed up a previously raised query that bed occupancy was rated red, although this could be seen as a sign of responsiveness to the system. The DoN confirmed that recent guidance confirmed the expectation of lower bed occupancy rates, and that this needed to stay as rated red and advised that bed modelling work was being completed to identify any impact around these occupancy rates. It was agreed that the Chief Operating Officer (COO) would complete a refresh on bed occupancy and safety to see if there was any correlation, and bring this this to August meeting. The Director of HR (DoHR) highlighted that the Dilke and Vale community hospitals had high levels of bank and agency staff. It was noted that Friends and Family Test levels were expected to improve now this had been brought back in-house (from June 2017). The Head of Clinical Governance (HoCG) advised that additional data collection methods were being fully implemented and that these included phone, paper, text and emails. The DoHR commented that there had been a sharp increase in staff sickness levels earlier in the year due to influenza and other minor viruses which were being managed via the Trust's sickness policy.

9.2 **HoPI**	It was agreed that "live" data would improve monitoring and understanding for the Committee and it was agreed that the Head of Performance and Information (HoPI) would provide a BIRT training session to NEDs outside the Committee. The Committee **Noted** the report.
12. **CM**	**Diabetes Quality Developments** The Community Manager for Countywide Specialist Services (CM) updated the group on the Trust's Diabetes Quality Improvement developments. There had been a number of "quick wins" achieved including SystmOne being configured to "flag" patients who have Diabetes. To improve understanding and knowledge a workshop was planned for the Allied Health Professionals and Nursing event due to take place in June and new colleagues were also receiving more in-depth training at clinical induction. The Community Manager was currently in the process of collating annual data on Diabetes for review. Graham Russell asked how the data being collected would affect what work was being completed and to inform transformational change, and was advised this work was still in progress. The Committee welcomed that the news that a foot protection team was now being put into place with the support of some national NHS England funding. It was requested that a more detailed action plan, with timelines and benchmark data, be brought to the October meeting. The Committee **Noted** the Diabetes Quality Developments report
10.	**Dementia Quality Improvement Work** The Clinical Pathways Lead for Dementia (CPLfD) presented an update on the Dementia Quality Improvement work that had been ongoing throughout the Trust. It was asked whether the companion volunteers that had commenced in Forest Hospitals would be implemented across other community hospitals and the CPLfD advised that the North Cotswold team had expressed an interest in being part of the next programme of work. The Committee asked how progress was being measured, the CPLfD advised that she was working with the Quality Improvement Group to set and agree some targets and they would be looking at incident reports to help set these. The Chief Operating Officer (COO) suggested that the group look at falls for those patients living with dementia as they could often be prone to falls and use this as a quality measure. The Chair asked that the next report contain measures to allow progress to be demonstrated. The Committee **Noted** the Dementia Quality Improvement Work

15/16.	**Understanding You and Accessible Information Standard - update** The Head of Programme and Change (HoPC) presented the Understanding You report. The report outlined recent Understanding You activities. It was noted that the Translation Service had changed to a new provider as of the 1st April 2017 and that demand had significantly increased during quarter 1. The Quality Manager, Gloucestershire Clinical Commissioning Group reflected that there had been an increase in the number of requests for translation services for middle eastern refugees and it was noted that Gloucestershire had taken a significant number of middle eastern refugees. Future exploration would be undertaken to investigate translation services becoming more "joined up" across the health organisations within the county at contract renewal. The Community and Partnership Events Manager (CaPEM) updated the Committee on the Accessible Information Standard. In response to the fact that only 2% of patient's records had the accessible Information record completed previous to December 2016, a prompt had been completed on SystmOne and this figure was now up to 21%.
DoN/ HoPC/ COO	It was agreed by Committee members that the Understanding You report needed a refresh and it was agreed that the Director of Nursing (DoN), HoPC and Chief Operating Officer (COO) would review this outside of the meeting. The Committee **Noted** the Understanding You report
13.	**Medicines Optimisation Report** The Director of Nursing (DoN) presented the Medicines Management Report. The DoN highlighted that the risk associated with reported medication errors had reduced, in part reflecting the introduction of E-prescribing and that a pharmacy technician was now working with inpatient units to minimise these risks. E-prescribing had been implemented in all inpatient and Minor Injury and Illness Units (MIIUs) and community hospitals, with the exception of the Vale community hospital, which was due to "go live" September 2017. E-prescribing was now being rolled out to community services and audits were being completed on areas such as safe and secure medicine storage. The Committee welcomed the positive assurance provided by the report. The Medical Director raised concern that the Gloucestershire Hospitals Foundation Trust (GHFT) Trackcare system did not link in with SystmOne or some of the GPs systems. The Chief Operating Officer (COO) advised that regular meetings were held with GHFT to work through these issues. The DoN highlighted that the risk that the shortage of the medicine Tazocin, following a fire at the national suppliers, would potentially increase the risk of a rise in C.Diff cases. The Committee **Noted** the Medicines Optimisation Report
14.	**Higher Level Responsible Officer Quality Review (HLROQR) - update** The Medical Director (MD) updated the Committee on the recent Higher Level Responsible Officer Quality Review (HLROQR) that had been undertaken by

MD	NHS England, this reviewed the processes led by the MD in his role as Responsible Officer. The Review panel had suggested some areas for improvement but overall the report was positive. The report would be shared with executive colleagues and it was anticipated that a full report of recommendations and responses would be presented to the Committee and Trust Board. The Committee **Noted** the verbal update of the Higher Level Responsible Officer Quality Review.
17.	**Quality Account** The Chair noted the positive responses from Gloucestershire Clinical Commissioning Group (GCCG) and Healthwatch Gloucestershire, and acknowledged the issues raised by the Health Scrutiny Overview Committee (HSOC). It was confirmed the Committee was being asked to approve the Quality Account on behalf of the Board and it would then be published on NHS Choices by 30th June 2017 and the Trust's website. The Committee **Approved** the Quality Account.
18.	**Forward Planner** The Committee **Reviewed** and **Approved** the Forward Planner.
20.	**Any Other Business** The Chief Operating Officer provided a verbal update on cladding on the Trust's buildings in light of the tragic Grenfell event. It was reported that the Trust had three buildings with cladding, two inpatient units and Hope House, which housed the sexual health service. All cladding had been reviewed and passed fire checks. Formal communication with the fire service had been undertaken and all returns had been submitted as required by NHS Improvement. Members were reassured by the update.
19.	**Infection Control Committee Minutes** It was noted that the Infection Control Minutes had included details of an issue relating to sewage pipes at North Cotswold community hospital. A survey had been undertaken and a review was ongoing into the best way to replace them with minimal disruption. A report would go to the Executive team along with a contingency plan. The Committee **Noted** the Infection Control Committee minutes
25.	**Any Other Business** The Chair agreed that the next Quality and Performance report for the July Trust Board meeting should include the following items: • Medical Cover for the Vale and Stroud community hospitals • MIIUs • Delays in Transfers • Quality Account

	• OFSTED report • Quality Improvement Reports There was no other business raised; the Chair thanked everyone for attending and formally closed the meeting.
25.	**Date of the next meeting** The next meeting of the Committee to be held on 29th August 2017 in the Boardroom, EJC at 1:30pm.

Signed …… Date ……

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: 20th September 2017

Report Title: Quality and Performance Report

Agenda reference Number	11/0917
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	-
Appendices	Appendix 1 - Quality and Performance Report (July 2017 data)

Executive Summary

This report provides an overview of the Trust's performance as of July 2017.

The report confirms a number of notable 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 July 2017 quality and performance data.

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 April data at its June 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

3 Key Areas to Note

The July report confirms a number of sustained and notable improvements in performance, which include:

- An improvement in our Family and Friends Test response rate with a response rate of 6.4% in July compared to 4.2% in June.
- A reduction in inpatient average length of stay reducing to 22.1 days compared to 26.2 days in June.
- Achievement of our Single Point of Clinical Access (SPCA) call handling target with an abandonment rate of 2.3% within the target of less than 5%.
- Sustained newborn hearing screening coverage of 100%.
- Based on "new harms" only, a Safety Thermometer "Harm Free Care" performance of 97.4% in July.

While reflecting strong performance across most services, the report highlights areas which are receiving targeted action to drive improvement. Of note:

- We have seen an increase in reported Delayed Transfer of Care (DToC) in July, which is subject to detailed review and work to ensure both consistent reporting and to ensure optimal discharge planning.

- The onward referral rate from MIIUs was 6.5% against a target of 4.4%.

- The MSKCAT service has continued to breach local Referral to Treat (RTT) target of 8 weeks for non urgent referrals, 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.

NHS
Gloucestershire
Care Services
NHS Trust

Quality and Performance Report

Trust Board
20th September 2017

Data for July 2017

Understanding You

Contents

Executive Summary

Are Our Services Caring?

- Friends and Family Test response rate in July improved to 6.4% compared to 4.2% in June.
- The percentage of respondents indicating 'Extremely likely' or 'Likely' to recommend services decreased to 93.2% in July compared to 94.8% in June.

Are Our Services Safe?

- Based on new harms only, the Trust's Safety Thermometer 'Harm Free Care' performance in July was 97.4%
- The nationally reported Safety Thermometer 'Harm Free Care' score in July was 94.6%, the same as in June (target 95%).
- Pressure ulcers, which is the cause of the highest number of new harms, remains a quality priority for 2017/18.

Are our Services Effective?

- Childhood Measurement and HPV Immunisation programmes are both ahead of trajectory at end of July and on course to achieve school year targets.
- 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.
- The average length of stay for patients in our community hospitals who were discharged in July was 22.1 days compared to 26.2 days in June.
- For current inpatients not yet discharged, the average length of stay is 22.9 days (position at 01 August).
- 'Delayed Transfer of Care (DToC) averaged 23 patients per day in July compared to 8 patients per day in June. Delayed patients occupied 12.3% (716 beddays) of inpatient occupied bed days in July compared to 4.2% (243 beddays) in June.

Are Our Services Responsive?

- 99.5% of patients were seen and discharged from Minor Injuries and Illness Units (MIIU) within 4 hours in July.
- The oward referral rate from MIIU was 6.5% in July compared to 5.6% in June. Our target is 4.4%.
- The 'Abandoned call rate' in the Single Point of Clinical Access (SPCA) in July was 2.3% (within the target of 5%).
- 94.6% of urgent referrals to the MSKCAT service were seen within two weeks of referral and 100% of patients needing to be referred to secondary care were done within two days of decision to refer, however the service has not achieve the local referral to treatment target of **8 weeks** and experience continued breaches of **18 weeks**.
- Newborn Hearing screening coverage was 100%.

Are Our Services Well Led?

- 75.2% of Personal Development Reviews were completed by the end of July 2017.
- Mandatory training completed was 81.3% in July compared to 80.6% in June.
- Sickness absence (rolling 12 months to July) was 4.6% and the single month (July) rate was also 4.6%.

Quality and Performance Dashboard – July 2017

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES CARING?

		Performance Target	2016/17 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
1	Friends and Family Test Response Rate	No Target	4.3%	3.4%	3.8%	4.2%	6.4%									4.5%	Y
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	No Target	95.2%	94.5%	95.4%	94.8%	93.2%									94.5%	Y
3	Number of Compliments	No Target	512	33	102	84	81									300	
4	Number of Complaints	No Target	73	3	4	4	3									14	Y
5	Number of Concerns	No Target	403	21	36	23	45									125	

CQC DOMAIN - ARE SERVICES SAFE?

		Performance Target	2016/17 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
6	Number of Never Events	0	0	0	0	0	0									0	
7	Number of Serious Incidents Requiring Investigation (SIRI)	No Target	21	0	2	0	5									7	Y
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	No Target	0	0	0	0	0									0	
9	Total number of incidents reported	No Target	3,814	308	303	352	347									1,310	Y
10	% incidents resulting in low or no harm	No Target	96.4%	94.8%	97.7%	96.0%	94.2%									95.7%	
11	% incidents resulting in moderate harm, severe harm or death	No Target	3.6%	5.2%	2.3%	4.0%	5.8%									4.3%	
12	% falls incidents resulting in moderate, severe harm or death	No Target	1.2%	1.6%	0.0%	6.4%	1.4%									2.4%	
13	% medication errors resulting in moderate, severe harm or death	No Target	0.0%	0.0%	0.0%	0.0%	4.3%									1.1%	
14	Number of post 48 hour Clostridium Difficile Infections	*6	13	3	0	1	0									4	Y
15	Number of MRSA bacteraemias	0	1	0	0	0	0									0	
16	Number of MSSA Infections	0	1	0	0	0	0									0	
17	Number of E.Coli Bloodstream Infections	0	1	0	0	0	0									0	
18	Safer Staffing Fill Rate - Community Hospitals	No Target	96.8%	97.4%	95.6%	98.5%	103.0%									98.6%	Y
19	VTE Risk Assessment - % of inpatients with assessment completed	95%	96.4%	97.7%	95.2%	95.8%	99.5%									97.1%	
20	Safety Thermometer - % Harm Free	95%	94.0%	93.3%	93.2%	94.6%	94.6%									93.9%	Y
21	Safety Thermometer - % Harm Free (New Harms only)	95%	98.1%	97.8%	98.1%	98.8%	97.4%									98.0%	Y
22	Total number of Acquired pressure ulcers	No Target	549	54	51	52	45									202	Y
23	Total number of grades 1 & 2 Acquired pressure ulcers	No Target	481	50	50	46	40									186	Y
24	Number of grade 3 Acquired pressure ulcers	No Target	52	4	0	5	4									13	Y
25	Number of grade 4 Acquired pressure ulcers	No Target	13	0	1	1	1									3	Y

*Cumulative YTD target

Quality and Performance Dashboard – July 2017

Gloucestershire Care Services NHS Trust

		Performance Target	2016/17 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
CQC DOMAIN - ARE SERVICES EFFECTIVE?																	
Community Hospitals																	
26	Emergency re-admission within 30 days of discharge following a non-elective admission	No Target	10.2%	12.8%	9.5%	8.6%	13.7%									11.2%	
27	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	0	0	0	0	0	0									0	
28	Inpatients - Average Length of Stay	No Target	25.7	26.5	31.3	26.2	22.1									26.5	Y
29	Bed Occupancy - Community Hospitals	90%	98.5%	97.2%	97.7%	96.5%	93.3%									96.2%	Y
30	% of direct admissions to community hospitals	No Target	24.3%	28.3%	27.0%	24.9%	26.8%									26.8%	
31	Delayed Transfers of Care (average number of patients each month)	10	10	17	15	8	23									16	Y
32	Bed days lost due to delayed discharge as percentage of total beddays	<3.1%	7.1%	8.9%	8.4%	4.2%	12.3%									8.9%	Y
33	Average of 4 discharges per day (weekends) - Inpatients	**4	3.9	3.0	2.9	3.9	3.7									3.4	Y
34	Average of 11 discharges per day (weekdays) - Inpatients	**11	9.3	7.3	8.0	9.5	7.2									8.0	Y
35	Cancelled Operations - No urgent operation should be cancelled for a second time	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	0	0	0	0	0	0									0	
37	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	>99%	100.0%	100.0%	100.0%	100.0%	100.0%									100.0%	
38	SUS Data Quality Index	TBC	99.3%	98.8%	99.4%	99.3%	*									99.3%	
39	IAT Number of avoided admissions	TBC	1,469	**	**	**	**									**	
Other																	
40	Rapid Response - Number of referrals	TBC	2,993	273	303	291	312									1,179	
41	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	TBC	2,327	1,571	1,807	2,702	2,449									2,132	
42	Chlamydia Screening - Number of Positive Screens	TBC	1,247	67	83	126	125									401	
Immunisations			**2015/16 Outturn**	**ACADEMIC YEAR 2016/17 - Target 90% of all 2 immunisations by end of academic year (July 2017)**												**2016/17 YTD**	
43	HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed) - **2nd immunisation**	*87%	88.1%	88.5%	89.2%	89.2%	89.2%		35.5%	52.3%	76.8%	83.4%	83.9%	84.7%	88.1%	89.2%	
44	1st HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed) - **1st immunisation**	*87%	91.6%	90.5%	90.7%	90.7%	90.5%		7.5%	20.7%	63.8%	85.7%	87.1%	88.2%	90.2%	90.7%	
Childhood Measurement Programme			**2015/16 Outturn**	**ACADEMIC YEAR 2016/17 - Target 95% of children measured by end of academic year - Cumulative target (July 2017)**												**2016/17 YTD**	
45	Percentage of children in Reception Year with height and weight recorded	*95%	97.8%	98.4%	98.4%	98.4%	98.0%		2.3%	21.2%	52.7%	79.0%	96.4%	97.1%	98.5%	98.4%	
46	Percentage of children in Year 6 with height and weight recorded	*95%	93.3%	96.1%	95.2%	95.2%	97.5%		9.9%	50.2%	76.1%	89.3%	95.4%	95.5%	96.1%	95.2%	

*Data not currently available from NHS Digital
**Data not received from GHT following Trakcare implementation

Quality and Performance Dashboard – July 2017

		Performance Target	2016/17 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
CQC DOMAIN - ARE SERVICES RESPONSIVE?																	
Minor Injuries and Illnesses Unit (MIIU)																	
47	MIIU % seen and discharged within 4 Hours	95%	99.6%	99.6%	99.5%	99.1%	99.5%									99.4%	
48	MIIU Number of breaches of 4 hour target	No Target	292	28	33	62	33									156	
49	Trolley waits in the MIIU must not be longer than 12 hours	<12hrs	0	0	0	0	0									0	
50	Total time spent in MIIU less than 4 hours (95th percentile)	<4hrs	02:35	02:39	02:50	02:59	02:41									02:47	
51	MIIU Time to initial assessment for patients arriving by ambulance (95th percentile)	<15 m	00:22	00:17	00:16	00:25	00:39									00:24	Y
52	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 30 minutes.	0	0	0	0	0	0									0	
53	All handovers between ambulance and MIIU must take place within 15 minutes with none waiting more than 60 minutes.	0	0	0	0	0	0									0	
54	MIIU - Time to treatment in department (median)	<60 m	00:16	00:18	00:21	00:28	00:26									00:23	
55	MIIU - Unplanned re-attendance rate within 7 days	<5%	3.4%	2.9%	3.0%	3.0%	3.4%									3.1%	
56	MIIU - % of patients who left department without being seen	<5%	0.9%	1.7%	2.2%	3.0%	2.3%									2.3%	
Referral to Treatment																	
57	Speech and Language Therapy - % treated within 8 Weeks	95%	95.8%	100.0%	98.6%	85.7%	94.9%									94.8%	Y
58	Podiatry - % treated within 8 Weeks	95%	94.3%	78.6%	94.0%	98.8%	96.3%									91.9%	Y
59	Occupational Therapy Services - % treated within 8 Weeks	95%	91.3%	90.3%	89.5%	87.6%	78.4%									86.5%	Y
60	Adult Physiotherapy - % treated within 8 Weeks	95%	91.8%	91.0%	85.2%	91.8%	93.0%									90.3%	Y
61	Parkinson's Nursing - % treated within 8 Weeks	95%	99.2%	100.0%	100.0%	100.0%	100.0%									100.0%	
62	Diabetes Nursing - % treated within 8 Weeks	95%	98.2%	100.0%	93.5%	96.2%	98.0%									96.9%	Y
63	Bone Health Service - % treated within 8 Weeks	95%	99.7%	100.0%	100.0%	100.0%	100.0%									100.0%	
64	MSKCAT Service - % treated within 8 Weeks	95%	85.8%	73.2%	69.5%	63.7%	62.4%									67.2%	Y
65	Contraception Service and Sexual Health- % treated within 8 Weeks	95%	99.7%	100.0%	100.0%	99.9%	100.0%									100.0%	
66	HIV Service - % treated within 8 Weeks	95%	100.0%	100.0%	100.0%	100.0%	100.0%									100.0%	
67	Psychosexual Service - % treated within 8 Weeks	95%	100.0%	100.0%	100.0%	100.0%	100.0%									100.0%	
68	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	80%	81.5%	72.1%	80.4%	84.3%	88.2%									81.3%	
69	Paediatric Speech and Language Therapy - % treated within 8 Weeks	95%	97.4%	97.1%	92.9%	98.8%	97.5%									96.6%	Y
70	Paediatric Physiotherapy - % treated within 8 Weeks	95%	95.6%	96.4%	98.6%	99.8%	100.0%									98.7%	
71	Paediatric Occupational Therapy - % treated within 8 Weeks	95%	96.8%	98.0%	95.9%	98.1%	94.7%									96.7%	Y

Quality and Performance Dashboard – July 2017

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?

		Performance Target	2016/17 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
Other																	
72	MSKCAT Service - % of referrals referred on to secondary care	<30%	12.2%	16.6%	14.3%	11.3%	12.6%									13.7%	
73	MSKCAT Service - Patients referred to secondary care within 2 days of decision to refer onwards	100%	100.0%	100.0%	100.0%	100.0%	100.0%									100.0%	
74	MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	95%	98.5%	96.3%	100.0%	97.8%	94.6%									97.2%	Y
75	Stroke ESD - Proportion of new patients assessed within 2 days of notification	95%	96.7%	100.0%	100.0%	100.0%	100.0%									100.0%	
76	Stroke ESD - Proportion of patients discharged within 6 weeks	95%	99.5%	100.0%	100.0%	100.0%	100.0%									100.0%	
77	Social Care ICT - % of Referrals resolved at Referral Centres and closed	No Target	42.1%	48.4%	44.9%	43.1%	44.6%									45.3%	
78	Reablement - Current Cases Open Longer than 6 weeks	0	65	67	77	65	53									66	
79	% community reablement completing after 6 weeks	No Target	18.1%	17.3%	16.5%	20.5%	19.6%									18.5%	
80	Reablement - % progressed within 6 weeks from closing this month	100%	81.9%	82.7%	83.5%	79.5%	80.4%									81.5%	
81	Reablement - % contact time	60%	40.4%	39.7%	37.8%	39.3%	39.2%									39.0%	
82	Newborn Hearing Screening Coverage	97%	100.0%	100.0%	100.0%	100.0%	100.0%									100.0%	
83	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	97%	99.8%	99.6%	99.6%	100.0%	99.6%									99.7%	
84	Single Point of Clinical Access (SPCA) Calls Offered (received)	No Target	44,769	2,933	3,412	3,427	3,252									13,024	
85	SPCA % of calls abandoned	<5%	5.7%	3.0%	2.8%	3.4%	2.3%									2.9%	
86	SPCA % of calls resolved with agreed pathway within 20 mins	95%	96.4%	94.0%	95.4%	95.0%	95.1%									94.9%	
87	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	95%	83.4%	90.3%	91.8%	88.5%	92.5%									90.8%	Y

CQC DOMAIN - ARE SERVICES WELL LED?

		Performance Target	2016/17 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	Exception Report?
88	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	61%	51.8%			56.0%										56.0%	Y
89	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	67%	80.3%			88.0%										88.0%	Y
90	Sickness Rate in Reablement workforce	3%	5.5%	5.0%	7.1%	7.6%	7.0%									6.7%	
91	% of Staff with completed Personal Development Reviews (Appraisal)	95%	75.0%	75.6%	75.8%	76.1%	75.2%									75.7%	Y
92	Sickness absence average % rolling rate - 12 months	<4%	4.4%	4.5%	4.5%	4.5%	4.6%									4.5%	
93	Sickness absence % rate (1 month only)	<4%	4.6%	5.4%	4.6%	4.5%	4.6%									4.8%	
94	Mandatory Training	**92%	77.8%	79.2%	79.3%	80.6%	81.3%									80.1%	Y

*Cumulative YTD Target

EXCEPTION REPORT | ARE SERVICES CARING?

