Meeting of
Gloucestershire Care Services
NHS Trust Board

Papers for Meeting to be held at
10.45am on Tuesday, 16th September 2014 at
Brockworth Community Centre, Court Road,
Brockworth, Gloucester, GL3 4ET

Gloucestershire Care Services **NHS**
NHS Trust

Agenda

Trust Board
Tuesday, 16 September 2014
9.30am – 4.00pm

Brockworth Community Centre, Court Road,
Brockworth, Gloucester, GL3 4ET

Agenda No.	Item.	Outcome	Ref No.	Presenter
1.	Care Home Support Team - Wheatridge Court	For information	14/B001	Mike McEachern
Refreshment Break				
2.	Apologies		14/B002	Chair
3.	Declaration of Interests	To receive	14/B003	Chair
4.	Minutes of the Meeting held on 15 July 2014	To approve	14/B004	Chair
5.	Matters Arising (Action Log)	To note	14/B005	Chair
6.	Forward Agenda Planner review	To approve	14/B006	Chair
7.	Questions from the Public All questions from the public should be received in advance	For discussion	14/B007	Chair
8.	Chair's Report	To receive	14/B008	Chair
9.	Chief Executive's Report	To receive	14/B009	Chief Executive
10.	Chief Operating Officer's Report	To receive	14/B010	Chief Operating Officer
11.	Media Analysis	To receive	14/B011	Director of Corporate Governance and Public Affairs
Governance, Quality and Safety				
12.	Quality & Performance Report	To receive	14/B012	Director of Finance/Director of Nursing & Quality
13.	Patient Experience Dashboard	To note	15/B013	Director of Nursing & Quality
Refreshment Break				
Service Delivery and Performance				
14.	Finance Report	To receive	14/B014	Director of Finance
15.	Reablement Report	To receive	14/B015	Director of Service Transformation
Ratification of Strategies				
16.	Workforce Strategy	To approve	14/B016	Director of HR
17.	Business Continuity Strategy	To approve	14/B017	Director of Service Delivery

Information				
18.	Quality & Clinical Governance Committee minutes	To note	14/B018	Chair of Q&CG
19.	Performance & Resources Committee minutes	To note	14/B019	Chair of P&R
20.	Audit & Assurance Committee minutes	To note	14/B020	Chair of A&A
21.	HR & OD Committee minutes	To note	14/B021	Chair of HR & OD
22.	Charitable Funds Committee minutes	To note	14/B022	Chair of Charitable Funds
23.	Any other Business	To note	14/B023	Chair
24.	Date of Next Public Meeting Tuesday, 25 November in Coopers/Malvern Training Rooms, Edward Jenner Court, Brockworth, GL3 4AW			

GLOUCESTERSHIRE CARE SERVICES
NHS TRUST BOARD

Minutes of the Meeting held on Tuesday, 15 July 2014
at Cirencester Town Football Club, GL7 1HS

Voting Board Members	
Ingrid Barker (IB)	Chair
Joanna Scott (JS)	Non-Executive Director, Vice Chair
Paul Jennings (PJ)	Chief Executive
Richard Cryer (RC)	Non-Executive Director
Sue Mead (SM)	Non-Executive Director
Chris Creswick (CC)	Non-Executive Director
Liz Fenton (EF)	Director of Nursing
Glyn Howells (GH)	Director of Finance/Deputy Chief Executive
Nicola Strother Smith (NSS)	Non-Executive Director
Board Attendees (Non-Voting)	
Duncan Jordan (DJ)	Chief Operating Officer
Jason Brown (JB)	Director of Corporate Governance & Public Affairs
Susan Field (SF)	Director of Service Transformation
Candace Plouffe (CP)	Director of Service Delivery
Tina Ricketts (TR)	Director of Human Resources
In Attendance	
San Sumathipala (SS)	Deputy Medical Director
Christine Thomas (CT)	Interim Assistant Board Secretary
Jill Rowell (JR)	Minute Taker

Members of the public/observers
Three members of staff attended the meeting.

Ref	Minute	Action
	Heart Failure Service - 'Patient Story' presentation	
	The Chair (IB) introduced Annie MacCallum (AM), Head of Specialist Services, to the meeting and welcomed the presentation on the Trust's Heart Failure Service, acknowledged nationally as one of the best available in the country.	
	AM briefed the Board on the service's history and composition, explaining it had been in existence in Gloucestershire since 2004 and the medical model is a mix of echocardiologists, GPs	

	and specialist nurses, working out of St Paul's Clinic, Cheltenham, Gloucester Royal Hospital and within the community. A high proportion of patients seen experiencing symptoms of heart failure (e.g., breathlessness on exertion) are survivors of heart attacks and AM advised, in an aging population, that number is set to rise. The condition is complex, however, AM regarded early diagnosis and good comprehensive care, which the Heart Failure (HF) team is able to provide, key. Patients are encouraged to attend clinics, if able, or alternatively seen at GP surgeries or at home. On average a specialist nurse will have a caseload of 60, with some patients prescribed up to 30 tablets per day to manage their condition(s). In 2010, the Trust piloted Telehealth allowing patients to monitor their condition on a daily basis through iPad technology able to communicate the data immediately to the HF team. Patients benefitting from Telehealth are chosen from a specific cohort with most finding the direct link to care reassuring. The age of the patient has not been perceived as a barrier to embracing new technology. Gloucestershire's Heart Failure Service is the recipient of several awards and has recently won a bid for £320K from the British Heart Foundation and identified as a data collection pilot site by the National Institute for Cardiovascular Outcomes Research (NICOR). IB thanked AM and endorsed she felt privileged to be associated with a Service that encapsulates the vision of the Trust.	
TB 61/14	**Agenda Item 1: Apologies** The Chair welcomed staff and members of the public to the Board meeting. There were no apologies tendered.	
TB 62/14	**Agenda Item 2: Declarations of Interest** There were no changes to the declarations of interest recorded.	
TB 63/14	**Agenda Item 3: Minutes of the Meeting held on 20 May March 2014** The Board received the minutes of the previous Board meeting held on20 May. The Board agreed the apologies of the minutes be revised to reflect Rob Graves and Susan Field were at events	

	representing the Trust preventing their attendance at May's Board meeting.	
	It also agreed the patient story section explicitly states the case study used was with prior permission of the people involved.	
	Subject to revision and minor amendments, the minutes were APPROVED by the Board	**JB**
TB 64/14	**Agenda Item 4: Matters arising (Action Log)**	
	The Board reviewed the Action Log, and noted the actions that could now be closed. Where items could not be closed, the Board received a progress update, and these updates will be shown in the Log at the next Board meeting.	
	TB 27/14 The Director of Nursing & Quality reported the complaints function had transferred to her remit. A gap analysis of the service will be undertaken and an opportunity for discussion factored into the NEDs meetings' forward agenda. Complaints reporting will continue through the Quality & Clinical Governance Committee.	
	The Chair of HR & OD (CC) identified an action from May's minutes had been omitted from the log and requested the Workforce Strategy paper is included on the forward planner as an agenda item for September's Board.	**JB/TR**
	The Board NOTED the updates to the Action Log.	
TB 65/14	**Agenda Item 5: Forward Agenda Planner review**	
	As requested by the Chair, Board members suggested the following items be factored into the Forward Agenda Planner:	
	• National Quality bi-annual review to align with audit – EF/JB to determine timeframe • National staffing guidance – put on planner for September (proposed by SF) • Formally review annual service delivery and performance of Trust – ownership RG/JB • Seek to populate the planner with regular Media Analysis Reports (proposed by JS)	
	The Board NOTED and APPROVED the items for inclusion on the Forward Agenda Planner.	**JB**
TB 66/14	**Agenda Item 6: Questions from the Public**	
	Alan Waller (AW), local resident and Healthwatch member,	

	posed questions for the Board's consideration:	
	Further to the Commissioners' termination of the Out of Hours' service contract, what are the local implications?	
	The Chief Executive responded that GCS has held conversations with the Commissioners (CCG) and GPs regarding how the Trust provides medical cover in its community hospitals. The CCG's tender document includes the provision of Out of Hours services at community hospitals and it will today issue the amount of calls to support beds, but will exclude Cirencester Hospital. GCS' tender is due for submission on 18 July and will be discussed in detail at Part 2 of today's meeting, as commercially sensitive.	
	Does the Trust have a position statement on the public car parking issue at Cirencester Hospital?	
	The Chief Executive expanded on the hospital parking issue for members of the meeting unaware of the situation. A patch of land owned by the Bathurst Estate, and previously given over for the public to use when visiting Cirencester Hospital, has recently been withdrawn; however, no subsequent application for planning permission has been submitted.	
	The Trust is in contact with the local Council although action to address the issue is not within their control. Presently GCS has no plans to charge for parking at the Hospital.	
	The Chair concluded it was good to hear local opinions and she shared AW's aspirations and frustrations.	
TB 67/14	**Agenda Item 7: Chair's Report**	
	In recognition of the recent tragic event leading to the loss of life of a member of the 2gether Trust, the Chair (IB) reported Trust colleagues had gathered to hold a minute's silence. A Trust collection has been started and contact will be made with 2gether to establish how best it be used. In respect the Board then held a minutes silence.	
	IB took the report as read and briefed the meeting on recent developments:	
	• Foundation Trust status Further to an encouraging conversation with the Trust Development Authority (TDA) on 18 June, the organisation is in receipt of a letter from them formally advising GCS has entered the FT pipeline.	

	• Celebrating Staff Awards IB reported holding the Celebrating Staff awards ceremony in the community for staff and stakeholders had been a huge success. She extended her congratulations to all award recipients and her appreciation to members of the Exec and Communication teams for organising the occasion. CC advised he had received a number of calls from impressed Forest stakeholders who had attended and he and RG endorsed the event's success. **The Board NOTED the report.**	
TB 68/14	**Agenda Item 8. Chief Executive's Report** PJ presented the Chief Executive's Report, and commented on the following topics: • Medical Director He confirmed the appointment of an interim Medical Director while Jo Bayley is on secondment to a Department of Health project aiming to strengthen the NHS' exceptional senior leadership talent pool, scheduled to end in March 2015. • Feedback from recent meeting with TDA ❖ TDA congratulated GCS on staff award ceremony. ❖ Encouraged Trust to "buddy up" with other aspirant FT colleagues (i.e., Solent or Kent NHS Trust). ❖ Desk top event on 23 July is Trust's first step in the FT pipeline process to look at overall performance and will be attended by two GCS representatives. ❖ Trust to meet with TDA on a monthly basis. ❖ More intense meeting with TDA every, quarter monitoring GCS' progress to being authorised by Monitor in March 2015. ❖ Board to receive regular feedback on meetings with the TDA. • Listening into Action (LiA) LiA initiative has given staff an opportunity to make a difference and change the culture of the organisation. Fifteen ideas to bring about this change have been identified and it is the Trust's intention to achieve all of them by 3 November. • Putting Patient Safety First GCS has invested an extra £2m in nursing staffing levels.	

	The content of the meeting with the TDA was discussed at length and how the Foundation Trust message to staff is managed. PJ responded that at the recently completed cycle of Chair/Chief Exec meetings with staff, their emphasis was on what GCS is doing to be an effective Trust. **The Board NOTED the report.**	
TB 69/14	**Agenda Item 9. Chief Operating Officer's Report** The Chief Operating Officer (DJ) presented the report on strategic operational matters and expressed thanks to Susan Field, Candace Plouffe and Matt Blackman for their contributions. He brought to the Board's attention the following items: Community Hospitals Development Group The Community Services Programme Board has a diverse membership, including the Acute, 2gether Trust and GCC, and is looking at the future of community services. Community Nursing DJ reassured the Board GCS is addressing the issues around community nursing while maintaining the highest standards. The Trust is actively looking to recruit three more Professional Team Leaders and a Head of Community Nursing. Recruitment To encourage newly qualified nurses to work for the organisation, the Trust is taking steps to ensure the right support is in place. The number of nursing staff employed on bank has increased by 46. Head of Programmes Interviews have taken place and the Trust is waiting on the preferred candidate to accept the role. Fairer Charging The Fairer Charging income budget has been transferred into localities. Historically always under recovered, the programme will seek to rationalise the budget which will take the total savings target to £7.2m. The Chair advised a detailed report on sickness within community nursing will be presented to NEDs at a private meeting on 29 July. The community hospitals' bed situation was raised as 20 are	

	currently out of commission. DJ advised the number of beds needed was under consideration and how services within the community are managed by the Trust required review. **The Board NOTED the report.**	
TB 70/14	**Agenda Item 10: Quality & Performance Report** The Director of Nursing & Quality (EF) presented the report and gave a brief update: Sign up to Safety Campaign GCS is the first community trust to sign up to the Campaign, linking in with other Trust workstreams such as the Safety Thermometer tool, used to measure the prevention of specific harms, and our CQUIN targets (focusing on pressure ulcers and falls). GCS will work closely with the CQUIN lead of Derbyshire Community Health Services NHS Trust. Safe Staffing data The first month of staff data was presented to Board; this will build a clearer picture with detail around staffing levels over the coming months. Staffing levels are monitored and managed on a shift by shift basis by the Ward Sisters and Matrons and issues are being dealt with as they arise. Staffing level reporting expectations for May were met by the Trust and available to the public via NHS Choices. NICE guidelines for safe staffing within an acute setting were issued on 15 July. The Board discussed each section of the Report: Safe • EF advised, as similar to GCS, the Acute Trust has been allocated a pressure ulcer (PU) CQUIN and which will enhance countywide working. All GCS PU reports are analysed and real inroads in reduction are being made through early identification and shared education. • A break down showing the level of harm for each incident was requested by the Chair of the Audit & Assurance Committee (RG). EF advised analysis will be undertaken and included in the next report to the Quality & Clinical Governance Committee • Work is underway with the Head of Performance & Information to develop a RAG rated safer staffing report identifying any risk areas within the Trust. Judgement on ward staffing levels is made by qualified nursing leaders, recognising the skill mix of patients and staff in each case. Caring	**EF**

	The Chair requested the number of respondents to inpatient real-time surveys be included in the report to give meaning to the percentage values. EF reported a contract with CoMetrica has been signed and the company will employ a range of methodologies to gauge patient opinion of our services. Effective A report has been submitted to the Audit and Assurance Committee to assure report is effective. Responsive The Director of Finance advised an enormous amount of work by the Head of Performance & Information's team has brought about a scorecard of mostly green RAG rated national and local targets. The HPV immunisation delivery target of 90% was attained for the first time by the organisation in June. The MSKCAT Service had failed to achieve their agreed local target, however, the Board was advised the low number achieved was a consequence of the implementation of Systm1 and there had been a marked improvement in June's target. An impressive reduction in admissions to residential care was remarked on by SM, however, no increase in the use of rehabilitation or community services was evident. DJ will request Caroline Holmes investigates what is happening to clients no longer going into residential care and the findings included in Susan Field's Reablement paper for presentation to September's Board. Well Led Steady progress is being made with regard to mandatory training completion rates. Those members of staff who have not completed their annual information governance e-training have been contacted and asked to comply. Training attendance by staff is an agenda item for August's HR & OD Committee. **The Board NOTED the content of the Quality & Performance Report.**	**DJ/SF**
TB 71/14	**Agenda Item 11: Quality Account** The Director of Nursing & Quality presented the final Quality Account 2013-14, including the verbatim feedback from stakeholders included in the document, and is now available on GCS' website and in the public domain. Credit was given to Rod Brown, FT Programme Manager and the Communications team for their professional contribution. The Trust Development	

	Authority (TDA) has been impressed by the Quality Account and passed on its compliments to the Director of Finance. **The Board RECEIVED the Quality Account for 2013-14.**	
TB 72/14	**Agenda Item 12: Register of Seals Report** The Register of Seals was presented by the Director of Corporate Governance & Public Affairs. The Trust's common seal is used in order to execute deeds and agreements and the backlog of documents requiring sealing since the organisation was established in April 2013 has been addressed. **The Board noted the record of documents signed under the Trust common seal.**	
TB 73/14	**Agenda Item 13: Board Attendance Register** The Director of Corporate Governance & Public Affairs introduced the Attendance Register as a standalone item for consideration by the Board on an annual basis, as required by the Corporate Governance Code. Joanna Scott requested her absence at the Trust's Board meeting on 9 April 2013 be deleted as her appointment as a GCS NED had not yet taken effect. **The Board noted the Board Attendance Register subject to amendment.**	**JB**
TB 74/14	**Agenda Item 14: Equality Objectives** The Equality Objectives paper was presented by the Director of HR (TR) identifying four new objectives drawn up through findings, colleagues' feedback and discussion at other committees. The Board considered the objectives and the importance of equality and diversity training to staff and how the information is imparted and engaged with. The e-package training is considered cumbersome by colleagues and TR advised that work is being undertaken to develop short videos that can be used as an alternative to the current training packages and would be themed around "Understanding You". The Chair of Audit and Assurance Committee (RG) advised he had some amendments and suggested he raise them with TR outside the meeting. **The Board REVIEWED and APPROVED the proposed**	**RG/TR**

	equality objectives for publication, subject to RG's amendments.	
TB 75/14	**Agenda Item 15: Finance Report** The Director of Finance (GH) presented the Report and gave a brief overview. He reported month 2 performance had been achieved and the Trust was on track to achieve month 3. GCS is in a good position with agreement reached on QIPP Schemes and with the main commissioner on CQUINS, however, the delivery of CIPs remains an item of risk. GH and the Chief Operating Officer (DJ) are undertaking a major piece of work to mitigate the risk and a subsequent report will be presented to September's Board meeting. The TDA has been briefed on the Trust's position. The Board discussed the report in detail and the mitigating actions the Trust could take. DJ reported a conversation with Gloucestershire Clinical Commissioning Group has taken place to advise if GCS has to live with limited resources the outcome will be less services for less people. The NEDs will take the opportunity on 29 July to discuss informally a shift in how GCS delivers services. A clearer financial picture will be presented to the Performance and Resources Committee meeting on 2 September and to Board on 16 September. **The Board NOTED the content of the Report and implications for the Trust.**	**GH/DJ**
TB 76/14	**Agenda Item 16: Quality & Clinical Governance Committee update (and approved Minutes from 10 April 2014)** The Chair of the Quality & Clinical Governance Committee (SM) took the report as read and commented efforts were ongoing to produce an effective clinical risk register. **The Board RECEIVED and NOTED the update and approved minutes from 10 April 2014.**	
TB 77/14	**Agenda Item 17: Performance and Resources Committee update (and approved Minutes from 15 April 2014)** The Chair of the Performance and Resources Committee (RC) took the report as read. He thanked the executive team for their openness and transparency and welcomed the presentation of clearer financial information and an in depth focus report on CIPs to the Committee's September meeting.	

	The Director of Finance reported the CCG had requested clarity on the Independent Health Group Contract and had been advised the company came under the 'any qualified provider' umbrella. **The Board RECEIVED and NOTED the report and approved minutes.**	
TB 78/14	**Agenda Item 18: Audit & Assurance Committee update (and approved Minutes from 14 May 2014)** The Chair of the Audit & Assurance Committee (RG) presented the report and expressed his thanks to the Deputy Director of Finance, the Financial Accountant and staff for their efforts to produce year end accounts. He reported the Trust had received a full bill of health from the internal auditors. **The Board RECEIVED and NOTED the report and approved minutes.**	
TB 79/14	**Agenda Item 19: HR & OD Committee update (and approved Minutes from 7 April)** The Chair of the HR & OD Committee (CC) presented the report and the minutes from the inaugural meeting on 7 April. He reported the Committee has lots of joined up thinking to do and would be reviewing its forward planner to ensure key topics were covered. **The Board RECEIVED and NOTED the report and approved minutes.**	
TB 80/14	**Agenda Item 20: Any Other Business** There being no items for the Board's attention, the Chair closed the meeting at 1.00pm.	
TB 81/14	**Agenda Item 21: Date of Next Public Meeting** Tuesday, 16 September 2014 at 9.30am at Brockworth Community Centre, Court Road, Brockworth, GL3 4ET.	

Chair's Signature ………………………………………...

Date ……………………………………...…….

Gloucestershire Care Services NHS Trust Board Action Log

Minute Reference	Action Agreed	Lead Exec	Update for 16 September 2014	Proposed Close Date	Status
Actions Carried forward from Gloucestershire Care Services Operational Board					
TB125/13	Present report on Charitable funds available and its uses for staff to Execs team and report to Board	Director of Finance	Report coming to September Board and will be of interest to League of Friends' Chairs	Sep-14	Open
Gloucestershire Care Services NHS Trust Board Action Log					
TB27/14	Additional information denoting Trust lead for each complaint and highlighting where scrutiny is delegated to Q&CG Committee to be included in Trust's response to Clywd/Hart report.	Director of Nursing & Quality	Implementation Plan to July Board The complaints function transferred to Director of Nursing on 1st April. Review of Director of Strategy plan undertaken and a meeting arranged to discuss this within the NED forward plan. Update on progress to September's Board	Sep-14	Open
TB29/14	Enhance Service User Experience Report with better quality analysis of information.	Director of Nursing & Quality	In development, report will go to Your Care, Your Opinion and Board. Report being developed to include "You said, we did approach" this will be presented to QCGC and YCYO on a quarterly basis	Jul-14	Closed
TB30/14	Present report to May's Board from working party established to evaluate the Reablement service.	Chief Operating Officer	Report to Septembers meeting	Sep-14	Open
TB52/14	Agreed NQB (Safer Staffing) Report to be included in Quality & Performance Report presented to Performance & Resources Committee and a report presented bi-annually to Board	Director of Nursing & Quality	May staffing data included in the Quality & Performance report and will be reported month by month. Acuity audit results to be presented twice yearly	Jul-14	Closed

Minute Reference	Action Agreed	Lead Exec	Update for 16 September 2014	Proposed Close Date	Status
TB54/14	Board recommended CIP schemes continue to be reported to and monitored by Performance & Resources Committee	Chief Operating Officer	CIP Schemes and Project Plans Report to September Board	Sep-14	Open
TB64/14	The Chair of HR&OD (CC) identified an action from May's minutes had been omitted from the log and requested the Workforce Strategy paper is included on the forward planner as an agenda item for September's Board	Director of HR/Director of Corporate Governance & Public Affairs	On-agenda	Sep-14	Open
TB65/14	The Board members suggested various items to be included on the Forward Agenda Planner	Director of Corportate Governance & Public Affairs			
TB70/14	Level of harm breakdown requested. Analysis will be undertaken and included in the next report to Q&CG Committee (August 2014)	Director of Nursing & Quality		Sep-14	Open
TB70/14.1	DJ to request Caroline Holmes investigates what is happening to clients no longer going into residential care and include findings in Reablement paper (TB30/14) for presentation to September Board	Chief Operating Officer		Sep-14	Open
TB73/14	Amend attendance record for April 2013 to reflect Joanna Scott had not yet been appointed a NED and therefore not absent	Director of Corportate Governance & Public Affairs		Jul-14	Open
TB74/14	RG to meet with TR to advise suggested amendments to Equality Objectives	Director of HR	Completed. Equality objectives amended and published on Trust website	Sep-14	Open
TB75/14	Major piece of work to be undertaken and report produced on CIP schemes and mitigation of risk for September's meeting	Chief Operating Officer / Director of Finance		Sep-14	Open

Board Part 1 2014/15						
Month	20 May 2014	15 July 2014	16 September 2014	25 November 2014	20 January 2015	17 March 2015
Venue:	Hesters Way Community Resource Centre, Cheltenham	The Corinium Stadium, Cirencester Football Club	Brockworth Community Centre Brockworth	Coopers & Malvern Rooms, EJC		
Patient Story / Service Presentation			Care Home Support Team	LD		
Standard Items						
	Apologies	Apologies	Apologies	Apologies	Apologies	Apologies
	Declaration of Interests	Declaration of Interests	Declaration of Interests	Declaration of Interests	Declaration of Interests	Declaration of Interests
	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting
	Actions arising from previous meetings	Actions arising from previous meetings	Actions arising from previous meetings	Actions arising from previous meetings	Actions arising from previous meetings	Actions arising from previous meetings
	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report	Chair's Report
	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report	Chief Executive's Report
	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report	Chief Operating Officer's Report
	Public Questions	Public Questions	Public Questions	Public Questions	Public Questions	Public Questions
		Forward Planner	Forward Planner	Forward Planner	Forward Planner	Forward Planner
			Media Analysis	Media Analysis	Media Analysis	Media Analysis
Governance, Quality & Safety						
	Quality & Performance Report (GH/EF)	Quality & Performance Report (EF/GH)	Quality & Performance Report (EF/GH)	Quality & Performance Report (EF/GH)	Quality & Performance Report (EF/GH)	Quality & Performance Report (EF/GH)
	NQB Hard Truths Response	Update on Accounts signoff (GH/RG)	Patient Experience Dashboard	Engagement Framework	Board Governance Assurance Framework	
		Register of seals report (JB)		Chairtable Funds Marketing Plan	Medical Revalidation	NQB Hard Truths Report
		Board attendance register (JB)			Equality annual report (LL)	
Strategy						
	Health, Safety & Security Strategy		Workforce Strategy (sign-off) (TR)	Quality Strategy (Sign off) (EF)		
				Membership Strategy (sign-off) (JBr)		
			Business Continuity Strategy (sign-off) (SF)	Public Consultation Strategy (sign-off) (JBr)		
				Information Governance Strategy (sign-off) (JBr)		
				Financial Management Strategy (sign-off) (GH)		
				Performance & Information Strategy (sign-off) (GH)		
Service Delivery & Performance						
	Finance Report (GH)	Finance Report (GH)	Finance Report (GH)	Finance Report (GH)	Finance Report (GH)	Finance Report (GH)
	Staff Survey Report and Results (TR)		Reablement Report (DJ)		Mortality Reporting (MD)	
				Operational, Resilience & Capacity Plans (TBC)		

Communications						
Information						
	Sub-Committee minutes Q&CG, P&R and A&A	Sub-Committee minutes Q&CG, P&R, A&A and HR&OD	Sub-Committee minutes	Sub-Committee minutes	Sub-Committee minutes	Sub-Committee minutes
		Quality Account (EF)				Committees Annual Statement for March
	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 16 September 2014
Location: Brockworth Community Centre, Gloucester

Agenda item 8: Chair's report

The Trust's first Annual General Meeting (AGM) will be taking place at Kingsholm Rugby Club on Tuesday 14 October 2014, from 3.00pm. This event will include a range of interactive exhibitions and activities showcasing our broad range of services.

This will be followed by a more formal session which will outline our achievements in our first year as a standalone NHS Trust and will look forward to the future as we aim towards Foundation Trust status
.
The formal session will include presentations from our:

- Chair - Ingrid Barker, Vice-Chair Joanna Scott and Chief Executive Paul Jennings, who will be detailing our progress over the past year and the shape of local community services in years to come

- Director of Nursing and Quality - Liz Fenton, who will be sharing highlights from the Quality Account 2013/14

- Director of Finance - Glyn Howells, who be sharing highlights from the Trust's first Annual Report and Accounts

The event will be running from 3.00pm, with the formal session starting at 5.30pm. An agenda will be available on the day as part of an information pack which will include our Quality Account and first Annual Report and Accounts.

Engaging with our services

- Following a superb presentation by Annie MacCallum, Head of Specialist Services, at the last board meeting I visited a clinic run by the Trust's Heart Failure Service at Longlevens on Thursday 31 July and sat in on two consultations with patients.

    I was able to talk with both patients after their appointments and the positive feedback about their care was exceptional. We know this is an area where the service we provide is nationally recognised and it is an inspiration to see the service in action and talk to the people being cared for.

- All the non-executive directors met at the George Moore Community Clinic on Tuesday 29 July and received a briefing on community nursing from Chief Operating Officer Duncan Jordan and Director of Service Delivery Candace Plouffe and on complaints from Interim Deputy Director of Nursing, Mel Rogers.

- A board development day was held on Tuesday 12 August at Dowty's Sports and Social Club. This session focused on our five year development plans with an emphasis on our community hospitals, integrated community teams and urgent care response. Additionally there was a dedicated exploration of our financial model, in the context of the local and national environment which enabled the board to retest the assumptions within our SWOT analysis.

- Paul Jennings and I met with Gloucester MP Richard Graham at our offices in Quayside House on Wednesday 27 August. He met with members of Gloucester's rapid response team and was interested in learning more about their work in the context of preventing hospital admissions.

Working with our partners

Paul Jennings and I met with Tim Heaven and Steve Strong from learning disabilities self-advocacy group Gloucestershire Voices on Tuesday 19 August at their offices in Stroud. Self-advocacy relates to supporting and empowering people to speak for themselves and Gloucestershire Voices runs a number of projects to help people with learning disabilities achieve this including:

- Travel buddies – support people to use public transport
- Quality checking – undertaking service visits to check if people are happy with the services they are receiving
- Dramatic change – a drama group which explores challenges faced by people with learning disabilities
- Self-advocacy – providing input into the Learning Disabilities Partnership Board, South West Forum, Better Buses Services Group and engaging with MPs, local and regional authorities and health care providers

This was an excellent opportunity to strengthen our partnership with Gloucestershire Voices and we will be looking to work closely with them in the future as we seek new ways to engage and work with people with learning disabilities.

Paul Jennings and I met with the Chair and Chief Executive from Healthwatch on Thursday 31 July to maintain our contact and reinforce our partnership approach to working with them.

National networking

Dame Gill Morgan, Chair of the Foundation Trust Network, visited the Trust's headquarters at Edward Jenner Court on Thursday 28 August and was extremely

impressed with the care provided by the Trust having talked to colleagues from a number of our specialist services including heart failure, healthy lifestyles, diabetes, and rapid response.

On Wednesday 3 September I attended the Foundation Trust Network Board meeting. Board members have been briefed on this separately.

On Thursday 4 September I attended the South West Trust Chair's meeting where the Rob Webster, Chief Executive of the NHS Confederation, hosted a discussion on key issues in the NHS in the run-up to next year's General Election.

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 16 September 2014
Location: Brockworth Community Centre, Gloucester

Agenda item 9: Chief Executive's Report

Out-of-Hours Tender

On Tuesday 2 September, the Trust presented its bid for the forthcoming contract for Out of Hours Services in Gloucestershire, worth an estimated £18 million over three years.

As the current provider of this service, we were able to present a strong, evidence-based bid which was primarily clinically-led. The audience for the presentation included members of Gloucestershire Clinical Commissioning Group, Gloucestershire Hospitals NHS Foundation Trust and Healthwatch, as well as independent experts, lay members and members of voluntary and not-for-profit groups.

The Trust is now awaiting the outcome of this decision, but as a reminder the timescales for this tender process include:

Presentation stage:	w/c September 1, 2014
Evaluation completed by:	September 12, 2014
CCG endorsement process:	w/c September 22, 2104
Voluntary Standstill Period:	September 30 – October 9, 2014
Appoint provider(s):	October 10, 2014
Service commencement:	April 1, 2015

Listening Into Action (LiA) update

The Trust continues to roll-out its high-profile 'Quick Wins' which have included changes to parking restrictions at EJC, distribution of email etiquette guidelines, the naming of a ward at the Vale community hospital, launch of the 'permission to act' campaign, and removal of managers' authorisation from TRS.

We have also identified 15 medium-term projects to be taken forward across the Trust, and each is well underway. One of the teams is already enjoying success ahead of time, following the redesign and implementation of processes for provision of suction equipment in the community, which was launched on Monday 18 August.

The remaining teams are working towards achieving their outcomes by Tuesday 21 October, and on Monday 3 November we will be holding our 'Pass it on Event' which

will give teams the opportunity to showcase their successes and present their outcomes. It will also be an opportunity for the next cohort of teams to understand how they may best implement new ways of working using the LiA approach.

The LiA sponsor group continues to meet fortnightly to help overcome obstacles to progress and to provide ongoing support.

Single integrated care record

The Trust has signed up to a countywide health and social care initiative to drive towards the introduction of a single integrated care record across the county.

The initiative is being led by the Gloucestershire Clinical Commissioning Group, but managed through Countywide IT Services. Funding has been received to establish a pilot, and the Trust is playing an active role in this by sharing information from SystmOne relating to patients seen by the Diabetes team.

Once pilots have provided proof of concept, a business case will be presented at Board for approval prior to the Trust making formal commitment to the overall project.

Update on Urgent and Emergency Care Review

NHS England has published an update on its Urgent and Emergency Care Review which is available online at www.nhs.uk/uecreviewupdate

NHS England has also published a joint paper with Monitor proposing options for reforming the way in which Trusts are reimbursed for urgent and emergency care. This is a discussion document and feedback on the proposals is welcomed. This can be found at https://www.gov.uk/government/consultations/reimbursement-of-urgent-and-emergency-care-options-for-reform

Appointments

Dr Mike Roberts has joined the Trust as interim Medical Director, whilst Dr Jo Bayley is on secondment. Having worked as a GP in Gloucestershire for the last 25 years, Mike has extensive knowledge of the county and vast experience of delivering local services. Mike has also held a number of leadership positions across the county, including Clinical Lead, interim Medical Director, Chair of the Gloucester City Executive, and representative for the Gloucestershire LMC.

Mike has worked closely with the Trust for a number of years to help shape local service provision, including our significant contribution to our community hospitals, out of hours services and more recently, the integrated community teams and the rapid response service.

I also note that Penny Emerit has been appointed as Portfolio Director by the Trust Development Authority (TDA). From Monday 1 September, she takes over leading from Lisa Manson as the Trust's main point of contact.

European Antibiotic Awareness Day

European Antibiotic Awareness Day (EAAD) 2014 will be on Thursday 18 November with an aim this year of getting 10,000 healthcare professionals and members of the public to commit to a pledge for the prudent use of antimicrobials through the Public Health England website antibioticguardian.com.

The World Health Organisation recognises anti-microbial resistance (AMR) as a global concern which will threaten our ability to treat common infectious diseases. It recommends that health workers and pharmacists can help tackle resistance by:

- enhancing infection prevention and control
- prescribing and dispensing antibiotics only when they are truly needed
- prescribing and dispensing the right antibiotic(s) to treat the illness

The Trust will be reiterating these messages prior to the day and promoting the pledge website.

Foundation Trust (FT) status update

On Tuesday 12 August, Liz Fenton, Director of Nursing and Quality, and Dr Mike Roberts, interim Medical Director, attended a Quality Desktop Review at the TDA offices in Taunton as part of the Foundation Trust pipeline process.

Feedback was extremely positive, with the TDA noting the Trust's excellent performance in many clinical and operational areas. The session also helped identify a number of areas in which the TDA will be providing direct support and mentoring over the coming months.

Revised Model Rules for Governor Elections

The Foundation Trust Network (FTN) has produced a new set of model rules for elections to Foundation Trust councils of governors. These new rules allow electronic voting, which the FTN believes will reduce the time and cost of elections and could increase participation.

A copy of the new rules can be downloaded from the FTN website at:
http://www.foundationtrustnetwork.org/resource-library/model-election-rules-2014/

Jimmy Savile reports

The TDA has written to me to highlight its investigation into offences committed by the late Jimmy Savile at NHS Trusts. The independent Savile Legacy Unit, based in Leeds, has been set up to co-ordinate investigations by individual trusts and to act as liaison between the NHS, the police and other partner organisations.

Independent reports regarding Leeds General Infirmary and Broadmoor Hospital were published earlier in the year, and an overarching report, pulling together lessons learned from all the relevant enquiries, is expected later this year.

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 16 September 2014
Location: Brockworth Community Centre, Gloucester

Agenda item 10: Chief Operating Officer's report

Community Hospitals

A review of the arrangements for clinical cover at Cirencester Hospital is currently being carried out by the Gloucestershire Clinical Commissioning Group.

Under consideration is a move to a nurse-led Minor Injuries Unit with the same inpatient medical cover as provided at our six other hospital sites. This work by GCCG may present new opportunities for Cirencester and all our other hospitals.

While the Trust welcomes media interest in the activities of the Trust, this review has generated some headlines which could give the impression that the future of Cirencester hospital is in doubt. This is most certainly not the case. We, along with the commissioners, are seeking to ensure consistent service provision across all our community hospitals.

Community Services Programme Board (CSPB)

The CSPB is a multi-agency group, running across both commissioners and providers, and is working on a strategic overview and commissioning plan for the provision of community services.

Current workstreams are examining minor injuries and illness, a long-term conditions needs assessment, rehabilitation and reablement, diagnostics and community hubs, scoping potential of Cirencester Hospital and exploring the development of community hospitals in general.

The Board has also been working on an extended model of care for the Trust's Integrated Community Teams, building in an additional focus on mental health and greater community partnership working. This plan is still being developed, and is contingent on projects to strengthen ICTs across the county.

Nursing recruitment campaign

The Trust is continuing to strengthen its community nursing service through a reinvigorated recruitment campaign and a number of longer-term projects. This is in response to a number of vacancies across the community nursing service, particularly in the Cotswolds and Gloucester localities.

As a result, the Trust is organising and promoting four Community Nursing Recruitment Days at North Cotswolds, Stroud, Cirencester and Dilke Community Hospitals. Additionally, the recruitment area of the Trust website has been redesigned to make it more user-friendly for potential applicants, and a more visually attractive advertising campaign has been launched in the local and regional media to promote both the vacancies and Recruitment Days.

Interviews for the Trust's Return to Practice scheme are being held on Tuesday 16 September. This is a new scheme whereby former nurses who want to return to the profession are offered placements and supported through study at the University of the West of England. We anticipate filling 10 places and the scheme is expected to run three times a year.

The Trust's new preceptorship programme is due to be finalised by October and rolled out later in the year. Typically, preceptorship offers support to newly-qualified nurses, but we are extending it to support all new nurses in the organisation.

This work is being co-ordinated by a clinical practitioner lead from community nursing, alongside operational teams, the HR and communications departments, with the aim of getting us back to full establishment for community nurses.

We are continuing our review of 'on the ground' staffing levels and have been working with line managers to address absence rates.

Additional projects remain in place including:

- reviewing nursing rotas where they have been changed to support consistent seven-day working, as per national policy, to ensure that the rotas and staffing are appropriate to the demands on the service at different times of day

- supporting for our existing community nurses who wish to undertake the specialist post-graduate programme

- undertaking ongoing analysis of demand, acuity and complexity – and planning partnership work with colleagues in primary care to embed a strong case management system for the community

- agreeing a method of case allocation and a workload management system

- standardising practice around key care pathways based on current evidence, and use of outcome measures

SystmOne

The Trust has continued to replace a number of legacy clinical computer systems with TPP SystmOne.

Throughout July and August, the rollout has been with community nurses in the Trust's integrated community teams. This process started in May in the Stroud locality, and now Gloucester, Cotswolds, Forest of Dean and Tewkesbury localities

are using SystmOne, with Cheltenham being the last locality to 'go live' on 15 September.

Sixteen specialist teams are already using the system, and we are currently planning the rollout to Children and Young People's Services. Looking into the new year, we are planning to introduce SystmOne with our wider ICT colleagues, community hospitals and Minor Injuries and Illness Units.

Strengthening our Leadership

Kate Calvert has joined the Trust as Head of Programmes Change and Transformation, and will be providing leadership for the project management team. The support which this team will provide is critical in helping the Trust tackle the challenges we face.

Through the recruitment of a Head of Community Hospitals (Julie Goodenough) and a Head of Community Nursing (Dawn Allen) we feel in a stronger position in terms of clinical leadership in taking some of our key services forward.

External Care

The External Care programme is an on-going programme of change and transformation that looks at how we can provide the best care services for both current and future generations, and most effectively meet the needs of people.

Firstly, we face a significant challenge to reduce the numbers of people we place into residential and nursing care. We place far more people into care homes in Gloucestershire than in other parts of the country, and we use less equipment and services to enable people to stay in their own homes. As a result, we spend 60% of our social care budget on keeping people in care homes, which means that we can only spend 40% on keeping people at home. However, as a Trust with integrated health and social care teams, we are in a unique position to effect sustainable change. Our teams understand local service users, and have the skills to adapt how care will be provided in the coming years.

A number of other workstreams have been identified, including a drive to turn to telecare first, redesign reablement, transform our referral centres, carry out hospital and community reassessments and ensure staff development.

To promote these workstreams, we have been running locality roadshows to share key messages with colleagues, and start us thinking about how we can keep more people at home, where they want to be, which we fully believe is the right thing to do. The dates for these are as follows

Dates	Time	Locality	Name	Venue
16th September	1.30-3.30	North Cots	Linda Edwards	Council Chamber, Moreton Area Centre, Moreton in Marsh
18th September	2-4pm	Cheltenham	Jane Walker	TBC
19th September	2-4pm	Stroud	Tamsin Feddin	F10 (large conference room)
23rd September	1.30-3.30pm	Forest	Jackie Jenkins	Stonebury behind Lydney hospital
25th September	1.30-3.30pm	Dursley	Karen Burton	Conference room

Gloucestershire County Council's adult social care software (ERIC)

Gloucestershire County Council (GCC) is currently researching short and medium-term options with regards replacing its software system for adult social care (ERIC). In doing so, the Council faces new obligations under the Care Act 2014, and will need to have additional functionality in place by April 2015. The only way to achieve that is to make changes to the ERIC system.

GCC has been reviewing the capabilities of a number of off-the-shelf systems, including the social care module of TPP SystmOne. The Trust will continue to work closely with GCC throughout this process to ensure social care remains an effective core element within the integrated community teams.

Rapid Response

Since its introduction in Gloucester in January 2014 and subsequent rollout to Cheltenham, the Rapid Response service has become a well-established component of our community services. Figures for year-to-date show 415 Rapid Response referrals and a further 1,358 follow-up contacts, giving a total of 1,773 contacts since April.

It is anticipated that the Rapid Response service be available in Tewkesbury by the end of September, and the current plan is for the service to be available countywide by the end of the year. The quality of care and effectiveness of these strengthened services has been measured in a number of ways, including:

- response times within one hour or less (the fastest response time recorded at 16 minutes);

- better referral onto other teams such as Gloucestershire Respiratory Service and Falls Service;

- practitioner competencies being assessed constantly and improved, specifically in Patient Group Directions (PGDs) and clinical protocols;

- positive feedback from patients and carers.

Multi-Agency Safeguarding Hub

From June 2014, agencies in Gloucestershire with a responsibility to protect children and vulnerable adults started working together in a new Multi-Agency Safeguarding Hub (MASH), which is made up of:

- Gloucestershire County Council Children Services

- Gloucestershire County Council Adult Safeguarding Team

- Gloucestershire County Council Education Services

- Gloucestershire Police

- Youth Support Service

- Gloucestershire health community

- Gloucestershire Domestic Abuse Support Service (GDASS).

When referrals are received via existing safeguarding referral routes the MASH will allow agencies to share all the available and relevant information that they hold in order to make a decision as to how best to investigate and offer support.

The concept is designed to ensure a robust decision is made at the earliest stage, to help streamline the routes for referral and notifications of concern, and act as a centre for all new referrals regarding adults and children's safeguarding.

The Trust has been part of MASH from its inception and has now recruited a specialist nurse for safeguarding children who will be our representative as this new hub establishes itself.

Serious Case Review – Neglect

The findings of a recent Serious Case Review were issued on 20 August. It was clear from the Gloucestershire Safeguarding Children Board's overview report that the Trust's Health Visitors acted with professionalism, diligence and persistence throughout this case. However, the Trust recognised the need for the following learning:

- Ensuring that the voice of the child is always heard, and that their personal views, anxieties and individual experiences are routinely used to inform care practice;

- Being reminded to follow the Escalation Policy wherever practitioners believe that in their professional opinion, concerns are not being addressed and action needs to be taken;

- staff who work with children being provided with further education and training to enable them to more readily recognise of the signs of neglect, and understand how neglect can have long-term implications for the child.

Smoking service hits annual target

Gloucestershire's Stop Smoking Service exceeded its annual target this year by helping 3,302 people on the path to quitting. The countywide service, which provides medication and support for people who want to give up, is set targets for the number of people who manage to get through four weeks smoke free - a reliable indicator for giving up smoking long-term.

Contributions

Many thanks to the following for helping compile this report:

- Candace Plouffe, Director of Service Delivery
- Susan Field, Director of Service Transformation
- Matt Blackman, Communications Specialist

Ref: 14/B011

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Media Analysis

16 September 2014

Objective:

To provide the Board with an overview of media and social media coverage regarding the Trust that was published in July and August 2014.

The Board is asked to:

Note the report for information only

Executive summary:

This is the first time that a media analysis has been presented at Board. To this end, it is recognised that this report is in early stages of development, and will continue to be refined in subsequent iterations.

The report highlights four categories of media coverage, namely:

- articles from newspapers / journals (both on-going and one-off)

- coverage on the NHS Choices website

- social media coverage

- mentions in local Board papers

Rod Brown
Acting Head of Communications and Engagement

8 September 2014

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

    a)   eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

    b)   advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

1. Newspapers and media websites coverage

Media coverage is split between ongoing coverage which repeatedly focuses on a specific issue/story, and one-off coverage of an event or announcement.

Ongoing coverage

a) Serious Case Review, 20 August

This was a complex multi-agency case, which followed a prosecution for neglect in which the parents of 4 children received custodial sentences.

The Gloucestershire Safeguarding Children's Board led the review and co-ordinated the media responses from all the agencies involved. The review commended the Trust's Health Visitors for their professionalism, diligence and persistence throughout the case.

Newspaper, radio and TV coverage focused on the role of Gloucestershire County Council staff.

Example media:

Gloucester Citizen

News | Sport | What's On | Jobs | Property | Cars | Directory | Offers | Notices

Child neglect case: Gloucestershire parents refused to co-operate and mother 'loved attention from being pregnant'

By The Citizen | Posted: August 20, 2014   By Laura Churchill

Inside the home

THE "manipulative and hostile" nature of the mother allowed the true extent of the children's suffering to be masked to authorities.

References to the Trust were few but included the following direct and indirect comments:

> During the course of neglect, many in the health departments complained about the family and the appalling state the children seemed to be living in.

> The parents regularly missed appointments with doctors and at hospitals, which led to referrals to other agencies, but the children continued to suffer.

> Gloucestershire Care Services NHS Trust…said lessons had been learnt and they would try to increase their understanding of neglect.

b) Calls for a community hospital for Gloucester

This call has been prompted by Gloucester's Liberal Democrats. The Trust has issued a response that it would be 'watching the discussion with interest' but has otherwise abstained from direct comment.

A community hospital is needed in Gloucester, city councillors say (Gloucester Citizen 17 July 2014)

A new community hospital is needed in Gloucester to stop patients returning home before they are ready, city councillors have said. Gloucestershire currently has eight community hospitals, but none in Gloucester or Cheltenham. Councillors said tonight that this forces them to be moved miles away from friends and family when they are no longer cared for at larger hospitals but are unable to return home.

The city council will ask the chairs of the Gloucestershire Clinical Commissioning Trust and the Gloucestershire Care Trust to establish a need for a community hospital in the city. It follows comments made by Simon Stevens, the chief executive of the NHS that smaller community hospitals should play a bigger role in the care of older patients.

Phil McLennan, (LD, Barnwood) who made the motion at the full council meeting tonight, said: "Many patients need an interim between Royal Gloucestershire Hospital and returning home. But many people are being sent miles away from home to stay at these community hospitals. New community hospitals have opened in Dursley and Tewkesbury, but we need more of them."

Susan Witts (LD, Elmbridge) said: "These patients are being sent a long way from their family and friends, and they're not getting any visitors to aid their recovery. In Gloucester 15 per cent of our population is over 65, which is around 123,000 people and this number is rising so the city needs its own community hospital now."

But Andrew Gravells (C, Abbey), who abstained from voting on the motion, said: "We should be proud of our health service and the pioneering work it does. The rapid response teams do sterling work in keeping people out of hospital and this seems like a knee jerk reaction to what Simon Stevens said."

Discussions planned for new community hospital in Gloucester
(Gloucester Citizen 8 July 2014)

Radical methods to help ease pressure on Gloucester healthcare by building a new community hospital in the city are due to be discussed on the political floor. The Liberal Democrats of Gloucester City Council have put forward a motion to be heard to drum up support for a satellite hospital to open in the city, specialising in elderly care. It is hoped the facility would help relieve mounting pressure on the overstretched A&E department at Gloucestershire Royal Hospital.

The county hospitals trust has seen a spike in attendances as a result of many patients struggling to secure GP appointments and turning to A&E instead, health chiefs claimed.

Simon Stevens, the new chief executive of the NHS has said smaller community hospitals should play a bigger role, especially in the care of older patients.

Gloucestershire currently has seven community hospitals, mainly in more rural areas. They are managed by Gloucestershire Care Services Trust, with an average inpatient age of 83. Councillor Phil McLellan, who has proposed the motion at the city council, said "There is no community hospital in Gloucester, the closest being Tewkesbury, and patients from Gloucester are spread around the county.. They are often far from their loved ones and friends, many of whom will inevitably be of the same generation. We believe it is time for a new community hospital in Gloucester and this belief has been heightened by recent comments from the new chief executive of the NHS."

A new £10 million Tewkesbury Community Hospital opened in October, nine weeks after the scheduled date because of problems with electrical and mechanical equipment. Further investment of around £3.9 million last year saw new integrated community nursing teams to support more people with long-term health conditions. Councillors are now calling for more investment in facilities to help fulfil increased demand from a growing, ageing population.

Duncan Jordan, Chief Operating Officer at Gloucestershire Care Services NHS Trust said: "We are committed to providing high quality health and social care for the people of Gloucestershire, whether it is in one of our seven community hospitals, or through our integrated community teams who provide care in people's homes. These new strengthened teams include a rapid response and high intensity service, in order to provide local people with urgent care in their own homes within an hour, and help prevent unnecessary hospital admissions. Following the success of this pilot in Gloucester, this has now been introduced in Cheltenham and will be rolled out to other parts of the county later this year."

The Better Care Fund announced for 2015/16 by the Gloucestershire Clinical Commissioning Group is helping bridge the gap between hospital and home. Chair of Gloucester City locality executive at the CCG, Dr Mike Roberts said steps had already been taken to help with the burden of community care arriving at over-stretched hospitals.

