NHS
Gloucestershire Care Services
NHS Trust

GCS Trust Board

Thursday, 27th September 2018 - 13:00 - 16:00
The Pavilion, Hatherley Lane, Cheltenham, GL51 6PN

AGENDA

General Business			Presenter	Purpose
13:00 (guide time)	1/0918	**Apologies for Absence and Confirmation the Meeting is Quorate (**4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair)	Chair	To note
13:05	2/0918	**Declarations of Interest** To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations are attached as Appendix 1.	Chair	To note
	3/0918	**Service User Story – Frailty**	Director of Nursing	To note
13:35	4/0918	**Minutes of the previous Board Meeting –** held on the 24th July 2018 & 30th August 2018	Chair	For Approval
13:40	5/0918	**Matters Arising Action Log -** matters arising not covered by other items on the Agenda.	Chair	To note
13:45	6/0918	**Questions from the Public**		To note
Leadership and Strategy				
14:00	7/0918	**Board Assurance Framework**	Chief Executive	To note
14:15	8/0918	**Chair's Report**	Chair	To note and approve
14:30	9/0918	**Chief Executive and Executive Team Report**	Chief Executive	To note
14.45	10/0918	**One Gloucestershire – Integrated Care System**	Chief Executive	To note
Quality and Operational Performance				
15:00	11/0918	**Quality and Performance Committee Report**	Committee Chair	To note
	12/0918	**Quality and Performance Report – Month 5**	Chief Operating Officer & Director of Nursing	To note
	13/0918	**Workforce & OD Report** **Inc – WRES (Workforce Race Equality Standard)**	Joint Director of HR & OD	To note

Understanding You

Finance				
15.25	**14/0918**	**Finance Committee Report**	Committee Chair	To note
	15/0918	**Finance Report – Month 5**	Director of Finance	To note
Audit				
15.25	**16/0918**	**Audit and Assurance Committee Report**	Committee Chair	To note
Assurance For Information				
15.45	**17/0918**	**Forward Planner Review**	Trust Secretary	To note
Other Items				
15.55	**18/0918**	**Any Other Business**		
Date of Next Meeting – 28th November 2018				

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

Appendix 1

Standing Declarations of Interest

Ingrid Barker	• Board Members and Trustee NHS Providers • Governor Hartpury College • Husband Vice Chancellor Nottingham Trent University • Joint Chair 2g
Paul Roberts	• Joint CEO 2gether
Sandra Betney	• Director FTN Ltd (Subsidiary of NHS Providers- Trading Arm) • Co-opted member NHS Providers Finance and General Purposes Committee •
Graham Russell	• Chair Second Steps Bristol • Chair Governors Cirencester Deer Park Academy • Chair – Second Step, Bristol (Mental Health and Complex needs) • Wife works at Longfield Hospice
Jan Marriott	• Director Jan Marriott Associates • Independent Co-Chair Gloucestershire Learning Partnership Board • Independent Chair Gloucestershire Mental Health Wellbeing Partnership Board • Independent Co- Chair Gloucestershire Physical Disability and Sensory Impairment Board • Community Hospitals Association member Trustee Prime Foundation
Nicola Strother Smith	• Mentor Health & Justice Commissioner NHSE SW
Richard Cryer	• Trustee Action for Children, Action for Children Pension Fund
Candace Plouffe	• Trustee Active Gloucestershire
Mike Roberts	• GP Partner Rosebank Surgery Gloucester • Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDoc)
Neil Savage	• Joint Director HR & OD

- ***Please note that a nil declaration will not be shown above.***

NHS
Gloucestershire Care Services
NHS Trust

Trust Board Minutes

Date: 24th July 2018

Meeting on 24th July 2018
Boardroom, Edward Jenner Court, Brockworth, Gloucester. GL3 4AW
13:00 hours

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Roberts	Chief Executive (Voting Member)
Nick Relph	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Sandra Betney	Director of Finance/Deputy Chief Executive (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer (Voting Member)
David Smith	Executive Director for Transition
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Member of the public	
Bren McInerney	Member of the Public
Nikki Richardson	Non-Executive Director, 2g
Marcia Gallagher	Non-Executive Director, 2g
Maria Bond	Non-Executive Director, 2g
Zoe Barnes	GCS colleague
Lindsay Ashworth	GCS colleague
Rebecca Donga	GCS Graduate Trainee

Ref	Minute
1/0718	**Apologies and Quoracy** The Chair welcomed colleagues. Apologies were received from Sue Mead, Non-Executive Director, Dr. Mike Roberts, Medical Director and Neil Savage, Director of Workforce & OD. It was noted that Bilal Lala, Insight Programme, NED Development, was unable to attend the Board meeting, but would attend the 30th August meeting. He had already attended a number of Committees. The Chair confirmed the meeting was quorate.

DRAFT

Understanding You

2/0718	**Declarations of Interest** Declarations of Interest previously declared were noted. The Chair highlighted her declaration as Joint Chair of GCS and the 2gether NHS Foundation Trust. The Chief Executive highlighted his declaration as Joint Chief Executive of GCS and the 2gether NHS Foundation Trust.
3/0718	**Service User Story – Safeguarding: Everyone's Business** Bernie Sullivan and Dawn Chapple from the Safeguarding Team gave a presentation on how safeguarding makes a difference. They confirmed that their work involved supporting practitioners including public health nursing, allied health professionals and health visitors, as well as other Trust colleagues. They set out the escalation process and used a case study to describe how this work in practice. They advised that it was important that everyone understood and was confident to use the escalation process to ensure that those who are at risk are appropriately supported and safeguarded. They set out the role of the Gloucestershire Safeguarding Board and confirmed how it could intervene to support the escalation process. It was recognised that other risks where services did not operate in a joined up way and it was recognised that the high number of agency social workers presented its own challenges. It was confirmed that the Trust had in place robust processes to support safeguarding. The Chair commented on the need for co-ordinated system working with appropriate sharing and welcomed the appointment of the new Director of Children's Services.
4/0718	**Minutes of the Meeting Held on 7th June 2018** The Minutes were **APPROVED** as a true record.
5/0718	**Matters Arising (Action Log)** The Board considered the action log and noted the latest position. **Southgate Moorings** It was confirmed that the lease had been signed and that the operational services redeployment plan was now ongoing.
6/0718	**Questions from the public** No written questions had been received. Bren McInerney, member of the public, commented positively on the recent Joint Annual General Meetings which had been held by GCS and 2gether. He updated on an informal visit that would take place in September from Health Education England and advised he would provide further details by email.
7/0718	**Board Assurance Framework** The Board considered the updated Board Assurance Framework. The Executive Director of Transition advised that GCS was now working with 2gether and NHSI on retention to help support this work. Jan Marriott, NED, commented positively on the staff survey progress and particularly the potential impact on staff recruitment and morale. It was noted that GCS

	was working on staff retention with 2gether and NHSI. The Board **RECEIVED** the Board Assurance Framework and **NOTED** and **ENDORSED** the risk ratings and the actions being taken to mitigate the risks.
8/0718	**Chair's Report** The Chair presented her report highlighting in particular the Trust's recent Annual General Meeting which had been held with 2gether NHS Foundation Trust, highlighting the enthusiasm and dedication of colleagues which it had showcased. She also highlighted recent meetings with MPs and other ongoing engagement work with stakeholders. She formally recorded the Trust's thanks to the Stroud League of Friends for their donation which had supported work on the Cashes Green Ward. The Chair flagged the recent discussions at the Gloucestershire Health and Wellbeing Board on adverse childhood experiences and advised that GCS NHS Trust and 2gether NHS Foundation Trust would both be involved in the related conference in November. The NHS70 Celebrations were highlighted by the Chair. It was confirmed that the Chair continued to meet regularly with the Chair of Gloucestershire Hospitals Foundation Trust (GHFT), considering patient flow, system working etc. The JCEO advised he also met regularly with the Chief Executive of GHFT and that there were plans for health leaders across the system to come to come to the Trusts' Senior Leadership Network meetings to help develop system knowledge and understanding.. The Board: (i) **NOTED** the Chair's Report. (ii) **NOTED** the report on the activities of the Chair and the Non-Executive Directors
8/0718	**Chief Executive and Executive Team Report** The Chief Executive Officer outlined the key aspects of the report which updated on: • His engagement activities within the Trusts • Progress on the Strategic Intent to merge with 2gether NHSFT • Carter Mental Health Community Services Update • One Gloucestershire Integrated Care System • National issues • Integrated Care System • Operational services overview: - System flow and resilience - Operational service development and challenges - Timely access to services - Service Updates and Developments The Chief Executive highlighted the Strategic Intent work and in particular the planned work on developing the vision and values for the merged organisation. He advised this process would commence in October and would include colleagues from the Trusts, service users and partners. He stressed the key importance of this work in setting the foundations for the merged organisation. He advised that the name for the newly merged organisation would be linked to this work. The Chief Executive updated on the Integrated Care System developments, and advised

	that a Memorandum of Understanding with NHS England was in the process of being signed, and that the partner organisations would update the related ways of working to reflect it. He advised that there had been a positive meeting of NHSE and the Gloucestershire ICS partners, going forward these meetings were expected to look at system performance and learning from wider system. It was agreed that if there were any opportunities to access additional IT funding that the Trusts would explore these. The benefits of integrated IT working was stressed, but it was recognised that this was likely to be an incremental process. The long term need to support joined up system working across health and social care was emphasised by the Board. The Chief Executive highlighted the latest national discussions relating to NHS funding. The appointment of the new Secretary of State, and his planned focus on staff morale, digital healthcare and social proscribing was noted.. The work of the Citizens' Jury to inform Board discussions on the Forest of Dean was outlined. It was recognised their feedback was awaited and would be considered in detail at the Board meeting on 30th August. The Chief Executive advised of recent helpful discussions with the Health and Oversight Scrutiny Committee relating to the proposed Stroke Rehabilitation Unit at the Vale Hospital. Nicola Strother Smith, Non-Executive Director queried the increasing activity within the Minor Injury and Illness Units and the Trust's capacity to meet the additional demand. The Chief Operating Officer advised that demand had been high in June and July, but patient flow had remained positive, the under 4 hour wait target had not been breached and bed occupancy was below 92%. It was noted that Primary Care remained busy although there were more appointments in place. The Board **NOTED** the report.
10/0718

11/0718	**Quality and Performance Committee Report** The Board considered the report which provided assurance to the Trust Board that the Quality and Performance Committee continued to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board. The report also confirmed decisions made by the Committee in line with the Trust's Scheme of Delegation and; highlighted a number of key discussion points that require attention of the Board. Of particular note: • That the Trust has submitted its Quality Improvement Plan (QIP) to the Care Quality Commission (CQC) and assured the Committee that work is well underway in order to meet the requirements of the agreed milestones. • Assurance that the Trust 2018-19 Quality Priority improvement metrics have been agreed and that the Committee will receive quarterly progress reports. • Noted that significant efforts have been made by those services that needed to improve and; most notably the Musculoskeletal Clinical Assessment and Treatment (MSKCAT) service which is now back to meeting its required referral to treat requirements. • Approved on behalf of the Trust Board publication of its 2017-18 Quality Account on the NHS Choices website (30th June) • Acknowledged and discussed the recently published Gosport Memorial Hospital Inquiry Report and that further assurances will be sought against the review findings. JCEO/COO It was also highlighted that there had been a discussion about a potential system bed occupation level. It was agreed this should be the subject of an Executive discussion across the system, recognising that the GCS Board had considered bed occupancy in detail, balancing risk, quality, efficiency and the need to work effectively within the system. The Director of Finance queried whether Quality Priority metrics had been put in place. The Director of Nursing advised these would be taken to the next Quality and Performance Committee meeting. Nicola Strother Smith, Non-Executive Director commented positively on the improved Musculoskeletal Clinical Assessment and Treatment performance and queried whether there were learnings for other areas. The Chief Operating Officer advised that lessons were shared between teams. Graham Russell, Non-Executive Director, advised that the recent Committee had also considered elements of place based reporting, but had agreed that at this stage it did not provide information which would support performance monitoring. It had been agreed therefore to consider this further for the future, but not to add this reporting to the Quality and Performance Report at this time. The Board: (i) **NOTED** the Quality and Performance Committee report. (ii) **RECEIVED** the approved minutes of the Quality and Performance Committee held on 26th April 2018.
12/0718	**Quality and Performance Report – Month 3** The Board had been provided with the Quality and Performance report for June 2018. The Report confirmed progress made against performance achievements where there were action plans in place for services that required improvement. It also provided assurance that quality of care was being maintained.

	The concerns relating to Clostridium difficile infection were discussed, and it was confirmed this remained an area of focus. The Board were pleased to note that the performance for Musculoskeletal Clinical Assessment and Treatment had continued to improve in June. The Board considered the performance of Personal Development Reviews (PDRs) and it was confirmed work continued in this area. The importance of PDRs to support and embed the organisation's culture was stressed. The Board was pleased that the lated Friends and Family Test showed improved numbers of staff recommending the Trust as a place to work. The Board considered the further work ongoing in relation to the Safety Thermometer, Falls and Pressure Ulcers. The Board **NOTED** the report.
13/0718

14/0718	**Finance Committee Report** It was noted that the Finance Committee had met on 26th June 2018. Key aspects considered had included the Month 2 Finance Report; Quality, Innovation, Productivity and Prevention (QIPP) performance and Commissioning for Quality and Innovation (CQUIN) achievement as well as progress again the Trust Cost Improvement Plan and the Trust's approach to Reference Costs and some estates matters. The Board **NOTED** the update from the Committee.
15/0718	**Finance Report – Month 1** The Director of Finance took the Board through the overview of the Trust's position at Month 3.The Board considered the 2018/19 context and performance to date highlighting particularly: • Year to date surplus is £567k which is £3k better than plan and budget of £564k • Capital spend to date is £27k compared to plan of £4,270k. • Cash at the end of Month 3 is £12.2m compared to plan of £10.7m. (capital spend is £4.2m below plan) • YTD agency spend is £432k compared to a plan figure of £558k And that the Single Operating Framework indicators are all green. Key risks were also discussed, including the ongoing work in the Cost Improvement Plan and the Pay Award funding – this continued to be worked through. It was confirmed Trusts were working with NHS Providers to raise issues relating to the Pay Award. The Director of Finance advised it was a recurrent funding issue. It was noted that Johanna Bogle had been appointed as Deputy Director of Finance during the secondment of Stuart Bird to NHSE. The Board **NOTED** the report.
16/0718	**Forward Planner Review** The Board considered the Forward Planner and noted the additional August meeting. The Board **NOTED** the forward agenda planner.
17/0718	**Items approved through Delegated Powers and provided for completeness.** Quality Account – confirmed these were on the Trust's website.
18/0718	**Any Other Business** There being no further business the Chair closed the meeting at 3pm.
19/0718	**Date of Next Meeting in Public** It was agreed that the next meeting of the Board be held on 30th August 2018.

Chair's Signature:

Date:

Gloucestershire Care Services NHS Trust

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log – as at the 27 September 2018

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
10/0318	Business Plan	**Quality Priorities -** to be further considered for incorporating within the business plan following a review of the plan at the end of Quarter 1	Executive	September 2018	Being taken forward by the Executive	
10/0718	Medical Revalidation process	Propose similar framework be considered for dentists	Medical Director	November 2018	On track	
11/0718	Bed Occupancy	Discussion about potential system bed occupancy level to be held	JCO and COO	Ongoing	On track	
13/0718	Workforce Committee	WRES action plan	Director of HR OD	September 2018	Action plan to be presented to September Board	

Gloucestershire Care Services NHS Trust

AGENDA ITEM 6

Questions from the Public

Gloucestershire Care Services NHS Trust

Trust Board	
Date of Meeting:	27th September 2018
Report Title:	Board Assurance Framework

Agenda reference Number:	07/0918
Accountable Executive Director: (AED)	Chief Executive
Presenter: (if not AED)	
Author(s):	Gillian Steels – Trust Secretary
Board action required:	To Receive, Review and note
Previously considered by:	Executive Team
Appendices:	Board Assurance Framework

Executive Summary

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

Revised Approach to Monitoring Proposal

The Board is asked to note the proposal within the Audit and Assurance Committee report which would additionally see the Board Assurance Framework reviewed at the Audit and Assurance Committee to inform on going review by the Board. This process would start at the December Audit and Assurance Committee if approved.

Board Assurance Framework Monitoring

The actions detailed now reflect the ongoing work to develop an integrated physical and mental health offer, against the backdrop of the current Strategic Objectives and the outcome of the Trust's recent CQC inspection and the identified actions being taken forward through the Quality Improvement Plan.

Following the discussion at the last meeting, the Executive undertook a comprehensive review of the Board Assurance Framework to reflect ongoing actions and the wider system position.

On the basis of work undertaken it was agreed that Risk 3 – Celebration of success – and knowledge of our services, Risk 7 – recognising and valuing contribution of service users and carers and Risk 14 – long term sustainability had met target risk level. It was agreed that Risk 2 – investment in mew models of care had increased reflecting the wider system context. Risk 5 relating to workforce recruitment and retention remains high – in line with the sector. Risks 10 and 11 relating to colleague engagement and wellbeing have reduced but continue to be an area of focus.

There continues to be progress against the actions to mitigate the strategic risks.

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

Additionally, at the Programme Management Executive, it was noted that consideration needs to be given to ensuring that any overarching risk that relates to the merger is reflected within the Corporate Risk Register and, if appropriate, the Board Assurance Framework. This is now being taken forward.