NHS Gloucestershire Care Services NHS Trust

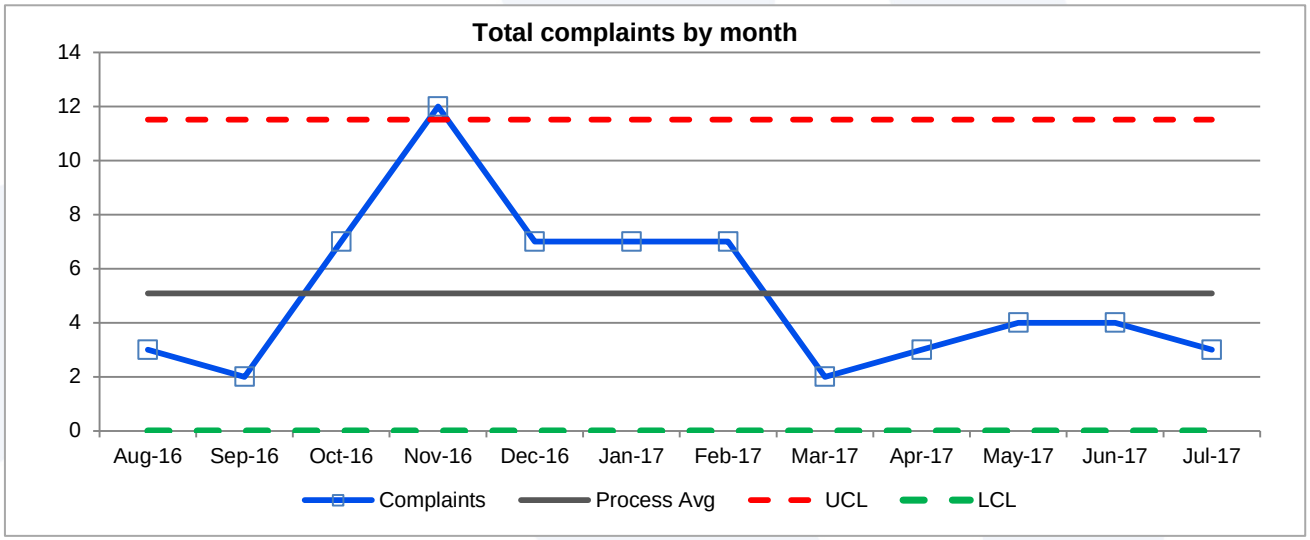
CQC DOMAIN - ARE SERVICES CARING?	Risk Register ref.	Risk Register rating	Performance Target	May	Jun	Jul
Friends and Family Test Response Rate	-	-	No Target	3.8%	4.2%	6.4%
% of respondents indicating 'extremely likely' or 'likely' to recommend service	-	-	No Target	95.4%	94.8%	93.2%
Number of Compliments	-	-	No Target	102	84	81
Number of Complaints	-	-	No Target	4	4	3
Number of Concerns	-	-	No Target	36	23	45

Additional information related to performance	What actions have been taken to improve performance?
Friends and Family Test None	• The internally managed Friends and Family Test survey process has been in place for three months (to August) and results indicate a small increase in the response rate. • Work is now progressing to support services where the response rates are below expectation in order to find ways to improve this, including looking at exploring different or additional methods. This will include some improvement trajectories. • 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) .
Complaints, Compliments and Concerns: See page 9.	• The increase in the number of compliments received has remained high in July following the significant increase in May. We believe that this is a result of the addition of compliments received by comment cards and the ability for colleagues to have the ability to add compliments directly into the Trust's DATIX system.

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									5
Comm. Hosp	19	0	1	1	1									3
Countywide	17	0	0	1	2									3
ICTs	14	0	2	0	0									2
CYP services	10	1	0	0	0									1
Total	73	3	4	4	3									14

There were 3 complaints received in July 2017:

- 1 related to Community Hospital
- 2 related to Countywide services

2 complaints have been referred to the Parliamentary Health Service Ombudsman (PHSO) between April to July relating to:

- Community Hospital discharge planning (April) - decision by PHSO not to investigate further.
- Sexual Health Service – decision by PHSO not to uphold (May).

3 cases were referred to the Parliamentary Health Service Ombudsman (PHSO) in 2016/17.

Complaint response times:

Response Time (2017/18)	Q1	Q2	Q3	Q4
Target time within agreed timescale (25 working days)	100%			

Benchmarking:

The Trust is reporting 1.7 Complaints per 1,000 WTE (Feb-17 to Jul -17) compared to the average of 4.9 based on the Trusts within the NHS Benchmarking Network monthly indicator report.

EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES SAFE?

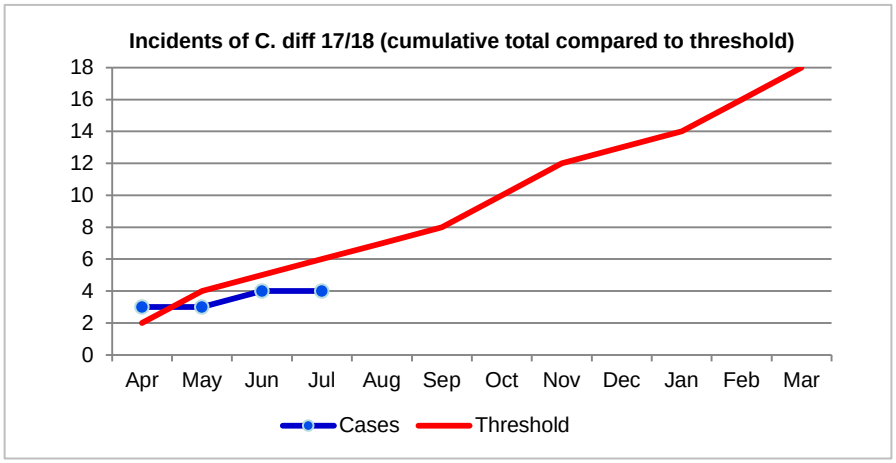
	Risk Register ref.	Risk Register rating	Performance Target	May	June	July
Number of Never Events	-	-	0	0	0	0
Number of Serious Incidents Requiring Investigation (SIRI)	-	-	No Target	2	0	5
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	-	-	No Target	0	0	0
Total number of incidents reported	-	-	No Target	303	352	347
% incidents resulting in low or no harm	-	-	No Target	97.7%	96.0%	94.2%
% incidents resulting in moderate harm, severe harm or death	-	-	No Target	2.3%	4.0%	5.8%
% falls incidents resulting in moderate, severe harm or death	SD50	12	No Target	0.0%	6.4%	1.4%
% medication errors resulting in moderate, severe harm or death	-	-	No Target	0.0%	0.0%	0.0%
Number of post 48 hour Clostridium Difficile Infections	NQ18/**557	9	*6	0	1	0
Number of E.Coli Bloodstream Infections	-	-	0	0	0	0
Safer Staffing Fill Rate - Community Hospitals	HR3	12	No Target	95.6%	98.5%	103.0%
Safety Thermometer - % Harm Free	SD50	12	95%	93.2%	94.6%	94.6%
Safety Thermometer - % Harm Free	SD50	12	95%	98.1%	98.8%	97.4%
Total number of Acquired pressure ulcers	-	-	No Target	51	52	45
Total number of grades 1 & 2 Acquired pressure ulcers	-	-	No Target	50	46	40
Number of grade 3 Acquired pressure ulcers	NQ19	16	No Target	0	5	4
Number of grade 4 Acquired pressure ulcers	NQ19	16	No Target	1	1	1

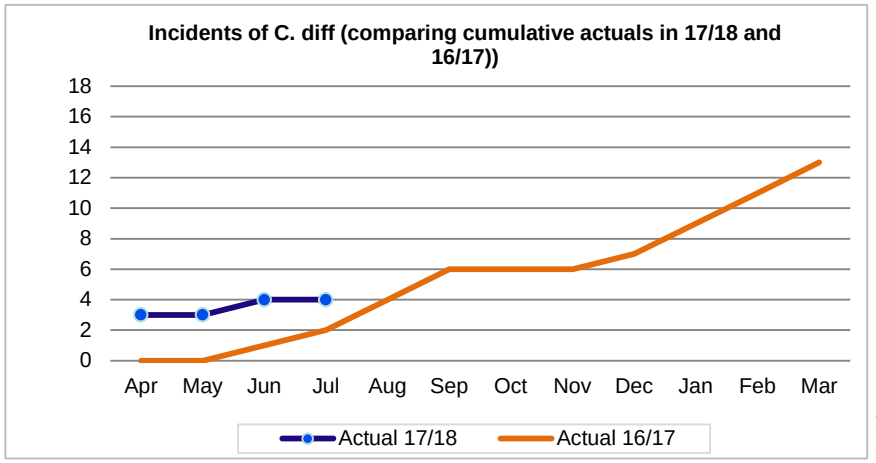
*Cumulative YTD target
**Risk reference in new Datix Risk Register

EXCEPTION REPORT | ARE SERVICES SAFE?

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.diff incidents reported in July. The current total of C. difficile infections for the year to end of July 2017 is four.	Risks: Reference – NQ18 Rating – 12
Outbreaks There have been no viral gastroenteritis outbreaks to report in July 2017.	
Hand Hygiene Audit The observational hand hygiene audit, including 'bare below the elbows' score for July 2017 evidenced an average of 97% compliance.	• Cross departmental auditing is now embedded in this audit process and has been cited as a reason for no response, however, training has been provided to administration support staff who can now also undertake the audits and this should result in a decrease in no returns.

	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									4
Avoidable cases in GCS care	0	0	0	1	0									1
Unavoidable cases in GCS care	13	3	0	0	0									3
Norovirus Outbreaks	4	0	1	1	0									2





EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

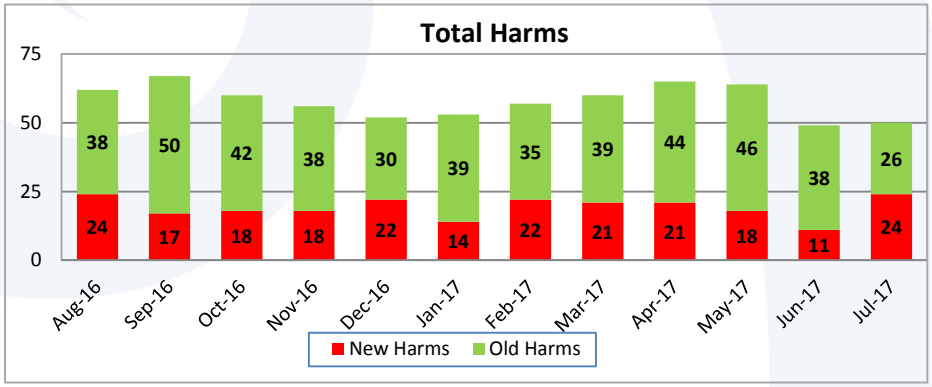
Additional information related to performance	What actions have been taken to improve performance?

Safety Thermometer:

- 933 patient episodes of care were surveyed for the July Safety Thermometer census. 50 harms were reported, of which 24 were new harms. This is an increase in new harms reported in July (24) compared to June (11).
    - 883 patients' care was harm free (94.6%) against a national target of 95%.
    - Based on new harms only, Harm Free Care in July was 97.4% compared to 98.8% in June.
    - Community hospital inpatient harm free care performance was 92.1% in July compared to 89.0% in June. Based on new harms only, the inpatient performance was 97.0% in July.
    - Community Nursing harm free care performance was 95.1% in July compared to 96.1% in June. Based on new harms only, Community Nursing harm free care was 97.5% in July.
- Harm Free scores vary across community hospital sites on a month by month basis. In July, three hospitals (Lydney, Stroud and Tewkesbury) reported Harm-Free care above the 95% threshold (see page 14).

Benchmarking:

- The Trust reported 2.6% new harms in July which is above the national average of 2.2% new harms (NHS Digital, July 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.

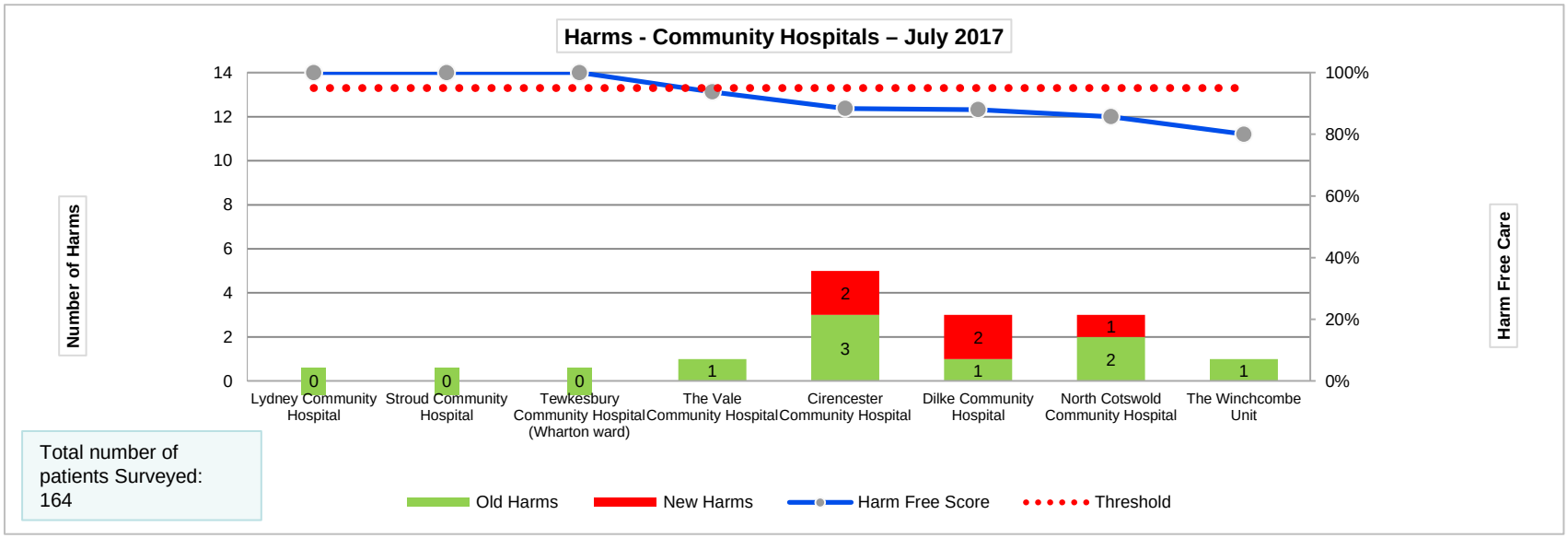
Risks:
Reference – SD50
Rating – 12

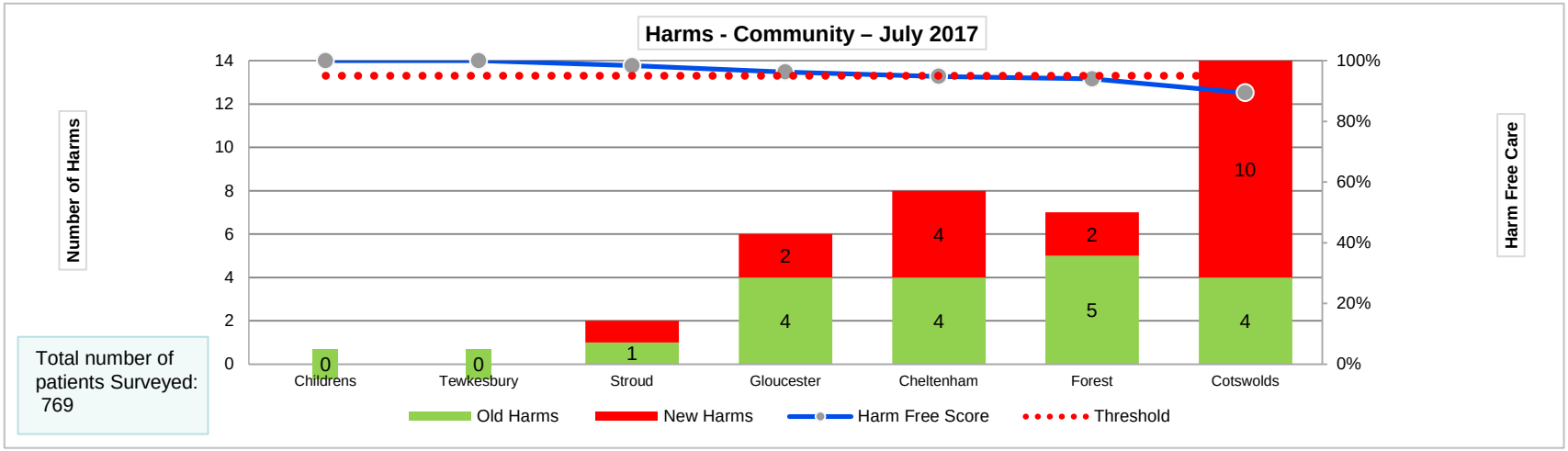
Risks
Reference – NQ19
Rating – 16

EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

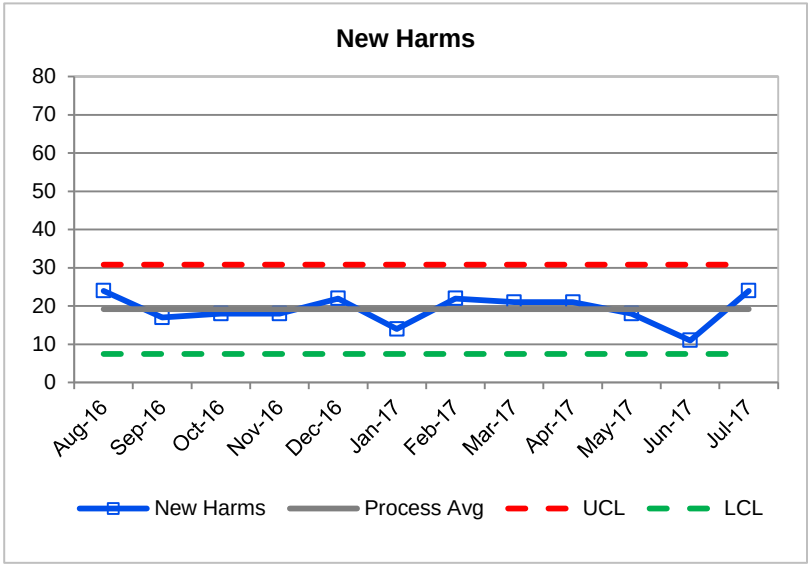
Safety Thermometer – Breakdown

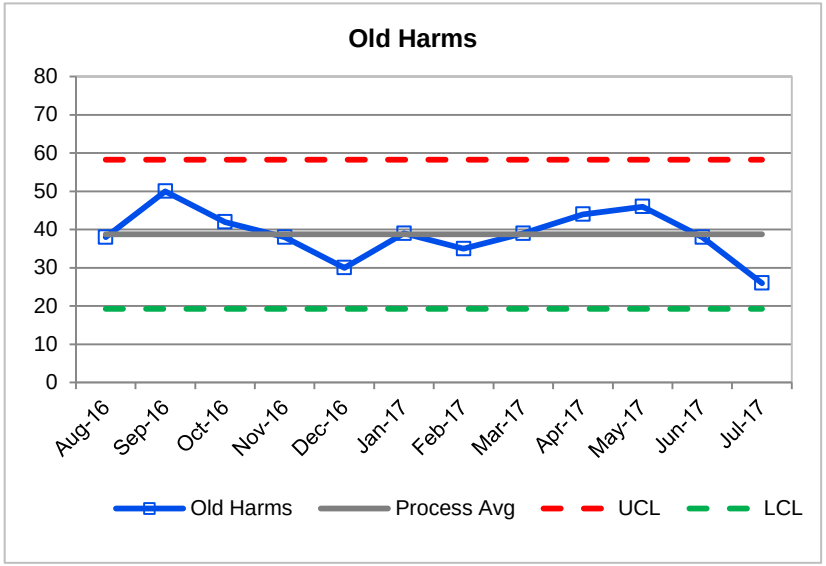


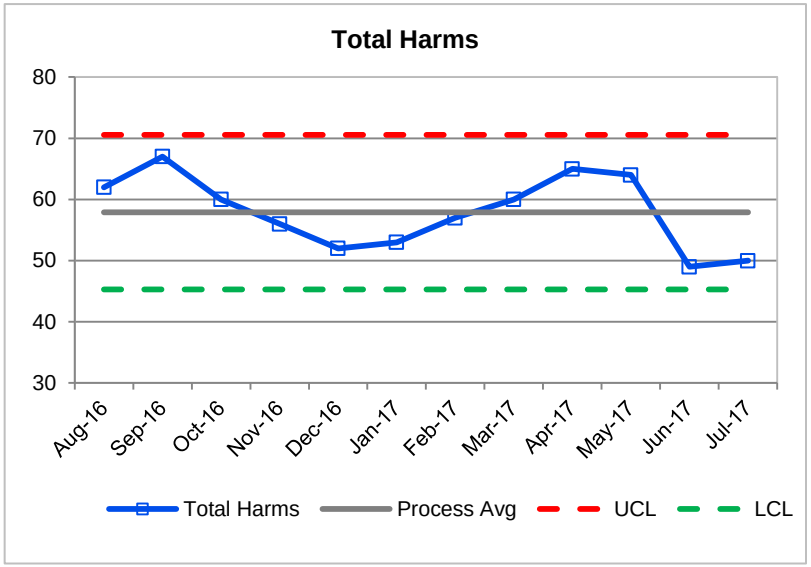


Number of harms vary across community hospital sites on a month by month basis and no discernible pattern is observed. In July, only Lydney, Stroud and Tewkesbury community hospitals reported Harm-Free care above the 95% threshold.

Safety Thermometer – Trend Analysis of Harms







Safety Thermometer Harms

The charts show:

New harms have been above the data average 6 times in the past 12 months (during Aug-16, Dec-16, Feb-17, Mar-17, Apr-17 and July-17).

Old harms have been above the data average 5 times in the past 12 Months (during Sep-16, Oct-16, Jan-17, Apr-17 and May-17).

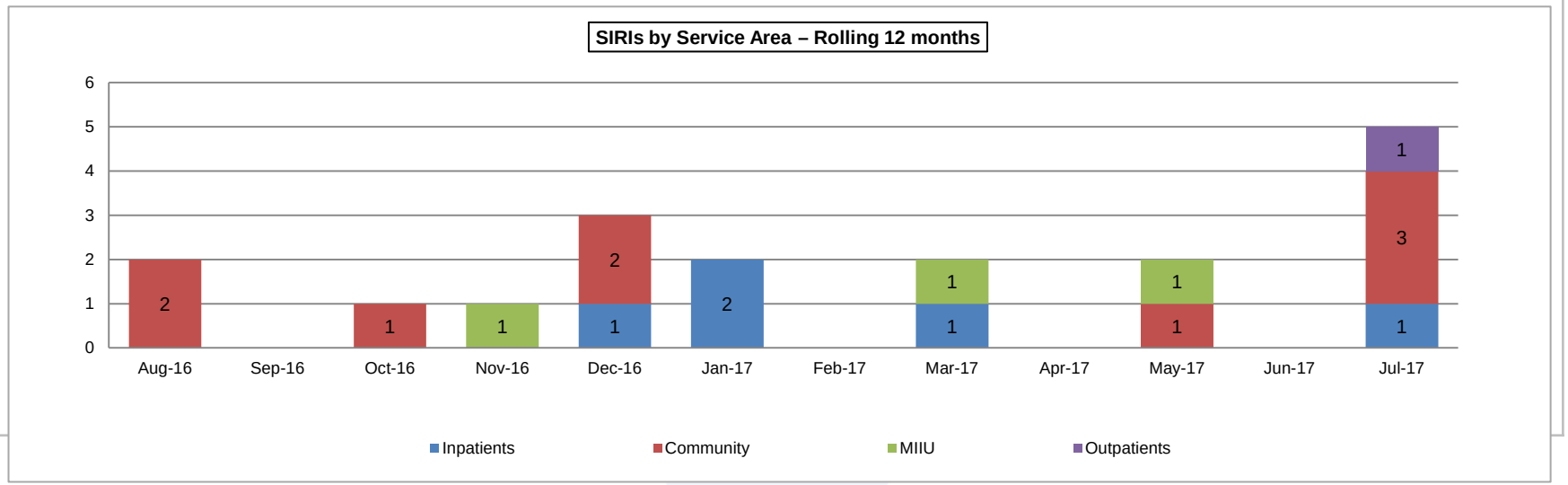
Total Harms have been above the data average six times in the past 12 months.