"We are fortunate in Gloucester to have a district general hospital on the door step," he said. "Our focus in the city has been on improving rehabilitation care and strengthening our Integrated Community Teams. This development is helping us meet the challenge of caring for a growing older population, supporting people with long term health conditions, and in many cases, providing high quality care at home rather than in hospital."

c) **Future of medical cover at Cirencester Hospital**

The Gloucestershire Clinical Commissioning Group has been leading on this issue. Headlines have suggested that Cirencester Hospital faces an uncertain future i.e. '*Councillor wants to ensure the future of Cirencester Hospital*' (*Wilts and Glos Standard*, 12 August) and '*Future of medical cover arrangements causes concern*' (*Wilts and Glos Standard,* 24 July)

So far the Trust has declined to comment directly.

Example media:

> *Review of Cirencester Hospital opens door to expanded services to "take pressure" off Cheltenham and Gloucester (Gloucester Echo 5 August 2014)*
>
> A review of Cirencester Hospital could lead to health chiefs boosting services in the Cotswolds t[...] pressure off the NHS in Cheltenham and Gloucester. At the moment the hospital in Tetbury Ro[...] minor injuries unit which means anyone with more serious health problems has to make the le[...] journey to one of the two hospitals to the north or Swindon to the south. But an in depth revie[...] which is now underway will examine how more people could be treated in the Cotswolds. It is h[...] the review will help secure the hospital's long term future.
>
> Mary Hutton, accountable officer at NHS Gloucestershire Clinical Commissioning Group which h[...] launched the review, said: "The Clinical Commissioning Group and South Cotswolds GP Executiv[...] Group want to ensure that Cirencester Hospital has a vibrant future and remains a key commu[...] asset. A Cirencester Hospital project group, with representatives from the Clinical Commissionir[...] Group, Gloucestershire Care Services NHS Trust and the South Cotswolds GP Executive Group, h[...] therefore been set up. The review aims to fully understand the health needs of people living in [...] South Cotswolds and how more patients could, where appropriate, be treated at Cirencester H[...] rather than at the main hospitals in Cheltenham, Gloucester and Swindon. The review will take [...] months to complete. Patients should continue to access existing services, including the minor ir[...] unit, as usual."
>
> Fears have been expressed in the past over the future of the hospital and mention of a review h[...] prompted familiar concerns to surface - especially given recent history with the downgrading of [...] services at Cheltenham General Hospital. However, the possibility of enhanced services in Ciren[...] could be enough for some people to park their scepticism.
>
> Councillor Paul Hodgkinson (LD, Bourton on the Water and Northleach) said: "Following on fron[...] disappointment over the reduction in A&E services in Cheltenham, people will be wary of the w[...] 'review'. But if this latest move leads to people in the Cotswolds being able to make more use o[...] Cirencester Hospital that has to be a good thing. Cirencester Hospital is a gem – it provides a re[...] good service for minor injuries and illnesses. Given the journey times to Cheltenham or Glouces[...] residents, an expanded service in Cirencester would make sense. I want the hospital to have a s[...] future because people value it. It could also take some pressure off Cheltenham."

Gloucestershire Care Services **NHS**

NHS Trust

Quality and Performance Report

16 September 2014

Understanding You

Contents

Gloucestershire Care Services NHS
NHS Trust

Executive summary - health performance against indicators (July)

	July cumulative year-to-date (with comparators to June)							Total	June cumulative year-to-date			Average year-to-date		
	Red		**Amber**		**Green**			**Total**	**Red**	**Amber**	**Green**	**Red**	**Amber**	**Green**
National	2 5.6%	⬌	4 11.1%	⬌	30 83.3%	⬌		36	2 5.6%	4 11.1%	30 83.3%	1.4 5.0%	2.6 9.2%	28.2 85.8%
Local	5 19.2%	⬌	1 3.8%	⬌	20 76.9%	⬌		26	5 19.2%	1 3.8%	20 76.9%	2.8 13.5%	0.8 3.8%	20.8 82.7%
Total	7 11.3%	⬌	5 8.1%	⬌	50 80.6%	⬌		62	7 11.3%	5 8.1%	50 80.6%	4.2 8.6%	3.4 6.9%	49 84.5%

National indicators

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	Safety Thermometer - harm free care	Page 10
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Local indicators

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	MSKCAT service - wait time for routine patients	Page 35
	MSKCAT service - wait time for urgent patients	Page 35
	MSKCAT service - referral to treatment	Page 35
	Chlamydia Screening - number of positive screens	Page 35
Amber	Podiatry Service - referral to treatment	Page 35

Executive summary - inpatient ward performance (July)

Gloucestershire Care Services — NHS Trust

Hospital site	Inpatient wards	FFT response rate	FFT number of responses	FFT net promoter score	Complaints	Compliments	Concerns	Number of cases of C.Diff	Safety thermometer	Safer staffing fill rate R/N	Safer staffing fill rate HCA	No harm	Minimal	Short-term	Severe	Death	Grade 1	Grade 2	Grade 3	Grade 4	Sickness % R/N	Sickness % HCA	Sickness % Other staff	Appraisal % R/N	Appraisal % HCA	Appraisal % Other staff
SGH	Cashes Green	70%	21	67	0	0	1	0	73%	97.6%	106.8%	3	2	0	1	0	0	0	0	0	4.4%	10.2%	0.0%	100%	100%	0.0%
SGH	Jubilee	62%	16	73	0	0	0	0	100%	101.6%	99.3%	0	0	0	0	0	0	0	0	0	0.8%	4.8%	0.0%	83.3%	85.7%	n/a
NCH	North Cots	30%	14	54	0	0	1	0	71%	100.4%	98.6%	8	5	1	0	0	0	0	0	0	1.4%	12.1%	0.0%	81.3%	75.0%	n/a
VLH	Peak View	47%	22	91	0	0	0	0	90%	99.2%	105.6%	4	6	1	0	0	1	1	0	0	10.3%	13.1%	0.0%	93.3%	91.7%	n/a
DLK	Dilke	63%	25	72	0	0	0	0	80%	99.2%	100.7%	4	4	0	0	0	0	2	0	0	13.9%	1.7%	0.0%	84.2%	93.8%	n/a
TWK	Abbey View	23%	10	100	0	0	0	0	100%	84.7%	101.4%	6	5	4	1	0	0	1	0	0	20.7%	8.0%	0.0%	94.7%	95.0%	n/a
LYD	Lydney	30%	12	92	0	0	0	0	90%	96.4%	99.3%	1	5	0	0	0	0	0	0	0	8.3%	6.8%	0.0%	80.0%	94.1%	n/a
CIR	Coln	33%	14	64	0	0	1	0	81%	91.3%	107.2%	3	2	2	0	0	0	0	0	0	11.6%	7.8%	6.7%	72.7%	80.0%	100%
CIR	Windrush	14%	6	100	0	0	0	1	95%	92.3%	101.4%	2	4	0	0	0	0	0	0	0	9.4%	7.0%	0.0%	70.6%	61.9%	100%

SAFE

Safe - key points

- The Trust has recently adjusted the way in which it reports falls which result in harm to better align with other community providers. This has resulted in an increase to 10 SIRIs year-to-date, although it is noted that this is still below average for comparable community trusts. 70% current SIRIs relate to slips, trips and falls *(see page 9)*

- Performance against the 95% target for harm-free care has fallen in July: however, the individual components of the Safety Thermometer continue to operate above target, albeit with the exception of pressure ulcers *(see page 11)*

- The number of falls in an inpatient setting are lower than in 2013-14: similarly, the percentage of falls that are injurious are lower. Notwithstanding, 57% falls in a community hospital are still classified as injurious *(see page 12)*

- Although the Trust's performance re: pressure ulcers is impacting upon the harm-free care totals, it is noted that there has only been one Grade 3/4 pressure ulcers this year: it is also noted that the Trust compares favourably with other community trusts *(see page 13)*

- The Trust is currently 50% below the agreed threshold for C diff *(see page 15)*

Incidents by category of harm

Category of harm	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast	2013-14 outturn
No injuries or harm	167	171	161	211									710 57%	2,130	2,405
Minimal harm: required extra observation or minor treatment	95	100	70	98									363 29%	1,089	1,118
Short term harm: required further treatment or procedure	43	33	38	43									157 13%	471	456
Severe, permanent or long-term harm	0	5	7	1									13 1%	39	17
Death	0	0	1	1									2 0%	6	1
Total	305	309	277	354									1,245	3,735	3,997

Benchmarking		
Number of incidents (GCS)	146.8 per 1,000 WTE staff	January-June 2014
Number of incidents (Aspirant Community Foundation Trust Group)	159.8 per 1,000 WTE staff	January-June 2014

Incidents by category of type (top 10 only)

Category of harm (top 10 categories)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14 outturn
Slip, trip or fall (patient)	91	74	63	87									315	1,130
Medication or drug error	22	26	12	21									81	401
Staffing issues	12	18	11	27									68	145
Pressure ulcer	24	18	15	9									66	211
Treatment or procedure problem	12	13	16	20									61	158
Staff communications	10	12	18	12									52	133
Verbal/written abuse	7	19	12	9									47	90
Medical device/equipment	6	12	15	11									44	123
Property	12	6	7	13									38	104
Hit by/against object	9	8	8	10									35	120
Total	306	308	269	353									1,236	3,997

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

There have been four RIDDOR incidents this year, two in June and two in July.

Incident 1: Lifting, carrying, standing up Patient was being helped to the toilet by a staff member and resulted in that staff member suffering back injury which required them to be absent from work

Incident 2: Loss of control of machinery, transport or equipment A member of the public driving a mobility scooter misjudged the placement of a ramp and drove off the kerb. The scooter fell over and trapped the person

Incident 3: Falls A patient attempted to mobilise unaided and suffered fractured femur

Incident 4: Lifting, carrying, standing up A staff member was lifting an oven when their back went into spasm which will resolve with rest

Clinical Alert System (CAS)

In 2014-15, the Trust has had one overdue CAS alert (June) which was due to a technical error

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SIRIs / Never Events

SIRIs	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Inpatients	1	4	1	2									8
Community	1	0	0	0									1
MIU	0	0	0	1									1
Total	2	4	1	3									10

- The inpatient SIRIs occurred in Stroud (3), Vale (2), Cirencester (1), Tewkesbury (1) and North Cotswolds (1)
  - The SIRI in the community occurred in the District Nursing service in Gloucester (pressure ulcer)
    - The SIRI in the MIU occurred in Cirencester (sub-optimal care of deteriorating patient)
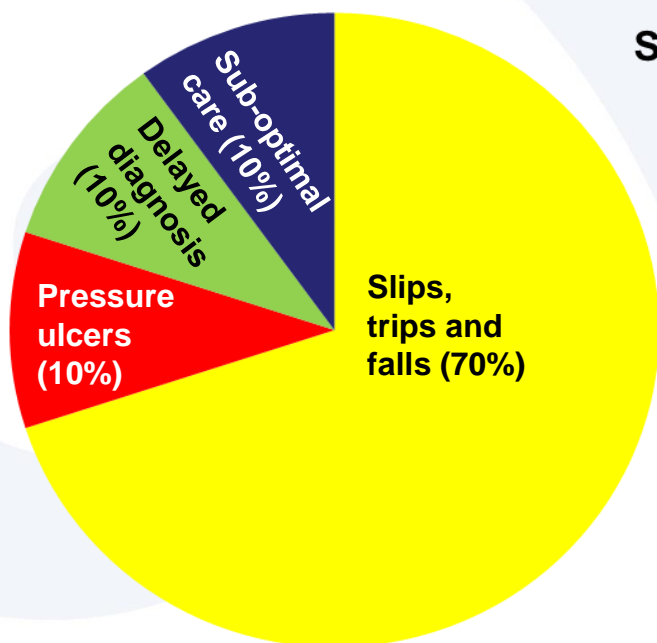
SIRIs by type

- Slips, trips, falls (7)
- Pressure ulcers (1)
- Delayed diagnosis (1)
- Sub-optimal care of deteriorating patient (1)

Benchmarking	
New SIRIs (GCS)	**2.5 average per month, April-July 2014**
New SIRIs (Aspirant Community Foundation Trust Group)	**3.0 average per month, April-June 2014**

Never Events

'Never events' are serious, largely preventable patient safety incidents that should not occur if available preventative measures have been implemented.

No Never Events have been reported in 2014-15

Harm-free care / Safety Thermometer

Total	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14 outturn
No of service users surveyed	1,120	1,153	1,009	1,059									4,341	12,851
No of service users with harm free care	1,021	1,042	919	955									3,937	11,520
% harm free care	91.16%	90.37%	91.08%	90.18%									90.69%	89.6%

Legend:
- % harm free care
- % threshold
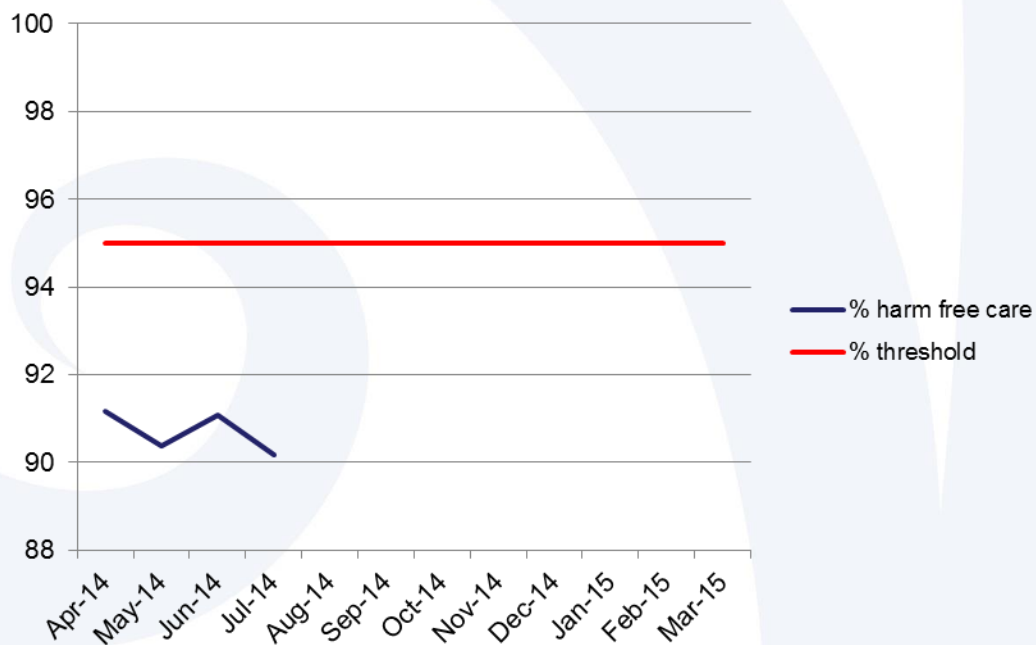
Actions

August
- Strengthen the involvement Team Managers and Senior Sisters
- Organise training sessions where required
- Set up meetings with managers to communicate Trust reporting and address concerns
- Implement improvement plan

September
- New data entry format to ensure data quality
- Set-up intranet site

December
- Set up meetings with managers to communicate Trust reporting and addressing concerns

Ongoing
- Target teams that are outstanding or where there are concerns with data entered
- Organise training sessions where required
- Issue reminder e-mail to teams reporting ST

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Harm-free care by type / Safety Thermometer
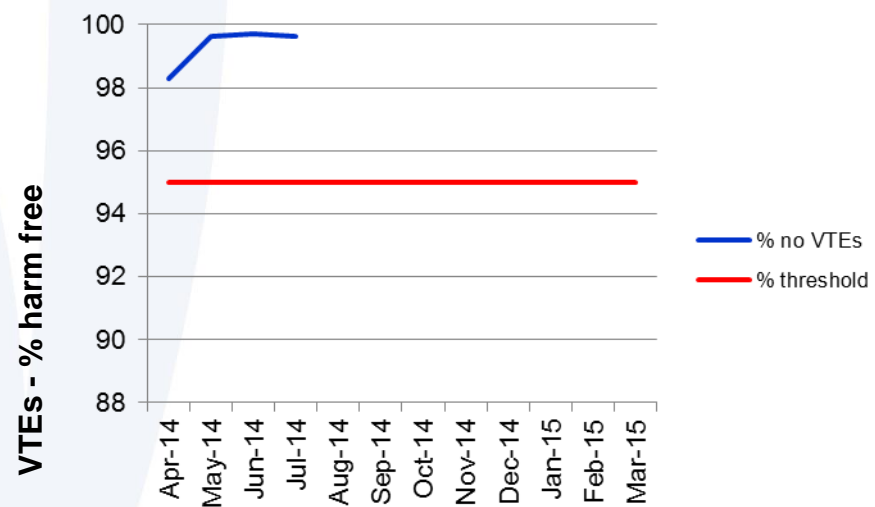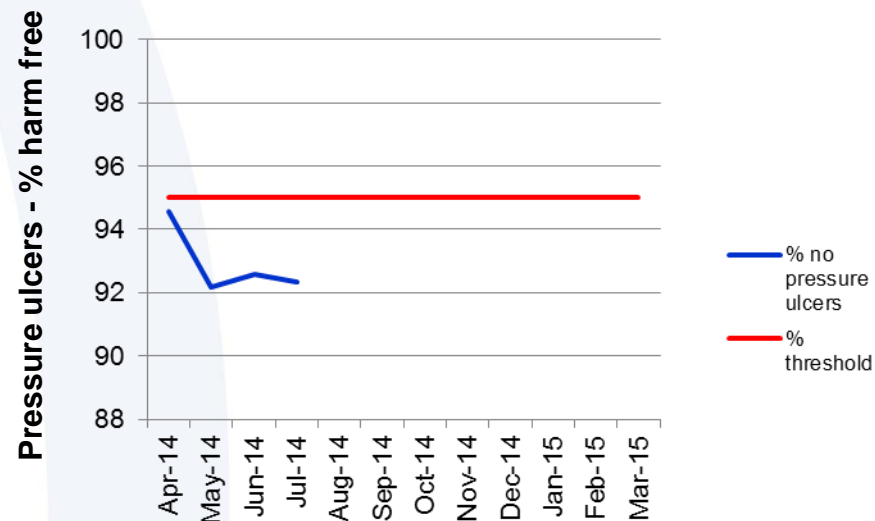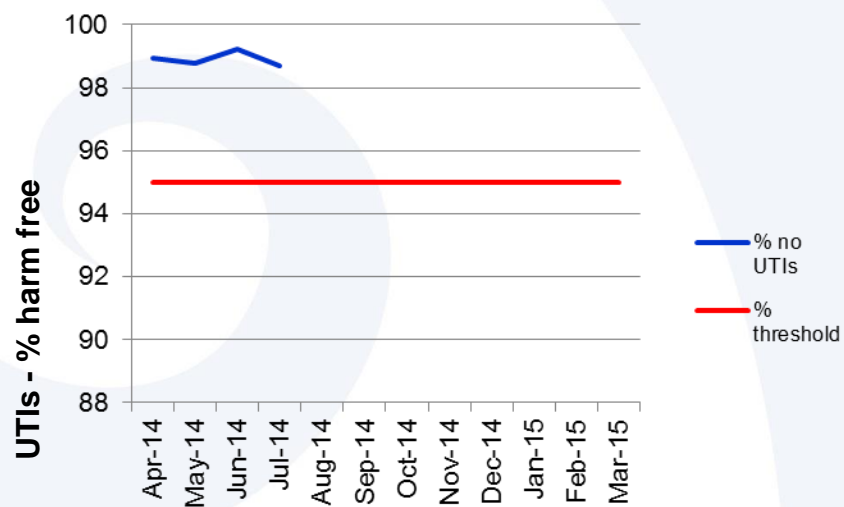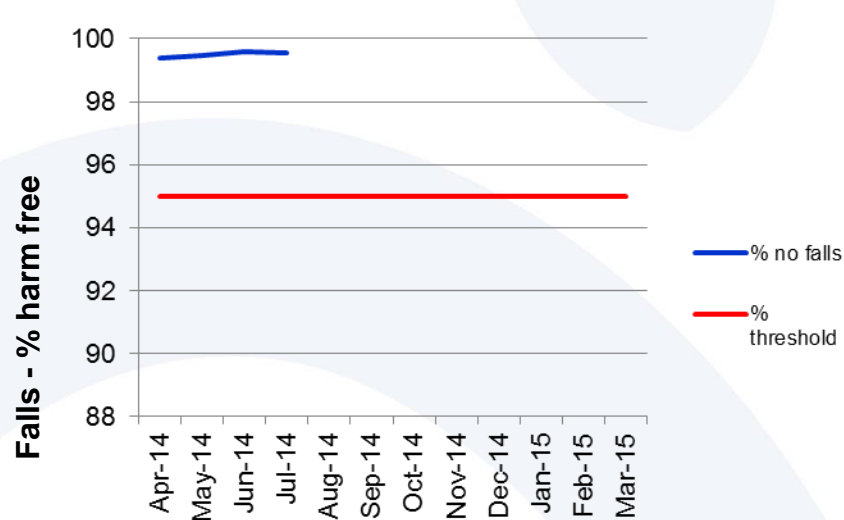
Gloucestershire Care Services **NHS** NHS Trust

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Falls in an inpatient setting

Hospital	Total Falls				Injurious Falls			
	2014/15 Year to Date		2013/14 Total		2014/15 Year to Date		2013/14 Total	
	No of falls	Falls per 1,000 bed days	No of falls	Falls per 1,000 bed days	No of injurious falls	Injurious falls per 1,000 bed days	No of injurious falls	Injurious falls per 1,000 bed days
The Vale	45	19.5	146	20.9	31	13.5	88	12.6
Tewkesbury	41	17.4	95	12.9	21	8.9	37	5.0
North Cotswolds	45	17.7	141	18.8	20	7.9	60	8.0
Cirencester	74	12.6	264	12.9	42	7.2	139	6.8
Lydney	22	9.5	82	11.8	15	6.5	55	7.9
Stroud General	24	6.0	191	13.0	14	3.5	102	6.9
Dilke	17	6.6	87	9.3	9	3.5	51	5.5
Winchcombe	0	0.0	18	9.2	0	0.0	7	3.6
TOTAL	268	11.9	1,024	13.6	152	6.7	539	7.2

Result of falls
(year-to-date)

Non-injurious falls (43%)

Injurious falls (57%)

- Injurious falls
- Non-injurious falls
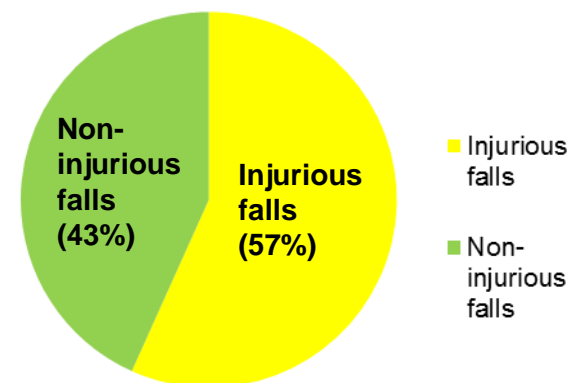
The three community hospitals that have single bedrooms (Vale, North Cotswolds and Tewkesbury) continue to have the highest rates of falls per 1,000 bed days

Both the incidence of falls and the number of injurious falls both show a year-on-year decrease

The Trust has established a best practice group to build on the improvement

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Pressure ulcers

Community acquired	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Grade 1	0	0	0	1									1
Grade 2	4	5	0	2									11
Grade 3	0	0	0	0									0
Grade 4	1	0	0	0									1
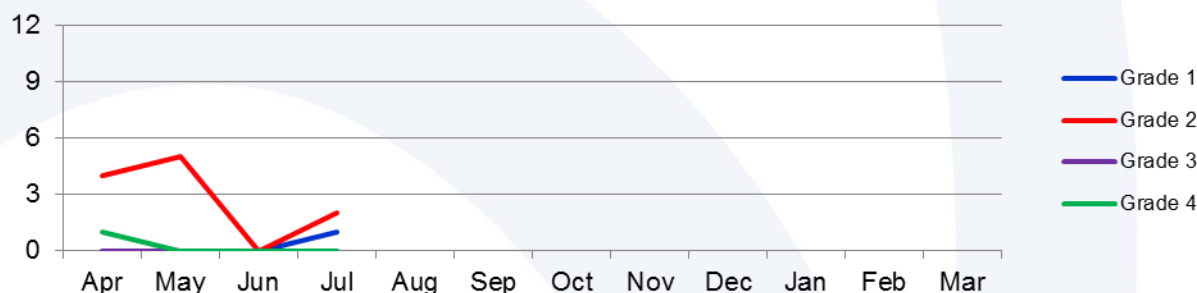
Hospital acquired	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Grade 1	2	3	1	1									7
Grade 2	12	5	10	4									31
Grade 3	0	0	0	0									0
Grade 4	0	0	0	0									0

Benchmarking	
New Grade 2, 3 & 4 pressure ulcers (GCS)	**11.0 average per month, April-July 14**
New Grade 2, 3 & 4 pressure ulcers (Aspirant Community Foundation Trust Group)	**12.0 average per month, April-June 14**

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Safeguarding

Total	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14 outturn
Adult safeguarding alerts raised by GCS	13	10	18										41	176
Total county adult safeguarding alerts	59	66	64										189	4,008
GCS adult safeguarding investigations*	3	5	6										14	n/a
Total county adult safeguarding investigations	27	30	30										87	n/a
Number of new children's Serious Case Reviews	1	0	0										1	n/a
Number of children subject to a Child Protection Plan	428	391	408										1,227	n/a
Number of children identified as 'cause for concern' during supervision	756	1,114	1,505										3,375	n/a

*Breakdown of adult safeguarding investigations (Q1 2014/15)					
Client group		Type of concern		Outcome of investigation	
Learning disabilities	1	Neglect	7	On-going	7
Dementia	6	Physical injury	3	Substantiated	0
Physical disability	7	Sexual	1	No further action	7
Mental health	0	Financial	2		
Other vulnerable	0	Psychological	1		
		Institutional	0		

Infection control

Infections	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
MSSA	0	0	0	0									0
MRSA	0	0	0	0									0
E. Coli	0	0	1	0									1
CPE	0	0	0	0									0

C diff	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Actual	1	1	1	1									4
Threshold	2	2	2	2	2	1	2	2	1	1	2	2	21
Variance	-1	-1	-1	-1									-4

Incidence of C diff

Cases
Threshold
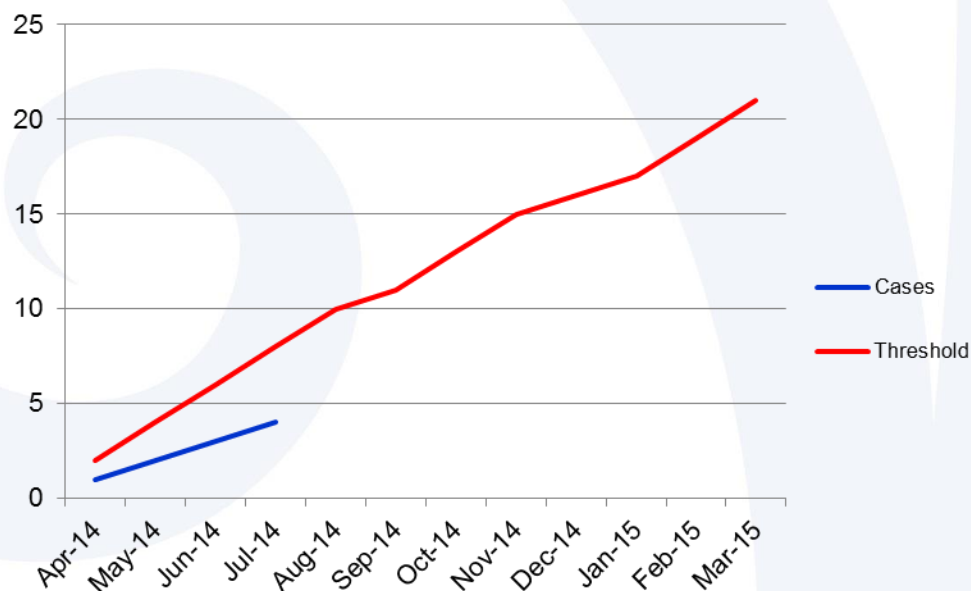
Recent infections

June 2014 (E coli)
The patient was transferred to Cirencester from acute care on 24 April and treated for sepsis secondary to UTI. On 8 June, symptoms resulted in diagnosis of E coli, and antibiotic treatment commenced. Good response and no further symptoms. The patient recovered and was discharged home

June 2014 - Windrush Ward, Cirencester (C diff)
The patient had been an inpatient in acute care for 6 weeks prior to transfer - the diagnosis was made 3 weeks into a stay on Windrush Ward

July 2014 - Windrush Ward, Cirencester (C diff)
The patient was admitted following an inpatient stay in acute care. Sample obtained within 24 hours of arrival at Cirencester but was incorrectly labelled so not processed by the lab. Repeat sample fell outside of pre 48 hour criteria

Hand hygiene observation audits for July evidenced an average 96% compliance

Medicines management

Medication incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2014-15	36	37	19	27									**119**
2013-14	29	26	39	65	46	26	36	39	36	49	55	27	**473**

Medication incidents by sub-category (June-July)	Number
Discharge or transfer without TTO's	2
Omitted or delayed administration	14
Controlled drugs issue	8
Medication dispensed incorrectly	3
Medication administered in error/incorrectly	6
Failure to follow up or monitor	1
Illegible or unclear information	2
Information to patient wrong or omitted	3
Storage Issue	1
Medication missing	1
Medication prescribed incorrectly/in error	5
Total	**46**

HAPPI audits
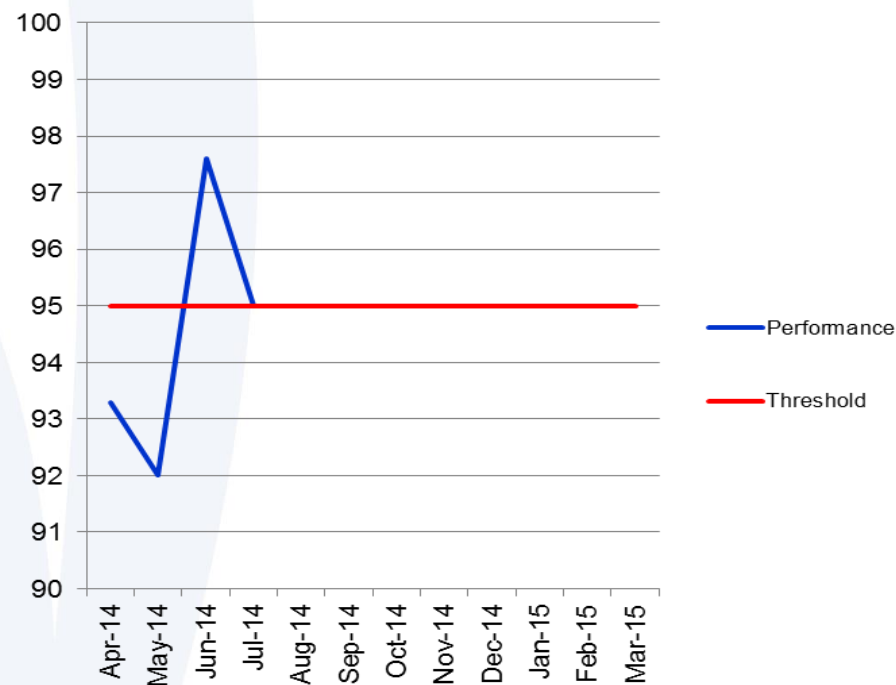
Monthly HAPPI (Hospital Antibiotic Prudent Prescribing Indicator) audits take place on community hospital wards so as to monitor key factors associated with antibiotic prescribing

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Service user transfers*

transfers into community hospital inpatient wards between 23:00 and 05:59

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast	2013-14 outturn
All Admissions	**23:00-05:59**	11	19	19	16									65	195	153
	%	3.20%	5.16%	5.22%	4.47%									4.53%	4.53%	3.40%
Direct Admission	**23:00-05:59**	3	8	7	5									23	69	74
	%	2.46%	6.72%	5.00%	4.90%									4.76%	4.76%	4.10%
Transfer	**23:00-05:59**	8	11	12	11									42	126	79
	%	3.60%	4.42%	5.36%	4.30%									4.42%	4.42%	2.90%

Transfer From	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast	2013-14 outturn
Transfer from GRH	7	3	8	7									25	75	47
Transfer from CGH	1	5	3	4									13	39	24
Transfer from other	0	1	1	0									2	6	4
Internal transfer	0	2	0	0									2	6	4
Total	8	11	12	11									42	126	79

> The Trust is taking a RCA approach to all admissions between 23:00 and 05:59

Safe staffing

Hospital	Ward	Day		Night	
		Average fill rate RNC	Average fill rate HCA	Average fill rate RNC	Average fill rate HCA
Cirencester	Coln Ward	89.1%	109.7%	100.0%	98.4%
	Windrush Ward	90.3%	102.3%	98.4%	98.4%
Dilke Memorial	The Ward	98.9%	100.5%	100.0%	101.6%
Lydney and District	The Ward	95.2%	98.6%	100.0%	101.6%
North Cotswolds	NCH Ward	100.5%	98.2%	100.0%	100.0%
Stroud General	Cashes Green Ward	96.8%	102.8%	100.0%	121.0%
	Jubilee Ward	100.8%	99.1%	103.2%	100.0%
Tewkesbury Community	Abbey View Ward	79.6%	100.5%	100.0%	104.8%
Vale Community	Peak View	98.9%	104.3%	100.0%	109.7%
TOTAL		**94.0%**	**101.7%**	**100.2%**	**103.9%**

The Trust is currently re-auditing planned staffing levels in order to ensure that they continue to meet care needs

Ward staffing for July 2014

During July, there were 4,712 planned staff shifts required in community hospitals and of these 4,668 were filled (99.1%). Our wards work to a rota based on 3 shifts over a 24 hour period.

- 96% of registered nurse shifts were filled according to or above plan
- 97% of healthcare assistants shifts were filled according to or above plan
- 1.4% (12) of shifts had a higher number of registered nurses on duty than planned
- 13% (108) of shifts had a lower number of registered nurses on duty than planned
- 10.8% (90) of shifts had a higher number of health care assistants on duty than planned
- 4% (36) of shifts had a lower number of health care assistants on duty than planned.

Where the number of staff on duty varies from the plan there may be a number of reasons for this. The main reasons are set out below:

- an increase in staff on duty due to particular patient need e.g. one to one care;
- decrease in staffing levels where for example there may be a number of empty beds;
- where a ward may experience staff sickness or have a vacancy a decision may be made to cover that shift with a health care assistant who knows the patients rather than temporary registered nurse who may not.

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CARING

Caring - key points

- All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. The Trust remains compliant with this requirement, with no breaches reported during the period April to July 2014 *(not referenced elsewhere)*

- There has been some downturn in the number of service users reporting that they are as involved in their care as they would like *(see page 21)*

- Overall, inpatient units perform well against the Friends and Family Test indicators: however, Minor Injuries Units are not achieving the requisite response rates NB *it is noted that new national guidance is changing the ways in which FFT is reported in future (see pages 22 and 23)*

- The number of complaints rose in June and July, although the Trust is still receiving relatively low numbers compared to other community trusts *(see page 24)*

- Communication accounts for most concerns raised, and the significant volume of those are within countywide services. The majority of these relate to difficulties contacting Podiatry and Physiotherapy services *(see page 25)*

Inpatient real-time survey

Do staff involve you, your family and carers as much as you would like?												
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Cotswold Locality	68%	80%	81%	60%								
Stroud Locality	74%	96%	84%	88%								
Tewkesbury Locality	91%	54%	95%	75%								
Forest Locality	74%	81%	80%	79%								
Total	75%	85%	81%	78%								

Do you feel safe when being cared for on our ward?												
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Cotswold Locality	94%	94%	95%	92%								
Stroud Locality	94%	99%	99%	98%								
Tewkesbury Locality	100%	77%	91%	100%								
Forest Locality	100%	95%	98%	100%								
Total	94%	94%	96%	96%								

Do staff involve you? (% positive responses)
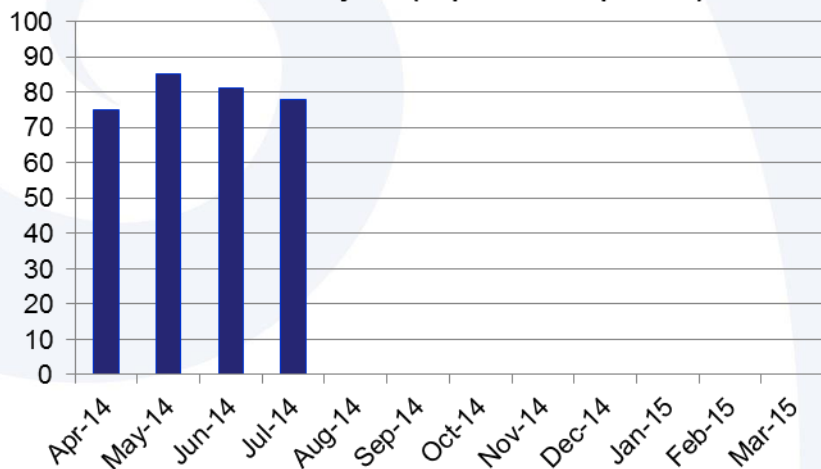
Do you feel safe? (% positive responses)

21
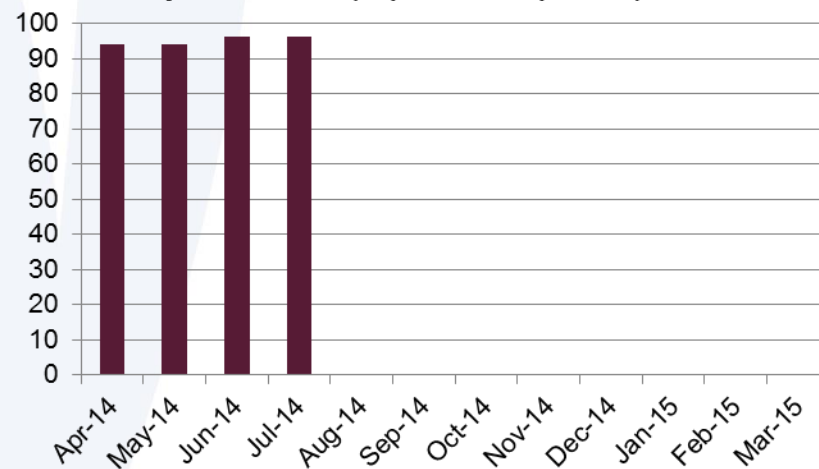
Friends and Family Test - inpatient units

Gloucestershire Care Services NHS NHS Trust

Responses	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Average	Trust target
Cirencester	56%	43%	65%	24%									47%	
Stroud	74%	74%	65%	66%									70%	
Tewkesbury	39%	39%	57%	23%									40%	
The Vale	27%	28%	55%	47%									39%	
North Cotswolds	45%	31%	40%	30%									37%	30%
Dilke	33%	39%	55%	63%									48%	
Lydney	57%	54%	57%	30%									50%	
Winchcombe	55%	46%	80%	18%									50%	
Average	49%	47%	59%	39%									49%	
Total responders	178	173	213	142										

Net promoter	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Average	Trust target
Cirencester	60	57	62	75									64	
Stroud	90	96	65	69									80	
Tewkesbury	92	92	96	100									95	
The Vale	36	87	92	91									77	
North Cotswolds	79	100	100	54									83	60+
Dilke	80	79	65	72									74	
Lydney	100	76	95	92									91	
Winchcombe	100	67	38	50									64	
Total	76	83	83	76									80	

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Friends and Family Test - Minor Injuries Units

Gloucestershire Care Services NHS Trust

Responses	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Average	Trust target
Cirencester	15%	14%	16%	24%									17%	
Stroud	13%	10%	4%	11%									14%	
Tewkesbury	2%	19%	36%	14%									18%	
The Vale	30%	17%	17%	20%									21%	
North Cotswolds	11%	17%	15%	13%									14%	20%
Dilke	30%	20%	21%	18%									22%	
Lydney	39%	34%	14%	14%									25%	
Average	21%	17%	15%	17%									18%	
Total responders	1100	1100	998	1147										

Net promoter	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Average	Trust target
Cirencester	85	78	77	78									80	
Stroud	80	70	87	66									76	
Tewkesbury	100	83	66	82									83	
The Vale	89	88	68	79									81	
North Cotswolds	82	73	83	86									81	46+
Dilke	87	77	81	82									82	
Lydney	87	81	79	86									83	
Total	84	77	76	78									79	

Complaints

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	2013-14
Number of complaints	5	3	7	8									23	78

Response Time	April - July 2014-15	
	Number of responses	% of responses
Target time within agreed timescale	16	84.2%
Over the agreed timescale by 1-3 days	2	10.5%
Over the agreed timescale in excess of 4 days	1	5.3%
Awaiting investigation	4	n/a
Total	23	100%

Benchmarking	
Complaints per 1,000 WTE staff (GCS)	2.5 average per month, April-July 14
Complaints per 1,000 WTE staff (Aspirant Community Foundation Trust Group)	4.7 average per month, April-June 14

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Concerns

Concerns (year-to-date)	Clinical Care	Comms	Attitude	Waiting Times	Admin	Environ	Total
Cheltenham	1	2	0	0	0	2	5
CYPS	1	5	0	0	1	0	7
Cotswolds	5	7	2	0	2	4	20
Countywide	28	77	6	16	14	1	142
Forest	6	2	0	1	2	2	13
Gloucester	2	2	0	0	0	0	4
Stroud	6	2	1	3	1	4	17
Tewkesbury	4	0	1	2	1	3	11
Total	53	97	10	22	21	16	219

Communication accounts for most concerns raised, and the significant volume of those are within countywide services.

The majority of these relate to difficulties contacting Podiatry and Physiotherapy services

- Cheltenham (2.3%)
- CYPS (3.2%)
- Cotswolds (9.1%)
- Countywide (64.8%)
- Forest (5.9%)
- Gloucester (1.8%)
- Stroud (7.8%)
- Tewkesbury (5.0%)

- Clinical Care (24.2%)
- Comms (44.3%)
- Attitude (4.6%)
- Waiting (10.0%)
- Admin (9.6%)
- Environment (7.3%)

25
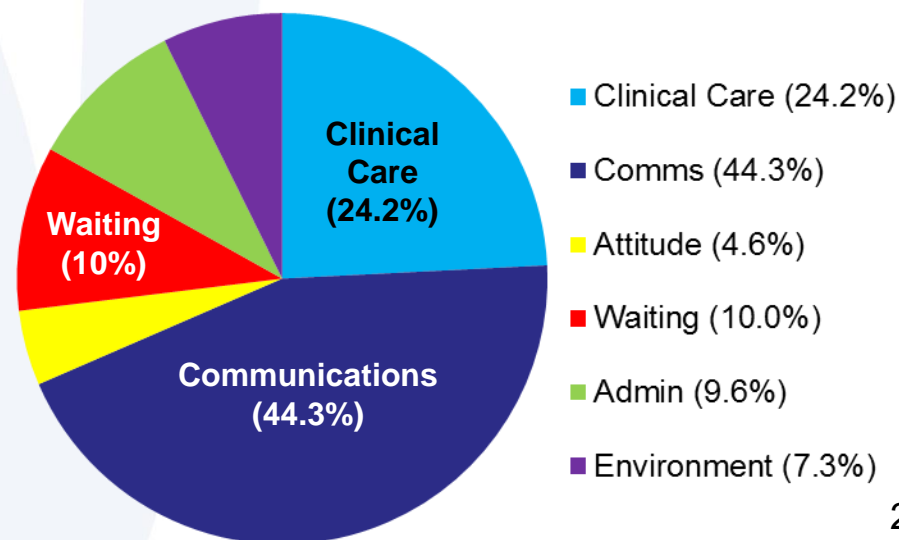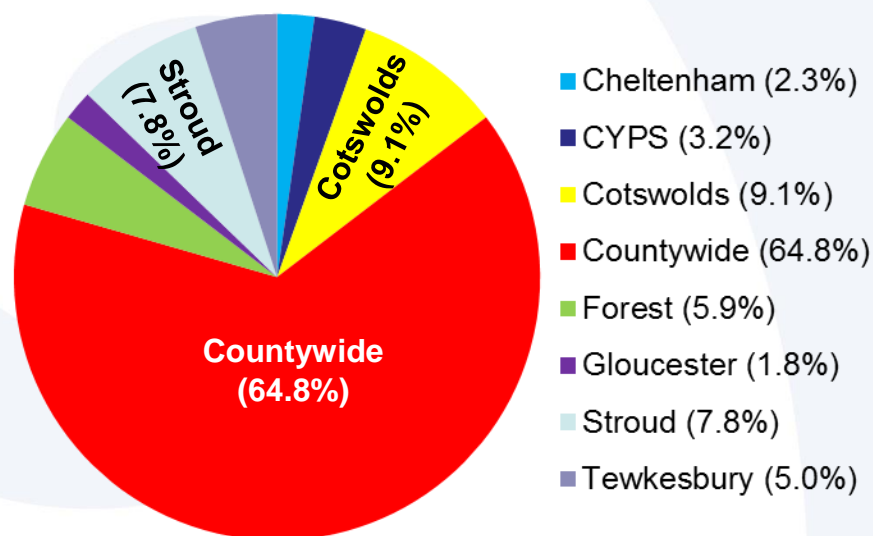
EFFECTIVE

Effective - key points

- The 6 care audits scheduled for quarter 2 *(not referenced elsewhere)* are all on track, namely:

  o service user record audit at Wheatridge Court

  o diabetes outcome audit

  o Parkinson's disease clinical practice audit

  o night district nursing record-keeping audit; and

  o two audits of Children's Community Nursing record-keeping practices

- The Patient-Led Assessment of the Care Environment (PLACE) scores for 2014 show significant improvement on the 2013 results *(see page 28)*

- Year-to-date, no concerns have been identified by use of the Early Warning Trigger Tool *(see page 29)*

- Although the Trust is broadly achieving against its CQUIN plan, one of the 7 schemes for 2014-15 is currently rated red *(see page 30)*

- 3 QIPP schemes are currently rated as High Risk *(see page 31)*

PLACE

Site Name	Cleanliness		Food				Privacy, Dignity and Wellbeing		Condition Appearance and Maintenance	
	2014	2013	Food Overall 2014	Ward Food 2014	Organisation Food 2014	Food and Hydration 2013	2014	2013	2014	2013
Cirencester	99.88%	85.89%	91.81%	98.33%	85.88%	74.30%	90.39%	81.20%	96.52%	80.11%
Vale	98.92%	94.42%	92.36%	98.55%	85.88%	85.09%	91.07%	81.08%	99.58%	92.02%
Tewkesbury	99.70%	n/a	92.10%	98.45%	85.88%	n/a	91.30%	n/a	98.71%	n/a
Dilke	99.55%	98.16%	87.36%	88.77%	85.88%	87.96%	86.54%	81.33%	96.97%	93.55%
Lydney	97.44%	94.75%	89.65%	93.33%	85.88%	87.17%	85.71%	82.73%	90.83%	75.54%
Stroud	98.96%	89.25%	92.10%	98.45%	85.88%	83.44%	90.67%	80.51%	98.11%	88.93%
North Cotswolds	99.41%	91.04%	92.10%	98.45%	85.88%	88.39%	93.48%	86.05%	99.12%	89.08%
National Average	**97.25%**		**88.79%**				**87.73%**		**91.97%**	

Tewkesbury received a 2 star food hygiene inspection and Lydney a 3 star inspection in November 2013 - this is reported elsewhere at Board

A detailed report will be going to the Quality and Clinical Governance Committee in October

Early Warning Trigger Tool

Gloucestershire Care Services NHS
NHS Trust

Site	Ward	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Stroud General	Cashes Green	7	5	4	7								
North Cotswold	North Cotswold	2	Data not reported	Data not reported	Data not reported								
Stroud General	Jubilee	5	3	3	3								
The Vale	Peak View	3	7	5	0								
Dilke	Dilke	5	5	5	5								
Tewkesbury	Avon / Abbey View	1	4	1	3								
Lydney	Lydney	0	0	0	0								
Cirencester	Coln	0	1	2	1								
Cirencester	Windrush	0	0	0	0								
Cirencester	Stratton	0											
Average		2.3	1.8	2.7	2.4								

CQUIN

CQUIN Goal	% of CQUIN schemes	Expected Financial Value	Current status
NHS Safety Thermometer	5%	£87,500	
Patient Experience Friends and Family	5%	£87,500	
Patient Experience Person-centred coordinated care	16%	£280,000	
Patient Experience / Organisational Development	20%	£350,000	
Patient flow / Discharge	16%	£280,000	
Patient Safety Staff Skills and Competencies*	28%	£490,000	
Patient Safety Patient records and documentation	10%	£175,000	
Total	100%	£1,750,000	

Actions

*In respect of the **Patient Safety Staff Skills and Competencies** CQUIN, the Trust is

- seeking further clarity with lead commissioners no later than end of August;

- assessing and approving the competency of those staff who have attended training but who have not completed the competency documentation – this action will be led by the community hospital matrons;

- ensuring that staff are booked onto appropriate training;

- identifying additional space/courses and other routes for sign-off of competencies - as such, the Trust is in discussion with clinical leads at Gloucestershire Hospitals NHS Foundation Trust;

- updating the internal action plan accordingly. This will be submitted to the commissioners by 31 August.

