Gloucestershire Care Services NHS
NHS Trust

Meeting of
Gloucestershire Care Services
NHS Trust Board

Papers for Meeting to be held at
9.30am on Tuesday, 10th September 2013 at
Foxes Bridge Day Centre, Cinderford, GL14 2LJ

GLOUCESTERSHIRE CARE SERVICES NHS TRUST BOARD

Meeting to be held on Tuesday 10 September 2013
Foxes Bridge Day Centre, Cinderford, GL14 2LJ from 09.30 – 16:00

AGENDA (PART 1)

09.30 – 10.00 Patient/Staff Story (Sensory Services)

Item		Presenter	Paper	Time
1.	**Apologies:**	Chair		10.00
2.	**Declaration of Interests**	Chair	Verbal	
3.	**Minutes of the Meeting held on 9 July 2013**	Chair		
4.	**Matters Arising (Action Log)**	Chair		
5.	**Questions from the Public** *Questions relating to items on the agenda only should be provided in advance to the Board Secretary by 12noon on Monday 9th September 2013*	Chair		10:10
6.	**Chair's Report**	Chair		10.15
7.	**Chief Executive's Report**	Chief Executive		10.20
Governance, Quality and Safety				
8.	**Quality Report**	Director of Nursing		10.25
9.	**Service User Experience Report**	Director of Project Development and Strategy		10.40
10.	**Report from the Integrated Governance & Quality Committee**	Chair of IG&Q Committee		11.00
11.	**Report from the Charitable Funds Committee**	Chair of CF Committee		11.05
12.	**Report from the Performance & Resources Committee**	Chair of P&F Committee		11.10
COMFORT BREAK AT 11.15				

Strategy				
13.	**Urgent Care and Discharge Planning**	Interim Chief Executive		11.30
14.	**Update on Integrated Community Teams**	Interim Chief Executive		11.45
15.	**Medical Leadership paper**	Clinical Director		12.00
16.	**Transforming Local Care Programme Board update**	Director of Project Development and Strategy	Verbal	12.20
17.	**HR & OD Programme Board**	Head of Human Resources		12.40
18.	**Your Care, Your Opinion Programme Board update**	Director of Project Development and Strategy	Verbal	12.50
LUNCH BREAK FROM 13:00 to 14:00				
Service Delivery and Performance				
19.	**Integrated Quality & Performance Report**	Director of Finance		14.00
20.	**Finance Report**	Director of Finance		14.20
Information				
21.	**Any Other Business**	Chair		14.40
22.	**Date of Next Meeting** *Tuesday, 12 November at 9.30am at the Old Town Hall, High Street, Stroud, GL5 1AP*			

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential matters of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1 (2) Public Bodies (admission to Meetings) Act 1960]

Gloucestershire Care Services NHS
NHS Trust

GLOUCESTERSHIRE CARE SERVICES
NHS TRUST BOARD

Minutes of the Meeting held on Tuesday, 9th July 2013 in the Meeting Room, North Cotswolds Hospital

Voting Board Members	
Ingrid Barker (IB)	Chair
Paul Jennings (PJ)	Interim Chief Executive
Rob Graves (RG)	Non-Executive Director
David Harwood (DH)	Non-Executive Director
Anne Noble (AN)	Non-Executive Director
Joanna Scott (JS)	Non-Executive Director
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive
Elizabeth Fenton (EF)	Director of Nursing
Board Attendees (Non-Voting)	
Susan Field (SF)	Director of Adult Services
Simeon Foreman (SAF)	Board Secretary
Andrew Hall (AH)	Director (Project Development and Strategy)
Tony Hicks (TH)	Councillor, Gloucestershire County Council
Duncan Jordan (DJ)	Chief Operating Officer, Gloucestershire County Council
Candace Plouffe (CP)	Director of Countywide, C&YP Services
Tina Ricketts (TR)	Head of Human Resources
In Attendance	
Caroline Holmes (CH)	Locality Manager, Cheltenham & Cotswolds
Bernie White (BW)	Referral Centre Team Manager
Tracy Ramage (TM)	Rapid Response Nurse
Debbie Miles (DM)	Reablement Co-ordinator for the North Cotswolds
Ruth Darling (RD)	Communications Manager
Jason Brown (JB)	Foundation Trust Programme Manager
Rob Brown (RB)	Foundation Trust Programme Manager
Ziana Maideen (ZM)	Minutes

Unconfirmed

Members of the Public/observers
Three members of staff/public were present at the meeting.

Ref	Minute	Action
	Introductory Comments The Chair opened by thanking Linda Edwards, Matron, for allowing the Board to use North Cotswolds Hospital for their meeting. Introductions were made around the table and the Chair welcomed members of staff and the public.	

	Patient/Staff Story – Adult Referral Centre The Chair welcomed Caroline Holmes (CH), Cheltenham & Cotswolds Locality Manager and Bernie White (BW), Tracy Ramage (TR) and Debbie Miles (DM) from the Adult Referral Centre to the meeting to share their patient stories. The first case study related to the support provided to a patient who suffers from depression and dementia and was experiencing suicidal tendencies, refusing to eat or take her medication and refusing to go to the Acute Trust. Following a call from the patient's husband, Referral Centre staff were able to complete the appropriate referral form online. Within an hour TR (Rapid Response Nurse) and an OT colleague visited the patient at home. Reablement was arranged and the patient was supported by the team to wash, dress and helped to walk with the use of a frame. Within two weeks of reablement the patient was feeling much better. Staff had job satisfaction as they were able to make a difference to the patient's life. Questions from Board members related to awareness of the Referral Centre amongst GPs and it was advised that not all GPs are aware so reminders and message to highlight the services available are always welcomed. Another question related to ownership of the patient care plan and BW advised that staff work closely with the patients' GPs. The second case study presented by TR related to a 91 year old patient who had fallen and was admitted to Gloucester Royal Hospital and then discharged after two and a half weeks. Whilst at home, they suffered a second fall and this time refused admission to the Acute Trust. It was decided that the patient needed reablement at home and a physio visit was provided to encourage the patient to walk. After four weeks of reablement the patient was more confident walking. The patient's daughter called Adult Services who referred her to the Referral Centre. BW reported most of the referrals calls come via GP surgeries. The Interim Chief Executive has visited the Community Hospitals and understood the Referral Centre would like to do more to help patients avoid readmission to hospital. BW explained that there is still work to be carried out to improve the service. The Chair thanked the team for their fantastic presentations and continued excellent work to support the people across Gloucestershire.	
TB 46/13	**Agenda Item 1: Apologies for Absence** Apologies were recorded for:	

Unconfirmed

	Penny Harris, Chief Executive Jo Bayley, Clinical Director	
TB 47/13	**Agenda Item 2. Declarations of Interest** It was noted for the record that declarations of interest for the Interim Chief Executive had been submitted to the Board Secretary.	
TB 48/13	**Agenda Item 3. Minutes of the Meeting held on 14th May 2013** The Board reviewed the minutes of the meeting held on 14th May 2013 and agreed the following amendments. ***TB38/13*** paragraph 3 – addition to the key themes Legal implication of Francis report ***TB42/13*** paragraph 1 – amend to read The Director of Adult Services (Interim) **The Board resolved that the minutes be APPROVED subject to the amendments agreed.**	**SAF**
TB 49/13	**Agenda Item 4. Matters arising** The Board reviewed the Action Log and noted the actions that had taken place to close off the actions. Where items have not been closed the Board received a progress update as follows and these are shown on the Action Log for the next Board meeting. **The Board NOTED the following actions as complete**.	

Minute Reference	Action Agreed	Lead Exec	Update for 9th July 2013
8/1/13 – item 9	Audit Committee to review financial thresholds to inform assessment of risk	Director of Finance	New thresholds agreed at A&A meeting in June 2013 and reflected in revised strategy and policy.

Unconfirmed

12/3/13 Item 7	Quality Account to be considered by Board in May	Director of Nursing	Chair and Chief Exec delegated to sign off Quality Account for submission to Secretary of State by 30 June. On July Board agenda meeting for formal approval. **Quality Account on Agenda for July Board.**
12/3/13 Item 9	Care Quality Strategy development to reflect the views of the Operational Board and overseen by FT Foundation Board	Clinical Director	Agenda Item for 9th July 2013. On Agenda.
12/3/13 Item 13 & 14	An Improvement Plan for reablement services should be developed with update to the Board in July	Director of Adult Services	Progress to be reported through Integrated Performance Reports
TB15/13	Executive Team to review the Board Assurance Framework and make recommendations to the IGC.	Chief Executive	Agenda Item for 9th July 2013. On Agenda.
TB29/13	Trust to confirm intent to be a full member of the West of England Academic Health Science Centre, with full report to be considered in July 2013	Director of County Wide & Children and Young Peoples Services	Decision to become a member of the AHSC delegated to the Executive Team. **Director of County Wide & Children and Young Peoples Services has attended this and work is progressing.**
TB36/13	Chair to write letter of thanks to Sally Sheen	Chair	Letter written and acknowledgement received.

TB37/13	Chair authorised to agree Trust response to the Right Care, Right Time, Right Place proposals for change in line with approach agreed	Chair	Letter written and acknowledgement received.
TB38/13	IG&QC to monitor the progress of actions agreed for the Trust as a consequence of the Mid Staffs enquiry report	Director of Nursing	Issue discussed at IGQ&C and next steps outlined in Committee report to Board.
TB38/13	Commission work on the leadership culture and values of the Trust for the Organisation Development Strategy for presentation to July's Board	Head of HR	Agenda Item for 9th July 2013. On agenda.
TB38/13	Progress work to develop a service user experience strategy	Director (Project Development and Strategy)	Report of Your Care, Your Opinion on agenda for 9th July. On agenda.
TB42/13	Work with Chief Operating Officer of GCC and health organisations towards becoming a Pioneer site for integration across health and social care in Gloucestershire	Director (Project Development and Strategy)	Agenda Item for 9th July 2013. On agenda.
TB44/13	Include in Integrated Performance Report an update on the work to address capacity problems experienced within Adult Physiotherapy	Director of Finance/ Deputy Chief Executive	Included within the performance report for 9th July.

	TB44/13	Include on Board Development Programme forward plan a detailed report on workforce performance	Board Secretary	Included within the performance report for 9th July.	
TB 50/13	**Agenda Item 5. Chair's Report** The Chair welcomed the Interim Chief Executive, Paul Jennings, as Penny Harris is on extended leave. The Chair was delighted to report that both Susan Field had been appointed Director of Adult Services and Candace Plouffe appointed as Director of Countywide and Children and Young People's Services substantively and thanked them for their contributions in their respective interim roles. The Chair and Professor Clair Chilvers, Chair of Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) held a joint Board workshop to share information relating to urgent care provided by the respective Trusts and arising from this Rob Graves will be working together with Gordon Mitchell, a NED at GHNHSFT. The Chair's report included the sad loss of John Hale and Frank Baynham who have been loyal friends and supporters of our services for many years. The Board will consider a fitting commemoration to John and Frank and discussions are continuing to take place with relevant staff. A Board to Board meeting with the Clinical Commissioning Group (CCG) is being proposed to help understand targets and performance. The Director of Finance welcomed this due to the links to QIPP, risk and pressures in the system. **The Board resolved that the report be NOTED.**				**SAF**
TB 51/13	**Agenda Item 6. Chief Executive's Report** The Interim Chief Executive presented the report, highlighting the following areas; GCS NHS Trust has been selected to participate in the National Hydrant Programme. This programme looks to provide support to patients to enable them to effectively maintain hydration independently and early evidence suggests the benefits may include reduced incidents of pressure ulcers, urinary tract infection and general well-being. The Board noted the update on the actions agreed at the Board to Board with Gloucestershire Hospitals NHS Foundation Trust on				

Unconfirmed

	urgent care issues. Discussion has taken place to establish a joint post to help move this work forward and the Director of Adult Services stated she was positive the funding for this post will be approved. The Board were advised that the work that the Trust had contributed to on Dementia in Black and Minority Ethnic communities has been cited as one of seven case studies to highlight best practice in an All Party Parliamentary Group report. **The Board NOTED the report.**	
TB 52/13	**Agenda Item 7. NHS Trust Development Authority Self-Certification** The organisation is required to complete and submit two Self-Certifications each month to the NHS Trust Development Authority (TDA) and good governance requires a report on the assurance of the monthly returns to the Board. Any items arising from this submission will be discussed at next Board meeting due to the timescales set to complete the return. The Director of Finance confirmed that whilst this is a submission for Health governance and does not concern services provided to Gloucestershire County Council (GCC), the self-assessment does include aspects of overall risk management and governance. RG (NED) asked if this task can be delegated to auditors to complete and advised the statutory legal responsibility sits with Board members. The Interim Chief Executive informed the TDA will be examining the working relationship between Health and the County Council. A decision was taken by Board members that the return will be completed by the Board Secretary and the Chair following review of the return by the Chief Executive and Chair. **The Board APPROVED this decision.**	**IB/SAF**
TB 53/13	**Agenda Item 8. Quality Accounts** The Board **RECEIVED** the report. The Quality Account document is now available on the Trust's intranet. The Director of Nursing factored in the feedback received and published the document as required including emailing to the Secretary of State. She provided assurance to the Board that teams are looking at how quality may be considered in terms of outcome measures. The Quality Account shows the number of falls reported by GCS is almost the same as in the same reporting period last year, however, the impact of the work undertaken has been in the level of harm. End of life care was discussed in relation to the CQUINs and Anne Noble queried the number of patients who are able to achieve their preferred place	**EF**

Unconfirmed

	of end of life care and the Director of Nursing will provide this information by email to Board members. Anne Noble asked about agreement with the CCG to increase Community Hospital staffing and the Director of Nursing reported the plan has been agreed and details are being confirmed.	
TB 54/13	**Agenda Item 9. Board Assurance Framework and Risk Register** **Assurance framework** The Interim Chief Executive advised that thought should be given by the Board to other significant items that need to be included on the assurance framework. The Chair proposed the scorings and headings of the document be reconsidered. The Board agreed this action and recommended it be discussed at sub group meetings. The Board Secretary proposed taking to a Board Development session. David Harwood suggested the Board Secretary meet with sub-committee executive leads in the first instance and then brought to Board Development for discussion. **Risk Register** There are some items that have remained on the Risk Register for a long time. Anne Noble suggested contacting John Bullivant of the Good Governance Institute who will be able to provide guidance and support on risk register issues. **The Board RECEIVED the report**.	**SAF** **SAF**
TB 55/13	**Agenda Item 10. Audit and Assurance Committee Report** The Chair of the Audit and Assurance Committee (Robert Graves) reported the Committee had approved deferral of the Hope House investigation report until the next meeting. The Committee approved the Counter Fraud action plan 2013-14. **The Board RECEIVED the report.**	
TB 56/13	**Agenda Item 11. Integrated Governance and Quality Committee Report** The Chair of the Integrated Governance and Quality Committee (Anne Noble) reported on our internal processes to evidence, using the CQC Provider Compliance Assessment documents. Discussion took place around thresholds and action plan monitoring. The Director of Nursing reported that she is reviewing our processes, including mock inspections, to ensure we have a robust process across all services. **The Board RECEIVED the report.**	

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TB 57/13	**Agenda Item 12. Patient Survey** Your Care, Your Opinion Programme Board will be looking into surveys and communications which relate to CQUIN targets. The organisation's Friends and Family survey score remained the same at 97%. The actual response rate dropped in April and May, however, June's response is improved. A new console will be piloted at Community Hospitals where the survey will be carried out whilst patients are still in hospital. **The Board RECEIVED the report.**	
TB 58/13	**Agenda Item 13. Staff Survey** A staff survey was carried out in March 2013. More than a 1,000 members of staff were sent the survey and the response rate was 33.8%. There have been improvements in four of the seven areas: • 1a – I am able to do my job to a standard I am personally pleased with • 1d – I believe my role makes a difference to patients / customers • 1e – I am able to contribute towards improvements at work • 1f – I am able to make suggestions to improve work of my team / department Directors and Locality Managers will discuss the staff survey at locality Staff Forum meetings. Medical and Dental returns are poor and the Director of Finance advised this is due to the low number of medical and dental staff employed by the Trust. Duncan Jordan recommended the questionnaires may need re-wording to encourage more staff to respond. **The Board RECEIVED the report.**	**TR**
TB 59/13	**Agenda Item 14. Policy Approvals: Health and Safety Policy** The Head of HR presented the item and explained that the approval of the policy was a matter reserved to the Board. **The Board APPROVED the Health and Safety policy.**	
TB 60/13	**Agenda Item 15. Pioneer Bid** The Gloucestershire Health and Wellbeing Board agreed to submit a partnership bid on behalf of the Health and Social Care community. The bid was submitted to Government on 28th June 2013. The Board endorsed the bid and the Chair recommended	

Unconfirmed

	the involvement of local MPs in the project. **The Board RECEIVED the report**.	
TB 61/13	**Agenda Item 16. Risk Management Strategy** The Board Secretary presented the paper and explained the links to the Board Assurance Framework. Minor amendments to be made to the Strategy include; explaining the role of the Board and Non-Executive Directors, referencing patient safety in Section 3 and reflecting that the Complaints team will move into the Project Development and Strategy Directorate. The Board Secretary will make these amendments and also establish a library of all Equality and Quality Impact Assessments. **The Board APPROVED the Risk Management Strategy subject to the minor amendments being made and pending a full review in September 2013.**	**SAF**
TB 62/13	**Agenda Item 17. Organisational Development Strategy Update and Next Steps** The Organisational Development (OD) Strategy will be re-visited as a result of feedback from staff to Investors in People and staff conversation forums. The Head of HR proposed objectives are carried out in workstreams with a lead and completed by end of March 2014. The aim is to develop a single organisational culture focusing on improving outcomes for service users as well as create an innovative organisation that can recruit and retain members of staff. Transforming Local Care (TLC) Theme 5 is currently working on these objectives. Management tiers within the organisation will be looked at to ensure the right education and training is in place. The Board will review the progress of the Implementation Plan in January 2014. **The Board agreed to review the Implementation Plan at January 2014's Board meeting.**	**TR**
TB 63/13	**Agenda Item 18. Quality Care Strategy – Progress Update** Jason Brown (JB) and Rod Brown (RB), Foundation Trust Programme Managers, presented the Clinical and Professional Care Strategy Progress Report to the Board in the absence of the Clinical Director. This paper is one of a number of key strategies and policies being developed by the Trust. The final iteration of this report is to be completed by November 2013. RB advised the Trust's ambitions have been included in the report to seek recognition as a community provider of choice for service users	

Unconfirmed

	within Gloucestershire. The Strategy aims to progress the wider integration agenda and support the development of strategic alliances with professional partners, to ensure the best possible experience for patients and service users. The work to date has included a high level of staff and stakeholder involvement and the draft will be further shared at a number of consultation meetings taking place around the county. The Board requested that work going forward in this area include more detail on new business opportunities, clinical leadership, savings plans and more detail on taking care of people where they live. **The Board NOTED the progress update.**	**JB/RB**
TB 64/13	**Agenda Item 19. Report from Your Care, Your Opinion Programme Board** Your Care, Your Opinion Programme Board held a workshop on 4th June 2013 where it was agreed the Trust develop a single communications and engagement strategy. The strategy will identify the needs of each stakeholder group and the various approaches required to ensure each is communicated and engaged with appropriately. **The Board RECEIVED the report.**	**AH**
TB 65/13	**Agenda Item 20. Foundation Trust Programme Board** The Director (Project Development and Strategy) advised on the national policy that all NHS Trusts need to move forward and progress Foundation Trust (FT) status or enter into wider discussions with another provider. GCS NHS Trust wish to become a FT and have a FT Programme Board to progress this work. There are also monthly meetings with the NHS Trust Development Authority (NHS TDA). The FT application process required the Trust to have in place a number of strategies and these fit into the following key themes; Quality, Complaints, Corporate, HR, Finance and Community. **The Board ENDORSED the rationale for FT and the process in place to progress this work.**	
TB 66/13	**Agenda Item 21. Performance and Resources Committee Report** David Harwood reported the three main topics of discussion at the first meeting of the Committee were:	

Unconfirmed

	- Capital plans - Terms of Reference - Performance Report It was noted assets of £67 million were transferred to the Trust and processes are in place to manage these. In accordance with the agreement three properties were not transferred to the Trust; George Moore Clinic, Fairford Hospital and Edward Jenner Court. The Director of Finance is in discussion with NHS Propco and is pursuing a claim to get them transferred to the Trust. The Director of Finance confirmed the Trust has a capital programme of £5.6 million and a further £2 million to complete the Tewkesbury hospital build. **The Board RECEIVED the report and APPROVED the Terms of Reference for the Committee.**	
TB 67/13	**Agenda Item 22. Integrated Performance Report** The Director of Finance presented the Integrated Performance Report and highlighted the following areas to the Board. **5.1 Newborn Bloodspot Screening** The target to be recorded by 17 days of age was not achieved in May 2013 and was due to the delay in receiving results from the lab. Daily electronic data upload has been implemented to ensure that the target is achieved going forwards. **5.2 Clostridium Difficile Infections in Community Hospitals** The Director of Nursing reported on the *C.diff* cases. Six positive cases in June were reported which brings the total in this financial year to 12 against a tolerance level of 18. A root cause analysis is undertaken for each case, and ribotyping. A draft action plan is in place which will be discussed in detail and the IG&QC and GCS are working closely with GHNHSFT to ensure an approach across the patient pathway. **5.3 Sexual Health: Chlamydia Screening** Target for Chlamydia screening in 2013/14 is still to be agreed, although a change to the target is anticipated aligned to recent Department of Health recommendations. A delivery plan is being developed to include target number for positive screening for each area. **5.4 HPV Immunisation** Performance of all three immunisations remains an improvement on last year's. First immunisations have now achieved the 90% target and middle to longer term efforts continue to increase the consent rate.	**AN/EF**

Unconfirmed

5.5 MSKCAT
In May performance for new 4 week target was 81%. The referral to treatment target of 95% of patients seen within 8 weeks was achieved by 99%. Current targets have been raised with the Contract Board Commissioners to review.

5.6 Single Point of Clinical Access
Abandoned calls increased in May to 6% from 4.5% recorded in April. Year to date performance is 5.2% and action plans are in place to manage the issues.

5.7 Community Hospital Inpatients – Average Length of Stay
Average Length of Stay for Community Hospitals for 2013/14 has not been agreed. All Matrons and Locality Managers receive a report noting all current inpatients' length of stay over 30 days to assist discharge planning.

5.8 Sexual Health – Psychosexual Medicine
Year to date performance is 92% against a target of 95% for inpatients referred to Psychosexual Medicine Service receiving treatment within 8 weeks of referral.

5.9 Urgent Care Update
GCS is required to review the current work programme and to develop workstreams and a revised implementation programme and metric dashboard to enable the organisation to be at the forefront of community service delivery. An Urgent Care lead has been appointed to enable the development of Urgent Care Strategy.

5.9 Rapid Response
Final business case for the new Rapid Response Service is being sent to commissioners for end of July 2013 decision. Recruitment for staff has commenced and the implementation will be a phased approach starting with the Gloucester City locality.

5.9 Integrated Team Approach
This will include Rapid Response Service and High Intensive Service (HIUs).

5.9 Single Point of Clinical Access (SPCA)
A review of the current level of use of SPCA is required to describe its call handling model for professional calls, and outward patient facing contacts, plus any alignment with the locality referral centres.

5.9 Integrated Discharge Team (IDT)
Recruitment of staff to all elements of the IDT service is underway with the aim of a full service in place by 2nd September 2013.

Unconfirmed

5.9 Nursing Reablement Beds
An alternative twelve additional beds in Gloucester and Cheltenham are potentially being commissioned to provide nursing reablement to step-down patients in the acute hospital, identified by IDT as suitable for early discharge.

5.9 Out of Hours (OOHs)
NHS111 continues to be supported by GCS OOHs to manage demand. Overall, Out of Hours demand is continuing to rise and GCS performance for the indicators within the scorecard remains on target.

5.9 Board to Board Meeting with Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)
At the end of May a Board to Board meeting between the two providers took place. This proved to be a constructive session with a number of agreed actions that are being taken forward, some of which are mentioned above in support of the Urgent Care agenda.

5.10 Standards to facilitate discharge from hospital
Reporting and data quality issues are still being addressed regarding the process of monitoring patients against the recently introduced discharge standards that have now been agreed between the two organisations.

5.11 Adult Social Care
There are a number of indicators with targets that need to be agreed by the SLA group.

5.11.2 Reablement
There continues to be improvement in the number of people starting, receiving and completing reablement as indicators show on the report.

5.11.5 Ongoing Development
An additional information analyst, funded within the GCS Performance and Information team, started in post in June 2013. The key function of this post will be to support the analysis of the data supporting the scorecard, including ensuring that reports are available to Team level, and weekly reports are available in support of monitoring key work areas as identified above.

5.11.6 Hygrove House closure
HC-One, the proprietors of Hygrove House in Minsterworth have announced their decision to close this Care Home, working to a September 2013 closure plan. As a result GCS NHS Trust is currently reassessing all 28 residents and sourcing alternative placements for them, ensuring that their safety, health and wellbeing remains the primary concern.

Unconfirmed

	5.11.7 Reviews Work is underway to ensure Community Team Managers and Locality Managers are supplied with a list of all outstanding reviews on a weekly basis. The Board **RECEIVED** the report and **NOTED** the improvement plans and actions being taken in the areas where performance is not at the required level.	
TB 68/13	**Agenda Item 23. Finance Report** The Director of Finance presented the report to the Board and advised the Trust is required to achieve a £2 million surplus. The Trust has a £4 million cost improvement plan saving target and a further QIPP target of £3.9 million. Key performance indicators to ensure delivery of QIPP and a matrix to monitor and manage performance against these are to be agreed by the Director of Finance with Gloucestershire Clinical Commissioning Group. However, negotiations have ceased to progress and now need escalating to Chief Executive and Accountable officer to attempt to progress. Other key notes within the report included the introduction of a new account system which will allow tighter control on payroll and expenditure. The Director of Finance also reported that some budgets identified a £2.2 million recurrent cost pressure that is out of the control of the budget holder, with plans in place to offset these against recurrent underspends. It is planned that this work will be completed by the end of July. The Board noted the CIP progress made by projects such as mobile working, Integrated Community Teams (ICT) and Rapid Response team. They also heard that a Support Services Review is underway with a detailed update going to the Transforming Local Care (TLC) Programme Board later in the week. Early indications suggest approximately half of the savings target has been identified and along with £300k non-recurrent savings for 2013-14. The Board noted the possible availability of £2.3 million non-recurrently in year as a result of capital charges amnesty for organisations in the first year of a transfer of assets under Transforming Community Services. If this is confirmed it would be used for invest to save schemes. The Director of Finance was asked to start to draw up plans for how this would be invested. The Board discussed the importance of ensuring that, as part of increasing productivity, a reduction of staff numbers does not mean a reduced level of service to patients. The Board asked that	**GH**

Unconfirmed

	quality indicators are reported against all productivity monitoring reports. The Director of Adult Services highlighted the importance of increasing the profile and visibility of staff working between the hours of 5.00 – 10.00pm to GPs, and that the Trust needs to work with the CCG to manage these messages. Concerns were expressed that actions raised at the Joint Commissioning Board (JCB) are not carried out jointly with the CCG, and it was recommended the Trust work with commissioners to address this point. **The Board RECEIVED the report.**	**GH** **GH**
	Date of Next Meeting **Tuesday, 10 September at 9.30am at Foxes Bridge Day Centre, Valley Road, Cinderford, GL14 2LJ**	

Chairs Signature ……...

Date ……..…….

Unconfirmed

Gloucestershire Care Services NHS Trust Board Action Log

Minute Reference	Action Agreed	Lead Exec	Update for 10 September 2013	Proposed Close Date	Status
Actions Carried forward from Gloucestershire Care Services Operational Board					
6/11/12 – item 8.11	Operational Board agreed that a detailed study on stress within the organisation should be progressed. It subsequently agreed that this should be incorporated within the Employee Health and Wellbeing Strategy, with input from Staff Council	Head of HR	Employee Health and Wellbeing Strategy scheduled to be considered by Board in July, however this will now be taken forward by the HR and OD Programme Board, with the aim of a draft strategy by September 2013.	Sep-13	Open
6/11/12 – item 8.2	Reporting GCC and GCS financial performance to be presented consistently	Director of Finance	New format to be in place for 2013/14 reporting	Jul-13	Open
Gloucesteshire Care Services NHS Trust Board Action Log					
TB10/13 and TB 11/13	Trust Board Terms of Reference and Board Committee. Terms of Reference to be reviewed in September 2013.	Board Secretary	Review has been included in all forward plans. ***Review will take place in September with a report to IGQC in October 2013.***	**Nov-13**	Open
TB43/13	Further to IiP Assessment report the Board agreed funding to progress undertaking the "top up" assessment and the Health and Wellbeing Framework	Head of HR	Progressing led by the Head of HR and overseen by HR and OD Programme Board.	Sep-13	Open

Minute Reference	Action Agreed	Lead Exec	Update for 10 September 2013	Proposed Close Date	Status
TB44/13	Board Development session to hold discussion on the Adult Social Care scorecard	Board Secretary	Included within the performance report for 9th July. Needs scheduling for Board Development session. ***Proposed for December 2013 session.***	Sep-13	Closed
TB50/13	Board to consider fitting commemoration for John Hale and Frank Baynham	Board Secretary	***Progressing. Chair is due to meet to discuss this in September 2013.***	Sep-13	Open
TB52/13	Board Secretary and Chair to complete and submit self-cerification return to TDA following review by Chief Exec and Chair.	Chair / Board Secretary	***System in place for Chair and Chief Executive to sign off the return prior to submission by Board Secretary.***	Sep-13	Closed
TB53/13	Director of Nursing to email response to end of life query to Board members.	Director of Nursing		Sep-13	Open
TB54/13	Board Secretary to meet with sub-committee chairs to identify items for Assurance Framework for subsequent discussion at a Board Development session.	Board Secretary	***Action superceded by a Board Development session facilitated by the Good Governance Institute to review the Board Assurance Framework in July 2013.***	Sep-13	Closed
TB54/13	Guidance and support on risk register issues to be sought from Chief Executive of the Good Governance Institute	Board Secretary	***Board Development session took place in July 2013.***	Sep-13	Closed
TB58/13	Review rewording staff survey questions to encourage greater response	Head of HR		Sep-13	Open
TB61/13	Board Secretary to make amendments to the Risk Management Strategy and establish a library of all Equality and Quality Impact Assessments	Board Secretary	Actioned amendments and EQIA library will link to Policy review work on a continual basis.	Sep-13	Closed

Minute Reference	Action Agreed	Lead Exec	Update for 10 September 2013	Proposed Close Date	Status
TB62/13	Board to review the progress of the Implementation Plan in January 2014	Head of HR		Jan-14	Open
TB63/13	The Board requested more detail included in the Clinical and Professional Care Strategy for submission in November 2013	Foundation Trust Programme Managers		Nov-13	Open
TB68/13	If capital charges amnesty is confirmed Board requested the Director of Finance draw up plans for how this amount would be invested	Director of Finance		Nov-13	Open
TB68/13	Board requested quality indicators are reported against all productivity monitoring reports to ensure level of service is maintained	Director of Finance		Sep-13	Open
TB68/13	Concerns were expressed that actions raised at the Joint Commissioning Board (JCB) are not carried out jointly with the CCG, and it was recommended the Trust work with commissioners to address this point	Director of Finance		Sep-13	Open

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 6: Report of the Trust Chair

Purpose

This paper outlines the proposes a change to the Trust's Vice Chair arrangements and highlights the following activities relating to the Chair's role since my last report to the Board in July:

Communicating with our stakeholders

a) I was delighted to be invited to speak at a recent meeting of the Forest Health Forum. Together with executive colleagues (Andrew Hall and Margy Fowler), I was able to update the Forum on the Trust's key priorities in relation to Integrated Community Teams, services responding to urgent care and future developments for our community hospitals. Forum members raised a number of interesting questions, particularly in relation to the difficulties experienced by Forest residents registered with Welsh practices in accessing English health services. Progress on resolution of this issue was reported by the Clinical Commissioning Group at the following HOSSC meeting.

b) Together with Candace Plouffe and Annie McCallum, I attended the Carers' Forum of Carers Gloucestershire. We were able to explain what our Trust provides and sought views on how we can better hear the views of carers. A number of suggestions were offered, such as use of texts to feedback 'real time' experience of the services, which will be taken to the 'Your Care Your Opinion' Committee for consideration.

c) The community open day organised in the lead up to the opening of Tewkesbury community hospital was a huge success, demonstrating the interest and support of local people. Almost 1,000 individuals attended the day and Board members were able to take the opportunity to speak to many people about our ambitions for local services. I would like to thank the operations and communications teams who worked hard to organise this event. The League of Friends held their annual fete in the grounds and reception area of the new hospital. David Harwood and myself were pleased to attend. Our thanks are due to the friends for their continued support and generosity to the hospital.