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 were five Serious Incidents Requiring Investigation (SIRIs) declared in July.
  • Four of the SIRIs related to patients acquiring either grade 3 or grade 4 pressure ulcers whilst under the care of GCS.
  • Three of these were based in the Integrated Community Teams (ICTs) and the fourth relates to an inpatient at Cirencester Community Hospital.
  • A fifth SIRI occurred within the Sexual Health Service.
Benchmarking
• The Trust is reporting a rate of SIRIs of 2 average per month (Feb-17 to Jul-17) which is the same as the average of the Trusts within the NHS Benchmarking Network monthly indicator report.
	• The Pressure Ulcer Prevention Quality Improvement Group chaired by the Professional Head of Community Nursing, has prepared a comprehensive report for the Quality and Performance Committee.
	• The appointment of a Clinical Development Manager to the Professional and Clinical Effectiveness (PACE) Directorate with a specialist interest in pressure area and ulcer care will provide a link between clinical governance and operations to ensure that lessons are learned and embedded.



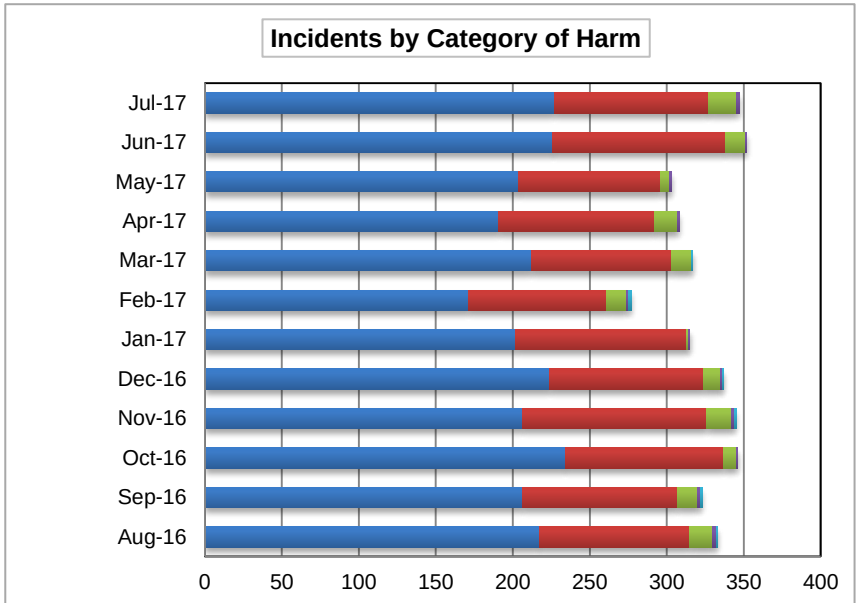
EXCEPTION REPORT | ARE SERVICES SAFE?

Gloucestershire Care Services NHS Trust

Additional information related to performance

Incident Reporting

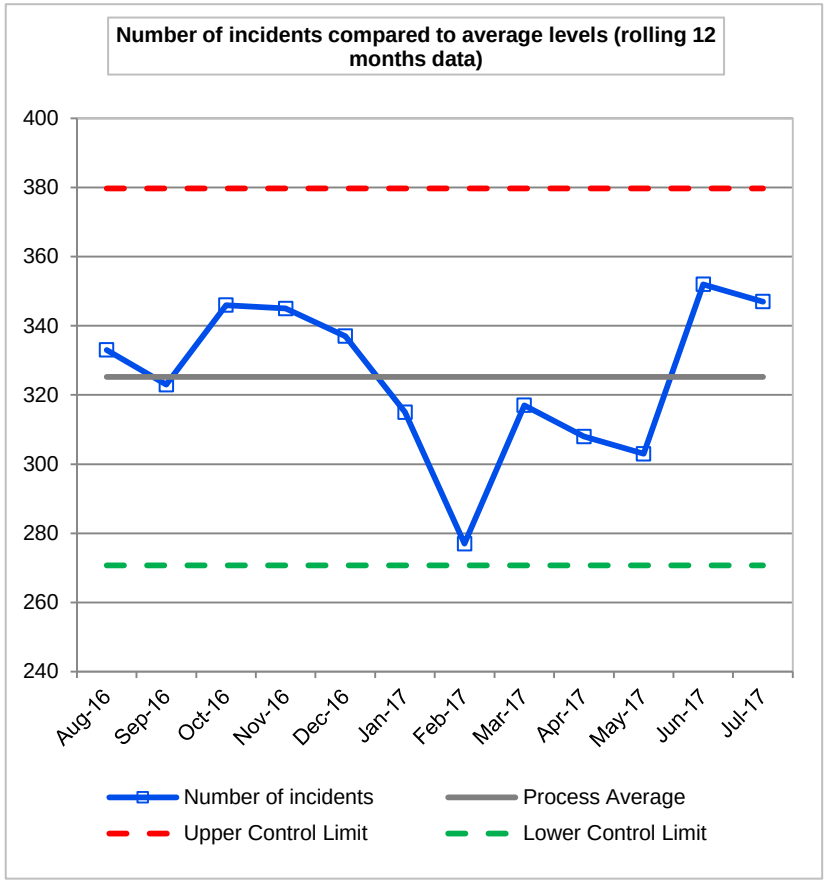
- 347 incidents were reported in July compared to 352 reported in June



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
No Harm	217	206	234	206	224	202	171	212	191	204	226	227
Low Harm	98	101	103	120	100	111	90	91	101	92	112	100
Moderate Harm	15	13	8	16	11	1	13	13	15	6	13	18
Severe Harm	2	2	1	2	1	1	1	0	1	1	1	2
Death	1	1	0	1	1	0	2	1	0	0	0	0

What actions have been taken to improve performance?

- Colleagues continue to be encouraged to report incidents to ensure appropriate learning. The incident reporting levels continue to be monitored (chart below).



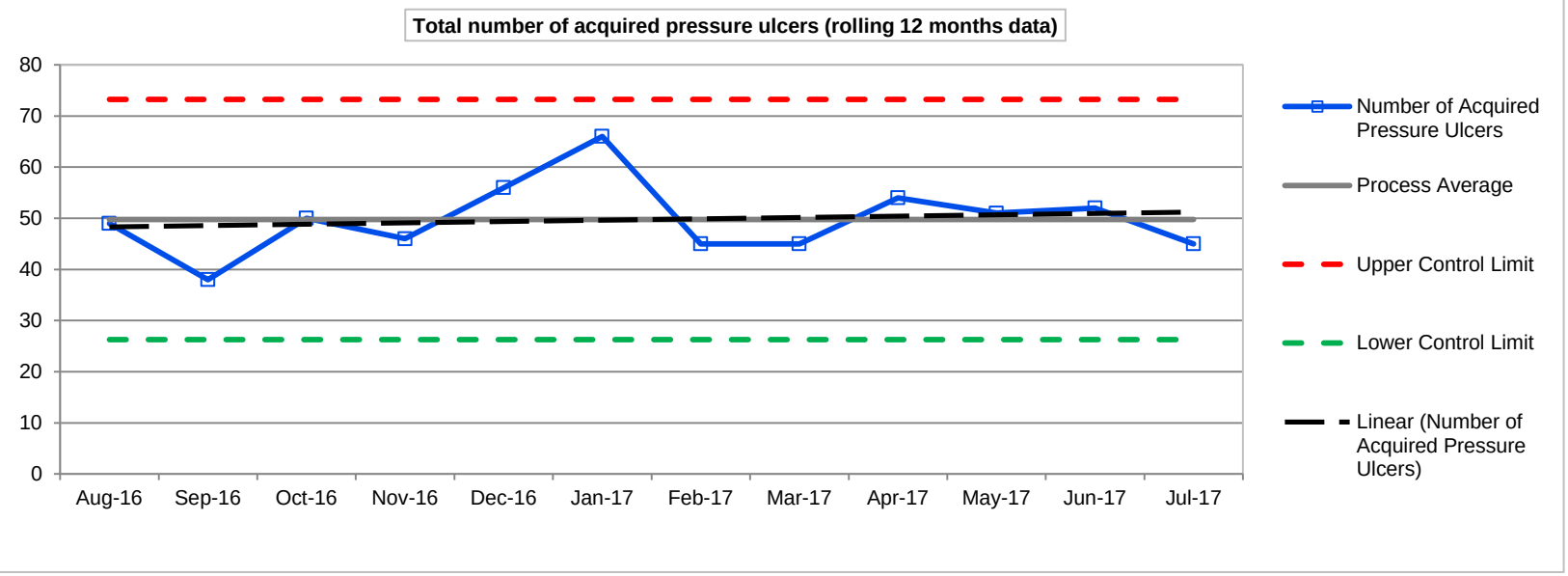
EXCEPTION REPORT | ARE SERVICES SAFE?

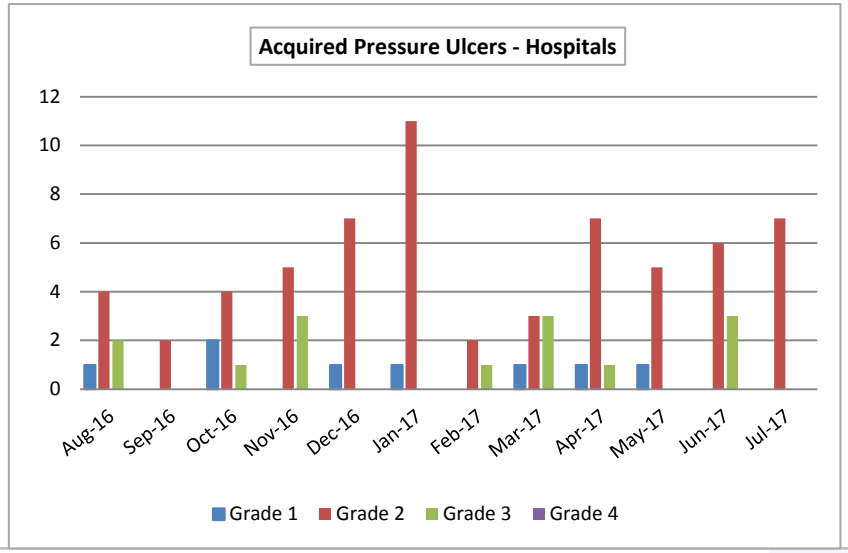
Additional information related to performance	What actions have been taken to improve performance?
Duty of Candour (DoC) • There were 6 incidents where Duty of Candour applied from 1 April 2017 to 31 July 2017. Patients and relatives have received both verbal and written apologies as per DoC guidance.	• n/a
Pressure Ulcers (PUs) • Total number of acquired pressure ulcers was 45 in July. • Community Hospital acquired pressure ulcers was 7 in July compared to 9 in June. • Community acquired pressure ulcers was 38 in July compared to 43 in June. **Benchmarking** • The Trust is reporting 1.1 avoidable pressure ulcers (Grade 2, 3 or 4) in community hospitals setting per 1,000 occupied bed days (Feb-17 to Jul-17) . This compares to the average of 0.2 based on the Trusts within the NHS Benchmarking Network monthly indicator report. (Please see charts on page 18.)	• The recent Safety Thermometer audits identify that pressure ulcers and falls need to remain a priority with further alignment of the incident and safety thermometer data needed. • There has been a local and national drive to reduce this element of harm to patients in the care of the NHS. The Executive Led SIRI panel is a forum to relay good practice surrounding pressure area management. Clinical colleagues invited to present cases regarding patients with pressure ulcers are encouraged to critically review practice in an arena which encourages professional challenge but feels safe, with learning then disseminated back to teams and through the learning assurance framework process. • In addition, the Pressure Ulcer and Falls Quality Improvement Group continue to drive patient safety agendas with regards to these Trust priorities. **Risks** Reference – NQ19 Rating – 16

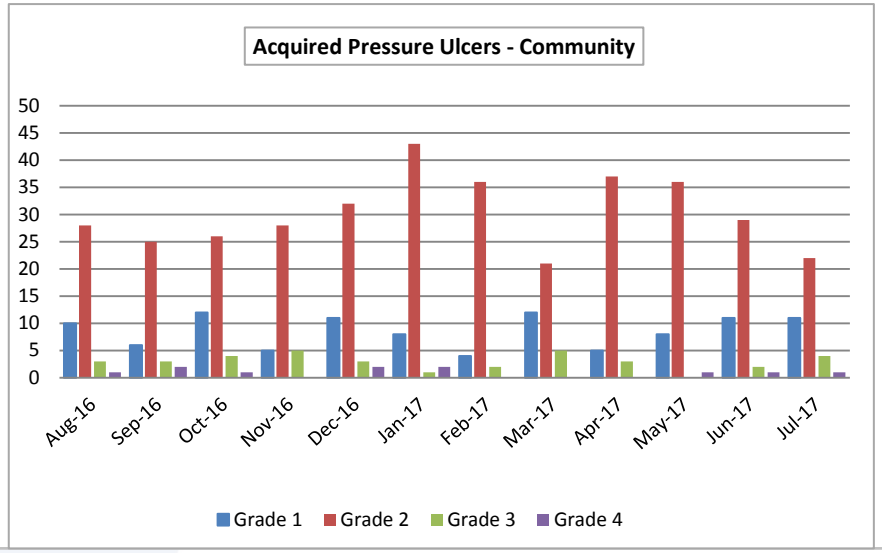
EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

Analysis of Acquired Pressure Ulcers – July 2017





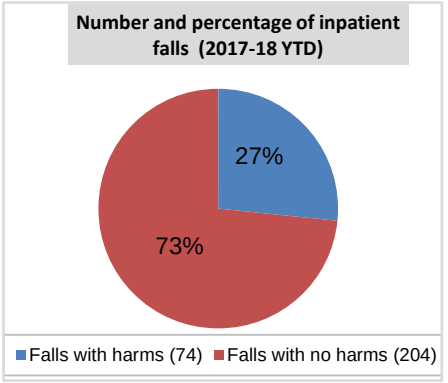


EXCEPTION REPORT | ARE SERVICES SAFE?

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
North Cotswolds	40	15.1	142	18.4	9	3.4	43	5.6
Cirencester	79	13.5	225	12.1	18	3.1	55	3.0
Tewkesbury	27	14.5	89	12.2	4	2.2	19	2.6
Dilke	42	13.4	116	12.1	18	5.7	36	3.7
Lydney	25	10.7	75	10.3	7	3.0	20	2.7
Stroud General	44	9.7	142	10.6	12	2.7	33	2.5
The Vale	21	9.4	100	13.9	6	2.7	27	3.7
TOTAL	**278**	**12.3**	**889**	**12.5**	**74**	**3.3**	**233**	**3.3**
FORECAST	**834**				**222**			



Risks
Reference – SD50
Rating – 12

Monthly figures	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Rolling 12 months total
Falls in Community Hospitals (inpatients only)	60	86	78	77	73	64	67	73	64	65	78	71	856

Additional information related to performance

Falls in an inpatient setting

- 73% of all falls reported year to date are without harm, with 27% resulting in harm.

Benchmarking

- The Trust is reporting a rate of 12.4 falls per 1,000 occupied bed days (Feb-17 to Jul-17) while the NHS Benchmarking network is reporting an average of 7.9 falls per 1,000 beddays, based on the Trusts within the NHS Benchmarking Network monthly indicator report.
- There is also evidence of significant variation between Community Hospitals

What actions have been taken to improve performance?

- A detailed action plan for reducing incidence of falls in community hospitals was presented by the Head of Community Hospitals to the Quality and Performance Committee in August 2017. Actions include:
- Local benchmarks that will be used to monitor performance and variation across the community hospital inpatient wards.
- Education and training for staff with regards to consistent and evidence-based falls assessment.
- Standard definition of ‘fall’ and ‘fall with harm’.
- Communicate across all wards and teams to reduce variation in reporting.
- Community Hospital Falls Prevention group will continue to develop and implement the action plan to reduce the incidence of falls.

EXCEPTION REPORT | ARE SERVICES SAFE?

NHS Gloucestershire Care Services NHS Trust

Safe Staffing – July 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	96.8%	106.5%	100.0%	100.0%	98.4%
	Windrush Ward	100.0%	97.6%	100.0%	98.4%	94.1%
Dilke	Dilke ward	109.7%	99.2%	100.0%	98.9%	96.8%
Lydney and District	Lydney ward	113.7%	112.9%	100.0%	106.5%	93.1%
North Cotswolds	NCH Ward	100.0%	91.9%	100.0%	103.2%	99.4%
Stroud General	Cashes Green Ward	102.4%	109.7%	100.0%	106.5%	96.3%
	Jubilee Ward	101.6%	98.9%	96.8%	103.2%	93.5%
Tewkesbury Community	Abbey View Ward	112.5%	89.3%	100.0%	90.0%	100.0%
	Wharton ward	118.5%	98.6%	101.6%	96.8%	64.6%
Vale Community	Peak View	109.5%	102.1%	98.3%	89.7%	91.1%
TOTAL		107.8%	103.2%	99.6%	100.2%	93.3%

Hospital	Ward	Bank Staff	Agency Staff
Cirencester	Coln Ward	18.8%	8.6%
		18.7%	4.2%
	Windrush Ward	17.8%	14.8%
Dilke	The Ward	6.4%	4.5%
Lydney and District	The Ward	4.4%	7.5%
North Cotswolds	NCH Ward	9.3%	7.0%
Stroud General	Cashes Green Ward	17.5%	20.0%
	Jubilee Ward	15.8%	13.8%
Tewkesbury Community	Abbey View Ward	2.7%	0.4%
Vale Community	Peak View	13.6%	7.0%
TOTAL		12.0%	9.0%

Minimum staffing levels

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

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%

- n/a

Risks
Reference – HR3
Rating – 12

EXCEPTION REPORT | ARE SERVICES SAFE?

Safeguarding

NHS Gloucestershire Care Services NHS Trust

Total	2016/17 Outturn	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	2017/18 YTD
*Adult safeguarding concerns raised by GCS	101	24	27	31	30	27	27	19	30	19	24	25	26	75
*Total county adult safeguarding concerns	1,600	161	152	175	161	146	150	142	162	133	148	146	142	569
*GCS adult section 42 enquiries	41	15	9	19	15	19	16	8	16	10	7	9	11	37
*Total county section 42 enquiries	683	106	74	94	95	84	82	75	106	78	59	78	48	263
Number of new Children's Serious Case Reviews	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Number of new Safeguarding Adult Reviews	5	1	0	0	0	0	0	0	0	1	0	0	1	2
*Number of children subject to a Child Protection Plan	**476**	**538** (Jul-Sep 2016)		**496** (Oct - Dec 2016)			**453** (Jan – Mar 2017)			**497** (Apr - Jun 2017)			**502** (July)	

*Gloucestershire County Council (GCC) has replaced its previous system of data collection after an audit of the process which identified data issues, hence figures in above table are new (refreshed) figures as provided by GCC as at July 2017. A new SAFE 1 form has been introduced which collects additional types of concerns. SAFE1 is the form that is completed as part of the safeguarding concern/enquiry on the case management system to record the findings and outcomes of the case.

Adult Safeguarding Concerns

Gloucestershire County Council has amended its data collection processes. The data appears to be more reliable but GCC will continue to monitor. One new Safeguarding Adult Review, that has been under consideration for some time, has now been commissioned and commenced.

Children Safeguarding Concerns

There have been no further children's Serious Case Reviews (SCR) commissioned.

The two cases that were being considered by the Gloucestershire Safeguarding Children's Board (GSCB) Serious Case Review Sub group are not going to proceed to Serious Case Review. Instead it is likely that a thematic review will be undertaken in relation to non-accidental injury.

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	75	Physical injury	41
Physical Disability	43	Neglect	35
Learning Disabilities	28	Psychological	21
Dementia	7	Financial	24
		Sexual	7
		Organisational	2
		Self Neglect	3

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE?						
	Risk Register ref.	**Risk Register rating**	**Performance Target**	**May**	**Jun**	**Jul**
Community Hospitals						
Emergency re-admission within 30 days of discharge following a non-elective admission	-	-	No Target	9.5%	8.6%	13.7%
Inpatients - Average Length of Stay	-	-	No Target	31.3	26.2	22.1
Bed Occupancy - Community Hospitals	-	-	90%	97.7%	96.5%	93.3%
% of direct admissions to community hospitals	-	-	No Target	27.0%	24.9%	26.8%
Delayed Transfers of Care (average number of patients each month)	-	-	10	15	8	23
Monthly DToC rate (% of DToC days)	-	-	<3.1%	8.4%	4.2%	12.3%
Average of 4 discharges per day (weekends) - Inpatients	-	-	4	2.9	3.9	3.7
Average of 11 discharges per day (weekdays) - Inpatients	-	-	11	8.0	9.5	7.2
*SUS Data Quality Index	-	-	**TBC	99.4%	99.3%	*
IAT Number of avoided admissions	-	-	**TBC	Data not received from GHFT following TrakCare implementation		
Other						
Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	-	-	**TBC	1,807	2,702	2,449
Chlamydia Screening - Number of Positive Screens	-	-	**TBC	83	126	125

* Data not currently available from NHS Digital
**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 93.3% in July compared to 96.5% in June. **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.

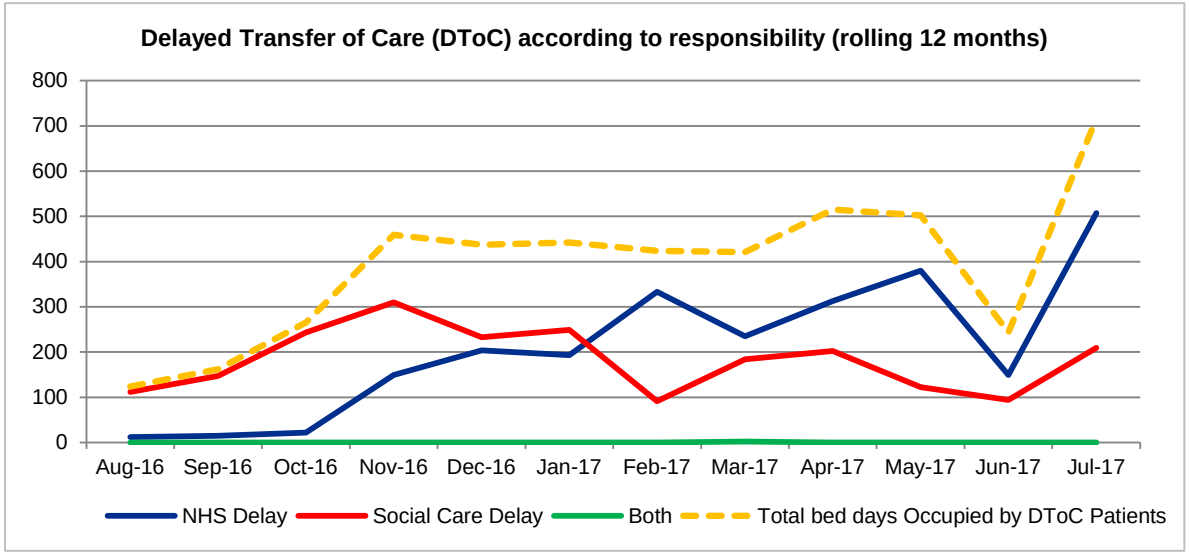
Delayed Transfer of Care (DToC)
• Reported delayed transfers of care increased to an average of 23 patients per day in July from 8 per day in June.
 	