QIPP

QIPP Programme	GCS Risk Share KPIs (Activity) (£000s)	KPIs / Milestones (£000s)	Total (£000s)	Rating (as at 30/7/2014)
Integrated Community Teams	£625	£1,035	£1,660	High risk
Integrated Discharge Team		£265	£265	Medium risk
Community Hospital Programme: Service Model Workstream		£300	£300	Low risk
Community hospitals - maintenance of MIU opening hours and availability of community hospital beds		£275	£275	Low risk
Community Hospitals: Staffing Workstream		£400	£400	Low risk
Use of MIU's (including SWAST and NHS 111 Clinical Advice project)	£75	£50	£125	Medium risk
MSK Interface Service	£200	£200	£400	High risk
MSK Clinical Pathway & Thresholds		£100	£100	Low risk
Paediatrics		£125	£125	High risk
Sub-Total	£900	£2,750	£3,650	

Service changes	GCS Risk Share KPIs (Activity) (£000s)	KPIs / Milestones (£000s)	Total (£000s)	Rating (as at 30/7/2014)
Physiotherapy & Podiatry Review		£250	£250	Low risk
Sub-Total	£0	£250	£250	

| Grand Total | £900 | £3,000 | £3,900 | |

Responsive - key points

- In July, the Trust is reporting 83.3% compliance with national health targets and 76.9% compliance with local health targets: this represents a comparative decrease on year-to-date figures: however, there are clear action/remedial plans in respect of all areas of under-performance *(see pages 34 and 35)*

- There are three social care indicators, currently RAG rated red, which are of particular priority for the Trust and our Adult Social Care Commissioners *(see page 36)*

Performance targets - national

Indicator	RAG	Performance	Actions	Projected date of remedy
Friends and Family Test - MIU response rate	🟥	See page 23 for details		
Safety Thermometer - harm free care	🟥	See page 10 for details		
MIU unplanned reattendance rate within 7 days	🟧	Performance in July was 5.7% compared to target of less than 5%	MIU targets and performance are now routinely reviewed by the Professional Lead for Urgent Care and in monthly Clinical Governance meetings. Feedback is provided to the Head of Urgent Care	TBC
Primary Care Centres - face to face consultations for those assessed as urgent to be seen within 2 hours	🟧	Although performance in July was ahead of the 95% target at 96%, year-to-date performance is 94%	Year to date figures remain below target due to the under-performance in April and May caused by NHS111 booking appointments outside of, or very close to the 2 hour timeframe.	September 2014
Newborn Bloodspot Screening - timeliness of result	🟧	Performance in July was 94.3% against a target of 95% tests to be recorded by 17 days of age (target missed by 3 patients)	The target was not achieved in July due to a delay with the Southmead Hospital laboratory taking 8 days to report the result from receipt of the sample for 22 samples.	December 2014
Health Visitors - Call to Action (number of WTEs)	🟧	The number of Health Visitors in post at the end of July was 100.38 WTE compared to trajectory of 102.48 WTE	The current under-performance is due to the difficulty the Trust has experienced with recruiting trained Health Visitors, despite an ongoing recruitment campaign. The increase in the number of Health Visitors will be met by training new Health Visitors rather than trying to recruit.	When students qualify in September, the 116.48 trajectory will be delivered. Additional students qualify in February 2015. Even with attrition, the Trust should achieve the March 2015 target of 127.32 WTE.

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Performance targets - local

Indicator	RAG	Performance	Actions	Project date of remedy
Bone Health Service - referral to treatment within 8 weeks	🟥	Performance in July was 86% compared to a target of 95%	The team is undertaking a range of remedial actions including providing extra clinics to reduce waiting times, staff working extra hours, recruitment to a new Band 6 Nurse and Team Administrator etc. There is also a proposal to commissioners that the team will not see fractured Neck of Femurs on acute wards until November to release potential 18% workload.	TBC
MSKCAT service - wait time for routine patients	🟥	Performance in July was 26% for routine and 50% for urgent patients against 95% targets (NB urgent cases only totalled 4, of which 2 were seen in time)	Actions to address this under-performance include clarifying the classification of patients to urgent and routine after triage and how staff record on SystmOne, the service lead reviewing the lists of urgent patients daily as part of a data validation programme, and adding additional clinics following recruitment	TBC
MSKCAT service - wait time for urgent patients	🟥			
MSKCAT service - referral to treatment within 8 weeks	🟥	Performance for July was 63% against a target of 95%	Actions to address under-performance include injection of additional capacity (over and above funded establishment) to clear backlog of referrals, ESP Clinicians to be taken off non-essential, non-clinical tasks, and a request to clinicians to volunteer for overtime	TBC
Chlamydia Screening - number of positive screens	🟥	Performance in July is short by 151 positive screens, with 326 positive screens recorded compared to target of 477.	Actions to address under-performance include focussing on partner notification and follow-up, the Sexual Health Matron to work with Public Health nursing service regarding delivery in schools with extended drop-ins, targeted work being delivered at Hartpury College on the basis of intelligence etc	TBC
Podiatry Service - referral to treatment within 8 weeks	🟧	Performance in July was 82% against a target of 95%	The actions itemised above for the MSKCAT service apply equally to the podiatry service	TBC

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Adult social care indicators

Target description	Q1 2014/15	Target 2014/15	Q1 2013/14	Comparator Group 2013/14
% service users who have been asked (within the last 12 months) whether they have a carer	66.1%	100.0%	85.9%	
Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population	803.10	731.90	948.23	645.10
% service users who have had a full re-assessment of their needs within the last 12 months	76.2%	80.0%	76.2%	

The above 3 indicators are those that have been agreed between the Trust and Gloucestershire County Council as highest priority

Notes

- **% service users who have been asked if they have a carer** - it is believed that the reported under-performance is attributable more to data quality rather than a significant drop in people with carers. This assumption is currently being explored and tested

- **Permanent admissions aged 65+ to residential and nursing care homes per 100,000 population** - the External Care Programme is launching a campaign in September to keep more people at home than going into care homes. This is reducing the number of permanent admissions, but not quickly enough.

- **% service users who have had a full re-assessment of their needs within the last 12 months** - The numbers of both assessments and reassessments are lower than last year, and it is the aim of the External Care Programme to agree productivity targets for all teams

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WELL-LED

Well-led - key points

- The Trust is currently performing well against its data quality targets i.e. in respect of the validity of 45 data indicators that are routinely submitted to the Secondary Uses Services (SUS), Trust performance is 97.4% against a target of 96% *(not referenced elsewhere)*

- The Staff Friends and Family Test is positive in terms of colleagues recommending the Trust as a place of treatment: however, there is opportunity to improve the Trust's recommendation as a place to work *(see page 39)*

- The Trust is currently employing more staff than planned *(see page 40)*

- Sickness absence levels, mandatory training rates and appraisals continue to under-perform *(see page 41)*

Please note that supplemental workforce data is provided to the HR/OD Committee

Staff Friends and Family Test

	Q1	Q2	Q3	Q4
Percentage of staff who would recommend the Trust as a place of work	53%			
Percentage of staff who would recommend the Trust as a place to receive treatment	80%			

Place of work
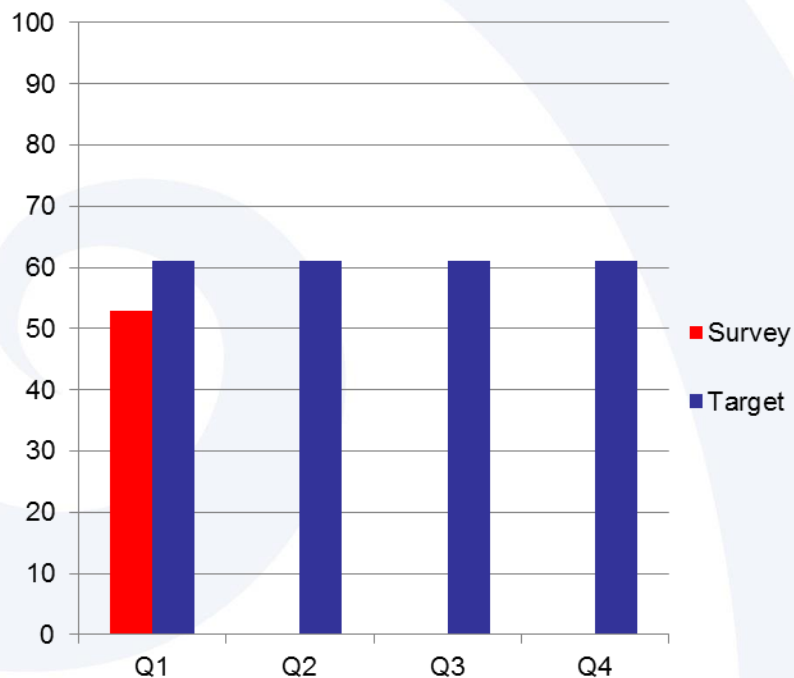
Place of treatment
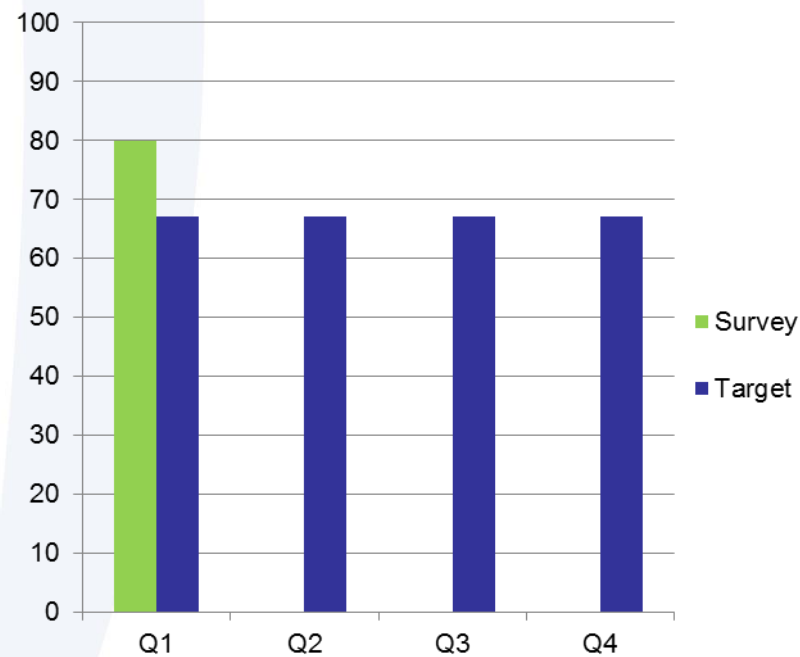
Workforce numbers

	Monthly Actual Staff in Post (WTE)	Annual Plan Staff in Post (month) WTE	Vacancy Rate (%) (variance against plan)	Monthly Actual Spend (£000s)	Annual Plan Spend (month) £000s
Total workforce	**2,208.70**	**2,175.11**	**1.54%**	**£6,448**	**£6,589**
- Temporary workforce	**125.39**	**106.92**	Not applicable	**£497**	**£159**
- Bank	61.54	64.49	Not applicable	£152	£72
- Agency staff	63.85	42.42	Not applicable	£345	£87
Substantive WTE	**2,083.31**	**2,068.20**	**0.73%**	**£5,951**	**£6,430**
- Non-medical - clinical staff	1,850.18	1,801.57	2.70%	£5,221	£5,589
- Non-medical - non-clinical staff	200.88	232.80	-13.71%	£475	£616
- Medical and dental staff	32.25	33.83	-4.67%	£255	£225

Staff Group	Starters WTE (year-to-date)	Starters headcount (year-to-date)	Leavers WTE (year-to-date)	Leavers headcount (year-to-date)	Vacancy rates	Turnover WTE rates (year-to-date)
Corporate	45.69	160	45.53	99	TBC	17.68
Cheltenham and Cotswold	63.15	84	50.32	91	TBC	15.09
Forest and Tewkesbury	27.60	49	20.91	61	TBC	6.88
Gloucester and Stroud	81.12	105	55.00	89	TBC	16.09
Management	0.00	0	1.00	1	TBC	21.39
Specialist Nursing	6.70	9	4.20	5	TBC	7.09
Unscheduled Care and Capacity	24.86	32	11.48	27	TBC	13.05
Children, Family & Young People	43.24	64	37.90	51	TBC	12.34
Countywide	28.11	48	38.57	63	TBC	13.29
Total	**320.47**	**551**	**264.89**	**487**	**TBC**	**13.34**

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Sickness absence / mandatory training / appraisals

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Target
Sickness absence average % rolling rate - 12 months	4.35	4.39	4.45	4.55									3
Sickness absence % rate (1 month only)	4.88	4.48	4.88	TBC									3

Mandatory training course	Target	Health performance
Infection Control	100%	**93.63%**
Health & Safety	100%	**93.63%**
Fire Safety	100%	**94.52%**
Equality & Diversity	100%	**81.25%**
Information Governance	100%	**76.59%**
Conflict Resolution	100%	**79.46%**

Appraisal rate	Target	Performance
July	95%	84.51%

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"Challenge and Support" peer review

June - CQC Outcome 8		
Is the service safe?	**Good**	This Peer Review which was led by Rosi Shepherd, evaluated Lydney District Hospital against CQC Outcome 8 (cleanliness and infection control), which seeks to ensure that people experience care in a clean environment and are protected from acquiring infections. The Review identified the following learning:
Is the service effective?	**Good**	
Is the service caring?	**Good**	• staff induction should be appropriate to role and offer clear focus on clinical leadership;
Is the service responsive?	**Good**	• the hospital requires clear escalation and audit trails: thus, although there were signs of good leadership (demonstrated by working relationships and patient feedback), there was no documentary evidence to support this;
Is the service well led?	**Requires improvement**	• equipment cleaning routines and process should be revisited; • appropriate electronic information/files should be accessible via the Trust network.

July - CQC Outcome 9		
Is the service safe?	**Good**	This Peer Review which was led by Jane Evans, evaluated The Vale Hospital against CQC Outcome 9 (management of medicines), which seeks to ensure that people have their medicines when they need them and in a safe way. The Review identified the following learning:
Is the service effective?	**Good**	
Is the service caring?	**Good**	• comprehensive medicines management training must always be offered to relevant staff;
Is the service responsive?	**Good**	• the storage facilities for medications in the MIU resuscitation area must be reviewed; • information governance protocols must be refreshed for MIIU staff;
Is the service well led?	**Good**	• some of the available medications information was out of date.

NED Quality Visits - Patient Experience Assessment (June/July)

Date	Who	Site/Service	Location
10 June	Joanna Scott Sarah Warne	Dental Service Waiting Room	Southgate Moorings
30 June	Sue Mead Melanie Rogers (Jane Daggatt)	Podiatry Service Waiting Room	St Pauls Medical Centre Swindon Road, Cheltenham
16 July	Rob Graves and Richard Cryer (Andrea Darby Clinical Nurse Specialist)	IV Therapy	Lydney Hospital
31 July	Ingrid Barker (Suzy Hughes Clinical Nurse Specialist)	Heart Failure	Longlevens surgery

Clinical and Professional Care Strategy (1)

Quality Goal	Measure	RAG
To deliver compassionate and considerate care which ensures that service users remain safe from avoidable harm	Compliance with all relevant CQC Essential Standards of Care	**To commence reporting at November Board**
	Not exceeding agreed tolerances of infection rates	
	100% appropriate care teams will use the Safety Thermometer	
	90% care audits that have pre-agreed deadlines completed within prescribed timescales	
	Adherence to local formulary so as to ensure the safe and effective use of medicines	
To determine that local health and social care services adopt a person-centred approach, and are wholly effective and efficient	95% (minimum) service users will be treated and discharged from Minor Injury Units within four hours	
	Increase in the number of service users who are actively supported to manage within the community via the use of telehealth	
	Increase in productivity within community hospitals	
	All health and social care services that are provided by the Trust will be routinely evaluated against outcome measures	
	100% compliance with agreed CQUIN targets	
To inform and involve service users, their carers and families so that they are confident and have the best possible experience during their care	Increase in service user satisfaction so that 90%+ service users recommend the Trust's service	
	Full implementation of the Friends and Family Test (FFT) across all Trust locations	
	Use of the Personal Decision Making Tool within all relevant services	
	Number of service users who are able to die in place of their choice	

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Clinical and Professional Care Strategy (2)

Quality Goal	Measure	RAG
To help the development of a supportive and learning culture that is clinically-led, that will strengthen leadership across the Trust, and that will enable delivery of improved services and outcomes	Identifying clear clinical leaders in all areas delivering organisational and business unit objectives Increase in colleagues' satisfaction, ensuring that 90%+ colleagues recommend the Trust as a place to work	**To commence reporting at November Board**
To ensure an able, flexible workforce that can meet new challenges and opportunities, and that is supported by exemplar standards in education, training and research	Ensuring that frontline colleagues are suitably trained and supported to deliver all appropriate assessments, interventions and treatments in service users' homes Number of clinical and professional care colleagues in post measured against baseline	
To achieve excellence in integrated health and social care, and develop appropriate strategic partnerships with local professional stakeholders	Ensuring that all Integrated Community Teams are achieving a two hour response, in order to realise a goal of a fully-integrated health and social care workforce working to shared standard Increase in the number of people setting a quit date for smoking, and increase in the number of people successfully quitting	

Quality Account

Priority	Measure	RAG
To reduce the number of service users who fall in our community hospitals or who acquire a pressure ulcer	Completion of the NHS Safety Thermometer for 100% eligible service users each month 95% harm-free care across all our community hospitals Reporting of the number and type of serious incidents at the Trust Board	
To improve the experiences of service users, carers and families within our community hospitals	TBC	
To further develop and enhance our Integrated Community Teams	Provision of a Integrated Community Team service across the county that responds to service user needs within agreed timescales, reduces the numbers of inappropriate admissions etc Implementation of the enhanced ICT model in line with the timetable agreed with the CCG Monitoring the experiences / outcomes of service users, families and carers who access ICTs	**To commence reporting at November Board**
To improve our active two-way engagement with service users, carers and families	The % of people reported as being "extremely likely" or "likely" to recommend our services Completion rates of our agreed programme of surveys, with the aim to complete 100% Reported evidence of focus groups and other methods of service user engagement Maintenance of an up-to-date map identifying all population groups within Gloucestershire Annual improvement in engagement with minority groups The number of quality improvements made as a direct result of public suggestions or proposals	
To ensure that we maintain staffing levels as appropriate to the needs of service users	TBC	

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Gloucestershire Care Services **NHS**
NHS Trust

Ref: 14/B012

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Quality and Performance Report

16 September 2014

Objective:

To provide the Board with oversight of the Trust's performance against agreed quality measures and metrics

The Board is asked to:

Note the Report for information only

Executive summary:

This Report represents an update to the previous format, and allows for greater clarity and representation of performance.

The Report will continue to be refined in coming months.

**Rod Brown,
FT Programme Manager**

8 September 2014

Please select one of the following options:

⊠	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a)   eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b)   advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Gloucestershire Care Services **NHS**
NHS Trust

Ref: 14/B013

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Patient Experience Development Framework (v0.2)

16 September 2014

Objective:

To provide the Board with oversight of the Patient Experience Development Framework, and the Trust's current position

The Board is asked to:

Note the Framework for information only

Executive summary:

The TDA has developed the attached Patient Experience Development Framework to enable trusts to carry out an organisational diagnostic against a set of criteria that defines those organisations who consistently improve patient experience.

The Trust's initial scoring against the Framework criteria has already been shared with the TDA.

The Patient Experience Development Framework is routinely reported to the FT Programme Board as part of the Trust's TDA Indicator Pack.

Rod Brown, FT Programme Manager

4 September 2014

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

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Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Patient Experience Development Framework (v0.2)

JULY 2014

A. Senior leaders in the organisation who have a significant focus on patients and their experience of care

	Examples of activities which contribute to achieving these	Extent to which these are in place Score 0-4	Scoring guide 0	Scoring guide 4	Description of current position	Measures your Trust is taking/ will take to improve patient experience	What can the TDA do to support you to expedite improvement?
A1	Monthly reporting of patient experience data to the Board	2	Patient experience data not reported monthly at Board level	Monthly reports to Board include trends across a range of patient experience measures including FFT, surveys, complaints and compliments, triangulated with other quality metrics. Reports include evidence for the Board of how the Trust is using patient feedback to improve services and quality	Results of the FFT are presented routinely at Board. A wider Service User Experience Report is presented at the Quality and Clinical Governance Committee. All reporting requires better triangulation of pertinent measures, and demonstrable evidence of service improvements	The Trust is reviewing how it may improve its reporting so as to ensure that all appropriate inputs are considered and triangulated so as to ensure fully-integrated information	
A2	Patient stories routinely used at Board meetings	3	Patient stories not routinely used at Board	Patient stories are shared with the Board in person or as videos / recordings and the information linked to the agenda with time devoted to discussion about the story	Service user stories are shared by a relevant clinician / team lead at the start of each Board meeting.	Where appropriate, the Trust aspires to hear directly from service users and carers themselves as part of each Board presentation. The Trust is also exploring the process by which lessons from the service user story can be carried forward to inform subsequent aspects of the Board agenda	
A3	Senior leadership team is regularly visible in the organisation, and routinely engages with front-line staff and patients	3	Staff report not seeing senior leadership team talking to front line staff and patients	Trust has a managed process for senior staff to regularly and directly engage with front line staff and patients	The Trust NEDs and Chair currently conduct walkabouts across the whole organisation, as a result of which, reports and action plans are developed and implemented as appropriate	There is a schedule to extend the walkabouts to include all Executives and senior managers	

A4	The Board visibly rewards staff who demonstrate they consistently exceed patient expectation, and always deliver individualised care	**1**	No process in place to identify and reward staff who exceed patient expectation	Process in place to identify and reward staff who consistently exceed patient expectation and the Board is engaged and fully involved in the process	The Trust holds an Annual Staff Awards. The Chief Executive also sends Thank You cards to staff who have exceeded expectation	The Trust's Pay Progression Policy will identify a more systematic process for rewarding staff on a regular basis	
A5	The Board values and rewards innovation by front-line staff to improve the experience of patients	**2**	The Board is not routinely sighted on the contribution front-line staff make to listening to patients and improving services, and can't give examples from the organisation of where this has happened	Staff are supported to listen and act locally as a response to patient feedback and the organisation routinely captures, analyses and reports on the outcomes from this	The Trust is engaged on the Listening Into Action initiative whereby staff are actively encouraged to identify and implement new ways of working to improve the experiences of both service users and staff	Listening Into Action will truly begin to evidence and reward staff's innovation as the year-long programme progresses	
A6	The Board has a strategy to deliver improved patient experience and a plan to deliver it	**2**	The organisation does not have a strategy to deliver improved patient experience	The organisation has a patient experience strategy (either a standalone document, or integrated into a strategy for improving quality) co-produced with patients and front line staff, consulted upon, and signed off by the board. The Trust also has a delivery plan and review timetable	The Trust Board has ratified a Clinical and Professional Care Strategy, and a Communications and Engagement Strategy, both of which outline the Trust's ambitions to deliver improved service user experience. The accompanying implementation plans are still in development, and currently not signed off by their respective committees	The implementation plans for both the Clinical and Professional Care Strategy, and the Communications and Engagement Strategy, need to be completed in order to identify the specific actions to be taken across a five-year period	
A7	Patient experience is embedded in all Trust leadership development work (including that undertaken by operational managers and medical staff)	**3**	Patient experience does not underpin its leadership development work	Patient experience is embedded in all aspects of leadership development, and patients are involved in assessment and appraisal processes for staff	The Trust is currently implementing Leading for Quality Care training which is endorsed by the RCN, and which is based on the 6Cs. Additionally, medical revalidations include 360 degree reviews including contributions from service users	The Trust is exploring the option to undertake 360 degree reviews on a wider cohort of staff	

A8	The Board has a process in place to assertively challenge staff and departments which consistently fail to provide a positive patient experience	**2**	The Trust cannot demonstrate it has a systematic approach	The Trust has an effective process in place and can demonstrate it is working	The Quality and Performance Report that is presented at each Trust Board, gives opportunity for Directors to identify failings and to constructively challenge staff and departments Additionally, the Trust is reviewing and updating its sub-Board governance structure in order to ensure that there is appropriate challenge at all levels of the organisation	The Trust needs to embed its revised governance structure	
A9	There is an identified executive lead accountable for leading improvements in patient experience	**4**	No executive lead identified, or post is vacant	Executive lead for patient experience routinely provides boards with reports and proactively leads this area of work within the organisation	The Director of Nursing and Quality is the Trust's Executive Lead for experience. Moreover, the whole of the Trust Board is committed to ensuring continuous improvements in both quality standards and the experiences of service users	Not applicable	

B. An organisational culture which is patient-focused and values behaviour which enhances the experience of patients

	Examples of activities which contribute to achieving these	Extent to which these are in place Score 0-4	Scoring guide 0	Scoring guide 4	Description of current position	Measures your Trust is taking/ will take to improve patient experience	What can the TDA do to support you to expedite improvement?
B1	The Trust expresses its commitment to patients through all its communications	3	Trust website and a range of other externally facing communications contain little reference to a commitment to improve patient experience	Trust website and other externally facing communications are accessible and clear and patients would judge them 'patient friendly' they also articulate commitment to patients	The Trust's website is very service user-focused – there are clear and visible opportunities for people to leave feedback and get involved with the organisation. The Trust also produces numerous leaflets, posters etc that encourage feedback	The Trust is currently reviewing the content of its website, and is also updating its literature. It will endeavour to maintain the high-profile of its commitment to service user experience, including the soon-to-launch "Talk to Us" campaign	
B2	The commitments to patients set out in the NHS Constitution are reflected in the Trust's vision and values	3	No reference to NHS values as expressed in the NHS Constitution, or not clear to patients and front-line staff what the Trust values are	Trust has developed, with patients and staff, a set of values, articulated through all other corporate documents, which reflect values in the NHS Constitution – and the Trust has a process for ensuring values are owned by staff	The Trust's vision is "To be the service people rely on to understand them and organise their care around their lives". The Trust's values are: Caring, Open, Responsible and Effective. These reflect and align to the values articulated in the NHS Constitution, and were developed in consultation with stakeholders	The Trust is undertaking further work so as to ensure that the Trust's values underpin all appropriate activities including recruitment, appraisals etc	
B3	The Trust effectively uses NICE Patient Experience Guidance (where this applies to the groupings of patients cared for)	2	Trust does not use NICE Guidance	Trust has fully implemented NICE guidance for Patient Experience, and this is reflected within the strategy and operationally	In 2013-14, the Trust conducted a baseline assessment which identified some good practice as well as opportunities for improvement in line with NICE guidance	The action plan to ensure full implementation of the NICE guidance for Patient Experience is currently in development, and will be monitored through the Quality and Clinical Governance Committee	

B4	The Trust has in place a values-based recruitment and appraisal system	**0**	Trust has no values-based recruitment and appraisal system in place	Trust has fully implemented values-based recruitment and appraisal	The Trust has clear documented ambition to ensure that its key HR processes are centred around the organisation's values	The Trust is currently developing a revised recruitment protocol that highlights applicants' compliance and synergy with the Trust's core values. Equally, the Trust is looking to embed its behaviours framework into the updated Pay Progression Policy	
B5	The Trust's organisational development strategy and implementation plans are underpinned by a commitment to improve patient experience	**3**	Trust has no organisational development strategy, or the one they do have has no references to improving patient experience	Patient Experience integrated into the Trust organisational development strategy	The Trust's Organisational Development Strategy makes clear the ambition to improve the outcomes and experience for service users, carers and families across Gloucestershire by encouraging a more motivated, happy and entrusted workforce. However, this needs to be reflected more substantially within the strategy's implementation plan. Nevertheless, the Listening Into Action programme currently being run by the Trust in line with its OD Strategy, is clear in its intent to improve service user experience	The implementation plan for the Organisational Development Strategy is currently being developed for on-going review by the HR/OD Committee	
B6	Links are made in a range of the Trust's key strategic documents to the relationship between staff and patient satisfaction	**4**	No reference	Correlation clear within strategic documents and Trust have an integrated approach to improving both	Links are clear in both the Organisational Development Strategy and the Clinical and Professional Care Strategy	Not applicable	

C. Multiple routes provided by the Trust through which patients can provide feedback (including patients with cognitive, communication and other challenges)

	Examples of activities which contribute to achieving these	Extent to which these are in place Score 0-4	Scoring guide 0	Scoring guide 4	Description of current position	Measures your Trust is taking/ will take to improve patient experience	What can the TDA do to support you to expedite improvement?
C1	The Trust participates in all mandated surveys (including where applicable the National Patient Survey Programme, and the Friends and Family Test), and works with commissioners to develop and implement real, or near real-time patient feedback	3	Non-compliance	Full compliance with all mandated surveys, and a comprehensive programme of seeking real, or near real-time from patients	The Trust currently complies with all mandated surveys, ostensibly the Friends and Family Test, upon which the Trust took a lead, implementing ahead of time	The Trust is looking to improve how it will routinely provide feedback on experience to service users, both individually and collectively, using a "You said, we did" approach	
C2	The Trust has a patient-friendly complaints process, which is compliant with national guidance	2	The Trust's complaints process is difficult to navigate and has not been reviewed in line with recommendations in 'Putting Patients Back in the Picture'	Trust has an accessible user-friendly complaints process, is meeting all national targets, regularly reports to Board, and systematically utilises learning from complaints	The Trust has fully reviewed its compliance with the Clwyd-Hart Report, and is currently updating its complaints policy and process in line with both the Report's recommendations, but also a recent peer review	There are some outstanding actions including the update of the Trust's complaints policy. Additionally, the Trust does not systematically use learning from complaints to inform service delivery or redesign	
C3	Front-line staff take ownership of, and deal with issues raised by patients, and only where necessary refer on to others	1	Staff are generally disengaged, or lack the confidence to deal with the concerns patients raise, and usually refer issues to more senior staff or the Patient Advice and Liaison Service	Front-line staff are supported by managers and their teams to address concerns raised by patients, and there is a process in place for teams to share and learn from this	There is an inconsistent approach to handling complaints across the Trust: thus, some teams are confident to deal with issues, whilst others automatically defer all comments to the central Service User Experience team	The Trust is looking to launch a "Talk to Us" campaign which will serve to empower staff to deal more directly with service user concerns and complaints	

C4	Patients are given information about the range of ways they can provide feedback (including paper-based surveys, comment cards, web, text, devices, kiosks, and apps) and are supported by staff to use these	**2**	Trust offers a very limited range of ways for patients to provide feedback, and front-line staff are unfamiliar with approaches, or are unwilling to support patients. Trust scores below its peers In national survey questions related to patients being given an opportunity to provide feedback	Trust employs a range of methods to collect patient feedback, based on patient need and preference. Staff are familiar with these and encourage and support patients to provide feedback. Trust performs above peer in national survey questions where patients are asked if they were given opportunities to provide feedback	The Trust currently uses comment cards to gather feedback on services. Additionally, the Trust's website offers service users the opportunity to feedback using webforms, emails, telephone or post.	The Trust is currently introducing more innovative ways of engaging with service users and eliciting feedback including focus groups, web-based questionnaires, sms text messaging etc. Also, by year-end, the FFT will be available across the whole of the Trust and in a variety of formats including web, text and paper	
C5	The Trust has arrangements in place to fully understand the experience of care, of its most vulnerable patients, and those least able or willing to feedback	**0**	Trust approach to collecting feedback from patients, or other ways of understanding patient experience of care fails to capture the experiences of its most vulnerable patients	Trust has a tailored approach to gather feedback from its most vulnerable patients	Whilst the Trust has traditionally invited service users and service user representatives from particularly vulnerable groups to its Your Care, Your Opinion Programme Board to hear their views, the organisation has otherwise not targeted key demographics in order to hear their experiences	The Trust has recently appointed an Engagement Manager whose responsibility will be to identify and liaise with all service user groups / populations across Gloucestershire. A corresponding Engagement Framework is in development that will support this initiative	
C6	Listening and responding to patients and the importance of soliciting feedback from patients is embedded in the Trust's approach to staff training	**1**	Staff training does not reflect this	Embedded in staff training from induction to leadership development, delivered to everyone from support staff to consultants and the Trust reviews the impact of the training	The Trust's induction programme clearly explains the methods used by the Trust to understand the service user experience	There is clear opportunity for the Trust to ensure greater visibility for service user experience within other Trust training programmes	

D. The Trust has a systematic and consistent approach to analysing and making sense of patient feedback, and considers it alongside patient safety and patient outcomes data

	Examples of activities which contribute to achieving these	Extent to which these are in place Score 0-4	Scoring guide 0	Scoring guide 4	Description of current position	Measures your Trust is taking/ will take to improve patient experience	What can the TDA do to support you to expedite improvement?
D1	The Trust has a systematic way of analysing patient feedback in all its forms	2	The Trust does not have a systematic approach to triangulating all forms of patient feedback	The Trust routinely and systematically brings together all strands of patient feedback and identifies themes which it acts upon	All forms of service user feedback are analysed and reported in Board, Committee and locality-based quality reports	The Trust is reviewing how it triangulates critical service user information to identify improvement opportunities	
D2	The Trust has dedicated analytics and intelligence support for its patient experience data	2	The Trust has no access to specialist analytics support to help it make sense of patient experience data	The Trust has dedicated analytics and intelligence support to ensure it can make best use of its patient experience feedback data	The Trust has appointed CoMetrica to manage the collection and reporting of service user experience information. This will enable existing internal resources to be freed up to focus upon more intelligent use of information	The Trust is reviewing how it will interpret critical service user information	
D3	The Trust has access to specific expertise to support making sense of qualitative data	1	The Trust lacks the specialist knowledge and experience to draw themes from a range of qualitative feedback (for example written comments from patients)	The Trust has staff who are skilled at identifying themes from feedback in the form of written comments, and that this themed feedback features in reports (for example Board reports)	The Trust has appointed CoMetrica to manage the collection and reporting of service user experience information. This will enable existing internal resources to be freed up to focus upon more intelligent use of information	The Trust is assessing how it will specifically manage the interpretation and reporting of qualitative data	
D4	The Trust produces reports which demonstrate the correlation between improving patient outcomes, patient safety and patient experience	2	No triangulation evident from reports	Reports highlight themes where patient experience correlates with other quality measures (for example patient safety and clinical outcomes)	Both the Board-level Quality and Performance Report and the locality-based quality reports enable staff to recognise the correlations between different sources of assurance	The Trust's reporting could identify correlations more explicitly, rather than leaving them to interpretation	

D5	The Trust is able to use patient experience data effectively to identify and locate deteriorating performance, and to enable quick action to address the causes	2	No system in place, of the system which is in place does not enable timely identification of problems and quick action	Trust effectively uses patient experience data to provide an early warning system for deteriorating standards of care	Both the Board-level Quality and Performance Report and the locality-based quality reports enable staff to recognise deteriorating performance so as to instigate remedial action	The Trust is reviewing how it could improve the reporting of critical service user information	

E. The Trust actively and routinely seeks out patient feedback to underpin quality and service improvement work

	Examples of activities which contribute to achieving these	Extent to which these are in place Score 0-4	Scoring guide 0	Scoring guide 4	Description of current position	Measures your Trust is taking/ will take to improve patient experience	What can the TDA do to support you to expedite improvement?
E1	Patient feedback is routinely considered and acted upon by front-line teams	2	Front-line teams do not routinely discuss or consider patient feedback, and if they do they are not empowered to act on it to improve services	Front-line teams routinely discuss patient feedback and use it to improve care. The Trust has an effective approach celebrating and sharing this local learning	The Trust currently conducts annual surveys across all its sites, and these are certainly fed back to staff who act upon opportunities for improvement. Also locality-based quality reports provide information for staff	The Trust is looking to ensure greater involvement of frontline teams with service user feedback	
E2	Patient feedback routinely underpins decisions about prioritisation of subjects for clinical audit	1	Local audits rarely reflect subjects highlighted through patient feedback	The Trust often uses themes from patient feedback as the basis for identifying subjects for clinical audit	Whilst this is an aspiration of the Trust's Audit and Effectiveness Strategy, currently only specialist services routinely use feedback to inform audits	The Trust is committed to ensuring that service user feedback informs the subject and content of a significant number of local audits	
E3	Patient experience is always a key component of quality reporting and internal assurance work, at all levels in the organisation	2	Patient experience does not feature in the approach the Trust uses to internally assure the quality of its care	Patient experience is always considered as part of internal review of assurance work	Service user experience is reported as part of the Board's Quality and Performance Report and locality-based reports	The Trust is looking to strengthen its reporting of service user experience	
E4	All proposals for service change, PIDs and business cases are accompanied by evidence of their potential impact on the experience of patients	1	The Trust does not routinely consider the impact of proposals on the experience of patients	The results of an impact assessment are always included within proposals	The Trust has developed templates for Quality Impact Assessments and Equality Impact Assessments, although these are not used routinely	The Trust is looking to strengthen its PMO functions, and thereby ensure the completion of Quality Impact Assessments and Equality Impact Assessments for all business plans	

F. The Trust regularly reports and publishes its patient experience data, and co-produces its improvement plans with a range of stakeholders including patients and front-line staff

	Examples of activities which contribute to achieving these	Extent to which these are in place Score 0-4	Scoring guide 0	Scoring guide 4	Description of current position	Measures your Trust is taking/ will take to improve patient experience	What can the TDA do to support you to expedite improvement?
F1	Patient experience is a key component of the Trust's annual quality account	3	Limited reference to patient experience in the quality account	The quality account includes information about how the Trust is listening and responding to patients, and examples of improvements to services or care it has made as a result	The Trust's Quality Account includes details of service user experience and improvements made to care during 2013-14: however, there could be clearer links made between the two. It is however noted that service user experience features as one of the Trust's priorities for 2014-15	Improvements are articulated in the quality priorities for 2014-15	
F2	The Trust routinely publishes transparent and publically accessible information about the feedback patients have provided, and its response to feedback (and ensures this information is available through multiple routes)	0	The Trust does not routinely publish this information, or if it does, it is in a form which patients and the public would find difficult to access or understand	Information available and assessable to patients and the public	The Trust is looking to how it can improve its public reporting of service user experience: currently information is housed in public Board papers but these are not readily accessible to the public	The Trust plans to display information and quality metrics, including those relating to service user experience, in all Trust sites / reception areas	
F3	Front-line staff are able to access and use reports to improve the services they provide	2	Trust does not routinely provide timely, team level data for staff to use to improve local services	Teams able to access, discuss and act on reports, in near real-time	Frontline staff are able to access information through the locality-based quality reports which provide them with service user experience data relevant to their particular area	The Trust is looking to ensure greater involvement of frontline teams with service user feedback	

F4	The Trust supports staff to share decision making about care and treatment with patients, and actively supports staff to involve patients in their care	**3**	Staff have limited understand and/or experience of sharing decisions with patients, and the Trust performs less well than peers in national survey questions asking if patients felt involved in decisions about care and treatment	Staff demonstrate a good understanding of the theory and practice of shared decision making, its principles are underpinned through Trust training programmes. The Trust performs above peer in national survey questions asking if patients felt involved in decisions about care and treatment	There are clear processes to ensure that decisions are shared as appropriate with service users, thereby improving their experience of care. Examples include the use of person-centred documentation, the implementation of personal health budgets etc	The Trust is seeking to improve the involvement of service users in their care, and will be embedding traditional customer service standards within practice and all associated training, so as to ensure a consistent approach to service user interactions	
F5	The Trust regularly engages with groups of patients and other key stakeholders and uses the output from such engagement to form its plans	**2**	Limited opportunities for patients and the public to engage with the Trust, and Trust unable to evidence that outputs from any engagement work has made a difference to decisions the Trust has made	The Trust has a programme of patient and public engagement which informs key decisions. Ideally this engagement should be in partnership with local commissioners	The Trust currently offers service users and service user representatives, the opportunity to join the Your Care, Your Opinion Programme Board which helps inform the Trust's strategic plans	The Trust's newly appointed Engagement Manager is currently working on an extended programme of engagement and feedback opportunities	
F6	The Trust supports a model of co-production and supports patients and staff to deliver this approach	**1**	Most staff not aware of or confident to use co-production with patients to improve services	Co-production widely used, and the Trust can cite examples of co-production, where staff have worked in partnership with patients to improve services	There are services where this approach is used, but practice is ad-hoc and uncoordinated	The Trust is dedicated to working closely with service users, carers and families, and thus will be looking to significantly improve its commitment to co-production as soon as practical	

APPENDIX 1. 20145/15 CIPS BY QUARTER

	PLAN					FORECAST					VARIANCE
	Q1	Q2	Q3	Q4	FULL YEAR	Q1	Q2	Q3	Q4	FULL YEAR	
Productivity											
* reduce new/follow up ratios	80	120	150	150	500	0	0	0	0	0	(500)
* improve face to face/phone ratios	80	120	150	150	500	0	0	0	0	0	(500)
Mobile working	160	240	300	300	1,000	441	266	44	44	794	(206)
SystmOne (productivity)	320	480	600	600	2,000	0	0	0	0	0	(2,000)
Central booking (productivity)	80	120	150	150	500	0	0	0	0	0	(500)
Cost effectiveness (skill mixing)	40	60	75	75	250	32	39	52	114	237	(13)
Estates savings	40	60	75	75	250	8	37	86	119	250	(0)
Support services incl IT licence savings	40	60	75	75	250	55	56	58	45	215	(35)
Procurement including drugs	122	126	126	126	500	197	51	101	151	500	(1)
Inter NHS recharges	61	63	63	63	250	0	10	100	140	250	0
Others	0	100	150	150	400	42	95	65	91	293	(108)
Total	**1,023**	**1,549**	**1,914**	**1,914**	**6,400**	**775**	**554**	**505**	**703**	**2,537**	**(3,863)**

Appendix 1a GCS 2014/15 by Month

ANNUAL PLAN	Apr-14 £k	May-14 £k	Jun-14 £k	Jul-14 £k	Aug-14 £k	Sep-14 £k	Oct-14 £k	Nov-14 £k	Dec-14 £k	Jan-15 £k	Feb-15 £k	Mar-15 £k	Full Year £k		YTD JULY
Productivity															
* reduce new/follow up ratios	25	25	30	35	40	45	50	50	50	50	50	50	500		115
* improve face to face/phone ratios	25	25	30	35	40	45	50	50	50	50	50	50	500		115
Mobile working	50	50	60	70	80	90	100	100	100	100	100	100	1,000		230
SystmOne (productivity)	100	100	120	140	160	180	200	200	200	200	200	200	2,000		460
Central booking (productivity)	25	25	30	35	40	45	50	50	50	50	50	50	500		115
Cost effectiveness (skill mixing)	12	13	15	18	20	22	25	25	25	25	25	25	250		58
Estates savings	12	13	15	18	20	22	25	25	25	25	25	25	250		58
Support services incl IT licence savings	12	13	15	18	20	22	25	25	25	25	25	25	250		58
Procurement including drugs	40	40	42	42	42	42	42	42	42	42	42	42	500		164
Inter NHS recharges	20	20	21	21	21	21	21	21	21	21	21	21	250		82
Others	0	0	0	33	33	34	50	50	50	50	50	50	400		33
Total	321	324	378	465	516	568	638	638	638	638	638	638	6,400		1,488

LATEST FORECAST	Apr-14 £k	May-14 £k	Jun-14 £k	Jul-14 £k	Aug-14 £k	Sep-14 £k	Oct-14 £k	Nov-14 £k	Dec-14 £k	Jan-15 £k	Feb-15 £k	Mar-15 £k	Full Year £k		YTD JULY
Productivity															
* reduce new/follow up ratios													0		0
* improve face to face/phone ratios													0		0
Mobile working	156	149	136	118	90	58	15	15	15	15	15	15	794		558
SystmOne (productivity)													0		0
Central booking (productivity)													0		0
Cost effectiveness (skill mixing)	5	13	14	14	14	11	26	13	13	33	33	48	237		46
Estates savings	7	0	1	0	19	18	29	27	30	38	40	41	250		8
Support services incl IT licence savings	18	18	18	18	18	19	19	19	19	15	15	15	215		74
Procurement including drugs	165	25	7	7	17	27	27	37	37	47	47	57	500		204
Inter NHS recharges	0	0	0	0	0	10	25	35	40	40	50	50	250		0
Others	14	14	14	14	14	67	18	18	29	29	30	32	293		56
Total	365	220	190	171	172	211	159	164	183	217	229	257	2,537		946

GCC Budgets managed by GCS

1. Purpose

To provide an updated financial forecast for the services managed under the SLA with GCC and to report the latest position on OP and PD External Care.

2. Executive Summary

The forecast outturn position for these service areas is an overspend of £1.01m.

This forecast is dependant on successful delivery of the Older People/Physical Disabilities External Care Budget Delivery Plan, requiring total cost reductions of £6.50m. The Plan includes individual projects that recognise significant risks, these are considered in more detail in the following sections, alongside a summary of the underlying forecasts for these budget areas.

It is important to note that if the underlying position continues to increase, and/ or cumulative savings banked fall significantly behind target, then the likelihood of delivering a balanced budget is likely to quickly reduce.

2.1 Overall Position

Latest Forecast for External care budgets (including current year estimates for Recovery Plan) actions is :
- Older People (OP) External Care is overspending by £1.38m
- Physical Disabilities (PD) External Care is overspending by £0.19m

This is offset to an extent by;
- The services managed under SLA are underspending by £0.56m

The forecast outturn for all GCC service areas is an overspend of £1.01m.

The technical overspends for the external care budgets (before impact of recovery plan) are:
- OP £4.91m (last month £4.17m)
- PD £0.72m (last month £0.63m)
- **Total £5.63m (last month £4.80m)**

2.2 Underlying Financial Assumptions

The forecast outturn summarised above is based on the following key financial assumptions;
- **Estimated profiled savings for Recovery Plans are achievable in the timescale specified within the Plans.**
- **Changes in Commitment levels will be in line with growth forecasts submitted by managers.**

3. <u>Detailed Analysis</u>

OP External Care

➢ The technical forecast (excluding Delivery plan savings) is an overspend of £4.91m, compared to £4.18m last month and £5.43m in the indicative forecast referred to in the OP/ PD External Care Delivery Plan.   £3.25m Delivery Plan savings are included in the reported forecast of £1.38m.

➢ £4.73m of the technical overspend relates to care home placements,. Deaths and discharges are running at approximately 107% of the original projected value which has therefore freed up more funding than originally estimated.

➢ This position is offset by an underspend of £2.99m relating to care packages, The budget is now also net of Fairer Contributions income of £3.6m.   Net growth is deemed to relate mostly to care packages but the under run for the year on 'panel' approvals is likely to cover all service types. Delivery plan savings have also been applied to care packages, though these will also partly impact on placements.

➢ The OP overspend has increased by £803k. Main factors are:
  o £97k reported slippage on the OP reassessment Delivery Plan target, subject to the Delivery Plan Lead providing costed alternative savings actions to address this gap.
  o £249k of Delivery Plan savings reduction allocated between OP and PD
  o £401k due to significant increases in panel spend forecasts to year end (mainly OP). This change is highlighted in the table below, which also shows that panel estimates in forecasts are significantly higher than averages to date.
  o £68k provision for accrued CHC income not recievable
  o £268k due to other activity movement
  o Less £280k ASMT agreed adjustment, mainly linked to panel spend projections.

Panel Averages as a Proportion of Target

Month	Locality Manager Forecast	Average- year to date	Average- last eight weeks
July	92%	81%	78%
June	87%	88%	83%
May	93%	81%	79%

➢ Work is in progress to understand the reasons why the reduction in panel spend for the year to date is not yet reflected either in weekly commitment reports, or the overall position.

➢ The breakdown per Locality is detailed in Attachment 2. This detail shows significant overspends in Cheltenham, Stroud and Gloucester Localities.

PD External Care

➢ The technical forecast (excluding Delivery plan savings) is for an overspend of £0.72m, compared to £0.63m last month and £1.09m in the indicative forecast referred to in the OP/ PD External Care Delivery Plan.

➢ PD budgets are more sensitive to changes from a relatively small number of service users and are currently overspending by £2.20m for care home placements and underspending by £1.94m for care packages.

➢ The PD overspend has increased by £178k. Main factors are :
   o £402k reported slippage on the PD reassessment Delivery Plan target, subject to the Delivery Plan Lead providing costed alternative savings actions to address this gap.
   o £95k net increase in activity.
   o Less £249k due to Delivery Plan savings allocated from OP as noted above.
   o Less £70k adjustments agreed at ASMT

OP and PD External Care Budget Delivery Plan

➢ The overall financial target for the Plan is a £6.5m cost reduction by the end of the financial year. A breakdown of the Plan by Workstream, (showing target, amount banked to date and risk status) is included at Attachment 4. A breakdown of the Plan to Locality level and also a timeline of when expected savings will be achieved.has been produced by the Delivery Plan Lead. This has given Locality Managers the information they need to reflect expected impact within their forecasting.

➢ £2.3m of the target relates to panel costs reducing from spend levels at the end of the previous financial year. If the current level of spend is maintained the Plan is on track to deliver these reductions. Projections are included at this level within the technical forecast, therefore the saving is treated as banked.

Services Managed by Care Services under SLA

➢ These services are underspending by £0.56m, compared to £0.58m last month. The underspend breaks down as £0.44m Localities and £0.12m Countywide Services. The Locality underspend is net of £0.70m which relates to the specific Workstream for the offsetting of Reablement pay underspends, budget to be transferred from the SLA to external care at the end of the month

   o The position also covers a £108k overspend relating to Great Western Court
   o The Locality pay position continues to be inclusive of £0.8m of MtC1 Customer Journey savings.