Recommendations:
The Board is asked:

1) **RECEIVE** the BAF
2) **REVIEW** the current risk position and actions being progressed

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

Gloucestershire Care Services NHS Trust

Board Assurance Framework

September 2018

Contents

		Page
1.	**Strategic risks**	
1.1	Summary of strategic risks	3
1.2	Detail of strategic risks	6
2.	**Definitions**	
2.1	Description of consequence	37
2.2	Description of likelihood	38

1.1 Strategic Risks - Summary of strategic risks

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

Trust strategic objectives	Strategic risks								
	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers.	⇔	COO	Board	16	12	8
	SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.	⇧	COO	Board	12	6	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**	**20**	**8**	**6**
	SR11	**There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.**	⇧	**Dir HR**	**WF&OD**	**20**	**12**	**8**

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

1.2 Detail of strategic risks

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services –		
Type	Reputation	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2018
Current Risk Score	2 x 4 = 8 – **ON TARGET**	**Date Next Review**	November 2018
Target Score	2 x 4 =8	**Date to Achieve Target**	1st April 2019
Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - **work to continue in 2018/19 and extended to reflect Strategic Intent with 2gether.**		360 feedback from partners and stakeholders – **postponed during Strategic Intent development process, to be reviewed in relation to Strategic Intent workstream plans**	
Readiness for CQC with aim for good or outstanding overall rating. – **Grading of Good Assessment confirmed April 2018**		Visability of our leaders and staff in local events and programmes Reports to Workforce Committee confirms this has been maintained in 17/18	
Development of Joint Strategic Intent with 2gether NHS Trust – **Strategic Intent Formalised and now being progressed through joint processes**			
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – **continues to be a focus for 2018/19**			
Key 2018/19 Deliverables		**Relevant Key Performance Indicators**	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - work to continue in 2018/19 and extended to reflect work towards developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.		Updates to GSF on GCS business as usual and Integrated Physical and Mental Health Care developments.	
CQC Outcome Rating of Good formally celebrated and recognised across Healthcare System and action plan work to further improve and spread good practice implemented		CQC Rating CQC Action Plan implementation Progress (completion of must dos with timeliness)	

Strategic Case Submitted to NHSI autumn 2018	Strategic Case approved by Board and NHSI
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – continues to be a focus for 2018/19 (extended to reflect work towards developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.	Joint induction/seminar in place for autumn 2018

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

The joint work with 2gether has raised the profile of community based physical and mental health services, and increased understanding of the benefit of integrating this offer. This work will continue through a range of stakeholder events and activities to ensure that stakeholders are the best advocates for our services and champion greater equity of resources for community and mental health services. The current score reflects that the wider stakeholder engagement activities are commencing 29th May and will be part of a wide programme of events.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Development of programme to integrate community based physical and mental health services.	Monitoring by Strategic Intent Leadership Group and Board	Board Oversight
Communications and External engagement strategy	Workforce and OD Committee	Board Oversight
Regular reports to Health and Care Oversight and Scrutiny Committee (HOSC)	Regular Chair and Chief Executive reports	Board Oversight
Chair and Chief Executive Membership of Gloucestershire Strategic Forum (GSF)	Regular Chair and Chief Executive reports	Board Oversight
Member of Emergency Planning Preparation and Resilience Forum	Regular Chief Executive reports	Board Oversight
Chair membership of Health and Well Being Board	Regular Chair Reports	Board Oversight
Active member of NHS Providers and Community First Network	Regular Chair and Chief Executive reports	Board Oversight
Stakeholder Transformation events	Updates on Transformation at Board	Board Oversight
Quality Account	Review of Quality Account	Board oversight

Gaps in Controls and Assurance (additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Stakeholder Engagement informing integration with 2gether plans)	Stakeholder engagement processes launched and feedback mechanisms in place.	Chief Executive	Stage 1 complete June 2018
2	Clarity on GSF Decision Making (controls), particularly following announcement that One Gloucestershire has been granted status as a shadow Integrated Care System.	Memorandum of Understanding to be developed for Integrated Care System which reflects roles of GCS and 2hether and the planned integration.	Chief Executive	August 2018
3	Develop Relationship new HOSC members (assurance)	Joint induction session planned autumn 2018 and HOSC members to be fully integrated in Stakeholder events	Chief Executive	September 2018
4	Must dos identified by CQC	CQC Quality Improvement Plan actioned with timeliness	DoN	Ongoing

Links to Primary Regulatory Framework CQC, NHSI, Well Led Framework, Single Oversight Framework			
Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		
Type	Reputation	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2018
Current Risk Score	4 x 4 = 16	**Date Next Review**	November 2018
Tolerable (Target) Score	3 x 4 = 12	**Date to Achieve Target**	1st April 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Documented service vision for community services aligned to place base model - to be progressed in 18/19	**I**ncrease system investment in community based services – limited achievement during 2017/18
Documented business development plan in place March 2018	Delivery of QIPP priorities – **achieved**
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19	

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Documented service vision for community services aligned to place base model tol be progressed as part of the Transformation work to develop an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.	**I**ncrease system investment in community based services
Achieved business development plan	Delivery of QIPP priorities, CQUIN priorities and quality priorities and business plan milestones
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19	Benefits realisation framework

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

The development of the Joint Strategic Intent has provided an opportunity to develop a new vision for integrated physical and mental health services and move to a new look organisation better able to champion the role of community based services. It is, however, clear that the ability to influence patterns of investment in the shorter term remains challenging, particularly in light of ongoing financial issues with the main acute service provider in Gloucestershire. The progression of the shadow integrated care system (wave 2) will be an opportunity for these issues to be further reviewed.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Production of annual operational plan	NHSI Confirmation	Board oversight

		Regulator Oversight
Agreement of quality priorities	Regular reports on performance	Board Oversight
Contractual agreements	Regular contract monitoring meetings	Executive

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Development of clearly documented service vision for our community services. This will now reflect the developing integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust	Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer. This will be a key element of the transformation strand of this work and included within the Strategic Case to be submitted to NHSI autumn 2018	CEO/COO	September 2018
2	Business plan to be delivered	Business Plan agreed and in place. To be monitored through Executive and Board	DoF	March 2019
3	Development of benefits realisation methodology across the STP	This will now be a key element of the Integrated Care System work	DoF/CEO	**September 2018**
4	Place based model processes embedded – One Place One Budget	To be developed through ICS development and work with 2gether.	CEO	March 2019
5.	Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Programme Delivery Structure reviewed and revised following appointment of Strategic Intent Programme Director. Workstream leads identified for Transition, Transaction and Transformation. Programme being implemented and monitored by PME.	CEO/Chair	Stage 1 complete July 2018
6.	Integrated Care System	Governance processes to be clearly defined, supported through planned development with the Kings Fund	CEO/Chair with system partners	Autumn 18

Links to Primary Regulatory Framework
Single Oversight Framework
Well Led Framework

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

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

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Increase the Trust's profile (and that of the work with 2gether) on social media and that this focusses on quality	Number of national, regional and local awards
Increase the number of entries to national, regional and local awards	Number of positive media stories
Raise profile of range and breadth of services with primary care	Integrated Locality Board meetings well attended and positive feedback on role from primary care
Maintain and further increase number of FFT responses and increase use of information provided.	Friends and family Test - increased completion and impact on services

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. The Trust's performance was recognised by CQC and a range of stakeholders in relation to winter pressures etc.

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

Regular attendace at LMC meetings, Locality Meetings and Integrated Locality Boards	Feedback at Board from Executive and partners	Executive

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Monitoring and targets for media presence (positive, negative etc)	Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2018
2	Clear targets to improve response rates for the friends and family test (FFT) and to demonstrate use of information to drive engagement activities including the merger.	Significant engagement activity has been ongoing and also the importance of FFT completion reiterated to colleagues. Feedback recently received is indicating an improved position. Q1 Staff FFT and the results are as follows: • Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. • Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. We also had a higher response rate than in previous FFTs at 22.1% Engagement remains a key strand within the merger processes. Response rates for service user FFT are also increasing and being monitored by the Quality and Performance Committee.	DoHR/Director of Transition Director of Nursing	Ongoing Ongoing
3	Mechanism to improve Service User Feedback systematically shared through organisatiion	Key element of Stakeholder Engagement programme which is at the Core of the work to develop an integrated Physical and Mental Health Care offer	Exec	September 2018
Links to Primary Regulatory Framework				

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*			
Risk SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.			
Type	Quality	**Executive Lead**	Director of Nursing	Med Director
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Quality & Performance Committee	
Inherent (without controls being applied) Risk Score	4 x 4 =16	**Date Identified**	April 2017	
Previous Risk Score	3 x 3 = 9	**Date of Review**	September2018	
Current Risk Score	3 x 3 = 9	**Date Next Review**	November 2018	
Tolerable (Target) Score	3 x 2 = 6	**Date to Achieve Target**	April 2019	

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation – initial stages	Safety Thermometer (Fall and Pressure ulcer levels) – improvement in Falls over year, futher working on going re Pressure Ulcers
Increased use of technology to support clinical practice, eg smartphones for clinical support - ongoing	Quality Priorities performance (incorporating research and evidence based development)
Achievement Quality Priorities.	Progress to Quality Priorities

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation – further work to deliver ongoing	Safety Thermometer (Fall and Pressure ulcer levels)
Increased use of technology to support clinical practice, eg smartphones for clinical support – continuing to be investigated and implemented – in discussion with service users	Quality Priorities performance (incorporating research and evidence based development)
Achievement Quality Priorities.	Progress to Quality Priorities

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

There has been good progress in investing and developing clinical innovation, for example systm one, use of smart phones, developing use of virtual consultations, rapid response diagnostic testing, e-prescribing, internal R&D Group, End of Life, Complex Leg Wound Service. These are now to be further embedded and work undertaken with service users to ensure benefits are recognised and understood.

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

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	More in depth Benchmarking Review to identify areas of significant variation and any aresponsive action identified	Further work to ensure benchmark information easily accessible on BIRT implemented	DoF	September 2018
2	Development BIRT reporting on this area to inform CIPS and Service Development.	Discussions with DoN ongoing to ensure BIRT used to inform quality and performance priorities and the quality dashboard.	DoF	September 2018
	R&D Strategy	To be developed and reviewed in conjuction with ^{2}gether NHS Foundation Trust	DoN	October 2018
3	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma implemented and feedback reviewed for learning	Executive	Complete
4	CPD Offer and Personal Development to be linked to quality priorities	CPD and Personal Development Budget focused for 2018/19. And monitored for impact. Updated PDR document issued.	IIDHR&OD&OD	July 2018

Links to Primary Regulatory Framework

Strategic Objective	*We will be **recognised** locally and nationally as an **outstanding** provider of community services, **caring** for people in their homes and local communities*		
Risk SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2018
Current Risk Score	4 x 4 = 16	**Date Next Review**	November 2018
Tolerable (Target) Score	3 x 4 = 12	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions) – ongoing issue	Vacancy levels – less than 10% - achieved (a limited number of areas above)
Reduce turnover rates in line with Community Trust average – ongoing issue	Turnover rates – below 16/17 baseline – not achieved
Reduction in agency spend - achieved	Agency spend – in line with cap set (if no national cap then in line with budget) - achieved
Jointly support the delivery of educational programmes (pre and post registration)	

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)	Vacancy levels – less than 10% - to monitor for all areas
Reduce turnover rates in line with Community Trust average;	Turnover rates – below 16/17 baseline
Reduction in agency spend	Agency spend – in line with cap set (
Jointly support the delivery of educational programmes (pre and post registration) – increased emphasis on post registration support	
Local plans to respond to issues raised in staff survey	

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. The Staff Survey 2017 indicates on going challenges to staffing resilience.

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**

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

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Real time workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response	**I**nformation now in place for HR and Service Leads and Managers. Business planning process and monitoring to confirm effectiveness.	Head of Performance and Information	Complete
2	Clear progression pathways for clinical colleagues	Talent management programme to be developed to be undertaken jointly with ^{2}gether NHS Foundation Trust. This will be incorporated within the Transition work for the merger. .	Head of OD	September 2018
3	Process to learn from exit interviews	Triangulated against latest staff survey information March/April 2018 and discussed at June Workforce Committee. Issue also highlighted within presentation from Freedom to Speak Up Guardian at June Board. Freedom To Speak Up Guardian now part of the process to ensure learning from exit interviews.	Head of HR	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Monitoring is ongoing, monitored by the Quality and Performance Committee and also the Executive. .	DON	Ongoing

Links to Primary Regulatory Framework
CQC.

Strategic Objective	*We will make sure the **needs** and **views** of service users, carers and families **shape** the way **we plan** and **deliver care***		
Risk SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers (Service Transformation Focus).		
Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	20 April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31 March 2019

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

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Mechanism for initial impact on projects developed – to be further developed in conjunction with 2gether NHS Foundation Trust. Transformation centred on co design with service users.	FFT Response Rate
Negative assurance, eg complaints etc, being fed into the business planning process **–** to be monitored to ensure happening across GCS and also that learning are across both Trusts**.**	FFT % recommend service – likely , extremely likely
Examplars of co-design – examples of Transformation Centred co design	Number compliments, complaints, concerns
Policy on Policy updated to include co-design and patient centred care focus. – Policy now being reviewed against 2gether Policy as element of Strategic Intent work	Feedback from service users at engagement events

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

While strong progress is being made in a number of areas through place based working to develop local solutions to meet local needs, we have recognised that there is further work to progress in the context of the Transformation strand of the Trust's work with 2gether NHS Foundation Trust.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Use of the Friends and Family Test (FFT) across all Trust settings	Operational Meetings	Management
Direct feedback to teams from FFT comments	Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Complaints Policy	6-monthly Understanding You Report	Board Oversight
The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments	Service user stories at Board	Board Oversignt
The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities	The Your Care, Your Opinion Group	Board Oversight
Annual Report and Quality Account	Board	Board
Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion	Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight
On-going review of all feedback so as to ascertain themes	Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
QEIAs will be completed and signed off for all appropriate CIP schemes before they are implemented	Reports to Q and P Committee	Board Oversight
Learning Assurance Framework	Reports to Q and P Committee	

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	Mechanism to ensure feedback captured through Transformation strand of work with 2gether NHS Trust	COO/DoN	Dec 2018
2	Your Care Your opinion , Understanding You report to be reviewed against planned wider stakeholder engagement to identify any areas where GCS specific areas required	Review of your care your opinion against planned wider service user engagement to be undertaken. Merger engagement activity within the Transformation strand will be a key element of this.	COO/DoN	Dec 2018
3**.**	Skills for Co-production require further development	Co production development of teams to be undertaken. In conjuction with work with 2gether to learn from good practice.	COO	Dec 2018
4	Service audits to be reinstated.	Service audits reinstated and monitored for impact	COO	September

				2018
		Increase use of “You said We did” feedback processes. This is an element within the merger processes.	COO	July 2018
5	Business Planning Process incorporates feedback.	Business Planning monitoring to include consideration feedback	DOF	Ongoing
Links to Primary Regulatory Framework **CQC** **Constitution Right and Pledges**				

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

Type	Quality	**Executive Lead**	Chief Operating Officer
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	**Date Identified**	1st April 2017
Previous Risk Score	3 x 3 = 9	**Date of Review**	September 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	March 2019

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

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Revised Policy on Policies to reference co-design and person centred care – now being reviewed with 2g policy as part of Strategic Intent work	FFT Response Rate
Core Values reinforced to incorporate valuing contribution service user.	FFT % recommend service – likely , extremely likely
Patient stories and evidence of impact.- Regular item at Board	Number compliments, complaints, concerns
Transformation with co-design at the heart of work with 2gether.	Stakeholder events and feedback

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

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

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Person focused initiatives eg End of Life	Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives	Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking	6-monthly Understanding You Report	Board Oversight

Policies to support colleagues to make patient focused decisions		Service user stories at Board		Board Oversignt
Specification increasing personalisation requirements		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG		Management Oversight
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
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. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. **Actions to date** trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Sept 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	July 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge				

Strategic Objective	*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*		
Risk SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.		
Type	Quality	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 =20	**Date Identified**	1st April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Establishment of locality provider boards – **Key development work undertaken**	1. Completion of realignment of GCS services to locality working
2. GCS effective in discussions to progress system working - **Ongoing**	2. Reablement KPIs agreed and achieved
3. Reset of GCC relationship - **ongoing**	3.
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
1. Locality provider boards embedded with Executives now linked to localities	1. Completion of realignment of GCS services to locality working
2. GCS effective in discussions to progress system working with establishment of shadow Integrated Care System	2. Reablement KPIs agreed and achieved
3. Reset of GCC relationship	3.

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

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

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

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

1	Lack of whole system performance framework	Work with GSF to develop whole system performance using the drivers within the Integrated Care System	CEO	Sept 2018
2	Move Strategic Intent into Action, with focus on service users	Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Governance processes in place Executive Workstream processes in development. Engagement activities. Transformation strand work to be further developed.	CEO DoN	Sept 2018 Sept 2018
Links to the Primary Regulatory Framework: **CQC**				

Strategic Objective	*We will provide services in **partnership** with other providers so that people experience **seamless care** and support*		
Risk SR9	There is a risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		
Type	Quality	**Executive Lead**	Chief Executive
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	**Date Identified**	1st April 2017
Previous Risk Score	4 x 4 = 16	**Date of Review**	September 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	31st March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Effective Provider Locality Boards	Friends and Family test, complaints, compliments
Delivery of priority care pathways including MSK and respiratory	Organisational 360
Establishment of cluster MDT working with full participation by GCS	
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Effective Provider Locality Boards creating advocates for the Trust	Friends and Family test, complaints, compliments
Establishment of cluster MDT working with full participation by GCS	Regular Integrated Locality Board Meetings

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

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

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

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 **Actions to date**	CEO/COO	Complete

		Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Joint Working Framework strand of agreed activity		
2	System quality indicators	Develop Business Plan incorporating Estates	COO	Complete
3	Relationship building with provider partners to resolve issues swiftly.	Trakcare escalation processes in place**.** Monitoring on going. Proposals for Joint action groups being progressed, for example re SIRIs and Mortality. Reablement support for Domiciliary Care. Development of Intergrated Care System	COO DoN COO CEO	Complete Nov 2017 Complete Complete **Above all complete indicating developing relationship building** September 2018

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*
Risk SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness

Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	April 2017
Previous Risk Score	4 x 4 = 16	**Date of Review**	September 2018
Current Risk Score	2 x 4 = 8	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Manager toolkit in place – launched Jan 2018 across STP	• Staff engagement levels (from annual staff survey)
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work – **NOT ACHIEVED**	• Staff friends and family test results
Increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised – increased.- **INCREASING PROCESSES TO RAISE CONCERNS – METRIC TO BE DRILLED DOWN**	• Staff Survey Question on feeling supported to raise concerns.

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Manager toolkit in place to be reviewed with 2gether NHS Trust to monitor impact	• Staff engagement levels (from annual staff survey)
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work	• Staff friends and family test results
Continuing increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised –	• Staff Survey Question on feeling supported to raise concerns.
Local Plans to spread good practice and target issues identified by the staff survey	

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

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

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Fourth year of listening into action	Improvement in staff engagement levels (from survey results)	Independent
Investors in People standards/ accreditation	Improvement in the number of colleagues recommending the Trust as a place to work	Independent

Further embedding of the CORE values behavioural framework	Number of informal and formal grievances and concerns raised (awaiting benchmark data)	Management/Board
Review of Freedom to Speak Up (Raising Concerns at Work) Policy.	Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Investment in Freedom to Speak Up Guardian – active in national network and regional Chair	Report to Audit & Assurance Committee and Workforce & OD Committee	Board
Monthly Core Colleague Network Meetings	Review & Feedback of CORE	Management
Annual celebration events (AHP, Nursing, Admin & Clerical etc)	Review of Events for levels of engagement & impact internally and externally	Management
Range of Mechanisms to encourage raising of concerns - Katie's Open Door, Meet the Execs, Chair and CEO meetings	Feedback at Execs and Board	Management/Board
Workforce and OD Plan	Workforce and OD Committee	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Low completion rate of staff friends and family test	Q1 Staff FFT results are as follows: • Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. • Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. We also had a higher response rate than in previous FFTs at 22.1%	Head of OD	July 2018 Improved position noted. To be reviewed at next quarter.
2	Management Toolkit	Launched Jan 2018 with funding from SW Leadership Academy Funding CORE Leadership Session discussed Jan 2018 To review as part of transition work	Head of OD	Complete
3	Staff Engagement Framework	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a "quality Academy" Being taken forward within the Engagement processes relating to the merger.	Head of OD Head of Comms	Sept 2018

Links to Primary Regulatory Framework.
CQC

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

Key 2017/18 Deliverables	Relevant Key Performance Indicators
Reduction in overall sickness absence rate – not achieved	Rolling 12 month sickness absence rate
Reduction in absences relating to stress – not achieved	Reasons for sickness absence
Reduction in absences relating to muscoskeletal conditions - reduced	
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Reduction in overall sickness absence rate	Rolling 12 month sickness absence rate
Reduction in absences relating to stress	Reasons for sickness absence
Reduction in absences relating to muscoskeletal conditions	

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

While a significant amount of work has been progress to support colleague health and wellbeing, we are seeing an increase in sickness absence rates in a number of areas with increasing pressure on colleagues to meet competing demands. This suggests that this risk is increasing and further focus is needed. Related CQUIN not achieved. Following consideration of the Staff Survey outcomes at Board local plans are being developed which should help to reduce the risk. The need for work on supporting the mental well being of colleagues was also flagged.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance
Working Well services including in house fast track physiotherapy	Contract review meetings with working well	Management
Employee Assistance programme	Contract review meeting with Care First	Management
Employee health and wellbeing plan including health and hustle initiative	Employee health and wellbeing plan monitored through Workforce and OD committee	Board
Healthy eating initiative	CQUIN	Independent
Mental health first aid training	CQUIN	Independent
Stress management workshop, including mindfulness and resilience.	CQUIN	Independent

Stress management policy	Annual staff survey results regarding the organisation taking positive action on H&W.	Independent
Employee Health and Wellbeing Charter achieved	Employee Health and Wellbeing Charter achieved	Independent

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Line manager capability and capacity to undertake stress risk assessment audits	To further develop managers toolkit and guidance. Further guidance and support issued to managers.	Head of OD	July 2018 Complete
2	Review of Application of Sickness Policy to ensure follow up	Regular workshop on Absence Management in place, attendance to be reviewed. Executive monitoring of application to be implemented**.** Monitoring and Review ongoing	IDHR&OD	Dec 2017 Sept 2018
3	Local Staff Survey response plans with focus on well being to be developed	Development session at CORE to provide support for development. Plans now being monitored.	IDHR&OD Heads	Ongoing
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Being montored by the Quality and Performance Committee and the Executive.	DON	Ongoing
5	Ensure CQC Must do's in relation to training (in particular End of Life) are in place	CQC Improvement Plan achieved with timeliness. Being montored by the Quality and Performance Committee and the Executive.	DON	Ongoing

Links to Primary Regulatory Framework

Strategic Objective	*We will have an energised and enthusiastic **workforce** and each individual will feel valued and supported.*		
Risk SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.		
Type	Quality	**Executive Lead**	Director of HR
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 20	**Date Identified**	April 2017
Previous Risk Score	3 x 4 = 12	**Date of Review**	September 2018
Current Risk Score	3 x 4 = 12	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables		**Relevant Key Performance Indicators**	
Refresh of leadership development plan including talent management – Dec 17		Level of support provided by manager (measured through staff survey)	
360 appraisal programme - Nov 2017 – not currently being progressed		PDR compliance rates	
Managers induction (March2018) and toolkit (Jan 2018)		Number and percentage of managers participating in leadership development programmes	
Key 2018/19 Deliverables		**Relevant Key Performance Indicators**	
Refresh of leadership development plan including talent management – combining with review of 2gether processes		Level of support provided by manager (measured through staff survey)	
		PDR compliance rates	
Managers induction implemented and monitored		Number and percentage of managers participating in leadership development programmes	
Rationale For Current Score (Identifying progress made in previous period)			
While continuing to support a number of leadership development activities, Professional Development Review and Mandatory Training levels remain below target with limited resources to support required investment in system and transformational leadership. This is becoming an increased risk in light of the level of change and transformation required at a time of signficiant service pressure. Identified for action within Transition and Transformation workstreams			
Key Controls To Manage Risk	**Assurance on Controls**		**Type of Assurance**
Range of leadership programmes in place	Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee		Board
Annual leadership conference	Leadership plan approved and monitored through Workforce & OD Committee		Management
Monthly leadership Core Colleague Network meetings	Exec Planning and Review		Management Oversight
CORE values behaviour framework	Reports to Workforce and OD Committee		Board Oversight
Gaps in Controls and Assurance (what additional controls and assurances should we seek)	**Mitigating Actions (what more should we do)**		
	Action	**Owner**	**Deadline**
1 Talent Management Strategy	Strategy to be developed and approved through Workforce & OD Committee. Also to be supported by the merger transition work.	Head of OD	July 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. Also to be supported by the merger transition work.	Head of OD	July2018
3 Managers induction	Managers toolkit and induction delivered. Review	Head of OD	July 2018

		whilst planned manager development within transition workstream being considered.		