• The number of bed days occupied by patients experiencing a delay was 716 (12.3%) all bed days occupied across community hospitals.
 	
• Of the 716 bed days occupied by patients experiencing a delay in July, while a significant number are being reported as being the responsibility of the NHS the majority are waiting for packages of care to be arranged by Gloucestershire County Council social care teams or for packages of care for individuals who will be privately funding packages of care to support their ongoing care.
	• The Trust has been undertaking a programme of work regarding DToC including:
	
	  • Moving to a single version of the delay recording
	  • Using only the national DTOC definitions
	  • Training for Matrons and senior sisters on the coding. The first iteration of the new coding approach was in June, the second in July.
	  • Given the variation this resulted in we then had conversations with other community providers and our local CCG about how we could become more consistent. We are working on this throughout September and expect it to be reflected in the data from October
	• GCS is trialling access to alternatives to Packages of Care to benefit from similar support that is available to the acute Trust to facilitate discharges – Hospital to Home (H2H) and fire service.
	• There is a workshop planned in September looking at patient flow which will involve GHFT colleagues.

Inpatient Average Length of Stay • Inpatient average length of stay in July was 22.1 days in July compared to 26.2 days in June. • No discharged patient stayed more than 75 days in a community hospital in July (compared to an average of 8 patients per month in this group in the past 12 months). • The median (mid-point) in July was 19.0 days compared to 22.0 days in June. **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. • Access to discharge support services available to GHFT is being piloted.

EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

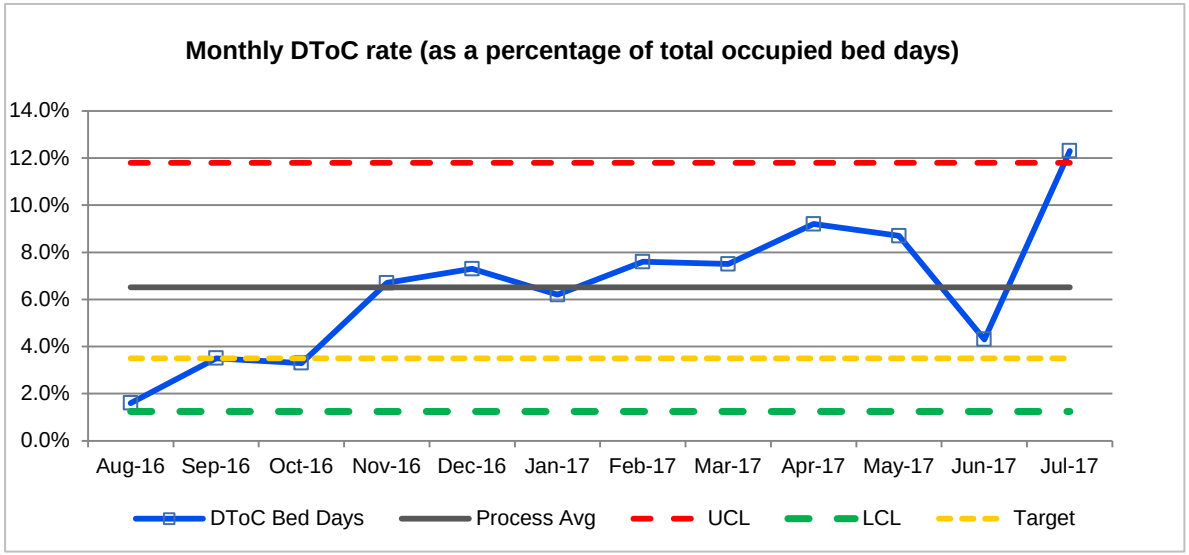
Gloucestershire Care Services NHS Trust

Delayed Transfer of Care Analysis (rolling 12 months)



The total bed days occupied by DToC patients have increased significantly in July compared to previous months.

It should be noted that there a significant proportion of patients reported as NHS delay are awaiting privately funded packages of care.



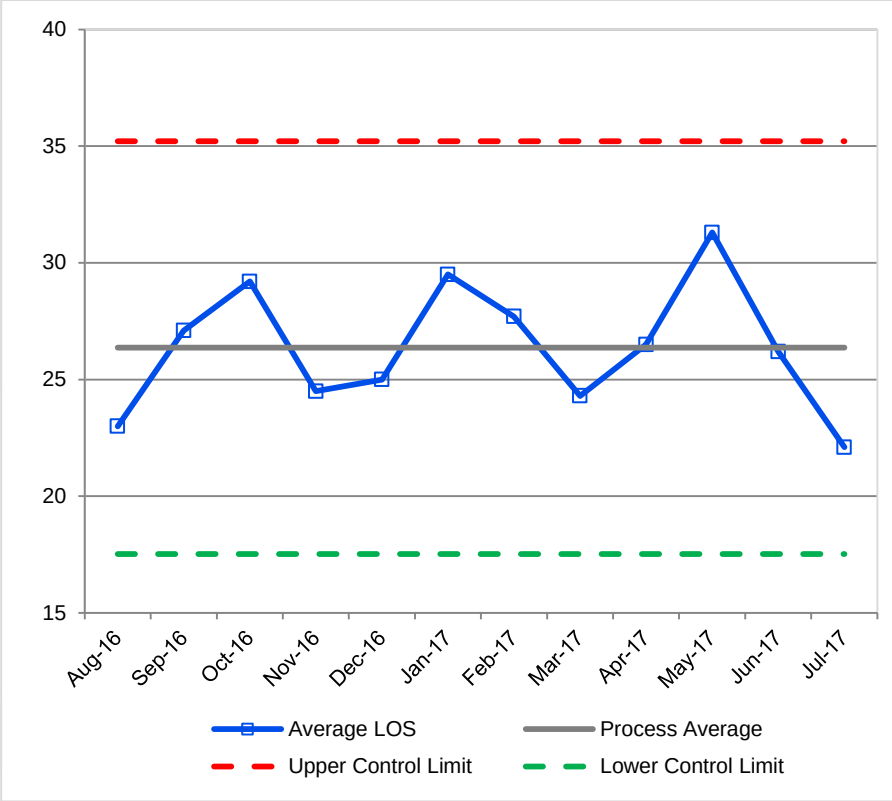
The percentage of bed days lost due to delayed discharges in July was significantly higher than previous months. July figure is showing as an outlier in the data as it is above the upper limit of the distribution.

An improved and standardised reporting system (through SystmOne) replaced the previously manual process in November 2016.

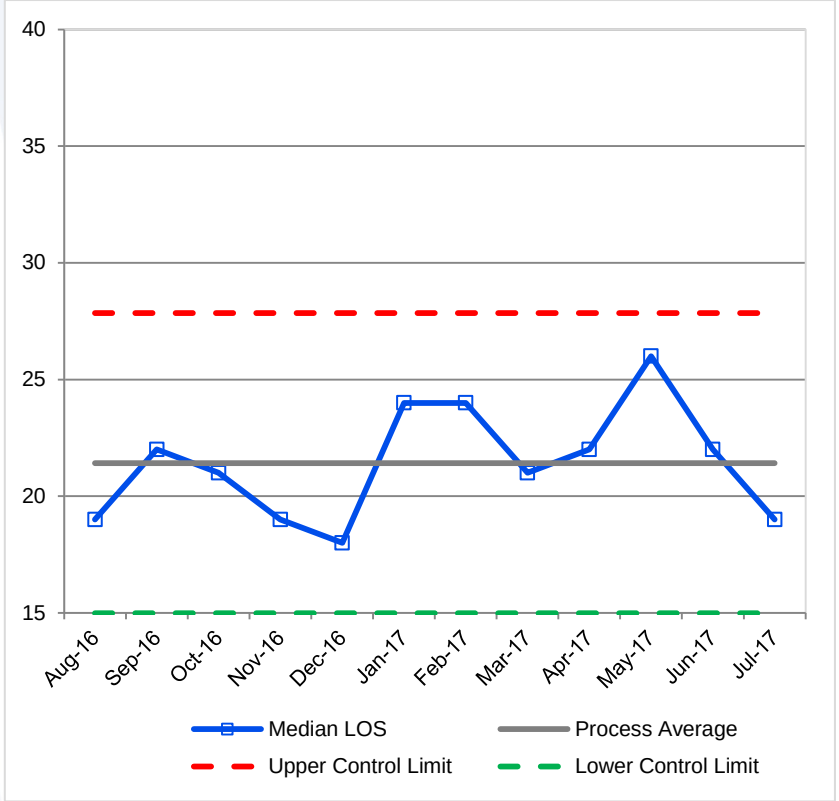
EXCEPTION REPORT | ARE SERVICES EFFECTIVE?

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.

No discharged patient stayed more than 75 days in a community hospital in July (compared to an average of 8 patients per month in this group in the past 12 months). The absence of these outliers is reflected in the relatively lower overall average length of stay in July.

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 RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?	Risk Register ref.	Risk Register rating	Performance Target	May	Jun	Jul
Referral to Treatment						
MIIU Time to initial assessment for patients arriving by ambulance (95th percentile)	-	-	< 15 minutes	00:16	00:25	00:39
Speech and Language Therapy - % treated within 8 Weeks	-	-	95%	98.6%	85.7%	94.9%
Podiatry - % treated within 8 Weeks	-	-	95%	94.0%	98.8%	96.3%
Occupational Therapy Services - % treated within 8 Weeks	-	-	95%	89.5%	87.6%	78.4%
Adult Physiotherapy - % treated within 8 Weeks	-	-	95%	85.2%	91.8%	93.0%
Diabetes Nursing - % treated within 8 Weeks	-	-	95%	93.5%	96.2%	98.0%
MSKCAT Service - % treated within 8 Weeks	-	-	95%	69.5%	63.7%	62.4%
Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	-	-	80%	80.4%	84.3%	88.2%
Paediatric Speech and Language Therapy - % treated within 8 Weeks	-	-	95%	92.9%	98.8%	97.5%
Paediatric Physiotherapy - % treated within 8 Weeks	-	-	95%	98.6%	99.8%	100.0%
Paediatric Occupational Therapy - % treated within 8 Weeks	-	-	95%	95.9%	98.1%	94.7%
Other						
Social Care ICT - % of Referrals resolved at Referral Centres and closed	-	-	No Target	44.9%	43.1%	44.6%
Reablement - Current Cases Open Longer than 6 weeks	-	-	0	77	65	53
% community reablement completing after 6 weeks	-	-	No Target	16.5%	20.5%	19.6%
Reablement - % progressed within 6 weeks from closing this month	-	-	100%	83.5%	79.5%	80.4%
Reablement - % contact time	-	-	60%	37.8%	39.3%	39.2%
Single Point of Clinical Access (SPCA) Calls Offered (received)	-	-	No Target	3,412	3,427	3,252
SPCA % of calls abandoned	-	-	<5%	2.8%	3.4%	2.3%
SPCA % of calls resolved with agreed pathway within 20 minutes	-	-	95%	95.4%	95.0%	95.1%
SPCA % of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	-	-	95%	91.8%	88.5%	92.5%

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

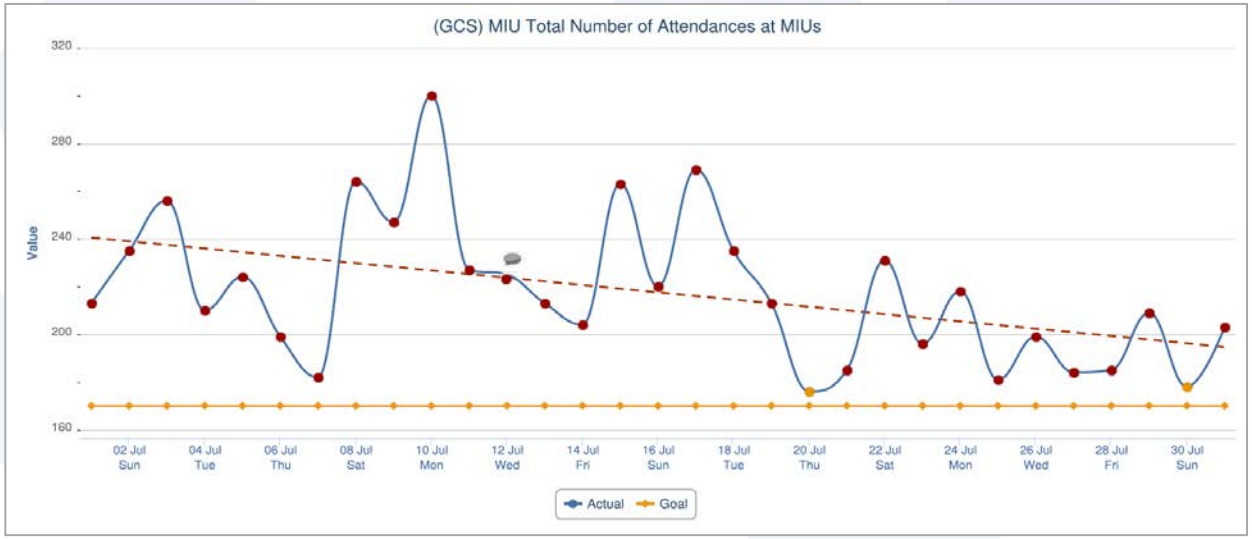
Additional information related to performance	What actions have been taken to improve performance?

MIIU time to initial assessment for patients arriving by ambulance (95th percentile)

- 20 patients arrived by ambulance in July of which 2 breached the 15 minutes 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	10	00:13
Lydney Community Hospital	3	00:13
Stroud Community Hospital	3	00:54
Tewkesbury Community Hospital	3	00:03
The Vale Community Hospital	1	00:06
Dilke Community Hospital	No ambulance arrivals	n/a
North Cotswold Community Hospital	No ambulance arrivals	n/a

- There continues to be considerable work undertaken to support resilience across the MIIUs.



GCS Minor Illness and Injury unit attendances during July 2017 indicate a fluctuation in the number of attendances on a daily basis, with all days above the goal set (<=170).

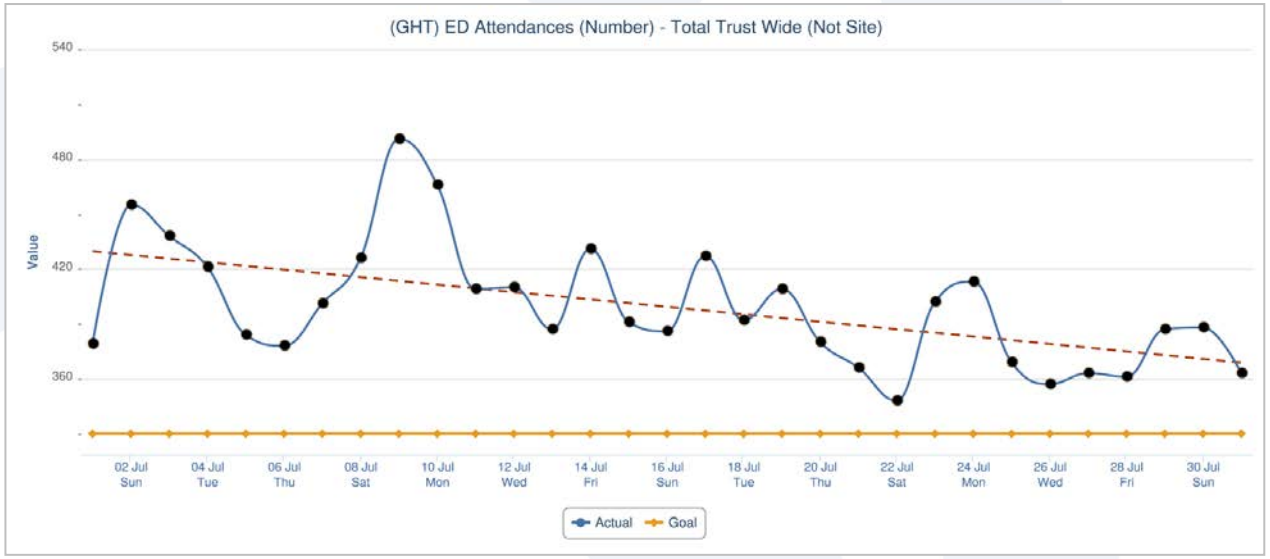
Trend line indicates a downward trajectory throughout July.

(Please see attendances to GHFT Emergency Department on next page).

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS 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 July.

Attendances were above goal level (<=330) on all days in July.

The trend line suggests a downward trajectory throughout the month.

GHFT Emergency Department performance compared to 4 hour target (%).

Performance target (95%) was not achieved on any day in July, however performance followed an upward trajectory throughout July.

Source: Alamac data

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS 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 94.9% in July compared to 85.7% in June (target 95%). • 3 out of 59 patients were seen outside of the 8 week threshold in July.	• Position continuing to be reviewed to sustain improvement.
Podiatry Services (% treated within 8 weeks) • The service achieved the waiting time target again in July at 96.3%. • 31 out of 829 patients were seen outside the 8 week threshold.	• A detailed action plan has been implemented over the last three months. This has included a number of actions to improve the RTT performance, including offering extra clinics, keeping a higher proportion of appointments for New compared to Follow-Ups, targeting longer waiters as a priority.
Adult Occupational Therapy Services (% treated within 8 weeks) • Performance in July was 78.4% compared to 87.6% in June. • 50 out of 232 patients were seen outside the 8 week threshold in July.	• The waiting list is being reviewed with priority given to the longest waits. • The Trust is progressing an improvement plan to meet demand across the County and ensure effective alignment of capacity and demand.
Adult Physiotherapy (% treated within 8 weeks) • Performance in July was 93.0% in July compared to 91.8% in June. • 35 out of 1,936 patients were seen outside the 8 week threshold.	• A locum physiotherapist has been seeing the longer wait patients, and there is an improvement in performance in July.
MSKCAT Service (% treated within 8 weeks) • Performance was 63.5% in July compared to 63.7% in June. • 172 out of 471 patients were seen over the 8 week threshold in July. **MSKCAT Service (% treated within 2 weeks)** • Performance was 94.6% in July compared to 97.8% in June. • 3 patients were seen outside the 2 week threshold.	• Action plan in place including demand and capacity modelling to clear waiting list.

Risks
Reference – SD8
Rating – 9

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

NHS Gloucestershire Care Services NHS Trust

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

Jul-17	8 week RTT target	% seen within 8 weeks	% seen above 8 weeks	18 week RTT target	% seen within 18 weeks	% seen above 18 weeks	Number seen within 8 weeks	Number seen above 8 weeks	Number seen within 18 weeks	Number seen above 18 weeks
Parkinson's Nursing	95%	100.0%	0.0%	92%	100.0%	0.0%	2	0	2	0
Bone Health Service	95%	100.0%	0.0%	92%	100.0%	0.0%	177	0	177	0
HIV Service	95%	100.0%	0.0%	92%	100.0%	0.0%	5	0	5	0
Psychosexual Service	95%	100.0%	0.0%	92%	100.0%	0.0%	23	0	23	0
Contraception Service and Sexual Health	95%	100.0%	0.0%	92%	100.0%	0.0%	1,330	0	1,330	0
Paediatric Physiotherapy	95%	100.0%	0.0%	92%	100.0%	0.0%	270	0	270	0
Diabetes Nursing	95%	98.0%	2.0%	92%	100.0%	0.0%	48	1	49	0
Paediatric Speech and Language Therapy	95%	97.5%	2.5%	92%	100.0%	0.0%	156	4	160	0
Podiatry	95%	96.3%	3.7%	92%	100.0%	0.0%	798	31	829	0
MSK Physiotherapy	95%	95.5%	4.5%	92%	100.0%	0.0%	1,422	67	1,489	0
Speech and Language Therapy	95%	94.9%	5.1%	92%	100.0%	0.0%	56	3	59	0
Paediatric Occupational Therapy	95%	94.7%	5.3%	92%	100.0%	0.0%	90	5	95	0
Adult Physiotherapy (MSKPHY + ICT PHY)	95%	93.0%	7.0%	92%	99.0%	1.0%	1,801	135	1,917	19
ICT Physiotherapy	95%	80.7%	19.3%	92%	92.7%	7.3%	242	58	278	22
ICT Occupational Therapy	95%	78.4%	21.6%	92%	94.4%	5.6%	182	50	219	13
MSKCAT Service	95%	63.5%	36.5%	92%	84.7%	15.3%	299	172	399	72

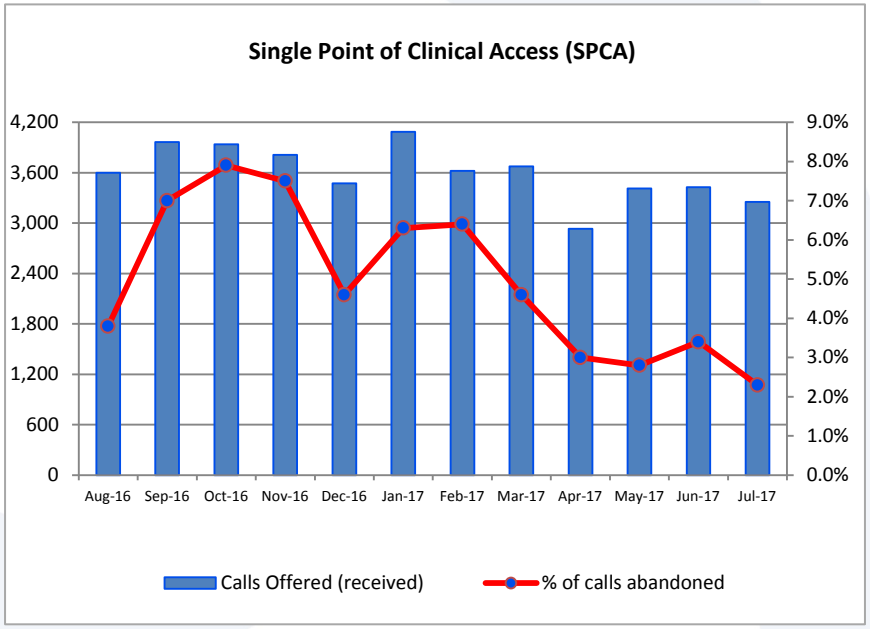
The comparison shows that MSKCAT service is the outlier in terms of performance for both 8 weeks and 18 weeks.

The MSKCAT service has been requested to offer the current workforce additional hours as well as to bring in Agency staff to clear the backlog particularly for those patients waiting over 18 weeks.

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

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 95.1% in July compared to 95.0% in June. Target is 95%. **95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing.** In July 92.5% of priority 1&2 calls were answered within 60 seconds compared to 88.5% in June. Target is 95%.	• Shift times are being reviewed against skill mix to ensure resources are allocated more effectively and performance is maintained above target.



EXCEPTION REPORT | ARE SERVICES WELL LED?