Engaging with our staff and meeting our service users

a) During July, members of the Board hosted eight 'Meet the Board' sessions for staff in the various localities. The meetings gave an opportunity for new non-

executive Board members to introduce themselves and for us to update staff on recent developments and commissioner investment in our services.

b) Non-executive directors (NED) and executives have been continuing with their regular programme of visits to services. These have included Stroud Hospital, Great Western Court and the sexual health services at Hope House. Some of these visits have been CQC style visits during which non-executive directors speak directly to patients about their experience of the services. As many of our services are delivered by individual staff in the person's home, the next step is to undertake 'quality assurance' visits in this setting using 'The Fifteen Step Challenge', a framework derived from a carer's evaluation of her child's experience of care. These visits are planned to begin in September.

c) The Trust was privileged to welcome Dr Peter Carter, the Chief Executive/ General Secretary of the Royal College of Nursing to the Trust. The visit to the Vale and Stroud hospitals had been arranged by locality manager, Rosi Shepherd, and was a great encouragement to staff. Dr Carter's presentation focussed on respect and dignity in care as well as the range of challenges facing nursing as a profession. .His visit was warmly received by staff and supports the on-going work of the Trust in responding to the findings of the Francis report.

Board development

a) It has been agreed that the demands on the current small non-executive director team of four are excessive, with all NEDs committing far in excess of the 2.5 days a month which would be the expected norm. The demands are likely to increase as the trust develops and so a request has been made to the Secretary of State to increase our establishment from four to six NEDs, which is more in line with other Trusts. In anticipation of this, we will shortly be appointing additional 'designate' NEDs with a range of skills to enhance our existing team.

b) Following discussion of the Board Assurance Framework at the Board meeting on 9th July, a Board development session was held on 29th July 2013 facilitated by Andrew Corbett-Nolan of the Good Governance Institute. The Board reviewed the Assurance Framework and strategic objectives of the Trust. The Board will continue this work in future development sessions but will also link this to the work being led by the Director of Project Development, in discussion with key stakeholders and staff, on further developing the Trust's vision and values. The Board Assurance Framework and an update on the engagement work relating to the refinement of our vision, values and objectives, will be brought to the November Board meeting.

c) The Chair of Gloucestershire Hospitals NHS Foundation Trust hosted a visit from Mike Farrar, Chief Executive of the NHS Confederation. He met with members of all the County's NHS Boards and GCC representatives, giving an excellent presentation about the challenges and opportunities currently facing the NHS. It is hoped that the Boards will meet more regularly on this basis to strengthen our joint approach to leading the development of local services.

Proposed change to the Vice Chair arrangements

As required by the Standing Orders, the Trust Board must appoint a Vice Chair for the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair.

At the inaugural Board meeting on 22nd March 2013, the Board approved that Mr Robert Graves would act as the Vice Chair on an interim basis and it was proposed that that the appointment of the Vice Chair should be progressed following the appointment to the vacant Non Executive positions.

Now that there are 4 Non-Executive Directors and having had a period for them to work together with the Executive Directors, it feels appropriate to review the Vice Chair arrangements as the Trust enters its sixth month of existence.

It is proposed to the Board that Joanna Scott be appointed as Vice Chair for the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair.

I would like to thank Rob Graves for covering this role over the past 6 months and for his continued support to the Trust and the Board.

Recommendation

The Board is asked to **NOTE** the content of the report and to **APPROVE** the appointment of Joanna Scott as Vice Chair of the Trust.

Ingrid Barker
30 August 2013

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: Tuesday, 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 7: Chief Executive's Report

1. Health and Social Care Integration

1.1 There have been two recent announcements on national plans to encourage the integration of health and social care services.

1.2 The judging panel for Health & Social Care Pioneer Area expressions of interest has been announced, and includes a range of health and care experts from national and international bodies. The panel will choose ten areas from the 111 expressions of interest, with an announcement expected in the autumn. Gloucestershire's bid was led by Gloucestershire Care Services NHS Trust (GCS), with a focus on developing our Integrated Community Teams and Living Well approach.

1.3 The Local Government Association (LGA) and NHS England have also published a statement on the health and social care Integration Transformation Fund of £3.8bn. The fund includes further transfers from NHS to social care, pooled budget arrangements and performance related payments. Local authorities and Clinical Commissioning Groups (CCGs) have been asked to develop and agree local plans for the use of the fund through Health and Wellbeing Boards by March 2014. GCS is looking forward to working closely with the County Council and Gloucestershire CCG on developing a plan that will deliver integrated care and support for the people of Gloucestershire.

2. Gloucestershire Care Services NHS Trust leads partnership working on Change4Life programme bringing healthy lifestyles to Gloucester

2.1 Gloucester's first Change4Life event took place this week hosted by GCS, giving adults and children the opportunity to take part in a range of free activities and to get their hearts pumping.

2.2 Visitors were able to try their skills at handball, use the rowing machines and experience Zumba classes. The NHS health information bus was also on hand, with representatives from the Health Improvement Team and Gloucester City Council to give advice on healthy lifestyles and leisure activities in Gloucester.

2.3 In total **437** people came on to the stand and **310** people participated in the activities. **332 people** (including families) signed up to Change4Life

and will have the opportunity to receive a free personalised activity plan for them and their families as well as regular emails with healthy eating tips. Feedback from the national Change4Life team showed the event to be better attended than others held in larger cities across the country.

2.4 It was a great example of partnership working with GCS's Health Improvement Team leading the event alongside the national Change 4 Life roadshow, Gloucester City Council, Active Gloucestershire and Gloucestershire CCG (Information Bus). There was local media coverage of the event in the Citizen, emphasising its success at offering such positive engagement with the local community in Gloucester city.

3. The Phoenix Partnership (TPP) - Systm1 Implementation

3.1 GCS have now signed the project initiation document (PID) with Accenture, TPP's implementation partner. This PID lays out the timing for the implementation of the various services that will be operating on Systm1 which starts with Specialist Nursing which is planned to go live in November 2013.

3.2 The system will continue to be implemented for around 15 months with the final Integrated Community Teams going live in November 2014. During this period 1,000 lap top computers will be rolled out to the mobile teams with staff being trained on the various modules and data from the current child health system being migrated onto Systm1.

3.3 During August, an introductory meeting was held between TPP, GCS and Gloucestershire County Council (GCC) to look at how TPP is supporting another council with its social care system management and how this links into the Community Health modules. GCC is considering its options in replacing its current social care system and TPP offers a unique advantage in that the core service user record is shared across all modules.

4. Visit by Dr Peter Carter, Chief Executive and General Secretary of the Royal College of Nursing

4.1 Gloucestershire Care Services was really pleased to welcome Dr Peter Carter, General Secretary and Chief Executive of the Royal College of Nursing on a visit to the county on 22nd August. Dr Carter toured all the clinical departments at Stroud General and The Vale Hospitals, meeting staff and patients before meeting with a group of nurses from a range of services in the afternoon. Dr Carter delivered a presentation that focussed significantly on delivering dignity and respect in care to older people as well as touching on the themes of the challenges to nursing as a profession, nurse education and skill mix. The afternoon

session was moving and well received by all and was a timely and positive challenge to those present about our approach to care and our responsibilities to the frail elderly in our care.

5. Foundation Trust Programme Update

5.1 Preparations are continuing for the Trust to begin on the pathway to Foundation Trust status in the autumn. The Foundation Trust approval process formally set out by the NHS Trust Development Authority(which oversees and regulates NHS Trusts on behalf of the Secretary of State) and Monitor (the Foundation Trust regulator). The process usually takes a minimum of 18 months for a trust to complete but in many cases takes longer. Foundation Trust status would see the Trust move from Secretary of State control to independent control through the recruitment of local members and the establishment of a council of governors to support the Trust Board. It is current Government policy for all 101 remaining NHS Trusts to eventually become Foundation Trusts.

5.2 Work undertaken during the summer has included a review of the Trust's vision, values and strategic objectives and the development of its Organisational Development, Clinical and Professional Care and Communications and Engagement strategies. Further engagement with staff around all of this work is planned to take place during September and October prior to Board approval in November. In addition the Trust's Your Care Your Opinion Programme Board is, through its external representation, providing a degree of external review and input to this work and a special briefing for members of the GCC Health, Community and Care Overview and Scrutiny Committee (HCCOSC) is being planned for October.

5.3 Although exact timescales are still dependent upon the Trust Development Authority it is likely that the Trust will formally begin the process during the autumn with a full public consultation being planned to take place during summer 2014.

6. Cost Improvement Programme Strategy (CIP)

6.1 In line with its work to become a Foundation Trust the Trust is preparing a strategy outlining its approach to managing and delivering cost improvement programmes (CIPs). The Trust is bound by its contract with the CCG to deliver 5% efficiency savings each year through improving its systems and processes for delivering care. This is part of the national drive to save £20bn from the NHS budget between 2010 and 2015.

6.2 The CIP strategy sets out the approach the Trust takes to identifying, developing and implementing CIP programmes which are overseen, as

part of the Trust's Transforming Local Care Programme (TLC), by the TLC programme board. A draft strategy was reviewed and discussed at the August meeting of the Performance and Resources Committee and it is proposed here that the Board delegate sign off of the final document to that Committee with the TLC Programme Board continuing to have oversight of delivery.

6.3 The Board is asked to delegate authority in support of this proposal.

7. Winter Plan and Escalation Plan

7.1 Work is underway with partner organisations to finalise and agree the Countywide Winter and Escalation Plans. The Trust will also have its own Winter Plan and Escalation Plan to links into the overall county wide work.

7.2 Due to the approval and signoff process and deadlines for the countywide plans being different to the GCS schedule of meetings, it will not be possible for the plans to be presented to Board or a Board Committee before the deadline.

7.3 The Board is asked to **DELEGATE** authority for a sub-group to sign off the Winter Plan and Escalation Plan. This sub-group will be the Chair, Audit Chair, Chief Executive, Director of Project Development & Strategy and Director of Operations (Adult Services).

7.4 This will then be formally ratified by the Integrated Governance & Quality Committee (IGQC) in October 2013.

8. Recommendations

8.1 The Board is asked to **DELEGATE** authority for the Performance and Resources Committee to sign off the Trust's **CIP Strategy** and in October 2013 with the TLC Programme Board continuing to have oversight of delivery.

8.2 The Board is asked to **DELEGATE** authority for a sub-group to sign off the **Winter Plan and Escalation Plan**. This sub-group will be the Chair, Audit Chair, Chief Executive, Director of Project Development & Strategy and Director of Operations (Adult Services).

8.3 The Board is asked to **NOTE** the other updates provided in this report.

Paul Jennings
Interim Chief Executive

August 2013

Gloucestershire Care Services NHS Trust Board

Title:	**Quality Report**		**10 September 2013**
Agenda Item:	8		
Purpose of Paper:	The purpose of this report is to provide assurance to the Board on key aspects of clinical and care quality within GCS NHS Trust. This report supports the quantitative data provided in the Quality and Performance paper.		
Key Points:			
Options and decisions required	The Board is asked to receive the report and specifically to: • endorse the development of organisational strategy to embed the learning from key national publications in order to ensure that quality and safety underpins all we do and that progress against our objective is measured though the implementation plans of those strategies • to note the current position in relation to numbers of Clostridium difficile (C.diff) infections and endorse the plans in place to work in partnership across the County to reduce the risk to patients • note the work to support safe care in the areas of early warning assessment and hydration		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		x
	Objective 2 – To integrate health and social care services		x
	Objective 3 – To develop and strengthen partnerships with our communities		x
	Objective 4 – To support, develop and involve our staff		x
	Objective 5 – To strengthen our excellent reputation		x
	Objective 6 - To deliver our contract commitments and provide value for money		x
Next steps/future actions	• Development of organisational strategy underpinned by the lessons from Francis (2013), Keogh (2013), Cavendish (2013) and Berwick (2013) • Monitoring of the infection control action plan by the Infection Control and Decontamination Committee with monthly reporting through the quality dashboard		
Author name and title	**Liz Fenton Director of Nursing**	**Director Name and Title**	**Liz Fenton Director of Nursing**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: Tuesday, 10 September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 8: Quality Report

1. Purpose

The purpose of this report is to provide the Board with an overview and assurance of aspects of clinical and care quality within Gloucestershire Care Services NHS Trust. This report is complimentary to the quantitative data supplied within the Quality and Performance dashboard.

2. Recommendations

The Board is asked to:

- endorse the development of organisational strategies that embed the learning from key national publications in order to ensure that quality and safety underpins all we do and that progress against our objectives are measured though the implementation plans of those strategies
- to note the current position in relation to numbers of C.diff infections and endorse the plans in place, working in partnership across the County, to reduce the risk to patients
- note the work to support safe care in the areas of early warning assessment and hydration

3. National Publications

Keogh Report

Professor Sir Bruce Keogh, KBE published his “Review into the Quality and Treatment Provided by 14 Hospitals Trusts in England” in July 2013. Although the 14 hospital trusts covered by the review were selected using national mortality measures as a "warning sign" or "smoke-alarm" for potential quality problems, the investigation looked more broadly at the quality of care and treatment provided within these organisations. This report is widely recognised as being very influential as the future of how healthcare inspection is considered, particularly as a result of the learning from the methodologies used. The review considered the performance of the hospitals across six key areas:

- mortality
- patient experience
- safety
- workforce
- clinical and operational effectiveness
- leadership and governance

The report sets out eight key ambitions that have been developed from the detailed review focused on the importance of:

- listening to and learning from patients and staff
- the capability of Board members and Leaders to effectively use data to drive improvement
- valuing and supporting frontline clinicians
- the use of transparency to support and improve rather than to direct accountability and blame
- the Board having a clear understanding of nurse staffing levels and ensure they meet the needs of the caseload size and acuity

Berwick Report

This report published in July 2013, "A promise to learn – a commitment to act" details the work of the National Advisory Group (NAG) led by Don Berwick, focused on improving the safety of patients in England and this group made a number of recommendations aimed at establishing the improvement of patient safety and continual learning as key feature of healthcare. The key recommendations are that:

- the NHS should continually reduce patient harm by embracing the ethic of learning
- all leaders in NHS healthcare should place quality and safety at the top of their priories for investment, inquiry, improvement, reporting, encouragement and support
- patients and carers should be present, powerful and involved from Board to point of care
- government, Health Education England and NHS England should assure sufficient staff are available to meet current and future NHS needs
- mastery of quality and patient safety, science and practice, should be part of initial preparation and lifelong education of all healthcare professionals
- the NHS should become a learning organisation
- transparency should be complete, timely and unequivocal
- organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care
- supervisory and regulatory systems should be simple and clear
- responsive regulation of organisations should have a hierarchy of responses. Recourse to criminal sanctions should be extremely rare and should primarily function as a deterrent to wilful or reckless neglect or mistreatment

Cavendish Report

A review of healthcare assistants and support workers in the NHS and Social Care settings was undertaken by Camilla Cavendish and published on 10th July 2013. The independent review carried out in the wake of the Francis Inquiry into Mid-Staffordshire NHS Foundation Trust, makes a number of recommendations on how the training and support of healthcare assistants who work in hospitals and social care support workers who are employed in care homes and people's own homes, can be strengthened to ensure they provide care to the highest standard.

Healthcare assistants and social care support workers provide some of the most personal and fundamental care to people when they are ill or help people with long

term conditions to live as independently as possible in their own home. Such care should be carried out by competent professionals who treat people with compassion and dignity. The review found that the quality of training and support that care workers receive in the NHS and social care system currently varies between organisations.

The recommendations made recognises the critical role this group of staff fulfil:

- common training standards across health and social care, along with a new 'Certificate of Fundamental Care', written in language that is meaningful to patients and the public. For the first time, this would link healthcare assistants training to nurse training.
- the opportunity for talented care workers to progress into nursing and social care through the creation of a 'Higher Certificate of Fundamental Care'. This will ensure they have a route to progress in their careers and an opportunity to use their vocational experience of working as healthcare assistant to enter the nursing profession.
- Health Education England, with Skills for Health and Skills for Care, should develop proposals for a rigorous system of quality assurance for training and qualifications, which links to funding outcomes, so that money is not wasted on ineffective courses.
- healthcare assistants should be allowed to use the title 'Nursing Assistant' on completion of the Certificate of Fundamental Care to improve clarity and communication between staff and patients, enhance the status of support workers and reduce the number of job titles - which currently stands at more than 60.
- the Nursing and Midwifery Council should make caring experience a prerequisite to starting a nursing degree and review the contribution of vocational experience towards degrees.
- trusts should empower Directors of Nursing to take full responsibility for the recruitment, training and management of Healthcare Assistants. Employers should also be supported to test the values, attitudes and aptitude of future staff for caring at the recruitment stage.
- the legal processes for challenging poor performance should be reviewed so that employers can be more effective in identifying and removing any unsatisfactory staff.

Implications for Gloucestershire Care Services

The Executive Team has considered how we may effectively embed the learning from the number of recent critical publications, which include those summarised above, and, of course, the report prepared by Robert Francis QC and published in February 2013 following the public inquiry into the failings at Mid Staffordshire NHS Trust. This needs to be done in such a way as to ensure that quality and safety underpin all we do and provides robust assurance that this is being effectively achieved while ensuring that there is no negative impact on time to care.

This has been debated by the Integrated Governance and Quality Committee in order to ensure that we take every opportunity to embed a culture of openness and

transparency with the patient at the forefront of all we do and that this is clearly articulated within all our organisational strategies.

There are common themes running throughout these reviews and in order to ensure robustness in implementation and making this “real” in practice, a review of all papers has been undertaken and commonalities clustered against the NHS England Six Cs (care, compassion, competence, communication, courage and commitment). This will be shared at the Integrated Governance and Quality Committee with the aim of ensuring alignment to the Trust’s strategic objectives and to inform strategy development and effective reporting processes to evidence achievement.

4. Infection Prevention and Control

Clostridium difficile (C.diff)

In April - June of 2013/14, a higher than projected incidence of C.diff (post 48 hour) infections (12 cases) was noted within our community hospitals. This picture appears to reflect the pattern nationally for the first quarter of the year and place some risk to our achievement of the year end tolerance level of no more than 18 cases.

An action plan has been developed against which progress is monitored at the Infection Control and Decontamination Committee and includes:

- Ribotyping of each identified case
- Reinforcement of key infection prevention messages to teams
- Retaining the focus on antibiotic stewardship and include pharmacist input into all root cause analysis reports
- Partnership working across the patient pathway including weekly reviews of all inpatients identified with C.diff by a multi professional team that includes microbiology and infection control experts.

The Infection Prevention and Control Service are working closely with the clinical teams and provide both proactive and reactive support and I am pleased to report that zero cases were recorded in July 2013.

Nutrition and Hydration

GCS NHS Trust recognises that nutrition and hydration are key factors in getting well and staying well. We have been successful in our application to be part of a national project aimed at supporting those in our care to have easy access to fluids to ensure effective hydration while enabling independence.

The Hydrant Programme is currently underway at The Vale and Forest Hospitals with Cirencester Hospital joining the scheme later this month. In addition to patient satisfaction and staff opinion, benchmark data on rates of pressure ulcers and urinary tract infection has been collected and will enable evaluation of both the quality and financial impact of this programme. To date patient feedback is extremely positive.

The next step, working with primary care and care homes, is to support the continued use of these devises after discharge.

5. National Early Warning Scoring (NEWS) System

The NEWS, is based on a simple system in which a score is allocated to physiological measurements undertaken when patients present to, or are being monitored in hospital. Six simple physiological parameters form the basis of the scoring system:

- respiratory rate
- oxygen saturations
- temperature
- systolic blood pressure
- pulse rate
- level of consciousness

A score is allocated to each as they are measured, the magnitude of the score reflecting how extreme the parameter varies from the norm. A report from the Royal College of Physicians (2012) advocated that the NEWS should be used to standardise the assessment of acute-illness severity when patients present acutely to hospital and also in the pre hospital assessment (i.e. by primary care and the ambulance services).

The report also recommends the use of the NEWS as a surveillance system for all patients in hospital, tracking their clinical condition, alerting the clinical team to any deterioration and triggering a timely response. The use of this system within GCS NHS Trust is being implemented within our Community Hospitals having taken into consideration the need for adjusted thresholds to enhance patient safety.

6. Essential Standards of Care

Since the Board meeting in July there have been four unannounced mock Care Quality Commission (CQC) visits undertaken across our sites. At each visit the panel makes an assessment against the CQC Essential Standards using staff interviews, observations of care and a review of health records. Critical to these visits are conversations with patients which aid understanding of the perspective of those in receipt of care, where possible such interviews are conducted by one of the Non-Executive Directors. Verbal feedback is provided to the senior clinician for the service at the end of each visit and a written report is subsequently prepared that can be shared with the teams, used to develop themes for learning and support the evidence of compliance against standards or set actions for development. These reports will be reviewed by the Integrated Governance and Quality Committee (IG&QC).

The use of a “mystery shopper” approach was trialled (in August) within the Public Health Nursing Service. Having created a number of case study scenarios a member of the administrative team, supported by the Designated Nurse for Children in Care, made telephone contact with a number of clinical teams. This approach enables an assessment of the teams responsiveness to the concerns raised, the manner in which the calls are handled and the robustness of the advice provided. A written report has been prepared that will be shared at the Children and Young People’s clinical governance meeting prior to being presented to the IG&QC.

The Director and Deputy Director of Nursing for the Gloucestershire Clinical Commissioning Group have also undertaken visits to GCS NHS Trust's Community Hospitals following which very positive verbal feedback was received.

7. Care Quality Commission Consultation – "A new start"

Gloucestershire Care Services NHS Trust (GCS) welcomed the opportunity to provide input into this consultation process which closed on August 12th 2013. The organisational response was developed in conjunction with clinical staff and members of the Integrated Governance and Quality Committee (IG&QC). The Chair of IG&QC approved the final draft prior to submission to the CQC which in summary stated that:

- we believe the focus on the five key questions, asking is a service safe, effective, caring, responsive and well-led, rather than the current 16 essential standards used to assess care delivery, is a very positive development. This provides a focus on what is really important to service users and their families and enables them to present their views on the quality of care and experience.
- the fundamental aspects of care, as set out within the consultation document, are tailored towards acute hospital care. These will require additional work to ensure they are equally relevant when applied in other settings, for example, community hospitals, dentistry and care delivered within the home.
- the reliance on professional and clinical judgment is welcomed by GCS NHS Trust, however; developing a clear understanding of user experience is only implied in the fundamentals of quality and safety. It was suggested that this be evidenced through clear measures, both at the time of inspection and by triangulating with other available evidence, for example The Friends and Family test.
- considering aspects of culture and staff management in an organisation as part of inspection will aid understanding and support the assessment of the quality and safety of care being delivered. GCS NHS Trust proposed that organisations choosing to opt into quality accreditation schemes on a voluntary basis are generally motivated to ensure continuous quality improvements and, therefore, supported that such achievements should be recognised by the CQC.

8. Legal Implications

GCS NHS Trust is required to ensure all appropriate measures are in place to improve the quality of care and reduce harm to patients and to be able to evidence this, as required, to the Care Quality Commission and Commissioners of our services.

9. Risk Implications

Failure to ensure safe and effective care would create a significant governance and reputational risk for the organisation. This report provides assurance to the Board on the robust processes in place with regard to a number of aspects of care quality.

10. Implications for Health Inequalities

None identified

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

An equality impact assessment is not required for this paper.

12. Consultation and Communication including Public Involvement

Not applicable

13. Links to:

This work links to the achievement of the following strategic objectives**:**

- To secure, develop and deliver innovative high quality community- based services meeting the needs of users
- To integrate health and social care services
- To develop and strengthen partnerships with our communities
- To support, develop and involve our staff
- To strengthen our excellent reputation
- To deliver our contract commitments and provide value for money

Prepared by: Liz Fenton, Director of Nursing

Presented by: Liz Fenton

Gloucestershire Care Services NHS Trust Board

Title:	**Service User Experience Report**	**Board Meeting 10September 2013**	
Agenda Item:	**9**		
Purpose of Paper:	To provide the Board with a brief overview of actions being taken to ensure that the Trust obtains feedback from service users, their carers and the public and responds effectively to this feedback to support service improvement.		
Key Points:	The Trust is continuing to develop a comprehensive approach to securing feedback from service users, their carers and the public. While the overwhelming feedback from service users and carers is positive, the management of, and learning from complaints continues to be a priority.		
Options and decisions required	The Board is asked to receive this report for information.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		X
	Objective 2 – To integrate health and social care services		X
	Objective 3 – To develop and strengthen partnerships with our communities		X
	Objective 4 – To support, develop and involve our staff		X
	Objective 5 – To strengthen our excellent reputation		X
	Objective 6 - To deliver our contract commitments and provide value for money		X
Next steps/future actions	The Integrated Governance and Quality Committee receives regular reports on this issue to provide assurance to the Board, while the Your Care, Your Opinion Programme Board has a key role in providing strategic leadership to progress this work.		
Author name and title	**Marit Endresen Service Experience Officer**	**Director Name and Title**	**Andrew Hall Director of Project Development and Strategy**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10 September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 9: Service User Experience Report

1. Purpose
The purpose of this paper is to provide a brief overview of feedback processes and a summary of service user feedback obtained since the last Board report in July 2013.

2. Recommendations
The Board is asked to receive this report for information and assurance.

3. Background
Continuously listening to and learning from patients, service users, families and carers continues to be a main focus for Gloucestershire Care Services NHS Trust (GCS) and the Board. Having robust processes in place to ensure their views and experiences are taken into account is essential in order to provide assurance in this area.

4. Current Approaches
GCS continues to obtain feedback from a variety of sources and methods, which include:

- The collection of reactive feedback from service users' experiences including compliments, comments, concerns and complaints.
- Annual service user experience surveys are used across the organisation to ensure continued service user input.
- The Friends and Family Test was implemented on inpatient wards and Minor Illness and Injury Units from 1st April.
- External sources such as the web-based NHS Choices and Gloucestershire Healthwatch.
- Other methods of gaining feedback are being sought and tested, including mystery shoppers, patient stories, the 15 Step Challenge and a Personal Decision Making tool within children's services.

A review of the current methods of gaining feedback is being led by the Your Care, Your Opinion Programme Board established by the Trust Board. The aim is to enhance opportunities for more continuous feedback using relevant technologies and alternative approaches, as mentioned above.

5. Overview of Service User Experience Performance
This section of the report seeks to provide an overview of the management, findings and learning from service user feedback to date (14th June 2013) 2013/14.

5.1 Complaints, Coroner and Litigation cases

5.1.1 Complaints Data

In the period since the previous Board report (July 2013) to 31st August 2013, there have been 24 new formal complaints, which comprise of:

- Out of Hours: 9 (5 regarding clinical care + 4 regarding communication)
- Cirencester Hospital: 6 (5 regarding clinical care + 1 regarding communication)
- Dilke Hospital: 3 (all regarding clinical care)
- Stroud Hospital: 2 (1 regarding clinical care + 1 regarding communication)
- Tewksbury Hospital: 2 (1 regarding clinical care + 1 regarding communication)
- District Nurses Gloucester: 1 (regarding clinical care)
- Children and Young People's Occupational Therapy: 1 (regarding communication)

5.1.2 Coroner's Inquests

To date there has only been one new Coroner's case received in 2013/14.

In total there are 11 cases pending from 2012/2013 where further information is required to determine whether they will to proceed to an inquest hearing or not.

Under the Coroner's and Justice Act (2009) a Coroner has the power to request further action of an organisation involved with a person's death. These are referred to as 'Rule 43 reports'. Recipients of Rule 43 reports are required to respond in writing within 56 days. The coroner also informs the Care Quality Commission of this action and correspondence can be publicised. No Rule 43 Reports were issued to Gloucestershire Care Services in 2012/13.

5.1.3 Litigation Cases

There have been no new litigation cases to date in 2013/14.

5.2 Concerns and Comments

5.2.1 Comments and Concern data 2012-13

Concerns and comments are gathered by the Patient Advice and Liaison Service (PALS) and recorded on Datix. The process is still under review following recent restructuring of the service.

Since the previous Board report to 31st August 2013 the following number of concerns and comments has been received:

- 54 concerns
- 21 comments

<u>Observations</u>

- The OOHs complaints and concerns predominantly involve what clients feel to be inadequate examinations and, consequently, inadequate or incorrect diagnosis and treatment.
- Two similar concerns and complaints involving staff at Cirencester Hospital encouraging people to exercise what were later found to be fractured limbs so causing additional damage and delay to recovery.

- Still concerns / comments regarding people's difficulty in contacting sexual health services and the attitude of admin staff there.
- Letters of thanks and staff regarding the care received by ward staff – Stroud General Hospital – comes out very well this period.

5.2.2 Compliments and gestures of appreciation

With the introduction of the new comment cards in July 2013, a new process for quarterly reporting will be implemented from the end of Quarter 2.

5.3 Patient Survey Data

5.3.1 Friends and Family Test

The Friends and Family Test (FFT) was implemented on inpatient wards and in Minor Illness and Injury Units (MIU) from 1st April 2013.

The initial month of surveying showed a good response rate of 21%, exceeding the required 15%. However the following months saw a drop in response rate to 9% in May, then a slight rise to 10% in June and 11% in July. There is an increased emphasis on ensuring staff continue to encourage patients to complete the cards before leaving the premises to ensure we reach the required 15% going forward. As the response rate was achieved each month at the North Cotswold Hospital MIU, lessons learned from their approach to the FFT is now being shared and implemented in the other minor injury units.

Since the implementation of the test, the overall feedback has been overwhelmingly positive:

2013/14	Overall % " Extremely Likely" or "Likely"
April	97%
May	98%
June	97%
July	97%

The 'Net Promoter Score' (presented as a number score between +100 and -100) has proved to be very positive, with scores obtained so far:

2013/14	Net promoter score
April	80
May	86
June	81
July	82

5.4 Patient Experience Surveys

5.4.1 Service specific surveys

The programme of patient experience surveys is continuing across the services in 2013/14. Appendix 1 shows the planned surveys for 2013/14 to date.

Having carried out surveys more emphasis placed on ensuring that action plans are implemented and monitored and that the results and improvement changes are fed back to staff and service users.

5.4.2 Inpatient Survey

The real time surveys on inpatient wards has shown over recent months that most areas are now reaching the minimum of 10 responses per month.

At the end of Quarter 1 an action plan was agreed by matrons, highlighting that improvement was needed in the following areas:

- Ensuring patients are aware of how to provide feedback
- Ensuring patients feel involved by staff
- Ensuring patients have sufficient time to discuss wishes and concerns
- Ensuring patients are aware of on-going care available on discharge
- Ensuring patients understand information regarding take-home medication

The matrons have put in place an action plan to address the identified issues. This is currently being implemented with a review date of October 2013; the process is monitored through quarterly CQUIN reporting and will be shared with the Your Care Your Opinion Programme Board.

5.4.2 Future Developments of feedback methods

The use of technology is continuing to being explored as a means to extend the use of real time feedback, this also includes the use of touch screen survey technology for the FFT survey in MIUs. The field trial expected to take place in July has been put back to September 2013 due to technical problems.

The 15 Steps Challenge in community settings is currently being piloted in one area, results of which are expected to be available in October/|November 2013.

The new comments card, which replaces the previous 4Cs comments card, has been launched and distributed to services in June 2013. This card will form the basis for gaining comments and concerns from service users. The use of the new comment card has increased over the summer period and the first service-wide reports will be available at the end of Quarter 2.

5.5 Feedback from external organisation

5.5.1 Healthwatch Gloucestershire

The aim of Healthwatch Gloucestershire is to give both citizens and local communities a stronger voice to influence and challenge how health and social care services are commissioned and provided. As of July 2013 there is a representative from Healthwatch Gloucestershire on the Your Care, Your Opinion Programme Board.

During Quarter 1 2013/14, Healthwatch Gloucestershire gathered 541 comments from members of the public in Gloucestershire.

Comments received are divided in a number of categories including acute services, community services, social care, mental health, unscheduled care and integrated care.

Of the total comments received, the following were identified as directly relating to GCS:

Community services: 39 comments of which 18 were compliments
Over 60% of comments in this category related to Community Hospitals of which almost half were compliments. Comments included:

- Concerns over reduction in the number of beds in the new hospital in Tewkesbury
- Conditions at Stroud Hospital, Cashes Green ward
- There should be more clinics at local hospitals
- More night time services at community hospitals
- Need a podiatry service on NHS to help people with toe nail cutting (especially diabetics)
- MIUs should be better publicised
- Health Visitor drop-in centre at Priors Park in Tewkesbury needs to be open longer

Integrated care: 4 comments
Comments included:

- Hospital after-care services need to be more joined up
- Patients leaving hospital with no care at home in place
- Services do not liaise with each other to provide a holistic service

The comments will be shared with relevant staff as part of the quarterly reporting schedule.

5.5.2 NHS Choices

There have been no postings on the NHS Choices website during the summer period. We are still awaiting the changes which lists all the GCS sites as part of the organisation.