OP/ PD - External Care Delivery Plan

Workstream	Target Savings £m	Banked Savings £m	Forecast £m	At Risk £m
OP Reassessments (increased efficiency/ mobile working)	0.467		0.467	
OP Reassessments (temp team, ongoing)	0.250		0.250	
PD Reassessments	0.459		0.459	
Front Load Referral Centres	0.711		0.711	
Telecare	0.339		0.339	
Reablement	0.349		0.349	
Reablement- SLA**	0.700		0.700	
Debt Recovery	0.333		0.333	
Complex Cases Panel	0.100		0.100	
Panel Spend (Reduced Weekly Target)*	2.300	2.300	0.000	
Slippage re OP/ PD Reassessments	0.500		0.000	0.500
Total	**6.508**	**2.300**	**3.708**	**0.500**
Technical Forecast Over-spend			5.628	
Net Forecast Over-spend after Cost Reduction Plan			1.920	

* Banked providing panel spend contained within target to year end
** Fully achieved but reported as forecast as budget changes not yet actioned

2014/15 Revenue Budget Monitoring Report - ATTACHMENT 1
Care Services SLA / OP and PD External Care- By Locality
Net Budget Analysis
Year end Forecast Input August 2014

Service Area	Budget Manager	Full Year Budget	Forecast Outturn	Variance		Prev. Mth's Forecast Variance	
Services for Adults		£000	£000	Total £000	%	Total £000	Change £000
Care Services SLA							
Director - Care Services	Candace Plouffe	420	484	64	15.2%	8	56
Locality Manager - Gloucester	Rosi Shepherd	3,373	3,259	-114	-3.4%	-97	-17
Locality Manager - Stroud	Rosi Shepherd	2,624	2,347	-277	-10.6%	-197	-80
Locality Manager - Cheltenham	Margy Fowler	2,633	2,253	-380	-14.4%	-284	-96
Locality Manager - Cotswold	Rosi Shepherd	2,022	1,809	-213	-10.5%	-219	6
Locality Manager - Forest	Margy Fowler	2,162	2,259	97	4.5%	72	25
Locality Manager - Tewkesbury	Margy Fowler	2,200	1,949	-251	-11.4%	-389	138
Countywide Services Manager	Rosi Shepherd	2,941	2,758	-183	-6.2%	-169	-14
Adjustment Agreed - OPPD Delivery Plan				700		700	0
Total - SLA		**18,375**	**17,118**	**-557**	**-3.0%**	**-575**	**18**
External Care	**Responsible Manager**						
External Care - OP							
Locality Manager - Gloucester	Rosi Shepherd	8,019	8,682	663	8.3%	1,032	-369
Locality Manager - Stroud	Rosi Shepherd	8,086	8,412	326	4.0%	626	-300
Locality Manager - Cheltenham	Margy Fowler	6,683	7,590	907	13.6%	1,339	-432
Locality Manager - Cotswold	Rosi Shepherd	5,907	5,928	21	0.4%	621	-600
Locality Manager - Forest	Margy Fowler	6,075	6,008	-67	-1.1%	146	-213
Locality Manager - Tewkesbury	Margy Fowler	4,946	4,832	-114	-2.3%	407	-521
Adjustment Agreed - OPPD Delivery Plan				-356		-3,594	3,238
Total - External Care - OP		**39,716**	**41,452**	**1,380**	**3.5%**	**577**	**803**
External Care - PD							
Locality Manager - Gloucester	Rosi Shepherd	2,769	3,549	780	28.2%	883	-103
Locality Manager - Stroud	Rosi Shepherd	2,195	2,124	-71	-3.2%	60	-131
Locality Manager - Cheltenham	Margy Fowler	2,839	3,072	233	8.2%	232	1
Locality Manager - Cotswold	Rosi Shepherd	1,657	1,150	-507	-30.6%	-444	-63
Locality Manager - Forest	Margy Fowler	1,659	1,810	151	9.1%	198	-47
Locality Manager - Tewkesbury	Margy Fowler	1,277	952	-325	-25.5%	-302	-23
Adjustment Agreed - OPPD Delivery Plan				-70		-614	544
Total - External Care - PD		**12,396**	**12,657**	**191**	**1.5%**	**13**	**178**
Total - External Care		**52,112**	**54,109**	**1,571**	**3.0%**	**590**	**981**
Total		**70,487**	**71,227**	**1,014**	**1.4%**	**15**	**999**

Gloucestershire Care Services **NHS**
NHS Trust

Ref: 14/B014

Gloucestershire Care Services NHS Trust Board

Finance Report
16 September 2014

Objective:

To advise the Board on the year to date actual and forecast full year out-turn position for the Trust at month 4 and also to provide updates regarding financial risks and priorities.

The Board is asked to:

- Note the current position and implications for the Trust.

Executive summary:

For Health budgets, the Trust has planned for a full year surplus of £1.5m. The current forecast for the full year is in line with budget.

QIPP Schemes have been agreed at £3.9m and CQUINS at £2m.

CIP schemes of are now forecast to deliver £2.4m in year and £3.4 recurrently which is significantly less than the £6.4m in the budget. There is a financial bridge at section 1 of this report showing how these shortfalls can potentially be mitigated.

Gloucestershire County Council (GCC) expenditure figures for 2014/5 to the end of month 3 are now available and are included within this report.

Glyn Howells
8 September 2014

☐	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☒	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • There will be impact analyses completed for the changes that come out of the decisions being considered in this paper rather than from the paper itself •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Appendix 3 (a)

	Actual YTD (July)			Full Year Forecast		
	Actual	**Budget**	**Actual v Budget**	**Forecast**	**Budget**	**Forecast vs Budget**
Gloucester, Stroud & Cotswold ICT's	-2,790	-2,490	-301	-6,725	-6,808	82
Forest,Tewkesbury & Cheltenham ICT's	-2,153	-1,672	-481	-4,906	-4,478	-428
Children, Family & Young People	-56	-3	-53	100	40	61
Countywide	21	-4	25	400	-18	418
Scheduled Care	**-4,978**	**-4,168**	**-810**	**-11,131**	**-11,264**	**133**
Cotswold Hospitals	-2,415	-1,986	-429	-7,030	-5,912	-1,118
Stroud Hospitals	-2,184	-1,842	-342	-6,104	-5,491	-613
Forest Hospitals	-1,560	-1,317	-243	-4,648	-3,916	-732
Tewkesbury Hospitals	-943	-824	-119	-2,751	-2,456	-296
Unscheduled Care	-460	-479	20	-1,568	-496	-1,072
Hospitals & USC Management & Admin	15	38	-23	54	113	-60
Hospitals & Unscheduled Care	**-7,547**	**-6,410**	**-1,137**	**-22,048**	**-18,157**	**-3,890**
Nursing & Quality	161	-12	173	337	-44	381
Estates, Facilities & Hotel Services	-1,476	-1,597	121	-4,556	-4,745	189
Central Income	13,317	13,298	19	40,228	39,895	333
Total Operations	**-523**	**1,111**	**-1,634**	**2,830**	**5,685**	**-2,855**
Overheads and Reserves	594	-1017	1612	-1,331	-4186	2855
Trust Total	**72**	**94**	**-22**	**1,499**	**1,499**	**()**

	Actual YTD (July)			Full Year Forecast		
						Forecast vs
	Actual	Budget	Actual v Budget	Forecast	Budget	Budget
Clinical Commissioning Group	31,113	30,931	182	92,314	91,997	317
Foundation Trusts	1,848	1,995	(147)	5,798	5,985	(187)
Local Authorities	1,987	1,910	77	5,340	5,561	(222)
Road Traffic Act	94	94	()	626	281	345
Non NHS: Other	417	550	(133)	1,229	3,850	(2,622)
Education Training and Research	521	491	29	1,047	802	246
Non-NHS: Private Patients	2		2	4		4
Income Generation	143	157	(14)	386	470	(84)
NHS Other	107	24	83	204	66	138
Charitable and Other Contributions to Expenditure	2		2	2		2
Income	**36,231**	**36,151**	**80**	**106,949**	**109,012**	**(2,063)**
Administrative Staff	3,295	3,214	(80)	10,242	9,481	(761)
Healthcare Assistants & Other Support Staff	730	830	100	2,223	2,490	267
Medical & Dental	2,263	2,265	2	6,626	6,796	170
Miscellaneous Pay	(2)		2	(2)		2
Non Trust & Agency Staff	1,369	164	(1,205)	3,503	460	(3,043)
Nursing, Midwifery & Healthy Living	12,719	13,482	763	38,815	39,024	209
Savings / Reserves (Pay)	(129)	28	157	(5,318)	(2,480)	2,838
Scientific, Therapeutic & Technical	5,304	5,664	360	16,160	16,762	602
Senior Managers and Managers	1,393	1,441	47	4,363	4,320	(43)
Pay	**26,942**	**27,089**	**146**	**76,613**	**76,854**	**242**
Clinical Services & Supplies (Non Pay)	1,644	1,772	129	4,667	5,297	630
Establishment Expenses	873	875	2	2,580	2,592	13
External Contract Staff	344	47	(297)	639	128	(511)
General Services & Supplies	416	346	(69)	1,136	1,036	(100)
GMS Discretionary	14	14	()	39	42	2
New GMS Contract (Non Pay)	40	122	82	163	365	202
Non H/Care from NHS Bodies	2,691	2,052	(639)	8,137	6,155	(1,982)
Non Pay Commissioning	71	63	(7)	186	190	4
Prescribing	85	64	(21)	221	191	(30)
Purchase Healthcare Non NHS	77	133	56	298	398	100
Premises & Fixed Plant	3,322	3,242	(80)	10,599	9,717	(881)
Misc Services	(358)	239	597	172	4,547	4,374
Non Pay	**9,217**	**8,968**	**(249)**	**28,837**	**30,658**	**1,822**
Expenditure	**36,159**	**36,057**	**(102)**	**105,449**	**107,513**	**2,064**
Surplus/(Deficit)	**72**	**94**	**(22)**	**1,500**	**1,499**	**1**

Board Meeting of Gloucestershire Care Services NHS Trust
To be held on: 16 September 2014
Location: Brockworth Community Centre

Agenda item: 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 at Month 4 and to highlight risks and plans to mitigate them.

2.   Recommendations
The committee is 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
The plans for the current financial year are challenging with £3.9m of QIPP income to be earned, £2.0m of CQUIN income to be earned and £6.4 of CIP savings required to deliver the budgeted surplus of £1.5m for the trust.

CIP schemes of are now forecast to deliver £2.4m in year and £3.4 recurrently which is significantly less than the £6.4m in the budget. There is a financial bridge at section 1 of this report showing how these shortfalls can potentially be mitigated

Trust staff are also involved in delivery of savings of more than £6.5m for external Care and £700k on the SLA spend for Gloucestershire County Council (GCC).

Within GCS, services are now commissioned and funded by a number of different commissioning organisations. Funding from Gloucestershire CCG and NHS England is now in place and contractually agreed, funding for services being provided for Gloucestershire County Council (mainly public health related) are agreed in principle but still to be documented and invoiced. This is now being dealt with as a priority to ensure that the impact on income and cash flow is minimal.

The budget for Social Care Service Level Agreement (SLA) spend is set at £18.0M for 2014/5. As at month 4 the forecast was an underspend on these budgets of approx. £1.25m. Latest forecast agreed at ASMT shows a reduced underspend of £557k with the other £700k being used to offset overspends in external care.

A recovery plan for Gloucestershire County Council External Care spend is progressing well. Latest forecast shows an overspend of £1.57m for this business area though concerns remain around reporting and in particular around the link between commitments and panel spend and the number of placements being made through quick support plans.

Capital of £6.4m is available for use in year including rolling forward the £1.5m from 2013/4 relating to finding an alternative site in Gloucester to

consolidate our existing services into which will allow us to move from expensive leasehold properties; and Cheltenham to allow us to relocate services from Cheltenham Royal Hospital where we have been served notice.

4. Discussion of Issues

The main issues that the Trust faces from the financial perspective are:
1. Delivery of the required CIP savings in year.
2. Delivery of £3.9m of QIPP schemes
3. Contract implementation GCC commissioned services
4. Delivery of CQUINS schemes of £2.0.
5. Recruiting required staff to reduce agency usage and related cost.
6. Delivery of the External Care recovery plan of >£6.5m
7. Investigate opportunities to earn additional income for over performance
8. Maintaining a solid cash position by collecting all contracted income and robust cash flow forecasting (note that the first payment of PDC for the trust of £1.34m is due on 15th Sept)
9. Developing a detailed LTFM to support the Integrated Business Plan to underpin the Foundation Trust Application process.
10. Develop the 5 year Financial Management Strategy including:
    a. Cash Management
    b. Capital Spend
    c. Procurement
    d. Commercial Arrangements
    e. Performance Management Framework
    f. Efficiency / Productivity management

5. Key Findings and Actions

Financial Performance

Annual Plan
The Trust submitted a plan to the TDA for 2014/5 that shows income of £111.4m and a surplus of £1.5m (health figures alone).

As at Month 4 it is still believed that these numbers reflect the position that the Trust will achieve with delivery of the CIP as the biggest risk.

Item	Income	Cost	Surplus	Certainty (High / Medium /Low)
Plan	109.0	107.5	1.5	
New Business income not delivered as planned	-2.5	-2.2	-0.3	HIGH
CIP Underdelivery on mobile working and productivity		3.0	-3.0	HIGH
Other CIP Underdelivery		1.0	-1.0	MEDIUM
Non Recurrent identified Savings		-0.8	0.8	MEDIUM
Other potential non recurrent savings		-1.0	1.0	LOW
Funding for Overperformance	0.5		0.5	LOW
Release of Reserves		-2.0	2.0	HIGH

| Latest Forecast | 107.0 | 105.5 | 1.5 |

Budget Monitoring

Performance against budget is tracked and reported against individual localities and cost centres. Budget monitoring reports are now generated from ESSBASE each month with "books" of management accounting information produced for the operational directors and locality managers. All reports are being cascaded down through the organisation so budget holders and their managers will receive consistent performance to date and full year forecast out-turn positions.

Operational accountants are allocated by service and are responsible for supporting budget holders with the financial management and efficiency of their cost centres. The allocation of operational accountants with the organisation is currently being reviewed to ensure the most effective support and challenge for each function.

As at month 4, the most significant cost pressure outside of CIP delivery is agency spend in hospital inpatient areas where a targeted team are focussed on ensuring that the Trust has recruited to the required substantive positions.

Performance in Achieving Cost Improvement Plans

For 2013/14 the CIP target is £6.4m of recurrent savings summarised as below and detailed in Appendix 1.

2014/15 CIP SCHEME SAVINGS

	PLAN	FORECAST	VARIANCE
Productivity			
* reduce new/follow up ratios	500	0	(500)
* improve face to face/phone ratios	500	0	(500)
Mobile working	1,000	794	(206)
SystmOne (productivity)	2,000	0	(2,000)
Central booking (productivity)	500	0	(500)
Cost effectiveness (skill mixing)	250	237	(13)
Estates savings	250	250	(0)
Support services incl IT licence savings	250	215	(35)
Procurement including drugs	500	500	(0)
Inter NHS recharges	250	250	(0)
Others	400	293	(107)
Total	**6,400**	**2,537**	**(3,873)**

A sub-group from execs now meets monthly to review CIPs and progress being made. Forecasts are being conformed on a project by project basis to get better operational grip and focus in this critical area.

See appendix 1 for details by month. As at the end of month 4 the Trust had achieved the required level of CIP savings but not all recurrently.

QIPP

The Trust is in a much better position than last year in that all schemes are now agreed with the commissioner. There is significant risk around non-delivery on the ICT team's scheme as this will be paid out based on reduced admissions into GHFT where there is shared responsibility for delivery across the health community. To mitigate this GCS has

a) Agreed that over delivery is possible on some of the other schemes, and

b) Identified additional QIPP schemes that the commissioner will also allow to be added.

Detailed scorecards are prepared each month to track delivery and ensure overall delivery of the full £3.9m

QIPP Programme	GCS Risk Share KPIs (Activity) (£000s)	KPIs / Milestones (£000s)	Total (£000s)	Rating (as at 30/7/2014)
Integrated Community Teams	£625	£1,035	£1,660	High risk
Integrated Discharge Team		£265	£265	Medium risk
Community Hospital Programme: Service Model Workstream		£300	£300	Low risk
Community hospitals - maintenance of MIU opening hours & availability of community hospital beds		£275	£275	Low risk
Community Hospital Programme: Staffing Workstream		£400	£400	Low risk
Use of MIU's (Including SWAST and NHS 111 Clinical Advice project)	£75	£50	£125	Medium risk
MSK Interface Service	£200	£200	£400	High risk
MSK Clinical Pathway & Thresholds		£100	£100	Low risk
Paediatrics		£125	£125	High risk
Sub-Total	**£900**	**£2,750**	**£3,650**	

Service changes	GCS Risk Share KPIs (Activity) (£000s)	KPIs / Milestones (£000s)	Total (£000s)	Rating (as at 30/7/2014)
Physiotherapy & Podiatry Review		£250	£250	Low risk
Sub-Total	**£0**	**£250**	**£250**	
Grand Total	**£900**	**£3,000**	**£3,900**	

CQUIN

Total CQUIN income in current plan and budget is £2.0 made up of £1.8m from Gloucestershire CCG which is detailed and the remainder from NHS England.

CCG Schemes and income potential

CQUIN Goal	% of CQUIN schemes	Expected Financial Value	Rating (as at 23/7/2014)
1) NHS Safety Thermometer	5%	£90,803	No Risk
2) Patient Experience Friends and Family	5%	£90,803	No Risk
3) Patient Experience Person-centred coordinated care	16%	£290,570	Medium Risk
4) Patient Experience / Organisational Development	20%	£363,212	Low Risk
5) Patient flow / Discharge	16%	£290,570	Low Risk
6) Patient Safety Staff Skills and Competencies	28%	£508,947	Low Risk
7) Patient Safety Patient records and documentation	10%	£181,606	Low Risk
Total	100%	£1,816,060	

NHSE Schemes and income potential

1. The finance schedule attributes CQUIN as follows:-

Community Dental	£75,116
Children 0-5	£151,986
Healthy Start Vitamins	£24
Childhood Immunisations	£3,207
TD/PV and HPV Immunisations Programme	£5,525
Total	**£235,858**

2. Deliver HPV threshold receive £5,525 – discussed and agreed via Public Health commissioning team and GCS. Delivery measured annually.
3. Community Dental CQUIN paid on delivery of reports as per below. Payment split 1/3 across each of the three reports once received to an agreed format
   a) Monthly activity information by type of service / activity band
   b) Ability to see above information by location
   c) Quality element to include but not restricted to outcomes, wait times, referrals, DNAs, complaints, compliments compared with peer group

4. Children 0-15 CQUIN is still being discussed with commissioners but is not expected to be an issue due to close collaborative working arrangements with the commissioner.

New Business

The request from the CCG that the Trust expand the level of the services in Integrated Community Teams (ICTs) and in the integrated discharge team (IDT).
Detailed plans are being drawn up within the Trust for the enhanced ICT service and once all recruitment trajectories have been finalised a variation to the contract will be drawn up. In year this is likely to be around £2.0m but will be £3.9m recurrently.

For the IDT the figures situation is similar with an additional full year effect expected of approx £800k of additional recurrent funding with circa £600k due in the current year.

Detailed planning on both services has identified funding gaps that are currently being discussed with commissioners.

The GCS response to the tender process for Out of Hours GP services progressed to presentation stage on Sept 2nd. This clinician led presentation and Q&A session well presented the GCS offer. The next step is that we will find out if we have been successful in late September/early October.

Capital Spend

The Trust plans to spend £6.4m on capital items through the year which are summarised as below, please note this includes the £1.5m that was rolled over from 2013/4 in agreement with the TDA relating to New Property for Countywide services.

The prioritisation of this spend is managed through the CAPEX steering group and the IM&T Steering Groups.

Description	£000s
Backlog Maintenance Programme	256
Premises and Plant refurbishments 2014/15	1,765
Medical – Equipment	530
Community Health System	500
IM&T	1,795
Furniture and Fittings & 10 yr. Items	54
New property for countywide services	1,500
Total	**6,400**

The next capex committee will undertake a comprehensive review of all planned spend for 2014/15 and created an updated forecast including the

impact of a capital receipt from GPs in Tewkesbury regarding the sale of land where the old Tewkesbury Hospital was located which is expected to complete in October 2014 .

It is anticipated that the new forecast will be lower than £6.4 due to the Tewkesbury capital receipt, slippage on projects and a lack of demand for refit and refurbishment. All plans will be thoroughly reviewed and if necessary a request will be made to the TDA to defer some of the planned spend into 2015/16.

GCC SLA

Latest Forecast for External care budgets (including current year estimates for Recovery Plan) actions is:
- Older People (OP) External Care is overspending by £1.38m
- Physical Disabilities (PD) External Care is overspending by £0.19m

This is offset to an extent by;
- The services managed under SLA are underspending by £0.56m

The forecast outturn for all GCC service areas is an overspend of £1.01m.

These budget areas are dealt with in detail in appendix 2

6. Financial implications

GCS has set all budgeted reserves (£2m) against confirmed under-delivery of CIP. This means that any additional slippage on CIP, £3.9m of QIPP and £2m of CQUIN or any other cost pressures will be difficult to manage whilst still delivering the planned surplus.

Monthly delivery of CIP against plan will now start to be built in to the financial management processes to ensure clear Board visibility of ongoing delivery of CIP along with CQUIN and QIPP.

Additionally, the Trust continue to spend circa £300k per month on agency spend of which around a third is a premium to the agency on top of the budgeted amount. This needs to be minimised as a matter of urgency as the premium element is unbudgeted expenditure and creating additional cost pressure.

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 2014/15 are summarised in the table below. And is shown in further detail in appendix 3.

High level overview of year to date and full year forecast

	Actual YTD (July)			Full Year Forecast		
	Actual	**Budget**	**Actual v Budget**	**Forecast**	**Budget**	**Forecast v Budget**
Income	36,231	36,151	80	106,949	109,012	**(2,063)**
Pay	26,942	27,089	146	76,613	76,854	242
Non Pay	9,217	8,968	**(249)**	28,837	30,658	1,822
Surplus/Deficit	72	94	**(22)**	1,500	1,499	1

The trust is currently showing a surplus of £72k for the first 34 months of the year. This represents a solid start to the year and is close to budget for the year to date.
The full year position is currently forecast at planned level of £1.5m.

The main variance to plan within the current forecast is that the new business income of £2.5m included in the original plan is no longer being forecast. This shortfall explains £2.5m of the £2.55m income variance to plan and also the £2.35m pay cost variance to plan as well.

Underdelivery on CIP in the opening 4 months has been offset by vacancy control. CIP targets in these months were significantly lower than they will be later in the year so vacancy control alone will not be enough. The table at the bottom of page 2 shows the current position regarding risks and opportunities in the forecast and demonstrates how the £1.5m has been arrived at.

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

None

9. Consultation and Communication including Public Involvement

None

10. Links to:

Objectives 5 and 6.

Prepared by: **Stuart Bird**

<u>Appendices</u>

Appendix 1   CIP Schemes showing plan and forecast by quarter
Appendix 2   Services managed by GCS on behalf of GCC
Appendix 3   Detailed income and Expenditure Account

Ref: 14/B015

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Reablement Service Report
16 September 2014

Objective:

Outlines Gloucestershire Care Service NHS Trust (GCS) activities associated with its reablement service.

The Board is asked to:

Note and discuss the contents of this report.

Support GCS in progressing with the action/milestone plan outlined in Appendix 1 of this report.

Agree whether the Board would like to see further reablement service reports and if so, how frequently.

Executive summary:

The GCS managed reablement service (on behalf of GCC) has experienced significant change over the past 2-3 years and it strives to deliver a person centred service. However, there remains some confusion about the current reablement model of service.

GCS colleagues actively contributed to a commissioner led review of the reablement service at the same time as trying to oversee the management of an improved picture in terms of performance and workforce management, such as reducing the levels of staff sickness.

The reablement service continues to be a key enabler for the Integrated Community Teams (ICTs) and the external care delivery plan and, because of this and the recent commissioner review, GCS will be embarking on a transformation programme of work for the reablement service. There will be a defined level of focussed activity within the reablement service between September-November 2014 and then December-February 2015.

Susan Field
03/09/2014

A. Please select one of the following options:

☐	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☒	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • Currently underway as part of reablement service action/milestone plan

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

  a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

  b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: Tuesday 16 September
Location: Brockworth Community Centre

Agenda item

1. Purpose

The purpose of this report is to:

- Provide an update to the Gloucestershire Care Services NHS Trust (GCS) Board about the service's performance and the management of its reablement workforce.

- Outline the key findings of a reablement service review undertaken by Gloucestershire County Council (GCC) and Gloucestershire Clinical Commissioning Group (GCCG) commissioners.

- Report to the Board about the GCS response to the above findings.

- Provide clarity about the reablement service's contributions to the improved patient flows across the health and care economy and its contribution to the external care delivery plan.

2. Background

National policy with regards to reablement is well recognised as being a "preventative" service particularly in terms of its emphasis on keeping people as independent as possible, for as long as they feel able, and not least by providing earlier support. Individuals across Gloucestershire need to feel that appropriate help is available as soon as difficulties occur. Because of this, we need to maximise the potential of reablement, telecare and other innovations so that people's lives can improve whilst the reablement service maintains high efficiency levels.

GCS currently manages a large reablement service on behalf of GCC.

3. Gloucestershire Care Services NHS Trust Reablement Service

Within GCS there has been a detailed programme of work that has overseen the management of the reablement service on behalf of GCC. This work has included:

- Increasing the contact time that the service user has with the reablement service

- Overseeing the management of excessive sickness levels within the reablement service.

- Actively contributing and participating in the joint commissioner led review which has now been completed.

- Promoting a consistent reablement service across Gloucestershire.

- Integrating the reablement service within the activities of the Integrated Community Teams (ICTs).

- Increasing capacity within the reablement service at the same time as having greater flexibility, moving away from a domiciliary care to a more front-loaded intensive level of reablement.

- Participating in the 2014 National Audit of Intermediate Care (NAIC).

4. Progress to date

4.1. Improving contact time within the Reablement service

Contact time is currently defined as any time directly spent with service users – this could be face to face or via telephone undertaking reviews, for example. Currently, reablement staff contact time is recorded using the scheduling tool know as Cold Harbour. The current aim with commissioners is to reach a consistent contact time of 50% by April 2015 and this is a key element of the external care delivery plan (with an anticipated stretch target of 60% and beyond).

The current status for contact time is 32% contact time against a target in July for 34%. By March 2015 the target contact time is 50%, an additional 18% over and above the current contact time status. In July, it was agreed to exclude annual leave and sickness from the current contact time recording to bring the service closer in line with external domiciliary care providers. This will improve the contact time, however, the target will also be moved (likely to be 60% plus) as a result of this change. The movement of the target will be agreed with GCC commissioner and reflected in subsequent performance reports.

4.2 Managing sickness absence within the Reablement service

Sickness absence within the reablement service compared to other GCC employed staff is relatively high. The overall "target" for GCC staff is 0.6 WTE days lost per month. Across the reablement service this stood at 1.65 WTE days lost as of July 2014.

In addition to the sickness levels, the reablement staff are predominately an ageing workforce which may also have some impact on sickness levels. The age profile of the reablement staff is indicated below and highlights that 40%

of the staff currently employed are over the age of 55 and working in an environment that is physically demanding.

Substantive Staff Role	67+	61-66	55-60	Under 55	Grand Total
Reablement Co-ordinator	0	2	3	22	27
Senior Reablement Worker	0	6	8	30	44
Reablement Worker	2	27	64	111	204
Grand Total	2	35	75	163	275

The table below also indicates where sickness is in relation to age of staff (April – June) and highlights that the average working time lost per WTE staff member was 5.09 for Quarter 1. It clearly indicates that sickness is highest amongst reablement staff aged 55-60 years.

Job Title	67+	61-66	55-60	Under 55	Grand Total
Reablement Co-Ordinator	0.00	2.00	1.33	1.15	1.24
Senior Reablement Worker	0.00	0.25	3.94	4.86	4.14
Reablement Worker	1.17	6.38	10.42	3.16	5.95
Grand Total	1.17	5.16	9.13	3.18	5.09

Actions taken by GCS to address sickness levels have included:

- Securing dedicated GCC HR resources who have been working with the reablement co-ordinators to proactively manage sickness and targeting those individuals who have sickness levels that reached 15 or 60 days.

- Training and coaching reablement co-ordinators to behave and act as managers and to enable them to feel confident to have difficult conversations with staff that cause them concern.

- GCC workforce team actively providing more frequent HR/workforce data so that this can be used as a more robust management tool.

4.3 Outcomes of the Joint Commissioner Review of the Reablement Service.

This review took place between April – June, led by a commissioner on behalf of both GCC and the GCCG. The review which involved and was supported by GCS included:

- Working with reablement staff.

- Collating reablement service activity data across the 3 localities.

- Reviewing workforce data across the 3 localities.

- Some degree of benchmarking (although it was acknowledged that this was difficult due to the wide variance of reablement services across England).

- Working within the parameters of the Better Care Fund metrics i.e. to increase the number of people still living at home 91 days after reablement and to decrease the number of people entering residential care (also a core component of the GCS external care delivery plan).

- Consideration of the new Care Bill and the impact that this may have in the future.

The review report has now been published and shared with GCS and can be seen in Appendix 1.

A number of recommendations have been made following the review have been welcomed by GCS. These include (over and above what GCS has already been progressing i.e. sickness levels):

- Removing any confusion between reablement and rehabilitation and having clear definitions, entry points and pathways for:

  - Rehabilitation (at home and at community hospitals).
    NB It should be highlighted that GCS (and the GCCG) are actively involved in a regional workstream in developing a consistent rehabilitation pathway.
  - Bed-based reablement provision
  - Reablement at Home
  - Domiciliary Care at Home

- Developing a new reablement referral form which will be used by hospital and ICT staff and will determine times, deliverables and outline goals for reablement.

- Providing an intensive reablement service (i.e. front-loading for 2 weeks).

- Ensuring that the reablement service has an identity and "brand" so that the service maintains momentum and focus.

- Identifying visible and clear leadership within GCS for the reablement service.

- Utilising telecare more effectively and as an enabler that can start with a reablement package rather than be at the end of it.

- Developing more robust metrics that have the ability to evidence value for money with a focus on outcomes.

- Being more confident that the reablement service has the ability to deliver a service to its core clients e.g. those with memory challenges.

4.3.1 GCS Response

As previously mentioned, GCS has welcomed this report and have jointly worked with the commissioners on the production of a milestone/action plan (also in Appendix 1) and which will be underpinned by a detailed operational plan. Other actions that have been pursued by GCS have included:

- Identification of a GCS reablement lead to oversee this work and with particular focus between September - December 2014.

- Agree to actively contribute to a further update commissioner review report due in December 2014 which will focus on:

  - Contact time improvements
  - Number of reablement cases open at 6 weeks being reduced
  - Average visit duration of reablement staff.
  - Number of visits and hours across the afternoon and evening to something morning visits.

- Ensuring that monitoring of reablement activities is closely aligned to the GCS external care delivery plan.

- Commencing an equality and quality impact assessment against these review findings and propose action/milestone plan.

- Ceasing as of 1st September 2014 Domiciliary Care in lieu of Reablement for any new service users. The GCC Director of Adult Social Services has approved this action and it does NOT mean that GCS will stop providing a commissioned domiciliary service to meet short term needs. This will continue just as before to support timely hospital discharges. If people are assessed as potentially benefitting from a reablement service and there is no available capacity then any immediate personal care needs will be met as now, with the use of a commissioned domiciliary care service. The only change is that we will

be applying GCC's standard charging policy for this domiciliary service and service users will be made aware that there will be a charge for the service subject to a financial assessment (just as for all other domiciliary care services).

- As before, Service User's will be referred to the Reablement service and as soon as capacity is available this will be arranged with the reablement teams who will work alongside the commissioned domiciliary care providers so that people may be receiving a mixture of a chargeable domiciliary care service and a reablement service (for which there is no charge). Staff will make this distinction clear with service users as part of their discharge planning arrangements from hospital (acute and community).

Finally, it is anticipated that as part of the next steps a full reablement service report will be presented to GCC Cabinet in February 2015.

4.4 GCS Benchmarking Activity – National Audit for Intermediate Care (NAIC)

GCS has participated in this national 2014 audit for the first time and progress as part of this has included:

- The online data collection tool being completed July 2014.

- Completed PREM questionnaires submitted by end of August 2014.

It is anticipated that the audit report will be available by end of calendar year 2014 and will be preceded by a national event in November 2014 to present audit findings, share good practice and network with other reablement/intermediate care services – GCS will be sending two representatives to this event.

4.5 GCS Reablement Service and its alignment to the External Care Delivery Plan

With the commissioner review recommendations there was a clear recommendation that telecare technologies be utilised at an earlier stage with service users. In response to this, GCS is recruiting additional telecare staff and training is on track for October 2014. To support this recommendation and the meeting of the telecare target, newly trained specialist assessors will undertake extra assessments across the three localities from August onwards.

The baseline for telecare standards to be met by teams are expected to be set shortly and it should be highlighted that this has not been possible due to recurrent difficulties with extracting data. The Telecare Operational Manager has been tasked with developing proposals to utilise additional funding in telecare to maximise uptake of the service. These proposals have now been received and will be ratified in September by the external care delivery group.

As previously mentioned, there has been dedicated support to the localities from the GCC HR team with several staff on long term sick returning to work or leaving the service. Short term sickness will now be the focus for the coming months and it is acknowledged that managing short-term sickness will be challenging.

In light of the commissioner led review previously mentioned an updated transformation plan for the reablement service has been launched and will also include a drive to address some of the cultural and attitudinal issues that are persistent "blockers" within the service which if not addressed (with the support of GCC) will continue to prevent the service from being as effective as it needs to be. These include the ongoing sickness management, delays due to therapy capacity and traditional call times being requested, leading to calls being refused due to lack of capacity at popular times of the day.

This transformation plan agreed with commissioners will see the service re-launched, a stronger focus on hospital discharges and "front-loading" reablement as previously mentioned and will mean providing intensive support for a number of hours a day, but for a shorter period of time (e.g. up to 2 weeks). It is expected that this redesigned service will be operational by end of November, and being the default option for hospital discharges by January 2015.

5. Discussion of issues

There is no doubt that GCS is in the position of delivering a revised reablement model of service by the end of 2014 and that if the organisation is not successful in doing this, there is a significant risk that the Trust will potentially lose this service to other providers, which in itself reduces the ability to integrate the reablement function and seamless care pathways within its existing integrated community teams (ICTs).

There must continue to be a concerted effort of ensuring that GCS maximises appropriate income and financial savings targets associated with the reablement service and this pathway applies to its links with the external care delivery plan and its alignment to appropriate service user funded domiciliary care services.

GCS remains committed to managing the reablement service, the complexities and the challenging cultural issues associated with it to support this programme of work however, it should be highlighted that negotiating with GCC for support and funding remain ongoing. As an organisation we are clear that this strategy will continue to support the Trust's vision "*to be the service people rely on to understand them and organise their care around their lives*".

It is acknowledged by the Trust that there will rightly be, high levels of scrutiny and performance management arrangements in place with commissioners but at the same time the need for robust and timely information will be a

consistent requirement for this to occur and that this continues from a GCC perspective.

The complexities as well as the interdependencies and impact of changes associated with the reablement service and ICTs are numerous and how the Trust and GCC manage the shift towards an outcome rather than activity based commissioning and delivery approach remains challenging. There needs to be a scorecard approach that monitors and tracks quality and service user outcomes i.e. if, as planned, the external care delivery plan reduces the number of "admissions" to care homes, what impact is this having on community teams and other community based assets, hospital admission, or potentially any health inequalities, and how do we monitor this impact? In order to get a better understanding of this it would be helpful for Board members to participate in a quality and service seminar session that focuses on service user journeys of care, quality and activity metrics and wider understanding about community alternatives. The Director of Service Transformation will actively progress with this proposal if supported by Board members.

6. Key findings and actions

Previously discussed.

7. Financial Implications

The current 2014/15 allocation for the reablement service is approximately £6 million and there remains significant pressures to meet Meeting the Challenge (MtC) GCC saving plans over the coming years.

8. Implementation and Review of Progress

Refer to main body of the report.

9. Legal Implications

Any decisions associated with the programme of work are made in light of seeking formal GCC legal advice.

10. Risk Implications

Ongoing risk assessments and registers will be maintained throughout the programme of work and will align with external care delivery plan.

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

See front cover

12. Consultation and Communication including Public Involvement

Not applicable for the purposes of this paper.

13. Links to:

External Care Delivery Plan
Better Care Funds Activities (commissioner led)

Prepared by:

Susan Field, Director of Service Transformation

Presented by:

Susan Field, Director of Service Transformation

Appendices:

Appendix 1 – Gloucestershire Reablement Position Statement

[REABLEMENT POSITION STATEMENT]

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Part One - As is

Executive Summary

The observations have demonstrated that the Gloucestershire Care Services reablement service is not delivering traditional domiciliary care model of 'doing for'.

However, the current reablement service is not delivering person centred, individualised reablement service that takes account of an individual's social and psychological needs.

The majority of the service focuses on activities of daily living tasks such as washing, dressing and food preparation, there is no evidence of:

- Person centred goal setting
- Reablement taking place outside of the home
- Tele care being optimised to maximise service users independence
- Continuity of reablement workers for service users
- Integration into the wider community once reablement has been completed

The national Care Services Efficiency Delivery Team (CSED) defines Reablement as:

> *'an approach or philosophy which aims to help people 'do things for themselves' rather than 'having things done for them'.*

This narrow definition of reablement results in the providers delivering the basic requirements of a reablement service and has limited the opportunity and potential of the current reablement service.

There is no evidence to suggest that the current independent sector could not provide what reablement is currently providing at a much lower cost base.

When the previous 'Community Steps' model (see below) was transferred to Gloucestershire Care Services to work within the integrated community teams, one of stated outcomes of this was '*customer-centric reablement pathway'.* This has not been achieved.

In addition there was a target to reduce 'non-contact time' (time not spent with clients) to 40% meaning that contact time would be 60%. This has not been achieved. The last available figures (July 2014) demonstrated that 'non-contact time' is 58.5% across the county. This means that the current service has a contact time of 41.5%. Still 20% short of the expected service commissioned.

To meet the challenges of the current and future pressures of fewer resources and more people, the current service must
- Be clear what the service can provide
- Introduce a more intensive reablement service which enables workers to spend more time with the user
- Meet social and psychological needs
- Provide value for money in comparison to other County Council 'in-house' reablement services.
- Provide evidence to state that it is providing good outcomes for individuals in optimising their independence.
- Embrace tele-care technology alongside reablement to ensure maximum independence.

Purpose of Report

There are a number of circumstances that provide an opportunity for Gloucestershire County Council and Gloucestershire Clinical Commissioning Group to commission services differently and move towards outcome commissioning. These include:

- People wanting to live as independently as possible within their own homes.
- The current contracts for domiciliary care are due to end in April 2015.
- One of the metrics in the Better Care Fund is to increase number of people still living at home 91 days after reablement.
- One of the metrics in the Better Care Fund is to decrease the number of individuals entering into residential care.
- The impact of the Care Act on public finances regarding the cap of individuals funding of residential and nursing care.

There is an opportunity to consider moving away from the traditional silo approach to commissioning; of separating personal care, domestic care, health services and moving towards a joint commissioning approach that helps the local population live in a safe and dignified way and that supports users to maintain or improve their independence.

A Project Initiation Document (PID) has been developed and agreed (June 2014). One of the first tasks to be undertaken was a position statement that clearly identified:
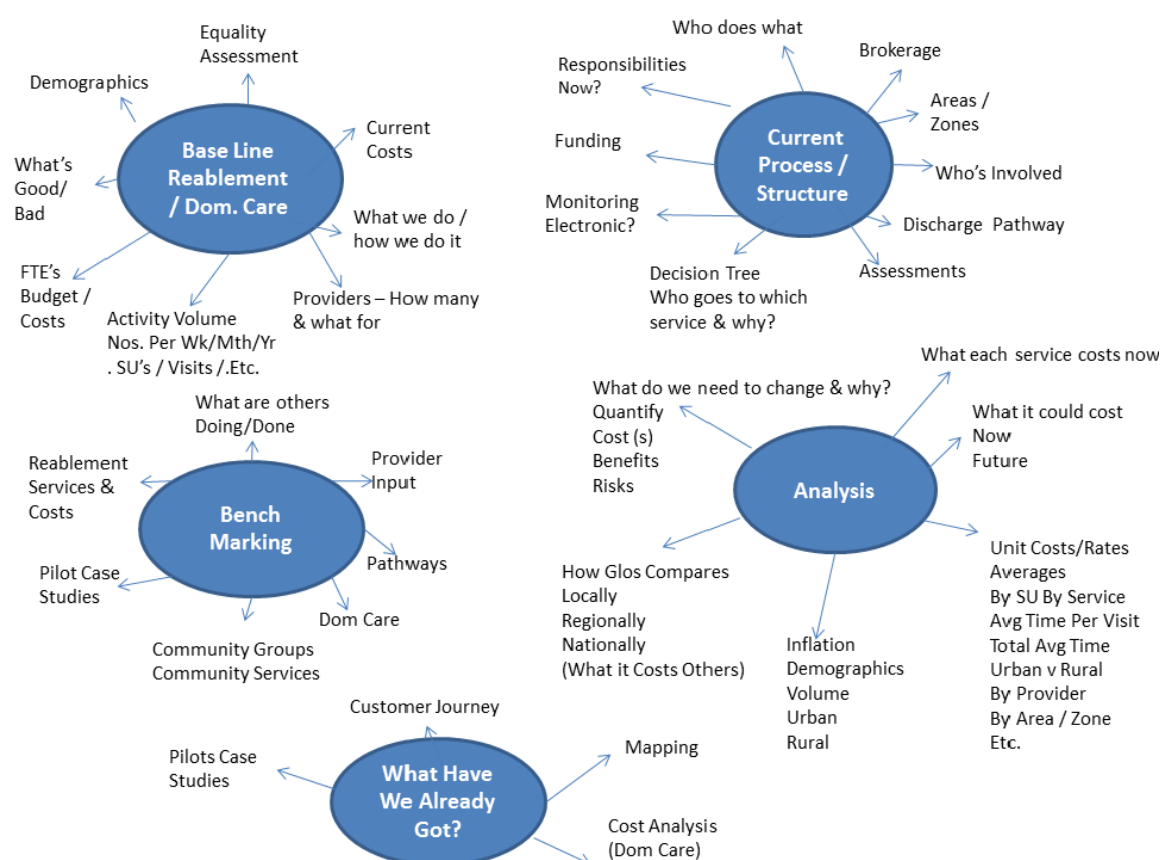
Reablement in Gloucestershire is delivered both in people's homes (home based) and in bed based reablement units (e.g. Ashley House, Great Western Court and the Kingham Unit). It should be noted that, for the purpose of this project, bed based reablement has been excluded for the PID and is subject to a different review.

The outcomes of the PID can be summarised into three distinct areas:

1) Current position of reablement and domiciliary care, including recommendations to improve current commissioned services
2) Future model for commissioning support in people's own home to promote optimising independence
3) Developmental model to ensure successful transition from current model to future model

This paper outlines the current provision of reablement and domiciliary care, including recommendations to improve current commissioned services

Part One of this paper summarises the current provision of reablement following periods of observation, 1:1s with reablement workers and reablement coordinators, process mapping, data benchmarking and analysis.

Part Two of this paper advises a number of recommendations for the commissioners of the service to consider.

Background

Gloucestershire County Council previously had an in-house domiciliary care model, Community STEPs (Short Term Enablement Programme) team. The home care model was emerging into a reablement model during 2010-11.

In October 2011, the staff who previously worked in Community STEPs (GCC) and Intermediate Care (GCC and health) were integrated into the multi-disciplinary teams. This meant that reablement support staff came under single line management within the Integrated Community Teams (ICTs). This enabled the reablement support staff, to work within a multi-disciplinary team. The formation of the integrated teams negated the need for referrals within the teams.

In October 2013 GCS undertook a review of the shifts. Please see table below for before and after comparison.

Pre October 2013 - Lots of different shifts	Post October 2013 - 5.5 hours per shift
7-11am /7am-12pm / 7am-1pm	7am – 12.30pm
11am-2pm / 11am-3pm	12.00 – 5.30pm
5-9pm / 7-11pm	5 – 10.30pm
No cover 3-5pm - All shifts worked as 4 days on and then 4 days off.	Stroud does operate 4 days off/on not all other areas do

The initial reason for the shift change was to increase contact time. The change of shift time has not achieved that. However, the issues that came to light whilst changing the shift patterns (mileage claims, many different shifts, multiple contracts) suggested that it was a necessary exercise.

Key Facts

- £6.7 million budget on reablement service (£5.2 Gloucestershire County Council, £1.5 Gloucestershire Clinical Commissioning Group)
- 1.1 million underspend (£5.6million)
- 30-40% contact time across the county during 2013/14
- 71% people living independently after 91 days
- 50% of reablement packages are hospital discharge referrals
- 50% of reablement packages are community based referrals
- Between 40-50 reablement packages per month open after 6 weeks during 2013/14
- No evidence to demonstrate reablement reduces ongoing care
- External Care Budget under increasing pressure
- Meeting the challenge of further projected savings of 3 million

Outline commissioning intentions to Cabinet in February 2015 with specification to re-contract home care and reablement later in 2015.

Definitions

There are many different definitions of reablement. This is partly due to the service being a philosophical approach to regaining and retaining independence.

In October 2011 the Community STEPs team and the jointly funded, locality based Intermediate Care teams were brought together with the wider Integrated Community Teams (ICTs). It was then recognised that the manner in which these services are delivered would need to be developed to reflect this wider role within ICTs. GCS developed a reablement improvement plan to ensure the delivery of a number of key achievements. One of these was:

> *Agree reablement as the philosophy of the ICTs; as a way of approaching the work, rather than a separate service.*

This was to ensure that the whole of the ICTs promoted independent living so service users can live personalised and independent lives and reduce reliance on health and social services. The line-management structure of the reablement service as a separate entity within the ICTs has not assisted with the outcome. The decision to use language to achieve the above has resulted in the current stance across Gloucestershire that GCS only provide reablement (rehabilitation is no different). GCS criteria of reablement is 'any individual with the potential to benefit', which should ensure equal access to reablement service whether it is rehabilitation or reablement. However, this has not been the case in practice.

The outcomes of reablement and rehabilitation are the same 'be independent as possible' however, reasons why you access rehabilitation and reablement can be different.

> **Rehabilitation** is '... the process of restoration of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal or as near normal manner as possible. For example, rehabilitation after a stroke may help the patient walk again and speak clearly again. The word comes from the Latin 'rehabilitare' meaning 'to make fit again'.'
> **Reablement**, in contrast, is not only for people who have had an illness or injury. Reablement can also be available to people with lower level needs, or who have had a gradual deterioration. Reablement focuses as much on a person's emotional and social needs as on their medical needs.
> *Welsh Social Services Improvement Agency*

The approach of having a 'reablement service' has had unforeseen circumstances.

1) The language has become a barrier to accessing services. A recent process mapping session (July 2014) in the acute hospital demonstrated the confusion regarding 'therapy led-reablement' and 'social care reablement' and the permissions to refer e.g. only therapists refer to some types of reablement?

2) In addition there are still reablement referrals that request reablement three times a day for personal care. This would suggest that there is a lack of understanding of what reablement provides within health and social care based in the acute setting.

3) Medical consultants have a very narrow definition of rehabilitation and decisions are made that an individual has 'no rehabilitation potential', however; this statement should not preclude the individual being considered for reablement services. An audit of acute medical records in November 2013 demonstrated that where 'no rehabilitation potential' had been documented the reablement service was not considered.

The draft reablement schedule developed and agreed between GCC and GCS in 2013 is the latest and most relevant definition. Reablement is defined as …

' the restoration of optimal levels of **physical, psychological and social ability** in accordance with the **needs and desires of the individual** through the use of **timely and focused intensive intervention** which results in reduced on-going need for services'. This is the definition that the service should deliver.

Conclusion:

The reablement philosophy is a critical aspect of maintaining independence for older people. A consequence of trying to embed reablement and having one term of 'reablement' for both rehabilitation and reablement has resulted in confusion.

Management Structure and workforce profile

The next three diagrams provide context in terms of leadership, ownership and focus on delivery. The three Locality Managers oversee all community services and have two localities each; in addition they each have a specialist area. Therefore one of the Locality Directors also has responsibility as the lead on reablement. Reablement sits within the Integrated Community Teams.

Map 1: Locality Director areas - 2013 population statistics (all)
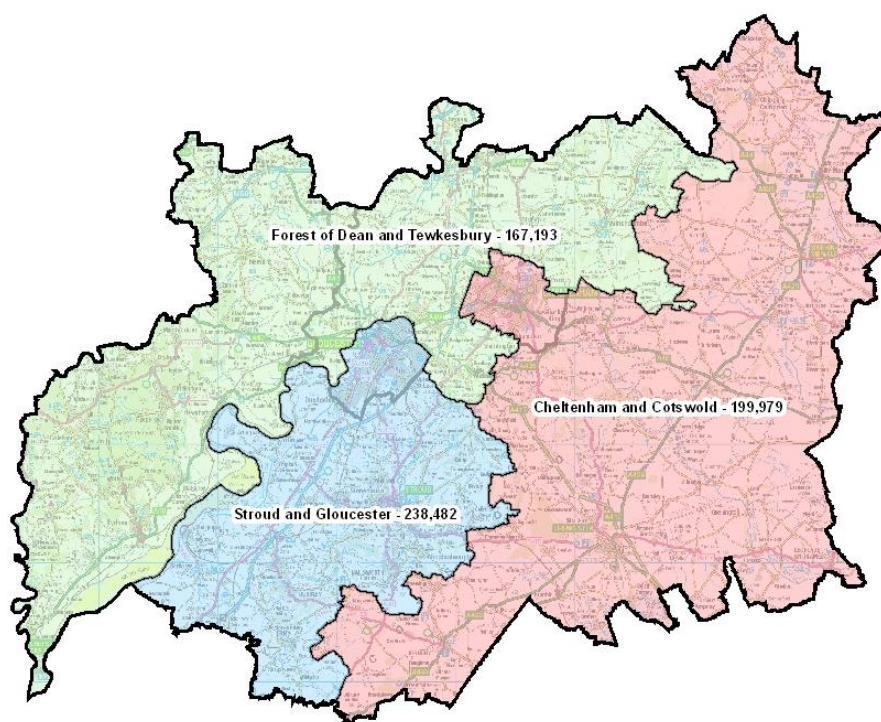
Map Source: Katherine Martin from the Strategic Needs Analysis Team GCC

The three areas are then broken down further into 6 localities (as depicted on map 2). Each has one Community Manager who is responsible for all the services within that community each whom reports directly to the Locality Managers.