Gloucestershire Care Services NHS Trust

CQC DOMAIN - ARE SERVICES WELL LED?						
	Risk Register ref.	Risk Register rating	Performance Target	May	Jun	Jul
Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	HR13	12	61%		56.0%	
Sickness Rate in Reablement workforce	-	-	3%	7.1%	7.6%	7.0%
% of Staff with completed Personal Development Reviews (Appraisal)	HR6	12	95%	75.8%	76.1%	75.2%
Sickness absence average % rolling rate - 12 months	HR26	12	<4%	4.5%	4.6%	4.6%
Sickness absence % rate (1 month only)	HR26	12	<4%	4.6%	4.5%	4.6%
Mandatory Training (based on all 20 measures)	-	-	92%	79.3%	80.6%	81.3%

*Quarterly data

Additional information related to performance	What actions have been taken to improve performance?
Staff Friends and Family Test • Q1 (2017-18) results indicated 56% of workforce would recommend the Trust as a place of work. This has improved compared to Q4 (2016-17) when it was 50%. Target is 61%.	• Presentations at CORE leadership meeting to encourage participation. **Risks** Reference – HR13 Rating – 12
Staff with completed Personal Development Reviews (Appraisal) • Rate of reported completed PDR was 75.2% in July compared to 76.1% in June. 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. **Risks** Reference – HR6 Rating – 12

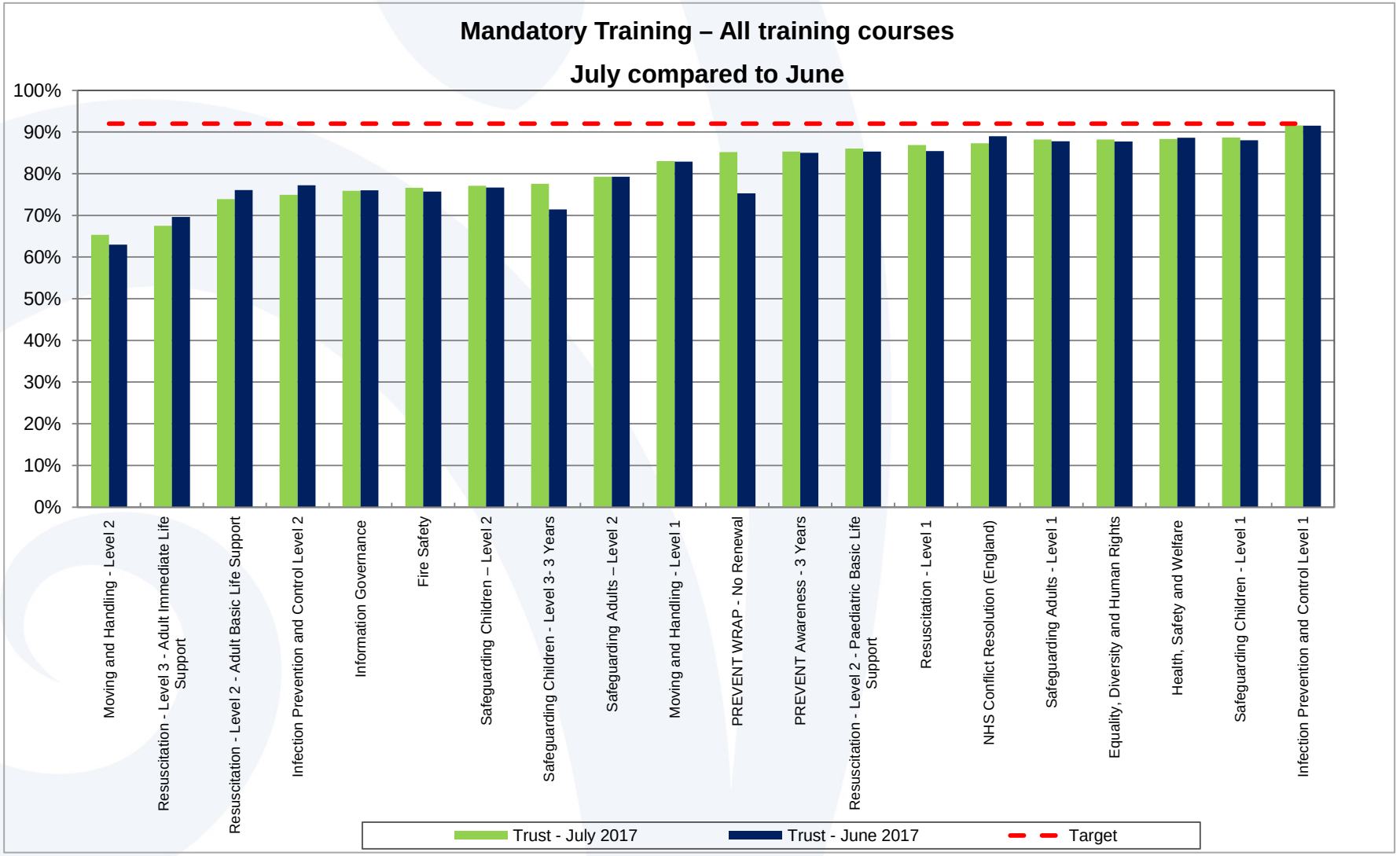
EXCEPTION REPORT | ARE SERVICES WELL LED?

Gloucestershire Care Services NHS Trust

Additional information related to performance	What actions have been taken to improve performance?
Sickness absence • The rolling 12 months performance was 4.6% in July (target of 4.0%.) • In July 2017 the monthly rate was 4.6% compared to 4.5% in June.	• There is continued oversight and management of sickness absence in line with Trust policies.

Mandatory Training
• Performance was 81.3% in July, with no area meeting the 92% target.
• 14 areas have seen a continued improvement, however 6 mandatory training areas have seen a reduction in compliance when compared to June..
  • Resuscitation - Level 3 - Adult Immediate Life Support
  • Resuscitation - Level 2 - Adult Basic Life Support
  • Infection Prevention and Control Level 2
  • Information Governance
  • NHS Conflict Resolution (England)
  • Health, Safety and Welfare
See details on next page.
	• There has been a detailed review of the performance and actions are being progressed (reported to Workforce and Organisational Development Committee).

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	-	1	-	-	1	-	2
Bank / agency	0	-	-	-	-	-	-	0
Total	11	-	1	-	-	1	-	2

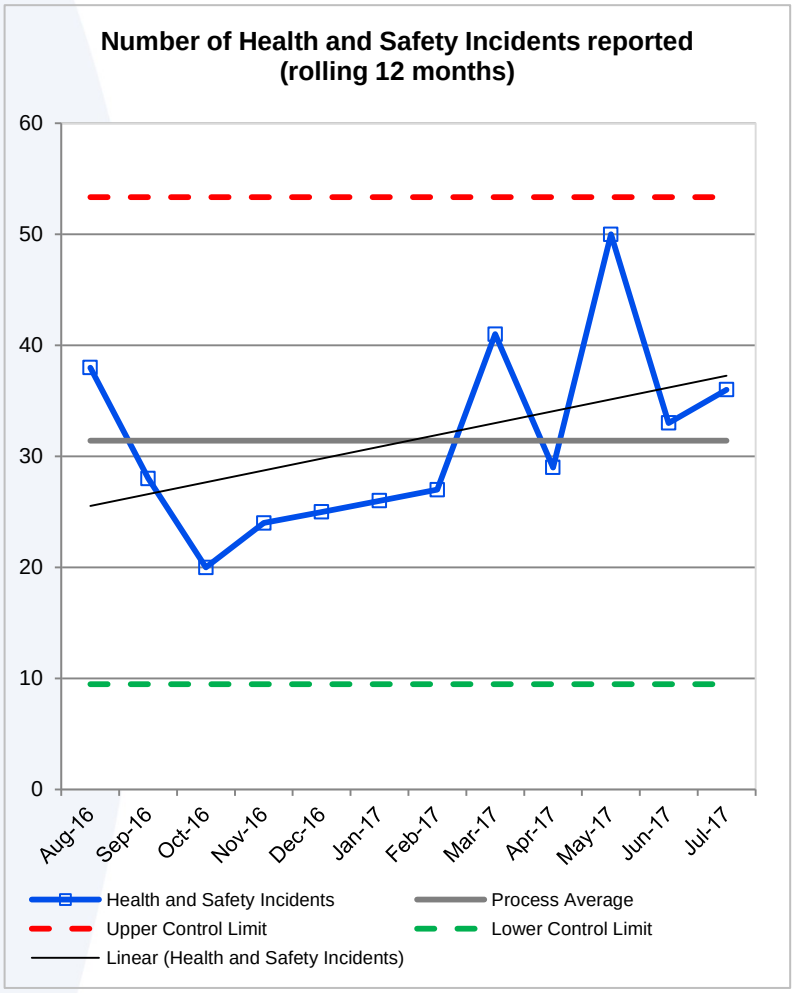
Definition	RIDDOR details
A RIDDOR incident is reportable to the Health and Safety Executive (HSE) as a result of it causing (i) death or serious injury, (ii) inability of the injured party to work for more than 7 days, or (iii) inability of the injured party to work normally.	1. Hospital nurse banged knee on bed and suffered bruising (withdrawn). 2. District Nurse slipped backwards from patient doorstep 3. Hotel Services staff unloading oven spilt melted cheese on her forearm 4. Nurse helping patient to use the toilet when patient ceased to cooperate and bear weight.
Trends	
4 RIDDORs were reported between April – July 2017. Of these 1 has been withdrawn because investigation showed no correlation between the injury and incident.	

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									**38**
Verbal Abuse	5	11	8	11									**35**
Moving Handling	4	14	3	6									**27**
Assault	5	3	3	3									**14**
Needlestick	4	4	1	5									**14**
Slips/Trips/Falls	4	4	2	1									**11**
Stepping/Striking	3	2	2	2									**9**
Animals	0	0	0	0									**0**
TOTAL	**29**	**50**	**33**	**36**									**148**



- The number of health and safety incidents reported in July increased to 36, The increasing trend in 2017/18 can be largely attributed to 14 reports of dressings being stored at high temperatures, a rise in needle stick injuries (6) and Moving and Handling incidents (6) in relation to equipment provision on one site.

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **20th September 2017**

Report Title: **Finance Committee Report**

Agenda reference Number	12/0917
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 14th June 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 June 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 June 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 31st August 2017. Key aspects considered included the Month 3 Finance Report, Quality, Innovation, Productivity and Prevention (QIPP) performance and Commissioning for Quality and Innovation (CQHIN) achievement as well as progress again the Trust Cost Improvement Plan.

The Committee also had discussion on the Business Development strategy and opportunities, the Trust Capital Development Plan considering the Board Assurance Framework and undertaking a budget review of the Minor Injury and Illness Units. A number of commercially sensitive items were also progressed.

2.1 Finance Report Month 3

The Committee was assured that at Month 3 the Trust was broadly in line with plan.

The Committee welcomed the updated 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 and the way this was being managed in year , as well as plans to improve the process for 2018/19 by incorporating CIPs at the budget planning stage.

It was noted that the Executive was also considering further changes to promote greater accountability at a budget holder level and a more strategic approach.

The Committee was supportive of the refreshed processes and the benefits this should provide. It was agreed this would be discussed further at the next meeting.

2.3 Capital Expenditure

The Committee agreed the need for further work to be undertaken on the Estates Strategy to enable greater understanding of options and implications.

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

There were no decisions made under delegated powers.

3. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee and **RECEIVE** the minutes from the June Finance Committee.

Gloucestershire Care Services NHS Trust
Minutes of the Finance Committee Meeting
held on the 14th June 2017
in the Boardroom, Edward Jenner Court, between 0930– 1230 hrs

Committee Members present:

Graham Russell	- Non-Executive Director (Chair)
Sandra Betney	- Director of Finance
Richard Cryer	- Non-Executive Director
Sue Mead	- Chief Operating Officer
Candace Plouffe	- Trust Chair
Nick Relph	- Non-Executive Director Designate (observer)

In attendance:

Clyan Andrews	- Procurement Manager (for item 12)
Stuart Bird	- Deputy Director of Finance
Johanna Bogle	- Head of Operational Finance
Laura Bucknell	- Head of Medicines Management (for item 12)
Sally Clark	- Senior Personal Assistant (minutes)
Gillian Steels	- Trust Secretary
Steven Wainwright	- Business Systems Manager

	Minute
1/0617FC	**Welcome and apologies** The Chair welcomed Nick Relph, Non-Executive Designate, as an observer of the Committee meeting.
2/0617FC	**Confirmation that the meeting is quorate** The meeting was confirmed as quorate by the Trust Secretary. Under the revised terms of reference quoracy was noted as two Non-Executive Directors (NEDs) and one Executive member.
3/0617FC	**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.
4/0617FC	**Minutes of the Finance Committee held on the 12th April 2017** The minutes of the meeting held on the 12th April 2017 were confirmed subject to the following clarifications:

	Minute
	09/0417 – to be amended to read that 'Sue Mead, Non-Executive Director, suggested that the Trust plan ahead for future schemes'.
5/0617FC	**Matters Arising (Action Log)** The Committee reviewed the action log and agreed it reflected the current position.
6/0617FC	CONFIDENTIAL SECTION
7/0617FC	**Business Development Strategy Discussion** The Committee considered a presentation on the principles and key drivers that should be reflected in a business development strategy for the Trust. It was confirmed the strategy would be approved and owned by the Trust Board. The Committee discussed options on potential ways to move this area of work forward. The strategy would need to be clear about its priorities in providing existing services to existing customers; existing services to new customers; new services to existing customers; and new services to new customers and in relation to innovation; capacity; sustainability; appetite for risk; and re-assigning of services. Nick Relph, Non-Executive Director (Designate) asked if the Trust has a current financial strategy. The Director of Finance advised the Business Development Strategy will support the development of the Finance Strategy. Members considered the Trust's appetite for being innovative. The Committee reflected on the importance of the Trust considering its competitive offer and advantages, its operating environment and the geographical dynamics of services that may be offered in the future. Sue Mead, Non-Executive Director, thanked the Director of Finance for the thoughtful and timely presentation. She suggested this item be considered at the Trust Board's next Development session and that it would also be useful to carry out a 'sense-check' of how our customers and partners view the Trust as part of this process. The Director of Finance confirmed this approach and advised that she would also undertake a survey with Board members to inform the discussion. The Committee thanked the Director of Finance for her presentation.

8/0617FC	**Gloucester Community Centre Hub Business Case** This item had been deferred to the next meeting to enable a more detailed discussion when more information was available.
9/0617FC	CONFIDENTIAL SECTION
10/0617FC	CONFIDENTIAL SECTION
11/0617FC	**CIP/QIPP/CQUIN progress report** The Committee noted: - the proposals for QIPP for 2017/18 and the agreed reporting process - the CQUIN schemes and agreed monitoring and reporting process - the delivery of the CIP plan as of the 31 May 2017 and the governance process in place - the on-going development of CIP schemes across the Trust. The Chief Operating Officer informed the Committee that good progress had been made with the QIPP milestones savings, which equates to £3M.Discussions were ongoing with the Clinical Commissioning Group (CCG) around the £900k risk share element. The Committee noted the interdependencies with other provider organisations and particularly Gloucestershire Hospitals NHS Foundation Trust (GHFT) for the 'Supporting Safe and Proactive Discharges' and 'Personalised Care and Support Planning' CQUIN. The Trust is working with commissioners and other provider leads to confirm clearly defined milestones where the Trust is reliant on third party input and information to demonstrate achievement of the CQUIN. Graham Russell asked how the risk of being reliant on third party input for the delivery of the CQUIN is being monitored. The Chief Operating Officer advised discharge rates are being monitored and reported back each financial quarter. The Director of Finance added that this risk will also be raised with the CCG, given previous issues in obtaining data from other parties CIP saving schemes are currently being finalised and a corporate workshop had been arranged to look at alignment of schemes. The Committee **NOTED** the update on CIP,CQUIN and QIPP development, monitoring and reporting processes.
12/0617FC	CONFIDENTIAL SECTION
13/0617FC	CONFIDENTIAL SECTION

14/0617FC	**Business Development Tracker** The Committee received the revised report and agreed the content and format better met the needs of the Committee. The Committee agreed the report should also be circulated internally at senior leadership level, subject to it being marked as commercially sensitive, only for circulation in the Trust, to promote understanding of business development. Since the last report the Trust had been notified by NHS England that it was successful in the bid for the Gloucestershire School Aged Immunisation service with an estimated annual value of c£0.5m. The Committee was pleased at this confirmation of the Trust's success. The Trust is not currently working on any tenders, however, there are several service development activities in progress. Ongoing activity being progressed or bids awaiting outcomes include: Supporting Gloucestershire Clinical Commissioning Group with a) the development of a proposal for a specialist stroke rehabilitation inpatient service b) the implementation of a new integrated Musculoskeletal service model across Gloucestershire c) working in collaboration with Gloucestershire County Council for the development of an ICT Virtual Ward service The Chief Operating Officer also advised that GCC had been awarded a £10M share of funding to reduce delayed transfers of care numbers and to make domiciliary care more resilient. The Trust was currently in discussion with GHFT regarding the Opal service, and how the Trust can enhance the community services for frailty. Nick Relph queried how decisions are made to submit tenders. The Director of Finance advised that a revised process and criteria has been established building on feedback from previous decisions. Sue Mead commented that other key aspects for successful business opportunity development were about networking with partners, understanding of the external view of the services that the Trust provides, and being agile and responsive to feedback. The Director of Finance confirmed she would get input from the Director of HR about the work under way on stakeholder perceptions to support this. Following up on the horizon scanning of forthcoming tenders, the Committee noted that the next opportunity to consider will be the Out of Hours tender. The Committed **APPROVED** the wider circulation of the report to the Trust senior leadership group and noted the Business Development Update.

15/017FC	**Reference Costs Approach** The Director of Finance introduced the item. The Trust is required to submit reference costs to NHSI and the paper sought approval from the Finance Committee to the outlined approach to the preparation, and submission of the combined cost collection returns, including final sign-off by the Director of Finance and Education Lead. Nick Relph asked what reference information would be considered by the Finance Committee as a result of this submission. The Director of Finance advised she would bring national results once available. The Deputy Director of Finance agreed to forward previous submissions to Nick Relph for information. The Committee **APPROVED** the proposed Reference Cost submission approach and the delegation of sign-off to the Director of Finance and Education Lead.
16/0617FC	**Corporate Systems Combined Update** The paper updated on progress made consolidating and rationalising the Trust's Corporate Systems and the lessons learnt from the implementation of TPP SystmOne. There were no issues of concern. It was agreed that future updates on the Corporate Systems would be considered by the Information Management and Technology Steering Group with any issues highlighted in their routine report. The Committee NOTED the update.
17/0617FC	**Corporate Risk Register for Finance** The Committee considered the Finance Corporate Risk Register. The risk items and mitigating actions were discussed by the Committee. The Committee noted that it focused on financial risks, reflecting its remit and that broader corporate risks are considered within the Board Assurance Framework. Following discussion the Director of Finance confirmed she would review the scoring of the likelihood of the risks on the register to ensure they reflected latest information. It was confirmed to the Committee that there was an escalation process in place, and that risks were being reviewed through the organisation's structure and would be highlighted for Board/Committee attention through the Risk Steering Group's work.
18/0617FC	**Forward Agenda Planner** The Forward Agenda Planner was discussed. It was agreed that the timetable would be considered in line with future Board discussions about STP and urgent care.

	Benchmarking reporting would be taken to Board for consideration.
19/0617FC	**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 and time of next meeting Thursday, 31st August, 1500-1730, The Boardroom, Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Gloucestershire, GL3 4AW

The meeting closed at 12:27.

6/0617FC	**One Gloucestershire (Sustainability and Transformation Plan update) - MSK Pathway** The Chief Operating Officer outlined the operational and financial impacts for the Trust. Two providers currently provide the MSK pathways, Gloucestershire Hospitals Foundation Trust (GHFT) and Gloucestershire Care Services (GCS), however distinction of services between the two providers is not clear for patients. Current service delivery is fragmented so this process aims to align, standardize and stabilise the services. Systems savings will come out of trauma and orthopedics. Initially there will be a drop in income against activity for the Trust in 2017-18, additional investment will be received into the service in the following two years. The Director of Finance advised that following negotiations with Cobalt, the MRI provider, the Trust now has a lower price for the service. This means that although the Trust would have less income, there would also be a decrease in costs. The Chief Operating Officer advised the Committee that the CCG have recognised that there are two good providers and didn't want to put the services out to tender. The Trust is also working with GHFT to repatriate work back within the county. Richard Cryer, Non-Executive Director, questioned how the system-wide STP savings of £7.2M, reflect the comparative savings that the Trust needs to make. He expressed concern that should projected savings not be met this would lead to further restructuring for the services. The Director of Finance commented that the STP savings included avoiding cost increases as well as making savings.
Director of Finance	The Director of Finance agreed to request a breakdown of the system-wide pathway savings of £7.2M. Graham Russell, Non-Executive Director asked what other service pathways are susceptible to a future re-design. The Chief Operating Officer responded that from a clinical programmes approach future re-designs areas are respiratory, dementia, along with opthamology – although this should have minimal impact due to the type of service that the Trust provides. Under the New Models of Care, individual GP clusters are also piloting different schemes to see if they can achieve a more efficient service. These savings have generally been around pharmacy services for primary care.
Chief Operating Officer	The Chief Operating Officer agreed to circulate a schedule of current and future service redesigns to the Committee. It was agreed that this schedule would also be helpful in informing what the Finance Committee considers at future meetings. Richard Cryer asked if the service redesign had improved the working relationship between GHFT and the Trust. The Chief Operating Officer

	responded that networking across the two services had improved and reciprocal working was now taking place where there was available capacity within each service. Graham Russell, Non-Executive Director noted that the redesign demonstrates how the Sustainability and Transformation Plan (STP) is starting to have an impact on finance and services. He also asked how any resultant risks had been mitigated. The Chief Operating Officer confirmed that a 'Quality and Equality Impact Assessment' (QEIA) had been completed and impacts had been assessed at the Quality and Performance Committee.
Director of Nursing	The Chief Operating Officer suggested that the Quality and Performance Committee also consider STP as a standing item for their agenda.
Chief Operating Officer	It was agreed that the Finance Committee would receive an overview of the specialist stroke rehabilitation business case at the next meeting, as this will have both operational and financial impact upon the Trust. The Chief Operating Officer also proposed that the future vision of community hospitals be considered at a future meeting.
Chief Operating Officer	The Committee **NOTED** the change to the current MSK pathway in Gloucestershire and subsequent financial impact on the Trust. The Committee would also receive a schedule of pathway redesigns that are proposed or already underway in order to understand which areas could be usefully considered at future Finance Committee meetings.
09/0617FC	**Financial budget 2017/18 – review – detail** The Director of Finance introduced the Financial Budget for 2017/18 paper, noting that going forward this review would take place prior to Board approval of the budget. The Committee noted the following key points: • Control total accepted as £966k pre STF (STF available is £1,020k). • Plan submitted to NHSI in December 2016 to reflect this figure • Bottom up budgeting performing between January and March 17 to confirm the figures submitted and to derive budgets by cost centre and subjective code. • Budgets circulated for discussion and sign off by budget holders and service leads. • All full year totals for income, Pay and non-pay now agreed between budget and plan. • Budget phasing by quarter and month still needs to be reviewed to ensure consistency of figures when reporting internally and to NHSI. It was noted that the block contract made it difficult to align income to specific services, but that other payment methodologies also had drawbacks. Richard Cryer queried the level of understanding of budget holders in relation to income. The Director of Finance responded that progress has been made and work is ongoing to improve this further through working with budget holders, to ensure understanding of service level reporting.