5.5.3 Patient Opinion

The Trust has registered as a provider on the Patient Opinion website. There have been a few postings on the website over the summer period, the majority of which were positive regarding the experience of the service provided. It was recently discovered that the comments were not sent directly to GCS for responding to as they had been linked to the Gloucestershire Hospitals NHS Foundation Trust. Patient Opinion is now in the process of rectifying this to ensure that all postings are flagged to the Communications Team as soon as they are posted on the website.

5.6 Summary

The Trust is committed to seeking and acting on patient feedback and processes are in place to ensure feedback is received, reported and acted upon. A stronger emphasis to ensure that improvements are made as a result of feedback and that this information is fed back to service users and the public will be expected this year.

The Integrated Governance and Quality Committee will continue to receive regular reports on patient experience. The Your Care, Your Opinion Programme Board will also have a key role in supporting this work.

6. Financial implications
None

7. Implementation and Review of Progress
Implementation of a timely process for managing patient and service user feedback is essential. Prompt feedback to staff as well as service users is also very important therefore it is hoped with the introduction of the monthly reports services will be able to monitor more closely their feedback and take appropriate actions where necessary.

8. Legal implications
The Trust is required to seek and respond to feedback from people who use our services (NHS Act 2006).

9. Risk Implications
Failure to respond to patient feedback may lead to reputational damage for the organisation, impact on relationships with users and the ability to attract new business, as well as compliance with the Care Quality Commission's Essential Standards of Quality and Safety.

10. Implications for health inequalities
Feedback from people who use our services is necessary to improve service delivery. This is expected to have a positive impact on meeting health needs, for example, by improving access to services.

11. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)
Processes to seek and respond to feedback from people who use our services aim to provide opportunities for all Gloucestershire residents to comment on service delivery.

12. Consultation and Communication including Public Involvement
N/A

13. Links to:
All strategic objectives

Prepared by Marit Endresen
Presented by: Andrew Hall

2 September 2013

Appendix 1
Survey schedule 2013/14

Service	Month of survey distribution (2013-14)	Current Status
Medical Out of Hours	**Jun-13**	Final report
Reablement Survey	**Aug-13**	Pilot in progress
Wheelchair Service (ILC)	**July-September 2013**	In distribution
Children in Care survey	**September-October 2013**	Questionnaires printed
Endoscopy - Cirencester	**August -September 2013**	In distribution
Endoscopy - Stroud	**Sep-13**	Draft questionnaire
Respiratory Team	**September/October 2013**	Draft questionnaire
Parkinson's Team	**September/October 2013**	Draft questionnaire
Bone Health Service	**September/October 2013**	Draft questionnaire
Palliative care	**September/October 2013**	Draft questionnaire
Community IV Therapy Team	**September/October 2013**	Draft questionnaire
Sexual Health Annual Survey	**Oct-13**	Questionnaire agreed
Immunisation Team (children)	**Oct-14**	Meeting taken place 22/08
Outpatients survey	**October-November 2013**	Meeting arranged 02/09
Children's Physiotherapy	**Nov-13**	Draft questionnaire
TeleCare survey	**Jan-14**	
Newborn Hearing Screening	**Feb-14**	
Stroke Coordinators	**Feb-14**	
Children's Complex Care Team	**Jan-14**	
Children's Community Nursing	**Jan-14**	
Diabetes Service	**Feb-14**	
Evening and Night District nurses	**Feb-14**	
Dental Services	**Jan-14**	
Minor Injuries Units	**Feb-14**	
Adult Speech and Language Therapy	**Feb-14**	
Community District Nursing	**Mar-14**	
Children's Speech and Language Therapy	**Mar-14**	
Community Heart Nurse Service	**Feb-14**	
Heart Failure service	**Mar-14**	
Community Inpatient Survey	**On-going**	
Podiatry Service (PROMS)	**On-going**	

Gloucestershire Care Services NHS Trust Board

Title:	**Integrated Governance and Quality Committee Report**		**Board Meeting 10th September 2013**
Agenda Item:	**10**		
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the meeting of the Integrated Governance and Quality Committee held on 23rd July 2013.		
Key Points:	The report sets out the key points discussed and the approved minutes of the 28th May meeting are attached.		
Options and decisions required	The Board is asked to receive the report and the approved minutes of the 28th May 2013 meeting for information and assurance.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		X
	Objective 2 – To integrate health and social care services		X
	Objective 3 – To develop and strengthen partnerships with our communities		X
	Objective 4 – To support, develop and involve our staff		X
	Objective 5 – To strengthen our excellent reputation		X
	Objective 6 - To deliver our contract commitments and provide value for money		X
Next steps/future actions	Approved minutes from the Integrated Governance & Quality Committee will be presented to Board at the next meeting, i.e. July minutes approved in September and presented to Board in November.		
Author name and title	**Simeon Foreman Board Secretary**	**Committee Chair**	**Anne Noble Non-Executive Director**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 10: Report of the Integrated Governance and Quality Committee

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Integrated Governance and Quality Committee meeting held on 23rd July 2013. The approved minutes of the 28th May 2013 meeting are attached for information.

2. Quality and Safety

The Committee received an update from the Director of Nursing that covered Care Quality Commission (CQC) compliance noting that provider compliance actions plans are being reviewed in September 2013 and the work required by the Trust to achieve compliance at levels 1 and 2 of NHS Litigation Authority (NHSLA) Risk Management Standards.

3. CQC Consultation Response

The Committee also discussed and reviewed the Trust' proposed response the CQC consultation "A New Start". Comments were invited on the draft and then a final version would be submitted to the Committee Chair for signoff on behalf of the Trust.

4. Sub-Group Reports and Governance Structure

The Committee received updates from the Information Governance Assurance Group and Infection Control Committee and APPROVED the establishment of a Business Continuity and Resilience Steering Group

The Committee reviewed and approved the current governance structure to include Board and Board Committees, Programme Board and sub-groups. It was noted that the whole structure is being reviewed as part of work led by the Board Secretary to review terms of reference during September 2013.

5. Annual Reports

The Committee received and noted the following annual reports;

- Clinical Audit Annual Report
- Local Security Management Specialist Annual Report

6. Strategy and Policy Development

The Committee received an update on the policy review work and the actions being taken to ensure that policy review work considers County Council employed staff as well as NHS staff.

The Committee approved the following documents;

- Corporate Social Responsibility Strategy and Policy
- Policy on Discharge and Transfer of Patients

7. Conclusions and Recommendations

The Board is asked to:

- **Note** this report

- **Receive** the approved minutes of 28th May 2013 meeting for information and assurance

Report prepared by: Simeon Foreman, on behalf of the Committee Chair
Report Presented by: Anne Noble, Chair, Integrated Governance and Quality Committee

Appendices:

Appendix 1: Approved minutes of the Integrated Governance and Quality Committee held on 28th May 2013.

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
INTEGRATED GOVERNANCE AND QUALITY COMMITTEE

Minutes of the Meeting held on Tuesday 28th May 2013

Present:

Members:

Anne Noble	Non-Executive Director (Committee Chair)
Ingrid Barker	Trust Chair
Elizabeth Fenton	Director of Nursing
Joanna Scott	Non- Executive Director

In Attendance

Susan Field	Director of Adult Services (Interim)
Louise Foster	Joint Acting Clinical Director – Dental (Countywide representative)
Deborah Grieg	Head of Social Care
Bridget James	Head of Clinical Governance
Jackie Jenkins	Community Service Manager (Forest of Dean & Tewkesbury Locality rep)
Susan Luce	Deputy Director of Nursing (Interim)
Katie Norton	Board Secretary (Interim)
Mark Parsons	Head of Estates (Security, Safety & Facilities)
Candace Plouffe	Director of Countywide and Children & Young Peoples Services (Interim)
Tina Ricketts	Head of Human Resources

IG&Q 09/13	**Agenda Item 1: Welcome and Apologies** The Chair welcomed colleagues to the meeting. It was noted that it was an extensive agenda and it would therefore be assumed that everyone had read the papers in advance. The Committee Chair started the meeting by reminding colleagues of the importance of Integrated Governance. She quoted from the Integrated Governance Handbook (2006): *Integrated Governance is a co-ordinating principle. It does not seek to replace or supersede clinical, financial or any other governance domain. Rather it highlights their vital importance and their inter-dependence and inter-connectivity…. Integrated Governance is a process that spans the various functional governance processes that are often unlinked and result in the handling of issues in silos….Integrated Governance focuses on*	

	quality as the driver of change, examining the critical role of clinical governance at the heart of the Integrated Governance Agenda… There are three key areas to ensure fitness for purpose: the assurance arrangements, with particular reference to the Standards for Better Health; the 'intelligent' information requirements of Boards; and committee structures and supports in order to ensure they have clear terms of reference and understand the actions and behaviours expected of them. She emphasised the importance of ensuring that the key focus was on the core business of the organisation – ensuring high quality, safe care for patients. Integrated Governance should be about the identification and management of risk and providing assurance to the Board, and our public, that these are recognised and managed. As Chair of the Committee she confirmed that she wished to encourage constructive challenge and open discussion. Deborah Greig reminded the Committee of the importance of ensuring that the focus of the discussions reflected the integrated health and social care services provided by the Trust. This was strongly supported by all present and welcomed and endorsed by the Committee Chair. Apologies for absence were noted from: Bernie Wood, Stuart Bird, Glyn Howells, Diana Kane and Andrew Hall.	
IG&Q 10/13	**Agenda Item 2: Declaration of Interests** There were no declarations of interest noted.	
IG&Q 11/13	**Agenda Item 3: Minutes of the Meeting held on 26th March 2013** The minutes of the meeting held on 26th March were **APPROVED** subject to the following amendments: ***IC&Q 02/13*** Health and Safety policies to be included. ***IC&Q 06/13*** Minute to be amended to reflect the fact that NHS Gloucestershire had declared Level 2 on 40 of the 41 requirements.	
IG&Q 12/13	**Agenda Item 4: Matters Arising** The Action Log was reviewed and the Committee confirmed the items that had been closed. ***(22/01/13)*** *Independent Mental Capacity Advocate (IMCA*) – the Committee were informed that work was being progressed within GCC with the expectation that the Trust would formally adopt this when finalised.	

	The Committee strongly supported the principle of working to develop joint policies with GCC where this was appropriate to enable effective operational integration. There was, however some concern expressed that the process for achieving joint policies was proving challenging. It was recognised that there was a need to agree a clear process to overcome the current difficulties which accommodated the respective governance and decision making processes of the two organisations. Good examples in relation to safeguarding and health and safety were noted as illustrating how this could be achieved. It was agreed that a high level meeting should be arranged between the Trust and GCC with the aim of establishing a pathway for the development and agreement of joint policies and procedures, with the priority given to those areas which were impacting on operational delivery. The Committee **RECEIVED** the Action Log and **REQUESTED** that a meeting be convened to agree how joint policies could be progressed.	KN
IG&Q 13/13	**Agenda Item 5: Quality and Safety Group Report** The Head of Clinical Governance introduced the report which provided a summary of the meeting of the Quality and Safety Sub Group. While noting the areas discussed, the Chair asked that in future the Committee received clear information on the actions taken and outcomes. It was agreed that all Committee Sub Groups would be asked to provide the minutes of meetings, with a summary paper. The summary paper should highlight the key issues, risks and actions considered and set out any issues requiring escalation to the Committee for discussion and / or decision. The Committee **RECEIVED** the report of the Quality and Safety Group. The Committee **REQUESTED** Sub Group Chairs to note the required reporting arrangements.	
IG&Q 14/13	**Agenda Item 5.1: CQC Compliance Report** The Head of Clinical Governance introduced the report explaining that the Trust compliance process currently included service level self-assessment against the essential standards of care and a programme of mock CQC visits to registered locations.	

	There was concern expressed that due to the lack of consistency in reporting following CQC mock visits these had not fully achieved the potential benefits and opportunities for learning. The proposal to use the NHS Institute for Innovation and Improvement tool "The 15 Steps Challenge" was supported, (noting that this was now a CQUIN requirement). It was, however, agreed that the tool should be supplemented to ensure CQC standards not included were also reviewed regularly. It was recognised that a revised framework should reflect the priority of this activity and ensure the assurance was provided across all Trust services, both in and out of hospital settings. Non-Executive members of the Committee were particularly concerned that the CQC Mock Visits had not been seen as a priority by many staff and were clear that this needed to be addressed in future, with clear links made to individual objectives. The Committee Chair sought assurance in relation to the actions being taken to address the 76% of services not reporting 100% full compliance against the CQC Essential Standards. However, if was clarified that the majority of services were reporting 90% or more compliance across the standards. The Director of Nursing confirmed that action plans were required where services assessed reported only partial compliance and that these were monitored through the respective Locality Boards. There was a strong view expressed that there was a need for central overview and monitoring of the action plans to ensure they were delivered, with clear lines of accountability. It was felt that this would also provide the opportunity for sharing best practice (an example of best practice being the approach taken within community dental services with the identification of a named CQC champion). The Committee **RESOLVED** to: • **NOTE** the report. • **REQUEST** the Director of Nursing work with the Operational Directors to implement a system for monitoring compliance and action plans within Locality Board and service level meetings. • **REQUEST** the Director of Nursing ensure a system is established to provide central oversight of CQC action plans to achieve full compliance, with regular reports to the Committee on progress against agreed timeframes. • **REQUEST** the Director of Nursing work with operational colleagues to develop a framework to build on the Mock CQC visiting programme and incorporate the 15 Steps Challenge for consideration by the Committee at its next	EF/SF/ CP EF/BJ EF/BJ

	meeting.	
IG&Q 15/13	**Agenda Item 6: Health and Safety Committee Report** The Head of Estates (Security, Safety & Facilities) introduced the report, and acknowledged that further work was required for future reports to provide greater assurance in relation to the actions being taken to address risks and issues identified. The Committee Chair was particularly concerned at the level of attendance reported at mandatory training. The Head of HR confirmed that for NHS staff it had been agreed that mandatory training and appraisal would be linked to pay progression and it was hoped that this would reinforce the importance of attendance. The Committee noted that currently health and social care staff working in integrated teams are expected to access different training. It was agreed that this needed to be addressed through the work to support effective integration. The Committee **RECEIVED** the report and **REQUESTED** that future reports focus on significant risks and assurance.	
IG&Q 16/13	**Agenda Item 7: Information Governance and Assurance Group** The Committee **RECEIVED** the report. The Committee supported the proposal to refocus the work of the subgroup and considered the proposed terms of reference, noting the importance of ensuring the work considered how to support effective integrated service delivery. The Committee **RESOLVED** to: • **APPROVE** the proposed terms of reference for the Information Governance Assurance Group (IGAG) • **NOTE** the work progressing to review data flows and delegate approval for any changes to the IGAG • **SUPPORT** the priority being given to progressing the work to ensure Level 2 compliance across the Information Governance Toolkit • **NOTE** the commitment to developing a clear performance report to provide assurance in relation to information governance issues and risks.	

IG&Q 17/13	**Agenda Item 8: Infection Control Committee** The Director of Nursing provided a verbal update, noting that the Infection Control Committee had not met since February 2013. The Director of Nursing informed the Committee that the incidence of Clostridium Difficile and MRSA (bacteraemia) across Gloucestershire Care Services had been within the tolerance levels in 2012/13. The Trust had been set a tolerance of 18 C Diff cases in 2013/14, however, four cases had been recorded in April which was the highest monthly level recorded to date. Assurance was provided that there was no evidence of transmission in relation to these four cases, however, links to prescribing were being investigated and all cases were subject to a Root Cause Analysis. The Committee **NOTED** the position and requested a full report to the next meeting on the actions being taken.	EF
IG&Q 18/13	**Agenda Item 9: Quality Account** The Committee **RECEIVED** the report. The Director of Nursing confirmed that the draft Quality Account had been shared with commissioners, Healthwatch, the Care Quality Commission and the Gloucestershire Health and Social Care Overview and Scrutiny Committee. It was noted that the final document would need to be formally submitted to the Secretary of State at the end of June at which time it would also be published on the NHS Choices website. It was noted that the comments from LiNk had been based on an early draft which had not included Q4 data. It was therefore agreed that it would be helpful to have a response from Healthwatch, who had taken over the role previously undertaken by LINk, as it was felt that many of the comments provided on the early draft had been addressed. It was agreed that if colleagues had any specific comments these should be provided directly to the Director of Nursing outside the meeting, however the following general points were noted: - Areas where the organisation had exceeded targets should be highlighted - integration and integrated community services should be given greater emphasis, as should adult safeguarding	

	- the section on learning from patient experience should be expanded The Committee **RESOLVED** to • **REQUEST** any comments be provided to the Director of Nursing by 7th June 2013 • **REQUEST** the Director of Nursing contact Healthwatch to ask them to reconsider their position with regard to providing a response to the Quality Account. • **NOTE** the draft document and request that the comments made at the meeting be considered.	All EF EF
IG&Q 19/13	**Agenda Item 10:Trust response to the Mid Staffordshire Public Inquiry** The Committee **RECEIVED** the report. The Director of Nursing introduced the report, which had been discussed in some detail by the Trust Board. The Board had delegated responsibility for taking forward the next steps to the Integrated Governance and Quality Committee. The Committee Chair reflected on the debate that had taken place at the Board meeting which had highlighted the determination of the Board to demonstrate clearly how it would be responding to the findings of the Inquiry. She was therefore keen to ensure that there was clarity on what this would mean in practice for the Trust going forward with particular reference to: • leadership, values and behaviours • the availability and use of information to inform good decision making • operational assurance The Committee Chair proposed that there was a need for the whole Executive Team to own the Trust response. She proposed a redraft of the paper to set out clearly what the Trust was doing already, what was proposed, and where there may be gaps, giving due consideration to legal and financial issues. This approach was supported by the Trust Chair. The Committee **RESOLVED TO:** • **NOTE** the report • **REQUEST** that the Executive Team prepare a further	**EF/Exec Team**

	paper setting out a detailed response and plan for consideration at the next meeting.	
IG&Q 20/13	**Agenda Item 11: Board Assurance Framework and Risk Register** The Committee **RECEIVED** the report. The Board Secretary confirmed that, in line with Board direction, the Executive Team was now working to review the Trust Board Assurance Framework and Risk Register. In support of this, the Committee were advised that the development of a Trust Risk Management Strategy and revised Risk Assessment and Management Policy had been progressed. The Board Secretary assured the Committee that, while the review was being undertaken, existing mechanisms to identify and review strategic and operational risks were being maintained and the current Risk Register and Board Assurance Framework were included in the papers for information. In view of the on-going work by the Executive Team, it was agreed that a full review of the revised Assurance Framework and Risk Register should be undertaken at a special meeting in June, prior to consideration by the full Board in July. The Committee **RESOLVED** to: • **NOTE** the work being progressed by the Executive Team to undertake a full review of the Board Assurance Framework and Corporate Risk Register. • **NOTE** the work being progressed to review the risk management arrangements across the Trust. • **AGREE** that a detailed review of progress should be undertaken by the Committee at a special meeting to be held in June 2013.	
IG&Q 21/13	**Agenda Item 12: Annual Patient Safety/Incidents Report** The Committee **RECEIVED** the report. The Head of Clinical Governance introduced the report which provided an overview of all incidents reported within Gloucestershire Care Services in 2012/13. There was considerable discussion, with members wishing to understand the trends, issues and risks that could be identified from the data, and the actions being taken in response to these.	

	It was noted that there was a specific issue with regard to the reporting of baby/child deaths which needed to be resolved with the Commissioners. The Committee did not feel able to take a view as to whether the report provided positive assurance or identified an unacceptable level of risk and asked that this be considered in the preparation of future reports. The Committee **RESOLVED** to • **RECEIVE** the report. • **REQUEST** that future reports ensure the triangulation of information to identify risks and issues, and provide assurance on the actions being taken.	EF/BJ
IG&Q 22/13	**Agenda Item 13: Safeguarding Report** The Committee **RECEIVED** the report. The Director of Nursing introduced the report which sought to provide assurance that the Trust had systems and processes in place to support the safeguarding of vulnerable adults. It was confirmed that the Trust was meeting its statutory requirements with regard to carrying out the Disclosure and Barring Checks and that adult protection policies were in place jointly with Gloucestershire County Council. It was confirmed that a named nurse for safeguarding adults and Head of Social Care were in post and training programmes for staff were available. The Committee were informed that a countywide self-assessment audit was being undertaken which would include peer review and help inform priorities and issues for the future. The Committee **NOTED** the report.	
IG&Q 23/13	**Agenda Item 14: Policy Review** The Committee **RECEIVED** the report. The Board Secretary introduced the report which provided an overview of the progress being made to review Trust policies and procedures. It was noted that a Project Team had been established and work was now progressing to review all Trust policies which had been	

	prioritised based on risk. It was noted that the immediate priority was to ensure that the Trust, as a new statutory body, had a suite of policies and procedures that were fit for purpose, however the commitment to move to agree joint policies with GCC in key areas to support integrated service provision had not changed and would continue in parallel. It was proposed that Deborah Greig be invited to join the Project Team to support this. The Trust Chair sought clarification with regard to the status of the Discharge Policy. The Director of Nursing confirmed that the policy was still in draft and subject to on-going work. The Trust Board Chair and Committee Chair expressed their extreme concern at the lack of an extant discharge policy. They requested that this be given the highest priority given the risk to patient safety and organisational reputation. The Committee **RESOLVED** to: • **RECEIVE** the Project Initiation Document and note the intention to invite social care representation • **NOTE** the work to date to support the achievement of the Project aims • **NOTE** the outcome of the initial prioritisation process relating to existing policies • **REQUEST** the Director of Nursing and Operational Directors to give urgent priority to the finalisation of the Trust Discharge Policy.	EF/SF/ CP
IG&Q 24/13	**Agenda Item 15: Internal Audit – Complaints Process and action plan** The Committee **RECEIVED** the report. The Board Secretary introduced the report, which set out the findings of the Internal Audit of complaints management. It was explained that the Audit had been commissioned in response to concerns with regard to the accuracy of information contained within complaint responses. While the audit had identified a number of areas of good practice, it also identified some areas of risk that required management attention. The proposed actions in response to these findings were considered by the Committee and agreed as appropriate. The Board Secretary highlighted the work that was on-going with the Executive Team to look at the resilience of complaints management across the Trust, and also the training and support	

	being provided to individuals asked to investigate complaints to ensure that investigations enabled full and appropriate responses. The Trust Chair proposed that a quarterly meeting with a lead Non-Executive Director (to be the Chair of the Integrated Governance and Quality Committee) to review complaints, to include social care complaints, should be established. The Committee **RESOLVED** to: • **NOTE** the findings of the audit and the key recommendations • **NOTE** the management response and proposed review process • **REQUEST** the Board Secretary to establish a quarterly complaints review meeting with a lead Non-Executive Director	KN
IG&Q 25/13	**Agenda Item 16: Internal Audit – Clinical Record Keeping Audit and action plan** The Committee **RECEIVED** the report. The Director of Countywide and Children and Young People's Services introduced the report, which set out the findings of the Internal Audit of clinical record keeping. It was explained that the Audit had been commissioned in response to concerns with regard to clinical record keeping. While the audit had identified a number of areas of good practice, it also identified some areas of risk that required management attention. The proposed actions in response to these findings were considered by the Committee and agreed as appropriate. The Head of HR observed that clinical audit alone was clearly not sufficient to secure the necessary improvement in clinical record keeping. She suggested that there was therefore a need to consider what else needed to be done to achieve the step change required such that every individual recognised their role in maintaining high quality clinical records. It was agreed that appraisal and supervision should have a key role in this, and that peer review should also be considered. The Committee Chair was concerned that this was a key area of risk in need of an urgent improvement plan that extended beyond clinical audit to include consideration of the role of appraisal, supervision, training and revalidation. The Committee **RESOLVED** to:	

	• **NOTE** the findings of the audit and the key recommendations • **NOTE** the management response • **REQUEST** that the Executive Team, through the Operational Directors, develop a rapid improvement plan to address the risks associated with clinical record keeping across the Trust.	CP/SF
IG&Q 26/13	**Agenda Item 17.1: Risk Management Strategy** The Committee **RECEIVED** the report and draft Strategy. The Board Secretary introduced the paper, explaining the need to review the Risk Management Strategy that had been adopted by the Trust from the predecessor organisation. The revised document sought to provide the strategic framework to support the effective management of strategic and operational risk. Given the importance of this Strategy, the approval would be reserved to the Board, however the views and comments of the Integrated Governance and Quality Committee and the Audit and Assurance Committee were being sought to inform the strategy development. It was noted that, since circulating the document, a number of revisions had been identified to clarify the role of the Director of Nursing and Clinical Director, however these did not significantly alter the strategy. The Committee **RESOLVED** to endorse the Strategy for ratification and approval by the Board.	KN
IG&Q 27/13	**Agenda Item 17.2: Risk Assessment and Management Policy** The Committee **RECEIVED** the Policy Approval Request. Subject to a number of minor amendments proposed to clarify the risk assessment procedure, the Committee **DELEGATED** final approval to the Committee Chair.	AN/KN
IG&Q 28/13	**Agenda Item 18: Health and Safety Policy** The Committee **RECEIVED** the Policy Approval Request. It was noted that the approval of this policy was reserved to the Board.	

	The Committee **ENDORSED** the Health and Safety Policy for approval by the Board subject to the inclusion of the Head of Clinical Governance as a member of the Health and Safety Committee.	KN
IG&Q 29/13	**Agenda Item 19: Incident Management Policy** The Committee **RECEIVED** the Policy Approval Request. The Committee **APPROVED** the Incident Management Policy	
IG&Q 30/13	**Agenda Item 20: Serious Incidents Requiring Investigation Policy** The Committee **RECEIVED** the Policy Approval Request. Subject to a number of minor amendments being made, the Committee **DELEGATED** final approval to the Committee Chair.	AN/KN
IG&Q 31/13	**Agenda Item 21: Prevent Protocol** The Committee **RECEIVED** the Protocol Approval Request. The Committee **APPROVED** the Prevent Protocol.	
IG&Q 32/13	**Agenda Item 22: Clinical Audit Policy** The Committee **RECEIVED** the Policy Approval Request. The Committee **APPROVED** the Clinical Audit Policy.	
	Date of Next Meeting : Informal meeting 26th June 2013	

Gloucestershire Care Services NHS Trust Board

Title:	**Report from the Charitable Funds Committee**		**Board Meeting 10th September 2013**
Agenda Item:	**11**		
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the first meeting of the Charitable Funds Committee on 8th August 2013.		
Key Points:	The report sets out the key points discussed and the revised Terms of Reference.		
Options and decisions required	The Board is asked to receive the report and APPROVE the revised Terms of Reference for the Committee.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		X
	Objective 2 – To integrate health and social care services		
	Objective 3 – To develop and strengthen partnerships with our communities		X
	Objective 4 – To support, develop and involve our staff		X
	Objective 5 – To strengthen our excellent reputation		X
	Objective 6 - To deliver our contract commitments and provide value for money		
Next steps/future actions	The Committee will provide reports to Board following each meeting and the approved minutes of meeting to the next Board meeting.		
Author name and title	**Simeon Foreman Board Secretary**	**Committee Chair**	**Joanna Scott Non-Executive Director**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 11: Report from the Charitable Funds Committee

1. Introduction

This report provides a summary of the key issues and actions arising from the first meeting of the Charitable Funds Committee on 8th August 2013.

2. Terms of Reference

The Committee reviewed the Terms of Reference agreed by Board on 22nd March 2013 and agreed some amendments to strengthen the governance of the Committee and also reflect the proposed way of working going forward.

The revised Terms of Reference are attached and the Board is asked to **APPROVE** these.

3. Confirmation of purpose of Charitable Trust

The Committee agreed the purpose of the Charity as stated on the Charity Commission website and now included in the Terms of Reference, but also agreed the principle that the Committee would support applications for bids for the enhancement of existing NHS service provision where monies are not available from other charitable sources.

4. Formal acceptance of funds being transferred

The Committee formally accepted the funds transferred from Gloucestershire Primary Care Trust which amounted to £103,750 on 1st April 2013 and non cash assets being Land at Brokenborough.

The Committee noted the current fund balance stood at £292,698 which includes the non-cash assets.

5. Overview in changes in administration

The Committee noted that the management of the funds has transferred to GCS from Gloucestershire Hospitals NHS Foundation Trust and that the funds are being managed on a new system called Harlequin.

6. Process for applying for funds

The Committee noted the process for applying for funds and agreed the bids below £25k could be approved by the Director of Finance and ratified at the next meeting of the Committee.

7. Brokenborough Land

The Committee received an update on the land at Brokenborough (near Malmesbury) which is an asset of the Charity. The Committee approved expenditure of up to £20k for legal services to allow the Trust to investigate the possibility of increasing the value of the land if planning permission were to be granted and approved on the site.

8. Recommendation

The Board is asked to **NOTE** the update from the Charitable Funds Committee and **APPROVE** the revised Terms of Reference.

Gloucestershire Care Services NHS
NHS Trust

Gloucestershire Care Services NHS Trust Charitable Funds Committee

Terms of Reference

Version:	1.1
Ratified by:	Gloucestershire Care Services NHS Trust NHS Trust Board
Date ratified:	22nd March 2013
Originator/author:	Board Secretary
Responsible committee/individual:	Board
Executive lead:	Director of Finance
Date issued:	1st April 2013
Review date:	1st September 2013

1. Purpose

1.1 The Charitable Funds Committee will be responsible for advising the Corporate Trustee on matters related to charitable funds. This will be in the form of quarterly updates and an annual report.

1.2 The formal name is the "Gloucestershire Care Service NHS Trust Charities", registered charity number 1096480 and established for the benefit of the patients of Gloucestershire and the staff employed by Gloucestershire Care Services NHS Trust.

2. Constitution

2.1 The Charitable Funds Committee is established under section 4.8.4 of the Standing Orders of Gloucestershire Care Services NHS Trust. The Committee will operate in accordance with the provisions of section 5 of the Standing Orders, which describes the arrangements for the exercise of Trust functions by delegation. This must be read in conjunction with Standing Order 2.8 (Corporate Role of the Board), and Standing Financial Instruction 29 (Funds held on Trust).

3. Membership

3.1 The Committee shall comprise two Non-Executive Directors (one of whom will be nominated to act as Chair of the Committee) and the Director of Finance.

4. Attendance and Quorum

4.1 Officer members may attend with approval of the Chair. The Committee will invite other appropriate officers to attend when necessary.

4.2 The quorum for the meeting is one Non-Executive Director and the Director of Finance or nominated deputy,

5. Frequency

5.1 The Committee shall meet to consider the Annual Accounts, Fund Balances and Investment Performance at the end of each year. Other meetings will be held in response to requests for expenditure approval as needed.

5,2 Typically, the Committee will meet quarterly and on ad hoc basis as required to transact business.

6. Terms of Reference

6.1 The Committee will ensure that Gloucestershire Care Services NHS Trust complies with all relevant legislation, and current guidance from the Charity Commission.

6.2 The Committee has delegated authority from the Corporate Trustee to conduct the operational running of the Funds and will report to the Corporate Trustee on an

annual basis with quarterly updates.

6.3 The Committee will seek to appoint an investment advisor to provide professional advice on the setting the investment strategy for the Corporate Trustee, approving individual purchases and sales of investment holdings.

6.4 The Committee will review the financial position of all individual Funds and proactively ensure that the funds are used for the purposes intended by the donors.

6.5 The Committee adopts the investment strategy of:

6.5.1 Low risk.

6.5.2 Optimise medium term return through a combination of capital growth and interest or dividend receipts.

6.5.3 Avoidance of investments which might be considered inappropriate for a Healthcare organisation e.g. manufacturers of tobacco, alcohol and arms.

7. Authority

7.1 Save as expressly provided in the terms of reference, the Charitable Funds Committee will have no further power or authority.

8. Reporting

8.1 The minutes of the Charitable Funds Committee meetings shall be formally recorded and submitted to the Gloucestershire Care Services NHS Trust Board.

8.2 The Committee will report back to the Gloucestershire Care Services NHS Trust Board on any other matters, which require Board decision and/or attention.

Gloucestershire Care Services NHS Trust Board

Title:	**Performance and Resources Committee Report**		**10th September 2013**
Agenda Item:	**12**		
Purpose of Paper:	To provide the Board with a summary of the key issues and actions arising from the meeting of the Performance and Resources Committee held on 8th August 2013.		
Key Points:	The Committee approved the minutes of the June 2013 meeting and the other key matters discussed are outlined in the report. These included Performance, Finance and Capital Plans.		
Options and decisions required	The Board is asked to receive the report and the approved June minutes for information and assurance.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		X
	Objective 2 – To integrate health and social care services		X
	Objective 3 – To develop and strengthen partnerships with our communities		
	Objective 4 – To support, develop and involve our staff		
	Objective 5 – To strengthen our excellent reputation		X
	Objective 6 - To deliver our contract commitments and provide value for money		X
Next steps/future actions	The Committee has agreed a forward programme which will be reviewed on an on-going basis. Approved minutes from the Performance and Resources Committee will be presented to Board at the next meeting, i.e. June minutes approved in August and presented to Board in September.		
Author name and title	**Simeon Foreman Board Secretary**	**Committee Chair**	**David Harwood**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 12: Report of the Performance and Resources Committee

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Performance and Resources Committee held on 8th August 2013. The approved minutes of the June meeting are attached for information.