Each of the six locality areas is further broken down into sub-divisions that cover General Practice areas. Each of these sub-divisions has a Team Manager and a reablement function. There are three categories of reablement staff within the commissioned service

1) Reablement co-ordinators (report to the Team Managers)
2) Senior reablement workers (SRW)
3) Reablement workers (RW)

The reablement workers were very positive about the structure within the Integrated Community Teams (ICTs) that allowed them direct and immediate access to therapists without having to ask permission from their line-manager. However, this is not the case consistently and there is evidence of BICA forms being filled in and processed for access to occupational therapists and therapists within the integrated teams. The structure relating to meetings to discuss individual patients varied across the different localities. The evening

shift reablement workers usually only worked evenings so there was limited evidence of them being involved in those meetings.

The following diagram demonstrates the complete line management structure within the Integrated Community Teams. The red line indicates the dedicated reablement workforce.

Line Management Structure Community Resource Teams
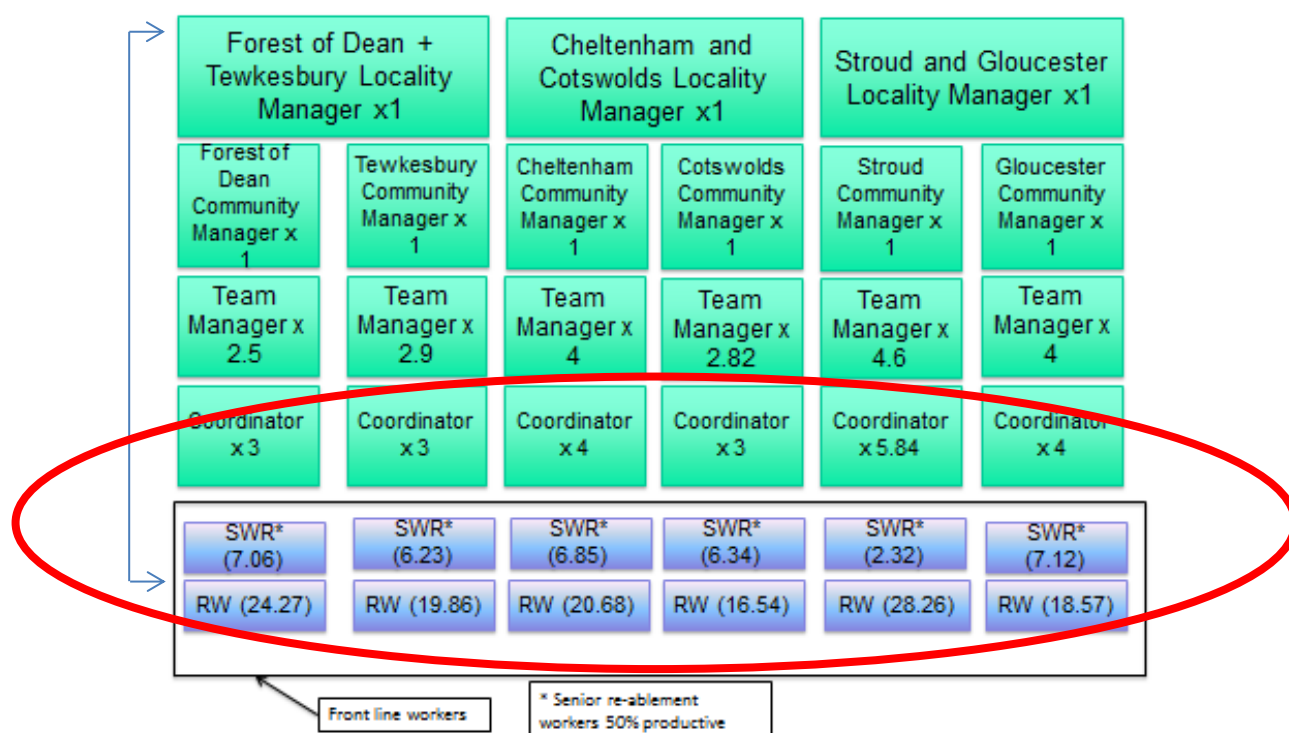
The structure demonstrates a number of issues:

1) The 'lead' for reablement appears far removed from the front line staff
2) 17% of the workforce is management not front-line (taking into account 50% of Senior Reablement Workers being face-to-face)
3) Cira 23 FTE coordinators that are non-front facing carrying out paperwork, including rotas, progressions onto care packages and sickness management
4) Although the reablement service sits within the Integrated Community Teams, it still has its own structure and is not fully integrated.

These issues can be opportunities.

- An identified lead that is focused on the delivery of reablement
- Ensuring that all levels of reablement workforce are front facing
- Using the coordinators in a focused management structure and consideration of leads and champions
- Consideration of use of the reablement teams to mirror the rapid response function rather than the sub-localities.

The following map depicts the whole time equilents, the head count and the breakdown the workforce across the localities and sub-teams within the locatities. The map shows the total population and the dark grey box shows the complete workforce broken down by Reablement Workers (RW) Senior Reablement Worker (SRW) and Coordinators. The white box to the side shows the 65+ population.
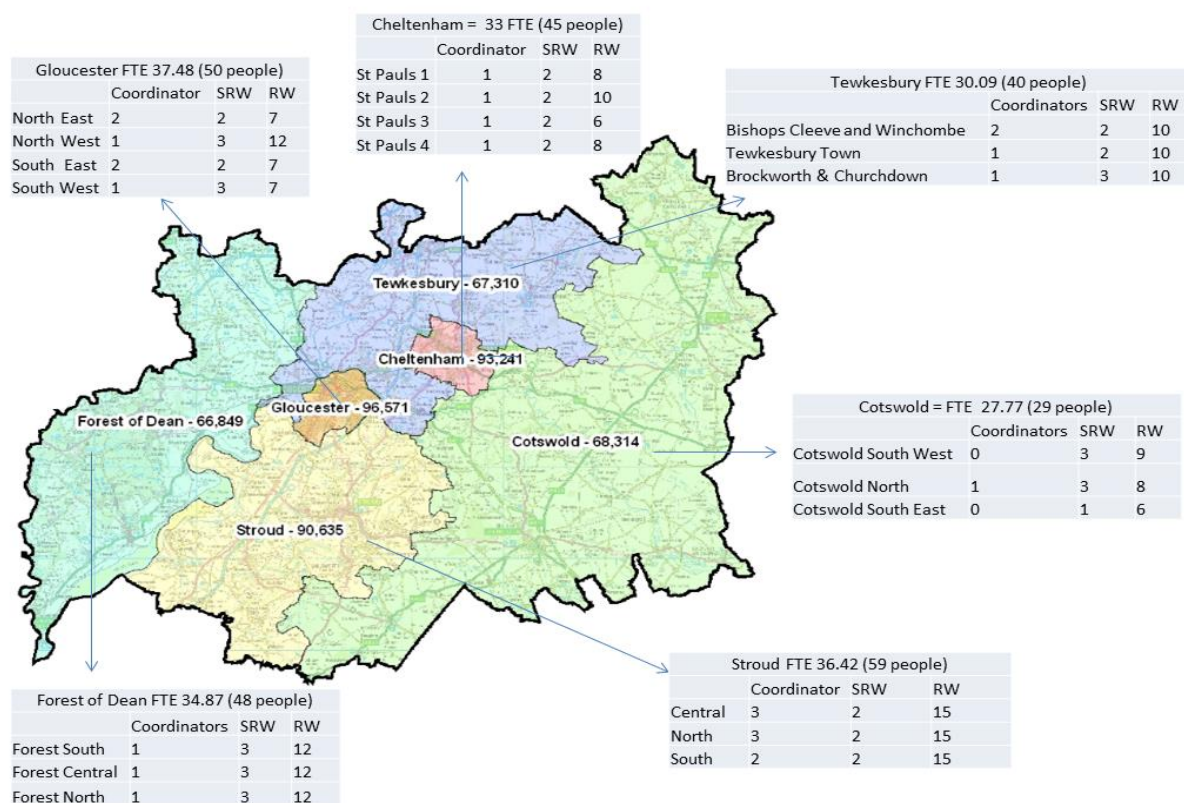
Map Source: Katherine Martin from the Strategic Needs Analysis Team GCC

Locality	65+ population
Cheltenham	20,502
Cotswold	20,063
Forest of Dean	18,487
Gloucester	19,400
Stroud	23,860
Tewkesbury	18,044
Cheltenham and Cotswold	40,565
Forest of Dean and Tewkesbury	36,531
Gloucester and Stroud	43,260
Gloucestershire	120,356

Source: Mid 2013 Population Estimates, ONS

Current Reablement Service

There are a number of challenges that the current service has to overcome.

- Still too many individuals going into long-term permanent care
- No differentiation of services
- Confusion regarding what service provides – re-ablement vs. rehabilitation. This has a detrimental impact on entry into service(s)
- Service identity – not customer centric, personalised or outcomes focused
- Delivery of service - mixture of traditional re-ablement and home care tasks
- Perception that tele-care disables not enables users – not being used to compliment re-ablement
- Contact time at 30%-40% (for last 6-months)
- High sickness rate
- Perception of high cost, low value for money service

Long term care admissions

Residential Care Admissions
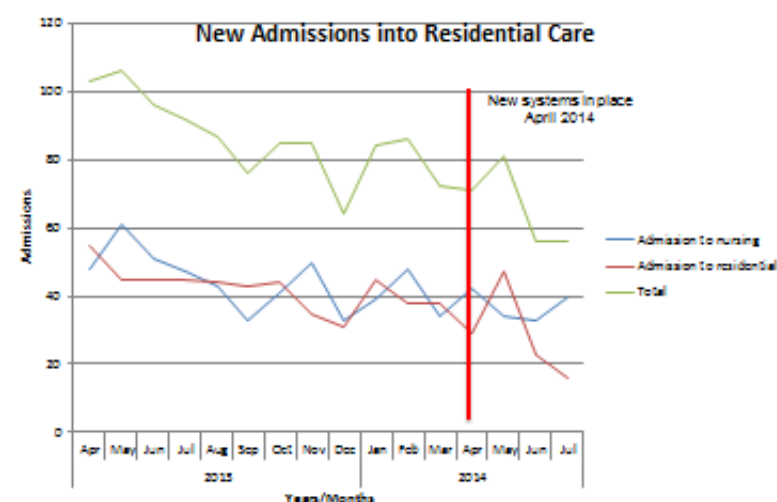
	Council			Comparator Average	England
	2011-12	2012-13	2013-14	2013-14	2013-14
Residential Care	1,078	941	1,000	1,052	1,273
Nursing Care	709	693	706	492	552
Community Based Services	3,720	3,794	3,061	3,435	4,362
Ratio of RC + NC to CBS	0.4804	0.4305	0.5576	0.4494	0.4182

Source: ASOCAR table S1, and RAP table P2s.

A good reablement service can be critical to stopping and / or delaying admission into long-term care. The graph above demonstrates that Gloucestershire has been increasing admissions over the last three years whilst the statistical neighbours of Gloucestershire and the rest of England have been reducing admissions into long-term care.

The Care Act will place a cap on the amount that self-funders contribute to their care. This means that the rest of the care cost will be have to be met by the Local Authority. To maintain individual's independence and ensure that the right people are able access long-term care at the right time reablement should be the default position prior to admission into long-term care being considered.

No consistency of process

The processes of how reablement is accessed differ from locality to locality. The acute wards in Cheltenham believe that patients need both care and therapy needs to be discharged to reablement. This means if a patient has rehabilitation mobility needs they currently remain in hospital as there is a delay in accessing therapy services. This is reported back as having a waiting list in reablement which is in direct contrast with the data and what the reablement coordinators state about having capacity.

In at least one locality it is the therapists that set the goals rather than the Senior Reablement Workers. There needs to be a clear pathway for accessing rehabilitation and a clear pathway for reablement.

The result of having two pathways will be a clear understanding of the capacity for each service and understanding resourcing issues.

Ultimately the service provision should be the same across all six localities and within the sub-teams. It is imperative that this is addressed.

Contact time

As stated in the background section to this report, the shifts were changed in October 2013 with the aim of increasing contact time. Contact time has remained static. A recent change in calculation will increase the reported time but this means that the target should be re-calculated to 70% allowing 30% for travel, training and other meetings.
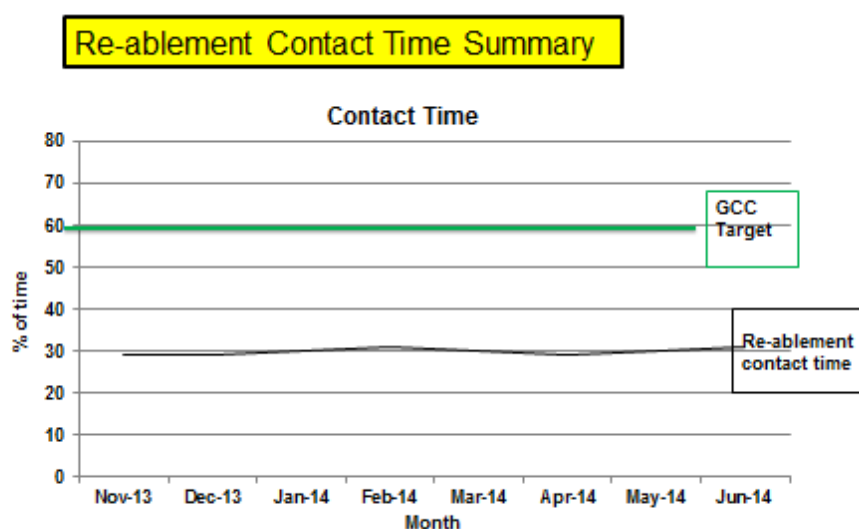
The Gloucester locality has the highest reported contact time at 41%. There maybe two reasons for this

1) Great Western Court reablement unit is used as a base for any time between visits and counted as 'contact time'. This needs further examination as there is already a workforce employed for reablement at this facility.
2) One of the sub-locality teams is reported as carrying out the intensive service.

Sickness absence is a critical issue for this service. The overall expectation for GCC is no more than 0.6 FTE days lost per month. In the Adult Reablement service this figure is 1.65 – two and a half times higher than the target.

GCC have been actively involved in collecting and presenting the sickness figures for the coordinators to manage sickness. The detail contained within this report is a monthly snapshot and longer trend analysis is not yet available. Therefore it is difficult to evidence if:

a) Sickness has always been an issue in this service
b) Changing the shift times and patterns has increased sickness

There is a perception by the coordinators that managing sickness of GCC personnel is different to managing the sickness of GCS personnel. To ensure the success of an integrated team this must be addressed.

There is a focus on sickness and this means that a high percentage of the coordinators time is utilised on management of sickness. This is not only due to the high levels of sickness but also the number of staff, due to low numbers of full-time workers.
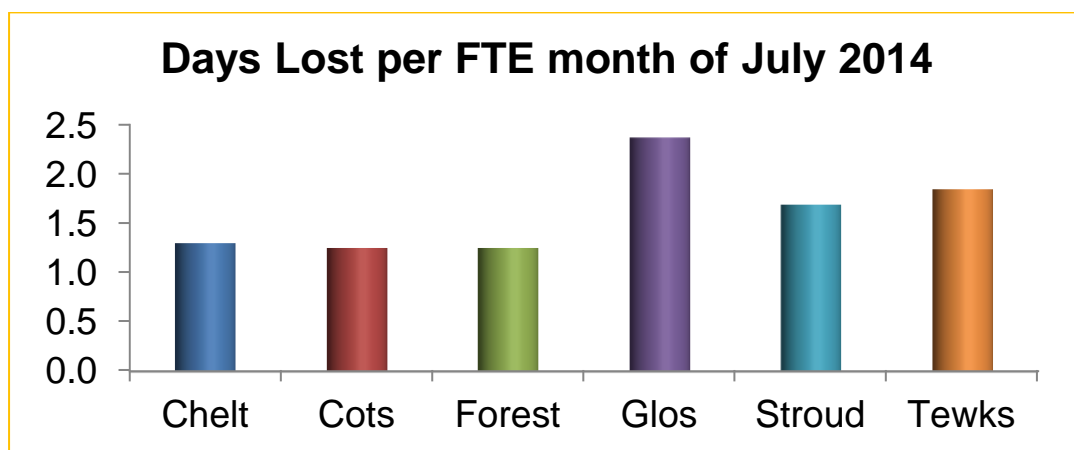
Source: Linda Gabaldoni - Human Resources Business Partner Enabling & Transition - Gloucestershire County Council

- All six of the localities exceeded the 0.6 target as detailed above
- Gloucester has the highest sickness rate and long-term sickness rates

In addition to the high sickness rate there also appears to be a pattern of short-term sickness. Short term sickness is much more difficult for central GCC HR to monitor and report on. It is reliant upon managers to monitor and manage.

GCC has provided additional support by detailed analysis which identified 59 individuals who have had 5 or more spells of absence in a 12 month period.
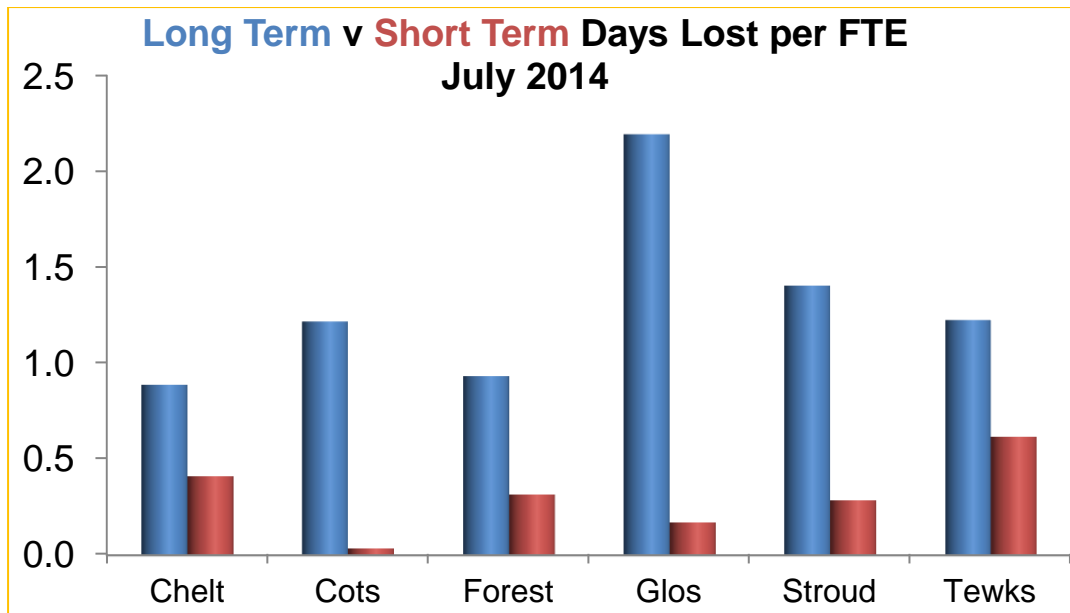
Long Term v Short Term Days Lost per FTE July 2014

Source: Linda Gabaldoni - Human Resources Business Partner Enabling & Transition - Gloucestershire County Council

- Tewkesbury has the highest short term sickness followed by Cheltenham
- Short term absence is a primary cause of concern for the delivery of a consistent reablement service
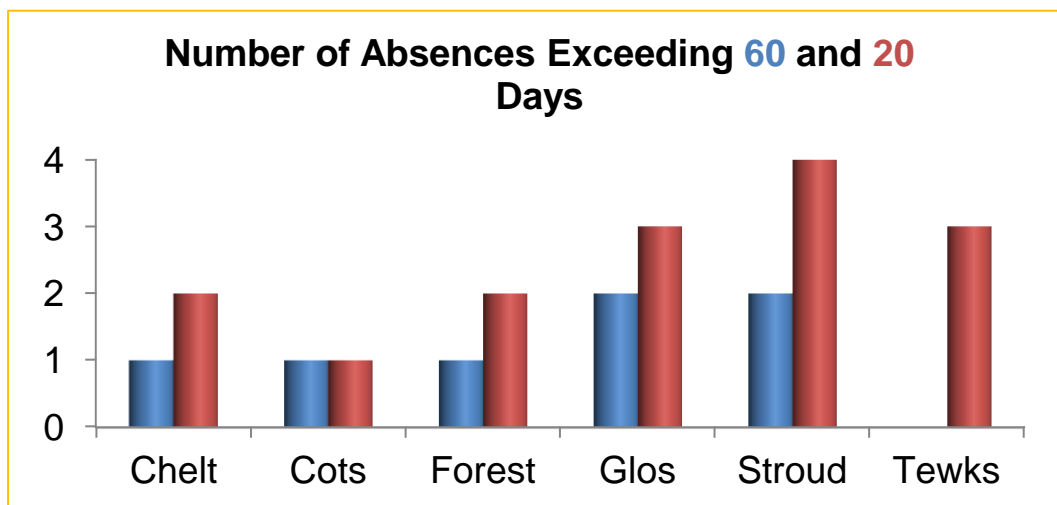
Number of Absences Exceeding 60 and 20 Days

Source: Linda Gabaldoni - Human Resources Business Partner Enabling & Transition - Gloucestershire County Council

A named lead HR case adviser has been identified for reablement absence. She has been working closely with the reablement co-ordinators. She has been actively monitoring long term sickness absence and proactively contacting and supporting managers when an absence reaches 15 or 60 days.
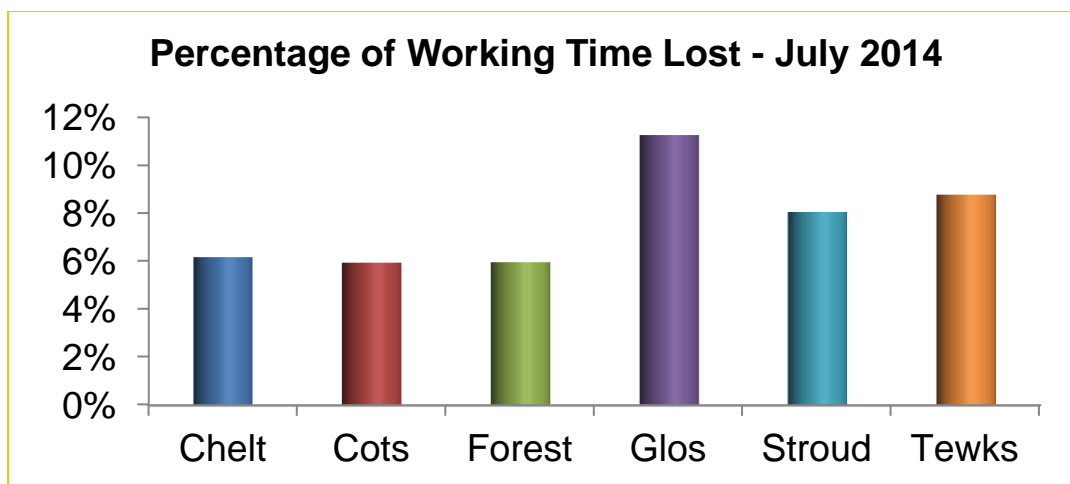
Percentage of Working Time Lost - July 2014

Source: Linda Gabaldoni - Human Resources Business Partner Enabling & Transition - Gloucestershire County Council

To try and further understand the patterns of sickness and to provide possible solutions, benchmarking analysis and detailed evaluation has been carried out on the workforce profile relating to full time equivalent (FTE), head count, age profile and sickness. This has been carried out on an age and locality basis to determine any interdependencies. Map 2 (page 9) depicts the six different localities and the FTE and head count for each sub-division.

Substantive Staff					
Role	**67+**	**61-66**	**55-60**	**Under 55**	**Grand Total**
Reablement Co-ordinator	0	2	3	22	27
Senior Reablement Worker	0	6	8	30	44
Reablement Worker	2	27	64	111	204
Grand Total	2	35	75	163	275

Source: Dave Griffiths - HR Adviser Enabling & Transition - Gloucestershire County Council

These figures equate to:

- 1% of the workforce being 67+,
- 13% being 61-66,
- 27% being 55-60 and;
- 59% being under 55.

The benefits of having an older workforce include the experience that they bring, many have been in service for 18 years plus so have a strong sense of loyalty. However, they also have the right to retire at 66 which means in the next four years 14% of the workforce retiring could leave a gap in the service.

Job Title	67+	61-66	55-60	Under 55	Grand Total
Reablement Co-Ordinator	0.00	2.00	1.33	1.15	1.24
Senior Reablement Worker	0.00	0.25	3.94	4.86	4.14
Reablement Worker	1.17	6.38	10.42	3.16	5.95
Grand Total	**1.17**	**5.16**	**9.13**	**3.18**	**5.09**

Source: Dave Griffiths - HR Adviser Enabling & Transition - Gloucestershire County Council

The table above demonstrates; for every employee within the specified age group, losing the average of the grand total (figures along the bottom of the table) per quarter. For example the age group 55-60 years lose 9.13 working days per quarter due to sickness across the entire reablement workforce.
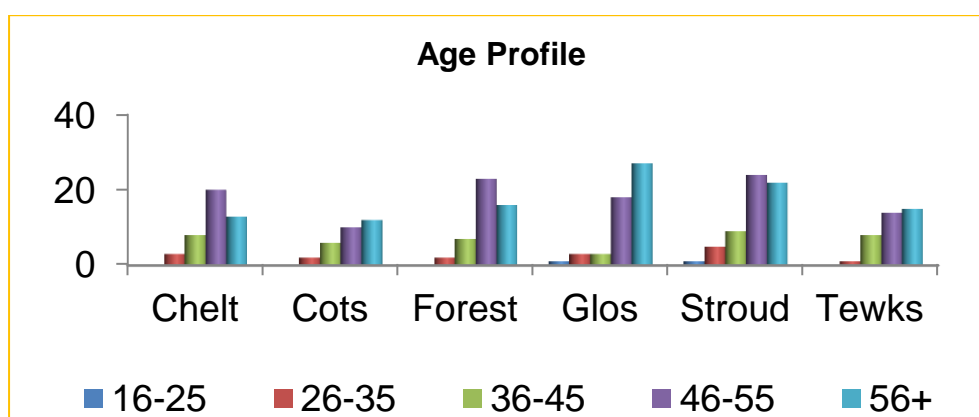
Source: Linda Gabaldoni - Human Resources Business Partner Enabling & Transition - GCC

This is the age profile over each of the 6 localities. Gloucester has the highest number of 56+ followed by Stroud, so this is indicative that they would have higher sick rates.

GCC is providing a high level of support and sickness is being actively managed by the coordinators. There is a need for continuing active monitoring. Ongoing discussions with the unions will be helpful in this area.

Conclusion:

Consistency, high sickness rates and confusion regarding the identity of the service means that the service is not performing at the standards required by the commissioners.

The low contact time is endemic across all localities which suggests that the current model of reablement is not fit for purpose. This means that reablement is not being utilised to stop people entering long-term care too early.

Shift Observations

As part of this work the author accompanied reablement workers on a number of different shifts.

- 3 late shifts (5-10.30pm)
- 2 afternoon shifts (12-5.30pm)
- 3 morning shifts (7am-12.30)

Positive Observations

- All individuals had goals for reablement
- Reablement taking place in the morning and afternoon shifts.
- All reablement workers had received training on reablement and other subjects (e.g. Medication)
- The front-facing service of Gloucestershire County Council (some workers wear a uniform with this logo, some state 'Home Care') and Gloucestershire Care Services is excellent.
- The Service User feedback was that they did feel that reablement had made them more independent.
- Stroud has introduced further changes to the shift patterns that reablement workers believe will ensure more continuity.

Top 10 Issues Observed

- There was little evidence of professional monitoring of re-ablement workers by the co-ordinators.
- The goals were traditional activities of daily living e.g. help to wash independently, help for meal preparation, medication prompts.
- There is little continuity of care. It is not clear if this is due to the shift patterns or the number of part-time workers (the majority of the reablement workers are part-time).
- Model still dominated by traditional 'call times'. This meant people called on early in the morning were very tired and having to get up when they did not wish to or people were already up waiting for re-ablement to call.
- 'Monitoring calls' were taking place on the late shift this applied there was a difficultly in 'letting go' of clients and a risk adverse culture. Subsequently this meant very little 'active' re-ablement.
- The documented goals did not evidence emotional and psychological re-ablement taking place.
- No evidence of re-ablement service and private providers for traditional domiciliary care working together (either to ensure independence if maintained or joint-support plans).
- The goals were not person centred goals i.e. 'be able to cook my family Sunday lunch again, by the end of the week.
- All re-ablement observed was restricted to support provided in people's own homes. There was no evidence that re-ablement takes place within the wider community.
- Lack of tele care use. Re-ablement is being used as a way to 'prompt' medication – this is particular to the evening shift where no other services are needed (i.e. person has already made a meal or had shower and was ready for bed).

When the reablement referral comes into the referral centre it is screened for 'suitability'. There is not any written criterion as it is an 'open service', this can led to confusion regarding what reablement is and is not. For example it was observed that many of the referrals to reablement were very domiciliary care based

referrals with call times listed. There were a number of reasons why the referral team may suggest that reablement was not the appropriate service.

- They did have capacity but not for the times that had been given by the referrer
- The service user had previously been through reablement and had needed 3 calls a day, had been re-abled to 1 call a day. An admission into hospital had led to a re-referral for 1 call per day. The referral centre's response would be that person has already reached their optimum and reablement service cannot provide further value.

The issue with points above is that there is a perception that there are waiting lists and 'dom care in lieu of reablement' is used on a regular basis. The observations carried out show that there are opportunities and a need to redefine and re-identify the service to ensure that the right people are being offered and receive reablement.

Once the referral has been received it is allocated to a Senior Reablement Worker. As stated above the first visit can take place with either a Senior Reablement Worker or a Therapist, dependant on what the perceived need is, 'social reablement' or 'therapy-led reablement'.

The goals are set by the Senior Reablement Worker or a Therapist. There was some evidence of individuals that worked within Community Hospitals setting goals. These were related to regaining confidence after a long hospital spell and were appropriate and clear. There was no evidence to demonstrate individuals working in the acute hospital were setting goals.

The morning shifts demonstrated the most potential for reablement. However, the first call demonstrated the need for the service to be person centred. One service user was being re-abled at 7am when the usual time of waking would be between 8-9am. She reported that the lunch time call was after she had eaten at 2pm and the evening call was ceasing as she was usually in bed when the call was scheduled.

The reablement workers were assertive regarding the empowerment of changing call times with the office. However, this was not instantaneous and often meant doing it in their own time by telephoning or visiting the office. This is due to the Personal Digital Assistants (PDA) used by all reablement workers (to document which clients they are seeing at what time and when they leave that client) only being able to receive information not send it. This means that there can be delays in changing call times or reporting that a client does not need further calls.

In the space of 9 days the same client had received 9 different carers for reablement. The complete visit was 45 minutes and then the buzzer on the PDA signalled that it was time to travel to the next client.

The morning shift had an average of 5 visits over the 5.5 hours. This meant all the travel had to be completed in the 30 minutes. The lady got her breakfast ready to eat later in the morning as she didn't eat early mornings. In contrast the next lady visited was up and dressed, had eaten breakfast and was waiting to be assisted to wash and dress.

The clients being re-abled by 7-10 different reablement workers is a common feature. It appears that a mixture of the shift patterns (3 per day) and the number of part-time workers impacts on the continuity of the service. There were also additional individuals if therapists had visited. There was no evidence that District Nurses were using the 'logging system'.

This highlights the issue of re-abling individuals with memory problems. The core client group of this service have, or will have memory problems.

There was some downtime as a service user had not reported that they would be going to a day-centre and therefore did not require help with washing and dressing that morning. This demonstrated that service-users' families did not always value the service or understand that it was a re-abling service rather than a home care service.

2 of the calls were for therapy exercises, one of the patients was a clear candidate for long-term slow stream rehabilitation after a brain tumour. The goal was to collect her children from school independently. The issue with being in a 'reablement' service is the service is short and intensive and this is not the service that best suited this client's needs.

The activity on the evening shift appeared to be a mixture of reablement (standing back and letting the service user take medication) and domiciliary care (applying cream). The majority of service users had already had their meal; it had been pre-prepared or they were not hungry. Only two of the seven visits were ready for bed. The trigger for clients to take their medication was usually the appearance of the reablement worker and tele-care had not been considered for those patients. The visits themselves were very short and although it was pleasant for the service user to have someone to chat to there was very little for the reablement worker to assist them with (through no fault of their own).

Analysis of Re-ablement Shift Activity
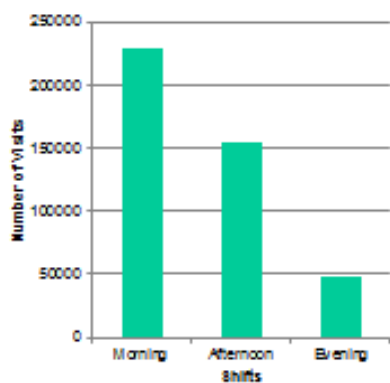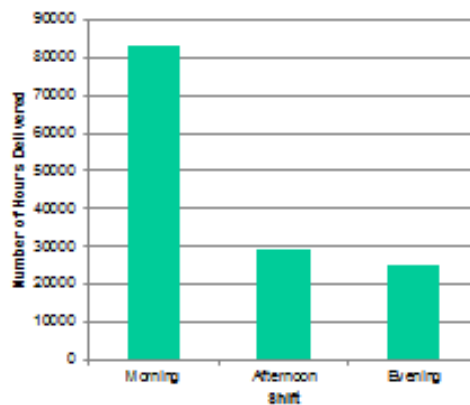
The data confirms the observations that the evening shift had fewer hours and fewer visits; somewhat surprisingly the afternoon shift had more visits but fewer hours. This highlights very short visits.

The table below evidences that the average visit in the evening is 32 minutes compared to 43 and 42 in the afternoon shifts. This corresponds with the observations that there are 6-8 visits each shift, the majority of the visits lasting between 15-30 minutes.

Tele-care did not feature in enabling clients to take medication; it appeared that if you could not be re-abled to take the medication tele-care would be considered at the end of the package.

Tele-care was not embraced and comments such as, 'how would you know if they had taken the medication', by coordinators, demonstrated the issues around balanced risk assessment and lack of understanding as to how people can be institutionalised within their own homes.

Although it had been reported that reablement was not restricted to the house there was no evidence was observed of reablement taking place within the wider community. This misses opportunities to connect the client back into their community. The client has a feeling of self-worth when they are able to complete tasks themselves. This includes a range of different activities such as getting their own paper and shopping for food. In the evenings this could be a re-introduction back to a club that they were attending.

Re-ablement: Headline Cost & Activity Summary

Districts	Avg cost per Hr £	Avg cost per visit £ (Total)	Hours Delivered	Average visit duration Mins (Morning)	Average visit duration Mins (Afternoon)	Average visit duration Mins (Evening)	Average Cost £ per package based on Visits	Average Cost £ per package based on Hrs	Average Cost £ per package based on total budget	Total Packages per district
Cheltenham	45.96	29.56	23,920	40	45	52	1,925.79	1,665.62	1,651.62	550
Cotswolds	61.05	40.13	15,151	45	40	51	5,027.92	1,456.75	1,246.76	652
Forest	42.50	29.50	25,715	44	45	52	2,476.55	2,744.54	3,444.59	514
Gloucester	41.50	30.59	27,774	45	42	51	1,997.61	1,659.05	1,652.56	604
Stroud	55.59	29.02	23,050	55	55	27	2,166.09	2,155.25	1,705.40	725
Tewkesbury	24.01	17.51	24,272	46	49	57	1,469.56	1,264.45	1,757.17	509
Totals all districts	44.73	29.42	157,560	43	42	32	2,177.55	1,657.65	1,975.06	5,164

The cost of £44.73 per hour is calculated by using the actual contact hours ÷ by the projected spend of £5.7 million. A total package = £3,164 per service user.

It is proving difficult to get comparison information from other councils; however, it is an ongoing process to achieve a 'rate card' for reablement. The initial benchmarking does demonstrate lower total costs than Gloucestershire at £3,859,655, the services compared cost around £3 million less and all comparisons were in-house.

The average hours per package were 49 hours, with the majority of service users finishing reablement by week 3-4, with far smaller numbers at week 5-6 than Gloucestershire. The average duration of visits were 2-3 hours and the average cost per service user was £2,406.

The contact time range is between 60-70% for in-house provision. However, it is of note, that some commissioners are moving away from contact time and reliant on outcomes such as % home 91 days post reablement and comparison of level of care package before and after reablement and the service user's feedback. The number of services users still at home after reablement ranged from 77% - 81%.

The chart on page 20 demonstrates a high proportion of service users still in reablement post 6 weeks on a monthly basis. It is unclear what has caused the impact in April 2014 but this coincides with year-end. There

have been examples where it is hard to commission care packages and more work needs to be undertaken on a systematic basis to determine how many are open due to difficulties in sourcing care packages after reablement has completed.
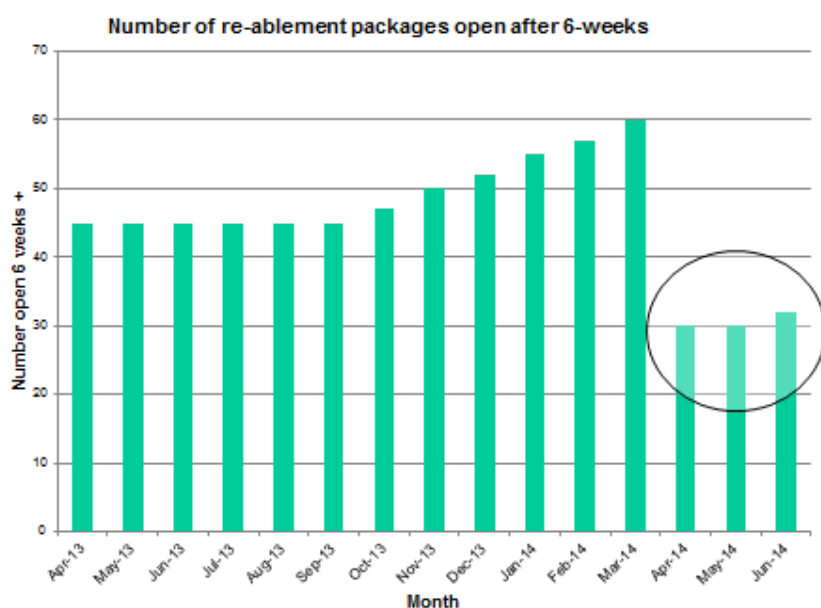
Conclusion

Gloucestershire currently achieves 71% of services users still at home 91 days post reablement, there is no evidence available to demonstrate reablement minimises care packages, there is a higher total cost for service, 40% contact time and 43 hours per package and a range of 32-43 minutes per visit. In addition the chart above demonstrates a high proportion of service users still in reablement post 6 weeks on a monthly basis. It is unclear what has caused the impact in April 2014 but this coincides with year-end. This has resulted in:

➢ The current service not meeting business needs
➢ Not being clear what the service provides
➢ Lack of intensive re-ablement service
➢ Unacceptable sickness levels that need to be addressed by GCS

There is a need to deliver intensive reablement individualised goals that optimise independence and outcomes. This presents a timely opportunity to redefine the service as originally intended and required by the commissioners as per the original Overview and Scrutiny paper in 2012.

Part Two   -   Recommendations

The following diagram demonstrates a 3-stage journey that starts with traditional domiciliary care. This report highlights that the current provision of reablement has moved away from that approach but needs to continue to develop into the commissioned service. The 10 recommendations below will assist in moving to the right hand of the diagram. This must be achieved in a timely manner.

The components of the service are in place the next stage is to ensure it is fit for purpose. This must be achieved by 1st November 2014. This will mean that the first results can be reported to the commissioners by mid December 2015 for inclusion to the February 2015 Cabinet paper.

The metrics reported in December 2014 will have an impact on the future commissioning of this service.

Roadmap for Independence
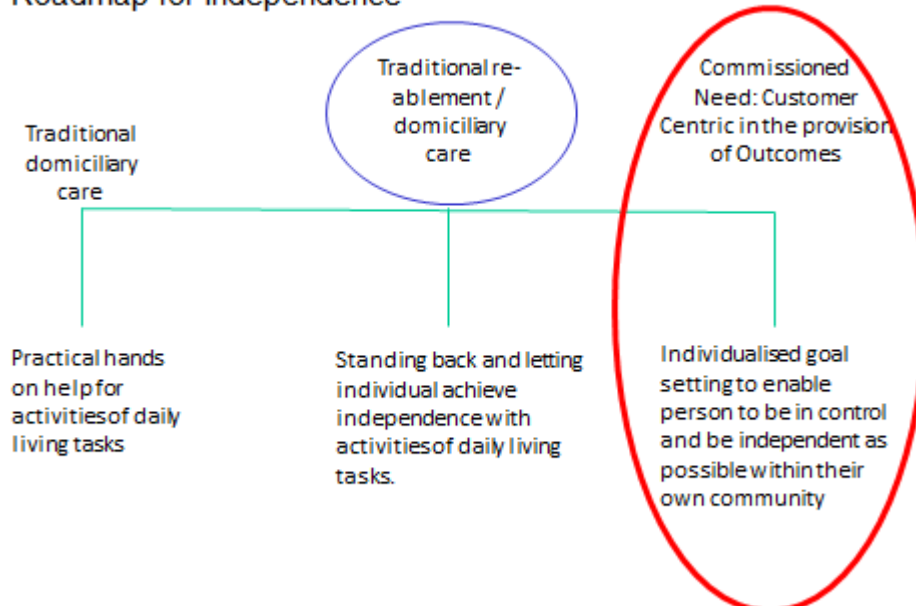
1) Remove confusion over re-ablement and rehabilitation, clear definitions, entry points and pathways e.g.:
   ➢ Rehabilitation (Homes & Community Hospitals)
   ➢ Re-ablement Bed Based Provision
   ➢ Re-ablement at home
   ➢ Domiciliary Care at home
2) Communicate and engage re the above and consideration of the new referral form (the service determines the deliverables, times etc.)
3) Deliver an intensive re-ablement service (Intensive/Front loaded 2 weeks)
4) Use leadership and ownership to change the service identity, the service needs focus to ensure that it can be fit for purpose
5) Re-calibrating and empowering staff to work with the service user to develop person centred goals instead of activities of daily life
6) Use tele-care as an enabler at the start of the re-ablement package rather than the end, adopt or justify why it can't be used (i.e. Medication)
7) Where required, use domiciliary care (non GCS) either to complement the re-ablement or timely progression to package of care
8) Opportunity to review existing management structure to support the above deliverables e.g. Consolidate co-ordinators, focussed active sickness management
9) Evidence value for money delivery with a focus on outcomes

10) Ensure that the service is able to deliver a good service to its core clients (e.g. clients with memory problems)

To ensure that the recommendations can be implemented successfully it is critical that an individual responsible for the delivery of the recommendations is identified (by the 1st September) and supported. The month of October will be crucial for training and engagement. The engagement and culture change of placing individuals into permanent care will be beyond this first critical stage of changing the identity of the service.

To ensure appropriate capacity within the service it is essential that coordinators and Senior Reablement Workers start assessing all clients within the existing service after 2-weeks of reablement to be clear what the ongoing plan is for that client.

There is an opportunity to utilise the reablement function across the localities rather than within the sub-localities this will provide flexible and efficient ways of working.

The plan for step-change is challenging but achievable. The change in the reablement service will be better for service users and provide better outcomes.

Appendix one lists a number of common principles that should be considered when changing the identity of the service. A sample pen portrait to refer for reablement services is at appendix two. This should be further developed and owned by the coordinators and those working within the referral centre. Appendix three is the high-level milestones plan; this should be supplemented with further detail regarding named responsibilities.

The December 2013 review report to the commissioners will detail:

i) the contact time

ii) number of cases open at 6 weeks (less)

iii) average visit duration

iiii) number of visits and hours across the afternoon and evening shifts to match morning shift

In addition the review should include modelling for the implementation plan for no residential or nursing placements without at least one reablement package.

Appendix One - Reablement Principles

- Reablement is time-limited; the maximum time that the user can receive reablement support is decided at the start. The majority of service users will be finished by the end of week 2.
- Reablement is outcome-focused: the overall goal is to help people back into their own home or community.
- Reablement involves setting and working towards specific goals agreed between the service user and the reablement team.
- Reablement is a very personalised approach – the kinds of support given are tailored to the individual user's specific goals and needs.
- Reablement often involves providing intensive support to people.
- Reablement treats assessment as something that is dynamic not static. This approach means that you cannot decide a user's care or support package on the basis of a single, one-off assessment, instead you need to observe the user over a defined period of time, during which their needs and abilities may well change, with a reassessment at the end of the period of reablement.
- Reablement approaches assume that something should change by the end of the reablement intervention; you are working towards positive change.
- Reablement builds on what people currently can do, and supports them to regain skills to increase their confidence and independence.
- Reablement may also involve ensuring people are provided with appropriate equipment and/or assistive technology, and understand how to use it.
- Reablement aims to maximise users' long-term independence, choice and quality of life.
- Reablement aims to reduce or minimise the need for ongoing support after the period of reablement.

Appendix Two - Sample Reablement @ Home Form

NHS No: PRN No:
Date of Referral: Referrer Name
Profession,   Time of Referral:
Contact No/Bleep:

Patients Name (incl Title):	
Reason for hospital admission:	
Details of condition on leaving hospital:	
What does would this person like to be able to achieve?	
Could they carry this out prior to hospital admission/referral?	
Has the individual got a package of care in place? - IF YES - Frequency?	
Are there any Mental Health or Cognitive concerns: YES / NO If 'YES' please state:	

Pen Portrait of individual (to include previous activities, social abilities, luncheon clubs attended, evening activities, average time of waking):

Appendix Three - Critical Milestones

Aug		Sep					Oct				Nov				Dec			
18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29

Deadicated Programme Leadership in place e.g.Head of Reablement Implementation/ Delivery

Define reablement. Define interface with dom care & telecare

Entry Points: criteria & process

Referral Form

Finalise & agree champion structure

Implement leadership/ ownersip/ champion structure

Intensive model fully operational

Adopt or justify telecare enhancements

New referral form launched

November 30th Review new model:
i) step change in contact time
ii) step change in number of cases open at 6 weeks (less)
iii) step change in average visit duration
iiii) Equaliisation of visits and hours across the afternoon and evening shifts to match morning shift

Report on review - to include Plan for implementation of no residential/nursing placement entry without reablement

1st draft leadership/ ownership/ champion structure

Unions

Dementia Core Service IDT involvement
Training frontline staff
New model telecare

Ward engagament re reablement with consultants, therapists and nurse led IDT

Culture change

Gloucestershire Care Services **NHS**
NHS Trust

Ref: 14/B016

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Workforce Strategy
16 September 2014

Objective:

To seek the Board's support for the Workforce Strategy in its current form.

The Board is asked to:

The Board is asked to approve and ratify the Workforce Strategy for adoption by the Trust.

Executive summary:

The Strategy has been formally approved by the Director of Human Resources.

Final amends were made following the Strategy's presentation at the HR/OD Committee on 18 August 2014.

The next steps will be for a detailed implementation plan to be developed, that will subsequently be monitored by the HR/OD Committee.

The Strategy will also help inform the Trust's pending Workforce Plan.

Tina Ricketts
16 September 2014

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

    a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

    b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

WORKFORCE STRATEGY

2014-19

To ensure the development and retention of a stable, skilled and empowered workforce who can most successfully deliver safe, effective health and social care to the people of Gloucestershire

Workforce Strategy 2014-19

Version control	
Document reference:	TB14
Version:	0.2
Ratified by:	Trust Board
Date ratified:	
Originator/author:	Rod Brown, FT Programme Manager
Owner:	Tina Ricketts, Director of Human Resources
Executive lead:	Tina Ricketts, Director of Human Resources
Date issued:	
Review date:	

Workforce Strategy 2014-19

Contents

Appendices

Please note that this Workforce Strategy is only applicable to colleagues who are employed by Gloucestershire Care Services NHS Trust.

Notwithstanding, this Strategy clearly acknowledges that the Trust has an integrated workforce which includes colleagues who are managed by the Trust but who are employed by Gloucestershire County Council. This Strategy also recognises that the basis of this arrangement may evolve over the lifecycle of this document.

Workforce Strategy 2014-19

0.   Executive Summary

This Workforce Strategy serves to confirm the Trust's ambition to build a place of work in which all its people feel truly involved, fulfilled and appreciated, and therefore best able to deliver the very highest quality service. Thus, this Workforce Strategy complements the Organisational Development Strategy that is currently maintained by the Trust, albeit with greater emphasis upon workforce planning and configuration, training, education and other support. As such, this Strategy is focused upon:

- ensuring improved workforce planning so as to make optimum use of the Trust's most valuable resource: this includes adopting both top-down and bottom-up approaches to plan the ways in which the Trust will utilise its people, so as to ensure the most efficient staffing levels and mix, and thereby deliver the best outcomes for service users. It also necessitates development of a robust Workforce Plan that aligns to the Trust's Integrated Business Plan and Long-Term Financial Model, and that also includes consideration of all future service delivery needs;

- improving recruitment processes so as to enable the Trust to attract and retain a strong and stable workforce: this includes the introduction of values-based recruitment and selection processes, and plans to ensure that appointed staff reflect requisite diversity;

- ensuring that the Trust provides appropriate support and development for all colleagues, empowering them to reach their full potential, whilst representing the Trust's values and helping achieve the organisation's strategic objectives: this includes provision of professional training and development opportunities, as well as personal development plans, for all staff members identifying clear objectives for the following year;

- delivering robust governance systems that can effectively support the Trust's workforce including policies, and performance frameworks;

- encouraging colleagues to remain healthy, so that they are best able to provide high quality service: this will be based upon the development and implementation of a healthy lifestyle programme for staff;

- further developing the Trust's HR functions, so as to provide responsive, accurate and streamlined services that benefit the organisation's operation: this includes clearer differentiation of the Trust's transactional HR and organisational development functions.