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***		
Risk SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		
Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Finance Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 16	**Date Identified**	20 April 2017
Previous Risk Score	4 x 4 = 16	**Date of Review**	September 2018
Current Risk Score	2 x 4 = 8	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 4 = 8	**Date to Achieve Target**	Mar 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
1. Estates Strategy – **Agreed**	1. Capital Servicing capacity
2. Financial Strategy – **Business Plan Process Resilience element support**	2. Income and Expenditure Margin
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Business Plan delivered	1. Capital Servicing capacity
Operational Plan delivered	2. Income and Expenditure Margin
Capital Plan delivered	3. Reference Cost Index

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

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

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

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	**Owner**	**Deadline**
1	Assessment of what required for future delivery of services needs to be undertaken	To be undertaken in tandem with work with integration with 2gether NHS Foundation Trust	Executive	Sept 2018
2	Business Plan implemented	Business Plan Monitoring	DoF	Nov 2017 Ongoing
Links to Primary Regulatory Framework **NHSI Single Oversight Framework** **CQC – Well led**				

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***
Risk SR14	There is a risk that we do not invest in long term sustainability, 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 April 2017
Previous Risk Score	4 x 5 = 20	**Date of Review**	September 2018
Current Risk Score	3 x 5 = 15 – TARGET SCORE	**Date Next Review**	November 2018
Tolerable (Target) Score	3 x 5 =15	**Date to Achieve Target**	March 2019

Key 2017/18 Deliverables	**Relevant Key Performance Indicators**
Updated Financial Strategy - **Business Plan Process Resilience element supports**	Forecast Trend for Return on Capital
Business Development Strategy – **Agreed focus on Business Planning Process**	Service User Outcome data –(Mortality, Readmission, MSKat, reablement)
Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Updated Operating Plan	Forecast Trend for Return on Capital
Business	Service User Outcome data –(Mortality, Readmission, MSKat, reablement)

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

While good processes are in place, the operating environment is increasingly challenging and requires a longer term response which reflects the challenges within the operating plan, Cost Improvement Plan Targets and Control Totals. The work with 2gether NHS Foundation Trust will target the building of resilience

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

		CIP Steering Group monitoring and Finance Committee		Management/Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Updated Financial Strategy linking to STP	Review Financial Strategy and update	DOF	July 2018
3	CIP Plan 2018/19 delivery	CIP Plan 2018/19 in Place and monitoring processes on going	DOF	March 2019
4	Work Force Plan 2018/19	Work Force Plan 2018/19 to be reviewed by Workforce and OD Committee and Board	IDHR&OD	July 2018
		Benchmark against Carter Metrics (once issued) **Update July 2018** – not yet issued	DOF	July 2018
Links to Primary Regulatory Framework CQC – Well led		**NHSI Single Oversight Framework**		

Strategic Objective	*We will manage **public resources** effectively so that the services we provide are **sustainable***
Risk SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.

Type	Financial	**Executive Lead**	Director of Finance
Risk Rating	(Likelihood x impact)	**Assurance Committee**	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	**Date Identified**	1st April 2017
Previous Risk Score	4 x 4 = 12	**Date of Review**	September 2018
Current Risk Score	3 x 3 = 9	**Date Next Review**	November 2018
Tolerable (Target) Score	2 x 3 = 6	**Date to Achieve Target**	31st March 2019

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

Key 2018/19 Deliverables	**Relevant Key Performance Indicators**
Review of SFI Compliance	No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)
Timely compliance with Internal and External Audit recommendations	At least 50% of Internal Audits give Substantial assurance

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

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

Key Controls To Manage Risk	**Assurance on Controls**	**Type of Assurance**
Clinical and corporate governance arrangements enable controls to be effectively managed	The sub-Board Committee structure, and in particular, the Audit and Assurance Committee, the Quality and Performance Committee, the Finance Committee, and the Workforce and OD Committee, provide assurance on all corresponding controls to the Trust Board	Board
Committee / reporting structures enable controls to be	Internal Audit of Governance December 2016, Reported to the Audit and Assurance Committee February 2017, classified Corporate Governance	Independent

monitored and reviewed	– Governance Framework as low risk and advised;	
The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas	"Our review of corporate polices and documentation, including committee structure, terms of reference,minutes,board papers and other ad-hoc document sidentified that, overall, the Trust has appropriate structures in place to support good governance.". – Internal Audit	Independent
The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is 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 through IM&T Group	Board

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		**Mitigating Actions (what more should we do)**		
		Action	**Owner**	**Deadline**
1	Confirmation of Compliance with SFIs	Review of Compliance SFIs	DOF	Sept 2018
2	Well led framework needs further consideration by Board following consultation changes	To be further reviewed as part of the work with 2gether NHS Foundation Trust. Development work with 2gether will take this forward.	TS/Board/SILG	Sept 2018
3	Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented. Development process ongoing.	Chair	Sept 2018
4	Confirmation governance TOR and Effectiveness processes for use end of year 2017/18	Complete ToR and Review of Effectiveness for all Board Sub-committees and mechanism for management committees to update. Incorporated within Annual Report. No significant issues highlighted, but proposal to combine Workforce and Finance Committees currently ongoing.	TS	Sept 2018

		Actions to date – process ongoing.		
	Preparation for Use of Resources	Use of Resources implications considered at Execs Sept 2017. To be considered by Board. Financial Report revised to include metrics from Use of Resources. Initial actions complete, further information awaited from NHSI on implementation date for Community Trusts. Actions to date shared with 2gether.	DoF	Sept 2018
		Timely Actioning of EA and IA – follow up process embedded. Confirmation at end of year Audit Committee that this is being achieved.	DoF	Complete
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	April 2018 Complete
Links to Primary Regulatory Framework **SOF, Well Led, CQC**.				

Definitions

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

Score. **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

Likelihood	**IMPACT**				
	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:

Gloucestershire Care Services NHS Trust

Trust Board	
Date of Meeting:	**27th September 2018**
Report Title:	**Joint Chair's Report**

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

Executive Summary

Recognising the Strategic Intent work and my role as both Chair of Gloucestershire Care Services and ²gether this report format reflects the breadth of my activities across both Trusts. The production of a joint report does not impact on my existing accountability as the appointed Chair of each Trust.

The Report also provides an overview of Gloucestershire Care Services Non-Executive Director (NED) activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

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

Joint Chair's Report

1. Introduction and Purpose

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

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

1.1 Strategic Intent Update – Moving Towards Developing an integrated Physical and Mental Health Care Offer with ^{2}gether NHS Foundation Trust

The work in the two Trusts to move forward the Strategic Intent continues, with progress and overall monitoring being maintained through the agreed governance processes. The Strategic Intent Leadership Group, which is made up of Non-Executives and Executives from both Trusts, has been closely involved in reviewing and testing the Strategic Case before it is formally considered by the Trust Boards ready for submission to NHS Improvement. The Council of Governors at ^{2}gether NHS Foundation Trust, in line with their statutory responsibility in relation to "significant transactions" continue to be engaged in the merger process. As the Trusts work together we keep at the heart of all our work the needs of service users – ensuring we are looking after today's users but also thinking about how we can improve services for the future. This ambition will be central to the important work we will be undertaking in October to develop the vision and values for the merged organisation. I am delighted that both Trusts have agreed this work should progress rapidly and with the involvement of as many colleagues and service users as possible, given its importance in setting the culture for the future.

1.2 Board Development

A Joint Board Development session took place on 14th August. This was a session supported by the Kings Fund, a respected think tank.that shapes health and social care policy and practice. On this occasion we heard from Chris Naylor, Senior Fellow, Policy on "Integrating mental and physical health - What are the opportunities for improving the quality of care?" about the evidence to support the need for integration of physical and mental health services. We also heard from Peter Homa, now chair of the NHS Leadership academy about his experience of mergers, drawing on his extensive experience as a NHS Chief Executive. As we take forward our strategic intent we are committed to ensuring we learn from the good practice and trail blazers already in place

following integration of services in other areas – and also to identify any pitfalls that we would need to be aware of – this session was an invaluable part of this process.

A full programme of Board development is planned. These sessions are an important part of the work we are doing to bring our two Trusts together, ensuring that our shared values stay at the heart of what we are working to achieve and that best practice in both organisations is maintained and enriches our work.

1.3 Working with our Partners

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

- Together with the Chief Executive, meeting with University of Gloucestershire Vice-Chancellor, Stephen Marston, and Lorraine Dixon, Head of School, Health and Social Care
- Together with the Chief executive, meeting with Baroness Jan Royall to update her on Forest of Dean Hospital Review developments
- Together with the Chief executive, meeting on three occasions with David Drew MP and also with representatives from the Vale League of Friends and Stroud League of Friends
- Gloucestershire Health & Care Overview and Scrutiny Committee (HCOSC)
- Gloucestershire Health and Social Care Chairs' meeting
- Meeting of the Hereford & Worcester Chairs of Health & Social Care Organisations – represented by Nikki Richardson [2g]
- Gloucestershire Health & Wellbeing Board - represented by Nick Relph [GCS] and Nikki Richardson [2g]
- NHS Providers Chairs and Chief Executives meeting, London – represented by Graham Russell [Non-Executive Director, GCS] and Nikki Richardson [Vice-Chair, 2g]
- Meeting with Independent STP Chair, Chris Creswick
- Attending the Citizens' Jury at the Forest Hills Golf Club, Coleford
- Meeting with Peter Lachecki, chair of Gloucestershire Acute Trust
- NHS Providers Remuneration Committee (Committee Chair)
- NHS Providers Board in London
- Gloucestershire Strategic Forum
- I acted as the external assessor for the interviews for the Chair of Oxford Health NHSFT
- Two meetings with Rob Bladgen, lead governor for 2gether, and with the governors'' nominations and remuneration Committee, in preparation for the Council of Governors'meeting held on 11th September.
- Final meeting with Bilal Lala who has been on placement with GCS as part of the Insight development programme, designed to develop potential NEDs from the BAME community.

A r**egular meeting of the Health Care Overview and Scrutiny Committee (HCOSC)** took place on 11th September where issues discussed included the impact of the Health & Wellbeing Board, along with the Urgent and Emergency Care Sustainability Plan 2018/19 (winter plan).

HCOSC Members, Cllr Eva Ward and Cllr Stephen Hirst, visited the Vale Community Hospital on 1st August, accompanied by GCS Chief Operating Officer, Candace Plouffe.

The **quarterly meeting of the County's Health and Social Care Chairs** took place on 11th September where we discussed the current issues facing the NHS and future plans.

Gloucestershire Health and Wellbeing Board met on 18th September 2018 - I was represented at this meeting by Nick Relph, Non-Executive Director for Gloucestershire Care Services and Nikki Richardson, Vice-Chair for 2g, as I was on annual leave. The meeting focused on Strategy Development and considered the development of a vision for the population health and wellbeing in Gloucestershire, challenges and levers across the system to support or restrict its achievement and whole system leadership.

2. Working with the Communities and People We Serve

On 16th August, the Vale League of Friends invited the Joint Chief Executive Officer, the Chief Operating Officer for Gloucestershire Care Services and I to join them at their monthly meeting discuss the Stroke Rehabilitation Unit and understand their views and potential concerns.

The Chief Executive and I held our regular quarterly meeting on 28th August with Chairs of Leagues of Friends relating to the community hospitals.

This was followed by a meeting with **David Drew, MP for Stroud,** and we were also joined by representatives from the Vale League of Friends and Stroud League of Friends, where we discussed concerns and opportunities relating to the proposals to locate the Stroke Rehabilitation unit at the Vale Hospital.

Richard Graham, MP for Gloucester, spent a day with 2gether NHSFT, where his visits included the Mental Health Liaison Team, Gloucester and Forest Crisis Resolution and Home Treatment Team, Maxwell Suite, Health Based Place of Safety and Street Triage and the Contact Centre/Urgent Response Team at Waterwells.

The Joint Chief Executive and I met with **Baroness Jan Royall** to update her on developments relating to the Forest of Dean Community Hospitals Review.

3. Engaging with our Trust Colleagues

I continue to meet regularly with Trust colleagues at GCS and 2gether and visit services at both Trusts to inform my triangulation of information. I have undertaken a **service visit** with 2gether governors to **rehabilitation units at Honeybourne and Laurel House.** I visited **Ambrose House** in Barnwood, Gloucester and met with Jan Furniaux, Locality Director. I also attended part of the Social Care Strategy Project Board and met some of the teams based at Ambrose.

I undertook a **quality visit** with Gloucestershire Care Services **Cardiac Rehabilitation Team** and took part in an exercise session held at the Oxstalls University Campus, then sat in on a classroom session afterwards.

All these service visits sessions reinforce for me the importance of the work both Trusts provide to our community and the passion and dedication of colleagues to make a positive difference to the service users we are supporting.

I had introductory meetings with the 3 **newly elected Governors for 2g** - Miles Goodwin, Graham Adams and Anneka Rose – all are enthusiastic to play their part in ensuring that the best possible services are provided to the community.

4. NED activity

Since my last Board report the Non-Executive Directors for both 2gether NHSFT and Gloucestershire Care Services NHST have held the following meetings:

Weds 22nd August – 2g Non-Executive Directors (NEDs) met at Edward Jenner Court. The Chief Operating Officer for Gloucestershire Care Services (Candace Plouffe) was invited to attend to give an overview of GCS services and performance.

Thurs 6th September – 2g and GCS NEDs met for separate team meetings, as well as a Joint NEDs meeting.

A schedule of NED meetings has been arranged going forward.

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

- Attendance at Trust Board, Committees, Board Development and Board Seminars (both GCS and Joint with 2gether)
- Appraisal with Chair (Nick Relph, GCS)
- Strategic Intent Leadership Group (SILG) meetings (Sue Mead, Graham Russell, Jan Marriott)
- NED Meetings at Edward Jenner Court

- Quality Visits (Sue Mead – Hesters Way Childrens' Centre, Nick Relph - Cirencester)
- Clinical Reference Group (Jan Marriott)
- Meeting with Freedom to Speak Up Guardian) (Jan Marriott)
- Mortality Review Group meetings (Jan Marriott)
- Meetings with Bilal Lala (Insight Programme) (Nicola Strother Smith)
- GCS Oversight Meeting (Nicola Strother Smith and Nick Relph)
- Meetings of the Gloucestershire NHS Trusts Audit Committee Chairs (Richard Cryer)
- Citizens' Jury, Coleford (Richard Cryer)
- End of Life Quality Improvement Group (Nicola Strother Smith)

The Quality Visit Reports are reported within the Quality and Performance Committee.

7. Conclusion and Recommendations

The Board is asked to **NOTE** the Report.

Gloucestershire Care Services NHS Trust

Trust Board	
Date of Meeting:	27th September 2018
Report Title:	Chief Executive and Executive Team's Report

Agenda reference Number:	09/0918
Accountable Executive Director: (AED)	Not Applicable
Presenter: (if not AED)	Paul Roberts – Joint Chief Executive
Author(s):	Paul Roberts – Joint Chief Executive
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	

Executive Summary

Recognising the Strategic Intent work and my role as both Chief Executive of Gloucestershire Care Services and 2gether this report reflects the breadth of my activity across both Trusts. I remain accountable separately for the performance of each of these roles.

The Report also provides an overview of Gloucestershire Care Services operational service activity.

Recommendations:

The Board is asked to:

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1 Chief Executive Engagement

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Gloucester integrated care team, a team absolutely committed to joining up care; highly motivated colleagues with many ideas about how to improve services – helping to take these ambitions forward is a personal key priority.

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The **Children and Young People/Child and Adolescent Mental Health (CYPS/CAMHS)** management team at Acorn House. These are services hugely dependent on our partnerships with local government colleagues in education and social care where the strain that these functions are under is very clear (local government has taken the brunt of austerity savings in recent years).

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of 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust. This vision is a major vehicle for delivering both the One Gloucestershire Programme. This vision will remain central to the complex work required to ensure this merger happens over the coming months.

As part of this process we now have in place a programme Better Care Together to ensure the delivery of benefits for service users, communities and colleagues of the merger. As part of this process we have just launched a major staff and service user engagement programme, to take place in mid-October. This will involve a significant number of us working together to formulate the vision, values and culture we want for our new organisation. These events will be really important – they will help us shape our future together. There is a huge amount of evidence (from the King's Fund and others) to show that healthy cultures in NHS organisations are crucial to ensuring the delivery of high-quality patient care.

Other activity within this programme involves encouraging teams within the Trusts to work together to help deliver benefits for service users as soon as possible. Given how key this programme is to the merger ambitions I am pleased to advise that I have now put in place a dedicated lead, Hazel Braund, who has been seconded to the Trusts from Herefordshire Clinical Commissioning Group where she led service strategy, partnership development, community service transformation and service development.. She will build on the strong foundations put in place by Susan Field, Director of Nursing GCS, supported by Amjad Uppal, Medical Director 2gether and Jane Melton Director Engagement and Integration 2gether. As executive clinicians on our two Boards Susan, Amjad and Jane will remain fully involved in offering executive clinical leadership for the programme as it progresses.

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The development of the Strategic Case has been a thorough and comprehensive process which keeps at its heart the difference to service users we are working to achieve. It has involved colleagues from both Trusts working together to test the premis within the Strategic Intent and ensure that it deliver for the people of Gloucestershire. The Strategic Case, once thoroughly tested by both Boards will, if approved, then progress to NHSI for consideration. The next stage in the process will be the development of the full Business Case informed by feedback from NHSI.

This will continue to involve clinical colleagues and further develop involvement of service users.