2. Finance Performance

The Committee noted the update that the Cost Improvement Programme (CIP) schemes have achieved £1m with the majority delivering later in the year. The ESSBASE system implementation has identified internal efficiencies and improved data quality to support some of this work.

The Trust is having a Board to Board session with Gloucestershire Clinical Commissioning Group in October and this will hopefully further define commissioner intentions.

The Committee noted that the Trust is forecasting a year end surplus of £2m.

3. Continual Improvement - Quality & Performance

The Committee considered the quality and performance information and key points of discussion to highlight to Board are as follows:

- Continued improvement in Newborn Blood Screening is expected to see the target performance move to Amber from Red at year end. The improvement is linked to the implementation of an electronic data link to the laboratory at Southmead.
- Discussion took place on Clostridium Difficile as six unprecedented cases in June means that the total cases in year stands at 12 against a target of 18 for the whole year. The Committee noted that an action plan has been developed and will be monitored closely by the Integrated Governance and Quality Committee (IGQC).
- The Committee discussed actions being taken to address all those areas where performance is lower than expected including; increasing the number of responses to the Friends and Family test, HPV immunisation, musculoskeletal services and psychosexual medicine.

- There was also discussion on average length of stay in community hospitals and areas of best practice that can be shared across the county.

4. Capital Schemes Update

The Committee noted the current capital spend position for the Trust. The Trust Development Authority accepted the capital spend of £6.7m approved by the Board.

The main points of discussion related to Tewkesbury hospital opening, and £300k spend on the replacement of 120 syringe drivers and 12 beds at Cirencester hospital.

5. Other Items

The Committee also received a report on mobile working and the CIP Strategy. Further work on the Strategy was requested.

The Committee considered the business development opportunities in a confidential meeting following the main Committee meeting. This action was taken as some of the discussion related to opportunities that are commercially sensitive.

6. Conclusions and Recommendations

The Board is asked to:

- **Note** this report

- **Receive** the approved minutes of 4th June 2013 meeting.

Report prepared by: Simeon Foreman on behalf of the Committee Chair

Report Presented by: David Harwood, Chair, Performance and Resources Committee

Appendices:

Appendix 1: Approved Minutes of the Performance and Resources Committee on 4th June 2013

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
PERFORMANCE AND RESOURCES COMMITTEE

Minutes of the Meeting held on Tuesday 4th June 2013

Present:

Members:

David Harwood	Non-Executive Director (Committee Chair)
Ingrid Barker	Trust Chair
Rob Graves	Non-Executive Director
Anne Noble	Non- Executive Director
Glyn Howells	Director of Finance

In Attendance

Mark Parson	Head of Estates (Security, Safety & Facilities) (For agenda item 6)
Katie Norton	Board Secretary (Interim)

P&R 1/13	**Welcome and Apologies** The Chair welcomed colleagues to the first meeting of the Performance and Resources Committee. It was agreed to re-order the agenda to reflect the time available and ensure best use of time.	
P&R 02/13	**Agenda Item 6: Capital Plan** The Committee **RECEIVED** the report. The Head of Estates introduced the report which provided an overview of the capital programme inherited by the Trust from NHS Gloucestershire on 1st April 2013 and the approach being taken to develop the Trust Capital Plan going forward. It was acknowledged there were a number of significant capital schemes which had started in 2012/13 and which were continuing into 2013/14. While there was some over-runs which were being closely monitored, it was reported that there was an anticipated underspend against plan. The Committee noted the investment in non-building schemes	

	that had been possible in 2012/13. The Director of Finance advised the Committee that a number of actions had been undertaken by NHS Gloucester to support the Trust in managing the capital charges associated with this investment. He was also able to confirm that the long term financial plan would include provision for replacement of equipment. The Committee was informed of the process proposed for developing the 2013/14 Capital Plan, which would be brought to the next meeting with recommendations for approval. It was agreed that the plan must support the strategic priorities for the Trust and facilitate the strengthening of integrated, community based services. A specific concern with regard to the accommodation for the integrated community team in Gloucester was identified as was the need to find suitable alternative accommodation for the Sexual Health Team in Cheltenham. The Head of Estates confirmed that the Trust was represented on the Gloucestershire Public Sector Property Group. The Director of Finance informed the Committee that the opening value of assets transferred to the Trust was £67m. This was lower than had been expected due to impairments. He also informed the Committee that he was in discussion with the TDA to clarify the position in relation to the application of capital charges in 2013/14. He noted that under the Transforming Community Services programme, the guidance was that capital charges would not be applied in the first year post transfer. The Committee **RESOLVED** to: • **RECEIVE** the Report. • **REQUEST** that the budget and plan for 2013/14 be prepared for the next meeting. • **SEEK ASSURANCE** with regard to the prioritisation tool used to inform the Capital Plan, and the procedural processes for approval of capital spend. • **NOTE** the actions being taken by the Director of Finance to seek clarification with regard to capital charges in 2013/14.	GH/MP GH/MP
P&R 03/14	**Agenda Item 4: Operational Performance** The Committee **RECEIVED** the report. The Director of Finance introduced the report which included April data.	

	The format of the performance report was discussed, specifically the need to demonstrate performance against the national and commissioned targets as well as performance against locally agreed key performance indicators which aligned to the strategic direction and priorities of the Trust. The Non Executives agreed that there should be work undertaken by the Executive Team to review the current reporting arrangements to distinguish performance against national and commissioned targets and performance against local targets and priorities. The Committee considered the report in detail. Anne Noble confirmed that the Integrated Governance and Quality Committee had discussed a number of issues in detail at its recent meeting, including the incidence of C Difficile and the actions being taken. The Committee acknowledged the need to ensure close links were made with the Integrated Governance and Quality Committee to ensure that Board scrutiny and assurance was effective. A number of issues were identified where the Committee wished to have assurance that Executive oversight and actions were being progressed. These included: - Progress being made to support the Stroud Hospital Improvement Action Plan - The plan to support the achievement of the reduction in the incidence of falls - MIU performance in Cirencester The Committee **RESOLVED** to: - **FORWARD** any specific queries or questions arising from the report to the Director of Finance - **TASK** the Executive Team to review the current performance report to distinguish performance against commissioned targets and strategic key performance indicators - **TASK** the Executive Team to provide detailed assurance in future reports in relation to areas of concern identified	All GH/ Execs Execs
P&R 04/13	**Agenda Item 2. Terms of Reference** The Committee considered the Terms of Reference. A number of minor amendments were proposed:	

	- To include reference to the strategic context in which the Committee would operate - To amend the wording in section 3.5 to use plain English - To amend the membership and quorum to reflect proposed Non Executive portfolios It was noted that these amendments would need to be approved by the Board. The Committee **RESOLVED** to: - **PROPOSE** the amended Terms of Reference for approval by the Board	KN
P&R 05/13	**Agenda Item 3: Minutes of the last meeting of the GCS Finance and Resources Committee and Action Log** The Committee **NOTED** the minutes of the meeting of the GCS Operational Board's Finance and Performance Committee. A detailed review of the action log was undertaken. It was agreed that the following action should be carried forward: - To review the Principles for Business Development	KN
P&R 06/13	**Agenda Item 5 and Agenda Item 7:** The Committee were not able to consider these items in detail due to time available. The Committee **RESOLVED** to: - **FORWARD** any specific queries or questions to the Director of Finance	All
P&R	**Date of Next Meeting** **Thursday, 8th August 2013 at 2.00pm in the Boardroom, EJC**	

Gloucestershire Care Services NHS Trust Board

Title:	**Urgent Care and Discharge Planning**		**10 September 2013**
Agenda Item:	**13**		
Purpose of Paper:	To inform the Board of progress around the whole system initiative to improve discharge and patient flows across Gloucestershire.		
Key Points:	The work is at an early stage and will need to be progressed rapidly for the actions to be put in place for Winter 2013/14.		
Options and decisions required	The Board is asked to note the content of this paper and contribute to the discussion as appropriate.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users *This work aims to improve the quality of community based services and improve patients' flows and thereby meet service user needs.*		x
	Objective 2 – To integrate health and social care services		
	Objective 3 – To develop and strengthen partnerships with our communities *The work develops strengths and partnership within the whole system.*		x
	Objective 4 – To support, develop and involve our staff		
	Objective 5 – To strengthen our excellent reputation *Improved patient flow and care work significantly adds value to the reputation of GCS.*		x
	Objective 6 - To deliver our contract commitments and provide value for money *Improving patient flow with relation of elective length of stay and increasing care is appropriate settings will add greater value for money across all provider contacts in Gloucestershire.*		x
Next steps/future actions	Future actions and work to continue and the Board will be updated.		
Author name and title	Paul Jennings, Interim Chief Executive	**Director Name and Title**	Paul Jennings, Interim Chief Executive

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 13: Urgent Care and Discharge Planning

1. Purpose

The purpose of the paper is to update the Board of the progress to improve discharge across whole system.

2. Recommendations

The Board is asked to **NOTE** the content of the paper and discuss as appropriate.

3. Background

There has been an on-going issue related to Gloucestershire achieving targets for A&E wait times. It has been a long held belief that this is associated with poor patient flow and bed availability within the healthcare system.

4. Discussion of Issues

A group has been formed to co-ordinate the work of this project and ensure progress is made. It consists of Chief Officers from each of the following organisations; Gloucestershire Hospitals NHS Foundation Trust (GHT), Gloucestershire Care Services NHS Trust (GCS) and 2gether NHS Foundation Trust (2FT) as well as the Director of Adult Services and Social Care for Gloucestershire County Council (GCC).

The group is chaired by the Gloucestershire Clinical Commissioning (CCG) Group's Chief Officer. Other senior officers are involved in the meeting that takes place weekly at 8.00am on a Wednesday.

Consulting support has been engaged for the work and the slides attached at Appendix 1 have been extracted from the presentation given by the Interim Director of Discharge on 20th August 2013.

One of the first goals in this work is to ensure that there is an accurate and clear system across the health community. It is agreed that we need to make progress on achieving this, and then build on this work to ensure that we can make adjustments to the patient flow systems in Gloucestershire with the minimum of unintended consequences.

At present, the pressure in the health and social care system to ensure that A&E targets are met can produce a bias towards the acute care system. We are clear in our work, however, that it is the **WHOLE** system which needs to be sensitive and effective in its operation.

Some of the data used to compile this work is historic and therefore does not include reference to the Trust's recently improved levels of patient length of stays in the community hospitals. At present these are 15.5 days at the 95th centile.

5. Key Findings and Actions

Key findings and actions arising from this work will be reported to Board and Performance and Resources Committee, as appropriate, in due course.

6. Financial implications

The CCG has provided the resources for the consultancy associated with this work. Any financial implications that might flow from this work will need to be discussed and negotiated into contracts.

7. Implementation and Review of Progress

The work in this area continues with agreed actions having been implemented for the Winter 2013/14 period. This is based on the Department of Health definition of Winter which states it begins on 1st October.

Progress against actions will be reviewed by the HR/OD Programme Board at its next meeting on 9th October 2013.

8. Legal Implications

There are no legal implications associated with this paper.

9. Risk Implications

The whole system is at risk of being seen as ineffective if patients cannot be seen to be moved appropriately through the health and social care system.

10. Implications for Health Inequalities

Improved care pathways will benefit those with lower health status who are more likely to need healthcare intervention

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The great majority of emergency admissions are for older people and therefore improved systems and improved patient flow will be of benefit to this population

12. Consultation and Communication including Public Involvement

Not required

13. Links to:

Other urgent care and whole system work.

Prepared by: Paul Jennings, Interim Chief Executive

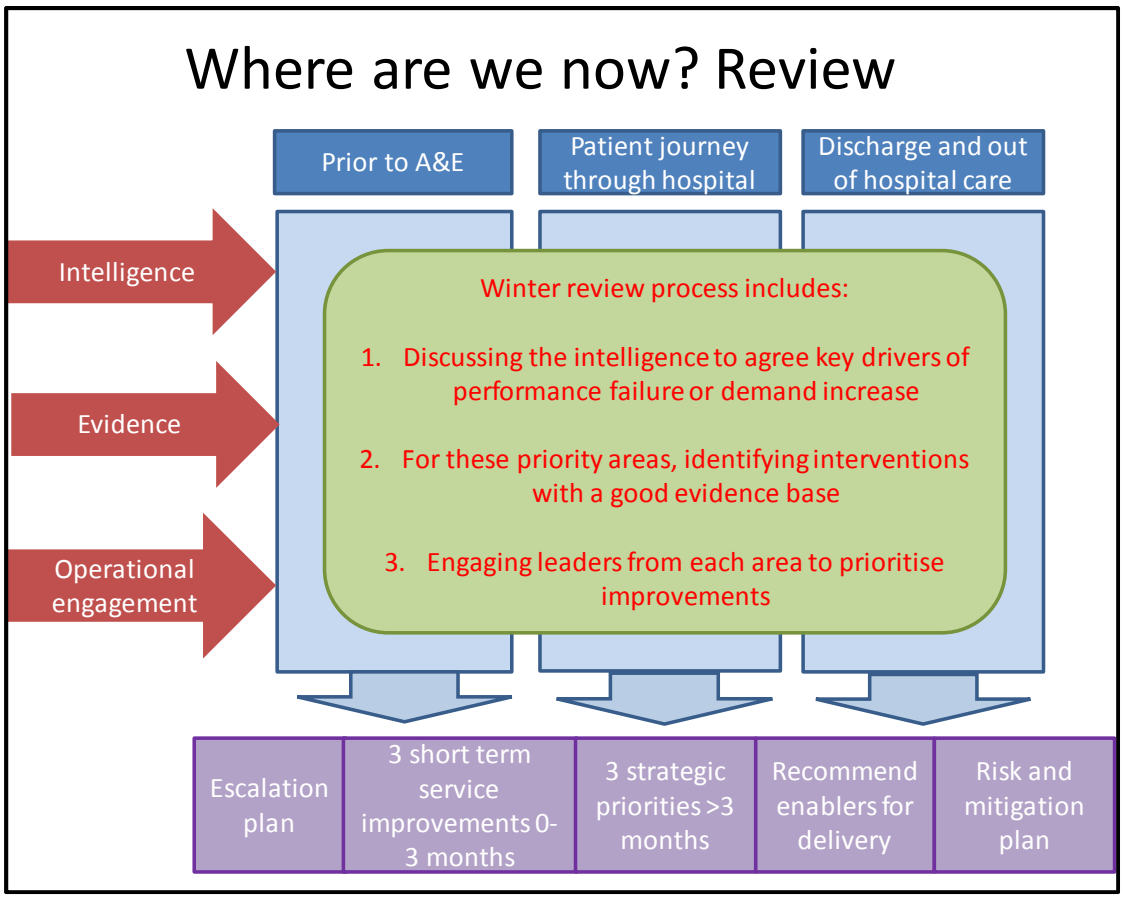
27 August 2013

Presented by: Paul Jennings, Interim Chief Executive

Appendix 1 – Slides extracted from the presentation given by the Interim Director of Discharge, Gloucestershire CCG on 20th August 2013

Presentation title: What does good look like?

Level of Care	Care Capabilities	Staff	Diagnostics	LOS Range Target LOS
1.Acute care	•Clinical observation /intervention •Medication management •Oxygen, IVs, monitors • ICU/CCU/HDU •Theatre	•Consultants, SHOs, etc 24/7 •Nurses providing skilled care every 4 hours •Therapists and other AHP	•Yes, on-site •24/7 access	•Range: 1-7 days •Target: 5 days
2.Complex Continuing Care *(aka Virtual Ward)* Can be provided in 24 hr facility or by Hospital @ Home	•Clinical observation •Medication management •Oxygen, IVs	•GP or Consultant, daily rounds •Nurses provide skilled care every 6 hours •Patient too ill for PT/OT	•Yes, either on-site or accessible on demand 24/7	•Range: 5-15 days •Target: 10 days
3. Rehabilitative Care (high intensity) Can be provided in 24 hr facility or Hospital @ Home service	•Clinical observation •Medication monitoring •Pt motivated to participate in aggressive therapy	•GP or Consultant, rounds every 48 hours •Nurse provide skilled care every 8 hr •P/O/S TH up to 3hr per day/6d/wk	•Not available on site •Pt or specimen transported to site for diagnostics	•Range: 5-30 days •Target: 15 days
4.Therapist led rehabilitation care (slow stream) Can be provided in 24 hr facility or home based care	•Patient must be motivated and able to participate in slow stream therapy programme	•Physical/occupational/ speech therapy 1 hr per day, up to 4 days per week •Low nurse cover	•Not available on site •Pt or specimen transported to site for diagnostics	•Range: 4-45 days •Target: 20 days



Where are we now? Working together

Urgent Care Recovery Plan

A short term report summarising 35 community-wide projects to ensure the Urgent Care system recovers sustainably following winter 12/13

These projects each have a project lead within each organisation and are led by a Sponsor on the Urgent Care Network Board

Urgent Care Task and Finish Group

Nine projects deemed to be of particularly high priority due to their expected impact in the short term

These projects are receiving more in-depth project support and scrutiny from the Network Board to drive delivery.

Their project leads report fortnightly on progress to a Task and Finish group chaired by the Director of Commissioning Implementation, GCCG

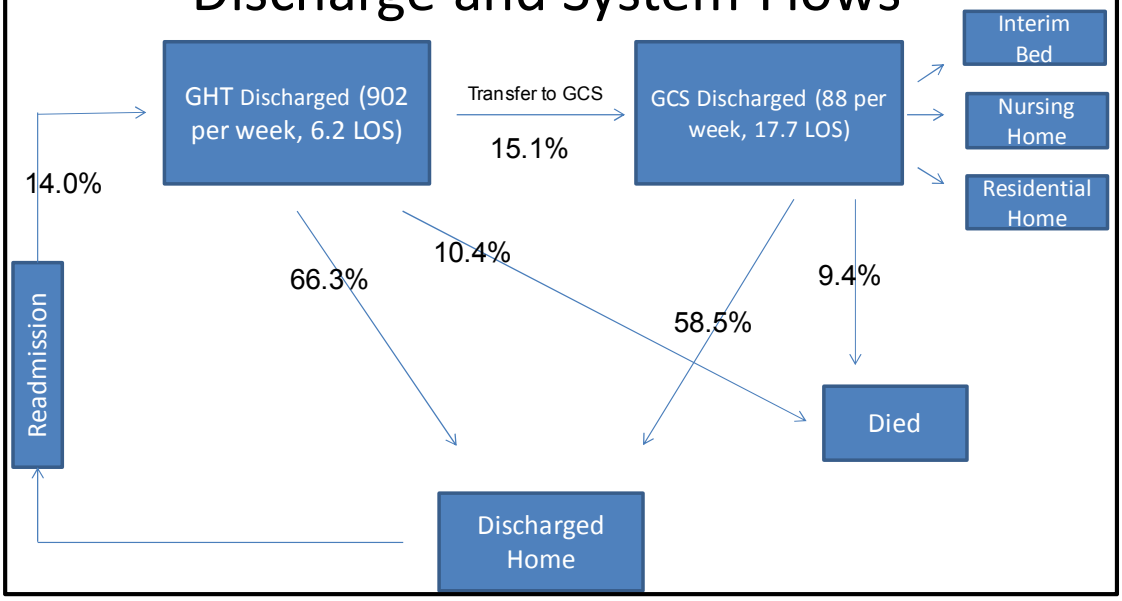
Urgent Care Winter Plan and Strategy Review

A process of engaging the health community and reviewing local intelligence and evidence to inform:

- The 13/14 regional winter plan (which will supersede the recovery plan)
- A draft Regional Urgent Care Strategy.

The review will be formed of three work streams focussing on before hospital, in hospital and discharge and community care each led by an Exec from the Urgent Care Network Board.

What problem are we trying to solve? Discharge and System Flows



Principles

- The discharge of patients from hospital is a ward function – nurse leadership
- Any integrated discharge team should **add value** by providing support to the wards to do their role more effectively
- Patient discharge planning should start on admission
- Right pathway first time whenever possible or as soon as possible after admission
- IDT brought in at appropriate time and for appropriate reasons
- No one should be in an acute bed if they don't need to be
- Community beds should be used by appropriate patients

Gloucestershire Care Services NHS Trust Board

Title:	**Integrated Community Teams Programme - Update**		**10 September 2013**
Agenda Item:	**14**		
Purpose of Paper:	This paper outlines progress that has been made to support the development of Integrated Community Teams in Gloucestershire.		
Key Points:	The development of high performing Integrated Care Teams is a continuing priority for the Trust. Working in partnership with the Gloucestershire Clinical Commissioning Group and Gloucestershire County Council, a Business Case was approved in July to strengthen adult health and social care Integrated Community Teams, to deliver sustainable, person centred and coordinated care. To support this Business Case, additional Programme Management resource has been put in place, with initial work focussing on outcome clarification, detailed implementation planning and Programme Management governance (internal to GCS).		
Options and decisions required	The Board is asked to receive this report for information and assurance		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		x
	Objective 2 – To integrate health and social care services		x
	Objective 3 – To develop and strengthen partnerships with our communities		x
	Objective 4 – To support, develop and involve our staff		x
	Objective 5 – To strengthen our excellent reputation		x
	Objective 6 - To deliver our contract commitments and provide value for money		x
Next steps/future actions			
Author name and title	**Ray Bowden, Programme Manager ICT**	**Director Name and Title**	**Susan Field, Director of Adult Services**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10 September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 14

1. Purpose

This paper outlines progress that has been made to support the development of Integrated Community Teams in Gloucestershire.

2. Recommendations

The Board is asked to receive this report for information and assurance.

3. Background

The development of Integrated Community Teams (ICTs) has been identified as a priority to support the delivery of high quality, responsive and seamless health and social care services to meet local need.

A Joint Case for Change and initial Provider service model to strengthen the existing 20 adult health and social care integrated teams (ICTs) managed by Gloucestershire Care Services NHS Trust (GCS) has been developed and agreed in July 2013.

Proposals seek to increase capacity (additional staff and redesign of existing teams), capability (skills development), availability (extended opening) and support the cultural changes required within current teams to respond to the approaching demographic, financial and patient experience challenges (for example, the ability to manage more people with long term conditions and support the frail/elderly, closer to home).

In essence, the joint Case for change is based on a requirement to commission a service model that improves the alignment of primary care, health and social care teams and a range of other stakeholders in the community with relevant acute teams. There needs to be an optimal blend of expertise to provide the right clinical risk assessment and management, particularly for older people who need to attend hospital and also to develop systems to reduce the need for people attending in the future.

Health and Social care commissioners set out the following requirements (these are a subset of the complete set of requirements set out in the Business case):

- Services to be available 24 hours, 7 days a week

- Service for adults over 18 years old and focussed on those aged 65 and over
- Method for contacting service is simple
- Staff will work in an integrated way
- Service is able to respond to urgent care requirements within 1 hour of request
- GPs are a key part of the ICT

The financial case (Medium term financial plan, Return on Investment and Contractual and Performance arrangements) is presented in the Business case, but in summary, it is an investment of £3.9m which is split between recurrent and non-recurrent monies.

This new investment builds on the work presented to the Board on 14 May; Agenda item 11, Transforming Local Care – Theme 4 Integration Update. This model of service has been conveyed at all the recent Accelerated Learning Events (ALE's) which have acted as a catalyst for service change and further transformation.

4. Discussion of Issues

Since approval of the Business Case, GCS have employed specialist Programme Management resource and Project support to turn the Business Case into a robust, achievable Programme of work which has:

- clearly documented outcomes and clear deliverables
- detailed plans underpinning the deliveries
- internal (GCS) governance to ensure timely decision making
- active risk and issue management
- partnership working with the Clinical Commissioning Group (CCG), the Gloucestershire County Council (GCC) and the South West Ambulance Trust (SWAT)

The first phase of this work is now complete and has highlighted a number of challenges. These include:

- Tight timescales. Making sure the ICT delivery is robust and sustainable whilst still meeting the financial targets set out in the Business Case. This will entail a level of Risk identification and Risk management by the ICT Steering Group.
- A key element of the plan (a critical dependency) is recruiting to new ICT roles. This is essential to make the service 24/7, and to have the appropriate level of clinical input when needed. This is progressing well with interviews commencing week beginning 26 August for Rapid Response.
- The proposed ICT model is essentially a medical model and the implementation of the Social care elements will need careful planning in the context of an ICT Operating Framework. Whilst the implementation of Integrated Community Teams is widespread across

the NHS, the close integration of GCS and GCC provides a unique challenge in Gloucestershire.

Outlined in the Business Case is a phased implementation of the ICT model (Appendix 1) both in terms of functionality and locality.

To mirror this, the first phase of the planning work has focussed on the delivery of a Rapid Response service and a 24/7 Single Point of Clinical Access in one business unit in one locality.

Future planning phases will, in parallel, develop plans for rolling out increased functionality (such as High Intensity Services) and offering the services to other business units and localities.

It is imperative, as part of the implementation programme, that we ensure there is robust engagement and communication mechanisms with GPs and GP practice staff. This is particularly important in terms of clinical engagement; seeking their views on how to implement across the three localities and how we share successes and patient experiences. Existing CCG and Gloucestershire Hospitals NHS Foundation Trust (GHFT) communication channels can help support this, for example, e-bulletins.

5. Key Findings and Actions

The key findings and actions are outlined above.

6. Financial implications

The new investment represented by the Joint Case for Change includes recurrent funding, non-recurrent funding (set up costs) and changes to the QIPP (Quality, Innovation, Productivity and Prevention) targets.

A core assumption of the service model is that strengthened ICT's will contribute to a reduction in the CCG costs through a reduction in emergency hospital admissions. Although service changes commence in Quarter 4 2013/14, full service functionality will be from January 2015 onwards, so full benefit will be effective from this date.

A Performance and Information workstream is now in place to define, implement and monitor the agreed programme performance metrics. These will be made available to the GCS Executive team, GCS Board and to the CCG to track progress against the agreed targets.

The funding agreed in the Business Case will be drawn down gradually (as required) and monitored by a Financial workstream.

7. Implementation and Review of Progress

Progress against the delivery plans will be managed by a clearly defined governance structure within GCS, and by an ICT Steering Group chaired by the owner of the Joint Case for Change Business Case, Mary Hutton (CCG'S Accountable Officer).

8. Legal Implications

None?

9. Risk Implications

Risks related to the Joint Case for Change are being highlighted internally to GCS and GCC through GCS governance, and to the CCG through the ICT Steering Group. Risk Logs and Issue Logs are a key element of the Programme Planning.

For example, looking at Appendix 1, the current plans phase the implementation of functionality such that the Rapid Response and 24/7 Single Point of Clinical Access components will be implemented first, with the High Intensity component following at a later date. This raises risks around:

- the scope of patient management
- the volume of admission avoidance possible
- passing clinical information down (and up) the triangle as different components are on different IT systems and will be for some time

10. Implications for Health Inequalities

An Equality Impact Assessment will be carried out as part of development of the ICT Service Specification and Core Operating Model.

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

An Equality Impact Assessment will be carried out as part of development of the ICT Service Specification and Core Operating Model.

12. Consultation and Communication including Public Involvement

A communications plan, including how to engage with internal and external stakeholders such as GPs and patients is being developed.

13. Links to:

All Trust strategic objectives and:

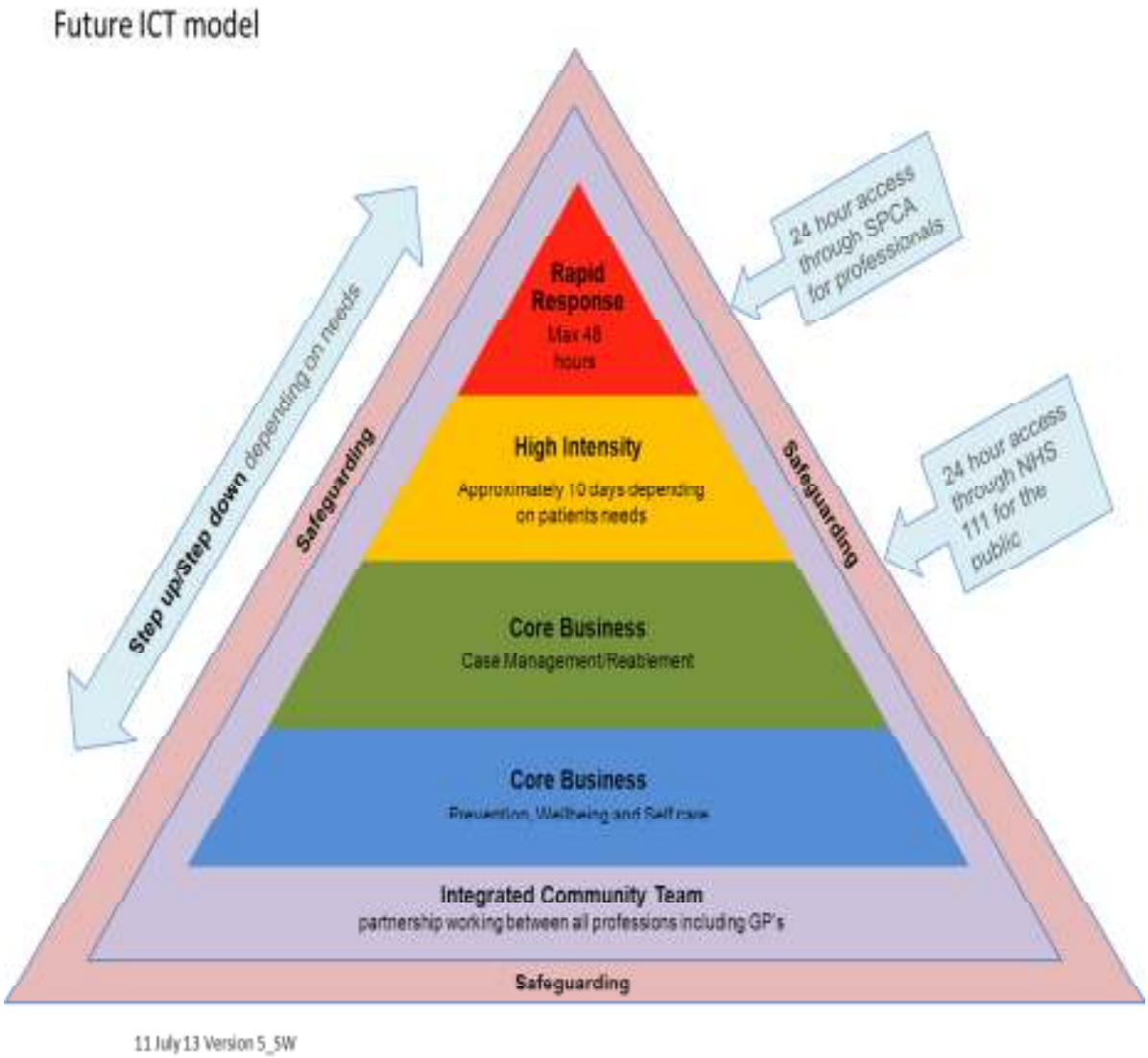
- Transforming Local Care Programme
- QIPP Programme

Prepared by: Ray Bowden, Programme Manager ICT

Presented by: Paul Jennings, Chief Executive (Interim), Gloucestershire Care Services

Appendices:

Appendix 1



Gloucestershire Care Services NHS
NHS Trust

Gloucestershire Care Services NHS Trust Board

Title:	**Medical Leadership Strategy**		**10 September 2013**
Agenda Item:	**15**		
Purpose of Paper:	To ensure that medical leadership within Gloucestershire Care Services NHS Trust is sufficient to support high quality care; the strategic objectives of the Board; the transition to Foundation Trust status and the introduction of medical revalidation and the Responsible Officer role.		
Key Points:	Medical leadership at organisational level should be increased to ensure that the objectives listed above are achieved.		
Options and decisions required	The Board are asked to support a proposal to increase medical leadership at organisational level.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		X
	Objective 2 – To integrate health and social care services		
	Objective 3 – To develop and strengthen partnerships with our communities		X
	Objective 4 – To support, develop and involve our staff		X
	Objective 5 – To strengthen our excellent reputation		X
	Objective 6 - To deliver our contract commitments and provide value for money		
Next steps/future actions	To recruit a new medical director, if the proposal is supported by the Board.		
Author name and title	**Dr J Bayley**	**Director Name and Title**	Dr J Bayley, Clinical Director

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10 September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 15: Medical Leadership

1. Purpose

To ensure that medical leadership within Gloucestershire Care Services NHS Trust [GCS] is sufficient to support high quality care; the strategic objectives of the Board; the transition to Foundation Trust [FT] Status and the introduction of medical revalidation and the Responsible Officer role.