This Strategy therefore seeks to outline the Trust's aspirations and direction of travel in respect its workforce over the next 5 years. The accompanying Workforce Strategy Implementation Plan, Education and Training Plan and Healthy Workforce Plan, will together detail the practical actions that will be taken in the period 2014-19 to fulfil these aspirations.

Workforce Strategy 2014-19

1. Introduction

"The Boards and leaders of providers need to have a detailed understanding of the workforce in their organisations. This means having systems and processes in place to provide assurance that the right number of staff are in place, at the right time. This goes far beyond simply looking at regular workforce reports and checking that the right number of staff are in place overall….Boards need to both understand the realities of staffing in their organisations, and be able to set that against the best available evidence based guidance."

Hard Truths: The Journey to Putting Patients First
(Department of Health, 2013)

1.1 Gloucestershire Care Services NHS Trust ("the Trust") recognises its workforce as its most valuable resource. Thus, the organisation appreciates that people are wholly fundamental to the delivery of the Trust's vision, values and strategic objectives.

In this, the Trust makes no differentiation – the organisation , and particularly the Board, values everyone who contributes to the Trust whether they are permanent or part-time workers, volunteers or student placements, secondees or colleagues from another provider organisation who are nevertheless managed by the Trust. Each and every person is critical to the Trust's success.

Together with the Trust's Organisational Development Strategy therefore, this Workforce Strategy aims to build a place of work in which these people are supported to deliver excellence each day, and feel truly involved, fulfilled and appreciated. Only by adopting this approach, can the Trust hope to ensure that it inspires its workforce to provide the very best quality service.

This ethos is most succinctly described in the Department of Health's *Hard Truths* document as *"Well-treated staff treat patients well".*

1.2 This Workforce Strategy also recognises the national concordat, *Human Factors in Healthcare* (National Quality Board, 2014), given that the principle of this document is to find ways to "*optimise human performance through better understanding the behaviour of individuals, their interactions with each other and with their environment….The system-wide adoption of these concepts offers a unique opportunity to empower the NHS to put patient safety and clinical excellence at its heart.*"

1.3 At the time of writing, the Trust employs a workforce of approximately 2,600 people including nurses and allied health professionals, medical and dental colleagues, support services and administrative workers. In addition, the Trust manages approximately 800 colleagues from Gloucestershire County Council, who enable the Trust to provide integrated adult health and social care across the county.

1.4 The Trust's workforce provides a wide variety of community-based health and adult social care services including:

- Integrated Community Teams (ICTs) which bring together occupational therapists, social workers, physiotherapists, community nurses and reablement workers into single teams, some of which additionally provide rapid response and high intensity services, 24 hours a day, 7 days a week;

- community hospital based-care which provides inpatient rehabilitation and palliative care beds, outpatient services including a varied range of nurse led and therapy services and clinics, Minor Injuries Units, and out-of-hours GP services including Primary Care Centres;

- specialist services which provide expert care for people with long-term or complex conditions, rehabilitation services, palliative care, community dental services, sexual health services, independent living services, and a comprehensive range of therapy services such as podiatry, occupational therapy, physiotherapy services, and speech and language therapy;

- children and young people's services which include health visiting, school nursing, specialist children's therapy services, children in care services etc;

- corporate support services including human resources, finance, communications and engagement, performance and information, clinical and corporate governance and risk management.

1.5 This Trust is committed to ensuring the robustness of its workforce across all services identified in section 1.4 above. However, this Workforce Strategy is being delivered at a time of significant financial constraint, with the NHS nationally being required to deliver £20 billion in efficiency savings in 2014-15, and a further £30 billion savings in the following five years.

This places extreme pressure on the Trust to ensure that any efficiency changes, and in particular, those that may impact upon workforce numbers or staffing composition, will not affect the overall quality of provided care across Gloucestershire.

As such, it is vital that the Trust Board gives particular attention to workforce planning, and specifically means that the Workforce Plan that will be developed to support this Strategy and that will inform subsequent transformational change, will be critical to the Trust's future.

2.   Scope

2.1   Whilst this Workforce Strategy has natural synergy with the Trust's Organisational Development Strategy, given that both documents are focused upon the organisation's staff, the two strategies do have clearly separate agendas. Thus, the Organisational Development Strategy is focused upon making sustainable improvements in the Trust's culture, and as such, articulates a series of actions to:

- embed the Trust's core values, and ensure that these values are reflected in staff behaviours;

- develop a supportive and learning culture, that emphasises the importance of team working to achieve common goals, and that shares the results of actions in order to improve future performance;

- increase the capacity and capability of leadership across the Trust;

- support and encourage colleagues' involvement with, and positive contribution to, all relevant Trust planning and decision-making;

- ensure that the Trust responsibly promotes Human Rights, challenges all discrimination, and ensures appropriate equity in service delivery and employment.

In contrast, the Workforce Strategy is focused upon the formal structuring of staffing configurations and core human resource functions: this is described in detail in section 7, and illustrated by the schematic below:

Organisational Development Strategy	Workforce Strategy
• Values and behaviours • Team working and shared learning • Leadership • Colleague involvement • Equalities and diversity	• Workforce planning • Recruitment • Training, education and staff support • Governance arrangements • Healthy workforce • The HR function

Organisational Development Implementation Plan	Equalities & Diversities Plan	Workforce Strategy Implementation Plan	Education & Training Plan	Healthy Workforce Plan

Workforce Plan

3.   Ambition and Objectives

3.1   The ambition of this Workforce Strategy is "*To ensure the development and retention of a stable, skilled and empowered workforce who can most successfully deliver safe, effective health and social care to the people of Gloucestershire*".

This aligns to the Trust's overarching vision which is "*To be the service people rely on to understand them and organise their care around their lives*", given that both intentions share the ultimate goal of improving the lives of local people, by way of greater empowerment of the Trust's staff.

3.2   This five year Workforce Strategy seeks to ensure that by 2019, the following objectives have been achieved, linked to the Trust's overarching strategic objectives:

Workforce Strategy Objectives	Trust Strategic Objectives
• Maintaining a workforce with the appropriate range of specialist competencies, skills and knowledge so as to provide the very highest standards of quality care • Ensuring that the Trust's workforce is suitably empowered, motivated and enthused, and thereby more able and willing to deliver exemplar care	Achieve the best possible outcomes for our service users through high quality care
• Eliciting clear contribution from service users, carers and families in workplace planning either by means of co-production of service design, or by conducting robust quality impact assessments in respect of any proposed service change • Ensuring representative equality and diversity within the Trust's workforce, enabling colleagues to fully understand and reflect the individual needs of all local communities in Gloucestershire	Understand the needs and views of service users, carers and families so their opinions inform every aspect of our work

• Delivering a truly integrated workforce that works to shared standards, goals and objectives • Ensuring the direct involvement of all health and social care colleagues in workforce planning and particularly, in the production of annual Service Development Plans	Provide innovative community services that deliver health and social care together
• Encouraging the Trust's workforce to operate across organisational barriers so as to ensure fully joined-up services, focused on improved outcomes for service users, carers and families	Work as a valued partner in local communities and across health and social care
• Providing colleagues with access to the very best training, as well as research and development opportunities, so as to maximise their potential • Investing in talent management, leadership skills, behaviour development and advanced specialist practice • Ensuring that colleagues are appropriately recognised for their contributions to the delivery of high quality care • Enabling and supporting colleagues to optimise their own health	Support individuals and teams to develop the skills, confidence and ambition to deliver our vision
• Maintaining an effective and efficient HR function that provides all colleagues with a streamlined and highly responsive service that never impedes, blocks or prevents them from delivering excellence	Manage public resources wisely to ensure local services remain sustainable and accessible

4.   National Context

4.1.   The *NHS Constitution* includes a number of clear pledges to the national NHS workforce, namely:

- to provide staff with clear roles and responsibilities and rewarding jobs, that will make a difference to patients, families, carers and communities;

- to provide staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential;

- to provide support and opportunities for staff to maintain their health, wellbeing and safety;

- to engage staff in decisions that affect them and their services, individually, through representative organisations and through local partnership working arrangements.

4.2   *How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time* (National Quality Board, 2013), seeks to ensure that nursing and care staff are best empowered to deliver high quality care, and achieve excellent outcomes for service users. This includes the following expectations of NHS Trusts:

- that Boards will take full responsibility for the quality of care provided to patients, and as a key determinant of quality, will take full and collective responsibility for care staffing capacity and capability: this includes responsibility for agreeing staffing establishments, and overseeing the recruitment, training and management of staff;

- that processes will be put in place to enable staffing establishments to be met on a shift-to-shift basis: this requires the Executive team to ensure the availability of robust policies and systems such as e-rostering and escalation policies, in order to support those with responsibility for staffing decisions on a shift-to-shift basis;

- that evidence-based tools will be used to inform care staffing capacity and capability;

- that clinical and managerial leaders will foster a culture of professionalism and responsiveness, where staff feel able to raise concerns;

- that a multi-professional approach will be taken when setting care staffing establishments: this means that papers presented to the Board must be the result of team working between the Medical Director, Director of Finance, Director of HR and Chief Operating Officer, and therefore reflect an agreed position;

- that care staff will have sufficient time to fulfil responsibilities that are additional to their direct caring duties: this includes time to undertake continuous professional development, and fulfil mentorship and supervision roles;

- that Boards will receive monthly updates on workforce information, and that staff capacity and capability will be discussed at a public Board at least every six months on the basis of a full establishment review;

- that NHS providers will clearly display information about the staff present on each ward, clinical setting, department or service on each shift;

- that providers of NHS services will take an active role in securing staff in line with their workforce requirements. This requires providers to share staffing establishments and annual service plans with their Local Education and Training Board (LETBs), and their regulators for assurance purposes;

- that commissioners will actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.

4.3   *Compassion in Practice* (NHS Commissioning Board, 2012) first introduced the "6 Cs" as the values that health and social care staff should adopt, namely Compassion, Care, Communication, Courage, Competence and Commitment. Moreover, the document highlighted a number of key actions for Trusts aligned to the 6 Cs, which include:

- creating worthwhile and rewarding jobs in which every role counts;

- determining a suitable staff mix of competency, experience and education in order to improve the safety and experiences of service users and colleagues;

- ensuring that providers use appropriately trained and qualified workers as part of enforcing quality standards;

- empowering staff to lead change locally and motivate their teams to improve the experience and outcomes of the people using their services;

- developing a leadership programme that is based on values and behaviours.

4.4   The *Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England* (Department of Health, 2013) seeks to ensure that all NHS organisations understand the positive impact that happy and engaged staff have on patient outcomes, including mortality rates, and that they make this ambition into a key part of their quality improvement strategy.

4.5 *Hard Truths: The Journey to Putting Patients First* (Department of Health, 2013), is the Government's response to the Mid Staffordshire Public Inquiry, and identifies a number of clear directives to NHS Trusts in the development and management of their workforce. These builds upon the *Compassion in Practice* action area, and additionally seeks to ensure that:

- there is clear staff engagement in order to create a positive culture of safe, compassionate care;

- education and training are deemed as critical, focused on ensuring improvements in continuous professional development and appraisals: in particular, this will include the need for Trusts to give staff access to a bespoke older persons' nurse post-graduate qualification training programme and pre-degree care experience for aspiring student nurses;

- the 6 Cs are championed (see section 4.3 above), fostering nurse leadership and supporting the implementation of nurse revalidation;

- there is increased use of technology to reduce the burden of information collection on frontline staff, thereby affording them greater time to care;

- the NHS has appropriately skilled leaders, with the right values, behaviours and competencies, at every level of the system;

- the review undertaken by Camilla Cavendish (published July 2013) that focused upon healthcare assistants and social care support workers roles and functions, be enacted. This includes requirement to ensure that there is:

  o a common training standard across health and social care, along with a new 'Certificate of Fundamental Care' that is written in language that is meaningful to patients and the public. This will explicitly link healthcare assistant training to nurse training;

  o an opportunity for talented care workers to progress into nursing and social care through the creation of a 'Higher Certificate of Fundamental Care';

  o precedence for healthcare assistants to use the title 'Nursing Assistant' on completion of the Certificate of Fundamental Care to improve clarity and communication between staff and patients, and enhance the status of support workers;

  o provision for Trusts to empower their Director 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.

5. Local Context

5.1 At the end of May 2014, the Trust's workforce comprised 2,077.09 whole time equivalent (WTE) posts, and a headcount of 2,977 workers (combining 2,681 permanent staff and 296 bank staff).

Staff were allocated across the various professional disciplines as per the table below, which additionally evidences an overall 6.48% growth in WTE positions over the preceding 12 month period:

Staff group	Subgroup	May-14		% change WTE since May 2013	% change headcount since May 2013
		WTE	Headcount		
Total administration		**435.32**	**578**	**9.63%**	**5%**
Allied healthcare professionals	Allied healthcare professionals	418.74	540	5.20%	6%
	Other scientific, therapeutic and technical	49.82	76	15.93%	6%
Total allied healthcare professionals		**468.56**	**616**	**6.25%**	**6%**
Total other non-clinical staff		**5.01**	**12**	**-4.08%**	**20%**
Total ancillary		**98.75**	**171**	**-5.65%**	**-3%**
Total medical and dental		**33.75**	**65**	**-2.71%**	**-31%**
Nursing and health visiting staff		696.86	991	3.98%	2%
	Qualified nursing learners	45.00	47	164.71%	161%
	Unqualified nursing	293.84	497	4.65%	0%
Total nursing and health visiting staff		**1,035.70**	**1,535**	**6.99%**	**4%**
Overall total		**2,077.09**	**2,977**	**6.48%**	**3%**

5.2 Further to the above, and based upon a snapshot of 2013-14, it is noted that the Trust's workforce profile is as follows:

- 87% colleagues provide clinical care services, and 13% deliver corporate / support services (NB this includes a significant number of frontline colleagues such as Hotel Services staff);

- less than 1.5% are medical staff, although their combined salaries equate to £2.7million of pay costs;

- 42% colleagues are aged 50+, with only 10% aged under 30 years;

- in terms of gender profiles, 64.3% Trust Directors (both Executive and Non-Executive) are female, and 35.7% male; 83.3% senior managers (band 8a to 8c) are female, and 16.7% male; and 91.8% all Trust colleagues are female, and 8.2% male.

- 97% colleagues originate from a white, British background, with 3% from black and minority ethnic groups;

- 1% colleagues declare a disability, 54% have confirmed they are not disabled, and 45% have not made a corresponding declaration;

- 39% colleagues are employed full-time: moreover, of the 61% who are part-time, 55% work less than 24 hours per week;

- 57% colleagues are at the top of their Agenda for Change pay band and are therefore not eligible for any further pay increments;

- sickness absence levels are 4.28% which compares favourably with other community trusts, who recorded an average sickness absence rate in the same period of 4.83%;

- 80.45% staff have received their regular appraisal;

- staff turnover is 10.84% against the Trust Board target of 11%.

5.3 The Trust's business plans for the next five years anticipate that whilst the organisation's core services will predominantly remain stable in the period 2014-16, the Trust will be looking to secure additional new business within county, which will have direct impact upon workforce requirements.

Thereafter in the period 2016-19, the Trust is forecasting not only new business from out-of-county, but is also planning to explore its contractual arrangements with Gloucestershire County Council in respect of social care staff (NB this is referenced in further detail in section 7.1.3 below).

Workforce Strategy 2014-19

5.4   In April 2014, the Trust Board undertook a SWOT analysis of the organisation, which highlighted the following strengths and weaknesses with respect to its workforce:

	Statement	Evidence
Strengths	Accredited by Investors in People	• External assessment (March 2013)
	Staff are committed to their teams, colleagues and professions	• Staff Survey • Listening Into Action Pulse Check
	Stable workforce who live locally and understand local issues	• Stability rate • Staff's home addresses
Weaknesses	Under-developed organisational systems	• Individual/team objectives not linked to organisational objectives • Poor appraisal completion rates • Poor mandatory training rates
	Weak internal communications and staff engagement	• Percentage of staff reporting good communication between senior management and staff
	High cost base	• 57% staff at top of pay band • 61/39 ratio of part-time to full time
	Average staff satisfaction	• Staff Survey • Listening Into Action Pulse Check
	Under-developed succession planning and talent management	• Staff quote a lack of opportunities in their exit interviews • No Succession Planning or Talent Management frameworks in place
	Inability to recruit suitably talented and experienced staff (i.e. qualified nursing and allied healthcare professionals)	• Unfilled vacancies
	Higher than target sickness absence rates	• Sickness absence reports • 26% calendar days lost due to sickness relate to stress/anxiety/ depression
	No plan in place for the contingent workforce	• Unfilled vacancies • Increasing agency spend

This Workforce Strategy therefore seeks to build upon the strengths, and address and remedy the weaknesses as identified above.

6.   Quality Goals

6.1   In order to ensure that this Workforce Strategy maintains optimum focus upon achieving quality outcomes, the following goals have been identified:

- to ensure improved workforce planning so as to make optimum use of the Trust's most valuable resource;

- to improve recruitment processes so as to enable the Trust to attract and retain a strong and stable workforce;

- to ensure that the Trust provides appropriate support and development for all colleagues, empowering them to reach their full potential, whilst representing the Trust's values and helping achieve the organisation's strategic objectives;

- to deliver robust governance systems that can effectively support the Trust's workforce;

- to encourage colleagues to remain healthy, so that they are best able to provide high quality service;

- to further develop the Trust's HR functions, so as to provide responsive, accurate and streamlined services that benefit the organisation's operation.

7.   Priorities and Actions

This section identifies the priority actions, mapped against the Strategy's quality goals. Further details regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the HR/OD Committee.

7.1   <u>To ensure improved workforce planning so as to make optimum use of the Trust's most valuable resource</u>

The Trust recognises that an appropriate workforce empowered with the right capabilities, is fundamental to achieving the necessary step change in quality care delivery. To this end, the Trust is committed to effectively planning the ways in which it utilises its people, so as to determine the most efficient staffing levels and mix, and thereby ensure the best outcomes for service users, carers and families across Gloucestershire.

Moreover, given that pay costs account for almost 80% of the Trust's total costs, there is clear imperative to ensure that this investment is used most wisely.

This requires the Trust to undertake the following actions:

7.1.1   The Trust will ensure that workforce planning is conducted using both top-down and bottom-up approaches i.e.:

- top-down workforce planning will be managed by the Director of Human Resources. It will use approved methodologies such the National Workforce Assurance Tool, in order to ensure that the necessary links are established and understood between workforce data, activity information, quality and safety outcomes, and financial plans.

   Thus, this triangulated approach will ensure that staffing resources can be most effectively and systematically planned and allocated, with due consideration given to all influences and impacts. It additionally means that the Trust will be able to make informed decisions about its workforce, and will be able to:

   o   improve workforce monitoring and planning systems;

   o   analyse impacts of increased productivity efforts;

   o   fundamentally assess workforce changes and the impact on quality and safety;

   o   benchmark against other Trusts so as to identify areas for possible improvement;

- bottom-up workforce planning will be overseen by the Chief Operating Officer. It will require the input of colleagues from across the organisation, and particularly managers and team leaders, who will be responsible for the production of local Service Development Plans relevant to their areas of operation. These plans, which will be completed on an annual basis, will:

  o identify the particular workforce needs of each service given current activity and forecast demand;

  o recognise the capabilities and skills that each member of the team will require, and explore issues of skill mix in order to produce the most effective delivery model. In particular for the Trust's Integrated Community Teams, this will require the corresponding Service Development Plans to identify the uni-professional competencies that can be shared across team members (which include occupational therapists, social workers, physiotherapists, community nurses and reablement workers) in order to increase day-to-day working efficiencies;

  o consider all national workforce standards (see section 7.1.2 below), as well as local commissioning requirements;

  o propose a detailed local workforce profile linked to service budget lines, that specifically shows the numbers and grades of staff needed both now and in the future, in order to ensure delivery of the highest quality of care to local service users, carers and families.

  This approach is illustrated by the Trust's operational framework below:
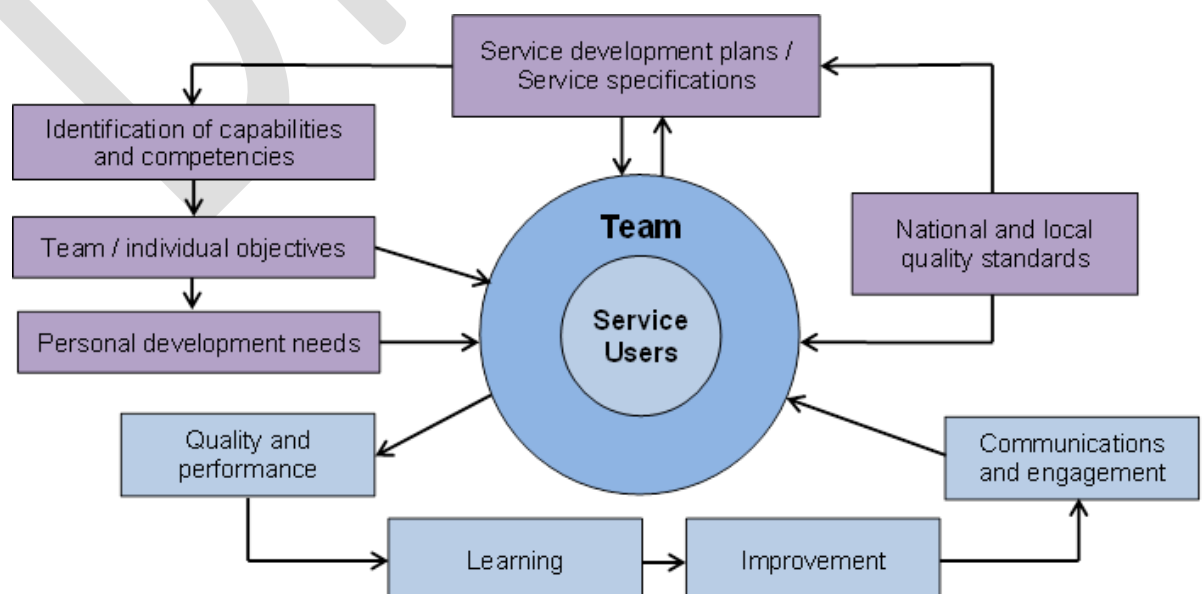
Thereafter, the Director of Human Resources will be responsible for reviewing both the top-down workforce planning outputs and the bottom-up workforce profiles, reconciling the two, and recommending the most suitable composite that will form the Trust's overall Workforce Plan. This plan will also include explicit detail as to how the workforce will be transformed over time in order to meet changing care needs, and reflect financial constraints.

It is however recognised by this Strategy that additional resources will needed by local teams in order that they may be able to best complete their Service Development Plans.

7.1.2   In developing its workforce planning, the Trust will remain mindful of national guidance at all times. At the time of writing, this includes, for example, the high-profile *Safe Staffing Guidelines* issued by NICE (July 2014). Although this document explicitly exempts community hospitals, the Trust actively embraces the principles and ethos of this guidance: these seek to ensure the most appropriate nursing establishment in order that:

o   service users will receive the nursing care they need, including specialist nursing, regardless of the ward to which they are allocated, the time of the day or the day of the week. This includes planning to locate service users where their clinical needs can best be met;

o   the number of registered nurse and healthcare assistant posts that are funded to work in particular wards, are sufficient to provide safe nursing care to each service user at all times;

o   there is sufficient capacity to deal with planned and predictable variations in available nursing staff such as annual, maternity, paternity and study leave, as well as fluctuations in service users' nursing need and staff unplanned leave or absences, and that there are clear procedures to prompt increase or decrease in nursing staff where appropriate.

Throughout the lifecycle of this Strategy, the Trust will continue to horizon-scan any similar national directives, and ensure that they are suitably reflected and accommodated within its planning.

7.1.3   As referenced in section 7.1.1 above, the Trust will develop, maintain and implement a detailed Workforce Plan in line with the aspirations of this Workforce Strategy, as well as the Trust's five year Integrated Business Plan and associated Long-Term Financial Model. This Workforce Plan will therefore identify how the Trust will seek to configure its staffing complement in order to deliver the highest standards of quality care and maximise overall productivity in the most cost-effective way.

In particular, the Trust's Workforce Plan will need to give consideration to the following salient issues:

- how to ensure sustainable services with appropriate and safe levels of staffing despite the need to achieve cost efficiencies such as the Cost Improvement Programme (CIP) which requires a minimum 4% cost saving year-on-year: in particular, the Trust will seek to minimise the impact of any reduction in staff numbers due to efficiency cost savings or other service redesign, by ensuring an appropriate skill-mix of staff;

- how the Trust will seek to deliver an increasing range of community services 7 days per week in line with national directives;

- how the Trust will maintain suitable grades and expertise of staff to manage the increased acuity of service users who require care and treatment within the community;

- how the Trust will effectively recruit, retain and manage those staff who will be required to fulfil the new business opportunities both in and out of county that are proposed by the Trust's forward financial plans. This will include a need to review contracting and remuneration arrangements so as to ensure that the Trust remains competitive in all tenders and negotiations;

- how the Trust will seek to work in association with Gloucestershire County Council over the next five years, and therefore whether there is potential, opportunity and/or benefit to transferring all social workers to the full employment of the Trust.

  In considering this matter, the Trust will need to explore a range of workforce issues, and undertake a full analysis using the basis of the framework proposed by *The Principles of Workforce Integration: A Discussion Document* (Skills for Care, Think Local, Act Personal, Skills for Health, Local Government Association, NHS Employers, Association of Directors of Adult Social Services, 2013). Thus, the Trust would need to consider:

  o whether more formal integration of health and social care colleagues would result in better outcomes for local people who need care and support;

  o whether the proposed integration of the two workforces would involve the entire health and social care system so as to ensure a more sustainable whole, and therefore minimise duplication, conflict and practical difficulties of day-to-day practice;

    o   whether all staff would appropriately acknowledge and overcome any potential resistance to change and transition, recognising that their individual and professional identities are still valid despite the blurring of organisational boundaries;

    o   whether integration would result in a more confident, engaged, motivated, knowledgeable and skilled workforce that could support active and engaged local communities;

    o   whether the Trust would be able to promote and deliver a common goal and shared approach, thereby demonstrating the way in which the workforce is valued;

    o   whether integration would create new relationships, networks and ways of working that are beneficial to all stakeholders across Gloucestershire.

7.1.4   In order to deliver effectively against local workforce profiles as described in section 7.1.1 above, the Trust will seek to make more appropriate use of e-rostering resources by local service delivery teams. Thus, these resources will enable frontline colleagues to see management information on shift patterns (including preferred shift patterns of individual colleagues), together with data relating to staff's annual leave, sickness absence and skill mix. They will also help identify the movement of staff between the organisation's locations. As such, these resources will enable the Trust's line managers to quickly create bespoke rotas that can effectively fulfil service user demand.

Thus, the Trust will ensure that e-rostering systems and services are readily available to all relevant staff across the organisation, thereby improving the practical day-to-day management of both substantive and temporary staff. This will additionally result in the Trust being able to achieve efficiency savings by means of releasing more time for staff to deliver higher quality services, and reducing agency staff spending.

7.1.5   Whenever any change in service design or staffing configuration is proposed as a result of workforce planning, the Trust will ensure the corresponding development of a Quality Impact Assessment. This will therefore serve to ensure that no mooted change will have negative impact upon any population group within the local community, or create further deterioration in prevailing health inequalities. Thereafter, the Trust will provide clear documented rationale to colleagues explaining the reasoning and benefits behind the change, supported by the evidence of the Quality Impact Assessment. This will then help ensure appropriate staff engagement with change practice.

7.2   To improve recruitment processes so as to enable the Trust to attract and retain a strong and stable workforce

Turnover is a natural process within any organisation. Indeed, when managed sensitively and within tolerance, turnover is critical to an organisation being able to attract new people with innovative thinking, and thereby introduce fresh competencies and skills to complement those already existing within the workforce.

Specifically for the Trust, turnover is a key consideration at this time, given that as noted in section 5.2 above, 42% of the organisation's workforce in 2013-14 were aged 50+, which will create over time, a clear need to seek new staff as current professionals retire.

To this end, the Trust will seek to maintain the most robust recruitment processes in order to maintain establishment, ensure that the workforce as a whole remains fit for purpose, and that appointed staff represent a diversity of skills in line with the Trust's wider organisational strategy. More succinctly, the Trust's recruitment processes must bring the right people into the organisation at the right time, to support its future development.

As such, the Trust will observe the following actions:

7.2.1   As identified in section 7.1 above, the Trust is committed to undertaking comprehensive planning of its workforce configuration and composition. This planning will ensure that where appropriate, service managers and budget holders will be able to recruit an agreed percentage of planned establishment, and thereafter retain some flex to recruit bank, agency and contract workers up to the establishment ceiling. However, this flex will be clearly controlled and monitored so as to ensure that the use of temporary workers is only in response to identified need.

Moreover, in using temporary staff, managers and budget holders will be required to evidence that the associated expenditure, is justified in terms of providing a safe, effective and high-quality service, and therefore delivers value for money: in particular, this will require the Trust to decrease its use of agency staff to the lowest practical levels.

7.2.2   As outlined in its Organisational Development Strategy, the Trust is fully committed to the promotion of equality and diversity. This is both to recognise the organisation's Human Rights responsibilities, but also to ensure that the workforce is able to reflect, and therefore respond to, the many populations, communities and people that the Trust serves. This engenders a very specific responsibility when recruiting. Thus, the Trust will seek to maintain recruitment processes that are wholly fair and equitable by:

- ensuring that all recruitment takes place in accordance with the Trust's Recruitment and Selection Policy and Procedure, which clearly identifies how equal opportunities should be implemented;

- using advertising to attract suitably qualified, skilled and experienced candidates from all sections of the community and the existing workforce, including those that traditionally experience inequalities;

- where there is a specific need pertinent to the role being advertised, taking positive action to encourage as diverse a range of applicants as possible;

- always directing applicants to apply via the NHS Jobs system so as to ensure that applicants' personal details can be redacted by the HR team ahead of the recruiter shortlisting;

- committing to the principle that everyone who applies for a job or promotion with the Trust will be considered solely on their merits and ability to do the advertised role. Furthermore, the Trust will actively seek to ensure that no applicant will be placed at a disadvantage by requirements or conditions that are not essential to the job: this includes requirement to ensure that wherever possible and practical, no provision, criterion or proposed job function will put a disabled person at a substantial disadvantage, compared to someone who is not disabled;

- operating a Guaranteed Interview Scheme, so that people with disabilities are assured of an interview as long as they meet the minimum criteria;

- providing training to all relevant staff so as to ensure that those responsible for making selection decisions do not discriminate, consciously or unconsciously, when making employment decisions;

- ensuring due process to validate that the reasons for choosing certain employees is clear and based on sound judgements;

- ensuring scrutiny of the process by the Equalities Steering Group which is attended by executive-level membership and a Non-Executive Director with responsibility for equality;

- ensuring the subsequent availability and use of data in order to conduct detailed analysis of the effect of protected characteristics on employment activities such as promotion, sickness absence and performance.

7.2.3 The Trust recognises the significant benefits of using values-based recruitment. These benefits are described in *Hard Truths* (Department of Health, 2013) as follows: "*It is vital that the staff of tomorrow are able to demonstrate not only academic and technical ability, but also that they have the values of kindness and compassion that are needed to care for patients in an emotionally demanding environment.*"

To this end, the Trust will seek to ensure that all potential applicants are evaluated against their recognition, appreciation, experience and synergy with, and commitment to, the Trust's CORE values, namely Caring, Open, Responsible and Effective. Equally, the Trust will evaluate potential staff against the values inherent within the *NHS Constitution*.

By effectively undertaking such assessment, the Trust will aim to ensure that it can assemble a workforce not only with the right skills and in the right numbers, but also with the right values to support effective team working and deliver excellent service user care and experience.

Indeed, research from NHS Health Education England, suggests that Trusts who are able to utilise values-based recruitment practices, are able to reduce inappropriate agency spend and recruitment costs, increase staff morale, create a more positive working environment, and ensure service delivery of the highest quality standards.

7.2.4 In undertaking recruitment, the Trust will remain mindful of relevant social values. This will be a critical facet of its Corporate Social Responsibility. It will require, for example, giving full and due consideration to the recruitment, role and contribution of volunteers, who freely give their time and expertise to support the Trust's services. Similarly, it will behove the Trust to explore the option of apprentices and student placements where appropriate, so as to encourage more young people to become involved with the organisation. It will also require the Trust to look at all avenues for advertising, including in job centres, so as to offer relevant opportunities to as wide a marketplace as possible.

7.2.5 The Trust will ensure that comprehensive exit interviews are conducted with all employees who choose to resign from the organisation, so as to gain full understanding of the particular reasons for their leaving.

This learning will be to inform subsequent recruitments. It will also be fed back directly to relevant staff, and in particular line managers, so that service improvements can be made where necessary, and the Trust has greater chance in the future, of retaining skilled staff where beneficial to the organisation.

7.3   To ensure that the Trust provides appropriate support and development for all colleagues, empowering them to reach their full potential, whilst representing the Trust's values and helping achieve the organisation's strategic objectives

In order to retain and develop its workforce, the Trust will provide all necessary support to colleagues in order to help them improve their skills and abilities, and thereby offer better service. This requires the Trust to undertake the following:

7.3.1   The Trust will ensure that it provides a robust induction programme that is available to all staff as soon as they commence employment with the Trust. This will include training and instruction on all relevant aspects of the Trust's operations and responsibilities: in particular, it must include dedicated coverage of all training that is identified in the Trust's other strategy documents, in particular, its Clinical and Professional Care Strategy, IT Strategy, Information Governance Strategy, Risk Management Strategy etc.

Additionally, the Trust will ensure that wherever possible, training is tailored to the specific needs of all staff groups: this will include documented processes for the induction of all senior managers, and Executive and Non-Executive Directors.

Evidence of induction will form part of each staff member's personnel file for subsequent reference and review.

The content of the induction programme will be formally reviewed each year by the HR/OD Committee in order to ensure that it continues to satisfy organisational need, and also reflects all mandatory and statutory requirements, as well as local need.

7.3.2   The Trust will commit to ensuring that professional training and development opportunities are available to all staff throughout their career with the Trust, so as to enable colleagues to continually learn and progress. This will include the following:

- mandatory training in all relevant aspects of the Trust's business including infection control, health and safety, information governance, equality and diversity etc: where appropriate, this training should be provided on a minimum annual basis;

- clinical training for relevant staff in order to ensure that colleagues are equipped with the necessary knowledge and skills to provide the very highest standards of care: this additionally requires the Trust to develop strong working relationships with other learning providers so that the Trust's workforce can access relevant professional qualifications and learning opportunities;

- leadership training such as the *Leading for Quality Care* programme (see also section 7.3.5 below);

- basic competency and skills training, such as training in new IT systems upon their release;

- on-going collaboration with the West of England Academic Health Science Network in order to provide colleagues with the opportunity to actively engage in research and development, and thereafter incorporate new learning into practice.

Training will utilise a variety of forms and delivery mechanisms, albeit with an increased focus on "self-service" training whereby staff can access the instruction that they require via e-packages, and thus learn at a time and place that is convenient to them.

Notwithstanding, the Trust will aspire to ensure that all national and local targets for mandatory training are achieved recurrently.

7.3.3   All colleagues will have their own personal development plan, which will include (i) their personal objectives for the following year, (ii) their team's objectives, and (iii) their personal development needs. This goal is in line with the Trust's operational framework model which is illustrated in section 7.1.1 above.

In order to support each personal development plan, the following actions will be realised:

- all colleagues will have regular appraisals (minimum annual) which will include review of their values and behaviours as well as their personal performance and contribution to their team, and which will assess and identify their training needs;

- where appropriate, there will be a renewed focus upon support and supervision in order to facilitate routine personal and professional development, especially for colleagues working in a clinical or care setting. As per the Trust's Clinical and Professional Care Strategy, this requires colleagues to have protected time so that they may participate in clinical supervision or action learning on a regular basis, tailored to individual need;

- the Trust will also develop complementary programmes of support, such as mentoring schemes, to facilitate personal and professional development, and the sharing of best practice;

- as a result of the above activities, each colleague will have a clear development plan which identify their career pathway, thereby giving staff clear motivation to progress with the Trust.

7.3.4 The Trust will proactively support colleagues when introducing new ways of working where these are designed to enable optimum working efficiencies, support the delivery of best practice, or realise cost savings. Examples of such innovation include the introduction of mobile working technologies into frontline service delivery, the encouragement of home working etc. Support in this respect will include bespoke training, targeted communications activities, the ready availability of practical advice, resources and other information, and mentoring where appropriate.

This will therefore help the development of a flexible workforce who are able to adopt to changes in practice that will ultimately allow them to provide improved and equitable standards of care, timely access to services, and ensure that people are better able to be treated either at home or close to home.

7.3.5 The Trust's Organisational Development Strategy provides details of the Board's responsibility to encourage leadership skills across the organisation. This Workforce Strategy reinforces this commitment, albeit with focus upon the need of the Trust's leaders to be upskilled so that they may best contribute to the organisation's workforce planning, and fulfil their role to lead and manage their respective teams. Thus, the Trust will seek to:

- make relevant training, development and support available to all Trust leaders: this includes the Leading for Quality Care programme developed by the Royal College of Nurses;

- ensure that all professional leaders are afforded the necessary capacity to spend increased time in leadership activities;

- conduct full 360 degree reviews on all Trust leaders as part of their appraisal process so as to provide the most robust assessment and scrutiny;

- enable future leaders to be identified via the appraisal process, with particular consideration given to ensuring that senior roles are introduced within teams where there is a clear clinical and professional need.

7.3.6 The Trust will develop and implement a comprehensive Talent Management Policy in order to systematically identify and nurture those individuals who are best able to make a difference to the Trust's performance either by means of their immediate contribution or, in the longer-term, by demonstrating the highest levels of potential.

Such policy will also highlight how the Trust will seek to retain and deploy its talented people in order to fulfil business-critical roles.

7.3.7 The Trust will ensure that it develops robust succession plans for each of its key roles in order to help develop its future leaders. Thus, succession plans will be developed using the competencies identified by the workforce profiles (see section 7.1.1 above). The Trust will also ensure that through its Board Composition Matrix that is maintained by the Director of Corporate Governance and Public Affairs, there are clear succession plans for all Executive Directors.

7.3.8 Recognising and rewarding colleagues for outstanding achievements and service will become routine practice. Whilst this will culminate the annual Staff Awards, which will include awards for behaviours that best reflect the Trust's values, there will also be, for example:

- "thank you" cards sent from the Chief Executive to staff who exceed expectations, followed by "thank you" lunches after which teams can present their successes to Board members;

- staff appreciation week, which will offer specific benefits to teams whose performance has been exemplary;

- International Nurses Day, on which colleagues will be presented with a certificate and voucher for exceptional nursing care.

7.3.9 As stipulated in the Trust's Clinical and Professional Care Strategy "*the Trust is wholly committed to a policy of zero tolerance, and thus will not condone, whether explicitly or implicitly, any act of negligence or other failure / omission that results in service users receiving poor care or suffering avoidable harm*". The Trust will therefore maintain robust disciplinary processes to redress any staff members identified as acting inappropriately in this, or any other breach of Trust policy.

7.3.10 As described in the Communications and Engagement Strategy, the Trust is seeking to improve the effectiveness of its communications activities upwards, downwards and across the organisation. This includes commitment to increase more traditional communications forms such as a regular internal magazine/newsletter, as well as ensuring the direct involvement of all colleagues in integration and change processes, in order to move beyond one-way communication and achieve active and real engagement.

7.3.11 The Trust will undertake an annual review of its contracting and remuneration arrangements so as to ensure that the organisation remains competitive, and therefore attractive and sustainable within both the regional and national healthcare economy. This will also consider staffing costs as a whole of the organisation's expenditure, so as to validate that the Trust remains financially viable. This review will be presented at the HR/OD Committee prior to escalation to Board.

7.4 **To deliver robust governance systems that can effectively support the Trust's workforce**

7.4.1 The Trust will ensure that it maintains a comprehensive suite of HR policies so as to regulate practice, and thereby ensure organisational compliance with all relevant legislative requirements and regulatory advised best practice. All HR policies will be owned by the Director of HR, who will be responsible for ensuring that they are accurate, complete and readily available to colleagues.

7.4.2 The Trust will ensure that it actively maintains support information from recruitment advice to guidance on appraisals, on a dedicated area of the Trust intranet so that staff are readily supported in their day-to-day practice without unnecessary need to burden the HR team.

7.4.3 All staff will have a detailed job description and person specification, that will clearly link to their team's current Service Development Plan (see section 7.1.1 above), and which will therefore be prescriptive in terms of the capabilities and skills that are required of each role-holder.

7.4.4 The Trust will maintain robust reporting and performance management frameworks with explicit coverage of escalation and assurance processes, so that staff are fully aware of how issues pertaining to workforce can be identified and communicated. This will include the full spectrum of reporting from, for example, the daily reporting of staff rotas in line with the *Safe Staffing* guidelines, through to whistleblowing procedures which allow staff to highlight concerns in the safety or appropriateness of workforce numbers.

Equally, the Trust will ensure that it fulfils all national reporting requirements regarding workforce in line with regulatory standards such as those prescribed within the TDA Accountability Framework and Monitor's Risk Assessment Framework. This will include clear process to ensure that relevant colleagues from finance and operations approve all data returns prior to submission.

7.4.5 Through it Board and sub-Board committee structure, the Trust will ensure that workforce issues are fully and frankly discussed at the appropriate level. This will necessitate on-going review of the scope and remit of the Trust's HR/OD Committee which currently has responsibility for ensuring that the Trust's agreed establishment is appropriately resourced, supported, equipped, skilled and trained, and therefore that there is sufficient staffing capacity and capability across the organisation in order to provide optimum care to local service users, carers and families. It will also require review of the Trust's Professional Cabinets which directly support individual professional disciplines.

7.5 <u>To encourage colleagues to remain healthy, so that they are best able to provide high quality service</u>

The Department of Health's *Hard Truths* document provides evidence for the assertion that "*where staff are well supported and where their well-being is a priority for their organisation, there is a significant and positive impact on outcomes for patients and service users*". This workstream is separate from that proposed within the Trust's Health, Safety and Security Strategy which focuses instead on the Trust's legal duty of care to staff, and its objectives to ensure that colleagues benefit from optimum protection whilst at work. The Trust is therefore committed to the following actions:

7.5.1   The Trust will develop and implement a healthy lifestyle programme, in accord with the Healthy Workforce Plan that will support this Workforce Strategy. The main aim of this programme will be to ensure the delivery of a proactive and responsive health and wellbeing service that is designed to help colleagues maintain a healthy lifestyle, and additionally to recognise and address issues which may have a detrimental effect on their physical and mental health. This will in turn, enable staff to become role models for good health and wellbeing.

The initial priority for this programme will be upon identifying ways to prevent or alleviate colleagues' stress, given that stress, including anxiety and depression, is the main reason for staff sickness (NB in 2013-14, stress accounted for 26% of all Trust sickness absences). More generally, the programme will seek to create a health and wellbeing good practice framework that can be effectively embedded across all levels of the organisation.

7.5.2   A dedicated Healthy Workforce management group will be established in order to provide the necessary governance and assurances regarding the sustainability, monitoring and overview of this workstream.

7.5.3   The Trust will review all of its relevant employment policies, including its stress management policy, in order to identify opportunities for improvement, and will provide associated training, education and support to managers and staff where appropriate.

7.5.4   The Trust will seek to introduce mediation and dignity at work support, so as to ensure a work environment where all colleagues are treated with dignity and respect, and are free from any form of bullying, harassment or victimisation.

7.5.5   The proposed Healthy Workforce Plan will not succeed without the support of Trust colleagues, and thus, staff will be actively encouraged via bespoke communications and associated activities, to engage with the programme.

7.6   To further develop the Trust's HR functions, so as to provide responsive, accurate and streamlined services that benefit the organisation's operation

In order to most effectively deliver upon this Workforce Strategy, as well as other key organisational documents including the Clinical and Professional Care Strategy, the Trust will seek to improve the practical efficiency of its HR resource. To this end, the following actions will be undertaken:

7.6.1   At the time of writing this Workforce Strategy, the Trust's HR resource administers to both the Human Resources and Organisational Development needs of the Trust. However, in order to bring clarity and differentiation to these two disciplines, the Trust will nominate separate management teams giving staff a better understanding of when, how and by whom, expert assistance can be sought. Thus, the transactional HR team will focus upon day-to-day practices including recruitment, training and development, payroll etc, whilst the organisational development team will be guided by the Organisational Development Strategy and implementation plan. This will also mean that the HR/OD team as a whole can demonstrate an increased return on investment, and become more valued as a key enabling support service.

7.6.2   To complement the aspirations of section 7.5 above which aim to ensure better physical and mental health for colleagues ostensibly through a healthy lifestyles programme, the Trust will additionally recognise its more formal obligations to provide a robust occupational health service. This will include, as a minimum, a review of the occupational health service specification and corresponding service provision so as to identify and implement opportunities for improvement and thereby make a significant contribution to staff productivity.

This action will also be supported by the HR team seeking improvement in the Employee Assistance Programme, by which colleagues can access confidential advice, guidance and counselling if they are facing work pressures or difficulties in their personal lives.

7.6.3   The HR team will work closely with colleagues in IT in order to deliver enhanced support such as self-service training modules – for further information, refer to the IT Strategy.

7.6.4   The HR team will actively support the Trust's ambitions to deliver increased efficiency and reduce the administrative burden, by helping to embed a paperlite environment. This is also in line with the organisation's Corporate Social Responsibilities.

7.6.5   The Trust will explore relevant opportunities to work with its partners in order to develop a shared HR service, where this will tangibly result in value for money and improved service.

8. Quality Measures

8.1   Each of the quality goals as identified in section 6 above, will be supported by a series of performance measures as detailed below, to be reported to, and monitored by the HR/OD Committee on a routine basis:

Quality Goal	Quality Measure
To ensure improved workforce planning so as to make optimum use of the Trust's most valuable resource	• Annual production of Service Development Plans for each clinical and corporate service with clear coverage of the proposed workforce profile, and identified feed into the overarching Workforce Plan • Annual identification of key competencies for each role within service delivery teams • Annually updated objectives for each staff member highlighting their individual plans for personal development, and identification of how they may best support and enhance their team • Maintenance of the Trust's Workforce Plan with clear links to the five year Integrated Business Plan and Long-Term Financial Model • Quality Impact Assessments completed in respect of all service redesigns or changes to staffing configurations • Demonstrable evidence of the improved use of e-rostering systems
To improve recruitment processes so as to enable the Trust to attract and retain a strong and stable workforce	• Managed use of temporary staff (bank, agency and contract workers) with headcount and expenditure not exceeding agreed limits • Maintenance of Two Ticks and Mindful Employer status • Demonstrable evidence of values-based recruitment processes • Exit interviews conducted in respect of 100% staff

To ensure that the Trust provides appropriate support and development for all colleagues, empowering them to reach their full potential, whilst representing the Trust's values and helping achieve the organisation's strategic objectives	• 100% new staff receiving induction training within their first month of employment • 100% compliance with all mandatory training rates • 90%+ coverage of annual staff appraisals, with staff self-reporting that their appraisal was of a high quality 80%+ of the time • 360 degree reviews conducted for all Trust leaders
To deliver robust governance systems that can effectively support the Trust's workforce	• Evidence that all HR policies are in place and followed by staff • 100% staff with an up-to-date job description and person specification • 100% compliance with relevant reporting regimes
To encourage colleagues to remain healthy, so that they are best able to provide high quality service	• Improved staff morale measured by improvement in colleagues' acknowledgement of the Trust as a positive place of work • Reduction in staff sickness absence rates • Decrease in timescales for returning to work following ill health absence
To further develop the Trust's HR functions, so as to provide responsive, accurate and streamlined services that benefit the organisation's operation	• Increased clarity in respect of the Trust's transactional HR and organisational development functions • Progress towards an agreed trajectory for paperlite environments

9. Accountabilities and Assurances

9.1 Trust Board

The Board is responsible for governing the organisation effectively, and for maintaining public and stakeholder confidence in the Trust's continued quality and sustainability. This includes explicit duty for continuously appraising the strategic development and on-going operational performance of the organisation, which therefore necessitates detailed overview and assessment of the Trust's workforce.

9.2 Chief Executive

The Chief Executive is the Trust's Accountable Officer, and thus has overall responsibility for ensuring that the Trust maintains a workforce that is appropriate in numbers, and sufficiently skilled and supported, so as to able to provide the highest quality care services across Gloucestershire.

9.3 HR/OD Committee

The HR/OD Committee has responsibility for ensuring that the Trust's agreed establishment is appropriately resourced, supported, equipped, skilled and trained, and therefore that there is sufficient staffing capacity and capability across the organisation in order to provide optimum care to local service users, carers and families. The Committee also seeks suitable assurances that systems of control are robust and reliable, and that all actions identified in the Workforce Strategy Implementation Plan, the Education and Training Plan and the Healthy Workforce Plan, are completed.

9.4 Director of Human Resources

The Director of Human Resources is responsible for overseeing all workforce planning, and all elements of transactional HR and organisational development, as are relevant to the fulfilment of this strategy.

9.5 Chief Operating Officer

The Chief Operating Officer is responsible for ensuring that all Service Development Plans are produced on an annual basis. In doing so, the Chief Operating Officer is reliant upon the contributions of all managers and team leaders across the organisation.

9.6 All Trust colleagues

All colleagues across the organisation have responsibility to support the development of an exemplar workforce. This includes, in particular, a need to understand and comply with the requirements of the Trust's operational framework, and thus actively participate in the production of Service Development Plans, as well as all related actions including appraisals, supervision, training and education as befits their individual roles.