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The CCG aims to fully support all Health partners in their safeguarding responsibilities as well as continuing to seek assurance that health providers and Primary Care colleagues fulfil their statutory requirements for Safeguarding Children. For Gloucestershire, there is also the ongoing work to evidence improved outcomes for children, through the work of the Ofsted multi-agency Improvement Board. Provider Trusts and CCG are represented by Nurse Directors, which is valuable and welcomed by that Board.

The Strategic Safeguarding Children Health Group is a forum to provide oversight and work by provider Trusts. Providers are represented by Named Professionals; Primary Care and wider health representation. The Group is led by the Designated Professionals. The updated Terms of Reference will seek greater responsibility to receive quality assurance data pertinent to evidencing the work of health to demonstrate health's partnership role in effectively safeguarding children. The Group seeks to reflect the diversity and depth of work undertaken in health as well as identify and draw strength where health services collaborate and work together.

The Strategic Health Group will be accountable to the GSCB or its successor.

5 National issues

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He is launching a new digital platform called 'TalkHealthandCare', which staff can use to post ideas, questions and challenges for government.

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of learning disability do not prevent a robust assessment of physical health, and that staff can make personalised, reasonable adjustments to care. The government are taking steps to make this happen and a consultation on the training required is now in progress.

These commitments are welcomed by GCS and 2gether.

6 Operational Service Overview

6.1 System flow and Resilience

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However despite the demand easing at the front door, the Gloucestershire position remains challenged with an increase in patient admissions, combined with rising numbers of inpatients who are medically fit with complex needs requiring community support to facilitate discharge. This has resulted in a slight decrease in the 4 hour performance target to 90.18% in August.

To address the challenges in patient flow, a full clinical review of every medically fit patient in the acute trust has taken place and this analysis has been reviewed by the September Accident and Emergency Delivery Board. System partners have committed to a number of actions to reduce the number of patients on the medically fit list prior to and during the upcoming winter period.

Although August has seen a reduction in MIIU attendances from the previous month, overall MIIU attendances have increased by 8.1% when compared to the same period last year. This equates to 2,168 additional attendances.

Summary of weeks 1-22 (u to the 1st September) – Hospital site breakdown

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17/18	5040	2848	3419	2578	7103	3084	2696	26768
18/19	5690	2627	3000	2817	7601	2957	3204	28936
Change	650	-221	-419	239	498	-127	508	2168
%	12.9%	-7.8%	-12.3%	9.3%	7.0%	-4.1%	18.8%	8.1%

Lydney & Tewkesbury have seen fewer attendances than this time last year. Dilke also has shown a reduction in comparison to last year, but this was due to closure at this site over a number of weeks in 17/18.

Percentage wise The Vale has been the highest growth site, with Cirencester seeing the highest volume increase.

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For Gloucestershire Care Services NHS trust the DTOC rate in July was 2.6% and 1.8% for August which has allowed us to maintain patient flow in the system.

For the Trust, the community hospital bed occupancy for the last three months has been below our target of 92% with the August performance at 91% and the year to date position at 92.3%.

6.1.2 2018-19 Surge and Escalation Planning

To support early planning and to ensure local systems have sufficient time for discussion with partners, NHS England and NHS Improvement have already set out the key planning and assurance dates for the entire winter period as well as guidance on what the plans should focus on.

To support the development of the Trust escalation and surge plan, a number of workshops have been held with key Services and the following actions completed:

- Reviewed and confirmed the escalation actions required for each Operational Pressures Escalation Levels (OPEL) 1-4;
- Identified in detail pressure points and surges in patient flow (e.g. particular days), including an understanding of the resultant impact on the wider health community following these pressure points/surges, and how will this be managed;
- Detailed Community hospital bed modelling, with a focus on bed occupancy, Average length of stay (AVLOS) and Delayed transfers of care (DTOC) targets;
- Demand Capacity modelling and escalation plans for other non-bed based services that support patient flow and admission avoidance in the urgent care system. For the Trust this includes Minor Injury and Illness Units, Single Point Clinical Access (SPCA), Rapid Response, Integrated Admission Avoidance team (also known as the “front door” team in A&E), Integrated Community teams (including Reablement)

This work has informed the development of the draft 2018/19 Trust Surge and Escalation plan which has provided to the Gloucestershire Clinical Commissioning Group on the 24th August 2018 and shared with the Trust’s Audit and Assurance committee this month.

The overall aim of the plan is to provide a framework for GCS colleagues to use in order to manage, and respond to, surge in demand and capacity issues, often experienced in winter, but which can occur at anytime of the year.

This information has been incorporated into the system wide Gloucestershire's Urgent and Emergency Care Resilience Plan 2018-19 which will be shared with the Trust Board once finalised by the Gloucestershire A&E Delivery Board.

NHS England has provided initial feedback on the Gloucestershire resilience plan, advising it was positively received.

Further work is required to provide assurance on our demand-capacity modelling and system plans for infection control, with a particular focus on supporting care homes around reducing rates of influenza and admissions into hospital as well as supporting safe patient transfer back to the home following stays in hospital.

The final draft of the plan needs to be submitted by the 5th October to NHS England and NHS Improvement. In addition, all systems have committed to hold a bespoke and stretching 'fitness for winter' exercise.

Along with sharing the system plan with the Board in due course, this will be a standing agenda item at each A&E Delivery Board.

6.2 Operational Service Development and Challenges

6.2.1 Timely Access to Services

August performance has seen a mixed picture for those services which have found it challenging in terms of offering timely access.

Adult speech and language therapy service position worsened in August, this is a result of ongoing staffing issues which is disappointing following a period of successful recruitment. Support has gone into the service to review and refresh the action plan and recovery trajectory.

MSK physiotherapy held its performance position, which is as expected due to the capacity reduction due to annual leave over the summer period. Work continues to improve efficiency of the service (e.g. reducing Do Not Attend rates, changes to how ledgers are populated to ensure clinic capacity is maximised).

Adult Physiotherapy and Occupational therapy in the Integrated Community teams are both below local target, however Physiotherapy has improved performance, with highest performance year to date. Occupational Therapy performance deteriorated, and this is due to a mismatch between continuing levels of demand against a reduced capacity as the new service model is implemented. As a result there is discussion with commissioners on a revised performance target and careful

monitoring of the anticipated ability for the system to signpost referrals away from the service to realign to the capacity levels detailed in the revised model.

Despite the local performance it is important to note that three out of four of these most challenged services (MSK Physiotherapy, ICT physiotherapy and ICT Occupational therapy) continue to achieve the national 18 week referral to treat target.

6.3 Service Updates and Developments

6.3.1 Stroud and Berkeley Vale Locality

Work is well underway on the refurbishment of Cashes Green ward, with the anticipated completion date for the end of October. There has been a requirement to move and/or suspend some outpatient and theatre work on the ground floor directly below the ward for a 2-3 week period to allow for access to infrastructure and minimise delay in completion. Discussion has taken place with system partners to find workable solutions and minimise service disruption for patients.

Following the Board decision to provide the new Community Stroke rehabilitation unit at the Vale Hospital on the 30th August, recruitment is underway for a Therapy Lead to support the deployment of the new service.

Capital works to support provision of the new Stroke rehabilitation service will begin within the next month. Alongside this work a scoping exercise is underway to determine how best to provide an Integrated Community team satellite office on the ground floor of the Vale Hospital, which will allow the team to move from the current accommodation at the Old Magistrates court. This will facilitate closer working with the ward and facilitate discharge of local patients back into the community as well as reduce the rental costs for the service following the previously reported changes in charging practices by Gloucestershire County council.

6.3.2 Forest of Dean Locality

Following both the Board and Gloucestershire clinical commissioning group decision to site the new Community hospital in the Cinderford location, work is progressing in developing the Outline Business case (OBC) for Board to consider in due course.

Kevin Adams, Head of Estates and Facilities is reviewing the identified sites in the location and an options appraisal will be undertaken which will include the site selection criteria identified in the Strategic Case for Change as well as those criteria recommended by the Citizens' Jury.

To support the development of the OBC work is underway with system partners to review and refresh the locality map of primary, community and social care services

currently offered, consider what else could/should be offered within the Forest including within the new hospital and how the range of services will be interlinked across the Forest of Dean. This will then form the framework of further engagement with clinicians and the public to ensure we provide a wide range of community health and social care services in the Forest, as close to home as clinically appropriate and safe to do so. It is anticipated this period of engagement will begin within the next three months.

6.3.3 Cheltenham Locality

As previously highlighted to the Board, finding suitable clinical and administrative accommodation in the Cheltenham locality has been challenging.

Health colleagues from the Integrated Community team have been relocated to the Independent Living Centre following the Council vacating the previous accommodation. This is a suitable short term solution however further work would be required if this was to become the long term base for this team and an options appraisal is currently being developed.

6.3.4 Gloucester Locality

Work is due to begin imminently at the Gloucester clinical community hub at Southgate Moorings following the finalisation of the operational service requirements and appointment of a contractor.

The new facility will be the primary base for the majority of the Countywide specialist services and a number of the teams currently located at Edward Jenner Court will be re-sited to this new accommodation. This will happen in two phases, beginning at the end of October and completed by the end of December.

6.3.5 Cotswolds Locality

The Minor Injury and Illness Units in both North and South Cotswolds have been working collaboratively with primary care to develop new ways of delivering urgent care services for patients with minor illnesses.

In south Cotswolds, the MIIU is piloting how it can host some of the primary care improved access appointments, which involves offering scheduled appointments for those patients who have already been clinically triaged by the GP surgery.

Gloucestershire Care Services NHS Trust

Trust Board	
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Report Title:	Chief Executive and Executive Team's Report

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To support early planning and to ensure local systems have sufficient time for discussion with partners, NHS England and NHS Improvement have already set out the key planning and assurance dates for the entire winter period as well as guidance on what the plans should focus on.

To support the development of the Trust escalation and surge plan, a number of workshops have been held with key Services and the following actions completed:

- Reviewed and confirmed the escalation actions required for each Operational Pressures Escalation Levels (OPEL) 1-4;
- Identified in detail pressure points and surges in patient flow (e.g. particular days), including an understanding of the resultant impact on the wider health community following these pressure points/surges, and how will this be managed;
- Detailed Community hospital bed modelling, with a focus on bed occupancy, Average length of stay (AVLOS) and Delayed transfers of care (DTOC) targets;
- Demand Capacity modelling and escalation plans for other non-bed based services that support patient flow and admission avoidance in the urgent care system. For the Trust this includes Minor Injury and Illness Units, Single Point Clinical Access (SPCA), Rapid Response, Integrated Admission Avoidance team (also known as the “front door” team in A&E), Integrated Community teams (including Reablement)

This work has informed the development of the draft 2018/19 Trust Surge and Escalation plan which has provided to the Gloucestershire Clinical Commissioning Group on the 24th August 2018 and shared with the Trust’s Audit and Assurance committee this month.

The overall aim of the plan is to provide a framework for GCS colleagues to use in order to manage, and respond to, surge in demand and capacity issues, often experienced in winter, but which can occur at anytime of the year.

This information has been incorporated into the system wide Gloucestershire's Urgent and Emergency Care Resilience Plan 2018-19 which will be shared with the Trust Board once finalised by the Gloucestershire A&E Delivery Board.

NHS England has provided initial feedback on the Gloucestershire resilience plan, advising it was positively received.

Further work is required to provide assurance on our demand-capacity modelling and system plans for infection control, with a particular focus on supporting care homes around reducing rates of influenza and admissions into hospital as well as supporting safe patient transfer back to the home following stays in hospital.

The final draft of the plan needs to be submitted by the 5th October to NHS England and NHS Improvement. In addition, all systems have committed to hold a bespoke and stretching 'fitness for winter' exercise.

Along with sharing the system plan with the Board in due course, this will be a standing agenda item at each A&E Delivery Board.

6.2 Operational Service Development and Challenges

6.2.1 Timely Access to Services

August performance has seen a mixed picture for those services which have found it challenging in terms of offering timely access.

Adult speech and language therapy service position worsened in August, this is a result of ongoing staffing issues which is disappointing following a period of successful recruitment. Support has gone into the service to review and refresh the action plan and recovery trajectory.

MSK physiotherapy held its performance position, which is as expected due to the capacity reduction due to annual leave over the summer period. Work continues to improve efficiency of the service (e.g. reducing Do Not Attend rates, changes to how ledgers are populated to ensure clinic capacity is maximised).

Adult Physiotherapy and Occupational therapy in the Integrated Community teams are both below local target, however Physiotherapy has improved performance, with highest performance year to date. Occupational Therapy performance deteriorated, and this is due to a mismatch between continuing levels of demand against a reduced capacity as the new service model is implemented. As a result there is discussion with commissioners on a revised performance target and careful

monitoring of the anticipated ability for the system to signpost referrals away from the service to realign to the capacity levels detailed in the revised model.

Despite the local performance it is important to note that three out of four of these most challenged services (MSK Physiotherapy, ICT physiotherapy and ICT Occupational therapy) continue to achieve the national 18 week referral to treat target.

6.3 Service Updates and Developments

6.3.1 Stroud and Berkeley Vale Locality

Work is well underway on the refurbishment of Cashes Green ward, with the anticipated completion date for the end of October. There has been a requirement to move and/or suspend some outpatient and theatre work on the ground floor directly below the ward for a 2-3 week period to allow for access to infrastructure and minimise delay in completion. Discussion has taken place with system partners to find workable solutions and minimise service disruption for patients.

Following the Board decision to provide the new Community Stroke rehabilitation unit at the Vale Hospital on the 30th August, recruitment is underway for a Therapy Lead to support the deployment of the new service.

Capital works to support provision of the new Stroke rehabilitation service will begin within the next month. Alongside this work a scoping exercise is underway to determine how best to provide an Integrated Community team satellite office on the ground floor of the Vale Hospital, which will allow the team to move from the current accommodation at the Old Magistrates court. This will facilitate closer working with the ward and facilitate discharge of local patients back into the community as well as reduce the rental costs for the service following the previously reported changes in charging practices by Gloucestershire County council.

6.3.2 Forest of Dean Locality

Following both the Board and Gloucestershire clinical commissioning group decision to site the new Community hospital in the Cinderford location, work is progressing in developing the Outline Business case (OBC) for Board to consider in due course.

Kevin Adams, Head of Estates and Facilities is reviewing the identified sites in the location and an options appraisal will be undertaken which will include the site selection criteria identified in the Strategic Case for Change as well as those criteria recommended by the Citizens' Jury.

To support the development of the OBC work is underway with system partners to review and refresh the locality map of primary, community and social care services

currently offered, consider what else could/should be offered within the Forest including within the new hospital and how the range of services will be interlinked across the Forest of Dean. This will then form the framework of further engagement with clinicians and the public to ensure we provide a wide range of community health and social care services in the Forest, as close to home as clinically appropriate and safe to do so. It is anticipated this period of engagement will begin within the next three months.

6.3.3 Cheltenham Locality

As previously highlighted to the Board, finding suitable clinical and administrative accommodation in the Cheltenham locality has been challenging.

Health colleagues from the Integrated Community team have been relocated to the Independent Living Centre following the Council vacating the previous accommodation. This is a suitable short term solution however further work would be required if this was to become the long term base for this team and an options appraisal is currently being developed.

6.3.4 Gloucester Locality

Work is due to begin imminently at the Gloucester clinical community hub at Southgate Moorings following the finalisation of the operational service requirements and appointment of a contractor.

The new facility will be the primary base for the majority of the Countywide specialist services and a number of the teams currently located at Edward Jenner Court will be re-sited to this new accommodation. This will happen in two phases, beginning at the end of October and completed by the end of December.

6.3.5 Cotswolds Locality

The Minor Injury and Illness Units in both North and South Cotswolds have been working collaboratively with primary care to develop new ways of delivering urgent care services for patients with minor illnesses.

In south Cotswolds, the MIIU is piloting how it can host some of the primary care improved access appointments, which involves offering scheduled appointments for those patients who have already been clinically triaged by the GP surgery.

One Gloucestershire
Transforming Care, Transforming Communities

Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC)

September 2018

One Gloucestershire ICS Lead Report

1. Executive Summary

These reports provide an update to HCOSC members on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS) to date.

Gloucestershire's STP commenced year two of four in April 2018, since then we have made progress in embedding and delivering key schemes outlined within the plan, in an increasingly challenging health and care environment. We continue to develop our delivery plans against our main priority programmes (figure 1). In the July 2018 report we outlined the progress made in 2017/18 and the priorities for plans in 2018/19; in this report we provide an update on 2018/19 progress made against the priority delivery programmes and supporting enabling programmes included within Gloucestershire as we transition to an Integrated Care System (ICS).

Figure 1: Gloucestershire's STP Plan on a page

The One Gloucestershire ICS brings services together across the county of Gloucestershire. The county faces a number of changes over the life of the programme including rising population and a rising elderly population and increasing number of people living with a long-term condition (figure 2).

Figure 2: The One Gloucestershire Challenge

2. Enabling Active Communities

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system.

Key priorities for 2018/19 are:

- Reach the target of over 5,000 patients being on the National Diabetes Prevention Programme
- Appoint a GP Clinical Champion in Diabetes to further raise the profile of diabetic care in general practice
- Commission a new Child Weight Management Service and implement our new adult Weight Management Service Model to support people to reduce their weight in a sustainable way
- Continue to deliver an early identification and intervention model for victims of domestic abuse
- Develop a Breastfeeding Social Marketing campaign

- Progress the Gloucestershire Moves project (getting 30,000 inactive people active) and see the first pilots underway; including 'Beat the Street' and older people at risk of falls
- Launch a new postpartum contraception service
- Launch our new Gloucestershire Self-Management Education Programme called 'Live Better, Feel Better' and Support over 200 individuals through our new Self-Management Service
- Create a direct route into the community wellbeing service from urgent care (A&E, urgent treatment centres) to support people who attend for non-medical reasons
- Expand the arts on prescription service
- Increase our focus on support the following pathways with self-care and prevention schemes: adult mental health; paediatric epilepsy; paediatric Type 1 diabetes; Tier 3 obesity, adult chronic pain and adult respiratory pathways

What we've achieved so far:

- The Beat the Street initiative has now closed and a celebration event took place on 26th July. In excess of 10,000 players took part with initial analysis showing some 20% of adults registered to play were 'inactive' whilst 12% of children registered fell within the same activity category.
- Survey results are now available and being analysed for the Workplace Health and Wellbeing charter. There has been a huge amount of positive feedback for the programme by the businesses involved.
- There have been approximately 2200 referrals into the Community Wellbeing Service with a pattern of increasing complexity of referrals.
- As part of the development for the "Future State Model" for tier 3/4 obesity services, a review of the pathway abdominoplasty surgery is underway.
- The procurement process for tier 2 weight management services is underway which will be a criteria based selection process. Support for the development of a self-care digital tool is currently being explored with Public Health England. Commissioning of a tier 3 service will be the next priority.
- All districts are creating links across community organisataions and key agencies with regards to strengthening local communities. An evaluation framework is being rolled out across the districts and data collection has commenced.

3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time.

	Priorities 2018/19	Progress So Far…
Respiratory	Deliver a comprehensive education and training package for health care professionals working in primary care and managing long term respiratory conditions. Support primary care to stop prescribing steroids where they are not having a significant impact on an individual's quality of life Continue to bring together the hospital and community respiratory teams together into one integrated team	The Integrated Respiratory Service will provide support to patients with moderate to severe COPD with extended scope to other patient cohorts with chronic respiratory diseases in line with the respective national clinical guidelines. A timeline for integration is now in place with a view to delivering a 7-day service from December 2018.
Musculoskeletal	Embed the Advanced Practitioner Service providing physiotherapy support to patients in primary care. Roll out MSK triage service which provides expert clinical review at the point of referral. Design and implement a countywide integrated approach to falls prevention	The Foot and Ankle MSK Specialist Triage is now functioning and is working well. MSK Specialist Triage went live on July 10th across all pathways. With new pathways having been published to help GP practices
Circulatory	Improvements to heart failure care Develop proposal for cardiac rehabilitation Progress community stroke rehabilitation	The 1 hour Troponin test has been implemented for emergency department patients and is being closely monitored. Plans to implement the Community Stroke Rehabilitation services are progressing well in line with the plan make the changes in January 2019. A bid focusing on blood pressure management has been successful in achieving funding from the British Heart Foundation.
Eye Health	Explore the enhanced community eye care offer to provide additional eye care services Implement the new NICE guidelines within Ophthalmology	The Community Eye Health Service is working on an expansion of its service to include a full range of minor eye conditions, including consultation and treatment. Current focus is on supporting Gloucestershire Hospitals in reducing outpatient waiting times.