2. Recommendations

That the Board support the proposed increases to the resourcing of the Clinical Director [CD] and Medical Director [MD] roles.

3. Background

The role of medical leadership within GCSNT
There are three major functions of medical leadership within GCSNT:

1. General governance and assurance across the organisation as a whole
2. Partnership working with other local providers, in particular local GPs
3. Leadership of individual services, e.g. the out of hours services

The purpose of this paper is to consider the future resourcing of functions 1 and 2, which are performed by the clinical director and medical director. The CD and MD are employed for twenty-five hours in total. The medical director reduced his hours from 15 to 10 per week in November 2012.

To support the transition to become an NHS Trust, the GCS 2012-2013 staffing plan assumed that the CD and MD roles would together comprise a whole time equivalent [WTE] although, in the recent review of the staffing plan, this was reduced to an 0.8 WTE, to allow funding of a WTE directorate secretary. At present, the MD & CD roles equate to a 0.67 WTE.

Since the CD and MD were appointed, the GCS medical leaders have acquired significant additional responsibilities:

- Revalidation and Responsible Officer: the introduction of revalidation and the Responsible Officer role, as well as changes to appraisal arrangements, have created a substantial workload that was not

included in the job plans of the clinical director or medical director at the time of their appointments.

- FT process: the Clinical Director has assurance and governance responsibilities in the FT process, including development of the clinical and professional care strategy (in partnership with the Director of Nursing); membership of the FT programme board and liaison with the Trust Development Authority.

Unassigned Work

As well as the identified leadership roles, there is a substantial amount of unassigned, usually unscheduled, work within GCS that requires some input from a doctor but that is not part of the job plan or capacity of any of the existing medical leadership roles.

4. Discussion of Issues

The clinical director

The clinical director's job plan is given at Appendix 1. As outlined in section 3, it does not include provision for the Responsible Officer, revalidation and FT aspects of the CD's current role.

The medical director [MD]

The role of the medical director in general

The MD's job plan is given at Appendix 2. It should be noted that the MD's duties do not include acting as a deputy to the clinical director. The lack of a deputy to the CD creates operational challenges when the CD is not available and would leave GCS vulnerable in the event of the CD being unavailable for work, for example due to long-term sick leave.

The current medical director

The current MD, Dr David Bowden, wishes to reduce his hours and the scope of his role incrementally, as GCS is able to make alternative arrangements for his existing duties. He aspires to reduce his role to that of appraisal lead only and ultimately to cease working for GCS completely. No definite timescale has been agreed, but Dr Bowden has indicated that he hopes this tapering down of his role will occur over the next eighteen to twenty-four months. As a first step, his hours were reduced from fifteen per week to ten per week in November 2012.

Leadership of individual services

GCSNT has medical leadership of several services, notably the out of hours service, the sexual health service and the minor injury units. The role of medical leadership in these services is determined by commissioning and contractual agreements and by service development

need. No changes to the current arrangements are proposed by this paper.

5. Key Findings and Actions

The current medical leadership is less than envisaged in the staffing plan and not sufficient to encompass the new responsibilities of revalidation, the Responsible Officer and the FT process.

It is therefore proposed that:

1. The CD role is increased from 4 to 5 sessions, at least until additional workload of FT process complete.

2. Dr Bowden's role is reduced to appraisal lead for one session per week, in accordance with his wishes. Once the FT process has been completed, this stand-alone role will be phased out and be assumed by the medical director.

3. GCS employ a medical director for at least 4 sessions per week, to perform the roles currently being performed by Dr Bowden (other than appraisal lead), to act as deputy to the CD and to perform the currently unassigned work within GCS requiring input from a doctor.

6. Financial implications

The maximum additional cost of the proposals, compared to the planned budget for medical leadership, will be £5,664 per annum.

7. Implementation and Review of Progress

If approved by the Board, recruitment for the MD should begin immediately. Subject to identifying a suitable candidate, the new MD should be in post by February 2014.

8. Legal Implications

None identified, other than the necessity to comply with the usual statutory requirements in the recruitment process.

9. Risk Implications

Increased resourcing of medical leadership will enhance clinical assurance and governance within GCS and therefore reduce risk

10. Implications for Health Inequalities

None identified

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

None identified

12. Consultation and Communication including Public Involvement

This proposal supports the strategic objectives of GCSNT, which are subject to stakeholder consultation.

13. Links to:

Prepared by: **Dr Jo Bayley, Medical Director**

Presented by: **Dr Jo Bayley, Medical Director**

Appendices:
Appendix 1: Clinical Director JD
Appendix 2: Medical Director JD

Appendix 1

Gloucestershire Care Services NHS
NHS Trust

Job Description

Clinical Director

Clinical Quality and Development

Job Profile

1. JOB DETAILS	
Job Title:	**Clinical Director**
Department:	Clinical Quality and Development
No of post holders:	One
Base:	Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Brockworth
Reports to:	Chief Executive
Date:	April 2013

2. JOB PURPOSE

The post holder will be accountable to the Chief Executive and will be a key member of Gloucestershire Care Services Board and an Ambassador for the organisation

The post holder will make a major contribution in developing the strategic direction and clinical strategy for the organisation. This will involve influencing and maximising opportunities for the delivery of care in a community setting in line with integrated, pathways of care across health and social care.

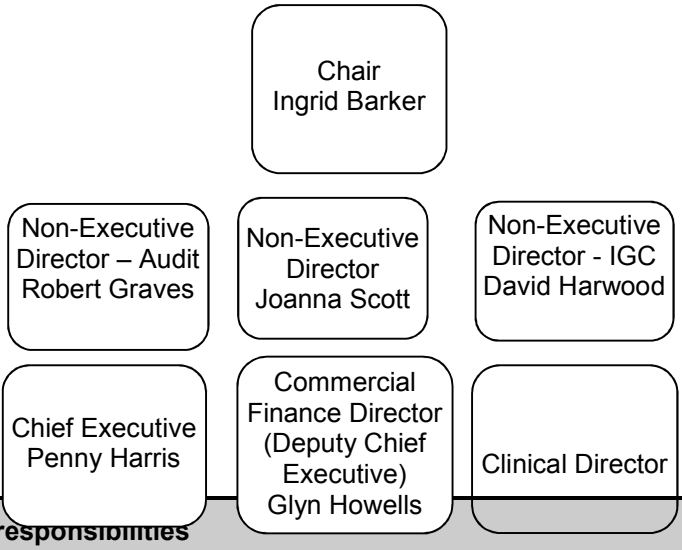
The post holder will establish effective relationships with commissioners, medical colleagues and local GPs in supporting the clinical strategy of the organisation and to ensure partnership working to the benefit of patient care.

The post holder will in conjunction with the Medical Director, Head of Nursing and Directors of Operations ensure robust arrangements are in place enabling the delivery of safe and consistent services, managing risk and active and timely management of issues when they arise.

The post holder will ensure the professional voice is considered by the Executive and the Board.

The post holder will make an effective contribution at Board level and be a clinical champion for patient safety.

3. Organisational Structure



4. Key duties and responsibilities

Communication

Internal

Chief Executive
Executive Team
Non Executive Directors
Professional Executive Committee
Heads of Nursing and Social Work
Medical Director
Senior management team
General Managers
Locality Teams

External

Gloucestershire County Council
District Councils
Primary Care Trusts
Clinical Commissioning Group and Locality GP Forums
Primary Care Independent Contractors
2gether Trust
Gloucestershire Hospitals Foundation Trust
Great Western Ambulance Service
Care Quality Commission
Professional Bodies
Voluntary and Community Organisations

5. KEY RESULT AREAS

Leadership and professional support

Establish effective relationships with commissioners, medical colleagues and local GPs to ensure the delivery of the clinical strategy of the organisation and to ensure partnership working in the development of services.

Provide strong individual and professional leadership through change supporting staff, colleagues and partners through a visionary, motivational and problem solving approach. Prepare others for change through effective personal and professional development.

Responsible for formulating a clinical strategy that is innovative, viable, and sustainable and can be effectively implemented and monitored to evidence quality improvement and patient safety.

Encourage the achievement of a culture that supports continuous development and improvement, innovation and excellence in the provision of clinical services across the organisation.

Provide expert advice to the Board and the senior management team on the impact of professional issues, statutory requirements, changes in clinical practice and the provision of clinical services.

Lead with the Director of Nursing the delivery of stretching quality performance indicators and robust contract monitoring and service level agreement monitoring with Commissioners

Governance

Act as Executive lead for clinical governance with particular responsibility for clinical effectiveness

Together with the Medical Director, Head of Governance, Director of Nursing and Head of Social Care ensure the development and delivery of an effective outcome focused integrated governance strategy across professional groups and services.

Supervise the Caldicott Guardian in setting policy and advising on all aspects of the appropriate protection of clinical information.

Ensure that satisfactory systems are provided for service and clinical audit and practice improvement, post graduate education and medical safety within the organisation.

Corporate responsibility

To take joint responsibility with the Board and Senior Management team for corporate performance and achievement of the organisational strategic and operational objectives.

Contribute to the successful working of the Board and Executive Team

Contribute to the formulation and delivery of the annual and strategic business plan ensuring clinical needs and the goals of the organisation are met. Contribute to the establishment and delivery of savings plans. Acting as Executive sponsor for projects as appropriate

Participate in the corporate risk management, including the relevant areas of the risk register and assurance framework

Take responsibility for own personal development and to take opportunities for a wider leadership role in the public sector

Financial Management

Be responsible for the directorate budgets to ensure financial stability, anticipating the need for and making early interventions to mitigate any financial balance.

6. PERSON SPECIFICATION

Experience

Current and credible experience as a General Practitioner.

Evidence of working in similar role or significant experience in a customer-focussed clinical role within a complex environment.

An excellent grasp and knowledge of the issues facing care provision both locally and nationally.

Experience of establishing and improving Clinical Governance frameworks.

Good working knowledge of professional requirements and standards for GPs, Nurses and other healthcare professionals and the ability to facilitate professional groups to work together as effective teams.

Education, training & qualifications

Medical degree; MRCGP/FRCGP

Current and full registration with the General Medical Council (UK).

Evidence of on-going management and professional development.

Skills & Abilities

- Excellence communication and presentation skills.
- Excellent interpersonal skills with proven ability to set clear direction and articulate a compelling vision.
- Innovative in approach with the ability to encourage, plan and implement strategy and service improvement.
- Ability and vision to build and manage effective relationships with stakeholders, including Clinical Commissioning Groups, Local Authority and other partners, clinicians and other professionals
- Ability to synthesise and prioritise complex and potentially conflicting demands.
- Responsiveness to patient/client carer needs in formulating plans.
- Sound business judgement/ acumen.
- Building and maintaining effective teams and holding them to account.
- Programme and change management capability.

- Ability to manage effective budgets/resources and enforce financial and performance controls.

Effective interaction with local communities, patients and public.

Knowledge

- Understanding of primary healthcare, public health and broader health and social care systems.
- Ability to develop a wide range of networks to ensure the social enterprise successfully develops.

Other requirements

- Commitment to own personal continuing professional development.
- Self motivating and acts on own initiative.
- Able to work with a great degree of flexibility and adaptability.
- Problem solving approach.

7. COMMITMENT TO HEALTH AND SAFETY, CONFIDENTIALITY, EQUAL OPPORTUNITIES & IMPROVING WORKING LIVES

Health & Safety/Security

It is the duty of every employee to adhere to the Trust's Health & Safety Policy and work in such a way that accidents to themselves and to others are avoided, and to co-operate in maintaining their place of work in a tidy and safe condition, thereby minimising risk. Employees will, therefore, refer any matters of concern through their respective line managers. Similarly, it is each person's responsibility to ensure a secure environment and bring any breaches of security to the attention of their managers.

Sustainable Development

It is the duty of every employee to act in accordance with the Trust's Corporate Social Responsibility policy. That is to assist the Trust in reducing our use of natural resources: electricity, fossil fuels, water, paper and other resources and minimising the production of waste. Employees will, therefore, refer any matters of concern regarding the use of natural resources through their respective line managers.
Employees must assist the organisation in achieving its goal to be a Good Corporate Citizen that is to reduce our impacts through travel, procurement, buildings and facilities management and improving knowledge of sustainability whilst contributing to the local community.

Confidentiality

In the course of every employee's duties, they may have access to confidential material about patients, members of staff or other health service business.

- On no account must information relating to identifiable patients be divulged to anyone other than authorised persons, for example, medical, nursing or other professional staff, who are

concerned directly with the care, diagnosis and/or treatment of the patient.

- Similarly, information relating to staff records or information concerning contracts, tenders and other commercially sensitive matters etc. are considered to be **confidential** and must not be divulged without prior authority.
- Breaches of confidentiality will result in disciplinary action.

If in any doubt whatsoever as to the authority of a person or body asking for information of this nature, seek advice from your manager.

Equal Opportunities, Respect and Dignity at Work, 'Improving Working Lives'

The Trust is committed to equality of opportunity & diversity in the workplace; all managers and staff are responsible for ensuring that this is delivered in practice.

Gloucestershire Care Services NHS Trust is equally committed to respect for other people and all managers and staff are expected to be clear of what is expected of them and for ensuring that they commit to this policy in their day to day working life. All staff are issued with a Standards of Business Conduct setting out the Trust's expectations. Managers are also issued with a Code of Conduct reflecting the Department of Health's requirements on NHS managers.

The Trust will not tolerate any forms of bullying or harassment in the workplace.

Everyone has a personal responsibility to seek to improve their own and colleagues working lives to create a healthy and productive working environment.

8. APPRAISAL AND PERSONAL DEVELOPMENT

The Trust is committed to lifelong learning for all staff and has put in place an appraisal and development infrastructure. In line with other healthcare organisations the Trust is moving towards a competency based reward system.

All employees have a responsibility to participate in regular appraisal with their line manager and to identify performance standards for the post. As part of the appraisal process employees have a joint responsibility with their line manager to identify any learning development needs in order to meet the agreed performance standards.

9. REVIEW OF JOB DESCRIPTION

This job description outlines current duties and responsibilities; however it is subject to review and amendment in the light of developing or changing services and as part of the annual Individual Performance Review.

10. CONFIRMATION OF AGREEMENT

It is agreed that the duties and responsibilities identified above accurately reflect those required of the post holder.

Name of Employee:
Signed (Employee):

Name of Line Manager
Signed (Line Manager):

Dated:

APPENDIX 2
Medical Director – Job Plan
Revised July 2013

The role of the Medical Director is varied and the duties listed are meant as a guide only, other appropriate tasks that support the Trust maybe needed.

The MD will liaise with and support the Clinical Director.

The main duties fall into the following areas. These are deliberately left as headings as the post holder will have to carry out many duties which fall under the general headings.

- Line management of the Medical staff employed by the Trust
- Providing an appraisal resource to the trust, ensuring that all doctors have an appraisal and other appropriate measures to ensure they meet the requirements of Revalidation as described by the GMC
- To provide advice on medical aspects of complaints received by the Trust, including where appropriate meeting with patients, their relatives and other professionals
- To investigate complaints against Medical Practitioners employed by the Trust
- To be the named consultant with responsibility for the in patients treated by the Trust
- Provide advice and support to the board on Medical matters, through the Clinical Director.

Line Management and responsibility is to the Clinical Director.

Gloucestershire Care Services NHS Trust Board

Title:	**HR & OD Programme Board Update**		**10 September 2013**
Agenda Item:	**17**		
Purpose of Paper:	The purpose of the paper is to provide the Board with an update on the key issues discussed at the HR/OD Programme Board held on 31st July 2013.		
Key Points:	The main points of discussion at the Programme Board were: • Feedback from the OD Away Day held on 16th July 2013 • Development of the OD and Workforce Strategies		
Options and decisions required	The Board is asked to note the key issues discussed at the Programme Board held on 31st July 2013 and the actions that are being taken to develop the OD and Workforce strategies in line with the recommendations made in The Healthy NHS Board 2013 Guidance.		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		x
	Objective 2 – To integrate health and social care services		
	Objective 3 – To develop and strengthen partnerships with our communities		x
	Objective 4 – To support, develop and involve our staff		x
	Objective 5 – To strengthen our excellent reputation		x
	Objective 6 - To deliver our contract commitments and provide value for money		x
Next steps/future actions	Progress against actions will be reviewed by the Programme Board at its next meeting on 9th October 2013		
Author name and title	Tina Ricketts Head of HR	**Director Name and Title**	Tina Ricketts Head of HR

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 17: HR & OD Programme Board

1. Purpose

The purpose of the paper is to provide the Board with an update on the key issues discussed at the HR/OD Programme Board held on 31st July 2013.

2. Recommendations

The Board is asked to note the key issues discussed and the actions that are being taken to develop the OD and Workforce strategies in line with the recommendations made in The Healthy NHS Board 2013 Guidance.

3. Background

The inaugural meeting of the Programme Board was held on 31st July 2013 and was chaired by Joanna Scott, Non-Executive Director.

The purpose of the HR/OD Programme Board is to:

a) Monitor the culture of the Trust through the review of the annual NHS Staff Survey, internal staff surveys, exit questionnaires, turnover rates, staff grievances (including allegations of bullying and harassment) and all other appropriate workforce indicators.

b) Provide a review mechanism of all Human Resources and Organisational Development strategies, including the Annual Workforce Plan, and make appropriate recommendations to the Board.

c) Provide a review mechanism of all Human Resources and Organisational Development policies, prior to their escalation to the Joint Negotiation and Consultative Forum (JNCF).

d) Ensure the effective implementation of all approved Human Resources and Organisational Development strategies and policies.

e) Develop a set of Human Resources and Organisational Development performance indicators and targets to be included in the Workforce Scorecard.

f) Ensure that the indicators and outcomes by which progress and activity is measured by the Programme Board and which appear in the

Workforce Scorecard, provide granular support for the metrics by which the Board monitors the Trust's adherence to its vision, values and strategic objectives.

g) Review Human Resources and Organisational Development activity on a regular basis in order to ensure that appropriate corrective action is taken where underperformance is identified.

h) Ensure that appropriate management processes are in place to enable effective response to all legislation and best practice in relation to workforce, including equality and diversity legislation, equal opportunities legislation and mandatory training.

i) Ensure that Human Resources and Organisational Development functions within Gloucestershire Care Services NHS Trust are appropriately resourced to be able to deliver all approved policies and strategies.

j) Develop recommendations for an annual multi-professional education and training plan.

k) Monitor compliance with the obligations defined in the Learning and Development Agreement.

l) Provide assurance to the Board that the Human Resources and Organisational Development function is operating at optimum efficiency: this will be realised by the Human Resources and Organisational Development Programme Board Chair providing the Board with routine verbal and written reports on progress and exceptions, and seeking steer on any other matters that require Board decision and/or attention.

4. Discussion of Issues

The notes of the Programme Board meeting held on 31st July 2013 are attached in Appendix One for information.

The main points of discussion were:

4.1 Feedback from the OD Away Day held on 16th July 2013

The Programme Board was informed that a workshop was held on 16th July 2013 to gain feedback from staff to support the development of the OD and Workforce Strategies. Feedback from the workshop was discussed in detail which included how the 90 attendees viewed:

- The current culture of the Trust

- What culture the Trust should seek to become within the next five years

- Their least and most positive experience either as a staff member or service user

- How the employee journey (HR processes from recruitment to exit) could be improved

Attendees were asked to describe the ideal behaviours that they should adopt and exhibit with various groups. The most popular responses were as follows:

- behaviours with staff and colleagues: we should be "*respectful*", "*trusting*", "*listening*", "*professional*", "*courteous*" and "*encouraging*";

- behaviours with service users and carers: we should be *"respectful*", "*maintain dignity*", "*listening*", "*inspire confidence*", "*reliable*" and "*understanding*";

- behaviours with families and visitors: we should be *"clear*", "*supportive*", "*understanding*", "*professional*", "*confidential*" and "*signposting*";

- behaviours with partner organisations and their staff: we should be *"trusting*", "*learning*", "*understanding*", "*collaborative*", "*honest*" and "*engaging*".

The Programme Board noted the value of the feedback and recommended that further workshops/ feedback sessions be held to capture feedback from those services/localities that were not represented in the first session.

4.2 Development of the OD and Workforce Strategies

The Programme Board reviewed a discussion document that proposed that the OD and Workforce Strategies are developed in line with the recommendations within the Healthy NHS Board 2013. These recommendations state that priority should be given to the development of a people strategy as a key enabler in meeting organisational strategic goals. The guidance suggests that the People Strategy should be based on five domains which the Programme Board recommended should be split between the OD Strategy and Workforce Strategy as follows:

	Organisational Development Strategy	**HR/ Workforce Strategy**
Domains (as per Healthy NHS Board 2013)	**Domain 2** - To develop an organisational culture that is open and supportive **Domain 5** - To develop	**Domain 1** – To create a strategic framework to provide assurance about the level of current and predicted workforce. To

	leadership capacity and capability to deliver high quality professional management	recruit and retain an expert, flexible and responsive workforce **Domain 3** – To develop a healthy workforce. To improve staff satisfaction and morale. To enhance engagement with the workforce by improving internal communications **Domain 4** – To provide excellence in the development of our workforce, maximising the realisation of individuals performance

The underpinning plans to support the strategies and the actions that are being taken to engage staff in their development were discussed and noted.

Timelines for the development of both strategies, which will link to other key strategies, were proposed based on the recommendations made by the Foundation Trust Programme Board. These will be reviewed at the next meeting.

5. Implementation and Review of Progress

Progress against actions will be reviewed by the HR/ OD Programme Board at its next meeting on 9th October 2013.

Prepared by: Tina Ricketts, Head of HR

Presented by: Tina Ricketts, Head of HR

APPENDIX ONE:

Gloucestershire Care Services NHS
NHS Trust

Human Resources and Organisational Development Programme Board

Minutes of the Meeting held on Wednesday 31st July 2013

Present: Joanna Scott (Chair)
Tina Ricketts
Andrew Hall
Candace Plouffe
Liz Fenton
Alex Harrington (Invitation)
Jason Brown (Invitation)
Rod Brown (Invitation)
Lindsay Ashworth (Invitation)
Siobhan Padfield (note taker)

	Minute	**Action**
JS	**Apologies** Sue Field	
JS	JS outlined the purpose of the programme board and set the framework for a collaborative and sharing forum.	
All	**Terms of Reference** TR noted that the terms of reference had been approved by the Board in March 2013. Feedback and suggested minor amendments to the wording of the document were made. TR to action changes. All agreed to review the ToR following a number of meetings to ensure they were fit for purpose.	**TR**

JB & RB	**Feedback of the OD Away Day held on 16th July 2013** JB provided feedback to the meeting following the OD Away Day held on 16th July 2013. There was detailed discussion about the feedback given and the context of the day. How to provide feedback to those who attended the day was also discussed. <u>Context</u> It was agreed that: • Further information was needed on the profile of attendees to see if all parts of the organisation were represented at the away day. • That the data may not be reflective of Gloucestershire Care Services as the feedback cannot be separated from historical experiences within predecessor organisations or other Trusts. <u>Actions agreed</u> • Feedback to be sent to those who attended the away day. RB/JB to develop power point/A4 document. JS asked for this to be sent to the HR&OD Programme Board before it was shared. The feedback was to encourage sharing of the feedback/learning with other staff and to clearly say how the information gathered would be used to develop the OD and Workforce Strategies. • A profile of attendees at the away day to be put together. • Further workshops to be arranged to capture those services/localities that were not represented in the first session.	**RB/JB** **RB/JB**
TR	**Development of the OD & Workforce Strategies and associated plans – discussion document** TR proposed that some quick wins were identified and that the feedback from the OD away day was used to help shape the strategy. The discussion document was reviewed in detail. LF questioned if two strategies were needed and TR felt that the OD and workforce strategies needed to be separate as they covered different elements of HR planning for the future. TR also highlighted that all strategies should link with each other. RB stated that workforce strategy will come after the OD strategy is in place; timeline is currently January 2014.	

	TR to develop an action plan following the away day to identify quick wins.	**TR**
TR	**Workforce Scorecard** TR briefly shared some comparative data with the meeting: Sickness – comparator Trusts are 4.6% and GCS is below this. It was highlighted that CYPS had been below the 3% target for the last two months. The 3% target is set nationally but it was noted that this may be quite difficult to maintain. Mandatory training - GCS compares favourably with comparator Trusts Appraisal - GCS performance is worse than comparator Trusts Turnover - GCS has a higher staff turnover than comparator Trusts JS asked for the Workforce Scorecard to be carried forward to the next meeting.	**TR**
TR	**Strategic Workforce Plan : 5 year LTFM** TR gave an overview of the work underway and it was agreed to carry this forward to the next meeting. Data quality and activity was briefly discussed.	**TR**
TR	**Forward Agenda Planner** Items to carry forward: • Scorecard • Workforce Planning • OD/Workforce Strategy – separate or combined? TR asked for suggested agenda items to be emailed to her.	**ALL**
JS	**AOB** JS suggested that the next meeting should be scheduled for two hours. All agreed. Next Meeting: Tuesday 9th October 10.00am-12.00pm, Leckhampton Room, EJC.	

Chairs Signature ……...

Date ……..…….

Gloucestershire Care Services Quality and Performance scorecard 2013/14

NATIONAL TARGETS

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	UNSCHEDULED CARE																		
	Primary Care Centres																		
National	Face to Face Consultations in PCC for those assessed as an Emergency to be seen within 1 Hour	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Sue Field**
		Actual	94%	100%	100%	100%	100%									100%	100%		
National	Face to Face Consultations in PCC for those assessed as an Urgent to be seen within 2 Hours	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Sue Field**
		Actual	96%	97%	97%	96%	98%									98%	97%		
National	Face to Face Consultations in PCC for those assessed as a Less Urgent Case to be seen within 6 Hours	Target	98%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	99%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Sue Field**
		Actual	98%	98%	98%	99%	99%									99%	99%		
	COMMUNITY HOSPITALS																		
	MIU - TIMELINESS QUALITY INDICATORS																		
National	% seen and discharged within 4 Hours in MIU	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	99.9%	99.9%	99.9%	99.9%	99.9%									99.9%	99.9%		
	Number of breaches of 4 hour target	Actual number	51	3	6	5	5									19	57		
National	Total time spent in MIU less than 4 hours (95th percentile)	Target	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	<4 hrs	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Locality Managers**
		Actual	01:48	01:50	01:56	01:51	01:56									01:52	01:52		
National	Time to initial assessment for patients arriving by ambulance (95th percentile)	Target	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	<15 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Locality Managers**
		Actual	00:11	00:12	00:10	00:07	00:30									00:14	00:14		
National	Time to treatment in department (median)	Target	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	<60 m	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Locality Managers**
		Actual	00:22	00:25	00:24	00:24	00:25									00:24	00:24		
	MIU - PATIENT IMPACT QUALITY INDICATORS																		
National	Unplanned re-attendance rate within 7 days	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Locality Managers**
		Actual	4.1%	3.6%	3.5%	4.0%	4.6%									3.9%	3.9%		
National	Left department without being seen	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month =	**Locality Managers**
		Actual	0.5%	0.5%	0.7%	0.6%	1.0%									0.7%	0.7%		
	SEXUAL HEALTH																		
	Chlamydia Screening																		
National	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)	Target		Target to be agreed - anticipated 2,300 per 100,000 population														Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	1775	1785	2074	2187	1881									1982	1982		
	Number of Positive Screens - GCS and Joint responsibility	Target		87	91	90	76	96	96	87	94	97	127	96	106	344	1143		
		Actual		85	94	105	80									364	1092		
	Number of Positive Screens - GCS responsibility	Target		68	70	71	57	76	61	54	67	73	82	73	79	266	831		
		Actual		70	74	84	72									300	900		
	Number of Positive Screens - Joint responsibility	Target		19	21	19	19	20	35	33	27	24	45	23	27	78	312		
		Actual		15	20	21	8									64	192		
	CHILDREN'S SERVICES																		
	IMMUNISATIONS																		
National	HPV Immunisation coverage for girls aged 12/13 years old (Target for all 3 Immunisations to be completed)	Target (all 3)*	90%	ACADEMIC YEAR 2012/13 - Target 90% all 3 immunisations by end of academic year (July 2013)					ACADEMIC YEAR 2013/14 - Target 90% all 3 immunisations by end of academic year (July 2014)									Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Target	90.0%	30.0%	50.0%	75.0%	90.0%	90.0%								90.0%	90.0%		
		3rd Imunisation	87.9%	58.5%	79.8%	85.6%	86.7%									86.7%	86.7%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%								90.0%	90.0%		
		2nd Imunisation	90.0%	88.2%	89.0%	89.3%	89.6%									89.6%	89.6%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%								90.0%	90.0%		
		1st Imunisation	90.5%	89.5%	90.0%	90.1%	90.3%									90.3%	90.3%		
		No Consent %	7.0%	6.9%	7.2%	7.2%	7.2%									7.2%	7.2%		
	CHILDHOOD MEASUREMENT PROGRAMME																		
				ACADEMIC YEAR 2012/13 - Target 85% of children measured by end of academic year (July 2013)					ACADEMIC YEAR 2013/14 - Target 85% of children measured by end of academic year										
National	Percentage of children in Reception Year with height and weight recorded	Target	85%	85%	85%	85%	85%	85%								85%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	96.2%	93.2%	93.8%	93.9%	93.9%									93.9%	93.9%		
National	Percentage of children in Year 6 with height and weight recorded	Target	85%	85%	85%	85%	85%	85%								85%	85%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	94.8%	94.0%	94.1%	94.2%	94.2%									94.2%	94.2%		
	NEWBORN HEARING SCREENING																		
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	100%	100%	100%	100%									100%	100%		
National	Screens completed by 5 weeks (community sites) - Well babies	Target	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	>95%	Exception report to GCSMT	**Candace**

Gloucestershire Care Services Quality and Performance scorecard 2013/14

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
National	Screens completed by 5 weeks (community sites) - Well babies	Actual	98.9%	98.7%	99.5%	98.8%	98.6%									98.8%	98.9%	and remedial action plan	Plouffe
	NEWBORN BLOODSPOT SCREENING																		
National	Coverage	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Exception report to GCSMT and remedial action plan	Candace Plouffe
		Actual	99.9%	100.0%	100.0%	99.7%	100.0%									99.7%	99.9%		
National	Timeliness of result (by 17 days of age)	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	Candace Plouffe
		Actual	82.0%	78.1%	78.3%	97.7%	97.0%									87.8%	87.8%		
	HEALTH VISITORS																		
National	Number of Health Visitors to meet Call to Action requirements	Target		0.00	2.10	1.20	3.25	0.00	-0.80	5.80	0.00	0.00	0.00	5.50	0.00	1.20	17.05	For discussion at Contract Board when WTE numbers are not met	Candace Plouffe
		Actual		0.00	0.00	0.00										0.00	17.05		
	QUALITY																		
	NEVER EVENTS																		
National	Number of Never Events reported	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report and remedial action plan	Sue Field / Candace Plouffe
		Actual	0	0	0	0	0									0	0		
	SERIOUS INCIDENTS REQUIRING INVESTIGATION																		
National	Number of Serious Incidents Requiring Investigation (SIRI) repo	Actual	23	1	3	0	2									6	18	Exception report and action plan	Sue Field / Candace Plouffe
	Friends and Family Test																		
National	Response Rate	Target		15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	Exception report to GCSMT and remedial action plan	Locality Mangers
		Actual		21%	9%	10%	11%									13%	13%		
	INFECTION CONTROL																		
National	Number of post 48 hour Clostridium Difficile Infections in Community Hospitals	Target	24	1	2	1	2	2	1	2	1	1	1	2	2	6	18	Any Month = Exception report, 2nd Consecutive Month =	Locality Mangers
		Actual	16	4	2	6	0									12	24		
National	Number of MRSA bacteraemias	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	0	0	0	0	0									0	0		
National	Number of MSSA Infections	Actual	1	0	0	0	0									0	0	Exception report to GCSMT and remedial action plan	Locality Managers
National	Number of E.Coli Bloodstream Infections	Actual	2	0	0	0	0									0	0	Exception report to GCSMT and remedial action plan	Locality Managers
	DIAGNOSTIC TEST WAITING TIMES																		
National	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Target	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	>99%	2% of service line revenue	Sue Field
		Actual	100%	100%	100%	100%	100%									100%	100%		
	Cancelled operations																		
National	No urgent operation should be cancelled for a second time	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	Locality Managers
		Actual	0	0	0	0	0									0	0		
National	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Non payment of costs and rescheduled episode	Locality Managers
		Actual	0	0	0	0	0									0	0		
	MIXED SEX ACCOMODATION BREACHES																		
National	Sleeping Accomodation Breaches - Number of non-exempt same sex ward breaches	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	£250 per day per patient affected	Locality Mangers
		Actual	0	0	0	0	0									0	0		
	Data Quality - Submitted to Secondary Uses Service (SUS)																		
National	Percentage of In Patient episodes that have a valid ethnic code recorded	Target	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	99.9%	100.0%	100.0%	100.0%	100.0%									100.0%	100.0%		
National	Percentage of In Patient episodes that have a valid NHS number recorded (compared to National average)	Target	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	99.6%	99.9%	99.8%	99.8%	99.9%									99.8%	99.8%		
National	Percentage of In Patient episodes that have a GP Practice Code recorded (compared to National average)	Target	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%									100.0%	100.0%		
National	Percentage of MIU attendances that have a valid ethnic code recorded (compared to National average)	Target	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	97.9%	98.2%	97.6%	97.3%	97.1%									97.6%	97.6%		
National	Percentage of MIU attendances that have a valid NHS number recorded (compared to National average)	Target	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	94.9%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	97.9%	96.3%	97.0%	96.9%	97.0%									96.8%	96.8%		
National	Percentage of MIU attendances that have a GP Practice Code recorded (compared to National average)	Target	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%	Exception report to GCSMT and remedial action plan	Locality Managers
		Actual	100.0%	100.0%	100.0%	100.0%	100.0%									100.0%	100.0%		