	The Committee **NOTED** the headline budget information and the increased focus on accountability of budget holders. **<u>Proposed 2017/18 Financial Deep Dive Programme</u>** The Director of Finance asked for a better understanding of what the Non-Executive Directors wished to receive within the Deep Dive information. Sue Mead, Non-Executive Director, asked that there is more insight into activity as well as cost in future Deep Dives. It was **AGREED** that the future focus would be to incorporate the CIP and financial deep dives into one item as a 'service deep dive' and incorporate activity, productivity, value for money, stress points, opportunities and risk.
10/0617FC	**Finance report – Month 1 (2017), Review** The Deputy Director of Finance presented the Month 1 report and highlighted the following key points: • 16/17 reporting now completed. 17/18 key figures as follows: • Control Total surplus is £966k pre STF (STF available is £1,020k) • Capital spend per plan is £4.8m (inc £1.5m of Hatherley Road spend deferred from 16/17 • CIP required is £4.6m • Agency spend cap set by NHSI at £2,379k • CQUIN and QIPP available are £1,539k (after reduction from 2.5% of CCG income to 2% of for risk pool) and £3.9m respectively • End of year cash target is £5,615k **Key Figures:** Single Operating Framework scores had been added. These show that the Trust has a score of 1 throughout 17/18. Those figures that are available show performance in line with plan at the end of month 1 (some information is not yet available as the new finance system is still being developed). It was confirmed that full financial reporting will be resumed for month 2 cycle, this will include: • Agency actual spend and full year forecast • Actual I&E account (SOCI) and balance sheet (SOFP) compared to plan • An evaluation of CIP delivered to date and forecast for the remainder of the year

	It was noted that: April income was above plan by £7k at £9,284k. End of April 2017 was better than plan by £4.5m at £11.4m (end of March 17 position was £8.4m compared to £6.2m forecast out-turn). Favourable variance in month due to lower than plan capital spend and reduced purchase ledger payment run activity. Graham Russell queried how timeliness of the financial information could be better achieved. The Director of Finance responded that alignment of Trust Board and Committee dates was currently under review. The Director of Finance informed the Committee that the Trust was not currently meeting its CIP delivery plan, because the phasing submitted did not accurately reflect the delivery plan. She confirmed she would be reporting this position to NHS Improvement. Nick Relph, Non-Executive Director (Designate) asked for assurances around delivery of the CIP savings. The Director of Finance advised that at this stage the CIP programme was progressing and that the issue was due to phasing rather than expected overall achievement.
Director of Finance	The Director of Finance agreed that there is more work to be done on the phasing of CIP delivery savings and confirmed she would provide an update at the next meeting. The Committee **NOTED** the update on Month 1 finances.
12/0607FC	**Cost Improvement Plan Deep Dive – Pharmacy** The Chief Operating Officer introduced the agenda item explaining that the Pharmacy service had previously been provided by GHFT and was then put out to tender in October 2014, with Lloyds taking over the service from April 2015. It was noted that the pharmacy services are currently scheduled to be retendered in April 2018, although the option of extending the contract for 12 months to allow a detailed tendering process to be undertaken was being considered by the Executive. The Committee noted that savings had been achieved through the tender. There had been some performance issues when the contract had first been issued which had been resolved, There were some further operating issues which would be taken forward through increased contract monitoring. It was noted Lloyds had invested significantly in the service. Nick Relph, Non-Executive Director (Designate) asked how compliance has been raised with Lloyds. The Head of Medicines Management responded that contract management meetings take place every three months and during this time meetings are held which primarily focus on clinical themes. Sue Mead, Non-Executive Director, noted the positive progress made with the pharmacy service and that reflections on the previous procurement exercise would serve to inform the process going forward.

	The Committee **NOTED** the feedback from the Deep Dive on Pharmacy and future plans.
13/0617FC	**Capital plan** The Director of Finance introduced the agenda item and asked the Committee to note: **Review of spend for 2016/17:** The capital plan agreed for the year 2016/17 was £5.0m, actual spend was £3.5m which was in-line with the forecast outlined in the Finance Committee on 12th April 2017. £1.1m of approved spend on capital schemes relating to previous years is carried forward to 2017/18. **Review of the plan for 2017/18:** The capital plan for 2017/18 agreed by the committee and reported to NHSI is £4.8m. Currently the plan: - includes £2.0m for the Hatherley Road project - includes £1.0m for the new facility \ hub at FoD - excludes the £1.1m capital spend approved in 2016/17 that is carried forward from last year. The Committee noted and approved that the 2017/18 capital plan of £4.8m had been re-analysed due to the £1.1m 2016/17 carry forward. The Director of Finance was reviewing the 5 year plan for the capital spend reported to NHSI and the Committee, to ensure that the strategic plans of the Trust can be met within the agreed limits. The Director of Finance highlighted that the Capital Plan was approved by the Trust Board in December 2016, but that tightening on Capital Expenditure nationally might lead to direction for Trusts to reduce its capital plan. Nick Relph asked if the capital not spent during 2016-17 was now lost. The Director of Finance confirmed that it was carried forward to 2017-18. Richard Cryer queried how the Trust can ensure its planned capital spends are achieved. The Director of Finance advised that ensuring all current capital schemes are committed from having gone through the budget approval process and this should ensure the proposed capital expenditure. Graham Russell asked for assurance about the processes to be put in place to ensure that a carry forward of capital budget would not continue. The Director of Finance advised that improvements in the processes for agreeing capital expenditure are underway and this would lead to lessening the risk of a capital surplus at the end of the financial year. It was agreed that once the Estates Strategy has been signed off and put in place, this would inform the approval process for each business case for the budget to be

	set. Once the capital authorisation process has been revised, an assessment of the affordability of the capital programme would take place. Members agreed this should ensure more rigour in the process going forward. At the next Finance Committee a further report on the Capital Plan would be provided. The Committee **NOTED** the Trust's capital expenditure plans and spend to date.
20/0617FC Chief Operating Officer	**Any Other Business - Tewkesbury Hospital** The Director of Finance advised that the Trust was close to reaching a settlement for the remedial works at Tewkesbury Hospital. Seddon have proposed that they undertake the corrective works within a 12 week timeframe during the summer months so to lessen the impact during winter escalation. Works to the theatre areas are currently scheduled to take place later, in order to give more notice to GHFT. Alternative locations of Stroud and Lydney for the theatres were also being considered. As inpatient wards would be closed at Tewkesbury additional capacity at Cirencester would be made available through the opening of an additional ward and re-assigning use of the complex leg wound service area. Patient transport was also being considered in order to temporarily relocate services to Lydney. In order to manage a slightly reduced bed capacity, delayed transfers of care would be actively progressed during this time. Sue Mead requested an update on this for the next Quality and Performance Committee. The Chief Operating Officer agreed to provide this. The Director of Finance assured the Committee that a provision is in place to accommodate this disruption to the Tewkesbury Hospital inpatient services and use of theatres. Once the agreement settlement is in place, a communications plan will be implemented. The Chief Operating Officer also noted that GHFT are considering works on their theatres at a future date, so this project would prove a useful exercise in the extent to which GCS will be able to accommodate extra capacity for GHFT services. The Committee NOTED the update.

Trust Board

Date of Meeting: 20th September 2017

Report Title: Finance Report

Agenda reference Number	13/0917
Accountable Executive Director (AED)	Sandra Betney
Presenter (if not AED)	
Author(s)	Stuart Bird
Board action required	To note
Previously considered by	n/a
Appendices	App 1 : Month 4 (July) Finance Report

Executive Summary:

The report provides an overview of the Trust's financial position at Month 4 (July). It confirms that the year to date performance is broadly in line with plan. Of particular note the report highlights the priority being given to ensuring the delivery of recurrent cost improvement plans

The monthly report includes the Single Operating Framework used by our regulators to monitor performance. The Trust has a planned score of 1 (the best possible score).

It is also noted that the finance report is being further developed to include information on capital expenditure, income movements and service line reports.

Recommendations:

The Committee is asked to **NOTE** the content of the report.

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2017/18 Month 4 Finance Report

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Overview

The month 4 position reflects strong performance across the Trust as summarised below:

- The forecast outturn remains in line with our planned surplus and agreed control total for 17/18 of £1.986m.
- Our month 4 position includes 2017/18 Sustainability and Transformation funding (STF) (£1.020m)
- The year to date adjusted surplus is £1.152m, which is £0.005k above plan including £340k of STF.
- Our 2017/18 agency spend cap is £2.379m and our year to date spend is £0.639m which is £0.149m below the plan.
- Year to date Cost Improvement Plan (CIP) delivery is in line with plan at £1.085m of which £0.269m is recurrent and £0.816m non recurrent.
- Full year CIP is £4.6m and there are schemes to deliver £2.6m, with non recurrent and new recurrent schemes being progressed.
- Planned income from Quality, Innovation, Productivity and Prevention (QIPP) schemes is £3.9m including £0.9m risk share, with current forecasts assuming full delivery.
- Planned income from Commissioning for Quality and Innovation (CQUIN) schemes is £1.5m for agreed milestones. The current forecast assumes full delivery.
- Our cash balance at end of Month 4 (July 2017) was £3.6m above plan at £11.2m.
- Capital spend year to date is £0.6m compared to plan of £1.3m. The full year forecast is in line with plan at £4.8m with the main capital projects for current financial year relating to the Gloucester hub and investments to enhance IT infrastructure.

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Income and Expenditure (I&E)

Year to date performance is £5k better than our agreed plan/Control Total at £1,152k.

The summary I&E below shows minimal 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 (£000)	Year to Date July 2017			Forecast OutTurn 2017/18		
	Plan	Actual	Variance	Plan	Forecast	Variance
Operating income from patient care activities	36,690	36,375	**(315)**	107,990	107,022	**(968)**
Other operating income	225	561	**336**	1,032	2,000	**968**
Employee expenses	(26,372)	(26,219)	**153**	(79,100)	(79,092)	**8**
Other operating expenses	(8,841)	(9,007)	**(166)**	(26,619)	(26,623)	**(4)**
PDC dividends payable/refundable	(812)	(813)	**(1)**	(2,440)	(2,440)	**0**
Remove capital donations impact	36	34	**(2)**	104	100	**(4)**
Adjusted financial performance exc STF	**926**	**931**	**5**	**967**	**967**	**0**
Sustainability & transformation fund	221	221	**0**	1,020	1,020	**0**
Adjusted financial performance inc STF	**1,147**	**1,152**	**5**	**1,987**	**1,987**	**0**

Key

PDC – Public Dividend Capital

STF – Sustainability & Transformation Fund

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Plan Phasing

The Trust has operated to plan for the first four months of the 2017/18. Phasing over the year by quarter and 2018/19 initial plan (as submitted December 2016) are shown below for information. Detailed forecasts by month for 2017/18 will be required to recalculate and confirm the level of Cost Improvement Plan (CIP) needed and to ensure detailed plans are in place to deliver it.

The 2018/19 planning cycle will begin shortly. The control total surplus of £2,041k (inc £1,021k of STF income) is expected to remain the same.

	2017/18 Plan					2018/19
	Q1	Q2	Q3	Q4	Full Year	Plan
Operating income (exc STF)	27,699	27,556	26,907	26,860	**109,022**	**107,905**
Employee expenses	(19,779)	(19,779)	(19,779)	(19,763)	**(79,100)**	**(78,396)**
Other Operating expenses	(6,618)	(6,669)	(6,669)	(6,663)	**(26,619)**	**(26,083)**
PDC dividends payable/refundable	(609)	(609)	(609)	(613)	**(2,440)**	**(2,510)**
Remove Capital Dnations I&E Impact	27	27	27	23	**104**	**104**
Adusted Financial Performance Exc STF	**720**	**526**	**(123)**	**(156)**	**967**	**1,020**
Sustainability and Transformation Fund	153	204	306	357	**1,020**	**1,021**
Adusted Financial Performance Inc STF	**873**	**730**	**183**	**201**	**1,987**	**2,041**

Balance Sheet

Gloucestershire Care Services NHS Trust

Notable differences between Actual and plan at March 17 relate to:

- Year asset "mark to market" revaluation uplift
- Provisions were made at 31/3/17 for dilapidations on Southgate moorings and Tewkesbury Hospital.

Differences arising during 17/18:

- None, the reduced payments to creditors previously reported have now been resolved.

		Mat 17	July 2017			Mar 18	Mar 19
	STATEMENT OF FINANCIAL POSITION (£000)	**Audited PY**	**Plan**	**Actual**	**Variance**	**Plan**	**Plan**
Non-current assets	Intangible assets	1,581	1,668	1,450	(218)	2,028	2,528
	Property, plant and equipment: other	80,371	79,439	80,182	743	81,006	86,367
	Total non-current assets	**81,952**	**81,107**	**81,632**	**525**	**83,034**	**88,895**
Current assets	Inventories	227	250	227	(23)	250	250
	Trade and other receivables: NHS receivables	5,135	5,400	3,367	(2,033)	5,400	5,400
	Trade and other receivables: non-NHS receivables	1,793	2,271	2,688	417	2,271	2,271
	Cash and cash equivalents: GBS/NLF	8,280	7,582	11,193	3,611	5,615	1,691
	Total current assets	**15,435**	**15,503**	**17,475**	**1,972**	**13,536**	**9,612**
Current liabilities	Trade and other payables: capital	(1,833)	(2,000)	0	2,000	(2,000)	(2,000)
	Trade and other payables: non-capital	(9,711)	(11,802)	(12,066)	(264)	(10,990)	(10,990)
	Provisions	(1,050)	0	0	0	0	0
	Total current liabilities	**(12,594)**	**(13,802)**	**(12,066)**	**1,736**	**(12,990)**	**(12,990)**
Non-current liabilities	Provisions	(15)	(16)	(1,065)	(1,049)	(16)	(16)
	Total net assets employed	**84,778**	**82,792**	**85,976**	**3,184**	**83,564**	**85,501**
Taxpayers Equity	Public dividend capital	79,982	79,982	79,982	0	79,982	79,982
	Revaluation reserve	6,319	1,886	6,319	4,433	1,886	1,886
	Other reserves	(2,398)	(165)	(2,398)	(2,233)	(165)	(165)
	Income and expenditure reserve	875	1,089	2,074	985	1,861	3,798
	Total taxpayers equity	**84,778**	**82,792**	**85,977**	**3,185**	**83,564**	**85,501**

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Capital and Cash

Capital schemes	Year To Date			Full Year		2018/19
	Plan	Actual	Variance	Original Plan	Revised Plan	Plan
Gloucester hub	400	1	399	2,000	1,000	2,000
Forest of Dean	0	0	0	1,000	1,000	5,000
Building refurbishment	80	488	(408)	250	750	250
IT replanishment	150	0	150	750	1,250	750
IT Network replacement	500	75	425	500	500	0
Corporate systems	150	0	150	150	150	150
Medical Equipment	50	81	(31)	150	150	150
Total	**1,330**	**645**	**685**	**4,800**	**4,800**	**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 July 2017 (M4) is £645k compared to a plan figure of £1,330k

- **Cash position at 31/7 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 now significantly reduced.

Single Oversight Framework Rating

NHS Gloucestershire Care Services NHS Trust

	Actual				Plan 2017/18								Forecast	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	3.32	3.28	3.13	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	5.58	5.95	5.61	5.42	4.37	3.13	2.06	1.05	11.10	(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	1	1
Distance from plan metric	0.0%	0.1%	0.1%	0.0%									0.0%	0.0%
Distance from plan rating	1	1	1	1									1	1
Agency metric	1.5%	20.8%	25.5%	20.1%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.1%	1.1%	1.0%
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

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 will create view on what these scores will be in future

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.

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Risks and Opportunities

Significant items being managed at this stage of the year are as below:

	Intial Risk/ (Opportunity)	Mitigated Risk	Month 4 Change
Delivering required recurrent CIP	4,350	1,250	-500
Delivering required non recurrent CIP	250	250	0
In year savings are delivered later than Plan	1,000	500	0
Delivering QIPP milestones	3,000	100	-100
Achieving QIPP risk share	900	450	-225
Delivering CQUIN in line with plan	1,600	100	0
Managing agency spend within cap.	1,020	0	0
Implementing service level agreements with GHFT	-200	-200	0
	11,920	**2,450**	**-825**

2018/19 risks for CIP, QIPP, CQUIN and cost pressures will be quantified in the planning process.

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Trust Board

Date of Meeting: **20th September 2017**

Report Title: **Audit and Assurance Committee Update**

Agenda reference Number	14/0917
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	Richard Cryer, Chair of Audit and Assurance Committee
Author(s)	Sandra Betney, Director of Finance
Board action required	To note
Previously considered by	
Appendices	1 – Approved minutes of 9th May 2017 2 – Approved minutes of 26th May 2017

Executive Summary

This report provides assurance to the Trust Board that the Audit and Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's audit and assurance activities
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

The minutes of the May Committee meetings were approved and are provided at Appendices 1 and 2

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Recommendations:

The Board is asked to

(i) **NOTE** the contents of the Audit and Assurance Committee report.
(ii) **NOTE** the minutes from the 9th May 2017 and 26th May 2017 Committee meetings

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

Audit and Assurance Committee Update

1 Introduction and Purpose

The Audit and Assurance Committee met on the 13th September 2017. Key Issues considered by the Committee were Internal Audit Annual Report 2016/17, External Audit Progress report and amendments to the Scheme of Delegation.

2. Annual Accounts

At the meeting of 26th May 2017 following due consideration, the Audit and Assurance Committee formally approved the annual accounts, for 216/17 as delegated by the Board.

2.1 Internal Audit Final Report 2016/17 Update

Following the discussions at the May meeting the final internal audit annual report was issued to the Committee for information. This confirmed, as previously advised the final opinion (internal Audit Annual report) rating of "Generally satisfactory with some improvements required." The report confirmed the progress made by the Trust.

2.2 External Audit Final Report Update

The Committee formally noted the final report for the external audit of the 2016/17 Annual Report and Accounts and confirmed the submission of all required documents and audit reports to the Department of Health in advance of the deadline of 1 June 2017.

The Committee considered key points from the Sector Update. It was noted that the Use of Resources review would not be introduced for Community Trusts until 2019. The Committee agreed it would be helpful to have a Board update on this once further information was available. Potential changes relating to the Cost of Capital were flagged, and it was confirmed an update would be provided once there was certainty.

2.3 Finance Compliance Report

The Committee reviewed the detailed report, including, analysis of aged debt and aged creditors and noted the priority now is to focus spend on preferred suppliers, to reduce the volume of incoming invoices. The Committee was assured that the Better Payment profile would improve during the year, and should end in an improved position to the previous year. It was confirmed that issues during the first quarter, which followed the introduction of the new finance system had been resolved.

2.4 Counter Fraud Update

The Counter Fraud Representative presented the annual report which detailed activity carried out in 2016/17 and provided assurance on actions taken. Members noted the ongoing work and progress to date. The Committee was assured by the additional presence of Counter Fraud now contained within the induction programme for all colleagues and the heightening awareness presentations made throughout the year.

2.5 Emergency Prepared Resilience Response Update

The Committee considered the EPRR self-assessment and noted the related action plan. Members received the Mutual Aid Policy, previously presented to Quality and Performance Committee and ENDORSED the policy, noting it would be brought to the Board once it had been reviewed by the Operational Governance Group.

2.6 Review of Effectiveness – Internal Auditors

Members agreed the process.

2.7 Scheme of Delegation

Minor changes relating to Capital Approval were agreed.

3. Conclusion

The Audit and Assurance Committee has reviewed a range of assurance reports from across Trust and has maintained an independent and objective review.

4. Recommendations

The Board is asked to

(i) **NOTE** the contents of the Audit and Assurance Committee report.
(ii) **NOTE** the minutes from the 9th and 26th May 2017 Committee meetings.

Gloucestershire Care Services NHS
NHS Trust

Audit and Assurance Committee

Date: 9th May 2017

Members	
Richard Cryer	Non-Executive Director (Chair)
Sue Mead	Non-Executive Director
Graham Russell	Non-Executive Director
Jan Marriott	Non-Executive Director
In attendance	
Sandra Betney	Director of Finance
Gillian Steels	Trust Secretary
Stuart Bird	Deputy Director of Finance
Lynn Pamment	Internal Audit – Senior Partner PwC
Dominique Lord	Internal Audit – PwC
Rhys Batley	External Auditor

Ref	Minute
01/0517	**Welcome and Apologies** The Chair welcomed attendees to the Committee.
02/0517	**Confirmation of Quoracy** The Chair **confirmed** that the meeting was quorate.
03/0517	**Declarations of Interest** Declarations of Interest previously declared were noted. There were no Declarations in relation to the agenda for the meeting.
04/0517	**Minutes from the meeting 21st February 2017 and 23rd March 2017** The Minutes were approved as a true record.
05/0617	**Matters arising (action log)** Members considered the Action Log and confirmed the status set. It was noted that items were on track, on the agenda for discussion at the meeting or completed. It was confirmed that an audit by NHS Digital had graded the Trust's IG Toolkit level 2 as satisfactory. It was confirmed that work continued in this area. The Chair commended the Trust for achieving this performance. Members were also circulated with information relating to TPP and information sharing and feedback by the GPs. It was noted that the Director of Finance as incoming SIRO was ensuring the information governance steering group reviewed this.

06/0517	**IA Reports (IG, Data Warehouse, Corporate Governance, Corporate Systems Rationalisation) and Progress Update** 1. **Information Governance –** low classification: one medium recommendation, one low level recommendation and two advisory recommendations. The Committee was pleased at the level of assurance provided and the confirmation that recommendations were being taken forward. 2. **Data Warehouse** – medium classification: three medium recommendations, one low level recommendation. The Committee noted the level of assurance and discussed how the recommendations were being progressed to gain assurance on the issues raised. 3. **Corporate Governance Self Assessments** - low classification: three low recommendations, two advisory recommendations. The report provided assurance on processes in place at the Trust relating to the well-led framework, the safety thermometer and counter-fraud self-assessment. The Committee was pleased at the assurance level given by the report which demonstrated that the Board could be confident in self assessments undertaken. It was noted that the recommendations would be taken forward as agreed. 4. **Corporate Systems Rationalisation** – it was noted that this report was being finalised. The Committee **NOTED** the report and the planned process for completion.
07/0517	**Internal Audit Annual Report (draft)** Members considered the draft Internal Audit Annual Report including the opinion reflecting work completed. It was noted that it was work in progress and would reflect the Corporate Systems Rationalisation report once completed. It was noted that the number of recommendations detailed did not reflect the reports provided to the Committee and that the Annual Report would be amended to provide the latest version. The Committee noted that there had been no critical or high risk findings during the year which was encouraging. There had also been fewer medium level recommendations. The Committee debated the comments by the Internal Auditors on their level of assurance and queried whether it reflected sufficiently the findings of the audits and the improved timeliness of completion of audit recommendations which had been highlighted by the Internal Auditors. The Internal Audit lead agreed to reflect this further within the comments. It was confirmed that the overall opinion level would remain "generally satisfactory with some improvements required". The Committee **NOTED** the report.
08/0517	**Internal Audit Plan** The Committee had been provided with a draft Internal Audit Plan for 2017/18. It was noted this had been discussed with the Executive Committee which considered it reflected the Trust's strategy and key risks. The Committee queried what was being incorporated within the cyber report. The Committee was pleased that the item had been included given the recent cyber-attacks nationally. It was confirmed that the actions the IT team had taken ensured that the Trust had not been impacted in these recent attacks. However, the importance of remaining vigilant was recognised and it was agreed that this audit would provide helpful reassurance on this issue.