Diabetes	Recruit a part-time Consultant Diabetologist Training to care homes on "caring for patients with diabetes" Appoint a GP Champion in Diabetes	A GP Clinical Champion started at the beginning of June for a session per week to work with practices to improve 8 care processes and treatment targets. Employed two additional trainers to support the structured education programme.
Dementia	Develop a countywide approach to community dementia services Implement the Community Hospital Mental Health Liaison Team pilot	The programme is focusing on providing support to 3 care homes to help prevent patients needing hospital admission for dementia ensuring that patients can be cared for in familiar surrounding whenever possible. The Integrated Community Dementia Services Pilot initial findings have suggested that primary care has seen a significant improvement in managing the whole Dementia Quality of Outcome Framework (QoF) register.
Cancer	Progress towards the 2020/21 ambition for more cancers to be diagnosed at the earliest stages Implementation of the Optimal Lung Cancer pathway to support quicker diagnosis Deliver the Prostate Cancer Surveillance Project Implement the Colorectal Streamlining Project, including the Straight to Test pathway which speeds up diagnosis for patients	The cancer programme was awarded a Macmillan Education Grant to run a new series of GP Masterclasses. Successful launch of new Two Week Wait referral documents took place in July with supporting information on the electronic system for GPs to help support patients and GPs when a patient has symptoms that may indicate cancer. This project has also increased the level and quality of information available for patients.
Children & Maternity	Develop community hubs and integrate better together services that support women and families in the early years Implement our 'Safer Maternity Care' Action plan Develop models of care supporting women to have the same carer throughout pregnancy, birth & post-natal care Aim to have 30 to 40 children with Personalised Care Plans by Mar 19	The Social Care & Youth Support day staff for the Integrated Recovery and Intervention Service (IRIS) are in place. The My Life, My Plan for Children in Care Pilot is well underway and 17 personalised care plans are now in place, 14 of which have a live personal health budget. As part of the Prevention - Better Births scheme, a healthy lifestyle programme is being developed and implemented with an expected launch date scheduled for later this year.

Mental Health	Continue to take steps to Improve Access to Psychological Therapies (IAPT), to ensure we meet standards for access, recovery and waiting times to treatment Make further improvements to the Eating Disorder Pathway Implement an all age Autism strategy Roll out mandatory mental health training for staff in schools Improve support to foster carers and children entering the care system Procure emotional support for children who have experienced sexual assault / abuse	The Cavern is seeing a continual increase in the number of people registering with the service and the number of times per week that people are accessing the services on offer. They are currently reporting positive outcomes in improved quality of life for the people accessing the service. Procurement is moving forwards with a view to having a Therapeutic Support for Victims of Sexual Violence service in place for October 2018 aligned with implementation of the new Sexual Assault Referral Centre commissioned by NHS England.
Learning Disability	Enabling individuals with a Learning Disability to use Personal Health Budgets to ensure they have control of the support they receive Embed the "Stopping Over Medication of People with LD" campaign to reduce the prescriptions of anti-psychotic drugs where they are not clinically recommended Ensure that 75% of people with a LD on the GP LD Register receive an Annual Health Check by Quarter 4 19/20	GP Annual Health Check promotion campaign and training was launched at the 10th Big Health Check Day in May 2018. Annual Health Checks are currently performing at 60% 76 requests for review have been received from the LeDeR programme with 27 reviews completed. Links with other mortality reviews have been established. Dementia, End of Life & Frailty focussed work on Learning Disabilities has begun in line with national guidance and this is being led by those Clinical Programmes with input from Learning Disabilities providers and commissioners as required.

4. Reducing Clinical Variation

The Reducing Clinical Variation programme looks to elevate key issues of clinical variation to system level and have a new joined up conversation with the public around some of the harder priority decisions we will need to make. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and a Medicines Optimisation approach and undertaking a diagnostics review.

Key priorities for 2018/19 are

- The successful Prescribing Support dietetics role will be expanded to support change in the recommendation of oral vitamin B vs Vitamin B injections, advice and support around optimising the use of calcium and vitamin D, as well as reviewing and producing infant milk guidance to ensure appropriate support to patients via primary care
- Continue to support, develop and extend the Repeat Prescription Ordering Service for Gloucestershire patients to support the reduction of prescribed waste medication.
- Continue to support reducing Polypharmacy (the use of multiple medications at the same time) in patients, initial focus on frail patients, and extend it to groups such as those in care homes with the aim of reducing unwanted side effects
- Implement a paper referral switch off so that all referrals to consultant led services are made via an electronic system by October 2018 (in line with national guidance.)
- Implement patient led booking to give patients more control over their follow up care.
- Implement GP peer review of referrals to support consistency of patient management at a locality level.
- Continued development of alternatives to face to face follow up appointments
- Reducing the number of people who failed to attend a booked hospital appointment through a public awareness campaign and by establishing a reminder services
- Continue to make improvements to Operating Theatre, Radiology and Pathology pathways to reduce waste

What we've achieved so far:

- The 2018/19 Medicines Optimisation Programme saving plan supports a saving opportunity of £5 million across a range of treatments. The Prescribing Improvement Plan (PIP) incorporates several aspects of this savings plan and has been accepted by GP locality meetings for implementation in practices.
- Advice and Guidance (A&G) where GPs can get direct advice from hospital services and consultants continues to increase month on month with a total of 3073 requested made in the first two months of 2018/19.
- The paper referral switch off project is now complete with a case study of Gloucestershire's experiences of papers switch off being used to help other systems deliver this ahead of the national deadline.
- Work continues to progress towards implementing specialist triage in four key specialities: Urology, Dermatology, ENT and Gynaecology.
- Agreement has been reached with Gloucestershire Hospitals to prioritise partial booking of following ups across all specialties

5. One Place, One Budget, One System

New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care.

The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

Key priorities for 2018/19 are

- Led by ICS partners, pilot three Integrated Locality Boards in both rural and urban areas. The pilots will be in Stroud and Berkeley Vale, Forest of Dean and Cheltenham. These aim to give more control to local GPs to develop and tailor services to best meet the needs of people in the local area.
- Increase the range of roles in primary care available to support GPs and patients including the use expanding paramedics, clinical pharmacists and mental nurses
- Support the roll out of the Community Dementia pilot across the county, following the completion of evaluation and a feasibility study.
- We will continue to work with practices to support them through merger or federation conversations as required.

What we've achieved so far:

- First full year of Stroud Rural Community Dementia Pilot has been delivered. The findings from the 303 dementia patients from the pilot showed that 98% of annual reviews were completed with: reduced duplication in reviews, improved information sharing, advanced care plans offered to all patients, a reduction in ED attendances, admissions and short length of stay as well as 106 bed days saved. It has also been estimated that up to 148 GP hours have been saved as well as a dementia drugs prescribing saving. A review of the feasibility of further roll out of this model is continuing.
- A Frailty clinical programme has been established which will have an overall view of countywide frailty services. The NHS information bus has been booked to promote frailty and locations have been chosen based on frailty hotspots.
- Care home zoning in Stroud is beginning to demonstrate benefits.
- A GP event is planned in September with national speakers attending to work with our system on further developing our locality and place based networks to support the populations they serve.

5. One Place, One Budget, One System

Urgent Care

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services in to the future, we need to consider how to make best use our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

An overview of the One Place Programme was shared with HCOSC in November 2017, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to

ensure we realise the vision for urgent care. Since this update work has continued to develop the programme timetable, engaging with clinicians, patients, and staff and community partners to develop the proposals for consultation.

During 2018/19 we are planning 3 test and learn projects which will contribute to the overall design of what the future system might look like, the overall programme of work includes

- **Development and implementation of Acute Floor test & learn project**. This project will aim to better support the delivery of A&E waiting time standards and rapid senior assessment of patients. The acute floor is envisaged to bring together the current ambulatory services which support the emergency department including to Acute Assessment Unit, Surgical Assessment Unit, Ambulatory Emergency Care and the OPAL (older persons advice & liaison) service. It will also bring in the AMIMA (acute medical initial assessment) unit to support winter flow. It is envisaged that the acute floor would enable co-location of services resulting in improved patient flow, better outcomes and reduced pressure on staff.
- **Development and implementation of the Urgent Care Treatment Centre (UTC) test and learn project.** As part of the rollout of the national programmes for urgent and emergency care a rural UTC will be piloting as well as testing key elements of an urban UTC. These centres will offer enhanced support for patients who may currently attend an emergency department but for non-life and limb reasons. These pilots will be operational autumn 2018 and will inform the recommended models of care and activity plans within the One Place programme
- **Clinical Advice and Assessment Service (CAAS).** We will work with professionals and members of the public to shape our CAAS. This service will provide advice and guidance to healthcare professionals across Gloucestershire. This service will support informed decision making and support patients to get to the right clinician / setting first time. The Pre-CAAS test and learn project will provide an inter-connected, clinically resourced hub for access by both patients and health care professionals via 111. The purpose is to reduce preventable referrals through appropriate clinical intervention at the point of first enquiry.
- **Hot advice service** We will pilot a hot advice service during 2018/19. This service will allow GPs and other healthcare professionals to access specialist consultant advice.
- **Deliver 111 direct booking pilot**. We will work with primary care, 111 and the wider healthcare service to implement 111 direct booking of GP appointments in Q3 / Q4 of 2018/19.

To date, we have put in place

- Identified resources required to support the Self-Care and Prevention Provision programme.
- Scoping has been undertaken to develop an options appraisal for direct booking into UTC's with additional progress around defining the scope, resources and governance of the test and learn project.
- Support to the 18/19 winter plans
- A standardised Operating Procedure for the Acute Medical Initial Assessment (AMIA) has been agreed and signed off by operational leads. Signs in the hospitals for the current location of AMIA and Ambulatory Emergency Care (AEC) have been approved to make the buildings easier to navigate.
- Significant progress on evaluation of the possible future clinical models.

6. Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

- **Joint IT Strategy – Local Digital Roadmap Governance** has been established and will be managed by the Countywide IM&T Group with Project Boards and work streams established for the key IM&T Enablers. The wifi project has progressed with 92% of Practices live with the remaining practices going live by the end of September 2018. Patient Online has been rolled out to 95% of Gloucestershire practices, and currently Gloucestershire has 22% of patients with an online account. Gloucestershire's health and social care community have been awarded Health Foundation funding to deliver an innovative Data Analyst Apprenticeship programme within health and social care in 2018. The Countywide Information Governance Group (GIGG) are working on national communications campaign regarding the national data opt-out programme, and this being led by NHS Digital.

- **Joint Workforce Strategy** – the Workforce and Organisational development Strategy has been refined and updated; the strategy focuses on three themes: capacity, capability and culture. Developing 7 day working across urgent care services is a priority for the coming year. Planning to develop a shared recruitment function across ICS organisations and expanding the Trainee Nursing Associate programme are also central priorities. Continuing to improve workforce planning and development across the system will be increasingly important to system-wide working. Bids for Health Education England discretionary funding have been approved with a total of £322k being allocated. A further allocation of £252k has also been made to support the Community Education Provider Network working with primary and community care.

- **Joint Estates Strategy –** the estates strategy is moving forwards with a number of strands of work. Significant progress in the Primary Care Infrastructure Plan with a further 4 schemes are planned to deliver in full. The re-provision of community hospital services in the Forest of Dean will remain a priority following public consultation in 2017/18. Following feedback, the ICS Estates Strategy was submitted to the national team on July 16th which sets out a proposed capital programme across the system.

- **Primary Care Strategy** – the Primary Care Strategy works alongside One Place, One Budget, One System to ensure we have really high quality primary care provision. Improved access has been successfully rolled out across all seven localities within Gloucestershire and in addition to improved access, clusters have been able to utilise funding to support additional workforce innovations across the ICS. The CCG, in partnership with the Community Education Providers Network, has agreed to develop a Health Inequalities Tutor who will support roles which have been persistently difficult to recruit to in order that staff are supported and successful; this post has been appointed. Currently, a two-tiered approach for online consultations to test the benefits for patients and practices, is being looked into, whilst also focusing on future developments with 111 online and the NHS App.

7. Integrated Care

A national announcement was made in June 2018 by NHS England that Gloucestershire is to become one of only 14 Integrated Care Systems (ICS) across the country; we will be one of 4 new systems to join the other 10 systems who have been working in an ICS way during 2017/18.

There was a successful visit to the ICS leadership team by Michael MacDonnell, National Director for Transforming Health Systems at NHS England. The current progress on Integrated Locality Boards was seen as being at the forefront of national progress.

Current focus is on the allocation of additional transformational funds of £2.04 million. Of this, £1 per capita will be allocated to support work in primary care. The funds will be used to support the implementation of new models of care and support integrated teams to provide joined up services more quickly.

A workshop session for HSCOSC is proposed for the Autumn to explore the strategic priorities for the ICS more fully.

8. Recommendations

This report is provided for information and HCOSC Members are invited to note the contents.

Mary Hutton
ICS Lead, Gloucestershire ICS

NHS
Gloucestershire Care Services
NHS Trust

Trust Board

Date of Meeting: **27th September 2018**

Report Title: **Quality and Performance Committee Report**

Agenda reference Number:	11/0918
Accountable Executive Director: (AED)	Susan Field, Director of Nursing
Presenter: (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s):	Susan Field, Director of Nursing
Board action required:	To Note and Receive
Previously considered by:	Quality and Performance Committee – 29th August 2018
Appendices:	Appendix 1- Approved Minutes of the Quality and Performance Committee 28th June 2018

Executive Summary

This report provides assurance to the Trust Board that the Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board.

The report also confirms decisions made by the Committee at its meeting on 29th August 2018, which were in line with the Trust's Scheme of Delegation and; highlights a number of key discussion points that require attention of the Board. Of particular note:

- Completion of the Trusts Annual Freedom to Speak-up Self-Assessment.
- The Trusts response to the Gosport Memorial Hospital Inquiry report findings (June 2018).
- The Trust remains on trajectory with its Care Quality Commission (CQC) Quality Improvement Plans, although there remains some risk namely Personal Development Reviews (PDRs).

- The Trusts overall Quality and Performance activities remain good.
- Seeking assurance about the Trusts response to an increase number of Clostridium Difficile Infection during Qtr. 1 and 2.

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 that took place on 28th June 2018.

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

Quality and Performance Committee Update

1 INTRODUCTION AND PURPOSE

This report confirms:

- Decisions made at the Trusts Quality and Performance Committee meeting held on 29th August 2018.
- Key issues, risks and achievements being overseen by the Committee in order to provide assurance that the Trust continues to deliver high quality safe care and good patient experience.

2 DECISIONS MADE BY THE COMMITTEE IN LINE WITH SCHEME OF DELEGATION

2.1 Freedom to Speak Up (FtSU) Self-Assessment

The Committee reviewed the outcomes of the Freedom to Speak Up (FtSU) self-assessment undertaken by the Trust FtSU Guardian and Director of Nursing. This is due to be submitted to NHS Improvement (NHSI) by end of September.

The Trust remains both progressive and committed to its FtSU activities and it continues to be mindful that FtSU arrangements are there to help protect patients and to improve the experience of NHS colleagues and; that having a healthy speaking up culture embedded into a continuous improvement approach is a clear indicator of a Well-Led (CQC domain) Trust.

The Committee reviewed a total of 69 self-assessment criteria and recommended that there be some adjustments made to the ratings. The outcome of this included the Trust rating itself:

- 41 rated Green
- 38 rated Amber
- There are no red ratings

With these modifications the Committee, on behalf of the Trust Board, **Approved** the self-assessment being submitted to NHS I within the defined timeline.

3 ISSUES ESCALATED TO BOARD

The Committee **discussed** a range of matters and would like to specifically highlight the following issues to the Board:

3.1 Gosport memorial Hospital Inquiry Report

Committee members acknowledged that a
detailed gap analysis had been undertaken against the Inquiry findings and were **assured** that the likelihood of a similar scenario occurring across Trust services was low due to the following factors that are in place:

- That the Trust has a strong and open culture of reporting and raising concerns about incidents. This is also supported by incidents resulting in convened panels where clinical, professional and operational leads scrutinise, challenge and confirm the magnitude of any incident and identify any areas for learning.
- That the Trust is at the forefront of progressing with the national Freedom to Speak Up (FtSU) agenda, by having a designated FtSU Guardian and; clear policies and procedures in place that support colleagues to raise concerns.
- Having a robust learning from deaths approach across the Community Hospitals supported by a Mortality Review Group, end of life clinical lead and external medical examiners. Trends and numbers of deaths are monitored accordingly.
- Having a Coroners procedure in place for the management of Coroners enquiries and inquests and; which includes designated support for colleagues.
- Having effective Duty of Candour, complaints and compliments management processes in place.
- The Trust not using Graseby Syringe drivers and haven't for many years.
- Undertaking a retrospective review of opioid prescribing – no anomalies have materialised.

3.2 Care Quality Commission (CQC) Quality Improvement Plan

The Committee was appraised about the progress that had been made against the "Must Do" and "Should Do" action plan following the Trusts CQC inspection Spring 2018. The Committee was **assured** that milestone achievements were being met although it was acknowledged that achieving full compliance with PDRs and mandatory training was still proving to be a challenge.

3.3 Quality and Performance Activities

The Committee was assured that overall the Trusts quality and performance trajectories remained favourable, both in terms of improvement and contractually. Overall performance across the organisation was good. It was also noted that any mitigation to address any risks were in place and were being well-led by operational and clinical colleagues.

3.4 Clostridium Difficile (C.Difficile)

The Committee had previously raised concerns about the higher than usual number of reported C.Difficile cases being reported during Qtr. 1 and 2 against a contractual threshold of 18. It had been requested that additional assurance be provided and that there remained a high level of confidence that Trust colleagues continued to effectively manage and prevent its infection control agendas. The Committee was assured that:

- Hand hygiene audits continue across all services and compliance remains over 90%.
- All C.Difficile cases are thoroughly investigated and reported using a Root Cause Analysis (RCA) approach. No common link has emerged between the 10 C.Difficile cases.
- That anti-microbial stewardship activity continues with a particular focus on co-amoxiclav (antibiotic) prescribing

4 CONCLUSION AND RECOMMENDATIONS

The Trust continues to maintain its high standards of delivering high quality care and continues to effectively manage any risks as they emerge.

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 the 28th June 2018.