LOCAL TARGETS

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	REFERRAL TO TREATMENT																		
	Adult Community & Therapy Services																		
Local	Speech and Language Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	99%	100%	100%	100%	100%									100%	100%		
Local	Podiatry - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	97%	99%	99%	99%	99%									99%	99%		
Local	Occupational Therapy Services - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	99%	100%	100%	100%	100%									99%	99%		
Local	Physiotherapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**LM's & Candace Plouffe**
		Actual	97%	100%	100%	98%	96%									98%	98%		
Local	Occasional Wheelchairs - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	100%	100%	100%	100%									100%	100%		
	Specialist Nurses																		
Local	Parkinson's Nursing - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Sue Field**
		Actual	100%	100%	100%	100%	100%									100%	100%		
Local	Diabetic Nursing - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Sue Field**
		Actual	99%	100%	100%	100%	100%									100%	100%		
Local	Bone Health Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Sue Field**
		Actual	98%	97%	96%	95%	98%									96%	96%		
Local	MSK Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	98%	100%	99%	96%	97%									98%	98%		
	MUSCULOSKELETAL CLINICAL ASSESSMENT AND TREATMENT SERVICE																		
Local	% of referrals referred on to secondary care	Target	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	6%	4%	9%	4%	6%									5%	5%		
Local	Patients referred to secondary care within 2 days of decision to refer onwards	Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	100%	100%	100%	100%									100%	100%		
Local	The wait from referral for routine patients to be seen should not exceed 4 weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	97%	87%	81%	64%	57%									72%	72%		
Local	The wait from referral for urgent patients to be seen should not exceed 2 weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	100%	62%	55%	69%									71%	71%		
	Single Point of Clinical Access (SPCA)																		
Local	Calls Offered (received)	Actual	26806	2487	2411	2119	2488									9505	28515	Exception report to GCSMT and remedial action plan	**Rosi Shepherd**
	Calls Handled (answered)	Actual	25317	2375	2267	1911	2256									8809	26427		
	Calls Abandoned	Actual	1489	112	144	208	232									696	2088		
Local	% of calls abandoned	Target	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Rosi Shepherd**
		Actual	5.5%	4.5%	6.0%	9.8%	9.3%									7.3%	7.3%		
Local	% of calls resolved with agreed pathway within 20 mins	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Rosi Shepherd**
		Actual	96.9%	95.0%	96.2%	96.2%	96.2%									95.9%	95.9%		
	COMMUNITY HOSPITALS																		
	ADMITTED PATIENTS																		
	AVERAGE LENGTH OF STAY																		
Local	Average Length of Stay - 95th percentile	Target		Operating Standard to be agreed - proposed target 15.3 days														Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	15.8	15.5	15.1	15.4	14.8									15.1	15.1		
	Average Length of Stay	Actual	16.8	17.6	17.2	17.7	16.6									16.6	16.6		
	Direct Admissions - Average Length of Stay	Actual	12.8	14.7	10.4	14.3	11.8									11.8	11.8		
	Non-Direct Admissions - Average Length of Stay	Actual	20.9	20.3	22.4	21.0	21.7									21.7	21.7		
	DIRECT ADMISSIONS																		
Local	% of direct admissions to community hospitals	Target	50%	Operating Standard to be agreed														Remedial action plan for sites not meeting the target YTD	**Locality Mangers**
		Actual	52%	39%	50%	49%	59%									59%	59%		
	% of direct admissions to community hospitals - following transfer from GP	Target		Operating Standard to be agreed														Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	44%	34%	42%	39%	49%									49%	49%		
	% of direct admissions to community hospitals - following transfer from GHNHSFT	Target		Operating Standard to be agreed														Exception report to GCSMT and remedial action plan	**Locality Managers**
		Actual	8%	5%	8%	10%	10%									10%	10%		

Gloucestershire Care Services Quality and Performance scorecard 2013/14

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	DELAYED TRANSFERS OF CARE																		
Local	Delayed Transfers of Care to be maintained at a minimal level (average number of patients each month)	Target	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	Report to Contract Board on reasons for delays and actions taken to resolve	**Locality Mangers**
		Actual	9	6	8	5	5									5	5		
	Telehealth																		
Local	Number of Telehealth units in the Community	Target		NUMBER AND MONTHLY TRAJECTORY TO BE AGREED														Any Month = Exception report, 2nd Consecutive Month =	**Sue Field**
		Actual		153	154	142	139									139	139		
	ESD																		
Local	Proportion of new patients assessed within 2 days of notification	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month =	**Sue Field**
		Actual	99%	100%	100%	100%	100%									100%	100%		
Local	Proportion of patients discharged within 6 weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month =	**Sue Field**
		Actual	100%	100%	100%	100%	100%									100%	100%		
	SEXUAL HEALTH																		
	REFERRAL TO TREATMENT - SEXUAL HEALTH																		
Local	Contraception Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	98%	99%	99%	100%	99%									99%	99%		
Local	HIV Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	100%	100%	100%	100%									100%	100%		
Local	Psychosexual Service - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	93%	100%	88%	80%	83%									87%	87%		
	Terminations																		
Local	% of terminations carried out within 10 weeks of gestation	Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	Any Month = Exception report, then remedial required when target not met	**Candace Plouffe**
		Actual	77%	82%	88%	78%	95%									86%	86%		
	CHILDREN'S SERVICES																		
	REFERRAL TO TREATMENT - Community Services																		
	Paediatric																		
Local	Paediatric Speech and Language Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	99%	100%	100%	100%	99%									99%	100%		
Local	Paediatric Physiotherapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	100%	99%	99%	97%	99%									99%	99%		
Local	Paediatric Occupational Therapy - % treated within 8 Weeks	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	98%	100%	100%	95%	96%									98%	98%		
	BREASTFEEDING																		
Local	Coverage of Breastfeeding at 6-8 weeks: number of children with a breastfeeding status recorded as a % of all infants due for a 6-8 week check	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Candace Plouffe**
		Actual	99%	99%	95%	98%	96%									97%	97%		
Local	Continuation rate of Breastfeeding at 6-8 weeks: for patients breastfeeding at 2 weeks to continue on to 6-8 weeks	Target		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	If not meeting at the Quarterly submission, discussion to determine issues and agree how to improve performance	**Candace Plouffe**
		Actual		96%	82%	88%	92%									90%	90%		
	QUALITY																		
	Pressure ulcers																		
	Pressure ulcers in Community																		
Local	Total number of patients with pressure ulcers		25	43	28	13	28									28		Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
	Number grade 1 pressure ulcers		6	4	3	0	5									5			
	Number grade 2 pressure ulcers		14	30	19	10	20									20			
	Number grade 3 pressure ulcers		5	5	5	3	2									2			
	Number grade 4 pressure ulcers		0	4	2	0	1									1			
	Total number of pressure ulcers		25	43	29	13	28									28			
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Target	<28%	Target to be confirmed															
		Actual	20.0%	20.9%	24.1%	23.1%	10.7%									10.7%			

Gloucestershire Care Services Quality and Performance scorecard 2013/14

Target type	TARGET		2012/13 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	Consequence of Breach	Lead Director/LM
	Pressure ulcers in Community Hopitals																		
Local	Total number of patients with pressure ulcers		21	35	19	23	19									19		Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
	Number grade 1 pressure ulcers		4	8	5	2	3									3			
	Number grade 2 pressure ulcers		12	18	13	18	12									12			
	Number grade 3 pressure ulcers		5	6	1	3	4									4			
	Number grade 4 pressure ulcers		1	3	0	1	1									1			
	Total number of pressure ulcers		22	35	19	24	20									20			
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Target	<25%	Target to be confirmed															
		Actual	28.6%	25.7%	5.3%	16.7%	25.0%									25.0%			
	Pressure ulcers in Community - Childrens Services																		
Local	Total number of patients with pressure ulcers		0	0	1	0	1									1		Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Candace Plouffe**
	Number grade 1 pressure ulcers		0	0	1	0	1									1			
	Number grade 2 pressure ulcers		0	0	0	0	0									0			
	Number grade 3 pressure ulcers		0	0	0	0	0									0			
	Number grade 4 pressure ulcers		0	0	0	0	0									0			
	Total number of pressure ulcers		0	0	1	0	1									1			
	Percentage of grade 3 or 4 pressure ulcers (month snapshot)	Target	<28%	Target to be confirmed															
		Actual	0.0%	0.0%	0.0%	0.0%	0.0%									0.0%			
	Falls																		
Local	Reduction in Total number of Falls in Community Hospitals	Target		Target to be confirmed following calculation of CQUIN baseline														Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
		Actual	1089	87	84	104	91									366	1098		
Local	Number of falls resulting in serious harm	Actual	3	0	0	0	0									0	0	Any Quarter = Exception report, 2nd Consecutive Quarter = remedial action plan	**Locality Mangers**
	Percentage of falls resulting in serious harm should be less than 1% of total falls	Target		<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%		
		Actual	0.3%	0.0%	0.0%	0.0%	0.0%									0.0%	0.0%		
	VTE																		
Local	VTE Risk Assessment - % of relevant inpatients with assessment completed	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Any Month = Exception report, 2nd Consecutive Month = remedial action plan	**Locality Mangers**
		Actual	97.3%	98.7%	97.8%	98.3%	98.5%									98.3%	98.3%		
	BREASTFEEDING																		
Local	Implementation of UNICEF baby friendly initiative (Health Visiting)	Target	Level 2	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2	Level 2	Level 2	Level1	Level 2	Failure to produce Implementation plan by end of Q2 will result in discussion at Contract Board	**Candace Plouffe**
		Actual	Level 1	Level 1	Level 1	Level 1	Level 1									Level 1	Level 1		

Key to traffic lights:

On or better than plan	**Green**
Below plan	**Amber**
Significantly worse than plan	**Red**

CQUIN PERFORMANCE SCORECARD

CQUIN Indicator	TARGET		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	reporting frequency	Indicator Value (£000's)	Total Value (£000's)	Operational Lead
	1 - NHS Safety Thermometer																			
1.1	Completeness of data submission to the Health and Social Care Information Centre (HSCIC). Monthly submission monitored quarterly	Target	Data submission			Data submission			Data submission			Data submission					**Quarterly**	**£87.3**	**£87.3**	**Carol Grimsdale & Veronica Hourston**
		Actual																		
	2 - Dementia Care																			
2.1	Dementia Case Finding - % of direct admissions asked dementia case finding question as part of admission process	Target	Baseline report			Update provided detailing progress to target			Update provided detailing progress to target			90%				90%	**Quarterly**	**£94.30**	**£314.3**	**Mandy Hampton & Sarah Warne**
		Actual																		
2.2	Diagnostic Assessment for Dementia - % of patients identified in 2.1 who have had a diagnostic assessment complted using recognised assessment tool	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%				90%	**Quarterly**	**£94.30**		
		Actual																		
2.3	Referral for specialist diagnosis - of patients with symptoms of memory loss, or possible dementia who are referred for specialist diagnosis	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%				90%	**Quarterly**	**£31.43**		
		Actual																		
2.4	Care Planning - % of patients where cognitive impairment identified are commenced upon care plan which evidences appropraite management as described in 2.3	Target				Update provided detailing progress to target			Update provided detailing progress to target			80%				80%	**Quarterly**	**£62.87**		
		Actual																		
2.5	Training on Diagnostic Assessment	Target	Confirm number and grade of staff to be trained. Scope training programme options and agree.			Completion of 10% of eligible staff trained and report			Completion of 25% of eligible staff trained			Completion of 50% of eligible staff trained				50%	**Quarterly**	**£31.43**		
		Actual																		
	3 - PATIENT EXPERIENCE ESCALATOR																			
3.1	Responding to feedback - submit quarterly reports detailing update on community hospital inpatient real-time survey programme. To include areas surveyed, key issues raised and resultant action plans	Target	Quarterly report			Quarterly report			Quarterly report			Quarterly report					**Quarterly**	**£78.6**	**£314.3**	**Linda Edwards & Alison Reddock**
		Actual																		
3.2	Provider of choice - implementation of Friends and Family Test	Target	Quarterly report			Quarterly report			Quarterly report			Quarterly report					**Quarterly**	**£78.6**		
		Actual																		
3.3	Shared Decision Making - Implementing the use of the Personal Decision Making tool for patients / carers within areas of Children's Services (OT, Physio, SLT)	Target	Identification of service areas to champion this work and staff education and training			Implementation			Evaluation of Implementation			Develop and action plan to build on and further roll out the use of the personal decision making tool					**Quarterly**	**£78.6**		
		Actual																		
3.4	Leadership - "15 step challenge"	Target	Scope the feasability of implementation including areas for trial; consideration of training and awareness raising			Launch "The Challenge" with organisational sign up within the agreed areas for the trial			Review and Evaluation of this trial, what we have learnt about patient and users views			Plan for wider adoption of "The Challenge" across GCS during 2014/15					**Quarterly**	**£78.6**		
		Actual																		
	4 - Reduction in number of falls																			
4.1	Reduce harm to patients and service users. Trajectory for reduction in number of falls set through Q2-4 based on baseline collection in Q1	Target	Baseline data collection on number of falls and level of harm established and agreed. To include:			Reduction of 5% in the number of falls against baseline			Reduction of 10% in the number of falls against baseline			Reduction of 15% in the number of falls against baseline					**Quarterly**	**£220.0**	**£314.3**	**Julie Ellery & Alison Reddock**
		Actual	Number of falls, Harm categories from falls profiling report, number of referrals to falls related specialist services																	
4.2	Staff Training - training of identified staff groups to increase knowledge relating to falls prevention and bone health.	Target				Scope content of training programme			% of eligible staff accessing training			50% of eligible staff accessing training					**Quarterly**	**£94.3**		
		Actual																		
	5 - End of Life Care																			
5.1	End of Life Care Planning - patients at the end of life will have care that is planned, implemented and evaluated to meet their needs. Increase of 15% against Q1 baseline for where there is documented evidence of 3 components of care planning	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					**Quarterly**	**£188.6**	**£314.3**	**Theresa Cuthbert & Pat Anderson**
		Actual																		
5.2	End of Life Care Symptom Management - improved symptom management	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					**Quarterly**	**£125.7**		
		Actual																		

	6 - Pressure Ulcers											
6.1	Decrease in acquired pressure ulcers by 17% in hospital and community	Target	Identify baseline number of acquired pressure ulcers from Q3 and Q4 data for 2012/13. Data by grade of pressure ulcer (1-4)	Decrease of 5% from baseline (Q3 and Q4 2013/14)	Decrease of 5% from baseline (Q3 and Q4 2013/14)	Decrease of 17% from baseline (Q3 and Q4 2013/14)			**Quarterly**	**£251.5**	**£314.3**	**Jane Evans & Lucy Woodhouse**
		Actual										
6.2	Joint working with other providers to reduce inherited pressure ulcers	Target	Identify baseline from Q3 and Q4 incident reports for 2012/13. Establish top 3 care providers from whom GCS inherits pressure ulcers	Establish joint investigation process to ensure timely investigation and resolution. Agree year-end target for reduction in inherited pressure ulcers. Evidenced by meeting minutes and investiagtion pathway.	Report detailing progress towards year-end target for reduction in inherited pressure ulcers	Achievement of year-end target for reduction in inherited pressure ulcers			**Quarterly**	**£62.9**		
		Actual										
	7 - Learning Disabilities											
7.1	Reasonable Adjustment Training - a range of training and development opportunities is developed to ensure employees of GCS are aware of the need to provide reasonable adjustment for people with Learning Diabilities, the resources to assist them and are able to translate to a range of care and treatment settings	Target	Work with LD colleagues to scope available tools / resources to support reasonable adjustments for people with learning disabilities. This will include discussion with LD self-advocacy groups	Develop training programme to raise awareness of the needs of people with learning diabilities, diability equality duties and resources available to staff. Final programme to be supported by LD self-advocacy groups	Implement training programme across all staff groups	Evidence training of 25% of staff and patient stories to illustrate reasonable adjustments made			**Quarterly**	**£87.3**	**£87.3**	**Helen Ballinger**
		Actual										
											£1,746	

Key to traffic lights:

On or better than plan		**Green**
Below plan		**Amber**
Significantly worse than plan		**Red**

thresholds to be developed

Workforce Performance Scorecard - Gloucestershire Care Services - BOARD Level

Snapshot Data Extracted from ESR on 1st of each subsequent month

Please note that from May onwards, the cost centres have been revised and applied to the new structures. This means that any previous data is not comparable, and has therefore been removed if it is not top level activity.

Item	Mar-13	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
ESTABLISHMENT													
Staff in post FWTE - Snapshot end of Month	1955.01	1958.67	1950.69	1955.65	1956.28								
Vacancies FWTE - during month	20.57	53.48	37.1	28.45	44.81								
Number of vacancies advertised - During month	24	64	44	29	52								
Headcount (excluding Bank Staff) - Snapshot end of month	2586	2589	2586	2579	2572								
Bank Staff - Snapshot end of Month	307	313	320	306	304								
Number of Nursing Staff - FWTE - Snapshot at end of month	951.74	954.78	951.01	951.76	952.04								
Number of Nursing Staff WTE vacancies advertised during month		16.08	23.83	13.63	10.37								
New Starters (Headcount Excluding Bank Staff) - during month	21	25	14	18	17								
SICKNESS													
Sickness % of workforce - 12 month rolling average.	**3.0%**	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
	4.51%	4.41%	4.30%	4.27%									
Corporate		**3.72%**	**3.66%**	**3.57%**									
Adult		**4.99%**	**4.86%**	**4.85%**									
Countywide And Children, Family & Young People		3.63%	3.61%	3.56%									
Sickness cost	£206,284	£209,877	£173,876.60	£164,555.00									
MANDATORY TRAINING													
% of staff (excl bank) completed Mandatory Training - Fire / Health & Safety	**84.73%**	**85.17%**	**85.27%**	**86.16%**	**86.51%**								
Corporate		**81.73%**	**80.37%**	**82.10%**	**83.33%**								
Adult		**86.56%**	**86.63%**	**87.25%**	**87.12%**								
CYP & Countywide		**85.35%**	**85.68%**	**86.70%**	**87.44%**								
% of staff (excl bank) completed Mandatory training - Equality & Diversity	**49.81%**	51.26%	51.09%	51.50%	51.70%								
Corporate		**41.18%**	**40.49%**	**41.05%**	**41.67%**								
Adult		**49.61%**	**49.47%**	**49.79%**	**49.75%**								
CYP & Countywide		**57.98%**	**58.00%**	**58.52%**	**59.02%**								
% of staff (excl bank) completed Mandatory Training - Info Governance	**67.05%**	67.40%	66.99%	67.17%	67.10%								
Corporate		**42.72%**	**39.19%**	**49.82%**	**50.18%**								
Adult		**68.68%**	**68.54%**	**68.66%**	**68.19%**								
CYP & Countywide		**74.79%**	**74.25%**	**74.49%**	**75.00%**								
% of staff (excl bank) completed Mandatory Training - Conflict Resolution	**54.52%**	56.54%	57.76%	59.35%	60.08%								
Corporate		**48.30%**	**45.53%**	**58.24%**	**58.97%**								
Adult		**58.20%**	**59.04%**	**60.35%**	**60.87%**								
CYP & Countywide		**56.90%**	**59.21%**	**61.67%**	**62.80%**								
CORPORATE INDUCTION TRAINING													
Number of staff attending Corporate Induction Year to Date	**288**	21	38	56	72								
% of new starters attending induction training Year to Date	94.71%	84.00%	97.44%	98.25%	97.30%								
APPRAISALS													
Number of qualitfying staff with up to date appraisal	**85%**	85%	85%	85%	85%	90%	90%	90%	90%	95%	95%	95%	95%
	1447	1400	1334	1365	1480								
% of qualifying staff with Up to Date Appraisal	66.90%	65.09%	61.73%	63.05%	67.95%								
Corporate		**78.90%**	**74.11%**	**78.22%**	**79.91%**								
Adult		**60.84%**	**57.64%**	**58.29%**	**63.64%**								
CYP & Countywide		**71.76%**	**68.21%**	**69.75%**	**74.82%**								
EMPLOYEE TURNOVER (NB: Any cost centres which have been closed have been excluded from Turnover figures)													
Turnover FTE %	12.19%	11.97%	12.19%	12.32%	12.16%								
Corporate		**12.87%**	**13.12%**	**13.28%**	**13.42%**								
Adult		**13.56%**	**14.08%**	**14.38%**	**14.05%**								
CYP & Countywide		**9.08%**	**8.80%**	**8.64%**	**8.59%**								

GCC - GCS Staff Information													
	Mar-12	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Establishment													
Headcount	710	709	714	714	708								
FTE	538.18	539.01	544.65	544.9	540.06								
New Starters	2	4	9	4	2								
Leavers	2	5	4	4	8								
SICKNESS													
Sickness % of workforce - Target	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**
GCC - Cheltenham & Cotswolds	3.72%	2.47%	2.22%	3.26%	2.87%								
GCC - Forest of Dean & Tewkesbury	0.65%	2.10%	1.85%	2.01%	3.88%								
GCC - Gloucester & Stroud	3.97%	5.43%	3.68%	3.77%	5.95%								
GCC - Countywide Services	1.88%	3.22%	2.56%	2.44%	5.12%								
Overall	**2.94%**	**3.72%**	**2.78%**	**3.11%**	**4.60%**								

Gloucestershire Care Services NHS Trust

Adults Social Care Operational & Performance Management Scorecard. County

ADULT SOCIAL CARE		Measure method	Lead		2012/2013 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013/2014 Apr	May	Jun	Jul	Variance	YTD
	NATIONAL INDICATORS (Gloucestershire Summary)																					
ASCOF 1C Part 1	Percentage of service users receiving self-directed support	Percentage	Sue Field	Target	50.0%	50.0%	50.0%	53.3%	56.7%	60.0%	63.3%	66.7%	70.0%	73.3%	76.7%	80.0%						
				Actual	72.2%	73.8%	74.4%	76.1%	77.2%	77.3%	78.1%	78.5%	79.4%	79.5%	80.0%	80.9%	82.4%	80.9%	81.7%	82.5%	7.7%	81.8%
ASCOF 1C Part 2	Percentage of service users receiving self-directed support as Direct Payments	Percentage	Sue Field	Target	1.8%	12.9%	12.9%	13.0%	13.2%	13.3%	13.5%	13.6%	13.7%	2.0%	2.0%	2.0%						
				Actual	25.3%	25.5%	25.7%	25.7%	25.6%	25.5%	25.7%	26.0%	26.1%	26.1%	25.9%	26.0%	25.7%	25.1%	24.3%	24.4%	-0.7%	24.9%
ASCOF 2A Part 1	Admissions to residential & nursing care, per 100,000 population (Age 18-64)		Sue Field	Target																		
				Actual	6	6	2	3	3	1	4	3	3	1	4	7	15	7	4	x	10	22
ASCOF 2A Part 2	Admissions to residential & nursing care, per 100,000 population (Age 65+)		Sue Field	Target																		
				Actual	81	182	67	72	78	64	77	97	76	57	67	100	103	60	124	61	-100	163
ASCOF 2B	Achieving independence for older people through reablement	Percentage	Sue Field	Target												87.5%						
				Actual												71.5%						
ASCOF 2C Pt 1	Delayed transfers of care	Average	Sue Field	Target																		
				Actual	10	9	8	0	8	8	8	8	8	7	7	6	Data not yet available from Health and Social Care Information Centre					
ASCOF 2C Pt 2	Delayed transfers of care from hospital attributable to adult social care	Average	Sue Field	Target																		
				Actual	4	4	4	4	4	4	4	4	4	3	3	3						
	MONTHLY FIGURES																					
	Referral Centre																					
SC010	Referrals	In Month	Sue Field	Actual									657	1909	1823	2227	2369	2295	2250	2314		9228
SC020	Referrals resolved at referral point	In Month	Sue Field	Actual									139	371	378	719	664	720	831	795		3010
SC021	Percentage of referrals resolved at referral point	Percentage	Sue Field	Actual									21.2%	19.4%	20.7%	32.3%	28.0%	31.4%	36.9%	34.4%		32.6%
SC030	Referrals passed elsewhere	In Month	Sue Field	Actual									38	99	128	83	102	92	118	120		432
SC031	Percentage of referrals passed elsewhere	Percentage	Sue Field	Actual									5.8%	5.2%	7.0%	3.7%	4.3%	4.0%	5.2%	5.2%		4.7%
SC040	Referrals progressed to reablement	In Month	Sue Field	Actual									91	252	242	235	307	300	162	158		927
SC041	Percentage of referrals progressed to reablement	Percentage	Sue Field	Actual									13.9%	13.2%	13.3%	10.6%	13.0%	13.1%	7.2%	6.8%		10.1%
SC050	Referrals progressed to Integrated Community Team	In Month	Sue Field	Actual									377	1153	1036	1123	1223	1145	1043	1055		4466
SC051	Percentage of referrals progressed to ICT	Percentage	Sue Field	Actual									57.4%	60.4%	56.8%	50.4%	51.6%	49.9%	46.4%	45.6%		48.4%
SC055	Referrals (priority within 2 hours)	In Month	Sue Field	Actual									25	85	163	243	286	307	341	399		1333
SC056	Percentage of referrals (priority within 2 hours)	Percentage	Sue Field	Actual									3.8%	4.5%	8.9%	10.9%	12.1%	13.4%	15.2%	17.2%		14.5%
	Reablement																					
SC060	People starting reablement	In Month	Sue Field	Actual	515	648	583	644	652	641	725	700	507	678	661	732	843	838	767	773	831	3221
SC061	Community & Bed based reablement starting in month	In Month	Sue Field	Actual	259	313	313	301	303	311	349	350	261	341	272	332	376	394	341	399	324	1510
SC070	Community & bed based reablement in progress	Snapshot	Sue Field	Actual	365	400	456	439	420	422	424	445	411	423	426	426	468	437	379	411	-28	411
SC080	Community & bed based reablement completing within 3 weeks	In Month	Sue Field	Actual	58	116	126	145	131	138	147	153	128	113	117	147	142	200	163	175	235	680
SC090	Community & bed based reablement completing within 3-6 weeks	In Month	Sue Field	Actual	50	85	60	81	73	66	93	88	78	69	65	80	92	92	104	102	114	390
SC100	Community & bed based reablement completing after 6 weeks	In Month	Sue Field	Actual	25	77	71	92	118	105	107	88	89	147	87	105	100	133	112	90	170	435
SC101	Total number completing reablement	In Month	Sue Field	Actual	133	278	257	318	322	309	347	329	295	329	269	332	334	425	379	367	519	1505
SC110	PLACEHOLDER % decrease in IB from start of reablement to end of reablement	In Month	Sue Field	Actual	Data collection to be developed												Data collection to be developed					
SC120	PLACEHOLDER Number of admissions avoided	In Month	Sue Field	Actual	Data collection to be developed												Data collection to be developed					
SC130	PLACEHOLDER Service user satisfaction rate	In Month	Sue Field	Actual	Data collection to be developed												Data collection to be developed					
	FACE overview assessments																					
SC140	Requested (new service users)	In Month	Sue Field	Actual	512	557	482	506	563	520	522	538	372	508	361	380	500	452	395	360	-350	1707
SC150	Requested (existing service users)	In Month	Sue Field	Actual	487	548	449	493	514	449	522	477	333	502	347	328	508	438	383	384	-264	1713
SC160	Open	Snapshot	Sue Field	Actual	970	885	921	881	1029	1121	1066	970	836	838	852	726	867	760	765	578	-303	578
SC170	Open longer than 28 days	Snapshot	Sue Field	Actual	499	451	508	467	520	564	570	494	488	391	368	410	400	463	467	404	-63	404
SC180	Completed	In Month	Sue Field	Actual	986	1190	895	1039	929	877	1099	1111	839	1008	1015	834	923	1018	858	931	-380	3730
SC181	Completed within 28 days	In Month	Sue Field	Actual	707	862	658	737	677	576	716	713	553	651	642	593	611	718	615	674	-346	2618
SC190	Completed with the intention to fund a personal budget	In Month	Sue Field	Actual	275	353	225	283	209	203	307	312	198	245	266	249	261	299	229	239	-108	1028
SC200	Average time taken to complete an assessment	In Month	Sue Field	Actual	28.8	29.2	23.7	30.1	24.5	32.1	32.6	32.3	34.1	33.8	52.2	27.6	29.0	29.7	28.1	26.0	1	28.2

Gloucestershire Care Services NHS Trust

Adults Social Care Operational & Performance Management Scorecard. County

ADULT SOCIAL CARE		Measure method	Lead		2012/2013												2013/2014					
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Variance	YTD
	Support Plans																					
SC210	Support plans completed	In Month	Sue Field	Actual	671	853	569	728	727	609	799	755	739	778	737	834	747	1127	934	994	981	3802
SC220	Support plans presented to panel	In Month	Sue Field	Actual	203	335	227	238	220	177	275	280	180	227	241	269	230	422	309	337	295	1298
SC230	Support plans approved at panel	In Month	Sue Field	Actual	198	327	221	232	217	174	273	272	177	209	236	267	227	419	305	337	310	1288
SC231	Support plans outstanding	Snapshot	Sue Field	Actual	1241	1272	1346	1329	1345	1332	1316	1287	1272	1264	1156	1223	943	844	733	751	-578	751
	Personal budgets																					
SC240	Service users eligible for personal budgets	Snapshot	Sue Field	Actual	3038	3046	3023	3005	3032	2998	2973	2963	2929	2828	2648	2539	2547	2570	2546	2544	-461	2544
SC250	Service users with personal budgets	Snapshot	Sue Field	Actual	1922	1977	1994	2027	2066	2068	2083	2096	2076	2099	2071	2070	2110	2120	2106	2137	110	2137
SC260	Percentage of eligible service users with personal budgets	Snapshot	Sue Field	Actual	63.3%	64.9%	66.0%	67.5%	68.1%	69.0%	70.1%	70.7%	70.9%	74.2%	78.2%	81.5%	82.8%	82.5%	82.7%	84.0%	17%	84.0%
SC270	Service users with personal budgets as Direct Payments	Snapshot	Sue Field	Actual	737	745	744	742	739	738	750	753	741	732	716	683	685	671	653	649	-93	649
SC280	Percentage of eligible service users with personal budgets as Direct Payments	Snapshot	Sue Field	Actual	24.3%	24.5%	24.6%	24.7%	24.4%	24.6%	25.2%	25.4%	25.3%	25.9%	27.0%	26.9%	26.9%	26.1%	25.7%	25.5%	1%	25.5%
	Service Provision																					
SC290	Service users (community)	Snapshot	Sue Field	Actual	7827	7952	7992	8059	8189	8198	8215	8246	8123	8050	7880	7816	7653	7546	7521	7040	-1019	7040
SC300	New service users (community)	Snapshot	Sue Field	Actual	502	516	432	435	484	459	493	492	372	479	309	674	522	384	677	267	-168	267
SC310	Service users (residential and nursing)	Snapshot	Sue Field	Actual	1698	1845	1854	1865	1880	1889	1890	1903	1910	1894	1885	1865	1870	1901	1933	1922	57	1922
SC320	New service users (residential and nursing)	Snapshot	Sue Field	Actual	87	188	69	75	81	65	81	100	79	58	71	107	96	77	122	54	-21	54
	Reassessments																					
SC330	Service users overdue a community service reassessment	Snapshot	Sue Field	Target													771	799	827	855		855
				Actual	253	284	316	350	385	434	464	498	525	562	608	492	552	555	547	542	313	542
SC340	Service users overdue a FAST reassessment	Snapshot	Sue Field	Target													1413	1311	1209	1107		1107
				Actual	690	738	784	830	879	931	1004	1084	1143	1219	1268	1205	1133	1076	997	1014	93	1014
SC350	Reassessments completed	In Month	Sue Field	Actual	536	659	517	559	557	520	635	647	515	575	591	446	532	563	503	530	-143	2128
	Carers																					
SC360	Carers (personal details known)	Snapshot	Sue Field	Actual	1341	1368	1356	1360	1360	1390	1428	1431	1398	1339	1284	1183	1163	1113	1222	1215	-145	1215
SC370	Carers (personal details unknown)	Snapshot	Sue Field	Actual	473	540	462	530	482	457	582	530	415	480	480	455	503	527	418	446	-84	446
SC380	Carers offered assessment	In Month	Sue Field	Actual	552	658	526	634	600	560	703	642	481	541	553	500	568	615	505	496	-186	2184
SC390	Carers accepting assessment	In Month	Sue Field	Actual	487	570	468	571	524	494	631	559	422	480	502	458	519	568	446	447	-116	1980
SC400	Separate assessments completed	In Month	Sue Field	Actual	19	24	7	19	19	23	28	19	7	13	7	12	12	9	10	7	-31	38
SC410	Percentage of carers accepting the offer of assessment	In Month	Sue Field	Actual	88.2%	86.6%	89.0%	90.1%	87.3%	88.2%	89.8%	87.1%	87.7%	88.7%	90.8%	91.6%	91.4%	92.4%	88.3%	90.1%	2%	90.7%
SC420	Carers receiving carers specific services	Snapshot	Sue Field	Actual	811	834	842	838	847	866	889	899	874	832	815	726	701	676	774	787	-51	787
	Safeguarding																					
SC425	New safeguarding alerts	In Month	Sue Field	Actual												94	117	157	179	170		623
SC430	New safeguarding referrals	In Month	Sue Field	Actual	36	33	44	33	50	47	51	49	39	37	35	46	73	77	96	78	178	324
SC440	Safeguarding referrals completed	In Month	Sue Field	Actual	20	30	39	35	37	40	25	44	29	55	42	49	44	68	70	91	149	273
SC450	Safeguarding referrals substantiated	In Month	Sue Field	Actual	5	9	14	12	11	13	8	26	12	15	12	5	11	7	11	15	4	44
	Finance																					
SC640	Average cost per panel award	In Month	Sue Field	Actual	Data collection to be developed												Data collection to be developed					
SC650	Average External care spend per service user	In Month	Sue Field	Actual	Data collection to be developed												Data collection to be developed					
	Caseloads																					
SC660	Caseloads - active Social Worker caseload size	Snapshot	Sue Field	Actual	Data collection to be developed												Data collection to be developed					