	The Committee debated whether it would be helpful to have an audit relating to staff appraisals and mandatory training. It was agreed that the Internal Auditors would discuss this further with the Executive to see if this could be incorporated as part of the HR review. It was noted that the plan incorporated finance, HR, risk management, clinical governance, IM&T/IT general controls, IM&T cyber security, information and performance. The Committee commented on the benefit of reports being provided through the year to ensure that appropriate focus could be given to them at the meetings. The Committee **APPROVED** the Internal Audit Plan for 2017/18.
09/0517	**Draft Annual Accounts** The Committee had been provided with the draft Accounts and a paper which included year on year and performance against budget comparisons, bad debt provision and analysis and linked accounts in draft form. The overall performance information was provided within the summary paper which confirmed that the Trust had met its control total for 2016/17 and had performed in line with CIP, CQUIN and QUIP requirements. The Director of Finance confirmed that she was working with the CCG to ensure milestones were more explicit for 2017/18 to avoid lack of clarity in relation to QUIP payments in the future. It was confirmed that the Trust would continue to have a risk share for this. It was noted that the Trust had cash of £8.2m within the Accounts against the original plan of £6.2m, this reflected delays with capital spend particularly in relation to Hatherley Road and also creditor payments due because of the new finance system. The Committee discussed the Accounts in detail and raised a number of queries to be resolved in the final version. It was noted that the audit was still in progress, but that no major issues were expected. Members noted the treatment in relation to Tewkesbury, Southgate Moorings, and the consolidation value for charitable funds. The Chair of the Committee queried how the consolidation was being reported and it was agreed that this needed to be revised within the document. Members noted the bad debt provision relating to some NHS debt and were supportive of the proposal to provide for the debts given the difficulties which were being experienced in obtaining settlement from other CCGs. The Committee considered the going concern issue and the need for the Board to confirm that it was appropriate that the accounts had been prepared on a going concern basis. The Committee confirmed that they supported the criteria used by management to demonstrate that the Accounts should be prepared on a going concern basis. It was agreed that the Audit Committee would make this recommendation to the Board at its next meeting so it could formally endorse this approach, recognising that it was a Board Level decision. The revaluation of fixed assets was discussed. It was noted that the audit team had recommended a desk top exercise be undertaken for this. It was confirmed that the Trust undertook a review of value on an annual basis. The Committee noted the ongoing work in relation to Tewkesbury Hospital and the related agreements. It was confirmed that the position would not impact on the balance sheet or the Trust's surplus. The Committee noted the current expected outturn and agreed it was a positive position. It was confirmed that the Local Government Pension Scheme costs relating to an ill health retirement were included within the accounts. The Committee NOTED the accounts to date and CONFIRMED that they were satisfied that the accounts for the Trust should be prepared on a going concern basis.
10/0517	**Draft Annual Report and Annual Governance Statement** The Committee noted the required elements of the Annual Report and the processes in train for its

	completion. The Committee considered the draft Annual Governance Statement. It was confirmed this reflected the relevant guidelines and would be audited by the external auditors. The Board was required to consider whether there was any significant information that it wished to bring to the attention of the auditors. The Committee on behalf of the Board confirmed there was no further information it wished to raise. Executive had also been asked to confirm this. Members advised of some minor typos for amendment. The Committee **NOTED** the update on the Annual Report and Accounts and CONFIRMED the draft Annual Governance Statement subject to the amendments provided. 14.50 - Director of HR joined the meeting.
11/0517	**Self-Certification Requirements** The Committee noted that from April 2017 NHS Trusts were required to self-certificate compliance with the observations set out in the NHS Provider Licence (which includes compliance with the Health and Social Care Legislation, have regard to the constitution and complied with governance required). The Committee reviewed the processes which had been put in place to support the self-certification process in line with required timescales and ensuring effective Board oversight. Members noted the evidence requirement that would be incorporated in the processes. The Committee **NOTED** the self-certification requirements and ENDORSED the planned process for completion.
12/0517	**Overpayments Report** Following a request from the March Board relating to the level of overpayments to staff on leaving the Trust, an analysis had been undertaken to identify volume and monetary amount. The report identified that the root cause of overpayment had been identified as late receipt of leavers' forms and that guidance had been developed which would be launched in June to prevent this. The Director of HR confirmed that there had been a reduction in the last 6 months due to increased education and new processes. It was noted that payroll was still being undertaken by SBS which caused some difficulties, but that e-rostering had improved the position. The Committee commented on the need to ensure this issue was resolved and requested a further report in 6 months. The Committee NOTED the report.
13/0517	**Freedom to Speak Up Report** The Director of HR presented the Freedom to Speak Up (raising concerns at work) report. The report detailed recommendations made following the review of a recent case and confirmed that all previous cases had been closed following completion of actions. It was noted that a concern had been raised in March 2017 and was currently being investigated. It was noted that during 2016/17 there had been 3 formal concerns raised, and 37 concerns raised with the Trust's Freedom to Speak Up Guardian. The Committee considered this was a relatively small number and queried whether there were benchmarks available. The Director of HR commented that this had been raised with the Chair of the Regional Network and information was awaited. It was confirmed that a hotline to the Chair/Chief Executive had also continued as a mechanism for raising concerns. The Chair of the Committee queried whether there was a theme amongst the informal concerns raised and was advised that the most common one related to lack of resources. It was noted that 5 informal concerns remained and were being reviewed. It was agreed that a further report would be provided in 6 months.

	The Committee NOTED the report. 15.05 – Trust Security Specialist joined the meeting.
14/0517	**Lone Worker Update** The Committee noted that the Trust had recently significantly refreshed its lone worker risk assessment as part of its annual review of the lone worker policy. As part of this process the relative benefits of introducing additional control measures had been considered. These related to the buddy system and to lone worker devices. Members agreed that the buddy system, where it was properly embedded, was an effective system, but queried whether it was fully embedded. The Trust Security Specialist advised that there was a variation across the Trust. It was noted that there had been no incidents to date. Members discussed the use of lone worker devices, but were supportive of actions to further embed the buddy system before this was further investigated. The Committee requested an update in 6 months. It was confirmed that the Trust had in place Conflict Resolution training to support colleagues in dealing with difficult situations, although it was recognised that predominantly the issues colleagues faced related to service users with cognitive impairment. The Committee: i) NOTED the report ii) APPROVED the proposal that the Trust should work towards ensuring that the buddy system is consistently understood, used and applied across all relevant operational teams iii) APPROVED the proposal not to invest in lone worker devices at this time.
15/0517	**Cyber Security Update** The Committee had been provided with a report which updated on planned cyber security protection actions for the Trust following a previous report to the February meeting. The report confirmed that GCS's IT team are constantly monitoring and improving the Trust's cyber security measures. It was noted that in future it was planned that cyber security would be monitored via the IM&T steering group with exceptions reported to the Committee. Members were supportive of this proposal. Graham Russell, Non-Executive Director, commented on the importance of the Trust remaining vigilant given that this is a fast moving area. It was confirmed that there were regular briefings to staff. It was noted that the Director of Finance and the internal audit lead had discussed implications for business continuity planning. The importance of preparedness for an attack was stressed. The Committee: i) **NOTED** the report ii) **CONFIRMED** that in future reporting would be via the IM&T Steering Group.
16/0517	**Standing Financial Instructions, Standing Orders, Scheme of Delegation and Scheme of Reservation** It was noted that in March 2017 the Audit and Assurance Committee had reviewed and confirmed

	revisions to the Trust Board Standing Orders and Standing Financial Instructions and Terms of Reference. (The Board Terms of Reference and Remuneration and Terms of Service Committee have now been updated in line with the other Terms of Reference now that all committees have reviewed their terms of reference). It was agreed that the Schemes of Reservation and Delegation should be revised to reflect these changes and also changes in management responsibility. Following review one additional change in relation to Patient Money was made and confirmed with the Chair of the Audit and Assurance Committee. As agreed final versions of these documents were reviewed by the Internal Auditors. This process has been completed and minor changes made in line with their comments. The updated documents would now be formally issued and communicated to colleagues. It was noted that a review of compliance will be undertaken during the year, recognising that a number of new systems have been introduced and that confirmation is required that the controls remain appropriate. The Committee **ENDORSED** the Trust Board Governance Framework, comprising: Standing Orders Standing Financial Instructions Schemes of Reservation and Delegation Terms of Reference – Board, Audit & Assurance, Charitable Funds, Finance, Quality and Performance, Remuneration and Terms of Service, Workforce and Organisational Development.
17/0517	**Draft Quality Account Update** The Committee NOTED the process for the development of the Quality Account and that the Quality and Performance Committee would review it before issue.
18/0517	**Forward Planner** The Committee considered the Forward Planner and NOTED it needed revision to refer to briefing reports rather than minutes of the Steering Groups.
19/0517	**Any Other Business** There was no other business to report. The Chair closed the meeting at 16.30.
20/0517	**Date and Time of Next Meeting** 26th May 2017 10.00hrs – 12.00hrs Boardroom Edward Jenner Court

Chair's Signature:

Date:

NHS
Gloucestershire
Care Services
NHS Trust

Audit and Assurance Committee

Date: 26th May 2017

Members	
Richard Cryer	Non-Executive Director (Chair)
Sue Mead	Non-Executive Director
Graham Russell	Non-Executive Director
Jan Marriott	Non-Executive Director
Nick Relph	Non-Executive Director
In attendance	
Katie Norton	Chief Executive Officer
Sandra Betney	Director of Finance
Stuart Bird	Deputy Director of Finance
Gillian Steels	Trust Secretary
Duncan Laird	External Auditor
Louise Moss	Deputy Trust Secretary

Ref	Minute
21/0517	**Welcome and Apologies** The Chair welcomed attendees to the Committee.
22/0517	**Confirmation of Quoracy** The Chair **confirmed** that the meeting was quorate.
23/0517	**Declarations of Interest** Declarations of Interest previously declared were noted. There were no Declarations in relation to the agenda for the meeting.
24/0517	**Annual Report and Accounts** The Committee had been provided with the final accounts and a paper which included year on year and performance against budget comparisons, bad debt provision and analysis and linked accounts. The Director of Finance confirmed that no substantive changes beyond those identified when the draft version had been submitted and scrutinised by the Audit and Assurance Committee on 9th May 2017. The Committee detailed a number of minor changes which the Director of Finance and Deputy agreed to amend prior to submission. The Committee, on behalf of the Board, subject to the agreed amendments, formally **approved** the accounts, duly signed by the Chair, CEO and Director of Finance, for submission to the Department of Health. It was confirmed that the Local Government Pension Scheme costs relating to an ill health retirement were included within the accounts.

25/0517	**External Audit Report** Duncan Laird confirmed that the Trust had complied with the Department of Health requirements in the preparation of its Annual Governance Statement. He further confirmed the adequacy of the Value for Money arrangements in place for securing economy, efficiency and effectiveness in the Trust's use of resources. The Committee NOTED a final report would be submitted to the Director of Finance and presented to members at the next Committee meeting in September.
26/0517	**Ill Health Pension report** The Committee had received a report detailing a charge received from the Local Government Pension Scheme higher than previously reported. The charge made was now confirmed as £212k and not £160k as reported to Executive colleagues in August 2016. Provision for this amount had not been made in the accruals and the Deputy Director of Finance has requested further information. It was confirmed that an insurance policy was now in place to cover similar cases going forward. The Committee asked for further assurance on processes at the next meeting. The Director of Finance proposed that in future such decisions should be referred to the Remuneration Committee and reports through this Committee as appropriate The Committee NOTED the circumstances and APPROVED the following: - Director of Finance to seek additional detail on the calculations supporting the charges levied, review in detail the terms of TUPE transfer - Report back to Committee with further recommendations on next steps.
27/0517	**Any Other Business** There was no other business to report. The Chair closed the meeting at 11.20.
28/0517	**Date and Time of Next Meeting** 13th September 2017 10.00hrs – 12.00hrs Boardroom Edward Jenner Court

Chair's Signature:

Date:

Trust Board

Date of Meeting: **20th September 2017**

Report Title: **Charitable Funds Update**

Agenda reference Number	15/0917
Accountable Executive Director (AED)	Tina Ricketts – Director of HR
Presenter (if not AED)	
Author(s)	Gillian Steels – Trust Secretary
Board action required	Approve
Previously considered by	Charitable Funds Committee
Appendices	1. Minutes 19th April 2017 2. Charitable Funds Position Statement

Executive Summary

The Charitable Funds Committee met on 15th August to consider the Charitable Funds Position Statement report.

The Committee approved the draft Financial Statements for 2016/17 subject to Audit (scheduled for September 2017 by KPMG).

The Committee continues to monitor funds held and applications for funds. At the meeting it reviewed the Finance Report and endorsed the revised processes agreed for Charitable Funds Bids and League of Friends Bids.

Recommendations:

The Board are recommended to:

(i) **Endorse** the Charitable Funds Position Statement**;**
(ii) **Note** the minutes from the Charitable Funds Committee 19th April 2017**;**
(iii) **Note** the update from the Charitable Funds Committee

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

Charitable Funds Update

1 Introduction and Purpose

This paper provides and update to the Board on the work of the Charitable Funds Committee.

2 Summary

The Charitable Funds Committee met on 15th August to consider the Charitable Funds Position Statement report.

The Committee approved the draft Financial Statements for 2016/17 subject to Audit (scheduled for September 2017 by KPMG).

The Committee continues to monitor funds held and applications for funds. At the meeting it reviewed the Finance Report and endorsed the revised processes agreed for Charitable Funds Bids and League of Friends Bids.

The minutes of the Charitable Funds Committee meeting held in April 2017 are attached (Appendix 1)

3 Charitable Funds Position Statement Report

The position statement report is attached at Appendix 2.

The report provides an overview of the current level of resource held by the Charity and proposes a refocusing on the core Charitable Funds to support the breadth of the Trust operation and CORE values.

The document confirms the priorities to be progressed in year, with a further review to be completed subject to the outcome of the work associated with Brokenborough.

The Committee requested that the administrative costs of the charity be limited to a maximum of 50% i.e. for every £1 donated a maximum of 50p will be used to run the charity. This will be written into the position statement. The Board is asked to endorse this amendment before it is written into the position statement.

4 Management of application for funds

The Committee has reviewed and confirmed the process for the management of applications for charitable funding.

5 Conclusion and Recommendation

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

- **Endorse** the action plan for charitable funds for 2017/18
- **Receive** the minutes of the meeting held on 19th April 2017

Minutes of the Charitable Funds Committee

Boardroom, Edward Jenner Court

Wednesday 19th April 2017

Committee Members present:

Nicola Strother Smith (NSS) – Non-Executive Director (Chair)
Ingrid Barker (IB) – Trust Chair
Tina Ricketts (TR) – Director of HR (DoHR)
Sue Field (SF) – Director of Nursing (DoN)

In attendance:

Gillian Steels (GS) – Trust Secretary (TS)
Andrew Cheesman (AC) – Interim Finance Manager
Marianne Julebin (MJ) – Charitable Funds Officer
Jayne Shaw (JS) – Estates (for item 10)
Jenny Goode (JAG) (Secretariat)

Item	Minute	Action
CF-132	**Agenda item 1 - Welcome and apologies**	
	The Chair opened the meeting by welcoming everyone to the meeting including the Trust Chair, Ingrid Barker (IB), who has joined the Committee on an interim basis following the departure of Rob Graves (NED) and until a new NED is appointed to this Committee. Apologies were received from the Director of Finance, Sandra Betney and the Head of Communications and Marketing, Mark Lambert.	
CF-133	**Agenda item 2 - Confirmation that the meeting is quorate**	
	The meeting was confirmed as quorate by the Chair.	
CF-134	**Agenda item 3 - Declarations of Interests**	
	Members were asked to declare any updates from their original declaration of interests and to declare interests for any particular agenda item. No updates or interests were declared.	
CF-135	**Agenda item 4 - Minutes of meeting held on 18th January 2017**	
	10.5 – League of Friends (LoFs) activity sheet – AC confirmed that he is reviewing systems and processes for LoFs and anticipates that these will be in place by the date of the next meeting (26/7/17). It was agreed that this should be added to the action log. Subject to this amendment, the Minutes of the meeting held on 18th January 2017 were **Received** and **Approved** as an accurate record.	Tina Ricketts
CF-136	**Agenda item 5 – Matters Arising and Action Log**	
	CFC 26 – Green Gym, Cirencester – DoHR confirmed the following: • Rob Graves (former NED) had undertaken a visit before he left the Trust.	

	• Since the departure of the Corporate Social Responsibility Manager the Trust is not now achieving the maximum benefit as there is no longer the capacity to oversee this resource. • IB queried : a) whether this could be linked to social prescribing, i.e. the parallel project at the Vale, and b) whether it would be possible to resurrect the original proposal for the café that had been under discussion with Wiggly Worm who had proposed to take over the café, use the kitchen to support the café not only for hospital users but others too (modelled on Star Bistro), and also prepare street food that would be taken out for homeless people. They also proposed to use the kitchen as a training facility for people on low incomes as well – this could have been linked to the green gym produce. Committee requested that MJ is to take this forward and make contact with former NED, Joanna Scott, Chair of Wiggly Worm and asked for an update report for the next meeting on 26th July. ***Actions:*** • ***DOHR to arrange meeting with Richard Hobbs, Kevin Adam (new Head of Estates) and Marianne Julebin to discuss options for future use of the Green Gym*** • ***Marianne Julebin to contact Joanna Scott to discuss possible future use of the café by Wiggly Worm*** • ***DoHR to provide update at next meeting of the Committee on 26th July.*** **CF-105 –** Tendering process for outsourcing of charitable funds book-keeping – on agenda **CF-110 13.2** - Brokenborough – sale of land – agreement with Hollins was signed for the marketing of land. Counterfraud (Lee Sheridan) has also been informed. **CF-112** – Terms of Reference – on agenda **CF-121** – Review of Strategy Development – on agenda	Tina Ricketts Marianne Julebin Tina Ricketts
CF-136 b)	**Trust and Foundation Fundraising** – MJ took her report as read. She highlighted the following points: • To date 5 grant applications have been submitted totalling £21,700. • Big Lottery Fund has agreed to fund £9,900 (this is a conditional grant) which is for Homeless Healthcare (Helping Hands). The condition is that the money is spent within 12 months. The Committee congratulated MJ on achieving this grant.	
CF-136 c)	**General governance update** – **data protection rules for Charities** MJ clarified that the purpose of the report is to make Committee aware of its responsibilities in relation to Data Protection given legislational changes in 2018.	

	Following discussion it was agreed that the DoN, who will shortly be taking over as the Trust's Caldicott Guardian, should meet with Alex Bunn (Information Governance Manager) to discuss further and provide an update report to the next meeting of the Committee on 26th July.	Susan Field
CF-137	**Agenda item 6 - Charitable Funds Strategy Progress Report**	
	DoHR presented her report highlighting key amendments to the strategy, including: Removal of section 6 – process to continue through League of Friends meetings. Jenner Fund has been renamed the "Nightingale Fund" as a result of comments from colleagues. MJ clarified Nightingale is for "innovation in delivering excellence in care", not only nursing. Following discussion it was **agreed** that NSS and the DoHR should attend the quarterly LoF Chairs' meetings. GS recommended that the line relating to "ringfencing" is removed from the Strategy (reflecting feedback from DoF and processes AC is putting in place). The Chair also requested that the new Trust logo is incorporated into the document. NSS thanked the DoHR for the report and it was **agreed** that the Strategy should be presented to the next meeting of the Trust Board to be formalised.	Tina Ricketts Tina Ricketts Tina Ricketts Tina Ricketts
CF-138	**Agenda item 7 – Finance Report**	
	Andrew Cheesman (AC) presented his report, highlighting the following main points: • Accounts for 15/16 were filed by the due date (end Jan 17). • Currently working on 16/17 accounts - these should be audited in April. AC anticipates that he will be in a position to submit 16/17 accounts to Committee on 26th July 2017 for approval. (The Trust has consolidated the Charity within its accounts for 16/17). • Funds held are currently low. • Charitable Funds finance and accountancy service has now been outsourced to Randall and Payne, and NatWest has been chosen as the preferred supplier of the independent bank account for the charity. • The system for Leagues of Friends (LoFs) income and expenditure activity to be reviewed as it should sit with the Charitable Funds Committee. AC stated that they will still have assistance with procurement and VAT, but the LOFs will need to	

	place and pay for the orders themselves, and then donate the equipment to the Trust. To date, AC has spoken to three LoFs who seem generally happy with the proposal, subject to the Trust's assistance. It was confirmed the revised process should include clarity of process and improve timelines. • The Charity's new bank account is currently on hold awaiting Caring for Glos to be registered with the Charity Commission. Once in place signatories will be the Chief Executive Officer, Director of Finance, Deputy Director of Finance and Director of HR with two signatories required at all times. • Finance reports for the next meeting of the Committee in July will be generated using the new system. Following discussion, the Committee: **Noted** the fund balances and the estimated position for 16/17 **Noted** the actions taken in outsourcing the finance function. **Noted** the actions taken in opening a new Bank Account. **Noted** the actions of the Trust in relation to the Leagues of Friends, new systems and procedures. **Agreed** that IB, NSS and MJ to be informed of any discussions being held with the LoFs**.**	
CF-139	**Agenda item 8 – LoF Activity; Caring for Glos Activity; Bids requiring Committee approval**	
	The Chair welcomed Jayne Shaw (JS) to the meeting. JS took her report as read. The Committee noted that AC is to review processes and provide an update report for the next meeting of the Committee in July. A matter was raised in relation to volunteers' DBS check costs. AC to investigate and will discuss further with DoHR. Following debate, the Committee **agreed**: a) New processes to be drafted and discussed at the next meeting of the Committee on 26th July. b) The sum of £5,400 only was approved in relation to bid 4.1 (CF16/17 034). The bid for Cirencester Green Gym (£7k) was subject to a separate discussion, and homeless healthcare was confirmed as funded as part of a Big Lottery award detailed above.	Andrew Cheesman Andrew Cheesman Andrew Cheesman Jayne Shaw
	Jayne Shaw left the meeting at 11.15 a.m.	
CF-140	**Agenda item 9 – Fundraising Priorities**	
	MJ gave a verbal update on fundraising objectives taken from the 2016-18 Charitable Funds Strategy: 75% of colleagues are aware of the Trust's Charity, but fewer than 50% are aware of the name "Giving to Gloucestershire".	