ABBREVIATIONS USED IN THE REPORT

CQC	Care Quality Commission
QIP	Quality Improvement Plan
FtSU	Freedom to Speak Up
NHS I	NHS Improvement
PDRs	Personal Development Reviews
RCA	Root Cause Anaylsis

NHS Gloucestershire Care Services NHS Trust

Quality and Performance Committee

Date: 28th June 2018

Meeting on 28th June 2018, 14.00pm, Boardroom, Edward Jenner Court, Brockworth, GL3 4AW

Committee Members	
Sue Mead	Chair
Susan Field	Director of Nursing
Mike Roberts	Medical Director
David Smith	Interim Director of HR (from 14.50)
Nicola Strother Smith	Non-Executive Director
Jan Marriott	Non-Executive Director
Graham Russell	Non-Executive Director
In attendance	
Sian Thomas	Deputy Chief Operating Officer
Michael Richardson	Deputy Director of Nursing
Gillian Steels	Trust Secretary
Hannah Williams	Senior Quality Manager
Bilal Lala	Insight Programme (Prospective NED Development Programme) Member
Sonia Pearcey	Freedom to Speak up Guardian
Christine Thomas	Minute taker

Ref	Minute
01/0618	**Welcome, Apologies for Absence and Confirmation the Meeting is Quorate** The Chair, Sue Mead, welcomed colleagues, particularly Bilal Lala who was attending as part of the Insight Programme - Non-Executive Directors Apologies were received from the Chief Operating Officer, Director of Finance, Head of Clinical Governance and Head of Performance and Information. The Chair confirmed that the meeting was quorate.
02/0618	**Declarations of Interest** In accordance with the Trust's Standing Orders, members were required to declare any conflicts of interest with items on the Meeting Agenda. No declarations of interest were made.
03/0618	**Minutes of the previous meeting 26th April 2018** The minutes of the 26th April 2018 were **Received.** The Director of Nursing (DoN) asked that the minutes be changed to reflect that there was no recruitment of additional school

Approved

Understanding You

	nurses on agenda item 5. The DoN asked that the Trust's threshold for C.Difficile was clearly shown as 18. Subject to these changes the minutes were **Approved** as an accurate record.
04/0618	**Matters Arising Action Log** The Committee **NOTED** those items that were on track or completed and updates were received on open actions
05/0618	**Corporate Risk Register** The Trust Secretary (TS) presented the corporate risk register and advised the Committee that risk 798 – Rental Charges – had been discussed at the Finance Committee. Risk 767 – Dental service – The Director of Nursing clarified that the risk was that there was "a risk of suboptimal care" not that patients were currently receiving suboptimal care. Risk 726 – Dilke/Lydney storage of drugs and dressings in high temperatures – it was noted that no concerns had been escalated during the current period of hot weather. Risk 742 – Medical cover Vale Hospital – it was confirmed that there was still a contract with GDoc and this service was currently stable. Risk 746 – Patient Transport – Complaints were still being received from clinicians re patient transport. It was raised that Gloucestershire Hospitals Foundation Trust (GHFT) were not booking transport in advance and as their requests were prioritised then the pre-booked transport for Community patients did not arrive or arrived late. The Deputy Chief Operating Officer (DCOO) confirmed to the Committee that the Trust reported these issues to the carrier, Arriva and GCCG, when they occurred. Risk 850 – General Practitioner with a Special Interest (GPSI) post within the Community Diabetes Team – It was advised that the advice could still be obtained but there was reluctance from GHFT to provide this service. Work was ongoing with Commissioners. The Committee **NOTED** the Corporate Risk Register**.**
06/0618	**Operational Services Exception Report** The Deputy Chief Operating Officer (DCOO) presented the Operational Services report, highlighting that the Trust had improved performance in MSCKAT, which was in green on its access to service. The Trust would be taking on additional work in MSCKAT over the coming months, with the aim of avoiding surgical interventions. There was also improved performance in podiatry. There was encouraging news that the Speech and Language therapy team had been successful in recruiting to vacant posts which would improve its capacity to improve performance, recognising it was currently still rated as red. The DCOO advised that new bed occupancy metrics had been agreed by Gloucestershire Hospitals Foundation Trust (GHFT) for non-elective patients – 92% and 95% for elective. The proposal that GCS revise its metric to 95%, rather than 92% - which had been agreed following detailed quality assessment by the Committee was raised. There was concern as to whether the risk basis had been assessed. It was agreed that the Director of

Approved

06.1/0618 - Director of Nursing/Senior Quality Manager **06.2/0618 - Senior Quality Manager**	Nursing (DoN) And Hannah Williams (GCCG) would discuss this at the next Clinical Quality Review Group (CQRG). The Chair asked how the risk from the proposed Occupational Therapy review was being assessed. The DCOO advised that QEIAs on the proposed changes had been submitted and reviewed by the Clinical Reference Group (CRG). The first QEIA had assessed significant risk, this had been provided to Gloucestershire County Council (GCC) and a number of changes to the review had been agreed. The risk had been moderated as there was now a longer period to implement the changes, which was now three years. A transformation process was in place to provide a more specialised service which would require reduced staff capacity. It was noted that less patients would be seen as the patients being seen would be more complex with higher needs. It was agreed that the system needed to understand these changes and it was agreed this would be considered at the next CQRG meeting. **Bed Modelling** The DCOO gave a bed modelling presentation. This had been developed using a two part process with audits undertaken in house and then an external company undertaking a review. It was confirmed that the Bed modelling tool was interactive and that scenarios could be tested and reviewed. It was recognised that it was a model based on a number of assumptions. It was confirmed that demographic growth can be built in to the model. It was noted that the presentation had been shared with the GCCG. It was noted that currently other parts of the system were not using the same modelling tool. Key areas to note were: Internal process: • 468 Audits had been undertaken • 4 care phases were identified and all patients fitted within these • There was a lower than expected rate of end of life patients • Audit had been undertaken three times and results had been consistent across the three audits. • Indicators for 26% of patients were that dementia was known or suspected External Feedback: • Read codes had been used for patients on arrival and discharge from hospital and this had found that a significant number of patients had not benefitted from being in hospital, this did not mean that there had been poor care as there were other factors to consider, and it was recognised that the patient might have deteriorated further outside of the hospital environment. • Most patients being placed in hospitals in their local areas, with the outlier being Tewkesbury. Spare capacity taken by Gloucester patients (mainly in the Dilke and Stroud Community Hospitals) and Cheltenham patients (mainly in North Cotswolds and Cirencester). The need for alternative provision for Gloucester and Cheltenham patients in the longer term was recognised. The number of beds to be used for the specialist stroke rehabilitation unit was in discussion with GCCG, the modelling indicated that the proposed number of beds could be accommodated and that bed use would change, but that beds would not be lost. The Trust would need to ensure it used beds more effectively in the future and this would

Approved

	include reducing over 50 day length of stay patients. There was concern that average length of stay was still high, the DCOO advised that this continued to be worked on, including work with NHSI. Work was on going to identify key blocks to patients leaving hospital, for example equipment. It was noted that the domiciliary care market had stabilised. It was recognised that the more acute patients taken going forward would impact on length of stay. It was agreed it would be helpful for the Board to consider the issues raised. The Chair thanked for DCOO for her presentation and the Committee **Approved** the operational services report and **Noted** the bed modelling presentation.
07/0618

07.2/0618 - Deputy Dir of Nursing	Pressure Ulcers (2nd year) Avoidable pressure ulcers had reduced and an action plan had been agreed for the coming year, the pressure ulcer group were working to reduce incidences of pressure ulcers across the Trust. Medication Errors: The Committee supported the inclusion of insulin as a quality metric. Deteriorating Patients: It was confirmed further work was required on the parameters for this quality priority. The Committee reviewed the figures on the completion of NICE guidance and questioned the level of risk to the Trust from the ones not yet reviewed in detail. It was confirmed they were reviewed by CRG each month, and that the longest wait was approximately 3 months. The DDoN advised that an advert was out for a NICE guidance lead who would take these forward. The Committee recognised the work that had been completed, flagged concerns about the continuing outstanding guidance. The Committee expressed concern at the number of abandoned and outstanding audits from the previous year. It was confirmed that the Trust was still waiting for some audits to be finalised. The Committee was advised that audits were chosen by teams, but sometimes they were found to not be suitable or were no longer needed. The DDoN would bring a fuller report to the next committee on abandoned and delayed audits. The Committee **Noted** the Clinical Quality Assurance Report and **Endorsed** the Quality Priority metrics.
08/0618 **08.1/0618 - Director of Nursing**	**Quality and Performance Report (May data)** The Director of Nursing (DoN) advised that the quality metrics for the Quality and Performance report were still evolving and feedback would be welcomed from the Committee. It was noted that Newborn hearing screening had performed well and that this service would be moving to Gloucestershire Hospitals Foundation Trust (GHFT) from 2nd July 2018. Pressure ulcers were still a risk both for the Trust and also nationally. National advice had been received that the terms of avoidable and unavoidable would cease to be used, a national audit framework was being proposed for pressure ulcers, but this was not mandatory. It was agreed that the new guidelines for pressure ulcers would be brought to the next Committee meeting. The Deputy Director of Nursing (DDoN) updated on the issues relating to collating the safety thermometer data, and advised a joint Clinical Reference Group (CRG) and Operational Governance Forum (OGF) meeting had been undertaken to consider this. The meeting had identified the issues of services collating this data as there could be as much as 15 days difference between the start and end date of data being collected, which was predominately due to capacity, it could take a whole day to collate the data. The amount of patients surveyed had also dropped and sometimes was as low as 600 compared to the normal 1,000. The DDoN advised that it was being investigated to identify whether some elements could be automated through SystmOne.

Approved

08.2/0618 - Deputy Director of Nursing/ Quality Safety Manager	The DDoN highlighted that the Trust's C.Difficile threshold was 18 and it was already at 7 this year, it was considered that 6 of these were unavoidable and therefore they were being appealed. The Trust would be fined if it exceeded its threshold. It was agreed that the Infection Prevention and Control Lead (IPCL) would come to the next meeting to update the Committee on work being progressed to avoid this risk and the Quality Safety Manager (QSM) would bring an update on the wider Countywide context. It was noted that there had been some problems with the data for diabetes nursing, some figures had been counted twice; the service had had an increase in complex patients and was undertaking more training; there had also been a time when diabetes nurses had been moved to help the district nursing team, which had all led to a change in the figures. It was noted that the percentage of respondents likely to recommend the services had dropped, it was agreed that this would be monitored. The Committee **Noted** the Quality and Performance Report and noted the actions around Place base reporting.
09/0618 **Medical Director**	**Categorising Patient Transfers from Gloucestershire Hospitals Foundation Trust (GHFT)** The Medical Director presented an update on concerns on the categorising of some patients coming from Gloucestershire Hospitals Foundation Trust (GHFT). It was believed GHFT were classing patients as rehabilitation as they had thought that the Trust would not take them if they were end of life). The Committee was assured that this was not a Trust policy. It was recognised that this categorising created uncertainty for patients, families and meant that colleagues had to undertake difficult conversations. There were also problems with patient notes arriving after the patient so the full story was not known immediately and sometimes for a number of days. Four patient cases had been sent to GHFT Clinical leads to consider and it was expected these would be reviewed this week. The Senior Quality Manager also noted that it had been found that Junior Doctors were not always able to recognise end of life patients, GHFT were undertaking more training on this. It was agreed that an update would come to the next meeting. The Committee **Noted** the Categorising of Patients Report
10/0618	**Care Quality Commission (CQC) Improvement Plan** The Committee considered the CQC Improvement plan to respond to areas highlighted in the inspection. It was noted that Mandatory Training and Personal Development Reviews (PDRs) had been a main concern of the Care Quality Commission on their last inspection and that progress was not being made. The Interim Director of HR acknowledged the disappointing results and that there had been a decline in the last months' results, the paperwork for PDRs had been refined to support the process. The Committee **Noted** the Care Quality Commission (CQC) Improvement Plan

Approved

11/0618	**Quality Account** The Committee considered the approval of the final Quality Account on behalf of the Board, which included comments from key stakeholders. The Director of Nursing (DoN) asked for any final comments as the account would be published on the NHS Choices website by the 30th June 2018. The Committee **Approved** the Quality Account for publication on NHS Choices website.
12/0618	**Forward Planner Review** The Committee **noted** the forward planner
13/0618	**Safeguarding, Governance and Operational Group Reports** The Director of Nursing (DoN) drew the Committee's attention to the Adult and Children's Safeguarding reports that had now been completed and published and acknowledged the work done by both the Adults and Children safeguarding teams. The Committee **noted** the Adult and Children's Safeguarding annual reports
14/0618 **Deputy Director of Nursing**	**Any Other Business** Gosport War Memorial Report – the Committee Chair agreed that the recent Gosport War Memorial Report should be acknowledged and discussed at the Committee. The Deputy Director of Nursing (DDoN) outlined the key areas of the report, which included: • In 1989 nurses raised concerns regarding the high level of diamorphine pumps being used, which they did with RCN representatives. The concerns were later quashed. • Concerns were raised by patient families but were largely ignored by all agencies, including the local MP. • The report had found that 465 patients had, had their life shortened due to the use of high level painkillers. • No patient would survive the continual use of diamorphine. The Director of Nursing (DoN) asked what assurances the Board needed to provide assurance this did not happen in its hospitals. It was agreed that the Clinical Reference Group (CRG) would look at the report in more depth and define next steps. It was agreed that a sample audit of cases reviewed by the Mortality Group would be undertaken. The report would also be discussed at the Clinical Quality Review Group meeting. The Medical Director (MD) advised that assurance would be needed to be given to the hospital doctors to ensure they continued to prescribe end of life drugs. The MD commented that the Trust's MIDAS system and the Trust's involvement in the pilot involving Medical Examiners should give the Committee some assurance. It was agreed that a report would be brought to the next meeting providing assurance to the Committee, an update would also be provided to the next Board meeting of the work being undertaken by the Committee. Complex Care at Home Service Nicola Strother Smith raised concerns that the complex care at home service was not well publicised. It was advised that this was still a new service and was not fully developed, but that the Gloucestershire Clinical Commissioning Group (GCCG) had developed

Approved

	leaflets that had been distributed to the Gloucester GP clinics via a range of methods. Nursing Times Awards The Deputy Director of Nursing informed the Committee that two members of the Trust had been nominated for a Nursing Times award. Sam Lonnen (Infection Prevention & Control Lead) has been shortlisted in the Nurse Leader of the Year category and Annabel Spires (Staff Nurse) from North Cotswolds Hospital has been shortlisted in the Rising Star category. The Committee welcomed this news. There being no other business the Chair closed the meeting.
	Date of Next Meeting It was agreed that the next Committee meeting will be held on Wednesday 29th August 2018

Approved

Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: 27th September 2018

Report Title: Quality and Performance Report

Agenda reference Number	12/0918
Accountable Executive Director (AED)	Susan Field, Director of Nursing
Presenter (if not AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Author(s)	Susan Field, Director of Nursing
Board action required	To Note and Receive
Previously considered by	N/A
Appendices	Appendix 1 – Quality and Performance Report – August 2018 data

Executive Summary

This report is an overview of the Trust's Quality and Performance activities as at August 2018. It highlights achievements made and outlines how the Trust is responding to those areas where improvements are either continuing or need to improve further.

Recommendations:

The Trust Board is asked to:

1 **Note** and **Receive** this exception report.

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 Update

1 Introduction and Purpose

This report relates to the Trust's August 2018 Quality and Performance data.

2 Background

The Quality and Performance Committee had reviewed July 2018 data at its 29th August meeting.

3 Key areas to Note

The August data report confirms a number of achievements and risks, which include:

- As of August 2018 there have been 10 post 48 hour C.Difficile infection cases reported against an end of year threshold of 18. This remains a concern.
- There has been a further decline with achieving 90% compliance rates with colleagues Personal Development Reviews (PDRs) – 83.6%.
- 76% of all falls reported are without harm – significant in light of the intensive rehabilitation work that Trust colleagues undertake with patients and; a suggestion that the falls quality improvement work is having an impact.
- Minor Injury and Illness Units (MIIUs) continue to perform well against a range of targets despite increased activity across the wider urgent care system locally and nationally.
- Patient experience – the family and Friends response rates has seen an improvement during August – 12.2%
- The number of SIRIs declared by the Trust is at its lowest rate over a 12 month timeframe.

4 Conclusion and Recommendations

The Trust Board is asked to:

1 **Receive** this June 2018 quality and performance report.

Abbreviations Used in Report

PDRs – Personal Development Reviews
MIIUs – Minor Injury and Illness Units

NHS
Gloucestershire Care Services
NHS Trust

Trust Board	
Date of Meeting:	27h September 2018
Report Title:	Workforce and Organisation Development Report

Agenda reference number:	13/0918
Accountable Executive Director: (AED)	Neil Savage, Joint Director of HR & OD
Presenter: (if not AED)	Neil Savage, Joint Director of HR & OD
Author(s):	Neil Savage, Joint Director of HR & OD and Sonia Pearcey, Ambassador for Cultural Change
Board action required:	The Board is asked to note the report which is provided for assurance and to receive and agree the annual Workforce Race Equality Submission action plan
Previously considered by:	Workforce and OD Committee
Appendices	1. Workforce Implementation plan update 2. Workforce Race Equality Submission (WRES)

Executive Summary

In common with all other health and social care providers, the Trust continues to face significant workforce and organisational development challenges. Recruiting, developing and retaining a suitably skilled and engaged workforce remains a top priority to ensure we have the right people, in the right place, at the right time, delivering care and this continues to be reflected in our risk registers. Whilst some solutions are nationally driven, there are a number that remain very much in our local gift.

The Trust's workforce plan approved by the Workforce and OD Committee contained over 40 areas for action. The Interim Director of HR & OD previously suggested at the February 2018 meeting of the Workforce and OD Committee that a revised and simplified implementation plan with fewer areas of focus would be more likely to achieve improved outcomes. An update on that revised plan was subsequently presented to the June 2018 Committee and reported as Appendix 1 of the July Board report. At the time, the majority of workforce Key Performance Indicators had remained static, however, encouragingly there was a reduction in Nursing turnover.

Given the increased prioritisation of staff involvement and engagements, the continuing poor results from the quarterly Staff Friends and Family Test (FFT) remained a notable concern. However, the most recent Quarter 1 Staff FFT results presented a significantly improving picture. A summary of this is provided in this report. It is too early to say whether or not these improvements have been sustained and we are just completing the Quarter 2 Staff FFT. The results from this will be available for reporting next month.

Also presented (appendix 1) is our Workforce Race Equality Standard submission action plan. The Board will recall from its July 2018 meetings, that there is a requirement to upload our data onto a national database and for the Board to receive and agree to the data and the action plan. The submission was previously signed off and with an agreement that the action plan would be presented to the September 2018 Board for consideration and approval.

Recommendations:

The Board is asked to;

- Note the improvements within the Staff FFT results for Quarter 1
- Note the progress with areas of the revised Workforce Implementation Plan.
- Receive and approve the submission of the Workforce Race Equality Standard action plan.

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

Workforce Report

1. Introduction and Purpose

The purpose of this report is to provide the Board with an overview of;

- Key workforce metrics
- Progress against the workforce and organisational development priorities (appendix 1)
- Progress with colleague engagement including the Staff Friends and Family Test
- An update on STP workforce activity
- Our proposed Workforce Race Equality Standard (WRES) action plan.

2. Workforce Position

A number of workforce metrics are monitored to evaluate the effectiveness of the Trust's Workforce and OD strategy.

Key Performance indicator (KPI)	As at 31/03/17	As at 31/01/18	As at 30/04/18	As at 30/06/18	As at 30/08/18	Target
Appraisal rate	76%	87.28%	87.4%	84%	80.09%	95%
Staff FFT (recommend Trust as a place to work)	55%	53%	49%	63%	63%	65%
Mandatory Training	78%	88.62%	86.3%	89.38%	88.35%	95%
Sickness absence (rolling 12 month)	4.5%	4.66%	4.63%	4.66%	4.73%*	4%
Turnover	14.6%	16.54%	16.31%	15.67%	15.00%	<12%
Nurse vacancy rates	8%	12%	8.90%	10.05%	9.44%	<6%

* Sickness figures are reported at the end of July 2018.

While not uncommon with other NHS Trusts in terms of benchmarking, see below, these KPIs continue to indicate the high challenge for managers to make significant sustained improvements in workforce performance.

KPIs as at March 2018 or closest available	2gether NHSFT	Glos Hospitals NHSFT	Avon Wiltshire Partnership NHST	Wye Valley NHST	Worcestershire Health & Care Trust	Birmingham & Solihull NHSFT
Appraisal	90%	79%	89%	90%	95%	80%
Mandatory Training	91%	89%	84%	90%	92%	95%
Sickness absence	4.5%	3.9%	5%	3.5%	5.90%	4.75%
Turnover	9.8%	12.3%	13%	10%	N/A	12.3%

HR Business Partners are working with managers on local plans to improve uptakes of staff **appraisals** (PDR) alongside the introduction of the simpler paperwork. The requirement arising out of the national Agenda For Change contract refresh for a new increment gateway system from 1st April 2019, will provide further opportunities for improvements. Similarly, Executive Directors continue to push forward scrutiny and uptake of statutory and mandatory training, identifying local areas for scrutiny and improved performance.