Adults Social Care Operational & Performance Management Scorecard. Countywide Locality

	ADULT SOCIAL CARE COUNTYWIDE SERVICES 2013/14	Measure Method	Lead		2012/2013												2013/2014					
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Variance	YTD
	Sensory services																					
SC460	Sensory Services Referrals	In Month	Sue Field	Actual												129	126	159	98	120		503
SC470	Assessments completed	In Month	Sue Field	Actual	50	42	29	40	46	18	66	55	27	47	41	39	47	37	44	44	7	172
SC480	Assessments completed within 28 days	In Month	Sue Field	Actual	32	35	19	28	27	12	35	29	12	22	19	26	26	24	24	29	-12	103
SC490	Awareness sessions held	In Month	Sue Field	Actual																		
SC500	Assessments completed (Hard of Hearing/Gloucestershire Deaf Association)	Snapshot	Sue Field	Actual	44	47	55	68	66	32	62	45	39	62	39	59	75	67	41	51	37	234
	Care home reviews																					
SC510	Reviews outstanding	Snapshot	Sue Field	Target													641	633	625	617		617
				Actual	348	365	392	410	435	449	478	511	545	567	597	532	517	535	492	492	-125	492
SC520	Reviews completed	In Month	Sue Field	Actual	30	39	35	34	34	31	26	47	47	44	57	49	77	75	88	67	136	307
	Community development support team																					
SC530	Contacts made	In Month	Sue Field	Actual																		
SC540	Events held	In Month	Sue Field	Actual																		
SC550	People attending events	Snapshot	Sue Field	Actual																		
	Carers Emergency Schemes																					
SC560	Registered schemes	Snapshot	Sue Field	Actual	2021	2070	2121	2114	2145	2192	2241	2259	2247	2191	2160	2073	2000	1965	1107	1123	-991	1123
SC570	Activations	In Month	Sue Field	Actual	7	1	6	4	6	1	6	2	8	11	5	4	2	2	5	5	-4	14
	Homeless Healthcare																					
SC580	Consultations in month (homeless heath care patients)	In Month	Sue Field	Actual																		
SC590	Consultations in month (potentially violent patients)	In Month	Sue Field	Actual																		
	Wheatridge																					
SC600	People starting complex reablement	In Month	Sue Field	Actual	2			1	1	2	3	1	2	1	1		3	1	7	3	9	14
SC610	People completing complex reablement	In Month	Sue Field	Actual	1	3		1	1		4	1		2		1	1	21	*4*	*2*	18	22
	Telecare																					
SC620	Service starts	In Month	Sue Field	Actual	49	85	40	44	40	46	72	58	36	59	35	46	53	66	44	56	-11	219
SC630	Supported users	In Month	Sue Field	Actual	587	504	461	417	377	330	259	202	161	103	66	53	1728	1753	1761	1761	3690	7003

NB. Figures in italics are provided separately from ERIC and manually entered.

Gloucestershire Care Services NHS Trust Board

Title:	**Continual Improvement - Quality and Performance report**	**Date:** 10th September 2013	
Agenda Item:	19		
Purpose of Paper:	To provide information to the Gloucestershire Care Services NHS Trust Board outlining Health and Social Care quality and performance against nationally and locally commissioned targets and GCS internal targets for continual improvement.		
Key Points:	GCS' Performance is showing Green or Amber against targets on a year to date basis as follows: National = 94.3% Local = 90.6% Improvement plans and actions are described in the areas where performance is not at the required level. For Social Care performance, as no targets have yet been set commentary is provided summarising the year on year changes.		
Options and decisions required	Report provided for information and assurance		
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users		X
	Objective 2 – To integrate health and social care services		X
	Objective 3 – To develop and strengthen partnerships with our communities		
	Objective 4 – To support, develop and involve our staff		
	Objective 5 – To strengthen our excellent reputation		X
	Objective 6 - To deliver our contract commitments and provide value for money		X
Next steps/future actions	Report presented for assurance		
Author name and title	Matthew O'Reilly Head of Performance and Information	**Director Name and Title**	Glyn Howells Director of Finance

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 19: Quality and Performance Report

1. Purpose

This report is provided to update Gloucestershire Care Services (GCS) NHS Trust Board on Health and Social Care current performance (July 2013). The report details Gloucestershire Care Services (Health) and latterly Gloucestershire County Council (Social Care) [GCC] quality and performance against national, local and internal targets for 2013/14.

The report appraises overall performance. It also focusses on those performance target areas where GCS are not meeting the targets and outlines remedial actions taken to address those areas requiring improvement.

2. Recommendations

The Gloucestershire Care Services NHS Trust Board is asked to note and discuss the contents of this report and endorse the actions that have been put in place in order to address those areas of performance falling below target.

3. Background

This is an exception report that provides an update on targets and indicators that are not currently achieving target on a year to date basis. This will include background facts and context to the Gloucestershire Care Services NHS Trust Board following review of quality and performance indicators at the GCS Management Team Meeting and Locality Board meetings.

4. Discussion of Issues

The table below shows the number of targets reported within the main sections of the Health scorecard and the year to date RAG rating in comparison between national and locally commissioned targets (Gloucestershire Clinical Commissioning Group) [CCG].

Target	Red	Amber	Green	Total
National	2	5	28	35
Local	3	1	28	32
Total	5	6	56	67

Target	Red	Amber	Green	Total
National	5.7%	14.3%	80.0%	100.0%
Local	9.4%	3.1%	87.5%	100.0%
Total	7.5%	9.0%	83.6%	100.0%

The health performance and scorecards are reported to the CCG Contract Board and the Adult Social Care scorecard to the GCC – GCS SLA group on a monthly basis for scrutiny and challenge.

5. Key Findings and Actions

National Targets – Red

5.1 Children's Services – Newborn Bloodspot Screening

The GCS target for tests to be *recorded* by 17 days of age was achieved in July 2013; performance for this measure was 97.0% (target 95%). Performance on a year to date basis remains red due to the under-performance recorded in April and May.

Actions taken include:

Performance improved in June and continued in July now that the daily electronic upload of data has now been implemented. The expectation is that the 95% target will be achieved by the end of the financial year.

5.2 Number of post 48 hour Clostridium Difficile Infections in Community Hospitals

The GCS target for the number of post 48 hour Clostridium Difficile infections in Community Hospitals for 2013/14 is a maximum of 18 cases. The trajectory for July 2013 was no more than two cases. There were 0 cases recorded.

Year to date performance remains ahead of trajectory at 12 cases compared to target of no more than six cases and there is risk to the year-end delivery of this target at this stage.

The table below shows the number of cases at each Community Hospital in 2013/14 to date.

Hospital	Apr-13	May-13	Jun-13	Jul-13	**Total**
Dilke	2	0	1	0	**3**
Lydney	0	0	2	0	**2**
Stroud General	0	0	2	0	**2**
Cirencester	1	0	1	0	**2**
North Cotswolds	1	1	0	0	**2**
Tewkesbury	0	1	0	0	**1**
Total	**4**	**2**	**6**	**0**	**12**

Actions taken include:

Actions include the following, with more detail provided in the Quality report:

- Clostridium Difficile action plan has been rolled out.
- A multi-professional group has been set-up to review every inpatient across the health community that has identified as contracting Clostridium Difficile on a weekly basis.

National Targets – Amber

5.3 Friends and Family Test Response Rate
The Friends and Family Test response rate is now rated amber on a year to date basis and also for July 2013.

The Friends and Family Test (FFT) aims to provide a simple, headline metric which can be used to drive cultural change and continuous improvements in the quality of the care received by NHS patients.

The FFT consists of the question: "How likely are you to recommend our ward/department/ service to friends and family if they needed similar care or treatment?" with a follow-up question "Please can you tell us the main reason for the score you have given?"

The aim is that all patients being discharged from an inpatient ward or visiting a Minor Injury Unit (MIU) are provided with the opportunity to answer the FFT.

In MIUs patients are given a card to complete and post in the comments box before they leave the unit. On the wards, patients are either surveyed as part of the real-time survey or given a card on discharge to complete before they leave the ward.

However, there were only 771 responses in total in July 2013, which was a response rate of 11%, MIUs 624 responses (9% response rate) and wards 147 responses (35% response rate), which remains significantly behind the 21% response rate reported in April.

The overall response rate for the year to date is currently 13% and rated amber.

The organisation is expected to achieve a minimum response rate of 15% of all patients either discharged from a ward or having visited an MIU.

Actions taken include:
The Matron for the North Cotswolds Hospital, that achieved a consistently high response rate, is now providing leadership for this across all of the Community Hospitals and has advised of changes to be made to the way in which the forms are handed out, collated and then fed-back. It is expected that this will increase the response rate in the Minor Injury Units where the response rate has remained low and skewed overall performance.

5.4 Sexual Health; Chlamydia Screening
The Department of Health Public Health Outcomes Framework (2013-2016) includes an indicator to assess progress in controlling Chlamydia in sexually active young adults. The revised diagnosis indicator recommends a level of

achievement for local areas to work towards: *at least 2,300 chlamydia diagnoses per 100,000 15-24 year olds*.

This rate reflects both coverage and the proportion testing positive at all sites, including Genito-Urinary Medicine (GUM) as well as those made outside of GUM. This represents a change from previous targets that set a number of screens required and a positivity rate and excluded GUM services.

The rationale for this is that a substantial proportion of young adults (15 – 24 years old) become infected with Chlamydia each year and as many of these infections will be asymptomatic, a large proportion of cases remain undetected. However, Chlamydia infection can be easily diagnosed and effectively treated using antibiotics.

The scorecard for July now includes a monthly trajectory to track delivery of the target.

The table below shows the analysis of positive screens received in 2013/14 to data in comparison to the full year target.

Responsibility	Service Area	2013/14 YTD Target	Positive screens to date		2013/14 Target	2013/14 Forecast
GCS	Sexual Health Services	260	294		741	882
	Urgent Care	5	5		30	15
	Other	1	1		60	3
GCS Total		**266**	**300**		**831**	**900**
Joint responsibility	Including: FreeTestMe, Military, Maternity, Outreach	78	56		312	168
Joint responsibility Total		**78**	**56**		**312**	**168**
GCS and Joint responsibility Total		**344**	**356**		**1,143**	**1,068**

This shows GCS (Sexual Health) to be ahead of trajectory but areas of joint responsibility to be behind target.

Actions being taken include:
For areas of joint responsibility work is underway with Commissioners and other providers, particularly maternity services, to improve this performance.

A tendering exercise will also commence shortly to sub-contract the chlamydia test kit provision and distribution, at the request of Commissioners. This should improve quality of the service and reduce wastage for kits that become out of date.

5.5 HPV Immunisation
The current performance for the immunisation programme is shown overleaf (service delivery is based on the academic year rather than financial year).

Performance of all three immunisations remains slightly better than this time last year. The delivery of 1st immunisation has now achieved the 90% target,

however the Trust should provide all three immunisations to achieve the target.

Immunisation performance:

HPV Immunisation	July 2013 Year to date Target	July 2013 Year to date	July 2012 Year to date
1st Immunisation	90.0%	90.3%	90.1%
2nd Immunisation	90.0%	89.6%	89.3%
3rd Immunisation	90.0%	86.7%	86.3%

There are 15 more children required to be immunised to achieve 90% for 2nd immunisation and 110 to achieve 90% for 3rd immunisation.

It is likely that by the end of the academic year achievement of 1st and 2nd immunisation will occur but will not be achieved for the 3rd Immunisation.

Actions include:
Data is being reviewed to ensure information for those girls who have chosen to have HPV immunisation at the GP surgery is included.

A meeting with Public Health is scheduled for planning for 2013/14 academic year and to discuss joint work required to reduce the no consent rate.

Analysis is also being completed to confirm that those girls due 3rd immunisation in 2012/13 school year that were not completed have had the final immunisation in 2013/14 school year.

5.6 Call to Action (Health Visitors)

As noted last month, GCS continues to be behind the monthly trajectory developed in the local monitoring plan with NHS England Area Team (NHSE AT) for increase in numbers of health visitors, however, GCS are confident that the overall annual target will be achieved with recruitment of new health visitors and students in 2013/14.

	Apr-13	May-13	Jun-13	Jul-13	Year to date Total	2013/14 Total
Target	0.00	2.10	1.20	3.25	6.55	17.05
Actual	0.0	0.0	0.0	0.0	0.0	0.0

5.7 Time to initial assessment for patients arriving by ambulance

Although year to date performance remain on target, performance in July is rated on the scorecard as red. Performance for 95th percentile for initial assessment for patients arriving by ambulance is shown as 30 minutes compared to target of less than 15 minutes.

Following investigation, a number of triage and assessment times have been entered incorrectly on the MIU system at Cirencester and The Vale Hospitals. As a result, this has skewed the performance for the month as only 58 arrivals to the MIUs are by ambulance.

Actions include:
Data is to be corrected on the electronic system. Following a refresh of the data performance will be on target.

Local Targets – Red

5.8 Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) wait from referral to be seen

As noted in the last report there has been a change in the previous targets set for MSKCAT, with 2013/14 targets changed to 95% of urgent and routine patients should not exceed 2 and 4 weeks wait from referral respectively (in 2012/13 this was an average wait not to exceed 2 and 4 weeks).

This now has resulted in three targets set for the service related to time to treatment, urgent cases to be seen in 2 weeks, a 4 week target for routine patients (new) and the 8 week referral to treatment target.

The rationale for the new targets set for the service was raised at Contract Board with Commissioners on 19th June with an action for Commissioners to review and feedback in advance of the next meeting on 17th July. This meeting was cancelled due to lack of Commissioning Support Unit (CSU) staff availability and therefore there has been no resolution to the issue.

The matter was raised again at Contract Board on 21st August and agreement in principle to revert back to the average wait targets. GCS have been requested to raise a formal contract variation request to get the contract amended. Compared to the proposed targets, performance to date will be rated green and on target.

5.8.1 MSKCAT wait from referral for routine patients

In July 2013 performance for this new 4 week target was only 57%.

This equates to 129 patients waiting in excess of 4 weeks. To achieve the 95% target for this month, a maximum of 15 patients wait should have exceeded 4 weeks. The table overleaf shows the number of routine patients waiting and the length of wait.

The service would have achieved the 2012/13 target of average wait time from referral of no more than 4 weeks in July 2013. 96% of patients were seen within 8 weeks.

Number of routine patients waiting and the length of wait:

Weeks waited	Number of patients
0-1 Weeks	33
1-2 Weeks	42
2-3 Weeks	54
3-4 Weeks	44
4-5 Weeks	46
5-6 Weeks	33
6-7 Weeks	23
7-8 Weeks	16
>8 Weeks	11
Total	**302**

5.8.2 MSKCAT wait from referral for urgent patients

In July 2013 performance for the target of 95% of urgent patients should be seen within 2 weeks target was only 69%.

This equates to 4 patients out of a total of 13 patients waiting in excess of 2 weeks to access the service for an urgent appointment.

The table below shows the number of urgent patients seen in the month and the length of wait for these patients.

Weeks waited	Number of patients
0-1 Weeks	3
1-2 Weeks	6
2-3 Weeks	2
3-4 Weeks	1
4-5 Weeks	1
Grand Total	13

The service would have achieved the 2012/13 target of average wait time from referral of no more than 2 weeks in July 2013.

5.9 Sexual Health – Psychosexual Medicine

Gloucestershire Care Services is required to achieve the Operating Standard of 95% of patients referred to the Psychosexual Medicine service receiving treatment within 8 weeks of referral.

Performance for patients treated in July 2013 was 83%. This represented one patient not treated within the target of 8 weeks due to capacity issues within the service. The patient has been seen and was treated within 9 weeks.

Year to date performance is now 87% and also rated red.

There remains a risk to the delivery of this target due to capacity issues within the service.

Actions include:
A new doctor has started working within the service in August which will increase capacity. It is expected that the target will then be met for the remainder of the year.

Local Targets – Amber

5.10 Single Point of Clinical Access

Percentage of calls abandoned within 60 seconds was 9.3% in July 2013 compared to 9.8% in June 2013 (compared to a target of less than 5%). Year to date performance is now 7.3%.

This equated to 232 calls that were abandoned in July 2013 as a result of capacity issues within the service and telephony issues that have now been resolved.

Actions completed include:

- Resolution of telephony issues.
- Recruitment and increase to team capacity.

Quality

5.11 CQUIN

The report for the milestones in Quarter 1 2013/14 was shared with Commissioners at the end of July for review. The expectation is that all CQUINs delivered the milestones for Quarter 1.

The Steering Group continues to meet on a monthly basis and all operational leads have a project plan in place detailing key requirements, milestones and deadlines.

The schemes are as follows:

1. NHS Safety Thermometer
2. Dementia Care
3. Patient Experience Escalator
4. Falls Reduction
5. End of Life Care
6. Pressure Ulcers
7. Learning Disabilities

5.12 QIPP

Targets for 2013/14 remain subject to confirmation, with discussions ongoing between GCS and Commissioners. Performance will be reported via the quality and performance scorecard once targets are finalised.

Please see the Finance report for more details.

5.13 Workforce

Key workforce indicators are included within the performance scorecard and reviewed at each Locality Board. Locality Managers and their leads are being actively supported by the Workforce team and HR Business Partners with the provision of more detailed information to help the Boards with the management of performance within their localities.

The key changes this month are as follows:

Sickness absence levels have reduced slightly again this month. The overall rate of 4.27% (reduced from 4.3%) compares favourably with the benchmark data provided by the Aspirant Community Foundation Trusts Network (ACFTN) which shows an average rate of 4.74% (June data). However the rate remains significantly above the GCS target of 3% and ACFTN benchmark target of 4%.

Mandatory Fire and Health and Safety training rates show a slight improvement at 86.51% (July) from 86.16% in the previous month, which compares favourably against the ACFTN average rate of 81.27% (June data), however still behind the benchmark target of 90%.

Completion of staff appraisals has increased to 67.95%. This remains below the average ACFTN rate of 72.63% and benchmark target of 90%. Further improvement is expected during 2013/14.

The staff turnover rate of 12.32% is slightly lower than last month (12.16%) and remains high when compared to the ACFTN average of 10.58% (June data). Two localities in particular show above average turnover rates and have been provided with additional information on their staff turnover. These teams are reviewing the position in more detail.

5.14 Adult Social Care

There are a number of indicators with targets that need to be agreed by the SLA group. There is also an intention that quality indicators will also be reported to the SLA group at the September meeting.

In the absence of targets having been agreed by the SLA group and to allow internal benchmarking, the following areas show improvement when comparing year to date 2012/13 (April – July 2012) with year to date 2013/14 (April – July 2013):

5.14.1 Self-directed support

When comparing 2013/14 with 2012/13 there continues to be improvement in percentage of service users receiving self-directed support, however a small reduction in those receiving self-directed support as direct payments. This is shown in the table overleaf.

Self-directed support:

Indicator	2012/13 YTD	2013/14 YTD	Variance %
Percentage of service users receiving self-directed support	74.1%	81.8%	7.7%
Percentage of service users receiving self-directed support as Direct Payments	25.6%	24.9%	-0.7%

5.14.2 Reablement

There continues to be improvement in number of people starting reablement provided by reablement workers, and also completing reablement in total and also within 3 weeks therefore increasing throughput, as shown below.

Indicator	2012/13 YTD	2013/14 YTD	Variance (%)
People starting reablement provided by reablement workers	1,186	1,510	27.3%
Number of people who completed reablement within 3 weeks	445	680	52.8%
Total number completing reablement	986	1,505	52.6%

5.14.3 Support Plans

When comparing 2013/14 with 2012/13 there continues to be improvement in number of support plans completed and approved at panel, and a 43.49% reduction in number of support plans outstanding.

Indicator	2012/13 YTD	2013/14 YTD	Variance (%)
Support plans completed	2,821	3,802	34.77%
Support plans approved at panel	978	1,288	31.70%
Support plans outstanding	1,329	751	-43.49%

5.14.4 Personal Budgets

When comparing 2013/14 with 2012/13 there continues to be improvement in number of service users with personal budgets and percentage of eligible service users with personal budgets and receiving as direct payments.

Indicator	2012/13 YTD	2013/14 YTD	Variance (%)
Service users with personal budgets	2,027	2,137	5.43%
Percentage of eligible service users with personal budgets	67.5%	84.0%	16.5%
Percentage of eligible service users with personal budgets as Direct Payments	24.7%	25.5%	0.8%

5.14.5 Referrals resolved at referral point

When comparing month on month since December 2012 there is a marked increase in the number and percentage of referrals resolved at the point of referral, illustrated in the table below.

This also shows a significant increase in those referrals received that are resolved within 2 hours.

Indicator	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Number of referrals resolved at referral point	139	371	378	719	664	720	831	795
Percentage of referrals resolved at referral point	21.2%	19.4%	20.7%	32.3%	28.0%	31.4%	36.3%	34.4%
Referrals (priority resolved within 2 hours)	25	85	163	243	286	307	341	399

5.14.6 Ongoing development

Further work is ongoing to support the scorecard process and this includes the following:

- detailed definitions for measures reported in the scorecard, in the form of indicator set-up sheets and a glossary explaining what each measure counts. This will be reviewed and completed with operational support

- clarity on how to address any data recording issues within ERIC system

Further areas where development work continues to then include within the scorecard are as follows:

- Finance indicators

- Countywide services

5.14.7 Reviews

The current number of reviews recorded on the ERIC system as outstanding compared to target is shown in the table below. This also shows the year-end target (March 2014) that needs to be reached.

		Apr-13	May-13	Jun-13	Jul-13	Mar-14
Service users overdue a Community Service reassessment (SC330)	Target	771	799	827	855	239
	Actual	552	555	547	542	
Service users overdue a FAST reassessment (SC340)	Target	1,413	1,313	1,209	1,107	291
	Actual	1,133	1,076	997	1,014	
Care Home reviews outstanding (SC510)	Target	641	633	625	617	233
	Actual	517	535	492	492	

Actions include:
Recruitment is underway for seven posts to address the backlog of reviews. The posts will be allocated one per locality and one extra for the Care Home Review Team, but will be used flexibly according to the backlog.

- Weekly monitoring of outstanding number of reviews compared to trajectory.

- Ongoing data cleansing exercise to validate and update the list of reviews.

5.14.8 Outstanding Assessments

The current number of outstanding assessments is shown in the table below. This also shows the number of service users that are allocated a named worker compared to pending allocation to a worker. This also shows an overall reduction of 17% since April 2013.

However, the number of service users on pending lists remains a concern. This has been exacerbated by the need for therapists to support the Reablement competency programme, and focusing on reducing progressions from Reablement. The number of safeguarding cases per week is also impacting on the capacity of teams.

Outstanding assessments per locality:

	Pending Worker			Named Worker			Total		
Locality	Apr-13	Jul-13	Variance	Apr-13	Jul-13	Variance	Apr-13	Jul-13	Variance
Cheltenham	282	267	-15	335	321	-14	617	588	-29
Cotswolds	141	117	-24	104	124	20	245	241	-4
Countywide	40	69	29	124	70	-54	164	139	-25
Forest	166	111	-55	181	173	-8	347	284	-63
Gloucester	208	63	-145	306	238	-68	514	301	-213
Stroud	17	162	145	403	167	-236	420	329	-91
Tewkesbury	163	81	-82	118	182	64	281	263	-18
Grand Total	1,017	870	-147	1,571	1,275	-296	2,588	2,145	-443

Actions include:

- Utilising locum Social Worker staff to take the longest waiting service users off the list.
- Utilising referral centre staff to complete the more simple interventions during quieter periods.
- Having dedicated OTs to focus on Reablement practice and process, enabling others to focus on the waiting list.

6 Financial implications

A detailed report outlining any financial implications with delivery of quality and performance targets is included within the Finance Board Report.

7 Implementation and Review of Progress

This report outlines progress towards recovery of under-performing targets including actions to improve performance.

8 Legal Implications

None.

9 Risk Implications

Risks will be identified by Managers and included within the narrative of the report. If necessary, risks will escalate to the Operational Risk Register with the relevant operational leader as the owner.

10 Implications for Health Inequalities

This report presents the organisation's quality and performance exception report update. The targets involved are both national and local targets which have been designed to tackle health inequalities.

11 Implications for Equalities (Black and Other Minority Ethnic / Disability / Age Issues)

Any implications (and subsequent actions) for equality groups have been noted within this report.

12 Consultation and Communication including Public Involvement

Examples of public involvement and consultation are evident with the Patient Experience surveys. Actions from these surveys are informed from the opinion of service users.

13 Links to:

None.

Prepared by: **Matthew O'Reilly**

Presented by: **Glyn Howells**

Appendices:

Appendix 1: Quality and Performance Scorecard

Gloucestershire Care Services NHS Trust

Title:	**Finance Report**	**10 September 2013**
Agenda Item:	**20**	
Purpose of Paper:	To advise the Board on the year to date actual and forecast full year out-turn position for the Trust and also to provide updates regarding financial risks and priorities.	
Key Points:	The Trust has budgeted for a full year surplus of £2m. The current forecast for the full year is in line with budget. Current year budget includes £4.0m of recurrent savings from CIP schemes a number of which are still being developed. QIPP is budgeted to deliver £3.9m, KPIs and metrics are close to being agreed with the commissioner but agreement of the risk share remains outstanding. Gloucestershire County Council (GCC) expenditure figures for the internal Service Level Agreement (SLA) are in line with budget but external care spend forecasts are currently forecast at around £4m over budget. Significant work is currently going into understanding this overspend and developing action plans to deliver the required improvement.	
Options and decisions required	Board is asked to note the position and implications on the Trust.	
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users	Y
	Objective 2 – To integrate health and social care services	Y
	Objective 3 – To develop and strengthen partnerships with our communities	
	Objective 4 – To support, develop and involve our staff	
	Objective 5 – To strengthen our excellent reputation	Y
	Objective 6 - To deliver our contract commitments and provide value for money	Y
Next steps/future actions	• Develop external care action plan • Develop remaining CIP plans and agree risk chare with the Clinical Commissioning Group on QIPP schemes. • Implement benchmarking reports through ESSBASE	

Author name and title	**Stuart Bird Head of Finance**	**Director Name and Title**	**Glyn Howells Finance Director**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 10th September 2013
Location: Foxes Bridge Day Centre, Cinderford

Agenda item 20: Finance Report

1. Purpose
To advise the Board of both the year to date and full year forecast out-turn positions for Gloucestershire Care Services NHS Trust (GCS). Also, to update on progress with transition to a separate Trust and to highlight the risks and plans to mitigate them.

2. Recommendations
The Board are asked to note the performance of the Trust and to be aware of the risk and opportunities within the current full year forecast.

3. Background
GCS is now fully operational as a separate trust.

The plans for the current financial year are challenging with £3.9m of QIPP income to be earned and £4.0 of CIP savings required to deliver the budgeted surplus of £2m.

In addition to management of its own financial position GCS also has responsibility for approximately £74m of spend made through Gloucestershire County Council (GCC). This expenditure is approximately £17m on reablement and social workers working in the Integrated Community Teams and £57m of external care spend with care homes and domiciliary care agencies.

4. Discussion of Issues
The main issues that the Trust faces from the financial perspective are:

1. Getting contractual agreement on several areas:
    a. QIPP
    b. CQUIN
    c. Staffing for in-patient wards
    d. Approval for Integrated Community Team development
2. Delivering against health cost improvement plans (CIP) and GCC Meeting the Challenge.
3. Addressing the current overspend on external care that is reported in GCC.
4. Managing the Trust's cash position.

The issues and plans to address are detailed below.

5. Key Findings and Actions

Historical Financial Performance

Annual Plan

As a separate statutory organisation, the Trust has to submit an annual plan which was approved by the Board. This approved annual plan was then used to form the original budgets for the organisation. As changes are made to the services the Trust are commissioned to perform, additional cost budgets are created that are offset by additional income budgets. This means that, over time, the budget that the forecast outturn is being compared to starts to move away from the originally approved annual plan.

Currently, there are only minor changes to that plan (less than £300k full year), however, the Trust is expecting to get some significant changes to the services being requested which could increase the budgeted income and costs by £4-5m per annum and so, as these are received and incorporated into the contract, the financial report will include a bridge back to the originally approved annual plan numbers.

As part of the Primary Care Trust (PCT) last year, Gloucestershire Care Services (GCS) did not have to submit an annual plan that it was then measured against and so all variance in the financial reports only referred to the budget in place at that time.

Budget Monitoring

The performance against budget is tracked and reported against individual localities and cost centres. Close monitoring of this through the year has identified areas where cost pressures have built over time that are being offset by other areas where budget is no longer needed. This process has identified a little over £2m of cost pressures and £1.6m of recurrent underspends that are effectively netting these off. Work continues to go through the detail of these to provide ever more accurate achievable budgets for budget holders to work to, however, progress is slower than would be liked. Additional budget monitoring reports have been produced from ESSBASE to provide easier access to information to allow this work to be accelerated.

Until this underspend / cost pressure matching has been completed the detailed use of the variance analysis by locality / cost centre is limited, however this is summarised at Section 6.

Management accountants are allocated a set of cost centres that they are responsible for supporting, each individual's coverage of these budget holders with respect to meetings held to discuss are monitored monthly and reported up through the Audit and Assurance Committee.

Performance in Achieving Cost Improvement Plans
In 2012/13 GCS delivered £3.1m of recurrent savings from a target of £4m, the remaining £0.9m was delivered non recurrently to enable the organisation to operate within the available budget.

For 2013/14 the CIP target is £4.7m of recurrent savings of which £4.0m is required to be delivered in year to enable delivery of the planned £2m surplus. CIP plans for the year are still under development but are progressing well. The largest scheme, Mobile Working, has now started to be rolled out with some early indications of increased recording of activity but also additional activity being enabled through this additional capacity. There now needs to be a detailed piece of analysis drawn up for each integrated community team (20 in total) to map the future structure of the team by profession and band, including the impact of the soon to be commissioned ICT enhancements against the current staffing after adjusting for the improvement in productivity through mobile working. Good progress has also been made this month in identifying where the procurement savings are going to come from. The support services scheme is at the point where it needs some good benchmarking information to help identify where savings should be targeted and it is clear that other schemes are going to need to be developed to replace some of the ones where progress is not being made. A series of meetings has been scheduled in this regard. The latest tracker of CIP plans is attached as Appendix 1 to this report.

QIPP
The requirements to be delivered to ensure receipt of QIPP income of £3.9m is still being discussed with the CCG with around £3m still not agreed. During the month further meetings were held with the Accountable Officer and Director of Finance of the CCG. The CCG has moved in terms of their requirement to show reduction in volumes or improvement in KPIs at the Acute hospital and at the second meeting a proposal was tabled that is being evaluated. However, upon first reading the increases in activity being requested are simply not realistically achievable. The Chief Executive is meeting the CCG Accountable officer as soon as they are back from annual leave to further discuss this matter.