10. **Enabling and Supporting Strategies**

10.1   This Workforce Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the Organisational Development Strategy, which serves to identify how the working environment of the Trust will be effectively progressed over the period 2013-18, in order to create practical and sustainable improvements in the quality of working life for all colleagues, and thereby support the delivery of high-quality, person-centred care within all the organisation's health and social care services;

- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;

- the IT Strategy, which seeks to ensure that information technology is used as an aid to empower Trust colleagues to provide service users with the best possible care, and provide steer for a reliable, effective IT infrastructure that employs a diverse range of technologies to improve communications both within the Trust and across the whole of the local health and social care system;

- the Communications and Engagement Strategy, which aims to ensure that the Trust's mission to provide high-quality health and social care across Gloucestershire is fully supported by an effective programme of communications and engagement activity with service users, carers, families and the wider Gloucestershire public, as well as with the organisation's own workforce and professional partners.

10.2   This Workforce Strategy is directly supported by the Workforce Strategy Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2014-19 in order to fulfil the ambitions of this Strategy.

This Strategy is also supported by the Education and Training Plan and the Healthy Workforce Plan, which – together with the Workforce Strategy Implementation Plan and the local Service Development Plans – will coalesce into the Trust's overarching Workforce Plan. This Workforce Plan will identify the practical staff configurations and competencies that are necessary to transform the organisation over the next five years.

11. References

NHS Constitution (Department of Health, 2013)

How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time (National Quality Board, 2013)

Human Factors in Healthcare (National Quality Board, 2014)

The Principles of Workforce Integration: A Discussion Document (Skills for Care, Think Local, Act Personal, Skills for Health, Local Government Association, NHS Employers, Association of Directors of Adult Social Services, 2013)

The National Workforce Assurance Tool (NHS Northwest, 2012)

Evaluation Study: Workforce Assurance Tool (Deloitte, 2011)

Recruiting for Values - Is your Organisation ready? Working towards embedding Values-driven Behaviour (NHS Health Education England, 2014)

Standards for Employers of Social Workers in England and Supervision Framework (Social Work Reform Board)

The Adult Social Care Outcomes Framework 2014/15 (Department of Health, 2013)

Hard Truths: The Journey to Putting Patients First (Department of Health, 2013)

A Promise to Learn - a Commitment to Act (National Advisory Group on the Safety of Patients in England, Berwick, 2013)

Review into the Quality and Safety of Care at 14 NHS Hospital Trusts in England (Department of Health, 2013)

An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings (Department of Health, Cavendish, 2013)

Compassion in Practice (NHS Commissioning Board, 2012)

Everyone Counts: Planning for Patients 2013/14 (NHS Commissioning Board, 2013)

NHS Mandate (Department of Health, 2012)

Workforce Skills and Development Strategy 2013/14 - 2018/19 (Health Education South West, 2013)

Appendix 1: Consultation

This Workforce Strategy has been presented to the following groups and Committees so as to ensure appropriate senior support, prior to its escalation to the Trust Board in September 2014 for ratification:

Consultation Group	Date of Meeting
Human Resources and Organisational Development Committee	19 June 2014
Human Resources and Organisational Development Committee	18 August 2014
Trust Board	16 September 2014

Ref: 14/B017

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Business Continuity Strategy (v0.7)

16th September 2014

Objective:

The purpose of this paper is to seek the Board's support for the Business Continuity Strategy in its current form.

The Board is asked to:

The Board is asked to formally ratify the Gloucestershire Care Services NHS Trust's 5 year Business Continuity Strategy.

Executive summary:

The Director of Service Transformation, as Executive lead, has approved this Business Continuity Strategy following consultation with Health & Social Care colleagues, Emergency Preparedness & Resilience Group members, Non-Executive Director responsible for Emergency Preparedness, Resilience & Response, and Audit & Assurance Committee members.

The Business Continuity Strategy objectives link with all the Trust's overarching strategic objectives.

A detailed implementation plan is in the process of being developed as part of the wider Emergency Preparedness, Resilience & Response work programme. This plan will subsequently be monitored by the Trust's Audit & Assurance Committee.

A discussion with the Equality & Diversity Manager has confirmed that an Equality Impact Assessment is not required for this Strategy. However as the business continuity response plans will directly impact on how people receive services and colleagues' working lives, they will undergo equality impact assessments.

Susan Field
4th September 2014

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: ● ● A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: ● ●

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Gloucestershire Care Services **NHS**

NHS Trust

BUSINESS
CONTINUITY
STRATEGY

2014-19

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

BUSINESS CONTINUITY STRATEGY 2014-19

Version control	
Document reference:	TB16
Version:	0.7
Ratified by:	Trust Board
Date ratified:	
Originator/author:	Julia Doyle, Emergency Preparedness, Resilience and Response (EPRR) Officer
Owner:	Julia Doyle, EPRR Officer
Executive lead:	Susan Field, Director of Service Transformation
Date issued:	
Review date:	

BUSINESS CONTINUITY STRATEGY 2014-19

Contents

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

BUSINESS CONTINUITY STRATEGY 2014-19

0. **Executive Summary**

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

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

- sound business continuity management processes and practices are in place, in order to ensure optimum resilience and maintain high quality service provision: this necessitates observance of the best practice standards set out in ISO 22301, and the development of business continuity plans from individual service level to the overarching Corporate Business Continuity Management Plan;

- robust escalation procedures are maintained so that there is a defined process to identify, escalate, and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical; this includes the development of processes to ensure that all identified risks that may impact upon business continuity practices and plans, are notified immediately to the relevant authority, in order that corresponding remedial actions may be taken;

- training is delivered Trust-wide so that business continuity management is clearly understood and embedded across the organisation: this includes ensuring that training effectively raises the profile and understanding of business impact identification, assessment and management, and clearly demonstrates to all colleagues across the Trust, how their routine and consistent application of risk management processes will serve as a key enabler to ensuring continuous improvement in the quality of the Trust's delivered care;

- there is a culture of continued learning following any threats, hazards or disruptive events, and that all learning is used to strengthen and enhance future operations;

- the Trust will ensure interoperability of plans and will undertake multi-agency training, testing and exercising with partners and stakeholders: this includes active participation in the Local Resilience Forum.

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

BUSINESS CONTINUITY STRATEGY 2014-19

1. **Introduction**

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

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

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

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

   In developing this Business Continuity Strategy, the Trust acknowledges:

   - the potential operational and financial losses associated with any major service disruption and the importance of maintaining viable recovery strategies (NB it is noted that the Trust currently maintains appropriate insurance to minimise financial losses given a disaster situation - this includes insurance cover through the NHS Litigation Authority which relates to the provision of service user care);

   - the need for the Trust and Gloucestershire County Council to work together as integrated partners to ensure continued delivery of health and social care services across the county.

2.   Definitions

2.1   Business Continuity is a set of agreed processes to ensure the continuation of critical functions in the event of a major disruption.
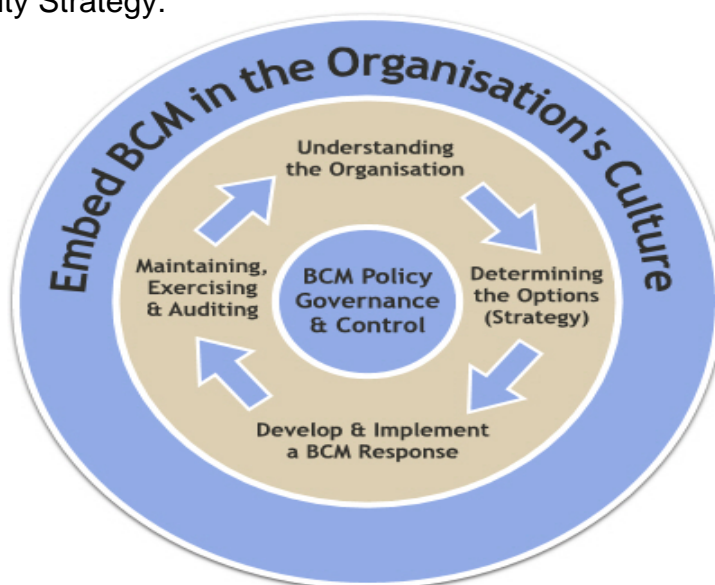
2.2   Business Continuity Management is a management process that:

- identifies and manages current and future threats to an organisation;

- takes a proactive approach to minimising the impact of incidents;

- provides a framework for building organisational resilience;

- maintains critical functions during times of crises;

- demonstrates resilience to stakeholders, suppliers and for tender requests;

- protects organisational reputation and brand.

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

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

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

Business Continuity Management Toolkit – HM Government

3.   Ambition and Objectives

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

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

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

Trust Strategic Objectives	Business Continuity Strategy Objectives
Achieve the best possible outcomes for our service users through high quality care	• Minimising the occurrence of service disruptions that could otherwise threaten or cause avoidable harm to service users, and thus impact upon the quality of care services across Gloucestershire • Improving service user safety by increasing the Trust's ability to maintain clinical provision
Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work	• Ensuring that all relevant feedback from service users, carers and families, is captured and reflected within the Trust's lessons learned / review process • Maintaining robust Quality Impact Assessments and Equality Impact Assessments in respect of all business continuity plans, so as to be assured that these plans result in the least possible disruption to the quality of care provided to local service users, carers and families
Provide innovative community services that deliver health and social care together	• Integrating business continuity management practices into joint organisational policies, planning and decision making, as well as day-to-day health and social care activity across Gloucestershire

Work as a valued partner in local communities and across health and social care	- Sharing best practice and learned outcomes across the local multi-agency and healthcare economy in order to reduce exposure to risk, irrespective of setting, through Integrated Emergency Planning and Resilience work - Continuing to play a key role in business continuity planning across the local health and social care economy
Support individuals and teams to develop the skills, confidence and ambition to deliver our vision	- Providing leadership and commitment, supporting an environment of business impact awareness, and personal and professional accountability for resilience - Ensuring that all appropriate reporting arrangements and individual responsibilities in respect of business continuity, are clearly identified and understood - Empowering all Trust colleagues with the necessary knowledge and skills in order to make effective contribution to service resilience - Undertaking a rolling programme of business continuity testing and exercises to embed the culture of business continuity across the organisation
Manage public resources wisely to ensure local services remain sustainable and accessible	- Supporting the achievement of the Trust's strategic objectives by ensuring that all risks to service resilience are proactively identified, mitigated or managed to an agreed level - Complying with all relevant legislation, regulations and standards in relation to business continuity management - Ensure clear commitment of resources which includes the appointment of a dedicated Emergency Preparedness Resilience and Response Officer

4.   National Context

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

- Civil Contingencies Act (2004)

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

- Health & Social Care Act (2012)

   Section 46 of this Act refers to the role of the Board in respect of emergencies i.e. *"The Board … must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency"*

- NHS standard contract

   This requires assurance from all providers of NHS funded care that they have appropriate business continuity plans in place

- NHS England Business Continuity Management Framework (Service Resilience) 2013

   This states that *"The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care"*

- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2013

   This states that *"Each NHS organisation must submit a self-assessment to provide assurance on their ability to respond to a variety of disruptive events"*

- NHS England (Operating Framework) Everyone Counts Planning for Patients 2013/14

   This states that "*Trusts must be resilient and maintain continuity of key services in the face of disruption from locally identified risks"*

- ISO 22301 Societal Security – Business Continuity Management Systems

   This defines business continuity as the *"capability to continue delivery of services at acceptable predefined levels following disruptive incident."*

- National Occupational Standards for Civil Contingencies

   These are statements of the standards of performance that individuals must achieve when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding required for managing incidents.

5.   Local Context

5.1   The Trust maintains a number of formal processes and systems by which it seeks to manage both strategic and operational risks relating to business continuity. These include:

- Trust policies and support documentation, including the Corporate Business Continuity Management Plan, service business continuity plans, Heatwave Plan, Inclement Weather Policies etc;

- registers that are maintained electronically in order to capture all business continuity risks against the work programme and which are related to the Local Resilience Forum's Community Risk Register;

- the Trust's internal committees which have specific responsibility for overseeing relevant aspects of business continuity, including the Emergency Preparedness and Resilience Group, the Audit and Assurance Committee, and the Trust Board;

- external committees such as the Gloucestershire County Council Business Continuity Management Steering Group, and the Local Health Resilience Partnership, which is a subgroup of Gloucestershire Local Resilience Group;

- peer group meetings are regularly undertaken to ensure joint development of documentation where appropriate, thus ensuring the interoperability of plans and multi-agency training and exercising.

5.2   The Trust has appointed a number of key individuals to oversee business continuity management. These include the Accountable Emergency Officer who is responsible for overseeing the implementation of this Strategy, and for ensuring that a corporate Business Continuity Management Plan is developed and maintained. It also includes the Emergency Preparedness, Resilience and Response Officer.

Additionally, one of the Trust's Non-Executive Directors has dedicated responsibility for supporting and promoting the business continuity agenda.

5.3   It is noted by this Business Continuity Strategy that NHS England represents the Gloucestershire health and social care economy at Local Resilience Forum multi-agency Gold and/or Silver Co-ordinating Groups.

As such, evaluation against NHS England's core standards for Emergency Preparedness, Resilience and Response will provide annual assurance of preparedness for all providers of NHS funded care.

6.   Quality Goals

6.1   In order to ensure that this Business Continuity Strategy maintains momentum and focus upon achieving quality outcomes, the following goals have been identified:

- to observe sound business continuity management processes and practices, in order to ensure optimum resilience and maintain high quality service provision;

- to maintain robust escalation procedures so that there is a defined process to identify, escalate and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical;

- to deliver training Trust-wide so that business continuity management is clearly understood and embedded across the organisation;

- to ensure that there is a culture of continued learning following any threats, hazards or disruptive events;

- to ensure interoperability of plans and undertake multi-agency training, testing and exercising with partners and stakeholders.

7.   Priorities and Actions

The following priorities have been identified and mapped against the Strategy's quality goals. Further detail regarding each of these priorities will be itemised within the Strategy's implementation plan, progress against which will be monitored on a regular basis by the Audit and Assurance Committee.

7.1   <u>To observe sound business continuity management processes and practices, in order to ensure optimum resilience and maintain high quality service provision</u>

The Trust is committed to aligning its business continuity management with the best practice standard requirements set out in ISO22301 (Business Continuity Standards). To this end, the Trust will ensure the following:

7.1.1   The Accountable Emergency Officer will oversee the development of business continuity plans from individual service level to the overarching Corporate Business Continuity Management Plan. This will ensure that a wholly consistent and coordinated approach is observed.

7.1.2   The ISO22301 process will be applied to the development and implementation of all response plans for locally identified risks such as Flooding, Severe Weather etc. This process will be managed in line with the framework illustrated below:

ISO 22301 Societal Security – Business Continuity Management Systems - Requirements

7.1.3   All colleagues will contribute to the development of their service or departmental Business Continuity Management Plan, led by their team, service or departmental manager. Staff will also be responsible for ensuring that they are familiar with their local plan, and understand their role and responsibilities in implementing it.

7.1.4   Where a service is contracted out, or is dependent on external providers or suppliers, it will be the responsibility of the manager of that service to ensure continuity arrangements are in place.

Therefore, appropriate managers must ensure that providers, suppliers and contractors have robust Business Continuity Management Plans in place to provide and maintain contracted services. This assurance will be sought as part of the Trust's contractual arrangements with external providers.

7.1.5   The Trust will continue to develop Impact Assessments as standard against all business continuity plans and emergency response plans. These will consider the results of Trust actions in any disaster situation, upon services, staff and the wider environment. Additionally, and to complement these Impact Assessments, the Trust will ensure the development of Quality Impact Assessments and Equality Impact Assessments so as to provide more bespoke scrutiny of the impacts upon provided care, service users, carers and families.

7.2   <u>To maintain robust escalation procedures so that there is a defined process to identify, escalate, and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical</u>

7.2.1   As detailed in section 7.1 of the Trust's Risk Management Strategy, all colleagues have explicit responsibility for identifying operational risks relevant to their service, team and/or working environment. These risks may be apparent as a result of colleagues' observations, or they may require the triangulation of information from a range of sources including:

o   impact assessments conducted in respect of issues or concerns that have been highlighted through routine working practice;

o   internal or external evaluations that include audits, peer reviews or public enquiries;

o   external guidance or alerts that are issued by the Government Cabinet Office, Public Health, NHS England, Civil Protection teams, Met Office, Local Resilience Forum;

o   annual self-assessment against NHS England Core Standards for Emergency Preparedness, Resilience and Response.

7.2.2   Thereafter, the Trust will ensure that it maintains formal processes in order to escalate all identified risks, and thus review, accept, mitigate or otherwise manage all potential or actual threats to the organisation's on-going operational activity. With specific reference to this Strategy, these processes will include specific requirement and responsibility for all identified risks that may impact upon business continuity practices and plans, to be escalated immediately to the relevant authority (namely the Accountable Emergency Officer and/or the Emergency Preparedness, Resilience and Response Officer as appropriate), in order that corresponding remedial actions may be taken.

7.3   To deliver training Trust-wide so that business continuity management is clearly understood and embedded across the organisation

The Trust's Organisational Development Strategy outlines its aspirations to nurture a supportive and learning culture that is based upon four fundamental values, namely being Caring, Open, Responsible and Effective. With particular reference to business continuity, this requires the following actions to be observed:

7.3.1   The Trust will ensure that its range of training programmes effectively raise the profile and understanding of business impact identification, assessment and management, and clearly demonstrate to all colleagues across the Trust, how their routine and consistent application of risk management processes will serve as a key enabler to ensuring continuous improvement in the quality of the Trust's delivered care.

This includes ensuring that staff receive training during their induction, as well as within refresher training when changing appointments and/or when business continuity procedures are altered.

7.3.2   The Trust will develop a Business Continuity training module which will form part of mandatory training and monitoring. Emergency Preparedness, Resilience and Response training will be delivered across the organisation in a range of settings and using a variety of methodologies, albeit with clear focus upon the delivery of training by a mix of external trainers and internal specialist trainers which will enable colleagues to access the information and support that they need, where and when is most convenient and appropriate to them.

This commitment to increase all colleagues' awareness of their personal responsibilities for business continuity will be enhanced by a proactive on-going programme of awareness across the Trust.

7.4   To ensure that there is a culture of continued learning following any threats, hazards or disruptive events

The Trust is committed to learning from its training exercises, testing and incident experiences including learning from how incidents occurred, how they were identified, mitigated or otherwise managed, and how learning was gathered and applied. This learning can then be used in order to strengthen and enhance future operations. To this end, the Trust will ensure the following:

7.4.1   At an appropriate juncture within each service's business continuity planning process, the Emergency Preparedness, Resilience and Response Officer and relevant service lead will formally assess the nature of any impact in order to ascertain whether it may be of significance or interest to colleagues outside the service in which it is being managed.

7.4.2   Where the learning is deemed to be pertinent or applicable across the organisation, the service lead will identify all learning that can be circulated to relevant teams so as to prevent or reduce the likelihood of a similar incident re-occurring.

By sharing such critical learning across teams, directorates, and relevant stakeholders, the Trust will seek to encourage closer working relationships within and across services, and will also strengthen its operational service delivery.

7.4.3   The Trust will maintain a communications plan for Emergency Preparedness, Resilience and Response, which will ensure that all changes to practice that result from post incident learning, are effectively communicated to the Trust's professional partners and other stakeholders in order to evidence the organisation's integrity and commitment to continuous quality improvement. This action is also in line with the Trust's commitment to be an excellent partner within the wider community.

7.4.4   The Accountable Emergency Officer will be responsible for producing a formal analysis report in respect of operational issues following any potential service disruption or business continuity issues via Post Incident Debrief Reports that will be issued within 3 months of the incident.

7.4.5   The Accountable Emergency Officer will also be responsible for developing an Annual EPRR Report, which will be agreed, reviewed and monitored by the Trust Board, and which will serve to provide robust assurance of compliance against NHS England Core Standards for Emergency Preparedness, Resilience and Response.

7.5   <u>To ensure interoperability of plans and undertake multi-agency training, testing and exercising with partners and stakeholders</u>

The Trust is committed to work with all multi-agency partners on business continuity by actively participating in the Local Resilience Forum. This will be undertaken by the following actions:

7.5.1   The Accountable Emergency Officer will ensure appropriate attendance at Local Resilience Forum and Local Health Resilience Partnership committees at both strategic and operational level.

7.5.2   Trust colleagues will participate with multi-agency training to ensure a collaborative response to any business resilience or emergency incidents.

7.5.3   The Trust will continue to maintain arrangements with NHS England for Mutual Aid in respect of any significant service disruption that affects NHS services beyond the Gloucestershire boundaries.

8. **Quality Measures**

Each of the quality goals identified in section 6 will be supported by a series of performance measures as detailed below, to be report to, and monitored by, the Audit and Assurance Committee on a regular basis:

Quality Goal	Quality Measure
To observe sound business continuity management processes and practices, in order to ensure optimum resilience and maintain high quality service provision	• Business impact assessments undertaken and reviewed (i) across each key service area as standard procedure, and (ii) given any new or changing service • Business Continuity Management responsibilities identified within all colleagues' job descriptions
To maintain robust escalation procedures so that there is a defined process to identify, escalate and manage all risks that may potentially impact upon operational service delivery, both clinical and non-clinical	• Documented plans and actions developed and reviewed by the appropriate Trust and/or local forum in respect of all known local risks to business continuity
To deliver training Trust-wide so that business continuity management is clearly understood and embedded across the organisation	• 95% staff attendance at mandatory Business Continuity Training • 100% attendance for relevant colleagues at specialist training
To ensure that there is a culture of continued learning following any threats, hazards or disruptive events	• Incident Debrief reports presented to appropriate committees as well as to the Audit and Assurance Committee • Evidence that recommendations/learning of incidents is incorporated into response plan and training • Annual review of 90% testing plans
To ensure interoperability of plans and undertake multi-agency training, testing and exercising with partners and stakeholders	• Plans, training, exercising and post incident reviews undertaken with Local Resilience Partners • Annual Peer Review conducted across providers of health and social care

9.   Accountabilities and Assurances

9.1   Trust Board

The Board is responsible for the delivery of safe, effective health and social care, and for ensuring that all resources are used effectively. This includes responsibility for assuring that the organisation's resilience plans remain fit for purpose.

9.2   Chief Executive

The Chief Executive is the Trust's Accountable Officer, and as such, has overall responsibility for ensuring that the organisation delivers the highest quality services: this includes responsibility for ensuring that operational services are able to deliver the best possible service at all times, irrespective of disaster or disruption.

9.3   Audit and Assurance Committee

The Audit and Assurance Committee has responsibility to ensure an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities. This includes responsibility for ensuring that business continuity planning is robust, and that identification of corresponding risks is undertaken.

9.4   Emergency Preparedness and Resilience Group

The Emergency Preparedness and Resilience Group is responsible for overseeing the development of a prioritised corporate business continuity management plan and individual departmental or service business continuity plans. The Group will report directly to the Audit and Assurance Committee.

9.5   Accountable Emergency Officer

The Director of Service Transformation serves as the Trust's Accountable Emergency Officer. The Accountable Emergency Officer will ensure that the Trust, and any providers commissioned by the Trust, have robust business continuity planning arrangements, which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and in ISO 22301.

The Accountable Emergency Officer will be supported in undertaking their duties by the Trust's appointed Emergency Preparedness, Resilience and Response Officer.

9.6   All Managers and Colleagues

All colleagues will be responsible for contributing to the development of their service or departmental Business Continuity Management Plan, and for identifying corresponding risks to operational resilience.

10.   Enabling and Supporting Strategies

10.1 This Business Continuity Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the Clinical and Professional Care Strategy, which seeks to empower the Trust to remain a leading provider of community-based health and social care services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;

- the Information Technology Strategy, which seeks to ensure that information technology is used as an aid to empower Trust colleagues to provide service users with the best possible care, and to provide steer for a reliable, effective IT infrastructure that employs a diverse range of technologies to improve communications both within the Trust and across the whole of the local health and social care system;

- the Estates Strategy, which seeks to ensure that the all users of the Trust's facilities are provided with the best experience the Trust is able to deliver, offering safety, privacy and dignity while respecting the need to match commissioned services, quality and environmental sustainability with cost-effectiveness;

- the Communications and Engagement Strategy, which seeks to ensure that the Trust's mission to provide high-quality health and social care across Gloucestershire is fully supported by an effective programme of communications and engagement activity with service users, carers, families and the wider Gloucestershire public, as well as with the organisation's own workforce and professional partners;

- the Health, Safety and Security Strategy, which serves to confirm the Trust's clear commitment to ensuring the optimum protection of all buildings, systems, property and other assets owned and/or operated by the Trust, and maintaining the physical and personal security of all Trust colleagues, service users, carers, families as well as the wider Gloucestershire public who attend any of the Trust's facilities;

10.2 This Business Continuity Strategy is directly supported by the Business Continuity Implementation Plan, which will clarify the actions to be undertaken by the Trust within the period 2014-19 in order to fulfil the ambitions of this Strategy.

11. References

The following documents were consulted and should be read in conjunction with this strategy:

- Civil Contingencies Act 2004 – Cabinet Office

- NHS Resilience and Business Continuity Management Guidance, Department of Health, 2008)

- BS 25999 (Parts 1 & 2), British Standards Institute

- Business Continuity Management Toolkit – HM Government

Appendix 1 - Consultation

This Business Continuity Strategy has been presented to the following individuals, groups and Committees so as to ensure appropriate senior support, prior to its escalation to the Trust Board in September 2014 for ratification:

Individual / Committee	Date of Meeting
Susan Field, Director of Service Transformation	16 June 2014
Rod Brown, FT Programme Manager	24 June 2014
Emergency Preparedness and Resilience Group	24 June 2014
Emergency Preparedness and Resilience Group	29 July 2014
Rod Brown, FT Programme Manager	30 July 2014
Susan Field, Director of Service Transformation Rod Brown, FT Programme Manager	31 July 2014
Helen Hodgson, Head of Urgent Care	6 August 2014
Candace Plouffe, Director of Service Delivery Tina Reid, Operations Lead: Adult Social Care and Business Development Rod Brown, FT Programme Manager	11 August 2014
Chris Creswick, Non-Executive Director, responsible for EPRR	12 August 2014
Jason Brown, Director of Corporate Governance and Public Affairs	12 August 2014
Rod Brown, FT Programme Manager	27 August 2014

Audit and Assurance Committee (with specific feedback from:
 	
  - Glyn Howells, Director of Finance
  - Chris Creswick, NED
  - Rob Graves, NED
  - Richard Cryer, NED
	1-4 September 2014 (out-of-Committee circulation)

Trust Board	16 September 2014

GLOUCESTERSHIRE CARE SERVICES NHS TRUST

QUALITY & CLINICAL GOVERNANCE COMMITTEE

Minutes of the Meeting
held on Thursday 12 June 2014

Voting Committee Members	
Sue Mead (SM)	Non-Executive Director
Richard Cryer (RC)	Non- Executive Director
Nicola Strother Smith (NSS)	Non- Executive Director
Elizabeth Fenton (EF)	Director of Nursing & Quality
Ingrid Barker (IB)	Trust Chair
Tina Ricketts (TR)	Director of HR
Committee Attendees (Non-Voting)	
Candace Plouffe (CP)	Director of Service Delivery
Louise Foster (LF)	Joint Clinical Director – Dental (Countywide representative)
Melanie Rogers (MR)	Head of Clinical Governance
Deborah Greig (DG)	Head of Social Care
Dr San Sumathipala (SS)	Deputy Medical Director (representing the Medical Director)
In Attendance	
Lucy Lea (LL)	Equality & Diversity Manager
Rosemary Clifford (RC)	Clinical Audit & Compliance Manager
Helen Hodgson (HH)	Head of Capacity & Unscheduled Care
Denise Price (DP)	Consultant
Alison Reddock (AR)	Clinical Effectiveness Manager (observer)
Marit Endresen (ME)	Service Experience Officer
Jill Rowell (JR)	Minute Taker

Ref	Minute	Action
38/14	**Agenda Item 1: Apologies** Apologies were received from: Jason Brown, Susan Field, Jackie Jenkins, Mark Parsons, Diana Gould, Glyn Howells & Diana Kane. The Chair welcomed attendees and introduced Dr. San Sumathipala, recently appointed Deputy Medical Director, Alison Reddock, Clinical Effectiveness Manager and Denise Price, a consultant working within the Nursing and Quality Directorate looking at GCS' clinical governance structure, to the Committee.	
39/14	**Agenda Item 2: Minutes of the meeting held on 10 April 2014** The Committee recommended minor amendments at items	

	29/14, 31/14, 33/14 and 35/14, and subject to these changes the minutes were **APPROVED** as an accurate record.	**JR**
40/14	**Agenda Item 3: Matters arising and action log** The Action Log was reviewed by the Committee and the following updates given for the items that were not closed or featured on this meeting's agenda: **(Q&CG 16/14)** – Matrons had shared the learning from the CQC inspection of Stroud Hospital and the majority of actions had been addressed and closed. Nurse staffing levels have been agreed and the Director of HR will be looking at how the Trust recruits to these additional posts. Item was closed. The Committee **RECEIVED** the Action Log and **NOTED** the update.	**JR**
41/14	**Agenda Item 4: Forward Agenda Planner** High profile 'safer staffing' was debated and the Committee noted that reporting will be through the Performance & Resources Committee. It was agreed, the Committee would wish to develop a view when the expected NICE guidance on staffing is issued to inform the work of the Performance and Resources Committee. The Director of Service Delivery (CP) is working with the CCG looking at Community Nursing levels and will discuss factoring this into the planner with the Director of Nursing & Quality.	**CP/EF**
	The Equality Annual Report is due by the end of January 2015 and the Committee recommended the Equality & Diversity Manager presents an outline proposal to the December Committee meeting. The Committee **RECEIVED** the Forward Agenda and **NOTED** the items.	**LL**
42/14	**Agenda Item 5: Clinical and Professional Care Strategy – implementation plan** The Chair (SM) reported Board had discussed the Strategy's direction before giving its approval and the plan presented to this Committee was the latest iteration of the 5 Year Plan, providing more Year 1detail. The Committee discussed the plan's format and content and comments included: • Repeat headings on each page for ease of reference	

		• It was recognised that action plans underpin many of the priorities outlined and therefore a chart showing progress towards milestones and priorities is being developed that will alert the Committee to any slippage • Areas where working is being undertaken jointly between GCC and GCS to be made explicit • Reference to access and waiting times not visible this will need to be consistent with the IBP • Shift to integrated care provision to made more visible • Greater utilisation of community hospital was been raised in the Commissioner report following site visits, as the service specification is developed the plan will need to reflect those intention • Overlaps in the Trust's strategies and implementation plans were noted and recommended a cross referencing exercise is undertaken once all are in place The Chair considered the plan was moving in the right direction, overseen by the Clinical Senate, and agreed the Committee receive regular progress reports. The Committee **ENDORSED** the implementation plan and **RECOMMENDED**: • Receipt of regular progress reports • Request made to the Clinical Senate to look at some of the areas discussed and noted above (eg waiting times and access) • Cross referencing is undertaken in areas where work is ongoing • Slippage against the plan's milestones is brought to the Committee's attention	**EF** **EF**
43/14		**Agenda Item 6: Quality Account** The Director of Nursing & Quality (EF) advised the Trust's Quality Account had received stakeholder feedback from Gloucestershire's Clinical Commissioning Group (CCG), the Health and Social Care Overview and Scrutiny Committee (HCOSC) and Healthwatch. These statements were shared with the Committee. It was noted that the aspects for quality development raised within the feedback are within the development plans for 2014/15 and brought no surprises. These comments, and the agreed amendments, will be incorporated into the final version by the Graphics Team prior to the Quality Account being published on 26 June. At the request of the Committee, EF will contact the CCG to provide a revised report under the signature of a senior member	**EF** **EF**

	of their staff. Subject to amendments, the Committee **APPROVED** the inclusion of stakeholder feedback and for the Quality Account and adjustment paper to be published on 26 June.	
44/14	**Agenda Item 7: Quality & Performance Report** The Director of Nursing & Quality (EF) introduced the first month end position, presented in the new report format. The report aims to enable triangulation of the key aspects of care quality and supported by the recent update to the Trust's Datix system. EF gave a brief overview on the following: Safe During April a Grade 4 pressure ulcer acquired by a patient within the community was reported by GCS. Detail on a recent infection control case, using new Public Health guidance, will be brought to the next Committee meeting. The Chair suggested the 'falls' and 'pressure ulcers' data would be enhanced if annotated with actual numbers. The Committee was advised the issue around late transfer of patients between 11.00pm - 6.00am had been discussed at the Health and Social Care Overview & Scrutiny Committee and is the subject of review by Commissioners. Caring April's Friends and Family Test response of 21% had been positive and from this month can be undertaken by service users electronically. Negotiations are underway for GCS' feedback survey activity to be contracted out to an external organisation (CoMetrica) and it is expected this will take the form of a number of rolling surveys placing less dependency on comment cards. The Committee urged consideration to including a stretching target for response rates. The number of patient calls to the Podiatry Service responded to in April, mainly with regard to waiting times and appointments, increased when telecommunication and SystmOne problems were experienced. The number of calls logged is for review and comparison with other services. Responsive The issue regarding mislaid Newborn Bloodspot Screening samples has been resolved and GCS' performance rate is expected to recover in Month 2 and achieve target. Monitoring of Social Care The Head of Clinical Governance and GCC's Complaints	**EF/MOR** **CP**

		Manager have met to look at how learning from complaints may be shared and working to bring the two systems closer together. The Quality Report provides some reporting now on complaints received by GCC.

Discussion took place regarding the reporting of the Social Care audit plan. Detail is not as defined as the Trust would like and the Head of Social Care advised the matter is being addressed but is not for discussion at the present time.

Workforce
The challenge for GCS to complete staff appraisals was raised by the Committee and the Director of HR reported the topic was high on the HR & OD Committee's agenda. Letters will shortly be issued to more than 350 staff whose appraisals are overdue.

GCS' sickness rate in April had risen to 4.3%, with currently 54 members of staff absent on long term sickness. From staff information held HR was able to identify that there are good management process in place for those on long term sickness absence.HR advisers are working with managers on a 'back to work' interview policy.

Mandatory training is discussed in detail at the HR & OD Committee and it has noted the number of staff completing the training has gradually increased since HR implemented link to the incremental payment awards.

In summary, EF considered the report was developing in the right direction and the appendix sets out the developmental work in progress to further enhance the reporting.

The Committee **NOTED t**he Trust's position and the actions in place to ensure continuous improvement of the Report and **ENDORSED** the next steps.

The Chair agreed a change to the presentation order and items 9, 10 and 13 were received next.

The Service Experience Officer (ME) joined the meeting at this juncture. | **DG** |
| **45/14** | | **Agenda Item 9: Clinical Audit Programme 2014-15**

The Clinical Audit & Compliance Manager (RC) presented the programme for 2014-15 derived from three main sources; National audit requirements, CQUIN related audits and those proposed through discussion at locality governance level for the Committee's approval. | |

	The support and service provided by the Clinical Audit team was commended and recommended by the Dental Services Clinical Director.	
	The proposed Clinical Audit Programme was acknowledged as a work in progress and **SUPPORTED** by the Committee subject to caveats set out. Further reporting will be included within the Quality Report	
	RC left the meeting.	
46/14	**Agenda Item 10: Outcomes report on the Rapid Response Service**	
	The report was presented by the Head of Capacity & Unscheduled Care (HH), who advised Rapid Response (RR) and High Intensity (HIT) was a newly founded service, going live in Gloucester in January 2014 and Cheltenham in May 2014, and briefed the Committee on the key findings.	
	Although implementation had been slow initially, particularly in Gloucester, feedback has been good and valuable lessons learnt since its inception. Going forward GCS will need to focus on how the service sits in the integrated pathway, reconsider the combined delivery of RR and HIT services and seek clarity from commissioners on the definition of 'case management'.	
	The report's findings were discussed in depth, confirming issues the Trust is aware of. The Chair considered the patients' outcomes section disappointing, focussing on staffing issues and process. HH recommended the patient testimonial paper, prepared for the Commissioners' governance meeting, is presented to this Committee for information.	**HH/JR**
	Implementation of the service in Tewkesbury is scheduled for August/September.	
	The Committee **NOTED** the content of the report and **REQUESTED** HH fed back comments to the Director of Service Transformation and that an update report is presented to October's meeting.	**HH/SF**
	HH left the meeting.	
47/14	**Agenda Item 13: Service User Experience Report**	
	The Service Experience Officer (ME) presented the report and the Trust's action plans for complaints received by GCS and gave a brief overview.	

	An unusual amount of service user calls had been received by GCS with concerns regarding access to Podiatry Service, as previously noted in the minutes. Also of note was the variation rate in service user utilisation of comment cards from area to area.	
	The 'Talk to Us' campaign, that will replace the Trust's 4Cs programme, will be launched in a couple of months ensuring staff are accessible for patients/families/carers to speak to and endeavouring to solve issues at local level. The Committee discussed the need for a new approach to gathering service users' opinions and comments. The Head of Clinical Governance advised a new campaign will be undertaken by CoMetrica once contract agreed with GCS.	
	The Committee **NOTED** the content and **RECOMMENDED**:	**MR**
	- presentation of the Service User Experience Report on a quarterly basis - patient stories based on a particular complaints issue be included in future reports	
	ME left the meeting.	
48/14	**Agenda Item 8: Clinical Risk Report (Corporate Risk Register)**	
	The clinical section from the first iteration of the Corporate Risk Register was presented as a work in progress. The Director of Nursing & Quality advised of the risk of showing this as "standalone" as the data could be cut in several ways with many aspects that impact on care not falling into the clinical category i.e. staffing. A recent upgrade to Datix will allow staff to record risks electronically enabling a real point of care register to be developed. Jo Morris, the newly appointed Information Governance Manager, starts in post on 16 June and will undertake the development of the risk register.	
	The Committee discussed the register in detail and their concerns.	
	The Committee **RECEIVED** and **NOTED** the Corporate Risk Register. It **REQUESTED** a meeting be convened to take the Register forward, to include the Chair (SM), EF, Committee's NEDs (NSS and RC) and Director of Corporate Governance and Public Affairs (Jason Brown).	**EF/JB**
49/14	**Agenda Item 11: Safer Staffing (NQB Group)**	
	The Terms of Reference for the Safer Staffing Group were	

	RECEIVED and NOTED. The Committee was requested to submit comments to the Director of Nursing & Quality.	ALL
50/14	**Agenda Item 12: Pressure Ulcer presentation** A presentation entitled Reducing Harm: pressure ulcers, was given by the Director of Nursing & Quality. The presentation was **RECEIVED** by the Committee who **REQUESTED** an electronic version be forwarded to them.	EF/JR
51/14	**Agenda Item 14: Equality Objectives** The Equality and Diversity Manager (LL) presented the Report and implementation plan and requested the Committee's help in identifying the Trust's Equality Objectives for 2014-16. The Director of HR (TR) advised those relating to CQUINs are a 'must do' for the Trust (ie, 3.a, 3.b and 4.c – 4.f). Options were considered by the Committee and the recommendations noted by LL. The Director of HR will work with LL to develop the plan, factoring in a column on outcomes and which objectives to take forward. The Committee **REVIEWED** the Report and Equality Objectives and made **RECOMMENDATIONS** which ones the Trust should adopt for development and approval at July's Board meeting.	TR/LL
52/14	**Agenda Item 15: Infection Prevention and Control and Decontamination** The Committee **RECEIVED** the report and **NOTED** the work undertaken by the Infection Prevention and Control and Decontamination Committee and the Minutes of meeting held on 10 March 2014.	
53/14	**Agenda Item 16: Quality & Safety Governance Forum report (to include Locality Governance reports)** The Committee **RECEIVED** the report and **NOTED** the work undertaken by the Forum and the items raised for escalation to this Committee.	
54/14	**Agenda Item 17: Clinical Senate Terms of Reference** The Committee **APPROVED** the Terms of Reference and **AGREED** to receive reports from the Clinical Senate.	
55/14	**Agenda Item 18: Any Other Business**	

	There were no other items for the Committee's attention.	
56/14	**Date of Next Meeting** Thursday, 14 August 2014 at 1.30pm in the Boardroom, Edward Jenner Court	

Chair's Signature …………………………………...

Date …………………………………...…….

Gloucestershire Care Services **NHS**

NHS Trust

Ref: 14/B018

This report is for Publication

Gloucestershire Care Services NHS Trust Board

Quality and Clinical Governance Committee Report

16th September 2014

Objective:

To provide the Board with a summary of the key issues and actions arising from the meeting of the Quality and Clinical Governance Committee Governance and Quality held on 13th August 2014.

The Board is asked to:

Receive the report and the approved minutes of the 12th June 2014 meeting for information and assurance

Executive summary:

The report sets out the key points discussed at the meeting of August 13th 2014 and highlights keys issues agreed for escalation to Board. The approved minutes of the meeting held on 12th June 2014 are attached for information

Liz Fenton
27th August 2014

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives.
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: • • A copy of the EIA is appended.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

  a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

  b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: September 16th 2014
Location: Brockworth Community Centre, Brockworth

1. Introduction

This report provides a summary of the key issues and actions arising from the meeting of the Quality and Clinical Governance Committee meeting held on 13th August 2014. The approved minutes of the 12th June 2014 meeting are attached for information.

2. Quality Matters

The Quality Report was presented to the Committee and each of the aspects of quality; safe, caring, responsive, effective and well led were debated in some depth. The aspects presented for particular attention by the Committee where:

- Safety thermometer: whilst some improvement has been noted we still fall short of the minimum of 95% harm free care. Analysis by "harm" indicated that pressure ulcers remain the biggest challenge. Improvement is evident in the reduction of grades 3 and 4 and the focus is now on the lower grades with an emphasis on prevention. GCS has a CQUIN scheme in place for 2014/15 with a detailed action plan and monitoring in place. Interventions include a review of the wound care formulary, education programmes and review of equipment.
- The Committee discussed the three cases of Clostridium difficle reported in the first quarter of the year. Each case is reviewed in detail using the Public Health England RCA tool. Antimicrobial stewardship remains the priority in preventing this infection. GCS continue to monitor compliance with the antibiotic formulary though the monthly HAPPI audits, this quality improvement work is led by the Medical Director.
- The Performance data for the year to date was considered and the Committee expressed concern regarding the increasing waiting times for some services including MSK, Podiatry and Physiotherapy that appears to be associated with the implementation of the new community IT system. The Committee has asked the Performance and Resources Committee to look in depth at this issue and the QCGC will review the impact on patient experience at the October meeting.

3. Review and Management of Risk

The Corporate Risk Register was presented to the Committee who acknowledged the positive progress with this work. The Director of Corporate Governance set out the process, using the new Datix module, by which the Trust register will be directly informed and developed from operational risk registers

4. District Nursing Service

The Director of Nursing and Quality provided a verbal update to the Committee on the staffing position across the service and the action plans that are in place. This work is being undertaken in partnership with the CCG. The Committee discussed the potential impact on patient care and experience as well as on the experience of colleagues. The Committee asked for further assurance of the actions that are being taken to mitigate the potential risk to both patient and staff welfare and a further report will be presented to the October meeting.

5. Quality Impact Assessments

Quality Impact Assessments (QIA) are an essential component of any service development or CIP scheme and good practice suggests that this process (along with Equality Impact Assessment) should be embedded into the project management process at the development stage and reviewed at all key miles. GCS has QIA documents in place for the key CIP schemes and these will be presented to the P&R Committee in September 2014.

It is a requirement that such QIAs be ratified by both the Director of Nursing and the Medical Director to confirm that impact on quality has been carefully considered and where necessary mitigated. The scheme that combines the introduction of mobile working, SystmOne and ICT productivity has yet to be ratified.

6. Other reports presented to the Committee

- NHS GCCG CQC report: safeguarding children in care and GCS action plan
- Service user experience report including some GCC reporting
- Reablement report
- Falls presentation – reducing harm
- Annual reports from GSAB, GSCB and Healthwatch
- Coroner's inquest process

7. Conclusions and Recommendations

The Board is asked to:

- **Note** this report

- **Receive** the approved minutes of 12th June 2014 meeting for information and assurance

Report prepared by: Liz Fenton, Director of Nursing and Quality
Report Presented by: Sue Mead, Chair, Quality and Clinical Governance Committee

Gloucestershire Care Services **NHS**
NHS Trust

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
PERFORMANCE AND RESOURCES COMMITTEE

Minutes of the Meeting held on Wednesday, 2 July 2014
at 10.00am in the Boardroom, Edward Jenner Court

Present:

Members:

Richard Cryer (RC)	Non-Executive Director (Committee Chair)
Rob Graves (RG)	Non-Executive Director
Chris Creswick (CC)	Non-Executive Director
Duncan Jordan (DJ)	Chief Operating Officer
Paul Jennings (PJ)	Chief Executive
Glyn Howells (GH)	Director of Finance
Tina Ricketts (TR)	Director of HR
Jason Brown (JB)	Director of Corporate Governance & Public Affairs

In Attendance:

Bernie Wood (BW)	Head of IT, Developments and Operations
Matthew O'Reilly (MO)	Head of Performance & Information
Mark Parsons (MP)	Head of Estates, Safety, Security and Facilities
Stuart Bird (SB)	Deputy Director of Finance
Kristin Crook (KC)	Interim Head of Programmes – Transformation and Change
Caroline Holmes (CH)	Locality Manager – Cheltenham & Cotswolds
Rosi Shepherd (RS)	Locality Manager – Gloucester & Stroud

Secretariat:

Christine Thomas	Interim Assistant Board Secretary

Apologies:

Ingrid Barker (IB)	Trust Chair
Candace Plouffe (CP)	Director of Service Delivery
Susan Field (SF)	Director of Service Transformation

Item	Detail	Action
P&R 38/14	**Agenda Item 1: Welcome & Apologies** The Chair opened the meeting at 10am. Apologies were noted from Ingrid Barker, Candace Plouffe and Susan Field.	

P&R 39/14	**Agenda Item 2: Minutes of 15 April 2014 meeting** The Minutes were reviewed. There were some amendments noted, these were: Pg 2 – Correction of spelling of QIPP Pg 3 – "Falls" is now going to the September meeting Pg 5 – It was noted that Agenda Item 10 had been withdrawn due to having already gone to the Trust Board and therefore it did not need to go to this Committee as well GH noted that in Agenda Item 15 on Independent Health Group Contract there had been an action with a number of questions on for him. RC asked if GH wanted a discussion on this, but GH advised that he had sent the answers externally to the Committee and there had been no comments back. RC confirmed that as there were no comments back this was taken as accepted by the Committee. Subject to the amendments above then these minutes were approved by the Committee. **Resolution: The Minutes were APPROVED subject to the above amendments.**	**JB**
P&R 40/14	**Agenda Item 3: Matters Arising** The Committee reviewed the Action Log. There was only one item still open, this was: Action 49 – Recommendation Capex Minutes are received by Committee on a regular basis. GH advised the Committee that the Capex meetings are not minuted in the same way as a full Committee meeting but rather notes were made as actions. GH asked if the Committee would like these notes in the future and advised that the notes as they were at present would be presented in section 10. It was agreed that the Committee would review the notes as they stood at the moment and decide if changes were needed then. **Resolution: The Committee APPROVED the updates and closure of this action.**	
P&R 41/14	**Agenda Item 4: Review of Forward Agenda Plan** The Chair noted the ongoing big ticket items such as SystmOne and advised that there must always be room for items such as these arising from strategic service changes on the forward agenda. **Resolution: The Committee NOTED the Forward Agenda Plan.**	

	The Chair agreed to receive agenda item 15 out of order	
P&R 42/14	**Agenda Item 15: Service Transformation – SystmOne Report** The Locality Manager for Gloucester and Stroud (RS) presented a report on SystmOne. RS advised that she was here to update the Committee on the continued roll out of SystmOne. One of the problems they had faced was the longer time needed to implement electronic records rather than recording on paper. There was also a cultural shift needed with colleagues moving away from paper based systems. One area they did need to look at was finding a way to do shorter training with bank and agency staff as the training was quite long for the amount of time they worked. However, RS felt that staff did want to make this work and realised it was needed to move forward. RS advised that the quality of reporting was not yet there, but would improve over time. RG asked if the system was customised depending on different departments. RS advised that this was still not the case and though the system was an improvement there were still some issues with this and they were currently working on templates to improve this. The Chair summed up. RC noted that there was still some concerns re implementation, but he recognised this was a short-term problem. SystmOne meant a cultural shift for colleagues but the Committee was reassured by this report. RC requested that this come back to the Committee for a follow up. **Resolution: The Committee NOTED the report and requested that it came back to the Committee for a further update.**	**SF/GH**
P&R 43/14	**Agenda Item 5: Quality & Performance Report** RC asked MO if there were any specific points that he wanted to bring to the Committee's attention about this report. MO drew the Committee's attention to the performance of MSKCAT and Health. There had been a reduction in capacity due to SystmOne and this had meant an increase in Service User waiting time. MO also mentioned Adult Social Care Data and there was an increased risk around supporting the External Care programme. GH advised that work had been done by the External Care Programme to identify what proportion of GCC staff should provide support services to GCS. CC raised the point that on the last page he had an issue with the reporting. The figures told what has happened but not what the final figures should be, so that one could see what is being aimed for. GH advised that this was difficult due to the service level agreements	

	being very loosely worded and there was an apparent lack of understanding from Social Care Commissioners as to what was needed. MO advised that on the next report the monitoring team would have a trajectory. TR advised the Committee that this had been discussed in detail at the Human Resources and Operational Development Committee meeting. RC asked if there were any concerns re the figures with regard to the application to become a foundation trust. PJ advised that the TDA believed we were meeting the relevant criteria covered by this data. RC noted that the actions and improvement plans reassured the Committee and was pleased to see these developing. MO did advise at this stage that GCS would take over the monitoring and reporting of this shortly. **Resolution: The Committee NOTED the report.**	
P&R 44/14	**Agenda Item 6. Finance Performance Report** RC asked GH if there were any key points to bring to the Committee's attention. GH advised that the key areas such as QIPP, CQUINS & CIPs were on as individual agenda items. It was also noted that members of the accounts team were going out and talking to managers re their budgets. GH asked if the Committee was happy for him to present this report to the Trust Board meeting in two weeks' time. The Committee agreed to this. SB did advise that agency usage was still significant and currently not improving. TR advised that there was now a focus group in place to look at recruitment in both hospitals and in the Integrated Community Teams. RC noted this was being monitored. RC summed up and noted the assumptions made within the report and that potential liquidity issues had been identified. GH advised the Committee that if focus was not put on CIPs within the next 3 months then they would need to review the assumptions underlying the full year projection. **Resolution: The Committee NOTED the content of the plan and the risks around CIPs.**	
P&R 45/14	**Agenda Item 7: External Care Update Report** CH presented the External Care report. The report looked forward to what was being planned for the future. The diagrams were already seen at the May Board meeting but there had been two new workstreams added to the delivery plan. It was noted that Gloucester	

	localities have had issues in meeting budgets in the last few years. A complex case panel had also been recently set-up and this had been very positive and will mean funding will be provided more fairly in the future.