	Policies and processes around charitable funds to be communicated again to staff. 75% of colleagues support fundraising for the Trust's Charity, including displaying fundraising literature, but there is concern about being able to support the charity due to lack of time and the need to avoid confusion with the League of Friends' role. Giving to Gloucestershire now renamed Caring for Gloucestershire, along with a new logo. New website now operational. Fundraising donations of £2,200 have now been received and grant applications totalling £21,700 have been submitted. Three corporate sponsors now on board. One celebrity patron signed up (Jamie MacDonald "superhero"). Discussions under way with Cirencester company. Ben Nevis Challenge – interest is in place, but the date has been an issue. Charity bike ride still a possibility, but public liability insurance needs to be taken into consideration (Trust would need to fund this). Update report required for next meeting. Following discussion, the Committee **agreed:** **a)** to **postpone** the Ben Nevis Challenge by approximately 6 months (October). **b)** to **not proceed** with the proposed abseil – no suitable sites available **c)** Trusts and Foundations applications / approvals process – approved prior to committee by DoHR and DoF **d)** an update report on the charity bike ride (total of 104 miles from all of the Trust's hospital sites) to be presented to the next meeting of the committee including costs of public liability insurance and all risks associated, numbers, balance of risk against benefit. A fairly long lead in period is required to arrange this – possibly hold it in 2018. **e)** MJ to attend next meeting of the LOF Chairs on 30th May. **f)** Trust Board to review Charitable Funds officer's contract which currently finishes on 8th July.	Marianne Julebin Marianne Julebin Tina Ricketts
CF-142	**Agenda item 11 – Risk Register**	
	DoHR presented the updated Risk Register and clarified that three new risks have been identified (10, 11, 12). A Datix has been raised relating to risk 10 (donations) - potential mislaid cheques - an investigation is under way being led by Max Boyce (Trust Security Management Specialist). Information now indicates cheques were banked.	Andrew Cheesman

	Following discussion, the Committee **approved** the risk register and requested that an update report on the potentially mislaid cheques is added to the forward planner for the next meeting of the committee.	Tina Ricketts
CF-143	**Agenda item 12 – Charitable Deed Update 2017**	
	The Trust Secretary presented her report. Following discussion the Committee: a) approved the request to update to Model C b) Requested that the Trust Secretary clarifies whether there are any associated cost implications.	Gillian Steels
CF-144	**Agenda item 13 – Update on Trustee Responsibilities**	
	The Trust Secretary presented her report which updated on Trustees responsibilities and following discussion the Committee **noted** the guidance.	
CF-145	**Agenda item 14 – Forward Planner**	
	The following items to be added to the forward planner for the July meeting: • Draft annual accounts for 16/17 (AC) • Charitable Deed Update (GS) • Bike Ride proposal (DoHR) • Proposal for registration of Charity for VAT (AC)	Tina Ricketts
CF-146	**Agenda item 15 – Terms of Reference**	
	Following discussion Committee **noted** the Terms of Reference and requested that item 6.7 is amended to read "Ensure effective **assurance and** ongoing **process** engagement with all relevant internal and external stakeholders, as appropriate to the Committee's duties and remit".	Gillian Steels
CF-147	**Agenda item 16 – Any Other Business**	
	MJ commented that if the Trust was registered for VAT, Charitable Funds could trade and thus bring in income for the Trust's Charity. It was agreed associated costs would need to be considered. The Committee subsequently asked for the DoHR to arrange for further investigation into this proposal and provide an update to the next meeting of the Committee in July.	Tina Ricketts
CF-141	**CONFIDENTIAL ITEM – COMMERCIAL SENSITIVITY** **Agenda item 10 – Brokenborough Sub-Committee**	
	Brokenborough Sub-Committee met on 14th March, the following points were highlighted:	
	VAT - AC has spoken to Liaison (Trust's VAT Advisors) who advised that the Trust has two options: a) the Charity registers for VAT as	

	does GWH, b) the Trust can set up a "Special Purpose Vehicle" - just for this transaction. Randall and Payne have advised that the Charity cannot register for VAT, and to enable the Trust to claim back the VAT on Hollins' fees, the Trust will therefore need to register the Charity for a Special Purpose Vehicle. He is currently awaiting a quote from Randall and Payne for the cost of doing this. AC confirmed (post-meeting) that £20,000 is due on signing the promotional agreement with Hollins with a further £10,000 due on 13th April 2019.	
	DoHR confirmed that the Trust is waiting to hear from the Charity Commission regarding the outcome an application which has been submitted for a Cy-pre Scheme to update the Objects of the Brokenborough Charity.	
	Following discussion, the Committee **noted** the actions being taken and asked to be kept apprised of any developments.	
CF-148	**Agenda item 17 – Date and time of next meeting:** Wednesday 26th July 2017 – 10am – 12pm, Boardroom, EJC.	
	There being no further business, the Chair closed the meeting at 11.55 a.m.	

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
CHARITABLE FUNDS POSITION STATEMENT & ACTION PLAN
SEPTEMBER 2017

VERSION 1.1

1. Introduction

This paper sets out the Trust's charitable funds Position Statement and Action Plan. It reflects the current level of resource held by the Charity and follows reconsideration of the development of a strategy. It refocuses on the core Charitable Funds, distinct from League of Friends Activity.

The Gloucestershire Care Services NHS Trust Charity (no 1096480) was established with the Charitable Object of providing benefit to service users and Trust colleagues. The Charity can provide valuable support for developments that are either unaffordable to the Trust or outside the core funding responsibilities of the NHS.

2. Position

2.1 Funding Structure

Following review and discussion at the Charitable Funds Committee the **funds structure** of the charity has been amended to:

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

The restructuring of the funds was undertaken to increase understanding of the range of areas that the Charity supports. Additional to the general funds detailed above the Charity incorporates restricted funds, relating to the Brokenborough Charity.

2.2 Fund Levels

Traditionally, community fundraising projects and legacy giving have been the major sources of charitable income. However, this has reduced significantly over the last 3 years since the Trust became a standalone organisation.

We have recognised that the charity is not well known by the public, service users and colleagues. In particular fundraising in Community Hospitals is often led by Leagues of Friends, our key charitable partners.

The Board as the Charitable Trustee recognise the need to ensure administration costs are proportionate against the size of the Charitable Funds held and the charity does not therefore intend to employ fundraisers, or to compete with other local health charities. Rather we will aim to ensure appropriate mechanisms are in place to maximise opportunities for partnership working.

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3. Action Plan for Charitable Funds

Taking into account the analysis of strengths, weaknesses, opportunities and threats the following priorities have been identified for the period 1st April 2017 to 31st March 2018:

	Actions
Communications	1. To further develop a plan for Trust communications regarding charitable funds including how colleagues can submit applications to the charity 2. To update the charity's profile on the Trust's website 3. To ensure that fundraising opportunities are formally considered by operations in the initial planning phase of service and research development projects.
Fundraising	4. To support colleagues, including the social committee, with the promotion of fundraising activities for the charity. 5. To prepare guidance for colleagues about communications with service users and others about donor opportunities. 6. To continue to support the community fundraising activities of partner charities.
Governance	7. To ensure revised charitable funds processes are working effectively

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The action plan will be reviewed in 2018 when the Brokenborough funds crystallise.

NHS
Gloucestershire
Care Services
NHS Trust

Trust Board

Date of Meeting: **20th September 2017**

Report Title: **Board Assurance Framework**

Agenda reference Number	16/0717
Accountable Executive Director (AED)	Katie Norton – Chief Executive
Presenter (if not AED)	
Author(s)	Gillian Steels – Trust Secretary
Board action required	To Receive
Previously considered by	-
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.

This report provides the latest iteration of the Board Assurance Framework.

As agreed at the last Board meeting the Board Assurance Framework has now been reviewed at a Committee level. Revisions suggested by the Audit & Assurance Committee have been incorporated. RAG rating has been added as requested within the body of the report in line with the summary.

The Executive continue to review the Board Assurance Framework within their meetings. The Corporate Risk Register continues to be monitored by the Risk Management Group, risks 12+ or patient safety related 8+. The work to review the risks and transfer to the DATIX risk management module is ongoing with all Corporate Risks now transferred to DATIX and a schedule in place for migrating Operational Risks. Actions taken are indicated in grey.

Recommendations:

The Board is asked to **RECEIVE** the BAF and note the actions being taken to mitigate risks.

Understanding You

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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

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Board Assurance Framework:

September 2017

Contents

1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Strategic risks				Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	Ref	Risk	RAG	Exec Lead				
*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	8	8	4
	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	9	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	12	12	6
*We will make sure the **needs** and **views** of service users, carers and*	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers.		COO	Board	12	12	8

Trust strategic objectives	Strategic risks				Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	Ref	Risk	RAG	Exec Lead				
*families **shape** the way **we plan** and **deliver care***	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	9	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	12	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	12	8	8
	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	12	12	8
*We will manage **public resources** effectively so that*	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	12	12	8

Trust strategic objectives	Strategic risks				Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	Ref	Risk	RAG	Exec Lead				
the services we provide are ***sustainable.***	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	12	12	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**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Target Score	1 x 4 = 4	**Date to Achieve Target**	1st April 2018
Direction of Travel	**-**	**Links to Primary Regulatory Framework**	CQC, NHSI, Well Led Framework, Single Oversight Framework
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
1. Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner		1. 360 feedback from partners and stakeholders	
2. Development of ACS clearly recognises the role of community services		2. Visability of our leaders and staff in local events and programmes	
3. We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee		3.	
Rationale For Current Score (Identifying progress made in previous period)			
While we maintain a good reputation with our key partners, there remains, in some areas, a lack of understanding and appreciation of the breadth and depth of services we provide, particularly those which are not associated with national and local priorities. There is a need to maintain, and where necessary strengthen, our profile in key partnerships to raise the profile of our services and performance.			
Key Controls To Manage Risk (What are we currently doing about the risk)		**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
			Type of Assurance
Communications and 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
Quality Account		Review of Quality Account	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	Annual organisational 360	360 baseline to be undertaken	Chief Executive	August 2017
2	GSF Decision Making	Review of GSF and STP Governance	Chief Executive	Septebmer 2017
3	Develop Relationship new HOSC members	Induction new HOSC Chair and members	Executive	September 2017
Links to the Corporate Risk Register				

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 = 16	**Date of Review**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	1st April 2018
Direction of Travel	-	**Links to Primary Regulatory Framework**	Single Oversight Framework Well Led Framework

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Documented service vision for community services aligned to place base model	**1. I**ncrease system investment in community based services
2. Documented business development plan	**2.** Delivery of QIPP priorities
3. Agreed benefits realisation framework developed through the STP to support community based service developments	**3.**

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

The lack of a clearly articulated vision for community based services is compromising our ability to secure new investment to deliver new and effective models of care in the community.

Key Controls To Manage Risk (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
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	**Mitigating Actions (what more should we do)**	

assurances should we seek)				
		Action	**Owner**	**Deadline**
1	Clearly documented service vision for our community services	To develop a clear service vision with outcome definition to demonstrate imperical position.	COO	September 2017
2	Lack of 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	DoF	February 2018
3	Lack of effective benefits realisation methodology across the STP	Work with partners to agree common framework for benefits realisation	DoF	March 2018
Links to the Corporate Risk Register				

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	2 x 4 = 8	**Date Identified**	April 2017
Previous Risk Score	4 x 2 = 8	**Date of Review**	July 2017
Current Risk Score	4 x 2 = 8	**Date Next Review**	September 2017
Tolerable (Target) Score	4 x 1 = 4	**Date to Achieve Target**	March 2019
Direction of Travel	- Black arrow new direction Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	Not applicable
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
1. Increase the Trust's profile on social media and that this focusses on quality		1. Number of national, regional and local awards	
2. Increase the number of entries to national, regional and local awards		2. Number of positive media stories	
3. Review methodology of the friends and family test to increase completion rates		3. 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 (What are we currently doing about the risk)		**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
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 Understanding You Awards		Trust Understanding You awards	Managemt & 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	Media presence (positive, negative etc) not reported regularly	Review of current process to develop improvement plan.	DoHR	Sept 2017
2	Low completion rates of the friends and family test	Review of current processes for completion of Friends & Family Test and development of plan to increase	DoHR DoN	Sept 2017
3				
Links to the Corporate Risk Register				

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	3 x 3 =9	**Date Identified**	April 2017	
Previous Risk Score	3 x 3 =9	**Date of Review**	September 2017	
Current Risk Score	3 x 3 =9	**Date Next Review**	November 2017	
Tolerable (Target) Score	3 x 2 =6	**Date to Achieve Target**	April 2018	
Direction of Travel	- Black arrow new direction Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**		
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**		
1. 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.		**1.** Safety Thermometer (Fall and Pressure ulcer levels)		
2.Increased use of technology to support clinical practice, eg smartphones for clinical support.		2. Quality Priorities performance (incorporating research and evidence based development)		
3. Achievement Quality Priorities.		3. 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 (What are we currently doing about the risk)		**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)		
			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 Priority Monitoring		Quality & Performance Committee	Board	

Staff Development Investment – training, subscriptions etc		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	Review use and focus of Benchmarking Reports and ensure enables focus on this area	DoF	Sept 2017
2	Development BIRT reporting on this area to inform CIPS, Service Development & Pathways Reference Group.	Review current BIRT report development to ensure timetabled in	DoF	Sept 2017
3	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma developed	DoF/TS	Sept 2017
Links to the Corporate Risk Register				

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) 4 x 3 = 12	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 3 = 12	**Date Identified**	April 2017
Previous Risk Score	4 x 3 = 12	**Date of Review**	September 2017
Current Risk Score	4 x 3 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	4 x 2 = 8	**Date to Achieve Target**	March 2018
Direction of Travel	Black arrow new direction **-** Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	CQC

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)	1. Vacancy levels – less than 10%
2. Reduce turnover rates in line with Community Trust average;	2.Turnover rates – below 16/17 baseline
3. Reduction in agency spend	3. Agency spend – in line with cap set (if no national cap then in line with budget)
4. 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 (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
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
Any gaps in staffing are addressed by the use of bank/agency workers to maintain safe staffing levels at all times	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
Roll out of e-rostering across the Trust		Recruitment and Retention Steering Group chaired by Head of HR		Management
Commence Gloucestershire Nursing Degree programme		Strategic Workforce Group (system-wide)		Management (Educational)
Monitor impact & effectiveness of Gloucestershire Trainee Nursing Associate programme		As above and with Nursing & Midwifery Council (NMC)		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	Lack of robust workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response	Further development of the BIRT system	Head of Performance and Information	Sept 2017
2	Available staff banding does not help to retain talented staff – thus, for example, district nurses are unable to advance above Band 6 which results in them either having to specialise within other services, or leave the employ of the Trust	Talent management programme to be developed	Head of OD	March 2018
3	Low completion rate of exit interviews	Review of Exit interview process.	Head of HR	December 2018
4	Newly qualified staff to be supported in indertaking new clinical activities	Review Clinical Induction and preceptorship Programmes	Head of Learning & Development	Sept.2017
5	Staff Engagement to retain staff needs further focus	Staff Engagement Plan to be reviewed through LIA embedding review work, benefits highlights programme – workforce plan	Head of HR	Sept 2017
Links to the Corporate Risk Register .				

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.		
Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	3 x 4 = 12	**Date Identified**	20/04/17
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31/03/18
Direction of Travel	- Black arrow new direction Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	CQC Constitution Right and Pledges

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Mechanism for initial impact on projects developed	1.FFT Response Rate
2. Negative assurance, eg complaints etc, being fed into the business planning process	2. FFT % recommend service – likely , extremely likely
3.Examplars of co-design	3.Number compliments, complaints, concerns

Rationale For Current Score (Identifying progress made in previous period)
Business Develoment Process requires greater definition to ensure opportunities for needs and views of service users are built in at key stages.

Key Controls To Manage Risk (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
		Type of Assurance
Use of the Friends and Family Test (FFT) across all Trust settings	Operational Meetings	
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
The updated 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 events and consultation opportunities	The Your Care, Your Opinion Group	Board Oversignt
Information provided by external agencies such as Healthwatch, NHS	• Regular partnership meetings with Healthwatch	Management Oversight

Choices and Patient Opinion		and Quality Review meetings with the CCG		
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
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**.**	COO	Oct 2017
2	Assurance – review the difference made by current mechanisms	Establish process for negative assurance to influence future developments	D of N	Oct 2017
3	Control – lack of triangulation of feedback. Trend analysis FFT/Complaints Concerns – mechanism negative assurance	Review of themed analysis to stablish if triangulation could be improved	D of N	Oct 2017
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	D Gorman	Sept 2017
5	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.	COO	Oct 2017
		Increase use of “You said We did” feedback processes	COO	Oct 2017
Links to the Corporate Risk Register				

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	3 x 3 = 9	**Date Identified**	20/04/17
Previous Risk Score	3 x 3 = 9	**Date of Review**	September 2017
Current Risk Score	3 x 3 = 9	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31/03/18
Direction of Travel	Black arrow new direction - Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	CQC – Well led, Responsive Constitution – Rights & Pledge
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
1.Revised Policy on Policies to reference co-design		1.FFT Response Rate	
2.Core Values reinforced to incorporate valuing contribution service user.		2. FFT % recommend service – likely , extremely likely	
3.Patient stories and evidence of impact.		3.Number compliments, complaints, concerns	
4. Delivery 17/18 CQUIN on Increased use of Personal Care Plans.			
Rationale For Current Score (Identifying progress made in previous period)			

Key Controls To Manage Risk (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
		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
QEIAs will be completed and signed off for all appropriate CIP schemes before they are implemented	Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight

Specification increasing personalisation requirements				
Gaps in Controls and Assurance (what additional controls 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.	CEO	September 2017
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs.	COO	Mar 2018
Links to the Corporate Risk Register				

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 4 =16	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March 2018
Direction of Travel	**Improving**	**Links to Primary Regulatory Framework**	
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. There is an opportunity to build on this, accepting the need for further realignment to support more integrated service delivery and planning.			

Key Controls To Manage Risk (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
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 systemperformance	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	March 18
Links to the Corporate Risk Register				

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	3 x 4 = 12	**Date of Review**	September 2017	
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017	
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March	
Direction of Travel	**Improving**	**Links to Primary Regulatory Framework**		
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**		
1. Effective Provider Locality Boards		1. Friends and Family test, complaints, compliments		
2. Delivery of priority care pathways including MSK and respiratory		2. Organisational 360		
3. Establishment of cluster MDT working with full participation by GCS		**3.**		
Rationale For Current Score (Identifying progress made in previous period)				
Key Controls To Manage Risk (What are we currently doing about the risk)		**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)		
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)**		
		Action	**Owner**	**Deadline**
1	Lack of formal and relevant frameworks for joint working with key partners	Develop formal frameworks for joint working with 2G and GCCC	CEO	March 2018
2	Integrated Business Plan including Estates needs development	Develop Business Plan incorporating Estates	COO	Oct 2017
3				
Links to the Corporate Risk Register				

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) 3 x4 = 12	**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**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	1 x 4 = 4	**Date to Achieve Target**	March 2019
Direction of Travel	- Black arrow new direction Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Manager toolkit in place.	1. Staff engagement levels (from annual staff survey)
2.Improvement in staff friends and family test (colleagues recommending the Trust as a place to work	2. Staff friends and family test results
3.Increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised	3. 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 (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
Fourth year of listening into action	Improvement in staff engagement levels (from survey results)	Type of Assurance
Investors in People standards/ accreditation	Improvement in the number of colleagues recommending the Trust as a place to work	Management
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
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
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	Head of OD	Sept 2017
2	Management Toolkit not in place	Implement Manager toolkit	Head of OD	Sept 2017
3	Staff Engagement Framework requires review	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a "quality Academy"	Head of OD	March 2018
Links to the Corporate Risk Register .				

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	3x 4 = 12	**Date Identified**	April 2017
Previous Risk Score	3x 4 = 12	**Date of Review**	September 2017
Current Risk Score	3x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Not applicable
Direction of Travel	Black arrow new direction Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Reduction in overall sickness absence rate	1. Rolling 12 month sickness absence rate
2.Reduction in absences relating to stress	2.Reasons for sickness absence
3.Reduction in absences relating to muscoskeletal conditions	3.

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

Sickness absence rates decreasing over the year compared to previous year; improved managent of sickness with consistent application of policy. E-rostering is supporting more accurate sickness reporting.

Key Controls To Manage Risk (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
Working Well services including fast track physiotherapy	Contract review meetings with working well	Type of Assurance
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	
Healthy eating initiative		
Mental health first aid training		
Stress management workshop, including mindfulness and resilience.		
Stress management policy	Annual staff survey results regarding the organisation taking positive action on H&W.	

Gaps in Controls and Assurance (what additional controls and	**Mitigating Actions (what more should we do)**

assurances should we seek)				
		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	Sept 2017
2	Workplace Wellbeing charter	To provide evidence of meeting required standards	Head of OD	July 2017
3				
Links to the Corporate Risk Register				

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		
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**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	March 2018
Direction of Travel	Black arrow new direction **-** Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
1. Refresh of leadership development plan including talent management		1. Level of support provided by manager (measured through staff survey)	
2. 360 appraisal programme		2. PDR compliance rates	
3. Managers induction and toolkit		3. Number and percentage of managers participating in leadership development programmes	
Rationale For Current Score (Identifying progress made in previous period)			
Professional Development Review and Mandatory Training levels remain below target and FFT and staff survey outcomes below target.			
Key Controls To Manage Risk (What are we currently doing about the risk)		**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
Range of leadership programmes in place		Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee	**Type of Assurance**
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	The Trust does not currently have a 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 Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	360 Programme in development to increase self-awareness and personal impact.	Head of OD	Sept 2017
3	Managers induction not in place	Managers toolkit and induction in development	Head of OD	Dec 2017
4	Implementing ILM Leadership and Management Apprenticeships	ILM apprenticeship programmes are being developed	Head of OD	Sept 2017
5	Engagement in Quality Agenda is not consistent through organisation	PACE team support and challenge for Quality Priorities to increase engagement	Deputy Director of Nursing	Oct 2017.
Links to the Corporate Risk Register .				

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	3 x 4 = 12	**Date Identified**	20/4/17
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Dec 2017
Direction of Travel	Black arrow new direction Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	NHSI Single Oversight Framework CQC – Well led
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)			
Plans for estates infrastructure development, that reflect future needs and are confirmed as affordable are at early stages. Capital funds are increasingly tight in the NHS which may impact on current plans. IT infrastructure in place but requires future proofing review.			

Key Controls To Manage Risk (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
		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	Management 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	DoF	Oct 2017
2	Estates Strategy due for revision	Estates Strategy to be reviewed	COO	Oct 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	DoF	Oct 2017
		Review IT infrastructure to future proof	DoF	Nov 2017
Links to the Corporate Risk Register				

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**	September 2017
Current Risk Score	4 x 5 = 20	**Date Next Review**	November 2017
Tolerable (Target) Score	3 x 5 =15	**Date to Achieve Target**	Dec 2017
Direction of Travel	Black arrow new direction **-** Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	NHSI Single Oversight Framework CQC – Well led
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
1.Updated Financial Strategy		1. Forecast Trend for Return on Capital	
2.Business Development Strategy		2. Service User Outcome data –(Mortality, Readmission, MSKat, reablement)	
3.		3.	
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 (What are we currently doing about the risk)	**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
		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	Management
	NHS Benchmarking Group Report	Management/Board Oversight
CIP Development Plan	CIP Steering Group monitoring	Management

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	Sept 2017
2	Business Development Strategy	Review Business Development Strategy	DOF	Sept 2017
3		Benchmark against Carter Metrics (once issued)	**DOF**	Mar 2018
Links to the Corporate Risk Register				

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	3 x 4 = 12	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2017
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2017
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2018
Direction of Travel	Black arrow new direction Red arrow decreasing **trend** Green arrow improving **trend**	**Links to Primary Regulatory Framework**	SOF, Well Led, CQC
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
1.Review of SFI Compliance		1. No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)	
2.Timely compliance with Internal and External Audit recommendations		2. At least 50% of Internal Audits give Substantial assurance	
3.		3.	
Rationale For Current Score (Identifying progress made in previous period)			
Current significant pressure on capacity which could distract from maintaining control if not effectively managed, recognising that cumulative gaps can lead to a significant impact.			
Key Controls To Manage Risk (What are we currently doing about the risk)		**Assurance on Controls** (How do we know these things are having an impact -indicate if it is Management Oversight, Board Oversight, Independent)	
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	**Type of Assurance 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	Independent

		governance.". – Internal Audit		
The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlled		IA and EA feedback		Independent
Line management structures provide clarity in terms of responsibilities and accountabilities		Management Review		Management
Internal and external audit and plans provides additional scrutiny		Degree that Internal Audit is risk based.		Board
Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation		Internal Audit Review		Independent
IT Investment to maintain Cyber Security Protection		Reports to Audit & Assurance Committee		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	Nov 2017
2	Well led framework needs further consideration by Board following consultation changes	Implement Well-led Review process	TS	August 2017
3	Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented	TS	Oct 2017
		Review new financial system implementation	DOF	Oct 2017
		Complete ToR and Review of Effectiveness for all Board Sub-committees and mechanism for management committees to update.	TS	Nov 2017
		Prepare for year-end audit	DOF	Nov 2017
Links to the Corporate Risk Register .				

Definitions

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

Score. **IMPACTSCORE**

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

RISK RATING MATRIX

	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 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 6
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**)				Charitable Funds – position statement 2017 (every 2 years)	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**)	)				
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 18

Any Other Business