For the remaining £900k that is agreed the required improvements are being mapped down to locality and individual team levels and a scorecard being created to support the delivery.

The Trust is also still identifying additional QIPP opportunities to discuss with the CCG at an operational level with the plan that these additional savings will allow the CCG to reduce the level of Trust income dependent upon the contentious items mentioned above.

The forecast currently includes receipt of all £3.9m QIPP income. Unless schemes are agreed by the end of September, this will have to be reassessed in time for the next forecast. A scorecard reflecting performance to date will be attached to this report once QIPP has been agreed.

CQUIN
The Trust has had CQUINs verbally approved by the CCG though not yet varied into the contract. We have however identified an issue in that under the contract the Trust is entitled to £2,076k CQUINs and the CCG has only valued the CQUINs it has agreed with the Trust at £1,746k. The gap of £330k relates to 2% of the contract value for contracts that the CCG is administering through the main contract on behalf of other commissioners. This was raised at the August Contract Board and the CCG is attempting to get agreement through their collaborative agreements with the other commissioners for the CCG schemes to be prorated up rather than requiring additional schemes to be identified and delivered at this stage of the year.

The Trust has been paid in full for Quarter 1 CQUIN achievement and the scorecard to month 4 is detailed at Appendix 2.

New Business
The CCG has requested verbally that the Trust expand the level of the services in Integrated Community Teams by expanding its Rapid Response capabilities and creating a high intensity service (HIS) that can support patients with more complex needs in their own homes. This additional activity will provide income of circa £3.9m per annum to the Trust and was approved by the CCG Board on 25th July 2013. A CCG and GCS joint steering committee has been established to manage its implementation. The Trust has appointed a project manager and launched a recruitment campaign requesting confirmation in writing from the CCG regarding the increase in funding.

Part of the QIPP schemes that have been agreed with the CCG is the expansion of the range of services offered by GCS for Musculoskeletal Clinical Assessment and Treatment Services (MSKCAT), in terms of both body parts included and also the geography that the services are offered in. This will generate circa £400k of additional income which is one of the few services where we get paid on a tariff.

Meetings have been held with Prime Diagnostics Limited who currently provide endoscopy services from both Stroud and Cirencester under an Any Qualified Provider contract with the CCG. Discussions have been around utilisation of the operating theatre at Tewkesbury for additional endoscopy activity and also for some outpatient consulting facilities.

Capital Spend
The main capital projects currently underway are Tewkesbury Hospital (£2m), replacement of Syringe Drivers (£0.3m) and the implementation of a new community system where the element that can be capitalised is under discussion with the auditors.

The planned opening for Tewkesbury hospital was delayed due to some commissioning issues with the building management systems (lifts, nurse call

systems, plus others). The issue of damages for delays is being pursued in line with the contract.

A capital expenditure committee is being formed to review and approve capital spend within the capital plan that was approved by Board as part of the annual Plan approval.

Due to significant levels of investment from the PCT in its final months, the Trust's capital requirements in 2013/14 are likely to be significantly lower than approved within the Annual Plan. This spend is also being delayed later in the year where possible to ensure that cash will be available from the surplus being generated.

The current forecast for capital spend versus plan is presented in the separate report to the Performance and Resources Committee.

GCC SLA

Due to differences in timing of public meetings most recent GCC data is taken to Board Part 2. The paper taken to the previous Part2 Board is attached at Appendix 4 as a matter of public record.

6. Financial implications

The delivery of CIPs, CQUIN and QIPP are all line with budget assumptions and these remain the largest risks to the Trust's financial position. Any contractual matters not resolved during September will have the impact on the financial position estimated for the half year forecast (based on 6 months actuals).

The TDA has confirmed that in the first year of existence, in line with Transforming Community Services guidelines, the Trust will not be charged for public dividend. The impact of this is being quantified and the executives have been tasked with identifying suitable use of this non-recurrent benefit that will either drive up quality or accelerate further cost improvements. These will be discussed and ranked by the executive and the Performance and Resources Committee will be updated with the approved plans.

7. Implementation and Review of Progress

Income and expenditure position

The year to date financial performance and related forecast performance for the remainder of financial year 2013/14 are summarised in the table below.

	Actual YTD(Jul)	Budget YTD(Jul)	Actual v Budget YTD(Jul)	Forecast Full Year	Budget Full Year	Forecast vs Budget Full Year
GCS						
Cheltenham & Cotswold	(3,474)	(3,497)	23	(10,894)	(10,489)	(406)
Gloucester & Stroud	(3,340)	(3,495)	155	(10,222)	(10,451)	229
Forest & Tewkesbury	(3,327)	(3,348)	21	(10,017)	(9,989)	(28)
Unscheduled Care	(2,198)	(2,336)	137	(6,876)	(7,008)	131
Specialist Nursing	(797)	(880)	83	(2,509)	(2,640)	131
Adult Services	**(13,137)**	**(13,556)**	**419**	**(40,520)**	**(40,577)**	**58**
Children, Family & Young People	(3,534)	(3,693)	159	(10,894)	(11,081)	187
Countywide	(5,033)	(5,169)	136	(15,372)	(15,503)	131
Children & Countywide Services	**(8,567)**	**(8,862)**	**294**	**(26,267)**	**(26,584)**	**318**
Clinical Quality & Development	(614)	(656)	41	(1,868)	(1,968)	100
Estates, Facilities & Hotel Services	(1,453)	(1,576)	123	(4,327)	(4,730)	403
Central Income	29,483	29,089	394	88,651	87,266	1,385
Total Operations	**5,711**	**4,439**	**1,272**	**15,671**	**13,407**	**2,263**
Corporate	(4,253)	(4,365)	113	(13,126)	(12,997)	(129)
Recharges	(111)	(222)	111	(552)	(665)	113
Savings	0	318	(318)	3,571	3,600	(29)
Reserves	(306)	(429)	123	(3,561)	(1,350)	(2,211)
Unallocated	(7)	0	(7)	(7)	0	(7)
Total Overheads	**(4,676)**	**(4,698)**	**22**	**(13,675)**	**(11,412)**	**(2,263)**
Total Trust	**1,035**	**(260)**	**1,295**	**1,996**	**1,996**	**(0)**

The overspend in Cheltenham and Cotswold is due to delays in implementing a CIP scheme around hospital SLAs. Most other areas are forecasting an underspend due to non-recurrent vacancy control.

The full year forecast for 2013/14 is for a surplus of £2m which is in line with budget.

The increase in reserves in the forecast has been put in centrally to ensure that all additional forecast income has been covered with the relevant costs, which will be investigated by the half year forecast.

Working capital and cash

Balance sheet information is also now available for the Trust for the first time. Highlights are as follow:

Cash position is on plan with regularly updated forecasts and robust cash collection procedures in place to bring monies due to the Trust in from commissioners. Over 95% of monthly Trust income is now received on or before the tenth working day of the month.

The previously mentioned issue with UKSH has now been resolved and cash is flowing smoothly.

Supplier payments are regularly monitored to ensure that none are being paid outside agreed payment terms. Supplier confusion following trust separation is now reducing and the payment performance is improving. There are still issues with invoice approval via oracle due to on-going scanning and indexing service issues at SBS.

8. Legal Implications

None

9. Risk Implications

Each locality is required to complete a risks and opportunities section of their finance report, these are consolidated up into an overall risk and opportunities list that is summarised below:

The biggest risks to the forecast are:

1. Ability to earn QIPP of £3.9m built into current forecasts in line with budget, and
2. Delivery of CIP schemes on a recurrent basis.

Mitigation

1. Vacancy control is generating non-recurrent contingency to protect the in year position though this does not help the recurrent position.
2. Similarly, the confirmation that we are not going to be required to return a public dividend on public dividend capital gives us additional in-year non recurrent contingency.

However, both mitigations are non-recurrent which will further increase the levels of CIPs needed in future years. The rolling CIP program has already started to identify further savings that will be targeted for next year and beyond.

10. Implications for Health Inequalities

None

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

None

12. Consultation and Communication including Public Involvement

None

13. Links to:

Objectives 5 and 6.

Prepared by: **Stuart Bird**

Presented by: **Glyn Howells**

Appendix 1 Cost improvement plan (CIP) tracker
Appendix 2 Summary of CQUIN
Appendix 3 2013/14 QIPP update – outstanding as not yet agreed
Appendix 4 GCC SLA Reporting (from Month 2)

T.L.C. PROGRAMME - FINANCIAL BENEFITS TRACKER

CONFIDENTIAL

Theme	Project (Exec Lead)	Milestone	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL 2013/14	TOTAL 2014/15	Recurrent Annual Saving	Comments
1	Ambulatory Care Review (Sue Field)	10% increase in outpatients activity in Q3 and Q4										11	11	11	33	393	426	Based on splitting target equally across each month of Q3 and Q4.
		GHT recharge in respect of previously unrecognised activity	186												186	0	167	Negotiated as part of transition to new trust
4	Integrated Community Team Development (Sue Field)	Agreed funding for primary care activity	287												287	0	287	Negotiated as part of transition to new trust
		Reduction in duplication, multiple assessments and silo inefficiencies													TBC	TBC	TBC	To be confirmed based on assessment of activity being carried out by GCS/GCC Performance Teams
5	Mobile working (Glyn Howells)	Reduction in mileage based on an average 1.5 fewer trips to the office per day, equating to a saving of 15 miles per person per day, for 45% WTE GCS staff in the ICT's in Q2, 65% in Q3 and 75% in Q4						25	33	33	33	38	38	38	238	1,564	2,449	Based on splitting target for each quarter equally across each 3 month period (eg 45% wte = 60% of target, therefore Q2 CIP = 60% of target)
		Increase in productivity based upon an average time saving of travel to the office, equating to 45 minutes per person per day, for 45% WTE GCS staff in the ICT's in Q2, 65% in Q3 and 75% in Q4						34	44	44	44	49	49	49	314			Based on splitting target for each quarter equally across each 3 month period (eg 45% wte = 60% of target, therefore Q2 CIP = 60% of target)
		Reduction in mileage based on an average 1.5 fewer trips to the office per day for 45% WTE other GCS staff (specialist, CYP, podiatry, physio) in Q2, 65% in Q3 and 75% in Q4						24	32	32	32	36	36	36	230			Based on splitting target for each quarter equally across each 3 month period (eg 45% wte = 60% of target, therefore Q2 CIP = 60% of target)
		Increase in productivity based upon a time saving of travel to the office for 45% WTE other GCS staff (specialist, CYP, podiatry, physio) in Q2, 65% in Q3 and 75% in Q4						36	49	49	49	55	55	55	347			Based on splitting target for each quarter equally across each 3 month period (eg 45% wte = 60% of target, therefore Q2 CIP = 60% of target)
		Consumables savings from Q2 onwards for all services						8	8	8	8	8	8	8	59			Based on splitting target equally across each month of Q2, Q3 and Q4.
		Cost of trainers for roll out from Q3							-13	-13	-13	-13	-13	-13	-75			Based on splitting target equally across each month of Q3 and Q4.
		IT Costs (excl. laptops)						-66	-66	-45	-20	-10	-10	-10	-227			Based on splitting target equally across each month of Q2, Q3 and Q4.
	E-rostering (TBC)	Ensuring consistent staffing models with reduced overlap						TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	To be confirmed based on initial scoping of project
		Reduced reliance on agency staff (2012-13 spend of £1.6m)													0			Milestone has target for reducing expenditure by 250k but as this is currently all overspend cannot be counted as a CIP
		Reduced overtime by better use of bank						TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	To be confirmed based on initial scoping of project
6	Support Services Review (Tina Ricketts)	Review of all Support Services by leads based on overall review target against each service budget										183	183	183	550	TBC	550	Based on remaining target being split equally across the three months of Q4.
		HR Service Savings (inc. Leased Vehicles, Occ. Health, CRBs and Salary Sacrifice)	222												222	0	222	Savings achieved through changes to HR services at the end of 2012/13
		IT Service Savings (inc. Countywide IT contract)	160												160	0	160	Savings achieved through changes to IT services and contracts at the end of 2012/13
		Board Secretary Savings	18												18	0	18	Savings from Board Secretary budget
		Better management of non-clinical purchases from Q2 onwards						36	36	36	36	36	36	36	250	0	250	Based on splitting target equally across each month of Q2, Q3 and Q4.
		GHT recharges for goods and services						21	21	21	21	21	21	21	150	350	500	Based on splitting target equally across each month of the year.
	Estates Review (Glyn Howells)	Realisation of estates to include savings from mobile working *(to be defined by Q1)*										45	45	45	134	0	134	Based on splitting target across 3 months of Q4 on assumption that changes to estate will not take place until the service changes have been implemented.
		5-10% reduction in rateable value from Q3							4	4	4	4	4	4	23	35	59	Based on splitting target across 6 months of Q3 and Q4.
		5-10% reduction in utilities from Q3							7	7	7	7	7	7	40	40	80	Based on splitting target across 6 months of Q3 and Q4.
		Rebate in utilities	130												130	0	0	Achieved through agreement at end of 2012/13
		1-5% reduction in rent negotiated from Q3							2	2	2	2	2	2	9	9	19	Based on splitting target across 6 months of Q3 and Q4.
		Reduction in rent for Edward Jenner Court	97												97	0	97	Achieved through agreement at end of 2012/13
	Medicines Management (Liz Fenton)	Outpatients prescribing costs assigned to GHT (FP10)	94												94	0	94	Achieved through agreement at end of 2012/13
		Rationalisation of use of outpatients drugs (Stroud)	6	6	6	6	6	6	6	6	6	6	6	6	75	0	75	Based on splitting target equally across 12 months
		Day case/theatre/endoscopy prescribing recharge to GHT from Q2 onwards				5	5	5	5	5	5	5	5	5	45	15	60	Based on splitting target equally across each month in Q2, Q3 and Q4
		Centralising and managing GCS drug budgets from Q2 onwards						4	4	4	4	4	4	4	31	10	41	Based on splitting target equally across each month in Q2, Q3 and Q4
		Reduction in spend on dressings from Q2 onwards (community hospitals)							TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
		Reduction in medical consumables from Q3 onwards (community hospitals)							15	15	15	15	15	15	92	122	214	Based on splitting target equally across each month in Q3 and Q4
	Centralised Booking (Candace Plouffe)	Rationalisation of administration costs from Q3 onwards							TBC	TBC	TBC	TBC	TBC	TBC	TBC	300	300	Based on splitting target equally across each month in Q3 and Q4
		Increased efficiency and productivity of service from Q3 onwards							TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
Non-TLC CIP	Medical SLA (Cirencester & Stroud)	Medical SLA for Cirencester and Stroud from Q3 onwards							0	0	0	0	0	0	0	400	400	Based on splitting target equally across each month in Q3 and Q4
		ALL SCHEMES Monthly TOTAL	**1,200**	**6**	**6**	**11**	**11**	**135**	**188**	**209**	**234**	**503**	**503**	**503**	**3,512**	**3,240**	**6,602**	
		Finalised and achieved Monthly total	**1,200**	**6**	**6**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**11**	**1,314**	**15**	**2,643**	
		Scoped, awaiting final validation Monthly total						**124**	**161**	**182**	**207**	**238**	**238**	**238**	**1,389**	**2,009**	**4,787**	
		Still to be fully scoped Monthly total							**15**	**15**	**15**	**254**	**254**	**254**	**809**	**1,215**	**2,024**	
		ALL SCHEMES CUMULATIVE TOTAL	1,200	1,206	1,213	1,224	1,235	1,370	1,558	1,767	2,001	2,505	3,008	3,511	**3,512**	**3,240**	**6,602**	
		Finalised and achieved cumulative total	**1,200**	**1,206**	**1,213**	**1,224**	**1,225**	**1,246**	**1,258**	**1,269**	**1,280**	**1,291**	**1,303**	**1,314**	**1,314**	**15**	**1,180**	
		Scoped, awaiting final validation cumulative total	**0**	**0**	**0**	**0**	**0**	**88**	**214**	**361**	**532**	**735**	**937**	**1,139**	**1,389**	**2,009**	**3,398**	
		Still to be fully scoped cumulative total	**0**	**0**	**0**	**0**	**0**	**0**	**15**	**31**	**46**	**300**	**554**	**808**	**809**	**1,215**	**2,024**	
														CIP Target	**4042**	**5095**	**9137**	
														Under/Over Target	**-530**	**-1,855**	**-2,534**	
		CIP Savings in 2013/14 Budgets	**287**	**431**	**504**	**663**	**823**	**983**	**1,434**	**1,885**	**2,337**	**2,912**	**3,488**	**4,063**				
		Surplus/Deficit Based on Finalised/Achieved CIPs	**913**	**775**	**709**	**560**	**402**	**264**	**-177**	**-617**	**-1,057**	**-1,621**	**-2,185**	**-2,749**				

CQUIN PERFORMANCE SCORECARD

CQUIN Indicator	TARGET		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2013/14 Outturn	reporting frequency	Indicator Value (£000's)	Total Value (£000's)	Operational Lead
	1 - NHS Safety Thermometer																			
1.1	Completeness of data submission to the Health and Social Care Information Centre (HSCIC). Monthly submission monitored quarterly	Target	Data submission			Data submission			Data submission			Data submission					**Quarterly**	**£87.3**	**£87.3**	**Carol Grimsdale & Veronica Hourston**
		Actual	Data submitted for Q1																	
	2 - Dementia Care																			
2.1	Dementia Case Finding - % of direct admissions asked dementia case finding question as part of admission process	Target	Baseline report			Update provided detailing progress to target			Update provided detailing progress to target			90%				90%	**Quarterly**	**£94.30**	**£314.3**	**Mandy Hampton & Sarah Warne**
		Actual																		
2.2	Diagnostic Assessment for Dementia - % of patients identified in 2.1 who have had a diagnostic assessment complted using recognised assessment tool	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%				90%	**Quarterly**	**£94.30**		
		Actual																		
2.3	Referral for specialist diagnosis - of patients with symptoms of memory loss, or possible dementia who are referred for specialist diagnosis	Target				Update provided detailing progress to target			Update provided detailing progress to target			90%				90%	**Quarterly**	**£31.43**		
		Actual																		
2.4	Care Planning - % of patients where cognitive impairment identified are commenced upon care plan which evidences appropraite management as described in 2.3	Target				Update provided detailing progress to target			Update provided detailing progress to target			80%				80%	**Quarterly**	**£62.87**		
		Actual																		
2.5	Training on Diagnostic Assessment	Target	Confirm number and grade of staff to be trained. Scope training programme options and agree.			Completion of 10% of eligible staff trained and report			Completion of 25% of eligible staff trained			Completion of 50% of eligible staff trained				50%	**Quarterly**	**£31.43**		
		Actual																		
	3 - PATIENT EXPERIENCE ESCALATOR																			
3.1	Responding to feedback - submit quarterly reports detailing update on community hospital inpatient real-time survey programme. To include areas surveyed, key issues raised and resultant action plans	Target	Quarterly report completed			Quarterly report			Quarterly report			Quarterly report					**Quarterly**	**£78.6**	**£314.3**	**Linda Edwards & Alison Reddock**
		Actual																		
3.2	Provider of choice - implementation of Friends and Family Test	Target				Quarterly report			Quarterly report			Quarterly report					**Quarterly**	**£78.6**		
		Actual																		
3.3	Shared Decision Making - Implementing the use of the Personal Decision Making tool for patients / carers within areas of Children's Services (OT, Physio, SLT)	Target	Identification of service areas to champion this work and staff education and training			Implementation			Evaluation of Implementation			Develop and action plan to build on and further roll out the use of the personal decision making tool					**Quarterly**	**£78.6**		
		Actual																		
3.4	Leadership - "15 step challenge"	Target	Scope the feasability of implementation including areas for trial; consideration of training and awareness raising			Launch "The Challenge" with organisational sign up within the agreed areas for the trial			Review and Evaluation of this trial, what we have learnt about patient and users views			Plan for wider adoption of "The Challenge" across GCS during 2014/15					**Quarterly**	**£78.6**		
		Actual																		
	4 - Reduction in number of falls																			
4.1	Reduce harm to patients and service users. Trajectory for reduction in number of falls set through Q2-4 based on baseline collection in Q1	Target	Baseline data collection on number of falls and level of harm established and agreed. To include:			Reduction of 5% in the number of falls against baseline			Reduction of 10% in the number of falls against baseline			Reduction of 15% in the number of falls against baseline					**Quarterly**	**£220.0**	**£314.3**	**Julie Ellery & Alison Reddock**
		Actual	Number of falls, Harm categories from falls profiling report, number of referrals to falls related specialist services																	
4.2	Staff Training - training of identified staff groups to increase knowledge relating to falls prevention and bone health.	Target				Scope content of training programme			% of eligible staff accessing training			50% of eligible staff accessing training					**Quarterly**	**£94.3**		
		Actual																		
	5 - End of Life Care																			
5.1	End of Life Care Planning - patients at the end of life will have care that is planned, implemented and evaluated to meet their needs. Increase of 15% against Q1 baseline for where there is documented evidence of 3 components of care planning	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					**Quarterly**	**£188.6**	**£314.3**	**Theresa Cuthbert & Pat Anderson**
		Actual																		
5.2	End of Life Care Symptom Management - improved symptom management	Target	Identify baseline from Q1 audit activity			Increase of 5% from Q1 baseline			Increase of 10% from Q1 baseline			Increase of 15% from Q1 baseline					**Quarterly**	**£125.7**		
		Actual																		

	6 - Pressure Ulcers												
6.1	Decrease in acquired pressure ulcers by 17% in hospital and community	Target	Identify baseline number of acquired pressure ulcers from Q3 and Q4 data for 2012/13. Data by grade of pressure ulcer (1-4)	Decrease of 5% from baseline (Q3 and Q4 2013/14)	Decrease of 5% from baseline (Q3 and Q4 2013/14)	Decrease of 17% from baseline (Q3 and Q4 2013/14)			**Quarterly**	**£251.5**	**£314.3**	**Jane Evans & Lucy Woodhouse**
		Actual										
6.2	Joint working with other providers to reduce inherited pressure ulcers	Target	Identify baseline from Q3 and Q4 incident reports for 2012/13. Establish top 3 care providers from whom GCS inherits pressure ulcers	Establish joint investigation process to ensure timely investigation and resolution. Agree year-end target for reduction in inherited pressure ulcers. Evidenced by meeting minutes and investiagtion pathway.	Report detailing progress towards year-end target for reduction in inherited pressure ulcers	Achievement of year-end target for reduction in inherited pressure ulcers			**Quarterly**	**£62.9**		
		Actual										
	7 - Learning Disabilities												
7.1	Reasonable Adjustment Training - a range of training and development opportunities is developed to ensure employees of GCS are aware of the need to provide reasonable adjustment for people with Learning Diabilities, the resources to assist them and are able to translate to a range of care and treatment settings	Target	Work with LD colleagues to scope available tools / resources to support reasonable adjustments for people with learning disabilities. This will include discussion with LD self-advocacy groups	Develop training programme to raise awareness of the needs of people with learning diabilities, diability equality duties and resources available to staff. Final programme to be supported by LD self-advocacy groups	Implement training programme across all staff groups	Evidence training of 25% of staff and patient stories to illustrate reasonable adjustments made			**Quarterly**	**£87.3**	**£87.3**	**Helen Ballinger**
		Actual										
											£1,746	

Key to traffic lights:

On or better than plan		**Green**
Below plan		**Amber**
Significantly worse than plan		**Red**

thresholds to be developed

Appendix 4

Gloucestershire Care Services NHS Trust

Title:	**GCC Finance Report**	**10 September 2013**
Agenda Item:	**20**	
Purpose of Paper:	To advise the Board on the financial position for Gloucestershire County Council (GCC) budgets that are either managed by the Trust on behalf of GCC or GCC budgets that the Trust has significant impact on.	
Key Points:	This report was previously taken in Part 2 of the Board meeting in July as May figures (Month 2) had not yet been released by GCC publically before the Trust Board meeting. Similarly, more recent figures will be discussed in Part 2, and this paper is simply here as a matter of public record. The full year position for 2012/13 for the budgets managed under a service level agreement (SLA) on behalf of GCC was an underspend of £433k on a budget of £18.2m. The full year position on the External Care spend budgets was an overspend of £1,785k on a budget of £58.3m. For financial year 2013/14, as at the end of May the SLA forecast outturn position is in line with budget of £16.8m. The External Care budget however is showing a forecast outturn overspend of £4,136k on a budget of £57.2m.	
Options and decisions required	Board is asked to note the position and plans to address overspends and risks.	
Fit with strategic objectives	Objective 1 – To secure, develop and deliver innovative high quality community- based services meeting the needs of users	Y
	Objective 2 – To integrate health and social care services	
	Objective 3 – To develop and strengthen partnerships with our communities	
	Objective 4 – To support, develop and involve our staff	
	Objective 5 – To strengthen our excellent reputation	Y

	Objective 6 - To deliver our contract commitments and provide value for money		Y
Next steps/future actions	Develop modelling of capacity, productivity and impact of reablement to identify correct operational metrics to implement to achieve budgeted position.		
Author name and title	**Glyn Howells Finance Director**	**Director Name and Title**	**Glyn Howells Finance Director**

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 9th July 2013
Location: North Cotswold Community Hospital

Agenda item 9

1. Purpose

To advise the Board on the financial position for Gloucestershire County Council (GCC) budgets that are either managed by the Trust on behalf of GCC or GCC budgets that the Trust has significant impact on.

2. Recommendations

The Board are asked to:

- Note the performance against budget for last year outturn and also for this year first initial forecast outturn
- Note the actions in place to address the current gap in performance against external care budgets
- Note the actions in place to address the other highlighted risks.

3. Background

In financial year 2012/13, the Trust (as provider arm of Gloucestershire Primary Care Trust) entered into a formal Service Level Agreement (SLA) for the provision of Social Care and Reablement Services with Gloucestershire County Council (GCC) for the first time. The SLA covered at a high level the expected activities and outcomes relating to the management of Social Workers and Reablement workers that are employed by GCC but are now a part of the Integrated Community Teams (ICTs) managed under jointly appointed managers that have been appointed under a section 113 arrangement. The spend related to this activity was budgeted at £18.2m.

The Social Workers managed under this agreement commit packages of care for service users against GCC's External Care spend budget which was £58.3m for Older People (OP) and People with Physical Disabilities (PD). Please note that GCC also has an external care spend budget for People with Learning Disabilities and Mental Health which is not managed by GCS.

Whilst the Trust commits expenditure from the external care budgets, the main areas of influence that it has on the budget are:

- through adding more packages of care for people,
- adding higher cost packages for people,
- carrying out 12 month reviews in a timely way to see if requirements have reduced
- reducing the average cost of packages through the use of reablement.

There are multiple other influences on the spend against this budget including:

- Bad debts – many of the services have client contributions that are managed by GCC
- Capital Drops – For service users that are funding or part funding their own care packages, once their available capital drops below a threshold (currently circa. £23k) their care costs fall into this budget.
- Variance to deaths and discharges rates – the forecasting of this budget is complex and uses latest trends in deaths and discharges which introduces a volatility that is not in the Trust's control.

4. Discussion of Issues

4.1 2012/13

SLA Position

There was an underspend against the SLA budget of £433k which included accepting a charge of £800k against this budget to reduce the size of the External Care overspend (so gross SLA underspend was ££1,233k). The basis for this adjustment was that through not employing enough Reablement workers, the budgeted external care savings from reablement activity did not materialise.

There is an ongoing impact to this issue as there is a lack of clarity around the staffing levels required to perform the level of reablement required to deliver the savings identified on External Care spend. This is discussed in more detail in section 4.2.

External Care Spend

The budget allocation for external care is based on historical splits between OP and PD and allocation across localities. Incremental changes to these budgets are allocated using a Resources Allocation Model (RAM) which is based on demographic need; however, there is a reluctance to allocate the full £58.3m in this way for multiple reasons.

This has resulted in some large variances against individual locality budgets but in summary:

Older People underspent by £680k after receiving the benefit of £664k from the £800k adjustment from SLA budget referred to above. Without this adjustment this would have been in line with Budget.

Physical Disabilities overspent by £2,465k after receiving £136k of benefit from the £800k adjustment from SLA budget mentioned above. Without this transfer the budget would have overspent by £2,601k.

4.2 2013/14

SLA Position

As at month 2, the forecast out-turn in in line with Budget at £16.8m. There are savings required to be made against the prior year budget of £1,050k. £128k of this was achieved last year and so the remaining target is £922k. Additionally, £800k Customer Journey saving target from 12/13 was covered non-recurrently by use of the "vacancy pot". This needs to be reviewed against the capacity modelling to see if this is able to be made recurrent.

There are existing vacancies within teams and this "vacancy pot" has been removed from local budgets and put into the Director's central budget. Detailed modelling is underway to baseline the required headcount in each locality to achieve the operational requirements based on last year's productivity levels adjusted by changes that either have been or are about to be made i.e. reduction in paperwork, implementation of the revised Customer Journey work within GCC, implementation of mobile working, implementation of common operating model.

Changes to budget are detailed below:

PERMANENT CHANGES TO TOTAL	£k
Baseline	**18,213**
Reversal of 12/13 vehicle insurance adjs	-7
Provision for pay award	186
LG Superannuation employer contribution adj for past service deficit (to be matched by reduction in payroll charge)	-869
MTC Customer Journey 13/14 target	-800
MTC Integration balance of target 2011-14	-122
Transfer Ashley House S256 funding budget to Commissioning	268
Tramsfer Glos Deaf Assocn Budget to Commissioning	-41
Cumulative Total- Budget as at 28.6.13	**16,828**

External Care Spend

There is a further reduction on OP and PD external care budget of £1,130k which is made up as follows:

£000s

	OP	PD	Total
Savings Targets			
	(415)	(85)	(500)
Impact of care and support contract - reduced community care spend on OP/PD	(498)	(102)	(600)
Accommodation - reduced community care spend on OP/PD	(1,079)	(221)	(1,300)
Reduced community care spend on OP	(810)		(810)
Reduced community care spend on PD		(180)	(180)
Pro-rata reductions to demo. growth / Service Redesign'	(1,000)	(200)	(1,200)
Total Gross Savings	**(3,802)**	**(788)**	**(4,590)**
Savings no longer being targeted as achieved by reducing budget increases.			
Restriction on fees (reduced need for inflation provision on OP/PD)	415	85	500
Impact of care and support contract - reduced community care spend on OP/PD	498	102	600
Net Savings targeted	**(2,889)**	**(601)**	**(3,490)**
Investments			
Demographic Growth	250	1,650	1,900
Budget increase for fee increases	385	75	460
Net Budget Reduction	**(2,254)**	**1,124**	**(1,130)**

This to be delivered through savings on additional reablement activity resulting in lower personal budgets being set for service users.

Following on from the modelling mentioned above, addition work is being carried out to calculate:

- the capacity of the existing reablement workforce following the marked increase in the proportion of reablement cases that are now completed in 0-3 week rather than the more historical 4-6 weeks.
- The reduction in indicative budget after reablement has been carried out

This work will inform the number of reablement episodes that will need to be carried out which will then feed into the workforce modelling referred to above.

The current forecast outturn is £4,136k overspent which has resulted from the following:

£000s

External Care Overspend

	OP	PD	Total
2012/13 Reported Under spend / (Overspend)	680	(2,465)	(1,785)
Adjustment with SLA Budget	(664)	(136)	(800)
Underlying underspend / (overspend)	**16**	**(2,601)**	**(2,585)**
Net Budget reduction (2013/14) - not yet put into outturn	(2,254)	1,124	(1,130)
Impact of latest forecast	20	(441)	(421)
Current reported overspend	**(2,218)**	**(1,918)**	**(4,136)**

Please note that the impact of all of the above modelling has not yet been fed into the forecast position and it is expected that this will have a significant impact. This work will be completed during July and the impact updated into the next forecast round.

5. Key Findings and Actions

As noted above the modelling of demand and capacity as well as the impact of reablement is a critical milestone in getting a better understanding of the staffing levels required and so the spend against the SLA budget but also the impact on the external care spend.

6. Financial implications

Failing to achieve the savings required in external care spend may result in savings being increased in other areas of GCC spend including the SLA staffing budgets. Failure to deliver the expected improvements in external care as a result of reablement may result in GCC reviewing whether the Trust is the correct partner to work with for these services going forward.

7. Implementation and Review of Progress

The modelling mentioned above is being prioritised within the Trust and the outputs from this work will feed into the next GCC forecasting round and will be reported to the Performance and Resources Committee.

8. Legal Implications

None

9. Risk Implications

Loss of GCC reablement work to an alternate provider would reduce the size and scope of GCS' activity in an area thatis seen as key in the integration of Health and Social Care. This may reduce the effectiveness of the Integrated Community Teams.

10. Implications for Health Inequalities

None

11. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)

None

12. Consultation and Communication including Public Involvement

None

13. Links to:

Objectives 5 and 6.

Prepared by: **Glyn Howells**

Presented by: **Glyn Howells**