CC mentioned that the report did not mention numbers of people only money and services, without this, this was basically an accounting exercise. CH advised that as part of the report packs that are currently being developed this will include the number of Service Users in the system.

Resolution: The Committee NOTED and APPROVED the content of the report. |
| P&R 46/14 | **Agenda Item 8: Commissioning for Quality and Innovation (CQUIN) Report**

MO presented the report and gave a brief overview to the Committee; he also advised the Committee that the CQUINs Steering Group would be meeting after this meeting. The high risk schemes identified were numbers 3, 4 and 6. DJ advised the Committee that this was ongoing work and that Sue Field was now picking this up. The risks highlighted would be presented to the next Trust Board.

Resolution: The Committee NOTED and RECEIVED the report. |
| P&R 47/14 | **Agenda Item 9: Quality, Innovation, Productivity and Prevention (QIPP) Report**

GH gave a verbal update, noting that there was £0.65m worth of risk. This included the risk that the CCG will not sanction the closure of beds as planned and therefore the expected savings will not occur. However, it was noted that we were at a better place now than the end of last year. All milestones had been agreed until the end of month 4.

Resolution: The Committee NOTED the report |
| P&R 48/14 | **Agenda Item 10: Capital Schemes – approvals and progress review**

GH presented the Capital Scheme Report and provided the Committee with a brief update. GH advised that £6.4m in budget included £1.5m from last year. A Capex Committee had been implemented and they decided on what schemes should go ahead. The Committee reviewed the Capex minutes and GH advised this was a working document.

MP noted that they had looked at a property in Cheltenham for the |

The **GH** action marker appears in the right-hand column aligned with the final paragraph.

	new sexual health clinic. Properties were difficult to come by in Cheltenham and the offer was lower than what was being asked, but they were currently waiting for a response.	
P&R 49/14	**Agenda Item 11: Business Development Tracker** GH presented the Business Development Tracker Report. One of the big areas was the Out of Hours service. GH also advised the Committee that GPs no longer needed to undertake complex leg ulcer treatment and that the cost to the Trust for doing this could be up to £1m, so this would be a charged for service. GCS had not been made aware that this was changing until recruitment requests came through. **Resolution: The Committee NOTED the content of the report**	
P&R 50/14	**Agenda Item 12: CIPs Update** DJ tabled a paper and updated the Committee on CIPs. £6.4m was the target but an element of this was likely to be at high risk. There was still ongoing work needed on this and therefore there was no deep-dive today. CP was now leading on this and DJ and CP would look to give a full presentation to the Part 2, Trust Board in September. For reassurance the Governance had been strengthened including the implementation of a new Executive Programme Board. RC noted that delivery was going to be difficult and asked if there was significant focus on achieving it. CC also had concerns as to where this left GCS if the planned CIPs were not achieved. GH advised that an amount of a shortfall could be covered however, it would leave GCS with reduced flexibility to spend. The current position was noted as was the need to be up front about this to the Board. RC asked how this would be presented to the Board. DJ asked for a steer from the Committee on this, but he proposed that he present that there was a significant risk but there was some coverage in place. The Committee agreed to this. **Resolution: The Committee NOTED the current position and agreed for this to go to the Board**	
P&R 51/14	**Agenda Item 13: IT Strategy Implementation Plan** BW presented the IT Strategy Implementation Plan to the Committee. BW advised that this was an updated version of the last plan bought to the Committee and following on from the comments made at that meeting. The detail for items such as RAG rating and Priority had not yet been filled in, but this would be done once the plan was approved. JB advised that once signed off each item will	

	be individually RAG rated and assessed. RG mentioned that he would still like to see a high level diagrammatic paper. JB advised that this was covered in the Audit & Assurance Committee. BW said that she would share this with this Committee as well. **Resolution: The Committee ACCEPTED the IT Strategy Implementation Plan**	**BW**
P&R 52/14	**Agenda Item 14: Estates Strategy Implementation Plan** MP presented the Estates Strategy Implementation Plan to the Committee. MP advised that this was in the same format as the IT Plan and at a similar stage. Once given final approval then the detail would be added. **Resolution: The Committee ACCEPTED the Estates Strategy Implementation Plan**	
P&R 53/14	**Agenda Item 16: Long Term Financial Model** GH presented the Long Term Financial Model. It was noted that the full LTFM was a complex 80 tab spreadsheet that was being condensed down and summarised for this committee. SB had completed the work and the full document which was consistent with the information shown here had been sent to the TDA. GH advised that this was a holding position which would change once the IBP assumptions had been modelled and a revised LTFM built to accompany the IBP submission. SB noted that in future years the Trust needed to look to review CIP opportunities as SystmOne had given us evidence that staff were already at a higher level of productivity than was originally assumed and that these savings in particular would need revalidating. **Resolution: The Committee NOTED the paper**	
P&R 54/14	**Agenda Item 17: Out of Hours Briefing Paper** The Committee received the Out of Hours Briefing paper for information and RC advised that he was happy for this to go back to Part 2, Board. **The Committee RECEIVED the paper and was content for it to go back to the Part 2 Board**	
P&R 55/14	**Agenda Item 18: Update on Workforce Outliers** This item was received for information and presented by TR. TR	

	advised that this was a report that had gone to the last Human Resources and Operational Development Committee meeting. This would be used to help develop the workforce strategy and the workforce risk register. GH advised the Committee that a part-time workforce meant extra training was required compared to a full-time workforce and therefore increased the costs. **The Committee RECEIVED the report**	
P&R 56/14	**Agenda Item 19: Information Management & Technology Steering Group** This item was received for information and presented by GH. GH advised that this Group was similar to the Capex group and would be clinically and operationally led. GH asked the Committee to ratify the terms of reference. The Committee ratified the Terms of Reference **Resolution: The Terms of Reference were RATIFIED**	
P&R 57/14	**Any Other Business** There were no items for discussion. The meeting was closed at 11.50 am.	
P&R 58/14	**Date of Next Meeting** Tuesday 2 September from 14:00 – 16:00 in the Boardroom at Edward Jenner Court, Gloucester.	

Gloucestershire Care Services **NHS**

NHS Trust

GLOUCESTERSHIRE CARE SERVICES NHS TRUST
AUDIT AND ASSURANCE COMMITTEE

Minutes of Meeting held on 14 May 2014
in the Boardroom, Edward Jenner Court

Present:	Robert Graves - Chair (RG)	Non-Executive Director
	Sue Mead (SM)	Non-Executive Director
	Chris Creswick (CC)	Non-Executive Director
In attendance:	Glyn Howells (GH)	Director of Finance
	Johanna Bogle (JB)	Financial Accountant
	Paul Dalton (PD)	Internal Audit, PWC
	Duncan Laird (DL)	External Audit, KPMG
	Jon Brown (JBr)	External Audit, KPMG
	Jason Brown (JaB)	Director of Corporate Governance & Public Affairs
	Stuart Bird (SB)	Deputy Director of Finance
	Rod Brown (RB)	FT Programme Manager
Secretariat:	Christine Thomas (CT)	
Apologies:	Richard Cryer (RC)	Non-Executive Director
	Joanna Scott (JS)	Non-Executive Director
	Sallie Cheung (SC)	Local Counter Fraud Specialist
	Simeon Foreman (SF)	Board Secretary

Ref	Minute	Action
A&A 28/14	**Agenda item 1. Apologies** The Chair welcomed colleagues to the Meeting and apologies were accepted from Joanna Scott, Richard Cryer, Sallie Cheung and Simeon Foreman.	#
A&A 29/14	**Agenda item 2. Minutes of the previous meeting held on 19th March 2014** The Committee **RECEIVED** the unconfirmed minutes of the meeting held on 19th March 2014. **Resolution: Subject to minor amendments the Committee APPROVED the minutes of 19th March 2014.**	
A&A 30/14	**Agenda item 3. Action Log and Matters Arising** The Committee **REVIEWED** the action log and the following amendments were noted.	

Minute Reference	Action Agreed	Lead Exec	Status
34. 19/9/12 – item 8	IT strategy	Glyn Howells	Closed
AA39/13	Committee requested a review of clinical record keeping by Internal Audit in the near future	Paul Dalton/Board Secretary	Closed
AA57/13	Research the disposal process of hard drives	Board Secretary/Internal Auditor	Closed
AA64/13	Embellish and build trends into Budget Holders' Cost Centres report	Deputy Director of Finance	Closed
AA07/13	Risk Assessment and Plan 2014/15 – The Committee reviewed the report and recommended a number of amendments which LP will incorporate	Director of Finance	Closed
AA10/14	The Committee received and endorsed the Board Statements and escalated to the Trust's Chair and Chief Executive for signature and implementation	Director of Corporate Governance & Public Affairs	Closed
AA11/14	The Committee noted the Annual Governance Statement and approved the latest draft, subject to minor amendments, and recommended more focused internal audits are conducted on the vast number of items included in the statement	External Auditor/Director of Finance	Closed
AA15/14	The Chair reported the Annual Committee Statement will be completed in light of today's discussion and circulated to members for comment	Chair	Closed
AA17/14	The Committee approved the Board and Committee Charter for circulation to all Committee Chairs and Trust Directors	External Auditors	Closed

| | AA18/14 | Following a review of the Scheme of Reservation and the Scheme of Delegation the Committee was asked to submit comments to the Interim Board Secretary before the final drafts are completed in May | All | Closed | |

Resolution: The Committee NOTED the updates on the action log and closed actions.

A&A 31/14	**Agenda item 4. Review of forward agenda 2014/15**	
	The Forward Agenda Plan was reviewed by the Committee and the following changes agreed: (1) The reporting of Waivers to be added as a standing item. (2) Reviews of the Corporate Registers to be included on future agendas. It was requested that the meaning of deep-dive should be clarified. The Director of Corporate Governance & Public Affairs agreed to circulate the framework that had been presented to the Quality & Clinical Governance Committee.	**JaB**
A&A 32/14	**Agenda item 8. Auditors' Response to the Annual Governance Statement**	
	RB presented the Annual Governance Statement to the Committee. The Statement records the stewardship of the organisation to supplement the annual accounts. It also provides an overview of how successfully the Trust has coped with the challenges it faced during the previous year. Additionally, the FT Programme Manager reported that the Statement draws together the position statements of the Trust and evidence on both corporate and quality governance, risk management and controls and reporting mechanisms. The Committee welcomed the Annual Governance Statement and it was supported by the External Auditor. **Resolution: The Committee APPROVED the Annual Governance Statement.**	
A&A 33/14	**Agenda item 7. Internal Audit Reports**	
	The Committee **RECEIVED** two reports from the Internal Auditors and two were tabled, presented by the Internal Auditor. Annual Report 2013 – 14 The Chair stated that he felt that the wording used on the Opinion Page	

	didn't reflect the achievements of the Trust and came across as negative. RC had advised the Chair in his absence that he felt the wording was a harsh interpretation of the facts and should be changed to reflect the level of risk that Internal Audit has expressed at Committee Meetings. The Internal Auditor agreed that he would take the Committee's suggestions back to the Head of Internal Audit for discussion. It was stated that a teleconference could be held between members of the Committee and the Internal Auditors to discuss the wording. **Resolution: The Committee NOTED the content of the report and REQUESTED that Internal Audit review the opinion.** Internal Audit Risk Assessment and Plan 2014/15 The Annual Plan and indicative timeline was received by the Committee. **Resolution: Committee RECEIVED the report.**	**RG/JaB/ Finance**
A&A 34/14	**Agenda item 5. Standing Orders, Scheme of Reservation, Scheme of Delegation, Standing Financial Instructions** JaB presented the proposed Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation. JaB explained that these documents represent a significant update on last year's submission. It was noted that the Scheme of Reservation and Scheme of Delegation were presented at the last Audit and Assurance Committee meeting and were approved. However, they are represented to the Committee in a context of the Standing Orders and Standing Financial Instructions, and so as to provide a complete set of documents for the Committee's review. It was noted that the Board Composition numbers were not quite correct. JaB agreed to make the amendment within the documentation to ensure that it reflected the correct Board membership. The Internal Auditor and External Auditors had no comments or suggestions for changes to the documentation. **Resolution: The Committee APPROVED the Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation subject to minor changes.**	**JaB**
A&A 35/14	**Agenda item 6. Board Assurance Framework (BAF)** JaB presented the BAF to the Committee, and explained that the BAF is a comprehensive method for the effective and focused management of corporate risk within the organisation. Through the BAF the Board gains assurance from the Executive Directors that risks are being appropriately managed throughout the organisation.	

	JaB highlighted the high risk scores within the BAF in respect of (1) Cost Improvement Programmes and (2) Demand and Population Growth, i.e. capacity planning and service development planning. These issues were noted by the Committee. **Resolution: The Committee NOTED the Board Assurance Framework.**	
A&A 36/14	**Agenda item 9. GCS Draft Account Reviews** SB advised the Committee that as per previous discussions GCS has achieved its planned surplus of £2m. SB then took the Committee through the bridge from the statutory reported deficit of £3m to the operating surplus of £2m. The Chair asked if there were any potential contentious issues and was advised there were not. **Resolution: The Committee RECEIVED and APPROVED the GCS Draft Accounts subject to External Audit's comments and thanked staff for their work on the report.**	
A&A 37/14	**Agenda item 10. Draft Annual Report Update** GH presented the draft report to the Committee and advised there would be a public version produced for the AGM. **Resolution: The Committee NOTED the draft Annual Report and agreed to provide feedback to RB outside of the committee meeting.**	**ALL**
A&A 38/14	**Agenda item 11. SBS Annual Update** GH provided an update on the current performance and status of the finance and accounts service outsourced to SBS. The Committee was asked to review the summary of service issues that had been experienced by the Trust during the year. It was noted that the service costs the Trust approximately £28k per month. Given dissatisfaction with the current SBS service, GH explained that initial talks were taking place with an alternative provider, but that these discussions are in the early stages. Moreover given other commitments, it is not necessarily deemed a priority to change provider at this time. RG asked for this matter to be kept under review, and GH advised that he would bring a summary paper to a future Committee meeting. **Resolution: The Committee NOTED the SBS Annual Update.**	**GH**
A&A 39/14	**Agenda item 12. Any Other Business** There was no other business. The Chair closed the meeting.	

| A&A 40/14 | **Date of next meeting:**

The next meeting will take place at 10.00am on Wednesday, 4th June 2014 in the Boardroom. | |

Chair's signature   ………………………………………..

Date   ………………………………………..

Gloucestershire Care Services NHS Trust Board

HR & OD Committee Update
16th September 2014

Objective:

The purpose of this paper is to provide the Board with a summary of the key issues and actions arising from the Human Resources and Organisational Development Committee held on 18th August 2014

The Board is asked to:

The Board is asked to **NOTE** the report and the approved minutes from the meeting held on 19th June 2014 which are provided for information and assurance

Executive summary:

The key issues discussed at the Committee on 18th August 2014 were as follows:

1. Organisational Development Strategy Implementation Plan update report
2. Core Values Framework
3. Listening into Action "Permission to Act" diagram
4. Review of staff engagement activities
5. Draft Workforce Strategy
6. Workforce Plan Update
7. Draft Training Plan
8. HR Policy Review
9. Workforce Risk Register

Chris Creswick/ Tina Ricketts
19th August 2014

Please select one of the following options:

☒	This paper requires no equality impact assessment as it does not propose changes to how people receive services or our colleagues' working lives. This paper is provided for information and assurance
☐	This paper proposes changes. Equality analysis identifies the following equality impacts: The Strategy applies to the whole workforce of Gloucestershire Care Services NHS Trust and therefore consideration has been given as to whether colleagues with a protected characteristics would suffer a detriment as a result of this Strategy The Equality Impact Assessment is attached as an appendix to the strategy.
☐	This paper proposes changes. Equality analysis has NOT been completed for the following reasons: • •

[Notes supporting questions]: Compliance with the Public Sector Equality Duty

Under the Equality Act 2010, we have a legal responsibility when we make decisions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Therefore, if this paper proposes changes that will affect how people receive services or our colleagues' working lives, you should complete an equality analysis. This is to determine the extent to which the changes will eliminate discrimination, advance equality, and foster good relations.

1. Purpose

The purpose of this paper is to provide the Board with a summary of the key issues and actions arising from the Human Resources and Organisational Development (HR & OD) Committee meeting held on 18th August 2014. The approved minutes of 19th June 2014 are attached for information.

2. Recommendations

The Board is asked to NOTE the report and the approved minutes for information and assurance.

3. Summary of Key Issues

3.1 Organisational Development Strategy Implementation Plan

The Committee were updated on changes to the rag ratings in the following areas:

- The staff skills audit has been changed from Green to Amber. This is to reflect the lack of progress against the development of standardised competency frameworks across all staff groups. The Committee requested that a gap analysis be presented to its next meeting.
- The roll out of the leadership programme for band 6's and below has been changed from Green to Red as no funding stream has been identified for the required £130k.The Committee requested that a report be circulated out of committee on the actions that the Trust is taking to address this gap.
- Organisational Change Policy and Process Review has changed from Green to Amber. This reflects the requirement to prioritise this review following recent feedback from staff and managers.
- Equality Impact Assessments has changed from Red to Amber to reflect the development of an amended Board and Committee cover template and a revised equality impact assessment form.

3.2 Core Values Framework

The Committee was presented with a final draft of the Core Values Framework *(see appendix one)* which has been developed to support the embedding of the Trust's values and associated behaviours across the organisation.

The Framework identifies two behaviours for each of the four CORE values. It is intended to use the Core Values Framework as part of:

- the recruitment and selection process i.e. shortlisted candidates will be assessed against the Framework criteria to ensure that the Trust is able to employ people who are able to demonstrate synergy with the Trust's values and behaviours;

- the corporate induction programme i.e. all new starters will be informed of the values and expected behaviours of the Trust;

- the appraisal process i.e. colleagues will rate themselves against the Framework criteria which will then be discussed and reviewed as part of the appraisal meeting;

- all learning and development programmes i.e. each programme or course will be redesigned to include coverage of the Framework.

The Committee requested that an implementation plan be developed for the roll out of the framework to ensure that there is ownership at all levels of the organisation.

3.3 Listening into Action "Permission to Act" Diagram

The Committee was presented with a number of sample diagrams that had been developed in response to feedback received during the Listening into Action events. Colleagues felt that the current hierarchical structure did not reflect a culture of empowerment and proposed that the structure be inverted to represent front line staff's permission to act.

The diagram in *appendix two* was the Committee's preferred version and this will now be publicised to colleagues across the Trust.

3.4 Review of Staff Engagement Activities

The Committee was presented with a set of criteria that had been developed to evaluate the Trust's current staff engagement activities. The criteria had been based on 'The Engaging for Success' report written for government by David Macleod and Nita Clarke and are as follows:

a) **Senior Manager Visibility** - Employees believe that senior management have a sincere interest in their well-being
b) **Fair & Equitable Pay & Conditions** - Employees believe that pay and conditions are fair and equitable
c) **Leadership (compelling Narrative)** - Leaders provide a strong strategic narrative which has widespread ownership and commitment from managers and employees at all levels. The narrative is a clearly expressed story about what the purpose of the organisation is, why it has the broad vision it has, and how an individual contributes to that purpose. Employees have a clear line of sight between their job and the narrative and understand where their work fits in. The aims and values of the organisation are reflected in a strong, transparent and explicit organisational culture and way of working.
d) **Engaging Managers** - Engaging managers are at the heart of the organisational culture – they facilitate and empower rather than control or

restrict; they treat their staff with appreciation and respect and show commitment to developing, increasing and rewarding capability.

e) **Voice -** An effective and empowered employee voice. Employees' views are sought out; they are listened to and see that their opinions count and make a difference. They speak out and challenge when appropriate. A strong sense of listening and of responsiveness permeates the organisation, enabled by effective communication.

f) **Integrity** – Behaviour throughout the organisation is consistent with shared values, leading to trust and a sense of integrity

g) **Communication** - Communication across the Trust has always been a challenge due to colleagues being based at different locations across the County and therefore an important criterion for Gloucestershire Care Services NHS Trust is the ability for staff to receive the same information at the same time.

The Committee considered the initial review of engagement activities against these criteria but recommended that a short life working group be set up to:

- Undertake further analysis of each of these activities against the criteria identifying measures of success
- Make recommendations to the Committee on how these activities can be improved going forward
- Investigate staff engagement activities undertaken in other Community Trusts to ascertain whether these should be adopted within GCS

It was agreed that the membership of the working group should include staff side and staff forum representatives and the group was asked to report its findings to the Committee in October 2014.

3.5 Draft Workforce Strategy

The Committee reviewed the latest draft of the workforce strategy and proposed several amendments before the final draft was submitted to the Board in September for approval and ratification.

3.6 Workforce plan update

The Committee was updated on the progress against the top level workforce plan that was submitted to the Trust Development Authority in April 2014. The Committee was informed that the Trust is required to reduce its workforce by 55.03 whole time equivalents on a recurrent basis by 31st March 2015. The data as at 30th June 2014 shows that when bank and agency spend is included that the Trust is underperforming against the projected workforce plan by 8.23 whole time equivalents.

The Committee was informed that bank and agency expenditure has increased over the last 12 months which can be mainly attributed to the increase in community hospital nursing staff in response to safe staffing guidance. The increase in demand

for qualified nursing staff across the NHS has resulted in a shortage of suitable candidates and therefore a reliance on bank or agency staff to fill vacant shifts.

Details of the actions being taken by the Trust to maximise nurse recruitment were provided to the Committee in a separate paper. Other actions being taken to reduce bank and agency expenditure include:

- Review of e-rostering and the central bank functions
- Monthly finance reviews with budget holders
- Revision of the establishment control procedure to include the requirement for a requisition to be completed for all non-clinical agency staff

3.7 Draft Training Plan

The Committee was presented with an 18 month training plan that described the key priorities for training and education for the Trust for the period 1st September 2014 to 31st March 2016.

The plan identified six priority areas which are summarised as follows:

- Achieve 95% compliance with statutory and mandatory training
- Create a library of standard competency frameworks and carry out an organisation-wide skills audit
- Increase leadership capacity and capability across the Trust,
- Ensure nurse staffing levels and skill mix appropriately reflects the needs of the Trusts service user community,
- Implement an improved Learning Management System (LMS),
- Improving access to Learning and Development

3.8 HR Policy Review & Ratification

The Committee was presented with a schedule that set out the timeline for all HR policies to be reviewed by March 2015.

Subject to minor amendments, the Committee ratified the following three policies that have been reviewed and updated:

Notice Period Policy
This policy has been updated with the agreement of Staff Side colleagues to increase the length of notice period that some employees are required to give when resigning from the Trust. This decision has been made as previously the majority of patient facing roles were only required to give one months' notice. The recruitment process takes on average 8 weeks from advertising to a new employee starting (allowing for interviewing, pre-employment checks and waiting for the candidate to work out their notice with their current employer).

Flexible Retirement Policy
This is a new policy which sets out a number of approaches to flexible retirement that staff can consider when considering their decision to retire. It contains both

national policy as defined within the NHS Pension Scheme and local arrangements relating to staff requesting to return to work after drawing their NHS Pension.

<u>Joint Negotiating and Consultative Policy</u>
This is a new policy which details the negotiating and consultative arrangements between the Trust and the recognised Trade Union's accredited representatives. It contains three main sections specifically recognition agreement, arrangements relating to the Joint Staff Negotiation and Consultative Forum meetings and time off for accredited representatives to attend to trade union activities.

3.9 Workforce Risk Register

The Committee was provided with a first draft of the workforce risk register. The Committee supported the entries on the register and undertook to use this document to inform agenda items for future meetings.

Gloucestershire Care Services **NHS**

NHS Trust

**GLOUCESTERSHIRE CARE SERVICES NHS TRUST
HUMAN RESOURCES / ORGANISATIONAL DEVELOPMENT
COMMITTEE**

Minutes of Meeting held on 19th June 2014

Present:	Chris Creswick – Chair (CC)	Non-Executive Director
	Tina Ricketts (TR)	Director of HR
	Duncan Jordan (DJ)	Chief Operating Officer, GCS
	Jason Brown (JB)	Acting Board Secretary
In attendance:	Candace Plouffe (CP)	Director of Service Delivery
	Sarah Curtis (SC)	HR Business Partner
	Alex Harrington (AH)	Clinical Lead Podiatrist
	Keith Dayment (KD)	HR Systems Business Partner
	Laura Grainger (LG)	HR Graduate
Secretariat:	Christine Thomas	
Apologies:	Liz Jarvis (LJ)	Deputy Director of Nursing
	Liz Fenton (LF)	Director of Nursing and Quality
	Stuart Bird (SB)	Deputy Director of Finance
	Sue Field (SF)	Director of Service Transformation

Ref	Item	Action
HR/OD 18	**Agenda Item 1 - Apologies** Apologies were received from Liz Fenton, Liz Jarvis, Sue Field and Stuart Bird.	
HR/OD 19	**Agenda item 2 - Declaration of Interest** There were no declarations of interest	
HR/OD 20	**Agenda item 3 - Minutes of the meeting held on 7th April 2014** The Committee **RECEIVED** the unconfirmed minutes of the meeting held on 7th April 2014. **Resolution: The Committee RECEIVED and APPROVED the minutes of 17th December.**	
HR/OD 21	**Agenda item 4 – Matters arising and Action Log** **The Committee REVIEWED the action log and the following amendments were noted:**	

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Minute Reference	Action	Lead Exec	Status
HR/OD 2	The Workforce/Risk Register is discussed in at least three other committees. LF and JB to investigate the possibility of producing a single document for all sub committees.	Liz Fenton/Jason Brown	Closed
HR/OD 3	Forward Agenda Map – JB was asked to identify items relevant to this committee by the use of coloured text.	Jason Brown	Closed
HR/OD 3.1	Staff forums options appraisal had been missed off, TR to add on.	Tina Ricketts	Closed
HR/OD 4	JB and TR to work on issues around the RAG rating.	Tina Ricketts	Closed
HR/OD 5	TR presented the Listening into Action progress report. Tina to bring a more detailed report to the committee on the 10 themes and quick wins	Tina Ricketts	Closed
HR/OD 6	TR to draw together an options appraisal and will put this to the staff council for their views. Tina to also raise the idea of a Task and Finish group involving members of staff forums and staff council.	Tina Ricketts	Closed
HR/OD 7	TR asked the members of the committee to review the key measures in the Workforce Plan and to go back to her as soon as possible with any further KPIs or amendments.	Tina Ricketts/All	Closed
HR/OD 8	TR to look into the 4 issues identified on the Workforce Scorecard.	Tina Ricketts	Closed
HR/OD 9	DJ and SF to give an update at the next meeting on closer working between GCC and GCS.	Duncan Jordan/Sue Field	Closed
HR/OD 10	SC to circulate the data on the Appraisal Completion to the committee as soon as the final date was in.	Sarah Curtis	Closed
HR/OD 11	SC to report back to the next committee on the actions taken to reduce the absence/sickness rate.	Sarah Curtis	Closed
HR/OD 12	JB to circulate a more detailed paper to the committee on the proposed staff awards ceremony. The committee to send any comments to Jason.	Jason Brown/All	Closed
HR/OD13	SC and JB to work together to ensure that the committee has	Sarah Curtis/Jason	Closed

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		the opportunity to comment on plans and is clear about sequence of events.	Brown		
	HR/OD 14	GCC to be included in the Equality and Diversity statement. JB to make this adjustment.	Jason Brown	Closed	

HR/OD 22	**Agenda item 5 – Forward Agenda Map** TR presented the updated Forward Agenda map that now included colour coding as requested at the previous meeting. The Chair raised, in SB's absence that it was important to be able to triangulate workforce issues identified on the scorecard with the financial position at budget holder level. TR advised that this would be worked into the Workforce Plan. It was agreed that this would come back to this Committee in August 2014. **The Committee NOTED the plan and that it needed to return to the Committee for reviewing.**	**TR/SB**
HR/OD 23 HR/OD 23.1 HR/OD 23.2	**Agenda item 6 – Updated OD Strategy Implementation Plan** TR presented the OD Strategy Implementation Plan. The plan has been updated to include a separate column for performance and RAG ratings. There are currently two red ratings: • Appraisals – the poor performance in this area had been flagged by the CCG and HOSC in their response to the Trust's Quality Account • Equality Impact Assessments - Lucy Lea (LL) is currently pulling together a list of key documents that should have an equality impact assessment and TR will bring back an update to the Committee at the next meeting. CP advised that they will not be able to sign off the Service Specifications in June as planned, this is due to the specifications being completed by Commissioners. TR agreed to reword the plan to reflect this. TR asked if she could bring an exception report on the OD implementation plan as opposed to a detailed report for next time.CC explained that he saw the Implementation Plan as a high level document that would reflect everything that needs to happen. One of his main concerns was picking up on exceptions. To ensure this was highlighted CC asked that whilst exceptions were reported in detail, as requested by TR the reporting was linked to the high level overall picture.	**TR**

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	Subject to the above comments, the Committee NOTED the report.	
HR/OD 24	**Item agenda 7 – Listening into Action Progress Report** CP presented the Listening into Action (LiA) progress report. The key areas noted were: • There had been 5 LiA events in April, with the aim of delving deeper into what we are doing well, not so well and still wanting to do. • From this 9 key themes were developed, which have been communicated to colleagues. • 6 enabling teams have been started and 8 pioneering teams. • A pass it on event will be ran in November to update colleagues on progress. The committee stressed the need for everyone to get involved, it was felt that there was a danger that colleagues leading the programme could feel very close to the project, but that colleagues more removed could feel they are not a part of it. CP advised they were aware of this and there had been a series of communications that could be used to engage colleagues with the programme. They were also proactively encouraging colleagues with initiatives to use the Listening into Action approach. CC confirmed that the committee was therefore happy to feedback to the Board that this initiative was on track. **Subject to the above comments, the Committee NOTED the report.**	
HR/OD 25	**Agenda item 8 – Staff Engagement Options Appraisal** LG presented the report to the Committee. It was suggested that there was a need to establish a set of criteria around the effectiveness of staff engagement activities across the Trust. JB asked that Katie Parker (KP), the new Engagement Manager, be involved in drafting these criteria. It was agreed that this would be moved forward with KP and that a set of draft criteria would be circulated to members outside of the Committee by the 18th July. It was agreed this would come back to the Committee for review at the next Committee meeting in August. **Subject to the above comments, the Committee NOTED the report.**	 TR

Understanding You

HR/OD 26	<u>**Agenda item 9 – Workforce Report**</u> KD presented the Workforce Report to the Committee. The aim of the report was to provide the Committee with a summary of the workforce profile from the last financial year, and to identify any areas of development that arose from this to help inform the workforce strategy. TR highlighted that between this and the Staff Survey Results (agenda item 10) 13 areas of development had been identified TR highlighted the following three areas of underperformance for discussion by the committee: - Appraisal completion rate - Mandatory training rates - Sickness Absence SC informed the committee of the performance regarding mandatory training and presented the following statistics: - Health & Safety – 93.51% - Fire – 94.14% - Equality & Diversity – 77.69% - Information Governance – 70.46% - Conflict Resolution – 74.49% SC advised the committee of the various actions that were being taken to improve on these results going forward. For example, new starters now received all inductions prior to commencing with their roles; therefore all mandatory training was completed on arrival and did not need to be fitted in at various points during the year. SC advised that work had been done on appraisals rates and a survey was being sent out to find out why appraisals weren't being completed on a timely basis. CC asked if allowances had been made for sickness and long term absence and KD confirmed they had not previously included in their figures. However, KD made the Committee aware that to comply with TDA standards they would have to include all staff regardless of their circumstances going forward, it may therefore be useful to present two figures in the future. One figure including all staff and another excluding non-active assignments.	
HR/OD 26.1	CC asked that this be flagged to the Board. The Committee discussed areas in which appraisals results could be monitored. It was suggested that staff could have a "passport" that showed areas such as this completed. SC advised that this could be looked at whilst reviewing the appraisal form, which was currently	**TR/JB**

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Understanding you

HR/OD 26.2	underway. It was also suggested that staff could start emailing confirmation that an appraisal had occurred, or if it had moved the date it had been moved to. SC continued on sickness advising the Committee of the work which they are undertaking to reduce this: • SC presenting at the Leadership Group at the end of the month • A stress management action plan being developed • Sickness absence management workshops planned • Guidance for line managers on dealing with short term sickness • Pro-active management by HR Advisors • Improvement in SBS reporting • Line manager/supervisor focus groups CC raised the point that it was impossible to tell what stress-related sickness was due to work and what was due to outside influences. It was agreed that often outside influences had a big effect on absence rates, but there was no way of recording or showing this.	
HR/OD 26.3	CC suggested that a summary of local hotspots for sickness absence would be helpful to the Board to show and give assurance they were aware of the problem and looking into it. CP asked if they should also look to do some work around absence for admin staff, as this was a group that was often overlooked. TR advised that this was being taken forward as one of the enabling our people schemes under the Listening into Action Programme. CC advised that he would like to keep a watching brief on the 12 hotspot areas identified in this report. TR advised this would be done though the workforce strategy implementations plan. **The Committee NOTED the report.**	**TR/SC**
HR/OD 27	**Agenda item 10 – Staff Survey Results – Feedback from Board** TR presented the Staff Survey Results paper and identified the key areas of concern that the Board would be looking for assurance from. CC suggested that this and updates from agenda item 9 were combined. **The Committee NOTED the report.**	**TR**
HR/OD 28	**Agenda item 11 – Draft Workforce Strategy** TR presented the proposed outline of the Workforce Strategy to the Committee. This paper identified the proposed key quality goals.	

Understanding You

	JB advised that the final Workforce Strategy would need to be in the approved format. TR agreed to bring the Workforce Strategy back to the next HR&OD Committee meeting in the required format. CC asked the Committee to approve TR, JB and AH to take forward, to which the Committee agreed. **The Committee NOTED the report**.	**TR/JB/AH**
HR/OD 29	**Agenda item 12 – Fit and Proper Person test for Director and NED Appointments** JB presented the paper to the Committee and advised that the purpose of this paper was to ensure that any Directors or NEDs appointed were credible and solvent. This was also a requirement of the TDA. JB requested that if the Committee approved the paper it would be signed by The Chair and Chief Executive. JB asked the Committee to receive the paper. The Committee agreed to receive and note the paper and commend it to the Board. **The Committee RECEIVED and NOTED the report and commended the paper to go to the Board.**	
HR/OD 30	**Agenda item 13 – HR BAF Risk Report** JB presented the Framework to the Committee. JB advised the Committee that this would be a regular paper to this and other GCS Committees. **The Committee NOTED the report.**	
HR/OD 31	**Agenda item 14 – Workforce Assurance Tool – Data Sources** KD presented the Workforce Assurance Tool to the Committee. He advised that they were currently looking at and monitoring the RAG ratings in the portal at present. It was noted that there was currently limited ability to compare the GCS with other organisations. **The Committee NOTED the report**	
	DJ leaves the meeting at 15.45	
HR/OD 32	**Agenda item 15 – HR Policy Approval Process** SC presented the paper to the Committee and tabled an additional paper showing a flowchart of the HR policy development and approval process.	

Understanding You

	CC asked if JNCF approval would be required for all policies and SC confirmed this would be for some, but not all. CC asked for it to be noted that not all policies will go through the JNCF and therefore can be bypassed. SC to update the flowchart to show this. The Committee **NOTED** the report	**SC**
HR/OD 33	**Agenda item 16 – Friends and Family Test for Staff** SC presented the background to the staff Friends and Family test to the Committee. SC advised that the survey had been sent to GCC staff as well as GCS staff. Currently they had, had only a 9% return but this was early days and reminders would be sent to staff. SC advised that a further update will be provided to the Committee in August.	**SC**
HR/OD 34	**Agenda item 17 – Any Other Business** There was no other business	
HR/OD 35	**Agenda item 18 – Matters for Board or Other Committees** The Chair advised that these had been identified above	
HR/OD 36	**Agenda item 19 – Date of Next Meeting** The next meeting was confirmed as 18th August 2014, 15.00 – 17.00 in the Leckhampton Rood at Edward Jenner Court	

There being no further business the meeting closed at 16:00p.m.

Chair's signature: ………………………………………………………………………

Date: ………………………………………………………………………………

Understanding You

Core Values Framework (v0.3)

Caring

Being compassionate, respectful and courteous to service users, their families, carers and colleagues

What is it?

- Having genuine interest in, and concern for, the people around us
- Acknowledging and respecting the individual qualities and diverse needs of others
- Contributing to a positive environment
- Speaking up for service users and colleagues

What is it not?

- Disregarding the views and needs of others
- 'Processing' service users without compassion or care
- Rudeness or abruptness towards colleagues, service users, carers and families

Behaviours

Respecting and valuing others

Trust colleagues

- Listening to and considering colleagues' opinions
- Valuing the contributions that each colleague makes

Service users

- Introducing yourself and explaining your role to service users, carers and families
- Making a difference to someone's day by kind actions such as a cheerful smile and a friendly welcome

Wider community

- Making services inclusive for all
- Answering questions politely and carefully

Acting in the best interests of the community

Trust colleagues

- Offering support to colleagues when they need help
- Working across teams to deliver the highest quality of care

Service users

- Valuing service users as partners in care, and making their feedback count
- Treating all service users with dignity and respect

Wider community

- Showing pride in the important role you play in Gloucestershire
- Working across organisations to deliver the highest quality of care

Trust pledges

To treat all colleagues, service users, carers and family members as individuals

To ensure that the needs of the local community are always the first consideration

Open
Being honest, frank, approachable and free from prejudice

Behaviours

What is it?

- Sharing information appropriately with colleagues so that everyone can work together towards a clear, common goal
- Carrying out daily work with commitment
- Being honest at all times, even when things go wrong
- Encouraging an inclusive culture where differences are celebrated and embraced in order to improve practice

What is it not?

- Withholding important information
- Failing to report and/or address difficult issues even though they may be challenging to overcome
- Being inconsistent in how you work with colleagues

Honest in our approach

Trust colleagues

- Communicating frankly when mistakes are made and learning from them
- Raising concerns about poor practice professionally and appropriately

Service users

- Involving service users, carers and families in care choices
- Setting clear expectations

Wider community

- Providing unambiguous information about the Trust
- Ensuring genuine two-way communication

Connecting with others and working across boundaries

Trust colleagues

- Sharing experiences and best practice with colleagues
- Not blaming others

Service users

- Enabling service users to only have to tell their story once
- Engaging in a manner that is appropriate and respectful to each individual

Wider community

- Proactively and positively engaging with all local health and social care providers
- Challenging "us" and "them" attitudes

Trust pledges

To regularly engage with colleagues, service users and the wider community to keep them informed

To be transparent about performance, successes and opportunities for improvement

Responsible

Being professional and trustworthy; making and being accountable for, rational decisions based on sound judgement

What is it?

- Providing balanced feedback and support to improve team performance
- Identifying issues and resolving them with colleagues
- Welcoming opportunities for personal learning and development
- Recognising potential changes in the way you work which could benefit everyone

What is it not?

- Rushing in without proper thought or consideration of outcomes
- Failing to manage your workload or seeking help when required
- Acting in a way that could bring your colleagues or the Trust into disrepute

Behaviours

Professional in attitude

Trust colleagues

- Being aware of the contribution you make to your team and ensuring that you play your part
- Using appraisals as an opportunity to improve and plan your development

Service users

- Being calm and collected even in difficult situations
- Maintaining professional etiquette between you and service users

Wider community

- Acting as an ambassador for the Trust whether at work or not
- Taking an active interest in the Trust's role in the local health and social care community

Owning our actions

Trust colleagues

- Accepting personal accountability
- Listening and responding to colleagues' feedback

Service users

- Giving your name to service users so as to enable familiarity and encourage accountability
- Signposting and/or following up on concerns to ensure better service user experience

Wider community

- Taking part in countywide initiatives
- Working to improve partnerships across the local health and social care community

Trust pledges

To support colleagues in their personal and professional development so as to empower them with appropriate skills and knowledge

To allow colleagues time for reflection to support continuous improvement

Effective

Delivering what we promise; successfully understanding our communities and meeting their needs

Behaviours

What is it?

- Meeting deadlines
- Keeping up-to-date with best practice, and ensuring competence in service delivery
- Taking responsibility for understanding why change may be necessary
- Working to maintain good team-working

What is it not?

- Working in isolation from your team members and colleagues
- Not engaging in discussions about change
- Being dismissive of the needs or experiences of service users, carers and families

Ensuring the best outcomes

Trust colleagues

- Making best use of the talent, skills and resources in your team
- Disseminating accurate and up-to-date information in a timely manner

Service users

- Delivering a personalised service
- Keeping focused on the needs of each individual service user so as to maintain their optimum health and well-being

Wider community

- Sharing best practice
- Networking across the county so as to raise understanding and appreciation of the Trust's activities

Realising your full potential

Trust colleagues

- Having the courage to take all relevant opportunities for life-long learning
- Encouraging free, creative thinking to problem-solve

Service users

- Going that extra mile to increase service user, carer or family satisfaction
- Setting personal targets to improve service user care

Wider community

- Being pioneering in attitude
- Seeking opportunities to work with partners across the local or national health and social care economy

Trust pledges

To be proactive in developing integrated work with its professional partners across Gloucestershire

To recognise the potential in all colleagues and supporting innovation
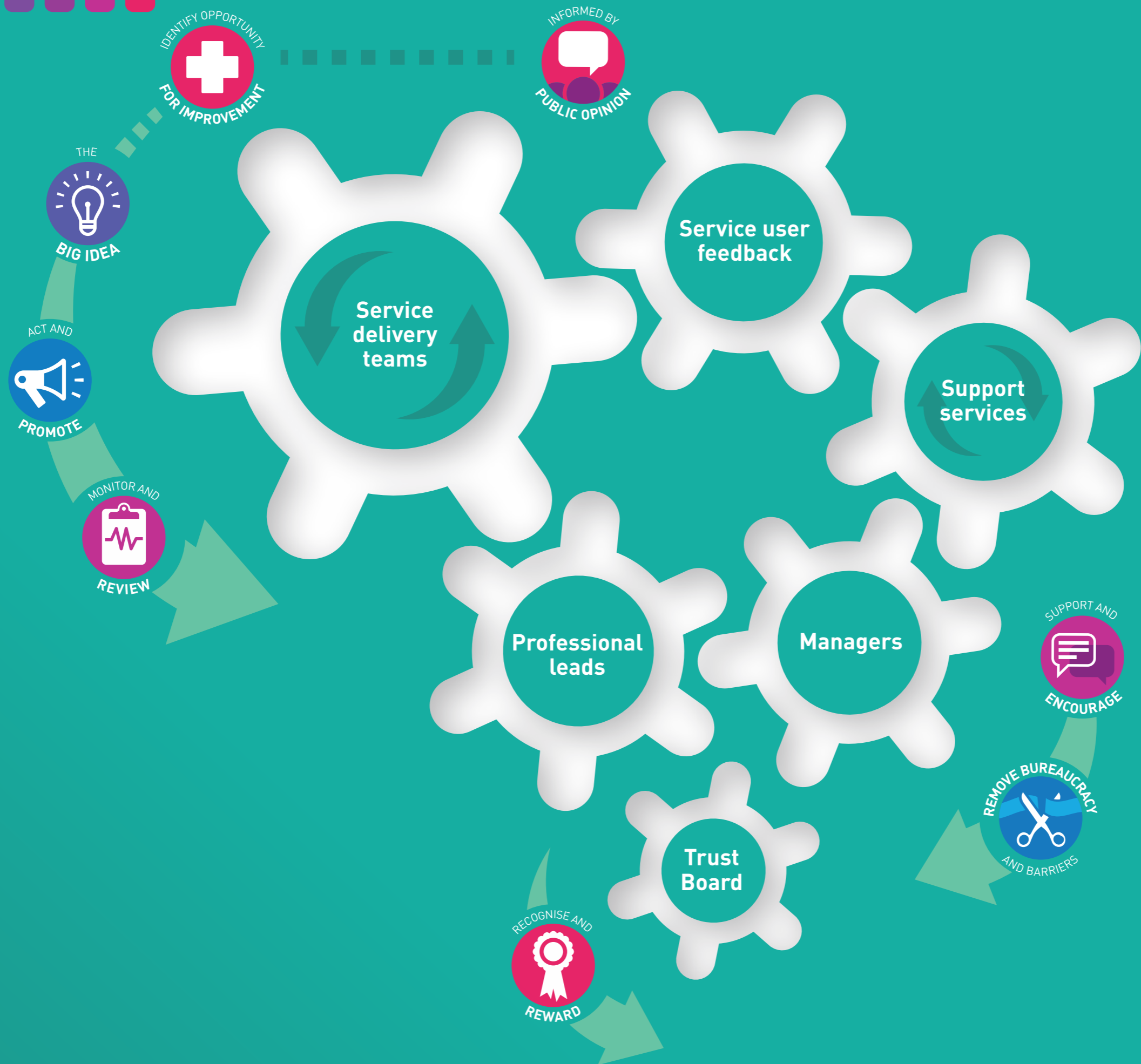
**GLOUCESTERSHIRE CARE SERVICES
NHS TRUST CHARITABLE FUNDS COMMITTEE**

**Minutes of the Meeting held on Wednesday 21st May 2014 from
09:30 to 11:00 in the Boardroom, Edward Jenner Court**

Present:

Nicola Strother Smith (NSS)	Non-Executive Director (Chair)
Sue Mead (SM)	Non-Executive Director
Glyn Howells (GH)	Director of Finance
Jason Brown (JB)	Director of Corporate Governance & Public Affairs

In Attendance:

Tina Ricketts (TR)	Director of HR
Helen Leyshon (HL)	Deputy Financial Accountant
Marianne Irwin-Boers	Minute take

Item	Minute	Action
CFC 39/14	**Agenda Item 1: Welcome and Apologies** Apologies were received from Liz Fenton and Johanna Bogle.	
CFC 40/14	**Agenda Item 2: Minutes of the Previous Meeting** The Committee agreed to approve the minutes of the last meeting held in February 2014. **Resolution: The Committee APPROVED the minutes of 25th February 2014**	
CFC 41/14	**Agenda Item 3: Matters Arising (Action Log)** The Committee **REVIEWED** the action log and the following amendments were noted: CFC 06/13 – Update to be given to the Committee at August meeting. Ongoing CFC 08/13 – HL to review recharging of funds and construct a plan. Ongoing	

	CFC 18/13 – HL to draw up paper as to the value of Corporate Governance overhead and prepare a paper with proposed costs. CFC 23/13 – It was agreed that Charitable funds would not be used for retirement parties – Closed CFC 31/14 – Grant Thornton have been confirmed as auditors for Charitable Funds. Closed CFC 34/14 – Legal fees have now been settled. Closed **Resolution: The Committee NOTED the updates on the action log and closed actions.**	
CFC 42/14	**Agenda Item 4: Forward Plan** The Forward Agenda Plan was reviewed and **APPROVED** by the Committee. **Resolution: The Committee APPROVED the Forward Plan.**	
CFC 43/14	**Agenda Item 5: Legacy Gifts Update** TR gave a verbal update to the Committee on Legacy Gifts. GH suggested that this title be changed to Donations Update. It was agreed that JB and HL should produce draft bespoke letters, these to be distributed at the next Committee meeting to review prior to sending out.	**JB/HL**
CFC 44/14	**Agenda Item 6: Current Funds Report** HL presented the Current Funds Report. The total value of the fund was £237k to date, though this excludes League of Friends balances. It was agreed that skill mix and hours required for Charitable Funds would be discussed and reviewed in June as the current workload was unsustainable. HL/JB to look into Glos Arthritis Trust with regards to recharging and report back to the Committee at the next meeting. **Resolution: The Committee NOTED the report**	**HL/JB**
CFC 45/14	**Agenda Item 7: Bids Approved Since Last Meeting** HL presented the bids approved since the last meeting paper.	

	It was noted that all bids made since the last meeting had been for League of Friends (LoF). GH requested that for future reports the LoF bids should be separated from the others. There were no large value bids made that needed to come through the Committee. **Resolution: The Committee NOTED the report.**	
CFC 46/14	**Agenda Item 8: Guidance on Charitable Funds Spend** HL presented the Guidance on Charitable Funds Spend**.** Health Service bodies are not themselves charities, only the funds and property they hold on trust for exclusively charitable purposes constitute charities. For a fund to be a charity it must have purposes which according to the law in England & Wales are exclusively charitable. Four main criteria are accepted: The relief of those in need, by reason of ill health or disability The advancement of education The advancement of religion Other purposes beneficial to the community not falling in a), b) or c) Charities administered by Health bodies fall into category a) the relief of those in need, by reason of ill health or disability.	
CFC 47/14	**Agenda Item 9: Any Other Business** HL noted that the bid for Endoscopy equipment at the value of £42k still required a final sign off. It was agreed that flowers and leaving gifts could not be funded by charitable funds. Money for this purpose would need to come from collections. The Committee were made aware that Stroud LoFs had made a bid of £37k for a mobile vehicle for diabetic/retinal screening programme.GH stated this should be forwarded to GHFT Charitable Funds as this service is provided by GHFT. All Charitable Funds bids including LoF to continue to be signed off by GH.	

| CFC 48/14 | **Agenda Item 10: Date and Time of Next Meeting**

Tuesday 19th August 2014, Boardroom, EJC, 11.00am – 12.30pm | |

Chair's Signature ………………………………………...

Date …………………………………...…….