In line with a national 10-year trend, **sickness** rates remain relatively stable (increased by 0.07%) despite increased focus with a significant increase in the number of long term sickness cases being tackled. The Bath Spa University work, alongside the implementation of the new NHS national Health and Well-Being Framework will be reported to the next joint Finance and Workforce Committee.

A four-month trend of reducing **turnover** continues but need to be sustained. The Trust has commenced working in partnership with ²gether NHS Foundation Trust on the NHS Improvement cohort programme for improving Qualified Nursing retention. This is the 3rd national cohort, and is expected to bring some evidence based solutions to further reduce turnover.

The Trust is currently finishing the Q2 Staff **FFT** survey and will report on this shortly. However, the Q1 Staff FFT evidenced some marked improvements, again which need to be further sustained and built upon:

- Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19
- Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19

The Trust also had a higher response rate than in previous FFTs at 22.1%

The Trust's wider approach to staff **engagement** & involvement should continue to pay dividends going forward though the development of:

- Team Talk
- Meet the Executives
- Paul's Open Door & Weekly Blog Updates
- Joint GCS/²G Staff Forum
- Pulse Checks
- Focus on Values co-development
- Freedom to Speak up Strategy development & joint Advocate Training
- Health and Well Being Group

3. STP Workforce Update

In the previous report, the Board has been briefed on the progress with the implementation of the new Local Workforce Action Board (LWAB) which from April 2018. Chaired by Mary Hutton, Accountable Officer of the CCG, the LWAB has two key multi-provider steering groups feeding into it. The first of these is the OD Steering Group chaired by Dave Smith. This progresses aspects of learning, development and training, health and well-being within the ICS. The second is the Workforce Steering Group chaired by Neil Savage. This progresses aspects of education, recruitment, retention, and workforce planning.

We are pleased to confirm that the LWAB is maturing in its relationships, functions and delivery. The LWAB heard on 30th July that it had been successful in bidding for £0.32m of workforce transformation programme funding for 2018/19 for the following ICS wide projects:

- Advancing Practice
- Allied Health Professions WRAPT Pilot (workforce planning)
- Clinical Care Programmes
- Fundamentals of Care Training
- Leadership Development Programme
- Mental Health Crisis Care
- Perinatal Mental Health
- Recruitment & Retention

Trust participation and in some case leadership in these projects will assist with delivering our workforce transformation agenda.

Additionally, the LWAB also heard it had:

- Secured a further £220k training funding for Community Education Provider Network (CEPN)
- Commenced a strategic 5-year ICS workforce plan
- Agreed a Primary Care Workforce Strategy
- Developed a first cut Learning and Development plan-on-a-page
- Agreed “One Gloucestershire – Proud to Care” recruitment approach
- Agreed People Framework to support working on patient pathways across organisational boundaries. This is being piloted on the Respiratory Pathway in the first instance.

Further updates will be provided in future workforce reports.

4. Workforce Race Equality Standard

At its July 2018 meeting, the Board was presented with the third year’s Workforce Race Equality Standard (WRES) report with an agreement to bring back the associated action plan to this meeting.

The national timeline for this year's WRES is summarised below:

New WRES template circulated nationally	W/c 11 June 2018
Data submissions	Open 2 July & close 20 August 2018
Board sign offs of WRES data	July to September 2018
Action plans to be finalised	September 2018
All Trusts must publish their WRES data on their corporate website	28 September 2018
National 2018 WRES data report will be published	December 2018

The Board is asked to consider and approve the WRES Action Plan attached as Appendix 2, noting that further detail, particularly in terms of timing, needs completed in the coming month after a scheduled meeting with Yvonne Coghill, the national Director – WRES Implementation in NHS England on the 28th of September.

Recommendations:

The Board is asked to;

- Note this Workforce and OD report
- Note that the interim workforce and organisational development implementation plan format and content will be revised and improved for future reporting
- Receive and approve the submission of the Workforce Race Equality Scheme action plan

Abbreviations used in the report

WRES Workforce Race Equality Standard
BME Black and Ethnic Minority
LWAB Local Workforce Action Board

Agenda Item: 13.1

Appendix 1: Interim Implementation Plan areas for key focus.

Priority themes	Strand	Key areas of focus	Current updates
Valuing colleagues	1. Flexible working	• There are significant differences in views across the organisation as to what we mean by 'flexible working'. Head of OD to pull together a short life working group consisting of operational, clinical and HR Leads to ensure consistency of approach	In May the Head of OD issued a survey through the Core on flexible working and mobile working in GCS. The results are being analysed and recommendations will be made in November 2018.
	2. Culture and Engagement	• Re-commission Listening into Action (LiA) to carry out a Q4 Pulse Check incorporating the Staff FFT. • Staff Survey response to incorporate 'corporate plan' and localised plans. Approach to be presented at Core Colleague network in February by Head of OD/HRD. • The Ambassador for Cultural Change, supported by the HRD and Head of HR, to lead and develop a shared programme of work with Staff Side colleagues including eradicating non-core behaviours. • Ambassador for Cultural Change/HRD to meet with Head of Community Partnership to agree/support actions to improve performance on Workforce Race Equality Scheme (WRES).	LiA licence not renewed therefore the Ambassador for Cultural Change to outline how we use LiA in 2018/19 alongside other tools. Review with the PMT to scope out commitment within CYPS. Head of OD and AFCC supporting culture change in Dental Services. A task and finish group has been established in Dental to prioritise actions. Localised approach presented to Core in February and March. Head of OD is working with individual areas to support development of action plans. Head of OD has met with many Heads of Service and teams about their data and next steps. Individual teams have reviewed their results and are progressing actions. NHSI endorse the approach Joint Freedom to Speak Up (FTSU) Advocate training has commenced in partnership with 2gether NHS Foundation Trust. The training sessions have been very well received and a further programme is scheduled in quarter 3. Responsibility for WRES moved from Community Partnership to HR via the Ambassador for Cultural Change. The WRES data was shared with the Board in July and the action plan is being presented in September. A further meeting with the national WRES Lead, GCS and 2G is scheduled for 28th September.
	3. Colleague recognition	• Head of Comms to upgrade profile of annual awards event and implement simple local recognition systems.	Annual awards event took place on in May 2018. Over 250 colleagues attended along with guest presenters, including the Chair of the HCOSC. A simple recognition scheme was launched at the end of June 2018. A partnership approach has been initiated with 2G to explore options for a new joint scheme for implementation in 2019.

Priority themes	Strand	Key areas of focus	Current updates
Realising colleagues full potential	4. Education, learning and development	• Head of Learning and Development to meet with operational and finance leads to get buy in to the Apprenticeship Plan • Head of Learning and Development to meet with operational leads to understand requirements for new and developing roles, ensuring linkage with STP colleagues on educational pathways and funding streams • HRD and Director of Nursing to confirm with Director of Finance element of CPD budget included in savings for this year.	An Apprenticeship Modelling exercise has been completed and approved by the Executive Team in May 2018. An operational plan has been discussed with the Director of Operations and discussions on implementation have taken place with Sian Thomas and Operational Leads. A large capacity and cost planning exercise has been completed. Sian is discussing this with Executives shortly. A number of practical issues need to be resolved. The Apprenticeship updates and planning events booked at the Core Colleague Network meetings have been cancelled due to other Trusts priorities. This has resulted in some delays in prioritising activities for 2018/19. A local event hosted by GCS for AHP's took place in April 2018, to identify requirements for the Assistant Practitioner role for AHP's. Individual Trusts are now scoping requirements and identifying priority areas of focus. Trust Education Leads to review plans for a January 2019 cohort – using the Apprenticeship standards. The Learning & Development Team are working with AHP Heads of Profession/Service to develop JD's and competencies. This will then inform requirements for the Trainee Assistant Practitioner programme for AHP's. GCS is facilitating a regional event in late September 2018 to agree content and next steps. First cohort to be planned for early 2019 following procurement process. A further cohort of Trainee Nursing Associates (TNA's) is commencing in September 2018 as part of a 3rd wave pilot. The Apprenticeship contract for this cohort was awarded to the University of Gloucester in June 2018, as part of the procurement process. A review meeting was held in July 2018 (chaired by the Director of Nursing) confirming placements and plans for operational funding. A joint post has recently been advertised in partnership with 2G to support this. Actioned. The toolkit formed part of the pilot STP wide 5 elements for successful leadership programme. This pilot has been successfully evaluated and the toolkit is being used by participants. We will be expanding this leadership programme and toolkit in 2018/19.

Priority themes	Strand	Key areas of focus	Current updates
	5. Leadership 6. Workforce planning	• Head of OD to accelerate introduction of Managers Toolkit • HRD/Head of HR to carry out succession planning audit to identify gaps/opportunities • Head of OD to draft talent strategy • HRD to identify all workforce planning capability across the organisation between HR, Finance, Education and Operations	In May 2018 HRD requested Exec colleagues to pilot a succession planning template for direct reports Pilot succession planning template has now been piloted on the HR team and a wider roll out is planned for Q3 / 4. Head of OD has drafted a plan on a page which needs further discussion with the HRD and the South West Leadership Academy before finalisation. HRD requested Executive colleagues to identify distributed resources and Clare Hines to do same on STP wide basis. This will be completed by end of October 2018.
Supporting colleagues	7. Health and wellbeing 8. Executive HR function	• Head of OD to review priorities of Colleague Health and Wellbeing Group • HRD and Head of HR to agree contract and service specification for Working Well with stronger focus on performance of KPI's. • HRD/Head of HR to review current operational service against HRBP model, taking soundings from operational and clinical leads on current service/performance. • All areas of department to review current systems for efficiency/delivery.	This is ongoing and links will be made to the CQUIN requirements and the ICS H&W group. HRD finalising contract options by October 2018. HRBP model is now in place and this was well received by operational leads. New supervision of 'Service Centre' will be put in place by end of October with wider communications distributed on service offering.
Recruitment and retention	9. Recruitment and retention	• Head of HR to seek agreement of recruitment and retention group to implement compulsory face to face exit interviews for Band 5 nurses, all areas where turnover perceived to be at an unacceptable level and for all leavers in the first 2 years. • Head of HR to contact NHSI to see if we can join the 70 trusts receiving support with retention issues.	Head of HR attended Operational Governance Forum and informed all managers that face to face exit interviews should be completed for all hard to recruit posts. Clinical Careers Advisor is undertaking all in community hospitals and is now working with Head of HR to review the exit interview questions. HR Advisors are picking up face to face exit interviews were appropriate The Trust has joined with 2G to participate in the NHSI retention programme cohort 3 for 2018/19. Head of HR in discussion with NHS Employers re further support for retention.

Position	Identified issue in 2017-18 data	Comparison to previous years	Actions	Lead	Target completion date	Update/notes
Static as there remains a difference between the Board where there is no BAME representation and the overall workforce	Currently the Trust Board **has no BAME representation** (and there is minimal representation across senior management, with only 11 BAME colleagues across the organisation at Band 8a or above)	The Trust Board has never had BAME representation	The Trust is taking part in the Insight programme, run nationally by Gatenby Sanderson. The Trust has been allocated a second BAME candidate from the programme to be mentored and given the opportunity to develop the skills to become NEDs in NHS Trusts, aiming to improve the representation of local communities at Board level across the South West.	Chair/Trust Secretary	Q3/Q4 2018/19 onwards	Pak Wong was seconded to the Trust through the programme from 1 September – 28 February 2018. He attended Board meetings, Committee meetings and had meetings with the Chair, Committee Chairs (half an hour before a Committee meeting), Trust Secretary and Exec members on request. Nicola Strother-Smith acted as Pak's buddy to give him additional insight and understanding of the role of the NED. Pak Wong successfully completed his programme with the Trust and confirmed that he had felt welcomed and supported by the Trust and the Trust Board. He is now on his second placement with an acute Trust continuing on the Insight Programme. GCS Trust Board second secondment, Bilal Lala, commenced in May until August 2018. He was supported through an equivalent programme and initial feedback is that he felt the organisation was supportive and open to developing colleagues from a BAME background at Board level. Moving forward both colleagues form the insight programme will

						inform further developments in to supporting potential NEDs. While the Trust Board has no member within the BAME classification it ensures that its Service Users stories, which are discussed in detail at Board, reflect the breadth of the Trust's community. The Trust is working in partnership with ²gether NHSFT to explore options for improving BAME representation at Board level in the Shadow Board for the merged Trust.
			Advertise Shadow NED / senior management posts (Band 8a+) in targeted publications and websites to reach a wider pool of BAME candidates.	Joint Director of HR & OD / Head of HR	Q3 2018/19 onwards	To scope local and national publications and other routes of value.
			Develop Values Based Recruitment training programme for recruiting managers and ensure that unconscious bias is part of this training programme, to encourage people to look beyond 'people who look like them' and increase the diversity of our workforce with strong candidates	Head of Organisational Development and Improvement	December 2018	This training programme has been developed by Head of Organisational Development and Improvement in partnership with the recruitment and training teams. We are currently working with ²g to deliver this in cooperation linked to the merger work regarding 'Shaping Our Future' and the development of new values within Launch and Lead week.
This is a continually worsening position	**White staff are 2.34 times as likely to be appointed from shortlisting compared to BAME staff**	This is a continually worsening position compared to 2.29 2016-17 2.20 in 2015-16 and 1.29 in 2014-15	Develop Values Based Recruitment training programme for recruiting managers and ensure that unconscious bias is part of this training programme, to encourage people to look beyond 'people who look like them' and increase the diversity of our workforce with strong candidates	Head of Organisational Development and Improvement	December 2018	This training programme has been developed by Head of Organisational Development and Improvement in partnership with the recruitment and training teams. We are currently working with ²g as above.

			Refresh the Trust's Equality and Diversity induction training and refresher training, putting a greater emphasis places on self-awareness of colleagues' own prejudices and stereotypes, and how they can act to prevent these turning into discrimination	Community Partnerships Team	Completed	Induction training has been reviewed by the Community Partnerships Team and the E&D refresher training has been updated.
			Review the recruitment process with regards to monitoring and assurance, to ensure that colleagues are following due process when interviewing and recruiting a diverse range of candidates	Head of HR	Q4 2018/19	Assurance through Equality & Diversity mandatory training and values based recruitment which includes unconscious bias. The latter commenced in August. Further scoping to ensure due process at interview and recruitment.
			Review the Trust's Equality and Diversity Policy, shifting the emphasis from legal obligations to promoting the benefits of working in an organisation which has equality and diversity at the heart of its actions and considerations. This includes a focus on expected behaviours of colleagues and service users.	Community Partnerships and Events Manager	Completed	This has been reviewed and published on the Trust's intranet and website, and communicated to teams through the CORE.
			Develop a programme of cultural awareness training and resources to increase colleagues' awareness of how they can best support patients and colleagues from different cultural backgrounds including: • structured training session for colleagues across the organisation, focussing on cultural awareness and understanding; • including aspects of cultural awareness in other training programmes, for example the end of life	Community Partnerships Team	Completed	Training has been delivered to community hospital teams across the county, which has been well received. The team are working with the Learning and Development team to include culture awareness and equality considerations into our end of life training programme. The app has also been developed, and has been noted and praised by CQC. The app has been shared with partners across the county, and to further develop it to widen the scope.

			training programme which is being developed for colleagues; • developing an app with easy to access resources and information; • regular communications in our CORE briefing to all colleagues.			
			Develop and promote work with higher education establishments around access to education including introduction of apprenticeships and step on, step off programmes on NHS, to support individuals to become qualified clinicians through apprenticeships	Head of Learning and Development	Ongoing with annual review	Currently working on implementing progression pathways for clinical staff. Allied Health Professional scoping workshop took place in April 2018 to discuss the introduction of the trainee assistant practitioner route. The first Cohort for the Trainee Assistant Practitioner Programme for AHP's is being planned for January 2019. The Learning and Development Team are working with Professional Leads to develop job descriptions and competencies. Trainee Nursing Associate 2nd cohort planned to start Sept'18 and these posts have been advertised through internal and external routes. GCS has been successful in securing funding to deliver training to line managers in recruiting apprentices with disabilities/learning disabilities. Following completion of a national 'Train the Trainer' programme. Advanced Clinical Practice apprenticeship now approved, currently reviewing how this will be implement within the Trust as this will be a priority to support the

						development of advancing practice pathways. All apprenticeship routes will need to go through a full tender process before being able to implement the pathways. Non-clinical pathways also developed with the introduction of L3 &L5 leadership and management. NHS Leadership Academy 'insight programme' for colleagues working at bands 5-7 has been advertised within the organisation as a commitment to further support leadership development for BAME colleagues.
The experiences of BAME colleagues has worsened	**% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months** (33% of BAME colleagues reporting this experience compared to 31% of White colleagues)	The experiences of BAME colleagues have worsened since 2016-17(26%) to align more closely with the experience of white colleagues in this regard.	Use the Countywide Equalities Group, which is attended by partner organisations across the county, to identify shared risks across the system through the WRES metrics, and look at shared solutions across the system, for example the introduction of a countywide BAME network for colleagues;	Community Partnerships Team	Ongoing	The launch of the new Diversity and Inclusion Network for Gloucestershire in October 2018, with representation from the Trust(WRES Lead) with aim to support learning from other organisations facing similar challenges and share cross sector experience, with engagement in collective problem solving and neutral, honest brokerage of ideas.
			Encourage colleagues to report on Datix when they experience any bullying, harassment or abuse from patients, relatives or public.	Security Management Specialist/Communications team	Ongoing	This is constant, via H&S, Datix administrator, induction, messages in the CORE, team briefs by the Security Manager.
			Refresh and circulate guidance for colleagues about support available to them if they have experienced abuse, harassment or bullying	Security Management Specialist/HR/ Communications team	Ongoing	Following any reported more serious incidents of assault, colleagues are supported and provided with additional be-spoked signposting.
			Review content of conflict resolution training to make sure staff are clear on reporting and support available	Head of Learning and Development	Completed	Conflict resolution training has been reviewed and delivery options have been refined for some staff groups to reflect requirements of their role, training matrices have been

						updated to reflect these changes. CRT content is current and in line with Skills for Health and NHS Protect guidance on best practice. This training does not support staff dealing with patients who display behaviours that challenge.
			Review and refresh currently materials in reception areas with regards to Trust policy on abuse from service users, families and public	Security Management Specialist/Communications team	To be confirmed	More details are required from author to identify specific sites and if further work is required then a suitable budget must be identified to support replacing information signs.
			Review the Trust's Equality and Diversity Policy, shifting the emphasis from legal obligations to promoting the benefits of working in an organisation which has equality and diversity at the heart of its actions and considerations. This includes a focus on expected behaviours of colleagues and service users.	Community Partnerships and Events Manager	Completed	This has been reviewed and published on the Trust's intranet and website, and communicated to teams through the CORE.
This is a continually worsening position	**% of staff experiencing harassment, bullying or abuse from staff in last 12 months**	Whilst the experiences of BAME colleagues are better than those of white colleagues, there has been a negative increase from 13% in 2016-17. Until this last year BAME colleagues had seen a decrease in actual terms (13% compared to 25% in 2015-16 and 31% in 2014-15). Also, the experiences of white colleagues had improved (21% compared to 22% in 2015-16 but 18% in	Launch new QEIA tool, with a more user friendly interface that supports colleagues to consider the impact of their work on colleagues and service users from BAME communities before any service changes are implemented, encouraging a culture of inclusion;	PACE/Head of Programmes and Change Management	To be confirmed.	Awaiting IT specialist to support final development of tool.
			Run a Trust-wide campaign to coincide with the launch of the new QEIA tool, with a focus on aligning quality and equality, to embed a culture where equality and diversity considerations and behaviours underpin high quality services.	Community Partnerships Team	To be confirmed.	See above
			Review exit interviews of colleagues to identify if colleagues are reporting common issues in their service area or across the	Ambassador for Cultural Change	Ongoing	As of April 2018, a monthly report received from HR Ops for review and FTSU Guardian offer as face to face interview. Ethnicity question to

		2014-15)	Trust			be included. Review of the exit interview process has commenced, with staff side support.
			Use the Countywide Equalities Group, which is attended by partner organisations across the county, to identify shared risks across the system through the WRES metrics, and look at shared solutions across the system, for example the introduction of a countywide BAME network for colleagues;	Community Partnerships Team	Ongoing	As above
			Work with colleagues to develop and introduce a network of Freedom to Speak Up Advocates across the organisation to help champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues to resources and channels for raising concerns. In collaboration with colleagues at 2gether Trust to promote consistent and best practice.	Ambassador for Cultural Change	Ongoing	Freedom to Speak Up (FTSU) Advocate model was advertised in the CORE and on-site visits. 40 colleagues have volunteered from across the Trusts with commitment from JNCF May 2018 to support development. Presentation to Trust Board in June with initial training by September 2018. Quarterly supervision and ongoing development of the role.
			Review the Trust's Equality and Diversity Policy, shifting the emphasis from legal obligations to promoting the benefits of working in an organisation which has equality and diversity at the heart of its actions and considerations. This includes a focus on expected behaviours of colleagues and service users.	Community Partnerships and Events Manager	Completed	This has been reviewed and published on the Trust's intranet and website, and communicated to teams through the CORE.
			Refresh the Trust's Equality and Diversity induction training and refresher training, putting a greater emphasis places on self-awareness of colleagues' own prejudices and stereotypes, and how they can act to prevent these turning into	Community Partnerships and Events Manager	Completed	Induction training has been reviewed by the Community Partnerships Team. The E&D refresher training has been updated as above.

			discrimination			
Slightly worsening position	**% staff personally experienced discrimination at work from Manager/team leader or other colleague** (8% of BAME colleagues reporting this experience compared to 7% of White colleagues)	This represents consistency of 1% from 2016-17, as significant improvement in the response of BAME colleagues, which was 17% in both previous reporting years. However, the experiences of white colleagues has worsened from 4% in both the previous reporting periods	Work with colleagues to develop and introduce a network of Freedom to Speak Up Advocates across the organisation to help champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues to resources and channels for raising concerns.	Ambassador for Cultural Change	Ongoing	Freedom to Speak Up (FTSU) Advocate model was advertised in the CORE and on-site visits. 40 colleagues have volunteered from across the Trusts with commitment from JNCF May 2018 to support development. Presentation to Trust Board in June with initial training by end September 2018. Quarterly supervision and ongoing development of the role.
			Review exit interviews of colleagues to identify if colleagues are reporting common issues in their service area or across the Trust	Ambassador for Cultural Change	Ongoing	As of April 2018, a monthly report received from HR Ops for review and FTSU Guardian offer as face to face interview. Ethnicity question to be included. Review of the exit interview process has commenced, with staff side support.

Trust Board

Date of Meeting: 27th September 2018

Report Title: Finance Committee Report

Agenda reference number:	14/0918
Accountable Executive Director: (AED)	Sandra Betney, Director of Finance
Presenter: (if not AED)	Graham Russell, Non-Executive Director
Author(s):	Sandra Betney, Director of Finance
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	None

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 plan.
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations

The Board are asked to **NOTE** the update from the 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 28th August 2018. Key aspects considered included the Month 4 Finance Report; Quality, Innovation, Productivity and Prevention (QIPP) performance and Commissioning for Quality and Innovation (CQUIN) achievement as well as progress again the Trust Cost Improvement Plan, the Trust's approach to business development matters and some estates matters.

2.1 Finance Report Month 4

The Committee was assured that at Month 4 the Trust on plan. It was confirmed that all the single operating framework indicators were green. It was noted that currently capital spend was not in line with plan, but processes were in place to take forward capital spend in the next month.

2.2 CIP/QIPP/CQUIN Progress

The Committee discussed progress on the Cost Improvement Plan (CIP) and the QIPP scheme milestones, noting the achievement of the first quarter's The Committee was advised that CQUINS for 2018/19 related to the national CQUINS as had previously been notified.

2.3 Estates Matters

The Committee had been updated on the plans for moving to Southgate Moorings. The wider draft ICS Estates strategy was also shared with the Committee.

2.4 Business Development Update

The Committee considered the proposed service developments regarding a variety of business opportunities and noted the report. Members confirmed that this approach would be taken forward by the Director of Finance.

2.5 Conclusion

The Committee also reviewed a range of summary reports from Steering Groups across the Trust and remains assured on all financial matters.

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

None.

4. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee.

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Trust Board

Date of Meeting: **Sept 2018**

Report Title: **Finance Report**

Agenda reference Number	15/0918
Accountable Executive Director (AED)	Sandra Betney , Director of Finance
Presenter (if not AED)	
Author(s)	Johanna Bogle , Deputy Director of Finance
Board action required	To note
Previously considered by	Not Applicable
Appendices	App 1 : Main M5 Finance Report

Executive Summary:

This report provides an overview of the Trust's financial position for Month 5 (M5) of 2018/19.

1. **Background**
   The Trust financial context for 2018/19 is summarised below.

   - Control Total surplus is £2.238m including £1.436m of Provider Sustainability Funding (PSF)
   - Revised Capital spend plan is £5.02m to match CRL allocation (down from £7.85m)
   - Cost Improvement Plan (CIP) target is £5.3m
   - Agency spending cap is £2.232m
   - Income potential from Commissioning for Quality and Innovation (CQUIN) is £1.9m and Quality, Innovation, Productivity and Prevention (QIPP) is £3.9m.

M5 year to date performance is as follows:

- Year to date surplus is on plan at £0.94m. Forecast is to deliver on plan.
- Capital spend to date is £0.10m compared to plan of £4.45m.
- Cash at the end of Month 5 is £16.88m compared to plan of £11.29m. This is mainly due to slippage on capital.
- YTD agency spend is £0.74m compared to a plan figure of £0.93m.

Single Operating Framework indicators are all green.

Recommendations:

The committee is asked to note the content of the report and in particular the risks at page 6 of Appendix 1 to this report.

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2018/19 Month 5 Finance Report

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Overview

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- Month 5 year to date surplus is in line with plan and budget at £0.94m. The current full year forecast is in line with plan at £2.26m (including PSF of £1.44m)
- The Agenda for Change (AfC) pay award cost and funding is included in the current YTD and Forecast position. An impact of up to £0.50m is expected in 18/19, which we will cover through non-recurrent underspends. The recurrent position (including anticipated incremental drift) will be modelled through budget setting. As yet there is no detail on recurrent funding arrangements for 2019/20.
- Agency spending cap is £2.23m (17/18 full year spend was £2.04m) Full year forecast is under the cap at £1.75m, Month 5 year to date is £0.74m compared to a plan of £0.93m.
- Full year Cost Improvement Plan (CIP) target for the full year is £5.28m. The CIP amount removed from full year budgets is £2.48m so far, from the following schemes: 1% Schemes £1.06m; Differential Targets £1.05m and Challenge Schemes £0.37m. Challenge schemes are being reviewed in September by the CIP Steering Group, but are currently forecasting to deliver £1.30m
- Full year income from Quality, Innovation, Productivity and Prevention (QIPP) schemes is forecast as the full amount available of £3.4m. Apart from the £0.4m MSK risk share, all schemes are finalised with the CCG.
- Full year income from Commissioning for Quality and Innovation (CQUIN) schemes is currently forecast in line with plan at £1.9m.
- Cash balance at the end of month 5 is £5.60m above plan at £16.88m. The positive variance is partly due to slippage on the capital plan cash outlay.
- Capital spend for the year to date is £109k compared to a planned YTD figure of £4.45m. A revised capital plan is now in place and the full CRL of £5.23m is expected to be spent by year end.

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Income and Expenditure

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Year to date performance to Month 5 is in line with plan at £0.94m and full year forecast is in line with plan at £2.26m

The summary I&E below shows differences to plan on Year to Date Income, Pay and Non Pay Costs

At service level there are overspends in Urgent Care and Challenge CIP, offset by underspends in Integrated Community Teams, Community Hospitals, Countywide and Children's services

Statement of comprehensive income £000	2017/18	2018/19	2018/19 Year to Date			2018/19
	Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast
Operating income from patient care activities	109,889	108,260	45,298	46,623	1,325	111,536
Other operating income exc PSF	1,048	1,380	575	688	113	1,397
Employee expenses	(78,529)	(77,750)	(32,395)	(33,576)	(1,181)	(81,163)
Operating expenses excluding employee expenses	(28,918)	(29,384)	(12,245)	(12,443)	(198)	(29,267)
PDC dividends payable/refundable	(1,666)	(1,800)	(750)	(692)	58	(1,760)
Surplus/(deficit) before impairments and transfers	**1,824**	**706**	**483**	**600**	**117**	**743**
Remove capital donations/grants I&E impact	97	120	50	30	(20)	87
Surplus/(deficit) exc PSF	**1,921**	**826**	**533**	**630**	**97**	**830**
Provider sustainability fund (PSF) income	3,642	1,436	407	311	(96)	1,436
Surplus/(deficit) inc PSF	**5,563**	**2,262**	**940**	**941**	**1**	**2,266**

Control total including PSF	**1,986**	**2,238**	**930**	**930**	**0**	**2,238**

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Balance Sheet

STATEMENT OF FINANCIAL POSITION (all figures £000)		2017/18	2018/19	2018/19 Year to Date			2018/19
		Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast
Non-current assets	Intangible assets	1,000	1,000	1,000	1,029	29	939
	Property, plant and equipment: other	58,709	64,159	62,159	57,526	(4,633)	58,610
	Total non-current assets	**59,709**	**65,159**	**63,159**	**58,555**	**(4,604)**	**59,549**
Current assets	Inventories	228	228	228	228	0	228
	NHS receivables	4,817	1,000	1,000	4,554	3,554	3,557
	Non-NHS receivables	1,939	3,130	3,130	2,132	(998)	3,130
	Cash and cash equivalents:	12,354	10,438	11,291	16,885	5,594	12,286
	Total current assets	**19,338**	**14,796**	**15,649**	**23,799**	**8,150**	**19,201**
Current liabilities	Trade and other payables: capital	(1,533)	(500)	(500)	(230)	270	(230)
	Trade and other payables: non-capital	(8,283)	(8,063)	(8,063)	(11,935)	(3,872)	(7,077)
	Borrowings	0	(148)	(148)	(148)	0	(148)
	Provisions	(160)	(138)	(138)	(128)	10	(113)
	Total current liabilities	**(9,976)**	**(8,849)**	**(8,849)**	**(12,441)**	**(3,592)**	**(7,568)**
Non-current liabilities	Borrowings	**(221)**	**(115)**	**(220)**	**(154)**	66	**(154)**
	Total net assets employed	**68,850**	**70,991**	**69,739**	**69,759**	**20**	**71,028**
Taxpayers Equity	Public dividend capital	79,982	79,982	79,982	79,982	0	79,982
	Revaluation reserve	610	609	609	609	0	609
	Other reserves	(2,398)	(2,398)	(2,398)	(2,398)	0	(2,398)
	Income and expenditure reserve	(9,344)	(7,202)	(8,454)	(8,434)	20	(7,165)
	Total taxpayers' and others' equity	**68,850**	**70,991**	**69,739**	**69,759**	**20**	**71,028**

Capital and Cash

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Capital schemes	2018/19	Year to Date		2018/19	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Plan	Plan	Actual	Initial CRL Allocation	M5 Revised CRL Allocation (FY Forecast)	Plan	Plan	Plan	Plan	Plan
Gloucester base	3,400	3,400	7	3,400	786	0	0	0		
Cheltenham Base	0	0	0	0	1,529	500	0	0		
Forest of Dean	800	0	0	0	50	5,500	4,700	-1,500		
Building refurbishment	2,250	575	97	1,160	1,485	750	1,250	2,000	750	800
IT replenishment	600	150	0	0	600	600	600	600		
IT Network replacement	300	125	3	300	300	300	300	300		
Medical Equipment	500	200	2	161	271	200	200	200		
Total	**7,850**	**4,450**	**109**	**5,021**	**5,021**	**7,850**	**7,050**	**1600**	**750**	**800**
DHSC Wifi Network Funding (additional CRL)				205	205					
Grand Total	**7,850**	**4,450**	**109**	**5,226**	**5,226**	**7,850**	**7,050**	**1,600**	**750**	**800**

- Year to date spend for month 5 is £109k. Current level of spend approved and forecast is £5.226m
- The Gloucester base £2.8m was planned as capital expenditure, but has been amended to be an operating lease in year.
- The work on the Gloucester base £786k and Cashes Green £500k (which is included within Building refurbishment) have started and are planned to complete in Q3.

Cash position at the end of the month 5 is a positive balance of £16.9m

- This is £5.6m higher than plan. £2.8m of this is due to the Southgate Moorings lease incorrectly showing in the plan as a cash outlay in May. This has been corrected in our cash forecast. £1.6m of other capital spend is significantly below plan for the year to date.

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Cash Flow Summary

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Statement of Cash Flow £000	ACTUAL YTD to Aug 2018		FORECAST YTD to Aug 2018	
Cash and cash equivalents at start of period		**12,354**		**12,354**
Cash flows from operating activities				
Operating surplus/(deficit)	1,573		3,867	
Add back: Depreciation on donated assets	40		90	
Adjusted Operating surplus/(deficit) per I&E	**1,613**		**3,957**	
Add back: Depreciation on owned assets	1,799		4,073	
(Increase)/Decrease in trade & other receivables	69		69	
Increase/(Decrease) in provisions	(32)		(47)	
Increase/(Decrease) in trade and other payables	1,351		(1,016)	
Increase/(Decrease) in other liabilities	(123)		(123)	
Net cash generated from / (used in) operations		**4,677**		**6,913**
Cash flows from investing activities				
Interest received	30		72	
Purchase of property, plant and equipment	(109)		(5,226)	
Net cash generated used in investing activities		**(79)**		**(5,154)**
Cash flows from financing activities				
PDC Dividend (Paid)/Received	0		(1,760)	
Finance Lease Rental Payments	(67)		(67)	
		(67)		**(1,827)**
Cash and cash equivalents at end of period		**16,885**		**12,286**

Understanding You

Risks

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Risks to delivery of 2018/19 position, as well those carried into 2019/20, are as set out below:

	Intial Risk/ (Opportunity) identified at plan	18/19 Mitigated Risk at month 5	Month 5 Change	19/20 Risk at month 5
Delivering required recurrent CIP	1,500	0	-1,000	1,100
Delivering required non recurrent CIP	500	0	0	0
Delivery of non rec savings in year to offset CIP phasing	1,000	0	0	0
Delayed agreement of capital limit impacts STP and CIP work	300	0	0	0
Potential in-year impact of unfunded elements of July pay award	600	500	0	1,000
Unbudgeted elements of 2G integration work	200	0	-200	0
VAT changes impacting recovery on Systm1	100	134	34	77
QIPP risk share (MSK)	900	393	0	0
Delivering CQUIN in line with plan	2,000	400	0	0
Managing agency spend within cap	663	0	0	0
GCC rental charges on ICT bases	500	0	-229	229
GCC Management Charge	150	0	-100	150
	8,413	**1,427**	**-1,495**	**2,556**

Note that plan includes £1,436k of PSF (formerly STF) income. If risks cannot be mitigated and pre-PSF control total surplus of £802k isn't delivered then PSF income will also be lost and surplus impact will be magnified.

Understanding You

Single Operating Framework

Gloucestershire Care Services NHS Trust

All indicators are currently green

Finance and use of resources rating	Audited PY 31/03/2018 Year ending	Plan 31/03/2019 Year ending	Actual 30/04/2018 Month 1	Actual 31/05/2018 Month 2	Actual 30/06/2018 Month 3	Actual 31/07/2018 Month 4	Actual 31/08/2018 Month 5	Forecast 31/03/2019 Year ending
Capital service cover rating	1	1	1	1	1	1	1	1
Liquidity rating	1	1	1	1	1	1	1	1
I&E margin rating	1	1	1	1	1	1	1	1
I&E margin: distance from financial plan	1		1	1	1	1	1	1
Agency rating	1	1	1	1	1	1	1	1

Understanding You

Gloucestershire Care Services NHS Trust

Trust Board	
Date of Meeting:	**27th September 2018**
Report Title:	**Audit and Assurance Committee Update**

Agenda reference Number	16/0918
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	

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.

Recommendations:

The Board is asked to:

(i) **NOTE** the contents of the Audit and Assurance Committee report.
(ii) **APPROVE** the proposal to amend the Audit and Assurance Committee's Terms of Reference to incorporate review of the Board Assurance Framework and wider assurance relating to risk across the Committee structure and to update the Committee's name to Audit and Risk Assurance Committee.

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 18th September 2018. Key Issues considered by the Committee were Internal Audit Update, Finance Compliance, Wider System Governance, the Risk Register and the Committee's remit.

2. Internal Audit Reports

Members considered the Internal Audit Progress Report and noted that fieldwork was progressing and that Internal Audit reports were on track for the December meeting.

It was confirmed that there were no concerns at this time relating to Audit Recommendation responses, although it was noted that some actions were being impacted by wider system matters.

3. Finance Compliance

The Committee was updated on the Trust's key compliance measures: Trust Aged Debtors, Trust Aged Creditors, Better Payment Performance, Fixed Asset Impairments, Special Payments and Waivers It was confirmed there were no significant issues at this time and that more detailed reporting was to be developed to support the tracking of the Better Payment Performance..

4. Wider System Governance

The Chair of the Committee confirmed he had regular meetings planned with his counterpart within 2gether NHS Foundation Trust, supported by the Internal Auditors, in relation to the proposed merger with 2gether NHS Foundation Trust.

The Chair of the Committee also confirmed that regular meetings were now in place for Audit Chairs across the Gloucestershire health system to understand common issues and in recognition of the Integrated Care System developments.

5. Risk Register and Committee Remit

The Committee considered the Risk Register and the Committee's remit in relation to risk. It was proposed that to support holistic oversight of risk, particularly given the breadth of the Board's current agenda, that the Audit Committee additionally reviewed the Board Assurance Framework at its meetings, considered Strategic Risk and that the Committee would have a role in considering the wider assurance relating to risk across the committee

structure which it would then report to the Board in its Committee Report. It was agreed this proposal would be taken to the Board and the Committee Terms of Reference be updated to reflect this.

6. Conclusion

The Audit and Assurance Committee has reviewed a range of assurance reports from across Trust and has maintained an independent and objective review and is proposing an amendment to its remit to enable it to further support the Board's review of risk.

7. Recommendations

The Board is asked to:

(iii) **NOTE** the contents of the Audit and Assurance Committee report.
(iv) **APPROVE** the proposal to amend the Audit and Assurance Committee's Terms of Reference to incorporate review of the Board Assurance Framework and wider assurance relating to risk across the Committee structure and to update the Committee's name to Audit and Risk Assurance Committee.

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TRUST PUBLIC BOARD - FORWARD PLANNER

Month	January	March	May / June	July	September	November
General Business						
Service User Story	x	x	x	x	x	x
Freedom to Speak Up Story			x			x
Questions from the public	x	x	x	x	x	x
Leadership & Strategy						
Chair's Report	x	x	x	x	x	x
Joint Strategic Intent update *			x	x	x	x
Executive Team Report	x	x	x	x	x	x
One Gloucestershire – Integrated Care System, including any consultation updates	x	x	x	x	x	x
Forest of Dean *			x	x	x	x
CQC Final Report			x			
Business Plan		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	Month 9	Month 11	Month 12 and 1	Month 3	Month 5	x Month 7
Finance						
Finance Committee update	x	x	x	x	x	x
Finance Report	Month 9	Month 11	Month 1	Month 3	Month 5	Month 7
Budget		x				
Assurance						
Board Assurance Framework	x	x	x	x	x	x
Charitable Funds Update (as required)	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) **DUE 2019**		Finance Strategy 2017 (every 3 years) **DUE 2020**		
	Estates Strategy **DUE 2018** (every 3 years)					
	Communication & Engagement Strategy 2017 (every 3 years, **DUE 2020**)					

Corporate						
Understanding You Report			x			x

* These items are contained within the Chief Executive or Chair's Report.

Every routine meeting will normally 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